CDC and CMS COVID-19 Updated Guidance for Infection Prevention in Healthcare Facilities

6/14/2023

VDH Healthcare-Associated Infections & Antimicrobial Resistance Program

HAI&AR Healthcare-Associated Infections & Antimicrobial Resistance Program

VDH Virginia Department of Health

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

- CDC COVID-19 IPC Recommendations for Healthcare Personnel (5/8/2023)
- CMS Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (5/1/2023)
- CMS QSO-20-39-NH Nursing Home Visitation Guidance (5/8/2023)

COVID-19 Healthcare Guidance: NO CHANGES

- Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (9/23/22)
- Strategies to Mitigate Healthcare Personnel Staff Shortages (9/23/22)

Updated CDC COVID-19 Healthcare IPC Recommendations: Overview

- Facility-wide use of source control (masking)
- Admission testing in nursing homes
- Routine testing of residents and staff in nursing homes
- FAQs added to healthcare IPC recommendations page

What Has NOT Changed in COVID-19 Healthcare IPC Recommendations

- Processes to identify and manage individuals with suspected/confirmed SARS-CoV-2 infection
- Testing recommendations following an exposure or during an outbreak
- Duration of transmission-based precautions
  - Symptomatic patients/residents being evaluated for SARS-CoV-2
  - Asymptomatic patients/residents following close contact
  - Patients/residents with SARS-CoV-2 infection

What Has NOT Changed in COVID-19 Healthcare IPC Recommendations, cont.

- Personal protective equipment when caring for a patient/resident with suspected/confirmed COVID-19
- Patient/resident placement
- Healthcare personnel work restrictions following an exposure

Source Control in Healthcare Facilities

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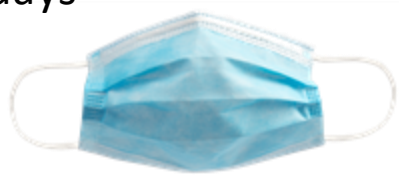
COVID-19 Healthcare IPC Recommendations: What Has Not Changed For Source Control

Source control is recommended for individuals in healthcare settings who:

- Have suspected/confirmed COVID-19 or other respiratory infection
- Have close contact or a higher risk exposure with someone with COVID-19, for 10 days after the exposure
- 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



Updated COVID-19 Healthcare IPC Recommendations: What HAS Changed For Source Control

- **Source control is recommended more broadly (see CDC's Core IPC Practices) in the following circumstances:**
  - Facility-wide or based on a **facility risk assessment**
    - Targeted toward higher risk areas or patient populations during periods of higher levels of community SARS-CoV-2 or other respiratory virus transmission
      - See additional risk assessment criteria on the following slides
    - Also refer to Metrics for Community Respiratory Virus Transmission (*slide 13*)
  - Otherwise had source control recommended by public health **(e.g., in guidance for the community when COVID-19 hospital admission levels are high)**

Risk Assessment Considerations for Implementing Broader Use of Source Control in Healthcare Settings

Important considerations for risk assessment and plans:

- Identification of early risk recognition, people/areas with highest exposure risk, and other respiratory viruses
- Communication and coordination
  - External: With connected facilities
  - Internal: Update policies and procedures, inform and train staff, and audit and monitor implementation and compliance processes

Risk Assessment Considerations for Implementing Broader Use of Source Control in Healthcare Settings

Factor	Examples
Patient population	Tiering interventions based on patient populations served: • Highest risk for severe outcomes (e.g., cancer clinics, transplant units) • In areas more likely to provide care for patients with a respiratory infection (e.g., urgent care, emergency department) • Except when experiencing an outbreak within the facility, facilities with residents or patients that generally do not leave the facility might consider implementing masking only for staff and visitors
Stakeholder input	Reviewing plans with stakeholders • Patient and family forums • Infection Control committee and other outlets that incorporate healthcare personnel • Local health department
Plans of other facilities	• Coordinating plan sharing in a healthcare coalition with facilities in the jurisdiction
Available data	• Internal surveillance data (e.g., influenza activity, healthcare-associated COVID-19 infections, COVID-like illness amongst staff) • External metrics (see following slides)

Updated COVID-19 Healthcare IPC Recommendations: Metrics

- COVID community levels replaced by other metrics for community respiratory virus transmission
  - CDC is in the early stages of developing metrics that could be used to guide when to implement select infection prevention and control practices for multiple respiratory viruses.
  - Facilities may consider masking during the typical respiratory virus season (approximately October-April).
  - National data / CDC sources
    - COVID-19 Hospital admission data on the CDC COVID Data Tracker
    - National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus
    - ILINet (overall flu activity by state)

Updated COVID-19 Healthcare IPC Recommendations: Metrics, cont.

- Virginia data
  - COVID-19 dashboards
    - COVID-like illness visits to EDs or urgent care facilities (by district)
    - COVID-19 associated deaths (by district)
    - Wastewater surveillance (by region)
  - Influenza-like illness: VDH flu surveillance (data by region)

COVID-19 Healthcare IPC Recommendations: What Has NOT Changed for Universal Use of PPE

- What has NOT changed
  - If SARS-CoV-2 infection is *not* suspected in a patient presenting for care (based on symptom and exposure history).
    - Healthcare personnel (HCP) should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis).

Updated COVID-19 Healthcare IPC Recommendations: What HAS Changed for Universal Use of PPE

- As transmission of **SARS-CoV-2 in the community increases***, the potential for encountering asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection also likely increases.
  - In these circumstances, healthcare facilities should consider implementing broader use of respirators and eye protection by HCP during patient care encounters as described in the CDC guidance.
    - ***Refer to COVID-19 metrics (slides 12-13)**

Nursing Homes

COVID-19 Healthcare IPC Recommendations in Nursing Homes: Admissions

What Has Changed	What Has NOT Changed
• Admission testing is *at the discretion of the facility*. Pros and cons of screening testing are described in CDC guidance (Section 1).	• Empiric use of Transmission-Based Precautions is generally **not necessary** for admissions or for residents who leave the facility for less than 24 hours and do not meet criteria described in Section 2 [Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection].

Updated COVID-19 Healthcare IPC Recommendations in Nursing Homes: Admission Testing

- Pros and cons of admission screening testing include:
  - Screening testing performed in areas with lower levels of SARS-CoV-2 community transmission will likely have lower yield.
  - Results may continue to be useful in certain situations to inform the type of infection control precautions used.
    - Examples:
      - When performing higher-risk procedures to determine what PPE to use
      - For healthcare personnel caring for patients who are moderately to severely immunocompromised to help determine room assignments/cohorting

Congregate Settings

Updated COVID-19 IPC Guidance for Congregate Settings

- Healthcare delivery – follow CDC healthcare IPC guidance
- Source control – based on COVID-19 hospital admission level; people may choose to wear a mask at any time

All Levels	Medium or High	High
• Stay up to date on vaccination • Follow recommendations if you have COVID-19 or have been exposed • Avoid contact with people who have COVID-19	• If at high risk, wear a high-quality mask or respirator when indoors in public • If your contact is at high risk for getting sever illness, self-test before contact, consider wearing a mask indoors with them	• Wear a high-quality mask or respirator • If at high risk of getting very sick, consider avoiding non-essential indoor activities in public

COVID-19 Surveillance and the National Healthcare Safety Network (NHSN)

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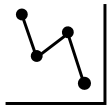
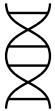
VDH COVID-19 Surveillance Approach



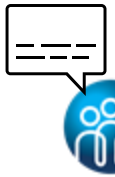
- **Track trends and intensity of SARS-CoV-2 transmission**
  - Monitor early-warning indicators; emergency department visits, sentinel surveillance, wastewater surveillance, etc.

- **Evaluate severity of COVID-19 and spectrum of illness**
  - Shift focus away from case data; prioritize COVID-19-related hospitalizations & deaths

- **Monitor impact of disease and interventions on health equity**
  - Evaluate projects to better describe the impacts of Long COVID in VA
  - Support Care Resource Coordination efforts



- **Conduct and advance SARS-CoV-2 genomic surveillance**
  - Continue to monitor variants and conduct sequencing



- **Share surveillance data and adapt risk communication**
  - Maintain data dashboards and integral resources

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COVID-19 Reporting Requirements: Outbreaks

- All facilities required to report **suspected or confirmed** outbreaks to the local health department (LHD)
  - Most settings: 2 or more cases
  - Outbreak reporting portal
- Nursing homes
  - Threshold for initiating an outbreak investigation: **single new case** of SARS-CoV-2 infection in a staff member or resident – report to LHD at this time
  - Office of Licensure and Certification requests reporting of outbreaks via a Facility Report Incident form

COVID-19 Reporting Requirements: Individual Cases

- **Physicians and directors of medical care facilities** (i.e., hospitals, nursing homes): report when a person who is infected with or who is suspected of having COVID-19 is treated or examined, and also if the person is hospitalized or admitted to an ICU
  - Submit data electronically within 3 days (online confidential morbidity report portal or electronic case reporting)
  - Required data elements recently (Jan 2023) updated

COVID-19 Reporting Requirements

- **Directors of laboratories and other entities that hold a Clinical Laboratory Improvement Amendments Certificates of Waiver (e.g., pharmacists)** are required to report positive SARS-CoV-2 tests (i.e., PCR or antigen test) to VDH.
  - The report must be submitted electronically within three days of identification using either VDH's available portal for laboratory reporting (VDH's COVID-19 Point of Care (POC) Test Reporting Portal) or electronic laboratory reporting.
  - Negative SARS-CoV-2 test results are no longer required to be reported.
  - The **required** data elements for reporting were updated to add the patient's ethnicity, phone number, and email address, in addition to the already reportable items, including race.

NHSN Reporting Updates: Hospitals

- Data element reduction – 62 elements to 44 elements
  - Several fields will be made optional
- Reporting cadence – weekly submission of daily values
  - Report values from the prior week (Sun-Sat) by the following Tuesday
- Implementation timeline
  - June 10th – implement updated reporting requirements
  - June 11th – start date for updated reporting requirements
  - June 20th – first Tuesday that can be used for weekly submission
- Reporting continues through April 30, 2024

NHSN Reporting Updates: Dialysis

- COVID-19 cases and deaths among patients and staff: **no longer required** to be reported to NHSN
  - The NHSN Dialysis COVID-19 Module remains available for voluntary reporting by individual facilities and group users
- COVID-19 vaccination among patients and staff: **remains required**
  - Facilities only need to report COVID-19 vaccination data for patients and staff for the **last week of each month.**

NHSN Reporting Updates: Long-Term Care Facilities

- For CMS-certified LTCFs, COVID-19 reporting to NHSN continues after the end of the COVID-19 public health emergency
- COVID-19 module "Surveillance Reporting Pathways" will undergo updates:
  - Reducing vaccination elements to include only up-to-date status for residents with a positive COVID-19 test
  - Removal of influenza and staffing and supply shortages data fields
  - Removal of deaths in the Staff and Personnel Impact Pathway
  - Removal of the therapeutics pathway
  - Addition of new data field (hospitalizations) in the Resident Impact and Facility Capacity Pathway
- For more information, see NHSN website for slides from recent training
- COVID-19 reporting requirements for Surveillance Pathways module are in effect through 12/31/2024
- Staff and resident COVID-19 vaccination reporting requirements (COVID-19 Vaccination Module) **are permanent**

CMS Updates

CMS Updates: All Healthcare Facilities

- CMS Final Rule (6/5/2023) – effective on **8/4/2023**
  - Deletes long-term care staff and resident facility testing requirements that were only effective through the end of the Public Health Emergency
  - Withdraws the Omnibus COVID-19 Health Care Staff Vaccination rule (*"COVID-19 Health Care Staff Vaccination"* issued on November 5, 2021)
  - Finalizes the "educate and offer" requirements for COVID-19 vaccination in long-term care facilities and intermediate care facilities for individuals with intellectual disabilities
    - This rule maintains the requirement to report resident and staff COVID-19 vaccination status to NHSN

CMS Updates: Clinical Laboratory Improvement Amendments (CLIA)

CLIA Post-Public Health Emergency (PHE) Guidance (5/11/2023) - As of the end of the PHE:

- All CLIA-certified labs are required to follow the manufacturer's Instructions for Use (IFU), including the intended use, for SARS-CoV-2 testing
- Laboratories will no longer be able to continue using expired reagents
- No **CMS** requirement to report SARS-CoV-2 test results
    - **But STATE requirements (mentioned in slide 26) still apply**

CMS Updates: Nursing Homes

Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (5/1/2023) – requirements that ended when PHE ended:

- Routine testing of residents and staff for COVID-19 infection
- Grouping or cohorting residents with respiratory illness symptoms and/or with a confirmed COVID-19 diagnosis from residents who are asymptomatic or negative for COVID-19

Requirements that are continuing:

- Reporting COVID-19 vaccine status of residents and staff through NHSN is permanent (quality measurement)
- Reporting weekly COVID-19 information to terminate on December 31, 2024

CMS Updates: Nursing Home Visitation

- CMS revised the nursing home visitation guidance to align with ending of PHE
  - Facilities still expected to adhere to infection prevention and control recommendations in accordance with accepted national standards
    - Post visual alerts at the entrance and in strategic places to include instructions on current IPC recommendations
    - Resident and staff testing conducted should follow nationally accepted standards, such as CDC recommendations
  - Visitors encouraged to stay up to date with their COVID-19 vaccinations
  - If visiting during an outbreak, visit should occur in the resident's room with source control worn (if tolerated) and physical distancing (if possible)

Resources and References

Updated Resources

- VDH
  - On Long-term Care Settings webpage
    - COVID-19 Guidance for Nursing Homes (6/13/2023)
    - COVID-19 Outbreak Response Method in LTCFs (6/2/2023)
    - PPE During COVID-19 Response in Nursing Homes (6/5/2023)
    - Recommendations for Hospitalized Patients Being Discharged to a LTCF (6/5/2023)
  - COVID-19 FAQs (updated every 3 weeks)
    - LTC section of the FAQs

Updated Resources

- VDH
  - Clinician Letter (4/5/23) - COVID-19 Update for Virginia
  - COVID-19 Resources for Health Professionals
  - Disease Control Manual (for LHDs)
    - Updates to outbreak section, LTC section
  - Surveillance
    - COVID-19 Data Insights dashboards
      - COVID-Like Illness Visits
    - Disease Reporting and Control Regulations website

Updated Resources

- CDC
  - COVID-19 IPC Recommendations for Healthcare Personnel (5/8/2023)
  - COVID-19 Information for Congregate Living Settings (5/11/2023)
  - NHSN Transition of COVID-19 Hospital Reporting
  - Clinician Outreach and Communication Activity (COCA) calls
- CMS
  - Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (5/1/2023)
  - QSO-20-39-NH Nursing Home Visitation Guidance (5/8/2023)
  - QSO-23-15-CLIA CLIA Post-Public Health Emergency Guidance (5/11/2023)
  - Final Rule: Policy and Regulatory Changes to the Omnibus COVID-19 Health Care Staff Vaccination Requirements (6/5/2023)

Questions?

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