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Updates to COVID-19 Guidance

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Key Updates to CMS COVID-19 Guidance

- **Changes to Guidance**
 - Updated Source control guidance for visitors and staff
 - Vaccination status is no longer used to determine source control, screening testing or post-exposure recommendations
 - Routine testing of asymptomatic staff is no longer recommended
 - Quarantine and work restrictions for exposures generally no longer recommended
 - Updated testing recommendations for asymptomatic patients/residents and healthcare personnel (HCP)
 - Updated testing recommendations for those who have recovered from Covid-19
- **Which Guidance will stay the same**
 - Timeframe for isolation for both residents and HCP
 - Symptomatic individuals will still need to be tested
 - Use of PPE for suspected or confirmed COVID-19

Pennsylvania HAN Updates

PA HANs have been updated to reflect these changes, However some have been consolidated. There is no longer a separate HAN for Nursing Home recommendations.

Source Control and Universal PPE

- Source control requirements are based on community transmission (not community levels).
- In areas where community transmission is high, everyone in the facility should wear source control such as face masks or respirator to cover the mouth and nose.

Source Control and Universal PPE

- In areas where community transmission is not high, health care providers can choose not to wear source control in non-resident care areas unless there is an outbreak.
- Source control is still recommended for individuals who have suspected or confirmed COVID-19 infection or had an exposure to someone with COVID-19.

Source Control and Universal PPE

- Facilities located in counties with high community transmission should also consider having HCP use Universal PPE for:
 - All aerosol-generating procedures
 - All surgical procedures that might pose higher risk for transmission if the patient has SARS-CoV-2 infection
 - In specific units or areas of the facility at higher risk for SARS-CoV-2 transmission
- Universal PPE includes N95 respirator and eye protection (i.e., goggles or a face shield that covers the front and sides of the face) worn during all patient care encounters.

Screening Testing

- Screening testing is no longer recommended for nursing home Health Care Personnel if they are asymptomatic and have not had a recognized exposure.

Exposure Recommendations for Health Care Personnel

- In General, asymptomatic Health Care Personnel (HCP) do not require work restriction after a higher risk exposure.

Exposure Criteria for Health Care Personnel

- Per the Centers for Disease Control and Prevention (CDC), a high risk exposure is any prolonged, close contact with a resident, visitor or another health care provider with a confirmed SARS-CoV-2 infection where the HCP:
 - Was not using a respirator
 - Was not wearing eye protection
 - OR
 - Was not wearing all recommended PPE while in the room for an aerosol-generating procedure

Testing Requirements for Individuals with Exposure

- For asymptomatic individuals (regardless of vaccination status) following an exposure, test on day 1, day 3, and day 5.
- Test immediately but not less than 24 hours from exposure (exposure date is counted as day 0).
- If test is negative, test again in 48 hours (day 3).
- If second test is negative, test again in 48 hours (day 5).

Testing Requirements for Individuals with Exposure

- Testing is not recommended for asymptomatic individuals who have recovered in the past 30 days (previously 90 days).
- If the individual develops symptoms, even within the 30 days, test them.
- An antigen test is recommended for those who have recovered from COVID-19 in the past 90 days.

Quarantine for Residents and Staff After Exposure

- Quarantine is no longer routinely recommended if the individual is asymptomatic (regardless of vaccination status).
- Exposed individuals should monitor for symptoms.
- Test on days 1, 3, and 5.
- Use source control.

Recommendations for New Admissions and Residents Who Leave The Facility

- New admission recommendations:
 - If community transmission is high:
 - Test new admissions with series of 3 viral tests, first being at admission, then again on day 3 and day 5.
 - Residents should be advised to wear source control for 10 days.
 - If the community transmission is not high:
 - Test new admissions at discretion of facility.
- Quarantine and testing is not recommended for residents if they have left the facility for less than 24 hours.
- Residents who have been out of the facility for 24 hours or longer should be managed as a new admission.

Recommendations for New Admissions and Residents Who Leave The Facility

- Empiric use Transmission-Based Precautions following close contact may be considered if:
 - The resident is unable to be tested or wear source control as recommended for the 10 days following their exposure
 - The resident is moderately to severely immunocompromised
 - The resident is residing on a unit with others who are moderately to severely immunocompromised
 - The resident is residing on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions

Newly Identified COVID-19 cases in Residents or Staff

- Use contact-tracing to identify any potentially exposed contacts.
 - Test all exposed individuals with 3 viral tests.
 - Maintain source control for any exposed individuals.
- If all potential contacts are unable to be identified or managed with contact tracing or if contact tracing fails to halt transmission, use broad-based approach. With the broad-based approach, all resident and staff must be tested in the affected area (facility-wide or group level).

Newly Identified COVID-19 cases in Residents or Staff

- If evidence of ongoing transmission occurs, the facility should consider:
 - Implementing quarantine and work restrictions
 - Switch from contact tracing to broad-based
 - Continue testing residents and staff every 3-7 days until no new cases for 14 days

Return to Work Criteria for Health Care Professionals with Confirmed COVID-19

- HCP with mild to moderate COVID-19 infection **who are not** moderately to severely immunocompromised can return to work if at least 7 days have passed since symptoms started AND the HCP has a negative antigen test within 48 hours of prior to returning to work.
- They can return after 10 days if not tested.
- HCP with severe to critical COVID-19 illness can return to work if at least 10 days have passed (and up to 20 days) since symptoms first appeared **AND** they have been fever free for least 24 without the use of fever-reducing medications **AND** Symptoms such as cough shortness of breath have improved.
- HCP **who are** moderately to severely immunocompromised, the test based strategy and consultation with infectious disease specialist and occupational health to determine when it is best for them to return to work.

Visitation

- Facilities should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19.

Visitation

- In areas where community transmission is high, everyone should wear masks.
- In areas where the transmission rate is not high, facilities can choose not to require visitors to wear masks unless there is an outbreak.

Questions?



Resources

CDC Guidance

- [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)
- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)
- [Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC](#)

PA DOH Guidance

- [Pennsylvania Health Alert Network \(HAN\) 2022](#)

CMS Guidance

- [QSO-20-39-NH REVISED 09/23/2022 \(cms.gov\)](#)
- [QSO-20-38-NH REVISED 09/23/2022 \(cms.gov\)](#)

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