VDH VIRGINIA DEPARTMENT OF HEALTH

FAQs Regarding Infection Prevention and Control in Healthcare Facilities and Centers for Disease Control and Prevention (CDC) Updated Isolation and Quarantine Guidance for Healthcare Personnel

Note: CDC and the Centers for Medicare and Medicaid Services (CMS) are continually updating guidance and recommendations may change accordingly

POPULATIONS AFFECTED

Does the new general population isolation and quarantine guidance apply to healthcare personnel (HCP)?
No. CDC Division of Healthcare Quality Promotion issued a statement that the CDC HCP guidance (issued 12/23/21) stands. CDC acknowledges the difference between the 5-day general public versus 7-day conventional isolation period for HCP with SARS-CoV-2 infection. VDH is adopting the current CDC recommendations for HCP.

Does the new general population isolation and quarantine guidance apply to patients/residents in healthcare facilities?
A. No. VDH expects CDC to update isolation and quarantine guidance for healthcare patients/residents to more closely align with the updated (Dec 23) HCP guidance. At this time, CDC recommends following September 10, 2021 guidance for healthcare patients and nursing home residents.

Healthcare patients, including nursing home residents, are generally at higher risk for more severe disease compared to the general public; congregate settings are at higher risk for transmission.

Does the isolation and quarantine guidance for healthcare workers apply to emergency medical services (EMS) personnel?
Yes, EMS staff are considered healthcare personnel.

If a healthcare facility is operating under contingency or crisis standards to mitigate staffing shortages, do the isolation and quarantine recommendations for healthcare personnel in that facility apply to return to work only or do they also apply to situations outside of work?
Work restrictions for healthcare personnel outlined in the updated (12/23/2021) CDC healthcare personnel isolation and quarantine and strategies to mitigate staffing shortages guidance documents apply to work in healthcare facilities **only**. For example, if an individual has SARS-CoV-2 infection and works in a healthcare facility operating under **crisis** staffing standards, if asymptomatic or mildly symptomatic with improving symptoms, they would be able to work with prioritization of certain duties, per facility policy. However, they should still follow the general public guidance as it pertains to being out in the community. In this example, if the individual has asymptomatic or mild infection, the healthcare worker would need to stay at home for at least 5 days (*except to go to work*). If the healthcare worker is involved with another sector that has its own guidance then guidance for that setting would also need to be applied before returning to that setting following SARS-CoV-2 exposure or infection.

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WORK RESTRICTIONS

Are HCP who tested positive for COVID-19 but do not have symptoms allowed to work on the hot (COVID-19) unit?
HCP (boosted, vaccinated, or unvaccinated) who test positive for COVID-19 should be excluded from work until all Return to Work Criteria are met. **Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting HCP to return to work without meeting all return to work criteria.** For example, crisis staffing standards permit HCP with asymptomatic or mildly symptomatic SARS-CoV-2 infection to work, with prioritization considerations (e.g., may work on a hot unit but should not work with immunocompromised patients/residents). **Refer to the Strategies to Mitigate Healthcare Personnel Staffing Shortages document for more information.**

Can HCP continue to work after a higher-risk exposure?
Unless they develop symptoms of COVID-19, OR are diagnosed with SARS-CoV-2 infection, under conventional staffing standards, **boosted** HCP with a higher-risk exposure can continue to work with a negative test on day 2 and day 5-7 (where day of exposure is day 0) and should wear a respirator or well-fitting facemask continuously while at work, even when they are in non-patient care areas such as breakrooms. All other HCP (**vaccinated or unvaccinated, even if within 90 days of prior COVID-19 infection)** who have had a higher-risk exposure should be excluded from work for 10 days if no testing is conducted or 7 days with a negative test. Work restriction for HCP with higher-risk exposure depends on the staffing capacity and may change if a healthcare facility moves to contingency or crisis staffing standards.

SPECIAL POPULATIONS

What is the recommendation for quarantine if a healthcare worker is immunocompromised?
If boosted and exposed to SARS-CoV-2, work restriction (quarantine) may be recommended for moderately to severely immunocompromised healthcare workers. Because of their altered immune response, it would be prudent to align quarantine recommendations with the same parameters as those for unvaccinated/vaccinated healthcare workers. In conventional staffing situations, this would involve returning to work after day 7 with a negative test or after day 10 with no test, where day 0 is the date of last exposure. Ultimately, the degree of immunosuppression for healthcare personnel is determined by the treating provider, and preventive actions are tailored to each individual and situation.

If HCP tested positive for COVID-19 within the previous 90 days, how does this impact the quarantine recommendations following a higher-risk exposure?
For HCP, quarantine recommendations are the same for vaccinated or unvaccinated individuals, even if within 90 days of prior infection. However, if the HCP has been boosted (has received all COVID-19 vaccine doses, including booster dose, as recommended by CDC) and does not develop symptoms or test positive for SARS-CoV-2, in general, no work restrictions are required following a higher-risk exposure. Testing requirements for boosted asymptomatic HCP who have had a higher-risk exposure vary by staffing standards (e.g., tests on days 2 and 5-7 required for conventional staffing standards).

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VACCINATION

Has the definition of fully vaccinated changed?
No; at this time a person is considered fully vaccinated against SARS-CoV-2 infection if ≥ 2 weeks after receipt of the second dose in a 2-dose series (Pfizer-BioNTech and Moderna) or ≥ 2 weeks after receipt of a single dose of the Janssen COVID-19 vaccine.

If a fully vaccinated resident in a nursing home has had close contact with someone with COVID-19 infection, can they leave their room? Should they attend communal activities or dining?
Per CMS guidance, during a COVID-19 outbreak investigation, **residents** in nursing homes who are fully vaccinated and residents who had COVID-19 in the last 90 days do not need to be quarantined or restricted to their room (unless they develop symptoms of COVID-19 or test positive for SARS-CoV-2). They should wear face coverings when leaving their room and may attend communal dining or group activities and they should practice physical distancing at all times. However, in the event of ongoing transmission or limited staffing within a facility or when directed by public health authorities, it may be recommended to restrict communal activities or dining for this population.

Do the new quarantine recommendations for HCP differentiate between HCP who are fully vaccinated and those who have received a booster dose?
Yes. Under conventional staffing standards, asymptomatic HCP who have had a higher-risk exposure **do not require work restriction** if they are up to date on all COVID-19 vaccine doses, **including booster dose**, as recommended by CDC and do not develop symptoms or test positive for SARS-CoV-2. Other HCP, including those who are fully vaccinated but who have not had a booster dose, would be required to quarantine for 10 days or 7 days with a negative SARS-CoV-2 test. The duration of protection offered by booster doses of vaccine and their effect on emerging variants are not clear; additional updates will be provided as more information becomes available.

If a HCP has completed a primary vaccination series and is not yet eligible for a booster, which category do they fall into if they have a higher-risk exposure and are asymptomatic?
A HCP being "up to date" on their COVID-19 vaccinations would place them in the "boosted" category when evaluating work restrictions for asymptomatic HCP following a higher-risk exposure. Although they have not received a booster, they are not yet eligible to do so.

TESTING

What are the current testing recommendations or requirements in nursing homes?
Please reference CMS testing guidelines (9/10/2021) for information on when to perform testing triggered by an outbreak investigation and routine testing in nursing homes. The new CDC healthcare personnel isolation and quarantine guidance (12/23/2021) provides additional information on when to test HCP following a higher-risk exposure.

What testing resources are available for long-term care facilities (LTCFs)?
The Department of Health and Human Services (HHS) distributes BinaxNow tests directly to CMS regulated facilities for required testing of staff and during this surge we understand

supplies are strained. Questions regarding this HHS supply can be sent to email: hhsbinax@hhs.gov.

VDH has developed a surge testing support plan for residential care facilities (i.e., skilled nursing facilities, assisted living facilities, and long-term care facilities). Utilizing grant funds, the VDH Testing Team is resourcing **supplemental point of care COVID-19 antigen tests through March 2022, or as supply lasts**. This is intended to provide a safety net for facilities that test staff to be in compliance with CMS regulations. These are Quidel QuickVue antigen tests that are over the counter and CLIA-waived. Facilities will be able to request tests through an online form; more information will be shared once the request process can begin**.** These tests will ship directly to facilities and will not come from the local health department.

VDH encourages SNFs and ALFs to develop and prepare a sustainable plan for future testing needs by finding a vendor to purchase tests or contract with to perform tests on the facility's behalf.

Is a point prevalence survey (PPS) required for all congregate settings during an outbreak?
A PPS is not specifically needed for all outbreaks at congregate care facilities, unless the facility is seeing unusual or ongoing spread. During the current surge, testing resources are limited and a discussion may be needed about using testing resources judiciously. For all long-term care facility outbreaks, to the extent possible, VDH recommends that a sample of specimens (3-5 specimens on those with recent onset of illness) is collected and submitted to the Division of Consolidated Laboratory Services (DCLS) for SARS-CoV-2 testing and whole genome sequencing. Please work with your local health department to coordinate transport of specimens. Facilities should also test symptomatic individuals (staff and residents) and follow regulatory guidance for other testing. For nursing homes, see: https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf

STAFFING

What staffing resources are available for LTCFs?
Virginia does not have staffing resources to deploy. VDH has provided staffing agency contacts to the healthcare community, and can share those lists upon request.

What triggers a healthcare facility to move to contingency or crisis capacity?
CDC and VDH are concerned about overall healthcare staffing capacity, not just in care of COVID-19 patients. Facilities should make decisions based on their own capacity, and situations may be fluid. Strategies should be considered and implemented sequentially.

Are LTCFs required to notify anyone if they are operating under crisis staffing standards?
If using crisis staffing standards that may jeopardize the health, safety, and well-being of residents of the facility, then nursing facilities licensed by the VDH Office of Licensure and Certification (OLC) and assisted living facilities licensed by the Virginia Department of Social Services are required to notify their licensing entity (the OLC or the DSS regional licensing office, respectively) of the conditions and status of the residents and the physical plant as soon as possible.

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PERSONAL PROTECTIVE EQUIPMENT

What personal protective equipment (PPE) guidance should healthcare facilities be following at this time?
Given current availability of PPE supplies, **conventional** use strategies should be used related to PPE.

If HCP are permitted to return to work before meeting all conventional return to work criteria, what recommendations should be in place regarding respiratory protection?
If HCP are permitted to return to work before meeting all conventional Return to Work Criteria due to staffing shortages, the following recommendations should be in place:

- HCP should wear a respirator or well-fitting facemask continuously, **even when they are in non-patient care areas such as breakrooms.**
    - If HCP must remove their respirator or well-fitting facemask, for example, in order to eat or drink, they should separate themselves from others.
- HCP should practice physical distancing from coworkers at all times.
- HCP should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.
- Patients/residents (if tolerated) should wear well-fitting source control while interacting with these HCP.

Is training available for N95 fit-testing?
VDH is scheduling additional train-the-trainer sessions for respiratory fit testing. The attendee will be able to train others in the proper procedures for fit-testing. Information on upcoming sessions (date, time, location) and instructions for registration are available in TRAIN, course ID 1046592. Additional sessions are being planned.

VISITATION

Is visitation allowed in long-term care facilities (LTCFs) at this time?
Per the Centers for Medicare and Medicaid Services (CMS), visitation should be permitted for all nursing home residents at all times. However, visitors must comply with the core principles of COVID-19 infection prevention and follow guidance outlined in a recent CMS memo (11/12/2021) and updated CMS FAQs (1/6/2022). Updated tips on how to safely comply with this guidance are available from VDH here. If a resident with COVID-19 has a visitor, the LTCF is recommended to collect contact information for the visitor(s) and share that information with their local health department for contact tracing purposes.

The CDC recommends that individuals with COVID-19 stay away from nursing homes and other high-risk settings until at least 10 days after symptom onset (or date of positive test, if asymptomatic). Those under quarantine should avoid nursing homes for at least 10 days after exposure.