

# CDC and CMS COVID-19 Infection Prevention Updates

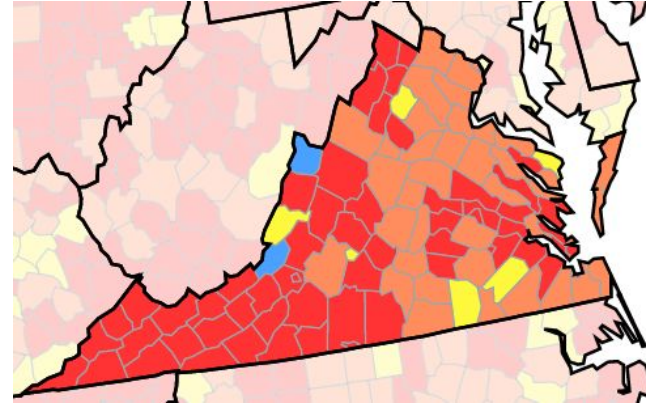
11/9/2022

# Updated COVID-19 Healthcare Infection Prevention and Control (IPC) Recommendations

- VDH endorses CDC's updated COVID-19 healthcare infection prevention and control (IPC) recommendations without any changes
  - [COVID-19 IPC Recommendations for Healthcare Personnel](#)
  - [Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)
  - [Strategies for Mitigating Healthcare Personnel Staffing Shortages](#)
  - Nursing home-specific document was archived
- *Vaccination status no longer used to inform source control, screening testing, or post-exposure recommendations*

# Updated COVID-19 Healthcare Infection Prevention and Control (IPC) Recommendations

- **Community Transmission** levels are used to inform IPC strategies; allow for earlier intervention before there is strain on the healthcare system



<u>Community Transmission</u>	<u>COVID-19 Community Levels</u>
New cases per 100,000 population in the last 7 days	New cases per 100,000 population in the last 7 days
% of nucleic acid amplification tests that are positive during the past 7 days	% of staffed inpatient beds occupied by COVID-19 patients (7-day average)
	New COVID-19 admissions per 100,000 population (7-day total)

# Updated COVID-19 Healthcare IPC Recommendations: Overview

- Source control
- Universal use of PPE
- Testing frequency
- Screening testing of asymptomatic healthcare personnel
- Nursing home admission quarantine and screening testing
- Use of empiric transmission-based precautions for asymptomatic residents following close contact

# Updated COVID-19 Healthcare IPC Recommendations: What Hasn't Changed

- No changes to:
  - PPE for the care of residents with suspected or confirmed SARS-CoV-2 infection
  - Duration of transmission-based precautions for residents with suspected or confirmed SARS-CoV-2 infection

# Updated COVID-19 Healthcare IPC Recommendations: Distinction Between LTCFs

- Long-term care settings whose staff provide non-skilled personal care should follow [community prevention strategies](#) based on [COVID-19 Community Levels](#)
  - Example settings: independent living, retirement communities or other non-healthcare congregate settings
- Non-skilled personal care is non-medical care that can reasonably and safely provided by non-licensed caregivers.
- *Exception:* Any resident with SARS-CoV-2 infection should be cared for following healthcare IPC guidance.

# How Do the COVID-19 Updates Apply to Virginia ALFs?

<b>Resident Service Types</b>	<b>Service Examples</b>	<b>Applicable COVID-19 Guidance</b>
Healthcare-related services (in-house or contracted)	Hospice care, physical therapy, wound care, urinary catheter care, intravenous injections, and any other procedures requiring licensed healthcare personnel.	<a href="#">Infection Prevention and Control recommendations for healthcare settings</a> based on the <a href="#">Community Transmission</a> metric
Non-skilled personal care	Help with daily activities such as bathing, dressing, any other non-skilled care similar to that provided by family members in the home.	<a href="#">Community prevention strategies</a> based on <a href="#">COVID-19 Community Level</a> metric

# COVID-19 Updated Guidance: Screening & Visitation in Virginia ALFs

- Screening and visitation
  - Active facility entrance screening of staff and visitors no longer required.
  - Self-screening by staff and visitors continues to be recommended.
  - Facilities should adhere to local and state regulations related to visitation.
    - Visitation should not be generally restricted.
  - Post signs at all entrances to inform visitors of the facility's restrictions to visitation based on these criteria:
    - A positive viral test for SARS-CoV-2
    - Symptoms of COVID-19, or
    - Close contact with someone with COVID-19 infection



# Additional Virginia ALF Infection Prevention and Control Reminders

- The designated point of contact for the infection control program should monitor the appropriate COVID-19 metric at least weekly to determine infection prevention and control measures to implement.
- ALFs need to follow their infection control program (22VAC40-73-100), which should:
  - Be based on CDC guidelines
  - Include procedures to implement infection prevention measures and use of personal protective equipment.
- If there is an outbreak, the facility must follow health department recommendations (22VAC40-73-100 F), which could include masking while the outbreak is active or during high community transmission levels.



**What type of screening should be occurring in healthcare facilities (nursing homes/skilled nursing facilities)?**

# Updated COVID-19 Healthcare IPC Recommendations: Screening

- Have processes in place (e.g., signage) to alert those entering the building about IPC practices
- Communicate recommended actions if anyone entering facility has positive viral test for SARS-CoV-2, has symptoms of COVID-19, or had recent close contact with someone with SARS-CoV-2
  - Make sure staff know who to report to if they meet any of the above criteria
- Having someone stationed at entrances asking screening questions and/or taking temperatures is *not* explicitly recommended

**Do we need to monitor residents for signs/symptoms at specific intervals?**


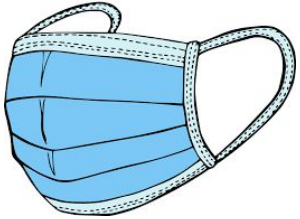

# Updated COVID-19 Healthcare IPC Recommendations: Assessing for Symptoms

- No current recommendation to assess admitted residents *daily* and to check temperatures at specific intervals
- Processes should be in place to identify symptomatic residents



# What should NHs/SNFs be doing for source control?

# Updated COVID-19 Healthcare IPC Recommendations: Source Control

Recommended If You...	Considerations: <b>High</b> <u>Community Transmission Level</u>	Considerations: <b>Not High</b> <u>Community Transmission Level</u>
<ul style="list-style-type: none"> <li>● Have suspected/confirmed COVID-19 or other respiratory infection</li> <li>● Have close contact or a higher risk exposure with someone with COVID-19, for 10 days after the exposure</li> <li>● Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak – universal use of source control could be discontinued once no new cases have been identified for 14 days</li> <li>● Otherwise had source control recommended by public health</li> <li>● <b>Could consider</b> if caring for residents who are moderately to severely immunocompromised</li> </ul> 	<ul style="list-style-type: none"> <li>● <b>Recommended</b> for anyone in a healthcare setting when they are in areas where they could encounter residents</li> <li>● Healthcare personnel <b>could choose</b> not to wear source control when in well-defined areas that are restricted from resident access</li> </ul>	<ul style="list-style-type: none"> <li>● Healthcare facilities <b>could choose</b> not to wear source control</li> </ul>  

# What universal PPE should be worn?



# Updated COVID-19 Healthcare IPC Recommendations: Universal Use of PPE

- If Community Transmission Level is **high**, healthcare facilities *could consider*:
  - N95s for all:
    - Aerosol-generating procedures
    - When additional risk factors for transmission identified (e.g., resident unable to use source control and area is poorly ventilated)
  - Universal use of N95s for all resident care encounters or areas of the facility at higher risk for SARS-CoV-2 transmission
  - Eye protection for all resident care encounters

# What are the current testing requirements?

# Updated COVID-19 Healthcare IPC Recommendations: Testing

- Asymptomatic residents with close contact or healthcare personnel with higher-risk exposures: series of **three** viral tests (typically day 1, day 3, day 5 where day of exposure is day 0)
- If history of SARS-CoV-2 infection
  - Testing generally not recommended for asymptomatic people who recovered from SARS-CoV-2 infection in the **prior 30 days**
  - Testing considered for those who have recovered in the prior 31-90 days but **antigen test preferred**
- Facility discretion
  - Performance of expanded screening testing of asymptomatic HCP without known exposures - consistent with [QSO-20-38-NH-REVISED](#) (9/23/22)

# What about testing during outbreaks?

# Updated COVID-19 Healthcare IPC Recommendations: Outbreak Testing

- Test all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status.
  - Testing recommended frequency:
    - Immediately (but not earlier than 24 hours after the exposure) and, if negative,
    - 48 hours after the first negative test and, if negative,
    - 48 hours after the second negative test.
    - This will be days 1 (where day of exposure is day 0), day 3, and day 5.
  - Testing not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior **30 days**.
  - Use an **antigen test** for those who have recovered in the prior 31-90 days

# Updated COVID-19 Healthcare IPC Recommendations: Outbreak Testing, continued

- If *no* additional cases are identified during contact tracing or broad-based testing, no further testing is indicated.
- If additional cases *are* identified or if *unable* to identify close contacts:
  - Continue testing every 3-7 days until 14 days with no new cases.
    - If using antigen tests, more frequent testing (every 3 days) should be considered.

**Do new admissions or readmissions need to be quarantined?**

# Updated COVID-19 Healthcare IPC Recommendations: New Admissions/Readmission Quarantine

- Quarantine (empiric Transmission-based Precautions) is generally not necessary for admissions/readmissions or for residents who leave facility <24 hrs, if the resident is asymptomatic
  - Quarantine can be considered if the resident:
    - Is unable to be tested
    - Is unable to wear source control
    - Is moderately to severely immunocompromised
    - Resides on a unit with others who are moderately to severely immunocompromised
    - Resides on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions



# Updated COVID-19 Healthcare IPC Recommendations: New Admissions/Readmission Testing

- New admissions and residents who leave the facility for  $\geq 24$  hours where [Community Transmission](#) levels are high should be tested:
  - At admission
  - If negative, again 48 hours later
  - If negative, again 48 hours later
- Residents should wear source control for 10 days following their admission
- Admission testing at lower levels of Community Transmission is at the discretion of the facility

**What do we do if a resident has close contact  
or a healthcare worker has a higher-risk  
exposure to someone with SARS-CoV-2?**

# Updated COVID-19 Healthcare IPC Recommendations: Asymptomatic Residents or HCP With Close Contact to SARS-CoV-2

- *Generally, asymptomatic residents who have close contact to SARS-CoV-2 or asymptomatic healthcare personnel who have a higher-risk exposure **do not require use of transmission-based precautions***
  - Wear source control for 10 days post-exposure
  - Series of three tests (day 1, 3, 5 per previous slide)
  - Monitor for symptoms

# Updated COVID-19 Healthcare IPC Recommendations: Asymptomatic Residents or HCP With Close Contact to SARS-CoV-2

- Consider empiric transmission-based precautions if person:
  - Is **unable to be tested or wear source control** for the 10 days following their exposure
  - Is moderately to severely **immunocompromised**
  - Resides (or works, for HCP) on a unit with others who are moderately to severely immunocompromised
  - Resides (or works, for HCP) on a unit experiencing **ongoing SARS-CoV-2 transmission** that is not controlled with initial interventions

# What are the current visitation recommendations?

# Updated COVID-19 Healthcare IPC Recommendations: Visitation

- Have guidance in place as outlined in the screening slide
- Follow source control measures according to COVID-19 community transmission
  - Regardless, residents and their visitors when alone in the resident's room or designated visitation area, may choose not to wear face coverings or mask
  - If COVID-19 community transmission is **not high**, the facility could choose not to require face coverings or masks, except during an outbreak
- During peak times of visitation and large gatherings (e.g., parties, events) facilities should encourage physical distancing
- Reference: [CMS QSO-20-39-NH-revised](#)

# Perspectives from the VDH Office of Licensure and Certification (OLC)

# CMS Perspectives & Updates

- *Staff Vaccinations and Testing*
  - *Testing Table 1 (CMS QSO 20-38-NH) is regardless of vaccination status. 483.80(i)(3)(iii): requires facilities to ensure those staff who are not yet fully vaccinated, or who have a pending or been granted an exemption, or who have a temporary delay as recommended by the CDC, adhere to additional precautions that are intended to mitigate the spread of COVID-19. There are a variety of actions or job modifications a facility can implement to potentially reduce the risk of COVID-19 transmission.*
  - *COVID-19 testing is no longer dependent upon an individual's vaccination status.*



# CMS Perspectives & Updates

- *Screening of Staff and Visitors*
  - *Staff and visitors may self-screen for COVID-19; however, the facility must still have a process (e.g. self-screening) for screening individuals prior to entering the facility. When using a self-screening approach, facilities could have signs at the entrance of the facility reminding visitors and staff of when they should not enter.*

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# CMS Perspectives & Updates

- *Updates to Appendix PP*
  - *Staffing:*
    - *RN 8 consecutive hours in a 24 hour period*
    - *Identify, based on acuity, when more RN hours could be needed*
    - *PBJ report will provide infraction dates for surveyors to verify*
    - *Daily staffing must be made available to the public upon request*
  - *Infection Preventionist (IP):*
    - *Remains part time*
    - *Duties must be performed physically onsite in the facility*
    - *Allowed time to perform IP responsibilities*
  - *Infection Control training for staff - additional training requirements*

# CMS Perspectives & Updates

- *Updates to Chapter 5 State Operations Manual*
  - *Complaint Traige:*
    - *Immediate Jeopardy - investigate within 3 working days*
    - *Non-IJ High - investigate within 15-18 business days*
    - *Non-IJ Medium - investigate within 45 calendar days*

# Resources and References

# Updated Resources

- VDH

- On COVID-19 LTC Task Force website
  - COVID-19 Guidance for Nursing Homes ([10/20/22](#))
  - COVID-19 Outbreak Response Method in LTCFs ([10/18/22](#))
  - PPE During COVID-19 Response in Nursing Homes ([10/19/22](#))
  - Recommendations for Hospitalized Patients Being Discharged to a LTCF ([10/12/22](#))
- [COVID-19 FAQs](#) (updated every 3 weeks)
  - [LTC section](#) of the FAQs



# Updated Resources

- CDC
  - COVID-19 IPC Recommendations for Healthcare Personnel ([9/23/2022](#))
  - Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 ([9/23/2022](#))
  - Strategies for Mitigating Healthcare Personnel Staffing Shortages ([9/23/2022](#))

# Updated Resources

- CMS

- QSO-20-38-NH LTC Facility **Testing** Requirements ([9/23/22](#))
- QSO-20-39-NH Nursing Home **Visitation** Guidance ([9/23/22](#))
- QSO-23-02-ALL Staff **Vaccination** Requirements ([10/26/22](#)) - *supersedes* QSO-22-07-ALL

# Questions?

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# Upcoming Webinar

Access the registration link here:

<https://www.vdh.virginia.gov/haiar/education-training/>

A promotional graphic for a webinar. It has a dark blue background on the left and an orange curved shape on the right. At the top left is the HAI&AR logo. The title "2022 Updates to Enhanced Barrier Precautions for Nursing Homes" is in orange. Below it, text describes the webinar's content. A date and time box on the right shows "Wednesday November 16, 2022 12:00 - 1:00 PM" with calendar and clock icons. A purple "REGISTER" button is below that. A "SCAN ME" button is above a QR code. At the bottom right is a circular image of hands being held. The text "NO CE CREDITS PROVIDED" and the registration URL are at the bottom.

**HAI&AR**  
Healthcare-Associated Infections & Antimicrobial Resistance Program

## 2022 Updates to Enhanced Barrier Precautions for Nursing Homes

Find out more from the Virginia Department of Health's HAI/AR Program as they review recent changes to recommendations for implementation of enhanced barrier precautions (EBP) in nursing homes.

Register to learn more about:

- Implementing EBP
- Differences between EBP and contact precautions
- Transferring residents on EBP
- Available tools and resources

Nursing home and public health staff are encouraged to join this webinar and participate in the live Q&A session.

**NO CE CREDITS PROVIDED**

<https://www.vdh.virginia.gov/haiar/>

**REGISTER**

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