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

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

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

Source: Department of Social Services (DSS) Updated CDC COVID-19 Guidance for Assisted Living Facilities memo distributed October 26, 2022
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

Source: Department of Social Services (DSS) Updated CDC COVID-19 Guidance for Assisted Living Facilities memo distributed October 26, 2022
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

<table>
<thead>
<tr>
<th>Recommended If You…</th>
<th>Considerations: High Community Transmission Level</th>
<th>Considerations: Not High Community Transmission Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Have suspected/confirmed COVID-19 or other respiratory infection</td>
<td>● <strong>Recommended</strong> for anyone in a healthcare setting when they are in areas where they could encounter residents</td>
<td>● Healthcare facilities <em>could choose</em> not to wear source control</td>
</tr>
<tr>
<td>● Have close contact or a higher risk exposure with someone with COVID-19, for 10 days after the exposure</td>
<td>● Healthcare personnel <em>could choose</em> not to wear source control when in well-defined areas that are restricted from resident access</td>
<td></td>
</tr>
<tr>
<td>● 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Otherwise had source control recommended by public health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● <strong>Could consider</strong> if caring for residents who are moderately to severely immunocompromised</td>
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</tbody>
</table>

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**Source Control**

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

*VDH Virginia Department of Health*
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

● New admissions and residents who leave the facility for ≥ 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
  - 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/