CDC Releases Updates to COVID-19 Infection Prevention and Control Guidance

COVID-19 EMERGENCY PREPAREDNESS

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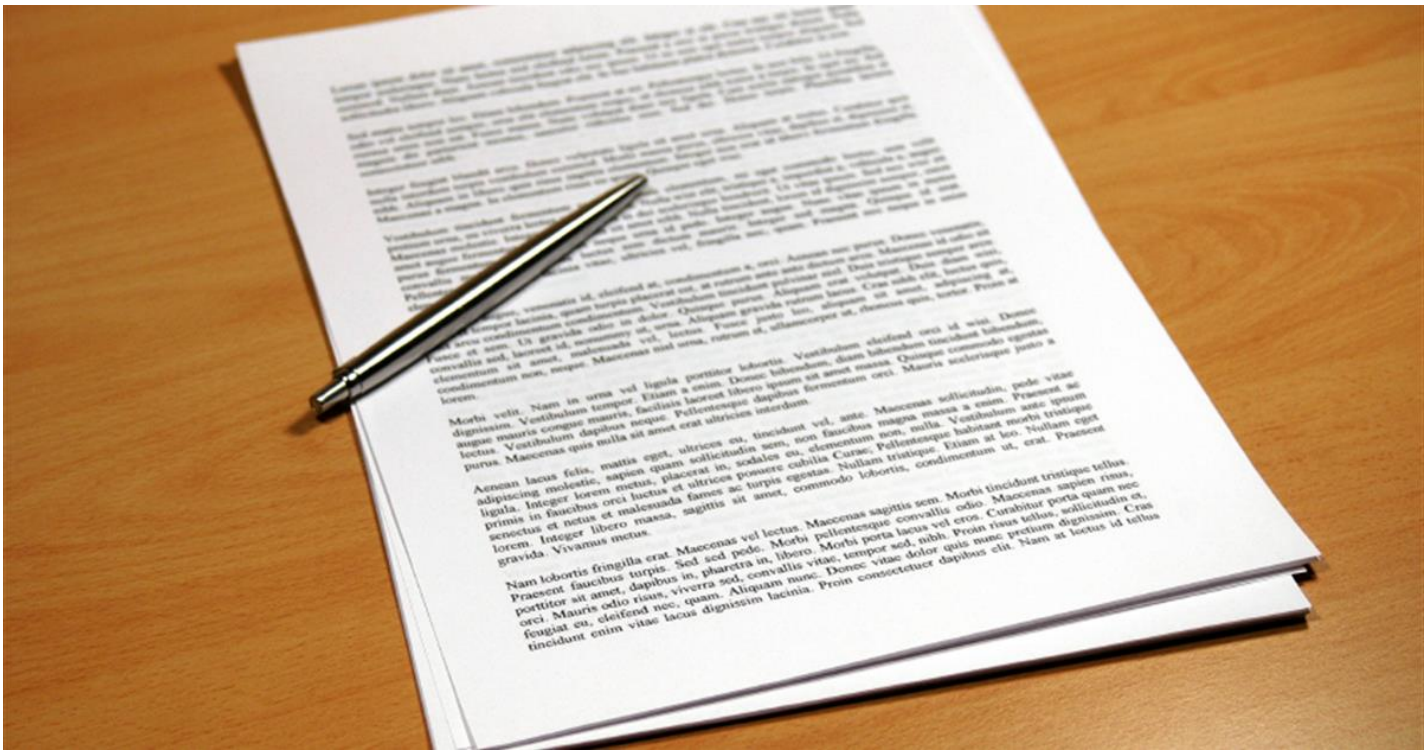

CDC Releases Updates to COVID-19 Infection Prevention and Control Guidance Bringing Relief

The CDC today released updates to three guidance documents now available on its website. AHCA has provided a high-level summary of the changes and linked to each guidance for additional information. Many of these changes reflect the tireless work that AHCA members have devoted to advocating for CDC to update.

The agency notes that these updates have been made to reflect the high levels of vaccine- and infection-induced immunity and the availability of effective treatments and prevention tools.

The key changes outlined in the guidance for COVID-19 infection prevention and control update include:

- Vaccination status no longer is used to inform source control, screening testing, or post-exposure (e.g., work restriction, quarantine) recommendations.
- Standalone guidance for nursing homes is being archived and any setting-specific recommendations has been added to Section 3 of the main guidance.

The following are changes to Source Control:

- When community transmission levels **are high,** source control is recommended for everyone in areas where they could encounter patients. Health care personnel could choose not to wear source control when in areas restricted from patient access (if Community Levels aren't also high and don't meet criteria below).
- When community transmission levels **are not high**, source control is recommended for individuals who:
  - Have suspected or confirmed respiratory infection.
  - Had close contact with someone with COVID-19 for 10 days after contact.
  - Reside or work in an area of the facility experiencing COVID-19 outbreak.
  - Have otherwise had source control recommended by public health.
- Even if not otherwise required by the facility, individuals should always be allowed to wear source control based on personal preference.

The following are changes to Universal PPE:

- Consider implementing PPE when Community Transmission levels **are high.**
  - N95 in select situations (e.g., aerosol-generating procedures such as nebulizer treatments).
  - Eye protection during patient care encounters.

The following are changes to Testing:

- Series of 3 tests recommended for asymptomatic individuals following exposure to someone with COVID-19 infection.
  - Testing is recommended immediately (but generally not earlier than 24 hours after the exposure) **and,** if negative, again 48 hours after the first negative test, **and**, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
- Testing is generally **not** recommended for asymptomatic individuals who have recovered in the prior 30 days.
  - If testing, antigen test is recommended.
  - Antigen test is also recommended for those within 31-90 days of infection.

The following are changes to Screening Testing:

- **No longer recommending asymptomatic screening testing** of nursing home personnel who have **not** had a recognized exposure.
- Screening testing remains recommended for new admissions to nursing homes when communit transmission levels **are high**.

The following are changes to Quarantine and Work Restrictions:

- **No longer routinely recommending quarantine** (for patients) or work restriction (for healthcare personnel) for asymptomatic individuals following COVID-19 exposures.
- Continue to emphasize:
  - Monitoring for symptoms.
  - Series of 3 tests.
  - Continued use of source control for 10 days following the exposure.
  - Prompt isolation or work restriction if symptoms develop or testing is positive for COVID-19 infection.

The following are updates related to settings such as **assisted living communities** and group homes:

- Long term care settings (excluding nursing homes) whose staff provide “non-skilled personal care" like that provided by family members in the home (e.g., many assisted living communities, group homes), should follow guidance for high-risk congregate care settings.
- Visiting or shared health care personnel who enter the setting to provide health care to one or more residents (e.g., physical therapy, wound care, intravenous injections, or catheter care provided by home health agency nurses) should follow the health care IPC recommendations in the guidance.

The following Interim Guidance for Managing Healthcare Personnel with COVID-19 Infection or Exposure to COVID-19, include:

- **In most circumstance, asymptomatic HCP with higher-risk exposures do not require work restriction.**
- Updated recommendations for testing frequency to detect potential for variants with shorter incubation periods and to address the risk for false negative antigen tests in people without symptoms.

In addition, the following key points were noted in the updated Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC.

- Conventional strategies were updated to advise that, in most circumstances, asymptomatic health care personnel (HCP) with higher-risk exposures do not require work restriction, regardless of their vaccination status; therefore, the contingency and crisis strategies about earlier return to work for these HCP was removed.

CMS also updated QSO on testing consistent with CDC guidance. Testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility. Also, CMS updated recommendations for testing individuals who have recovered from COVID-19.

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