

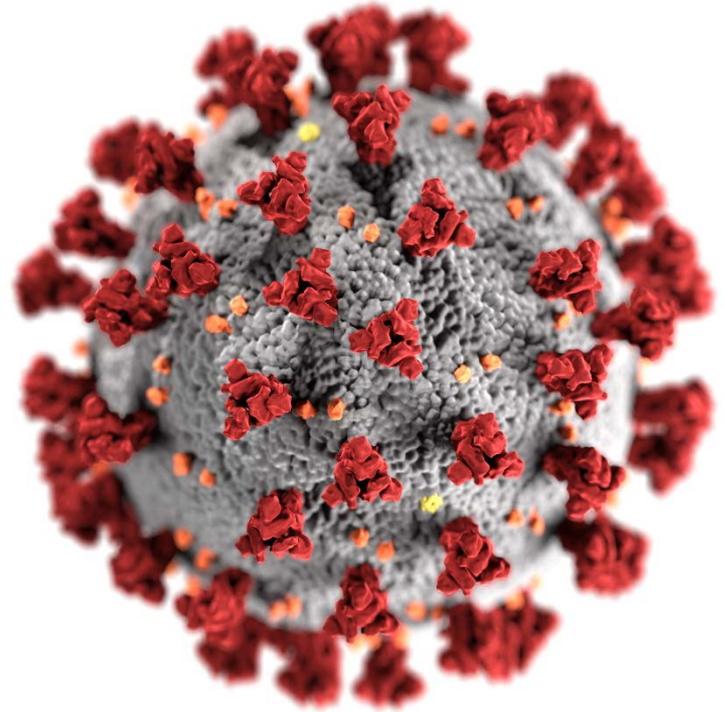
PROJECT FIRSTLINE TOWN HALL



September 17, 2021

Updates to CDC's Healthcare Infection Prevention and Control COVID-19 Guidance

**CDC's Healthcare Infection Prevention and Control Team
Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention**



cdc.gov/coronavirus

Updates

- **Now 3 main healthcare infection prevention and control guidance documents**
 - [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
 - [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)
 - [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#)
 - Additional considerations for nursing homes that apply, **in addition to**, the other 2 guidance documents
- **Archiving most setting-specific guidance (e.g., dialysis, dental, EMS)**
 - Pages will remain on the CDC website for historical reference



Rationale for Updated Specific Guidance for Healthcare Settings

- Emerging variants - might have impact on vaccine efficacy, transmissibility, or severity of illness
- Healthcare settings can't be avoided by people at higher risk for severe outcomes and those for whom the vaccine might be less effective
- Not all facilities might be in same situation (e.g., community transmission)
- Provide higher level concepts that can be applied to specific situations
- Attempt to simplify and make guidance evergreen to avoid frequent updates



Considerations for Individuals with Moderate to Severe Immunocompromise

- When caring for fully vaccinated individuals with moderate to severe immunocompromise, healthcare facilities generally should continue to follow the IPC recommendations for unvaccinated individuals
 - For definition of “moderate to severe immunocompromise”, see [guidance](#)
 - Ultimately, degree of immunocompromise is determined by treating provider and preventative actions tailored to each individual and situation



Summary of Changes



Source Control

- Refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.
- Source control options for HCP include:
 - A NIOSH-approved N95 or equivalent or higher-level respirator OR
 - A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (note: these should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated) OR
 - A well-fitting facemask.



Source Control

- In general, **recommended for EVERYONE** in a healthcare setting
- **Few exceptions** in counties with **low to moderate community transmission** where **fully vaccinated** individuals **who don't have other indications for source control** (e.g., close contact with someone with SARS-CoV-2 infection) could choose not to wear source control:
 - Fully vaccinated HCP when they are in well-defined areas that are **restricted from patient access** (e.g., staff meeting rooms, kitchen)
 - Consistent with general business guidance
 - Fully vaccinated patients and their fully vaccinated visitors in single-person rooms; in multi-person rooms when roommates are not present; in designated visitation areas when others are not present
 - Fully vaccinated residents in nursing homes



Quarantine for Patients

- In general, consistent with guidance for the community, quarantine is no longer recommended following close contact with someone with SARS-CoV-2 infection for:
 - Fully vaccinated patients
 - Patients who have had SARS-CoV-2 infection in the prior 90 days
- Following close contact, potentially exposed individuals should continue to wear source control and be immediately isolated if they develop symptoms or test positive for SARS-CoV-2 infection (see testing guidance).



SARS-CoV-2 Testing

- Who should be tested
 - Symptomatic HCP and patients
 - HCP with higher-risk exposures and patients with close contact
 - Testing during outbreaks
 - Expanded screening testing of HCP
 - Currently required for unvaccinated HCP in nursing homes
 - Could be considered in other settings.



SARS-CoV-2 Testing

- Clarified timing of testing after exposure:
 - Asymptomatic HCP with a higher-risk exposure and patients with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended **immediately (but not earlier than 2 days after the exposure)** and, if negative, **again 5–7 days after the exposure**.



Expanded Screening Testing in Nursing Homes

- **Now tied to community transmission levels instead of test positivity.**
- In nursing homes located in counties with **substantial to high community transmission**, unvaccinated HCP should have a viral test **twice a week**.
 - If unvaccinated HCP work infrequently at these facilities, they should ideally be tested within the 3 days before their shift (including the day of the shift).
- In nursing homes located in counties with **moderate community transmission**, unvaccinated HCP should have a viral test **once a week**.
- In nursing homes located in counties with **low community transmission**, expanded screening testing for asymptomatic HCP, regardless of vaccination status, is **not recommended**.



Infection Control Reminders



What Hasn't Changed

- **No changes** to guidance for:
 - screening HCP, patients, and visitors for symptoms and exposures
 - managing healthcare personnel with SARS-CoV-2 infection or exposure to SARS-CoV-2, including the definition of “higher-risk exposure”
 - Universal PPE or PPE recommended for the care of patients
 - with suspected or confirmed SARS-CoV-2 infection
 - without suspected or confirmed SARS-Cov-2 infection



Reminder: PPE Recommendations[†]

Community Transmission Level	Patients with suspected or confirmed SARS-CoV-2 infection	Patients <u>without</u> suspected or confirmed SARS-CoV-2 infection
High	Gown; gloves; eye protection; N95 or higher-level respirator	Source control and eye protection*
Substantial	Gown; gloves; eye protection; N95 or higher-level respirator	Source control and eye protection*
Moderate	Gown; gloves; eye protection; N95 or higher-level respirator	Source control Only
Low	Gown; gloves; eye protection; N95 or higher-level respirator	Source control Only

[†] In addition to standard and transmission-based precautions as applicable

* N95 (or equivalent or higher-level) respirator recommended for aerosol-generating procedures and higher-risk surgical procedures



Reminder: Source Control Recommendations

- **Regardless of level of community transmission, source control remains recommended for individuals who have:**
 - Not been fully vaccinated; or
 - Suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
 - Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection for 14 days after their exposure, including those residing or working in areas of a healthcare facility experiencing SARS-CoV-2 transmission (i.e., outbreak); or
 - Moderate to severe immunocompromise; or
 - Otherwise had source control and physical distancing recommended by public health authorities



Source Control cont.

- Fully vaccinated people in areas of low to moderate community transmission might also choose to continue using source control if they or someone in their household is immunocompromised or at increased risk for severe disease, or if someone in their household is unvaccinated.



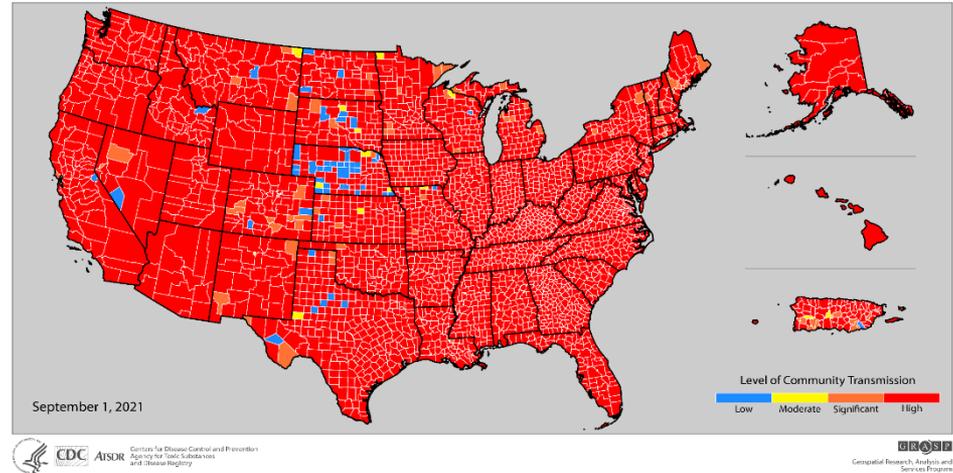
Community Transmission Levels & COVID Data Tracker



Community Transmission Levels

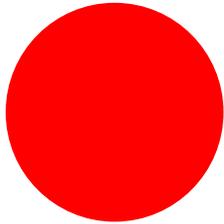
- Some of the IPC measures (e.g., use of source control, screening testing) are influenced by levels of SARS-CoV-2 transmission in the community
- CDC's [COVID-19 Data Tracker](#) can be used to determine the level of SARS-CoV-2 transmission for the county where the healthcare facility is located

Level of Community Transmission of COVID-19, by County, United States, 2021-Sep-01
Source: HHS Protect (CTE_county_timeseries, ACDC, CFLR)



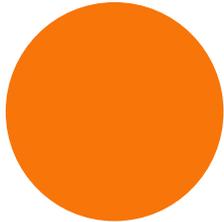
Community Transmission: What does it mean for me?

Community Transmission



High

OR



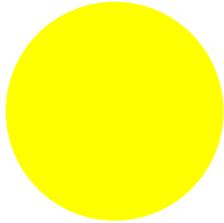
Substantial

- Wear your mask or other source control at all times, *regardless of vaccination status*
- Wear eye protection in addition to your mask when caring for patients without confirmed or suspected SARS-CoV-2 infection
 - Other standard and transmission-based precautions as applicable
- Nursing Homes:
 - *Unvaccinated* healthcare personnel have a viral test at least twice a week
 - All residents wear masks in communal spaces



Community Transmission: What does it mean for me?

Community Transmission



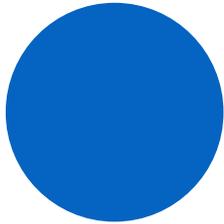
Moderate

- **Fully vaccinated** healthcare personnel may take off your mask or other source control when in staff-only areas
- Do not need to wear eye protection when caring for patients **without** confirmed or suspected SARS-CoV-2 infection
 - Other standard and transmission-based precautions as applicable
- Nursing Homes:
 - *Unvaccinated* healthcare personnel have a viral test once a week
 - Vaccinated residents may take off masks in communal spaces



Community Transmission: What does it mean for me?

Community Transmission



Low

- ***Fully vaccinated*** healthcare personnel may take off your mask or other source control when in staff-only areas
- Do not need to wear eye protection when caring for patients without confirmed for suspected SARS-CoV-2 infection
 - Other standard and transmission-based precautions as applicable
- Nursing Homes:
 - Expanded screening of unvaccinated healthcare personnel not recommended
 - Vaccinated residents may take off masks in communal spaces

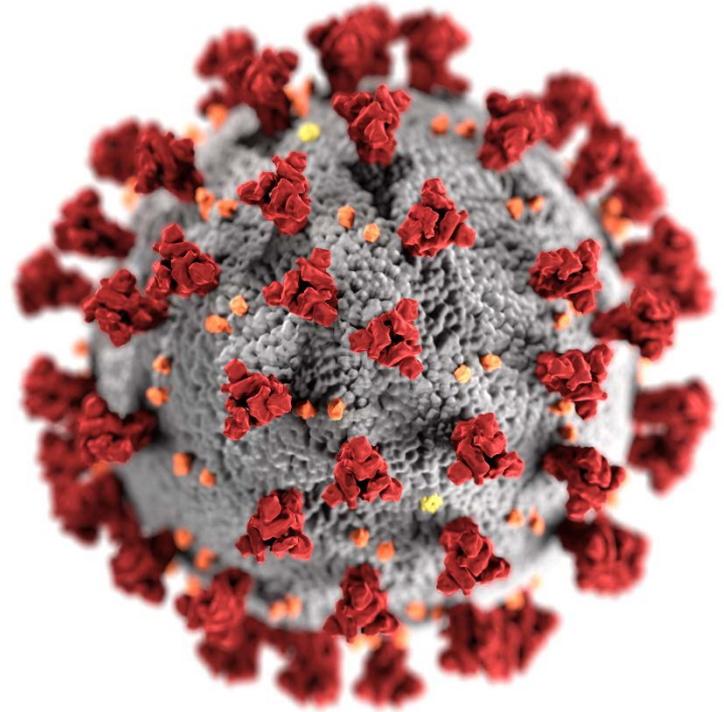


QUESTIONS



Question

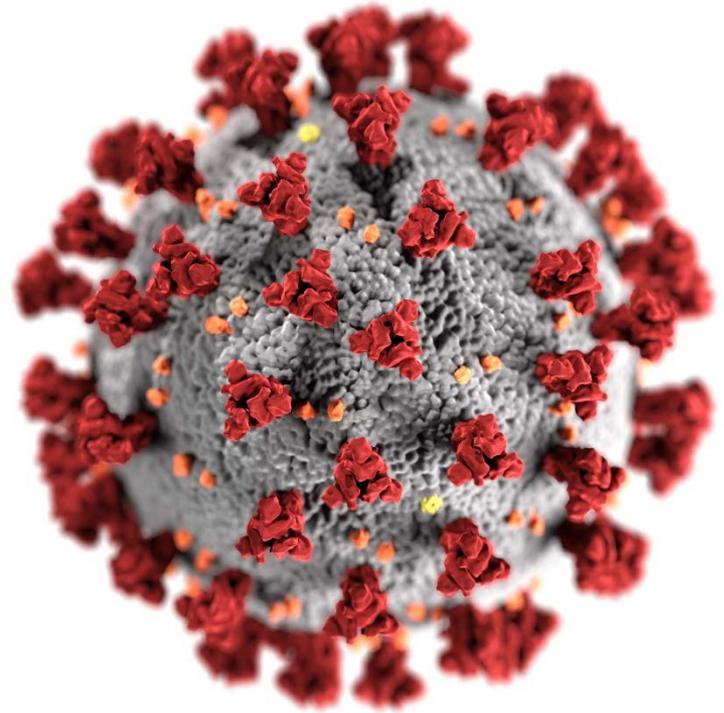
“If I’m fully vaccinated and an exposure happens, what are the guidelines? What about if the exposure is a family member?”



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Question

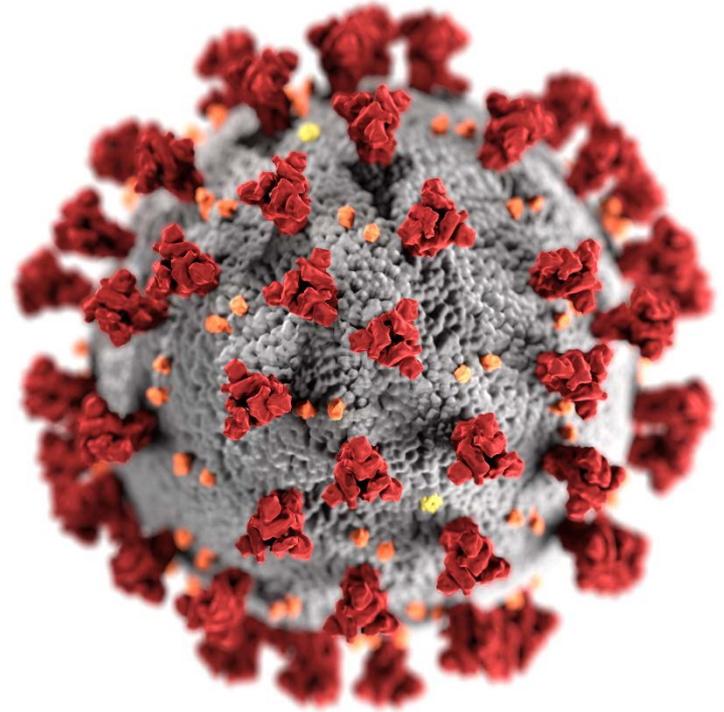
“When should a healthcare worker wear an N95? Should it be only with confirmed, hospitalized COVID patients?”



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Question

“If an N95 respirator is used for source control only, does it have to be fit tested? Or only seal-checked? When to discard it?”



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QUESTIONS



Project Firstline Resources

Project Firstline on CDC:

<https://www.cdc.gov/projectfirstline>

Project Firstline on Facebook:

<https://www.facebook.com/CDCProjectFirstline/>

Twitter:

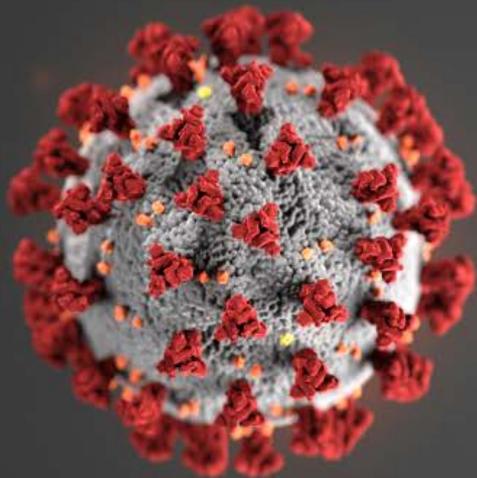
https://twitter.com/CDC_Firstline

YouTube:

<https://www.youtube.com/playlist?list=PLvrp9iOILTQZQGtDnSDGViKDdRtlc13VX>

To sign up for Project Firstline e-mails, click here:

https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic_id=USCDC_2104



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

Thank you!

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

