

Overview of CDC and CMS COVID-19 Guidance

This resource provides an overview of current COVID-19 related infection control and other guidance requirements based on the guidance updates made by the Centers for Disease Prevention and Control (CDC) and Centers for Medicare and Medicaid (CMS) on September 23, 2022. Please note that this document is not all encompassing; further details are contained in the CDC guidance and CMS QSO memos. Facilities should also review their local or state guidance to ensure practices are consistent.

Community Transmission vs. Community Level Metric

CDC and CMS guidance continues to use the [Community Transmission Level](#) metric. Community Transmission is different than the COVID-19 [Community Levels](#) used for non-healthcare settings. Community Transmission is used to allow for earlier intervention, before there is strain on the healthcare system, and better protect the individuals seeking medical care in these settings.

Testing

Routine Testing (Staff)

- Routine testing for staff for SARS-CoV-2 is no longer required.
 - May be performed at the discretion of the facility, such as for unvaccinated staff as an additional precaution under the requirements laid out in [QSO-22-07](#).

Outbreak Testing (Residents and Staff)

- An outbreak investigation must be initiated when a single new case of COVID-19 occurs among staff or residents.
- An outbreak investigation would **not** be triggered when:
 - A resident with known COVID-19 is admitted directly into transmission-based precautions (TBPs), or
 - A resident known to have close contact with someone with COVID-19 is admitted directly into TBP and develops COVID-19 before TBPs are discontinued.
- Otherwise, no changes in how to execute outbreak testing.

Reporting Positive Tests (Residents and Staff)

- All facility staff should report a positive viral test, symptoms, or a higher-risk exposure to occupational health or another point of contact designated by the facility so they can be properly managed.

Use of Antigen Point of Care (POC) Tests

CMS released an update to QSO Memo [QSO-22-25-CLIA](#) which rescinded enforcement discretion for the use of SARS-CoV-2 tests on asymptomatic individuals outside of the test's instructions for use.

- Providers operating with a CLIA Certificate of Waiver performing testing using SARS-CoV-2 Point-of-Care (POC) Antigen tests must check and **adhere to the manufacturers use** when using these tests.
- Refer to the FDA website for [list](#) of all manufacturers with Antigen tests and the approved use.

New Admissions and Readmissions

- New admits are no longer required to quarantine or isolate unless confirmed or suspected COVID.
- **When Community Transmission Levels are HIGH**
 - Test residents upon admission (*excluding those who have had a positive COVID-19 diagnosis in the last 30 days*), and
 - If negative, test again 48 hours after the first negative test and,
 - If negative, test 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.
 - They should also be advised to wear source control for the 10 days following their admission.
 - Note: CDC doesn't specify what residents can do during this 10-day period, so the facility should develop and implement policies. For example:
 - Do not need to quarantine or isolate
 - Can move about the facility and have a roommate
 - Should social distance when doing activities unmasked (ex. Dining)
- **When Community Transmission Levels are NOT HIGH**
 - The above testing protocol is optional
 - Source control is **ONLY** 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.
- Residents who leave the facility for **24 hours or longer** should generally be managed as an admission.

Visitation Updates

CMS removed references of “up-to-date from the requirements” for outdoor and indoor visitation, removed the requirement to “screen all who enter for visitation exclusions,” and provided the following updates:

- 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.
- Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for health care settings to end isolation.
- For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control).
- During peak times of visitation and large gatherings (e.g., parties, events) encourage physical distancing.
- If the nursing home’s county COVID-19 community transmission is **high**, everyone in a healthcare setting should wear face coverings or masks in accordance with CDC guidance.
- If the nursing home’s county COVID-19 community transmission is **not high**, visitor masking is encouraged but will be expected only during an **outbreak**.
- Regardless of the community transmission level, residents and their visitors when **alone** in the resident’s room or in a designated visitation area, are not required to mask and may have physical contact.
- Residents (or their representative) and their visitors should be advised of the risks of physical contact prior to the visit.
- **If a roommate is present during the visit**, it is safest for the visitor to wear a face covering or mask.

Source Control/Masking

- **If Community Transmission levels are HIGH:**
 - Everyone should wear face coverings or masks.
 - Health care personnel could choose not to wear source control when in areas restricted from patient access. (Example - offices, break room)
- **If Community Transmission levels are NOT HIGH:**
 - Source control is **ONLY** 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.
- During a facility **outbreak**, everyone in a healthcare setting should wear face coverings or masks.
- Health care personnel will wear recommended PPE when caring for those in **transmission base precaution** status regardless of community transmission rates or outbreak status.

Additional PPE

- When Community Transmission levels are **high**:
 - N95 in select situations (e.g., aerosol-generating procedures such as nebulizer treatments, during the care of a patient with SARS-CoV-2 infection).
 - Eye protection during patient care encounters.

Quarantine

- Residents who are exposed do not have to be quarantined unless:
 - Patient is unable to be tested or wear source control
 - Patient is moderately to severely immunocompromised
 - Patient is residing on a unit with others who are moderately to severely immunocompromised
 - Patient is residing on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions
 - Patient becomes symptomatic
 - Patient tests positive

- If a resident is exposed, facilities should:
 - Monitor for symptoms.
 - Perform series of 3 tests as per frequency.
 - Wear source control for 10 days
 - Facilities should promptly isolate if symptoms develop, or resident has a positive test.

Work Restriction

- No work restriction (for healthcare personnel) for asymptomatic individuals following COVID-19 exposures.
- If a healthcare personnel is exposed, facilities should:
 - Monitor for symptoms.
 - Perform series of 3 tests as per frequency.
 - Continue use of source control for 10 days following the exposure.
 - Prompt isolation or work restriction if symptoms develop or positive test.

References

CMS Memos:

- [QSO-20-38-NH \(Testing\)](#)
- [QSO-20-39-NH \(Visitation\)](#)
- [QSO-22-25-CLIA \(CLIA Enforcement\)](#)

CDC COVID-19 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](#)