

## VDH COVID-19 CDC and CMS Updates Webinar 6/14/23 – Questions & Answers

### ***Is it required still to post COVID-19 community levels in healthcare facility?***

The CDC replaced COVID-19 community levels with COVID-19 hospital admission levels to guide prevention decisions, and transmission levels were removed due to HHS no longer requires reporting of negative SARS-CoV-2 testing, and this change removes the ability to monitor the percentage of positive SARS-CoV-2 test results on national level. Healthcare facilities should consider performing a risk assessment to determine their infection prevention and control recommendations, including when broader use of source control or universal use of personal protective equipment (e.g., eye protection for all patient care encounters) in the facility might be warranted.

Factors that should be considered include available local data metrics, including county-level SARS-CoV-2 hospital admissions data on the CDC [COVID-19 Data Tracker](#) and VDH [emergency department visits for COVID-like illness](#), and facility-level information (e.g., recent transmission inside the facility, the population's risk for severe outcomes from COVID-19, and facility characteristics that could accelerate spread) to determine when to add and remove prevention strategies. Facilities could also follow trends of several respiratory viruses using CDC [RESP-NET interactive dashboard](#) or data from the [National Emergency Department Visits for COVID-19, Influenza, and RSV](#) to make decisions about broader use of source control based on national respiratory virus incidence. For more information, visit updated [CDC COVID-19 Infection Prevention and Control guidance](#).

CDC also recommends that for healthcare facilities to ensure everyone is aware of their recommended IPC practices, to post visual alerts (e.g., signs, posters) at the facility entrance and in strategic places. These alerts should include instructions about current IPC recommendations (e.g., when to use source control and perform hand hygiene). Dating these alerts can help ensure people know that they reflect current recommendations.

### ***Can we continue to require prospective employees show proof of COVID vaccination?***

According to the VDH Office of Licensure and Certification (OLC), you may request proof as long as your facility policy states so. Though the requirement of vaccination is no longer surveyed for.

### ***What specific actions are taken if SARS-CoV-2 RNA is detected in a specific wastewater area?***

VDH continues to monitor the wastewater trends with other incidence indicators of COVID-19 to determine response. Wastewater alone is not being used as an incidence indicator but is used in correlation with hospital admissions and COVID like illness reports from ED visits based discharge diagnosis.

Wastewater surveillance is surveilled for only 36 localities twice weekly. It is a good indicator or early warning for COVID-19 transmission in the local community, but it is recommended to use with other data elements (e.g. COVID-19 hospitalization rates, COVID-19 ED visits) to give a complete picture of SARS-

CoV2 activity. Over time, [wastewater surveillance](#) can give as an idea of trends and is available on the VDH website.

***Is there a specific guidance change for acute care hospitals and In patient Psych facilities getting rid of admission covid screening?***

The updated guidance from CDC and VDH is that healthcare facilities should develop their plans regarding broad use of source control, as well as other infection prevention and control practices which could include screening testing. Testing on admission is at the discretion of the facility and could be based on multiple factors, including COVID-19 surveillance data, patient populations served, and procedures performed. According to CDC “the yield of screening testing for identifying asymptomatic infection is likely lower when performed on those in areas with lower levels of SARS-CoV-2 community transmission. However, these results might continue to be useful in some situations (e.g., when performing higher-risk procedures or for HCP caring for patients who are moderately to severely immunocompromised) to inform the type of infection control precautions used (e.g., room assignment/cohorting, or PPE used) and prevent unprotected exposures.”

As part of the current CDC COVID-19 healthcare guidance facilities are to also have a process to identify and manage individuals with suspected or confirmed sars-cov-2 infection. This is also a part of the [Core IPC practices](#), "...for early detection and management (e.g., use of appropriate infection control measures, including isolation precautions, PPE) of potentially infectious persons at initial points of patient encounter in outpatient settings (e.g., triage areas, emergency departments, outpatient clinics, physician offices) and at the time of admission to hospitals and long-term care facilities (LTCF). <https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html>

***Could you please clarify when nursing homes are to notify OLC of COVID via FRI? If there is only one case, do you report to OLC?***

According to VDH OLC, the request for reporting to report via FRI is not a regulatory requirement. It is a regulatory requirement for facilities to report COVID-19 outbreaks to their local health department. OLC receives these notifications, though sometimes there is a lag. Not each individual case is to be reported via FRI, but only the initial COVID outbreak. Anything after that, a facility can update their OLC supervisor via an email.

***Is there any information on the ETS mandate training to continue? Since the ETS has been rescinded, it is not clear if the training requirement is still in place and can we do our own training?***

Although OSHA is withdrawing the vaccination and testing ETS as an enforceable emergency temporary standard, the agency is not withdrawing the ETS as a proposed rule. The agency is prioritizing its resources to focus on finalizing a permanent COVID-19 Healthcare Standard. For specific guidance regarding the ETS, we recommend reaching out to the [Virginia Occupational Safety and Health](#) (VOSH) Program.

***Is daily screening of residents in LTC centers for symptoms of respiratory illness still required or recommended?***

Screening individuals for signs/symptoms of a respiratory illness, not only COVID-19, is a [core infection prevention and control practice](#). All healthcare facilities, including long term facilities, should have a mechanism in place to promptly identify if a patient/resident has signs/symptoms of any communicable disease. The mechanism and frequency of monitoring asymptomatic individuals is at the discretion of the facility.

***Is there any forecasted end to the use of CLIA waivers for COVID testing? Will CLIA waivers ever not cover the ability to COVID test in facilities?***

CLIA waivers do not exempt from anything, but are a type of [CLIA](#) certificate, a level of CLIA certification for [waived testing](#). All testing, depending on the level of complexity, requires CLIA certification. If a facility does want to perform COVID-19 testing, that will always require a CLIA certificate. Most of these tests are classified as waived. That requirement will not go away.

***We are a CLIA waived facility and are testing every incoming admission for SARS-CoV-2 using a rapid antigen testing. The manufacturer's package insert only specify use for symptomatic individuals. Since we are testing with no indication to test that fits the manufacturers guidelines, would this be out of CMS compliance?***

According to VDH OLC, per [QSO 23-15-CLIA](#), as of the end of the PHE, all CLIA-certified laboratories are required to follow the manufacturer's Instructions for Use (IFU), including the intended use, for SARS-CoV-2 testing. Under the CLIA regulations, if a test's intended use is modified from what is required by the IFU, the test becomes high complexity (§ 493.17(c)(4)).

Using a waived test as a high complexity, nonwaived test would require a healthcare facility to submit to CLIA for a nonwaived testing certificate and then be subject to inspection and meet the respective CLIA standards for that test type. More information regarding waived and nonwaived testing can be found on the [CDC's CLIA testing](#) website.

***Are there any new directives on discarding expired COVID vaccine?***

There have not been any changes or directives on discarding expired COVID vaccines. CDC [provides guidance](#) for disposal and reporting. As a reminder, providers should always double check the vaccine expiration date since many vaccine lot expiration dates have been extended; expiration dates can be [found](#) by searching the lot number printed on the vaccine vial label.

***Can you please review the frequency for LTC to report to each NHSN module and will there be any changes to the frequency of reporting to NHSN?***

Long-term care facility requirements to report to the National Healthcare Safety Network are as follows:

- **COVID-19 Vaccination Module:** Reporting the COVID-19 vaccination status of residents and staff is a permanent requirement. This reporting is weekly through December 2024. After the weekly

requirement expires in December 2024, facilities are to continue to report one week/month for staff.

- **COVID-19 Module Surveillance Pathways:** COVID-19 information will continue being reported weekly in this module through December 2024. This weekly reporting requirements includes: resident beds and census, information for COVID–19 positive tests, COVID-19 hospitalizations and COVID–19 resident deaths until December 31, 2024
- For more information, see [NHSN website](#) for slides from recent [trainings](#)