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

6/14/2023
VDH Healthcare-Associated Infections & Antimicrobial Resistance Program
UPDATED COVID-19 Healthcare Infection Prevention and Control (IPC) Recommendations

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
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

<table>
<thead>
<tr>
<th>Factor</th>
<th>Examples</th>
</tr>
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</table>
| 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](https://covidactnow.org/hospitalizations) on the CDC COVID Data Tracker
    - National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus
    - [ILINet](https://www.cdc.gov/flu/ ILINet) (overall flu activity by state)

- 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)
**COVID-19 Healthcare IPC Recommendations in Nursing Homes: Admissions**

<table>
<thead>
<tr>
<th>What Has Changed</th>
<th>What Has NOT Changed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Admission testing is <em>at the discretion of the facility</em>. Pros and cons of</td>
<td>• Empiric use of Transmission-Based Precautions is generally <strong>not necessary</strong> for admissions or for residents who leave the facility for less than 24 hours</td>
</tr>
<tr>
<td>screening testing are described in CDC guidance (<a href="#">Section 1</a>).</td>
<td>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].</td>
</tr>
</tbody>
</table>
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

- Source control – based on [COVID-19 hospital admission level](https://www.cdc.gov/coronavirus/2019-ncov/hospital-admission-level.html); people may choose to wear a mask at any time

<table>
<thead>
<tr>
<th>All Levels</th>
<th>Medium or High</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Stay up to date on vaccination</td>
<td>● If at high risk, wear a high-quality mask or respirator when indoors in public</td>
<td>● Wear a high-quality mask or respirator</td>
</tr>
<tr>
<td>● Follow recommendations if you have COVID-19 or have been exposed</td>
<td>● If your contact is at high risk for getting severe illness, self-test before contact, consider wearing a mask indoors with them</td>
<td>● If at high risk of getting very sick, consider avoiding non-essential indoor activities in public</td>
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<tr>
<td>● Avoid contact with people who have COVID-19</td>
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[VDH Virginia Department of Health](https://www.vdh.virginia.gov/)
COVID-19 Surveillance and the National Healthcare Safety Network (NHSN)
VDH COVID-19 Surveillance Approach

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

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

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

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

• Share surveillance data and adapt risk communication
  o Maintain data dashboards and integral resources
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
  o Several fields will be made optional
• Reporting cadence – weekly submission of daily values
  o Report values from the prior week (Sun-Sat) by the following Tuesday
• Implementation timeline
  o June 10th – implement updated reporting requirements
  o June 11th – start date for updated reporting requirements
  o 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
  o 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
  o 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 the 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

  - 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 Information for Congregate Living Settings (5/11/2023)
  ○ NHSN Transition of COVID-19 Hospital Reporting
  ○ Clinician Outreach and Communication Activity (COCA) calls

● CMS
  ○ Final Rule: Policy and Regulatory Changes to the Omnibus COVID-19 Health Care Staff Vaccination Requirements (6/5/2023)
Questions?

hai@vdh.virginia.gov