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Updates to Infection Prevention and Control (IPC) and Related Guidance Documents
~~March 14, 2022~~ Revised April 29, 2022

CDC recently updated several documents pertinent to infection prevention and control and other topics relevant in the healthcare setting, including residential long-term care settings, adult day health centers and adult day training centers. Links and brief summaries are provided below. Please consult the documents for full details.

CDC has updated the following healthcare infection prevention and control guidance documents:
[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(2/2/2022\)](#)
[Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes \(2/2/2022\)](#)

Updates to these documents were made to align with recent updates made for healthcare personnel with higher-risk exposure and strategies to mitigate personnel staffing shortages:
[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 \(1/21/2022\)](#)
[Strategies to Mitigate Healthcare Personnel Staffing Shortages \(1/21/2022\)](#)

Updated and clarified what it means to be “up to date” with COVID-19 vaccination:

- [Stay Up to Date with Your Vaccines \(1/16/2022\)](#)
- <https://chfs.ky.gov/agencies/dph/covid19/UpToDateChart.pdf>

RELEASE FROM ISOLATION

Criteria to end isolation for patients/residents/participants with SARS-CoV-2 infection cared for in a healthcare facility

Patients/Residents/Participants with mild to moderate illness who are *not* moderately to severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Patients/Residents/Participants who were asymptomatic throughout their infection and are *not* [moderately to severely immunocompromised](#):

- At least 10 days have passed since the date of their first positive viral test.

Patients/Residents/Participants with [severe to critical illness and](#) who are *not* [moderately to severely immunocompromised](#):

- At least 10 days and up to 20 days have passed *since symptoms first appeared and*
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- The test-based strategy as described for moderately to severely immunocompromised residents below can be used to inform the duration of isolation.

Patients/Residents/Participants who are [moderately to severely immunocompromised](#): may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.

- Use of a test-based strategy and (if available) consultation with an infectious disease specialist is recommended to determine when Transmission-Based Precautions could be discontinued for these patients/residents/participants.

QUARANTINE for patients/residents/participants who have exposure to an individual with COVID-19 infection:

- **Patients/Residents/Participants who are NOT up to date with all recommended COVID-19 vaccine doses:**
 - These patients/residents/participants should generally be restricted to their rooms, even if testing is negative, and cared for by HCP using an N95 or higher-level respirator, eye protection (goggles or a face shield that covers the front and sides of the face), gloves and gown. They should not participate in group activities.
- **Patients/Residents/Participants who are up to date with all recommended COVID-19 vaccine doses:**
 - These patients/residents/participants should wear source control and be tested as described in the testing section; they do not need to be restricted to their rooms or cared for by HCP using the full PPE recommended for the care of patients/residents 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.
- **Patients/Residents/Participants can be removed from Transmission-Based Precautions**
 - after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare providers could consider testing for SARS-CoV-2 within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.
 - after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.

- In general, quarantine is not needed for asymptomatic Patients/Residents/Participants who are up to date with all COVID-19 vaccine doses or who have recovered from SARS-CoV-2 infection in the prior 90 days; potential exceptions are described in the guidance.

TESTING

CMS guidance concerning testing is included in the latest updates of QSO-20-38-NH-REVISED, available at: <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

- Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test as soon as possible.
- Newly-admitted Patients/Residents/Participants who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests for SARS-COV-2 infection; immediately and, if negative, again 5-7 days after their admission.
- Asymptomatic Patients/Residents/Participants 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 generally not earlier than 24 hours after the exposure) and, if negative, again 5–7 days after the exposure.
- In general, testing is not necessary for asymptomatic Patients/Residents/Participants who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.
- ***NOTE – EFFECTIVE 3/18/22 5/1/22: The “LTC Indicator Map” will no longer be applicable to determining testing frequency, but all previous versions of it will be archived available at: <https://chfs.ky.gov/agencies/os/oig/dhc/Pages/cvltc.aspx> will***
 - ***Align more closely with Providers should rely on the testing frequencies described in QSO-20-38-NH-REVISED, at: <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>, and***
 - ***Update WEEKLY on each Friday (replacing the previous cadence of 1st and 3rd Thursdays).***

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Health Care Personnel (HCP) who enter the room occupied by patient/resident/participant with suspected or confirmed SARS-CoV-2 infection should adhere to [Standard Precautions](#) and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).
- HCP working in facilities located in [counties](#) with substantial or high transmission should also use PPE as described below:
- NIOSH-approved N95 or equivalent or higher-level respirators should be used for:
 - All aerosol-generating procedures (refer to [Which procedures are considered aerosol generating procedures in healthcare settings?](#))
 - NIOSH-approved N95 or equivalent or higher-level respirators can also be used by HCP working in other situations where additional risk factors for transmission are present such

as the patient/resident is not up to date with all recommended COVID-19 vaccine doses, unable to use source control, and the area is poorly ventilated.

- To simplify implementation, providers in counties with substantial or high transmission may consider implementing universal use of NIOSH-approved N95 or equivalent or higher-level respirators for HCP during all patient/resident care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission.
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient/resident care encounters.

VISITING PATIENTS/RESIDENTS/PARTICIPANTS

CMS guidance concerning visiting is included in the latest updates of QSO-20-39-NH-REVISED, available at: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

- **Indoor Visiting (in single-person rooms; in multi-person rooms, when roommates are not present; or in designated visiting areas when others are not present):** The safest practice is for Patients/Residents/Participants and visitors to wear source control and physically distance, particularly if either of them are at risk for severe disease or are unvaccinated.
 - Ideally, an in-room visit in a semi-private room would be conducted when the roommate is not present. However, if that is not an option - and as long as physical distancing can be maintained - then a visit may be conducted in the patient/resident's room with his/her roommate present.
 - If the patient/resident/participant and all of his/her visitor(s) are up-to-date with all recommended COVID-19 vaccine doses, they can choose not to wear source control and to have physical contact.
 - Visitors should wear source control when around other Patients/Residents/Participants or HCP, regardless of vaccination status.
- **Outdoor Visiting:** The patient/resident/participant and his/her visitor(s) should follow the source control and physical distancing recommendations for outdoor settings described on the page addressing [Your Guide to Masks | CDC](#).
 - Even if they have met [community criteria](#) to discontinue isolation or quarantine, persons planning to visit **should not visit** if they have any of the following and have not met the same criteria used to discontinue isolation and quarantine for Patients/Residents/Participants:
 - a positive viral test for SARS-CoV-2,
 - [symptoms](#) of COVID-19, or
 - close contact with someone with SARS-CoV-2 infection

The Cabinet for Health and Family Services will continue to provide information and updates to providers of services in residential long-term care settings, adult day health centers and adult day training centers.



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