



**Public Health**  
Prevent. Promote. Protect.

# Thrive

## A Newsletter for Iredell County Long Term Care Facilities

### COVID-19 TESTING GUIDANCE

#### Routine Staff Testing:

The county COVID-19 testing positivity rate determines the frequency of routine testing of unvaccinated staff. Testing guidance from the Centers for Medicare & Medicaid Services (CMS):

Community COVID-19 Activity	County Positivity Rate in past week	Minimum Testing– <i>Unvaccinated staff</i>
Low	<5%	Once a month
Medium	5% - 10%	Once a week
High	>10%	Twice a week

The county positivity rate can be found at: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>.

**Fully vaccinated:** ≥ 2 weeks following receipt of the second dose in a 2-dose series or ≥2 weeks after receipt of a single-dose vaccine.

**Resident or staff with known prolonged close contact (15 minutes in a 24 hours period) to someone with SARS-CoV-2 infection:** Two viral tests, regardless of vaccination status, one test immediately and one 5-7 days after exposure. Fully vaccinated staff members do not need to be excluded from work if not having symptoms.

**Outbreak Testing–** If one positive case is identified in a resident or staff member: Test all residents and staff, vaccinated and unvaccinated, immediately and then every 3-7 days until no new cases are identified in a 14-day period.

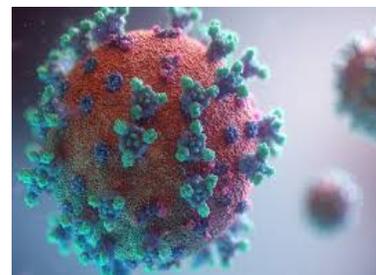
**Symptoms:** Any resident or staff with symptoms, vaccinated and unvaccinated, should be tested. Staff should be excluded from work until results received. Residents should be put on transmission-based precautions until results received.

Anyone testing positive for COVID-19 does not need to be retested for 90 days, unless having symptoms.

See the Centers for Disease Control (CDC) and CMS websites for more detailed information and to stay up-to-date on COVID-19 guidance.

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COVID-19 vaccinations are available by appointment at the health department.

**Mary Gantt, MSN, RN**  
Assistant Director of Nursing



Iredell County does not discriminate on the basis of race, color, national origin, sex, religion, age, gender, number of pregnancies, lesbian, gay, transgender, questioning (LGBTQ), marital status, or disability in employment or the provision of services.

## INFECTION CONTROL

Facilities should continue to adhere to the COVID-19 infection prevention guidelines, including:

- \* Screen all individuals entering the facility for signs and symptoms and don't allow entry if symptomatic or has had contact with a positive case in the previous 14 days.
- \* Frequent hand hygiene with alcohol-based hand rub or soap and water if hands are visibly soiled.
- \* Encourage social distancing.
- \* Clean and disinfect frequently touched surfaces and designated visitation areas often.
- \* Appropriate use of personal protective equipment (PPE)- Note: cloth face coverings are not considered PPE for staff providing care.
- \* COVID-19 testing based on CDC and CMS guidelines and compliance with isolation and quarantine requirements.
- \* Promote and provide COVID-19 vaccination for staff and residents, including new admissions.
- \* Practice source control– visitors should wear a cloth face covering and residents should be encouraged to wear one when around others. A facemask is preferred over a cloth face covering for staff.



### Visitation Guidance:

Visits should occur outdoors when possible, but indoor visitation should be allowed for all residents regardless of vaccination status, except in a few circumstances:

- \* If the county positivity rate is >10% and <70% of residents are fully vaccinated
- \* Residents with COVID-19 infection, until criteria met to discontinue transmission-based precautions
- \* Residents in quarantine, until criteria met for release from quarantine

Compassionate care visits and visits required under federal disability rights law should be allowed at all times, for any resident. Appropriate signage should be posted to inform visitors of important information, including use of face coverings, hand hygiene, potential for COVID-19 exposure, etc. Visitation must be modified when a new COVID-19 positive case is identified in a resident or staff member. Outbreak testing should begin immediately and all visitation suspended. Visitation should resume in compliance with the following guidance:

- \* First round of testing reveals no additional positive cases: Visitation can resume for residents in areas/units with no COVID-19 positive cases. Visitation in the affected area should be stopped until the criteria is met to discontinue outbreak testing (14 days with no new positive case).
- \* First round of testing reveals one or more positive cases in other areas/units of the facility: Suspend visitation for all residents, vaccinated and unvaccinated, until criteria is met to discontinue outbreak testing.

### Resident Activities and Dining:

If all participating residents are fully vaccinated– social distancing and face coverings are not required.

If any unvaccinated residents are participating– all residents should use a face covering when not eating and unvaccinated residents should socially distance from others.

#### Germ Facts:

**Germs can survive up to 3 hours on your hands-**

**There are more germs on your phone than on a toilet seat-**

**Your hands spread 1,000 times more germs when they are damp than when dry-**

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*Iredell County Health Department Mission: Promote and Protect Community, Personal and Environmental Health.*

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Carbapenem-Resistant Enterobacterales (CRE) are a type of bacteria that commonly cause infections in hospitalized patients and residents of long-term care facilities who have underlying medical conditions. CRE germs can sometimes be resistant to all available antibiotics, so are difficult to treat and have a high mortality rate. Often referred to as superbugs, the bacteria can cause (lung) pneumonia, bloodstream, urinary tract, and skin infections. The bacteria can spread person to person via contaminated hands or from contaminated surfaces. The bacteria can also be found in stool and in wounds, so hand hygiene is especially important after cleaning stool or changing dressings. Identification of CRE requires a culture from the site of infection.

Colonization can occur, meaning the organism is found on or in the body but is not causing symptoms of disease. Colonized individuals can transmit CRE to others. Colonization can lead to infection if the organisms gain access to body sites, such as the bladder or bloodstream.

Preventive actions include frequent hand hygiene, thorough daily environmental cleaning and disinfecting, contact precautions, and staff education. When possible, rooms, equipment, and staff should be dedicated to CRE patients. To prevent development of resistance, antibiotics should only be prescribed when truly needed. In addition, catheters and other indwelling medical devices should be removed as soon as possible. Verified or suspected cases of CRE are required to be reported to the health department.

## Infection Control Training

N.C Infection Control Law (10A NCAC 41A .0206) requires that all healthcare organizations have a written infection control policy and have a designated person to direct infection control activities. The infection control designee is also required to complete an infection control course approved by the State Health Department. An approved training is the Statewide program for Infection Control and Epidemiology (SPICE) Course: Infection Control in Long Term Care Facilities. The training and many other resources are available at <https://spice.unc.edu/ltc/>.

### References:

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### IREDELL COUNTY HEALTH DEPARTMENT SERVICES

We are available to assist you as needed with infection control related tasks, such as:

- ◇ Assistance with developing your infection control policy
- ◇ On-site assessment of staff and facility and identification of any infection-control concerns
- ◇ Teaching staff proper infection control practices
- ◇ On-site administration of influenza and pneumonia vaccines

Contact us with any questions or concerns or for assistance.

Phone: (704) 878-5300  
ext. 5330

Fax: (704) 871-3474

Communicable Disease  
Program Manager:  
(704) 878-5334

