

CDC September 10th Updates:

Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (Nursing Homes and Long-Term Care Facilities)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Updates:

- 1. Updated outbreak response guidance to promote use of contact tracing approach. Alternative broad-based approaches to outbreak response at a facility-wide or unit level are also described.**

Perform contact tracing to identify any HCP who have had a higher-risk exposure or residents who may have had close contact with the individual with SARS-CoV-2 infection:

- All HCP who have had a higher-risk exposure and residents who have had close contacts, regardless of vaccination status, should be tested immediately as described in the testing section

Restriction from work, quarantine, and testing is not recommended for people who have had SARS-CoV-2 infection in the last 90 days if they remain asymptomatic.

If testing of close contacts reveals additional HCP or residents with SARS-CoV-2 infection, contact tracing should be continued to identify residents with close contact or HCP with higher-risk exposures to the newly identified individual(s) with SARS-CoV-2 infection.

- A facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility) approach should be considered if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.
- If the outbreak investigation is broadened to either a facility-wide or unit-based approach, follow recommendations below for alternative approaches to individual contact tracing.
- **Alternative, broad-based approach:**
 - If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-level or group-level (e.g., unit, floor, or other specific area(s) of the facility).
 - Broader approaches might also be required if the facility is directed to do so by the jurisdiction's public health authority, or in situations where all potential contacts are unable to be identified, are too numerous to manage, or when contact tracing fails to halt transmission.
 - Perform testing for all residents and HCP on the affected unit(s) regardless of vaccination status, immediately (but not earlier than 2 days after the exposure, if known) and, if negative again 5-7 days later
 - Unvaccinated residents should generally be restricted to their rooms, even if testing is negative and cared for by HCP using full PPE (N95 or higher respirator, gown, gloves, and eye protection). They should not participate in group activities
 - Fully vaccinated should be tested but do not need to be restricted to rooms or cared for by HCP wearing full PPE unless symptomatic or test positive
 - If no additional cases are identified during the broad-based testing, room restriction and full PPE by HCP can be discontinued after 14 days, and no further testing is indicated

- If additional cases are identified testing should continue on affected unit(s) or facility-wide every 3-7 days in addition to room restriction and full PPE use for care of unvaccinated residents, until there are no new cases for 14 days.

2. Updated expanded screening testing recommendations for healthcare personnel (HCP).

- Expanded screening testing of asymptomatic HCP should be as follows:
 - a. Fully vaccinated HCP may be exempt from expanded screening testing.
 - b. In nursing homes, unvaccinated HCP should continue expanded screening testing based on the level of community transmission as follows:
 - i. In nursing homes located in counties with substantial to high community transmission, unvaccinated HCP should have a viral test twice a week.
 - 1. 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).
 - ii. In nursing homes located in counties with moderate community transmission, unvaccinated HCP should have a viral test once a week.
 - iii. In nursing homes located in counties with low community transmission, expanded screening testing for asymptomatic HCP, regardless of vaccination status, is not recommended. Per recommendations above, these facilities should prioritize resources to test vaccinated and unvaccinated symptomatic people and all close contacts, as well as be prepared to initiate outbreak response immediately if a nursing home-onset infection is identified among residents or HCP.

3. Updated recommendations for quarantine of fully vaccinated residents.

- Unvaccinated residents who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine for 14 days after their exposure, even if viral testing is negative. HCP caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).
- Fully vaccinated residents who have had close contact with someone with SARS-CoV-2 infection should wear source control and be tested as described in the testing section. Fully vaccinated residents and residents with SARS-CoV-2 infection in the last 90 days do not need to be quarantined, restricted to their room, or cared for by HCP using the full PPE recommended for the care of a resident with SARS-CoV-2 infection unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or the facility is directed to do so by the jurisdiction's public health authority.

4. Updated visitation guidance.

- Follow CMS guidance
- Whether unvaccinated residents are known to be close contacts or are identified as a part of a broad-based outbreak response but not known to be close contacts, indoor visitation should ideally occur only in the resident's room, the resident and their visitors should wear well-fitting source control (if tolerated) and physically distance (if possible).

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Updates:

1. **Updated source control recommendations to address limited situations for healthcare facilities in counties with low to moderate community transmission where select fully vaccinated individuals could choose not to wear source control. However, in general, the safest practice is for everyone in a healthcare setting to wear source control.**
- While it is generally safest to implement universal use of source control for everyone in a healthcare setting, the following allowances could be considered for **fully vaccinated individuals** (who are not symptomatic or have had close contact or high-risk exposure to someone with SARS-CoV-2 infection for 14 days) in healthcare facilities **located in counties with low to moderate community transmission.**

Fully vaccinated HCP:

- a. Consistent with [guidance for the community](#) could choose not to wear source control or physically distance when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms, kitchen).
 - b. They **should wear source control** when they are in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors).
2. **Updated quarantine recommendations for fully vaccinated patients who have had close contact with someone with SARS-CoV-2 infection to more closely align with recommendations for the community.**
 - In general, the following patients who are asymptomatic do not require use of [Transmission-Based Precautions](#) (quarantine) for SARS-CoV-2 following [close contact](#) with someone with SARS-CoV-2 infection:
 - Fully vaccinated patients
 - Patients who have had SARS-CoV-2 infection in the last 90 days
3. **Clarified the recommended intervals for testing asymptomatic HCP with a [higher-risk exposure](#) and patients with [close contact](#) with someone with SARS-CoV-2 infection.**
 - 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.
 - However, testing is not recommended for people who have had SARS-CoV-2 infection in the last 90 days if they remain asymptomatic; this is because some people may have detectable virus

from their prior infection during this period (additional information is available [here](#)). Criteria for use of post-exposure prophylaxis are described [elsewhere](#).

4. Added content from previously posted CDC guidance addressing:

- a. Recommendations for fully vaccinated HCP, patients, and visitors
- b. SARS-CoV-2 testing
- c. Duration of Transmission-Based Precautions for patients with SARS-CoV-2 infection
- d. Specialized healthcare settings (e.g., dental, dialysis, EMS)

Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Updates:

1. **Combine information from previously posted CDC guidance addressing when healthcare personnel (HCP) with SARS-CoV-2 infection could return to work and risk assessment and work restriction for HCP with higher-risk exposure to SARS-CoV-2**
 - Criteria for symptom-based strategy for determining when HCP with SARS-CoV-2 infection could return to work
 - Criteria for test-based strategy for determining when HCP with SARS-CoV-2 infection could return to work
 - Clarified the table for higher risk exposure and work restriction applied to unvaccinated HCP
2. **Clarify the recommended intervals for testing asymptomatic HCP with a [higher-risk exposure](#)**
 - Testing: Fully vaccinated asymptomatic HCP 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.
 - Testing is not recommended for asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days; this is because some people may be non-infectious but have detectable virus from their prior infection during this period ([additional information](#) is available). Criteria for use of post-exposure prophylaxis are described [elsewhere](#).
 - Source control: Universal use of source control while in the healthcare facility is recommended for 14 days following their higher-risk exposure, then they may default to [routine source control recommendations for HCP](#).