# Highlights from the CDC COVID-19 Updated Guidance for Healthcare Facilities

January-February 2022

Virginia Department of Health
Healthcare-Associated Infections & Antimicrobial Resistance Program
2/23/2022

# Updated CDC Guidance

- **Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 Pandemic**: 2/2/2022 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
- **Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes**: 2/2/2022 https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
- **Strategies to Mitigate Healthcare Personnel Staffing Shortages: 1/21/2022** https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html
- **Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2:** 1/21/2022 https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

# Important Reminders

- CDC guidance describes evidence-based recommendations that apply to all healthcare settings in the U.S.
  - Includes home health, assisted living facilities that provide any healthcare
- Source control and physical distancing
- Screening all individuals entering the facility

# Screening and Isolation for Outpatients & Visitors

- **Follow healthcare guidelines, not those for general public**
- **Outpatients and visitors who are infected or who have had close-contact with someone with SARS-CoV-2**
  - Defer non-urgent, in-person care and visitation until discontinuation of Transmission-based Precautions criteria are met
  - Even if up to date or recently recovered from COVID, safest to defer visitation for 10 days following an exposure
  - If visit is allowed prior to this time, mask individual, adhere to physical distancing, and follow precautions recommended for patients with suspected or confirmed SARS-CoV-2

# Personal Protective Equipment Reminders

- No PPE changes for care of suspected/confirmed patients/residents with COVID-19
- Healthcare facilities should have enough PPE to be using conventional strategies
  - Gowns should not be worn for extended use or reused
  - Reach out to your local health department or healthcare coalition if need assistance with PPE supplies
  - Wear eye protection for all patient/resident care if facility in a county with substantial or high transmission

# Personal Protective Equipment

- Universal use of PPE if substantial or high community transmission
  - Wear a N95 respirator for:
    - All aerosol-generating procedures
    - Surgical procedures that might pose higher risk for transmission
    - Other situations when additional risk factors for transmission are present
      - Patient/resident is not up to date with COVID-19 vaccination, unable to use source control, and the area is poorly ventilated.
      - In a facility where healthcare-associated SARS-CoV-2 transmission is identified
    - Or for simplification, all care encounters or in specific areas of the facility at higher risk for SARS-CoV-2 transmission

# Vaccination: Definition of Up to Date

- **Up to date**
  - All eligible vaccinations have been received, including boosters
- **Fully vaccinated**
  - Primary vaccination series has been received

| Pfizer-BioNTech[1] | Moderna[1] | Johnson & Johnson's Janssen[1,2] |
|---|---|---|
| Ages Recommended<br>5+ years old | Ages Recommended<br>18+ years old | Ages Recommended<br>18+ years old |
| Primary Series<br>2 doses[3,4]<br>Given 3 weeks (21 days) apart [5] | Primary Series<br>2 doses [3]<br>Given 4 weeks (28 days) apart [5] | Primary Series<br>1 dose |
| Fully Vaccinated<br>2 weeks after final dose in primary series | Fully Vaccinated<br>2 weeks after final dose in primary series | Fully Vaccinated<br>2 weeks after 1st dose |
| Booster Dose<br>Everyone ages 12+ should get a booster dose at least 5 months after the last dose in their primary series.<br>• Teens 12–17 should only get a Pfizer-BioNTech COVID-19 Vaccine booster<br>• Everyone 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) | Booster Dose<br>Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 5 months after the last dose in their primary series. | Booster Dose<br>Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 2 months after the first dose of J&J/Janssen COVID-19 Vaccine. You may get J&J/Janssen in some situations. |
| When Boosted<br>A person is considered "boosted" and **up to date** right after getting their booster dose. | When Boosted<br>A person is considered "boosted" and **up to date** right after getting their booster dose. | When Boosted<br>A person is considered "boosted" and **up to date** right after getting their booster dose. |

# Quarantine of Patients/Residents

- Use Transmission-Based Precautions (quarantine) empirically
  - Residents/patients with close contact <u>and not up to date</u>
  - Newly admitted or readmitted residents who are not up to date
  - During broad-based approach to outbreak testing in LTC, residents <u>who are not up to date</u> should be restricted to their room and not participate in group activities until:
    - After day 7 if negative test on day 5 or later
    - After day 10 if no test
- If no symptoms develop, discontinue transmission-based precautions after day 7 (if negative test collected within 48 hrs before the time of planned discontinuation of TBP) or after day 10 (if no testing performed)

# Scenario 1a Question

A nursing home resident is exposed to a COVID-19 positive visitor. The resident completed the primary series of COVID-19 vaccination (Pfizer) six months ago. What is the resident’s vaccination category? Does the resident need to be quarantined?

# Scenario 1a Answer

Even though this resident is considered fully-vaccinated, he or she would not be considered "up to date" because the booster dose was not received after becoming eligible at least 5 months after the last dose of primary series. Quarantine would be needed in this instance.*

# Transmission-based Precautions for Residents/Patients With Suspected/Confirmed SARS-CoV-2 Infection

- Rooming
  - Place in a single occupancy room with door kept closed (if safe) with a dedicated bathroom
  - Consider dedicated unit, staff, and equipment, if possible
  - Limit transport
  - Perform aerosol-generating procedures (AGPs) in an airborne infection isolation room (AIIR) if possible
- PPE
  - Wear full PPE: NIOSH-approved N95 respirator, gown, gloves, and eye protection

# Scenario 1b Question

Unfortunately, the resident in scenario 1 became symptomatic after exposure and was confirmed to have COVID-19.

The resident is currently housed in the only semi-private room that has an available bed.

You are admitting a new resident with suspected COVID-19 and are trying to determine appropriate room placement. Can you room them together?

# Scenario 1b Answer

No. Only residents with the same infectious pathogen should be cohorted in the same room. Residents who are not confirmed through testing to have SARS-CoV-2 infection should NOT be cohorted with residents with confirmed SARS-CoV-2 infection.

# Duration of Isolation for Patients/Residents with SARS-CoV-2 Infection

## Asymptomatic*

- At least 10 days have passed since the date of their first positive viral test

## Mild to Moderate Illness

- At least 10 days since first symptoms appeared **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms have improved

## Severe to Critical Illness* (Generally applicable for hospitalized patients)

- At least 10 days and up to 20 days since first symptoms appeared **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms have improved

## *Moderate to Severe Immunocompromise

- Test-based approach; consult infectious diseases (if available)*

# Duration of Isolation for Patients/Residents Confirmed for SARS-CoV-2 Infection, cont.

**Test-based strategy:**

- **Patients/residents who are symptomatic:**
  - Resolution of fever without the use of fever-reducing medications **and**
  - Symptoms have improved, **and**
  - At least two negative respiratory specimens collected consecutively, ≥24 hours apart
    - Antigen test or or NAAT

- **Patients/residents who are <u>not symptomatic</u>:**
  - At least two negative respiratory specimens collected consecutively, ≥24 hours apart
    - Antigen test or or NAAT

# Scenario 1c Question

It has been 9 days since the resident from scenario one first developed COVID-19 symptoms on 2/14. Since her symptoms have improved and she has not had a fever in days, her family member is wondering if she can come off precautions.

When can precautions be discontinued?

# Scenario 1c Answer

Since her illness was mild and she is not immunocompromised, her symptoms have improved, and she is fever-free for ≥ 24 hrs without the use of fever-reducing medication, her precautions can be can be discontinued after day 10, which is **2/25**.

Day 0 = 2/14; Day 10 = 2/24

| 2022 FEBRUARY | | | | | | |
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| SUN | MON | TUE | WED | THU | FRI | SAT |
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# Testing

- **Symptomatic patients/residents**
  - Test as soon as possible, *regardless of vaccination status*.
- **Exposed patients/residents**
  - Test **immediately** (not before 24 hrs), and, if negative, **5-7 days after** exposure, *regardless of vaccination status*
    - If recovered from COVID in past 90 days, testing not recommended (but if testing does occur, antigen test preferred)

# Testing - For Nursing Homes

- **Newly-admitted residents and residents who have left the facility for >24 hours**
    - Complete a series of two viral tests for SARS-COV-2 infection; **immediately** and, if negative, again **5-7 days after** their admission, *regardless of vaccination status*.

- CDC's routine healthcare personnel testing recommendations don't match CMS – what do we do?
    - "Fully vaccinated" (CMS) vs "Up to date" (CDC)
    - If facility is regulated by CMS, follow CMS testing guidelines*

# Nursing Home-Onset Infections

- SARS-CoV-2 infection that "originated in the nursing home"
  - NOT a resident who was known to have COVID-19 on admission and was placed on appropriate transmission-based precautions (TBP)
  - NOT a resident who was placed into TBP on admission and developed SARS-CoV-2 while in quarantine
- One nursing home-onset infection still is a trigger for evaluation as a possible outbreak

# Work Restrictions for Healthcare Personnel with SARS-CoV-2 Infection or Exposure

# Determining Higher-Risk Exposure

- Higher-risk exposures generally involve close contact exposure of HCP's eyes, nose, or mouth to material potentially containing SARS-CoV-2
- Examples:
  - HCP not wearing an N95 respirator
  - HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask **OR** facemask
  - Wearing a facemask, but the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask
  - Not wearing all recommended PPE (i.e., gown, gloves, eye protection, N95 respirator or higher respiratory protection) while performing an aerosol-generating procedure

# Scenario 2a Question

On 2/20, a nursing assistant provides frequent care to a hospitalized patient (day shift). The patient does not wear a face mask when the nursing assistant is in the room and the nursing assistant wears a surgical mask and eye protection. No aerosol-generating procedures are occurring. On 2/21, the patient exhibits symptoms of COVID-19 and tests positive. Is this a higher-risk exposure?

# Scenario 2a Answer

Yes.

Close contact (entire shift of frequent care) ✔

Nursing assistant not wearing an N95 while patient was not wearing a mask ✔

Patient was infectious ✔

# Work Restrictions for Healthcare Personnel with SARS-CoV-2 *Exposures*

## Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Up to Date | No work restrictions, with negative test on days 1‡ and 5–7 | No work restriction | No work restriction |
| Not Up to Date | 10 days OR 7 days with negative test† | No work restriction with negative tests on days 1‡, 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7) | No work restrictions (test if possible) |

†Negative test result within 48 hours before returning to work

‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

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- *In general, there are no work restrictions for asymptomatic HCP who are up to date with all recommended COVID-19 vaccine doses*

# Scenario 2b Question

The nursing assistant from the prior example is not up to date with COVID-19 vaccination. The hospital is following contingency staffing standards. What are the quarantine/testing requirements?

# Scenario 2b Answer

She may continue to work as long as she remains asymptomatic, but should be tested on days 1, 2, 3, and 5-7 (day of last exposure is day 0).

She should also:

- Report her temperature and absence of symptoms each day before starting work
- Wear an N95 respirator or face mask at all times, even when in non-patient care areas
- Physically distance to the extent possible

# Work Restrictions for Healthcare Personnel (HCP) With SARS-CoV-2 *Infection*

For more details, including recommendations for healthcare personnel who are iimmunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

**Work Restrictions for HCP With SARS-CoV-2 Infection**

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Up to Date and Not Up to Date | 10 days OR 7 days with negative test[†], if asymptomatic or mild to moderate illness (with improving symptoms) | 5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms) | No work restriction, with prioritization considerations (e.g., types of patients they care for) |

- Different recommendations for immunocompromised and for those with severe to critical illness
- Prioritize duties if returning to work in contingency/crisis staffing situations

# Scenario 2c Question

The nursing assistant develops symptoms of COVID-19 and tests positive on 2/23. She is not immunocompromised. The hospital is still following contingency staffing standards. When can she return to work?

# Scenario 2c Answer

If her illness remained mild to moderate, symptoms are improving, and she is feeling well enough to work, she can return after day 5 (as soon as 2/26). No test is required prior to returning.

Day 0 = 2/20; Day 5 = 2/25

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# HCP and Determining Exposures at Work

New CDC FAQ: *A HCP in our facility was recently diagnosed with COVID-19. What time period and criteria do we use to determine the patients, visitors, and other HCP who might have been exposed to this individual while he/she was potentially infectious?*

# HCP and Determining Exposures at Work (cont'd)

- If symptomatic, HCP is potentially infectious beginning 2 days before symptoms first appeared until the HCP meets criteria to return to work (RTW)
- If asymptomatic, collect info about when HCP may have been exposed:
  - If known exposure ⟶ potentially infectious **24 hrs** after the exposure until RTW criteria are met
  - If date of exposure cannot be determined ⟶ use cutoff of 2 days before collection date of positive test, continuing until RTW criteria are met

# VDH Resources - Personnel

- Local health departments
- Regional infection preventionists
  - 8 in total
  - Resource for healthcare facilities and local health departments
- VDH HAI/AR team - hai@vdh.virginia.gov
  - Infection Prevention & Control
  - Epidemiology (including NHSN surveillance)
  - Antimicrobial Resistance & Antimicrobial Stewardship
  - Education & Communication

# VDH Resources - Documents

- Healthcare Professionals
  - Best IPC practices for emergency departments (1/14/2022)
  - HCP Risk Assessment tool (2/10/2022)
- COVID-19 Long-Term Care Task Force site
  - COVID-19 Guidance for Nursing Homes (2/16/2022)
  - COVID Outbreak Response Method in LTCFs (2/15/2022)
  - PPE and Cohorting in LTCFs (2/15/2022)
  - Tips for Safely Visiting a Loved One in a Nursing Home (1/7/2022)
  - Recommendations for Hospitalized Patients Being Discharged to a LTCF (2/9/2022)
- COVID FAQs
  - Main FAQs
  - Vaccination FAQs

# Additional Resources for Congregate Settings

https://www.vdh.virginia.gov/coronavirus/get-the-latest-guidance/congregate-settings/

- VDH guidance for non-healthcare congregate settings (2/22/22)

# References

- **Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 Pandemic**: 2/2/2022
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
- **Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes**: 2/2/2022
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
- **Strategies to Mitigate Healthcare Personnel Staffing Shortages:** 1/21/2022
https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html
- **Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2:** 1/21/2022
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
- **CDC: Clinical FAQ about COVID - Infection Prevention & Control**
https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control
- **CMS Nursing Home Visitation Frequently Asked Questions (FAQs) - 2/2/2022**
https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf

# Thank you!

# Any questions?

# Keep in touch with the VDH HAI/AR team!

Today's speakers:

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# Project Firstline Webinar Series

Please join VDH and CDC's Project Firstline for the first session in the Infection Prevention & Control and COVID-19 webinar series.

Learn more about Asymptomatic spread of COVID-19 on February 24, 2022 from 1:00 - 1:15 PM.

Register for PFL webinar!

Free continuing education is available for this course.

PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Prevention & Control