Kansas
Department of Health and Environment
Division of Public Health

Adapting to the New COVID-19 Guidance

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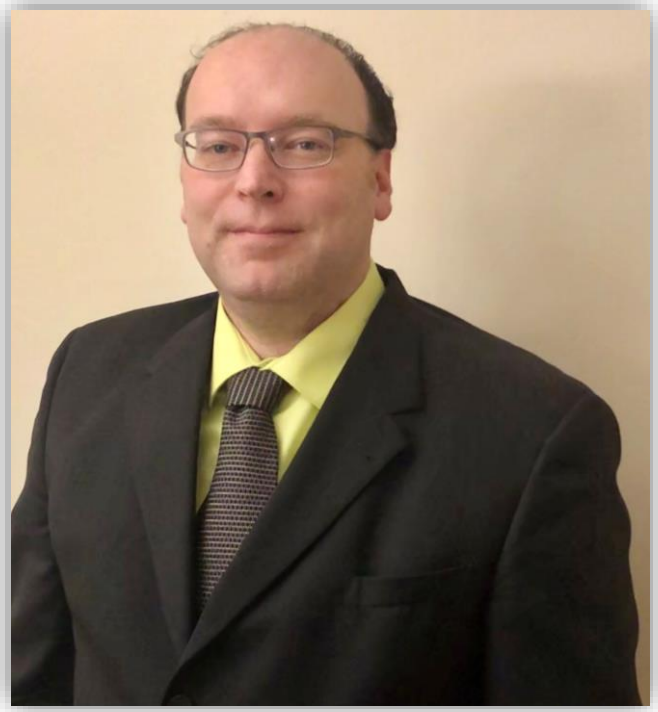

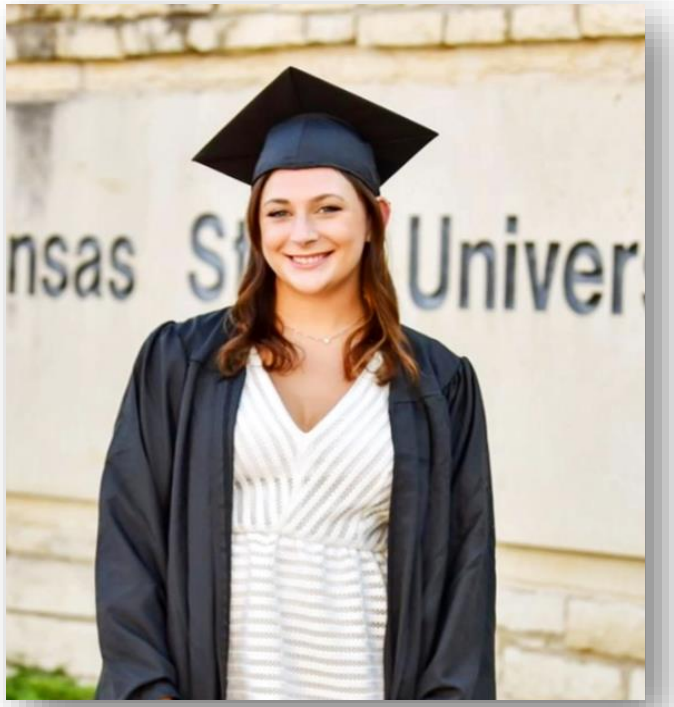

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Disclosure Statement

I have nothing to disclose.

Objectives

By the end of this presentation, the audience will be able to:

1. Discuss the changes to the CDC guidelines that occurred on September 23rd, 2022

2. Identify relevant CMS changes that occurred in September 2022

3. Have a roundtable discussion of changes

New and Old Resources

CDC:

- 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
- Strategies to Mitigate Healthcare Personnel Staffing Shortages

CMS:

- CMS Rescinds December 7, 2020, Enforcement Discretion for the Use of SARS-CoV-2 Tests on Asymptomatic Individuals Outside of the Test's Instructions for Use (QSO-22-25-CLIA) [9/26/22]
- Nursing Home Visitation - COVID-19 (REVISED) (QSO-20-39-NH REVISED) [9/23/22]
- Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements (QSO-20-38-NH REVISED) [9/23/22]
- FY2023 Dialysis Facility Outcomes List (QSO-22-24-ESRD) [9/23/22]

Reasons for the Updates

1) Updates have been made to reflect the high levels of vaccine- and infection-induced immunity and the availability of effective treatments and prevention tools.

2) Streamline and consolidate existing healthcare IPC guidance

3) Streamline and consolidate where appropriate with community recommendations

Changes in Community Level Data from CDC

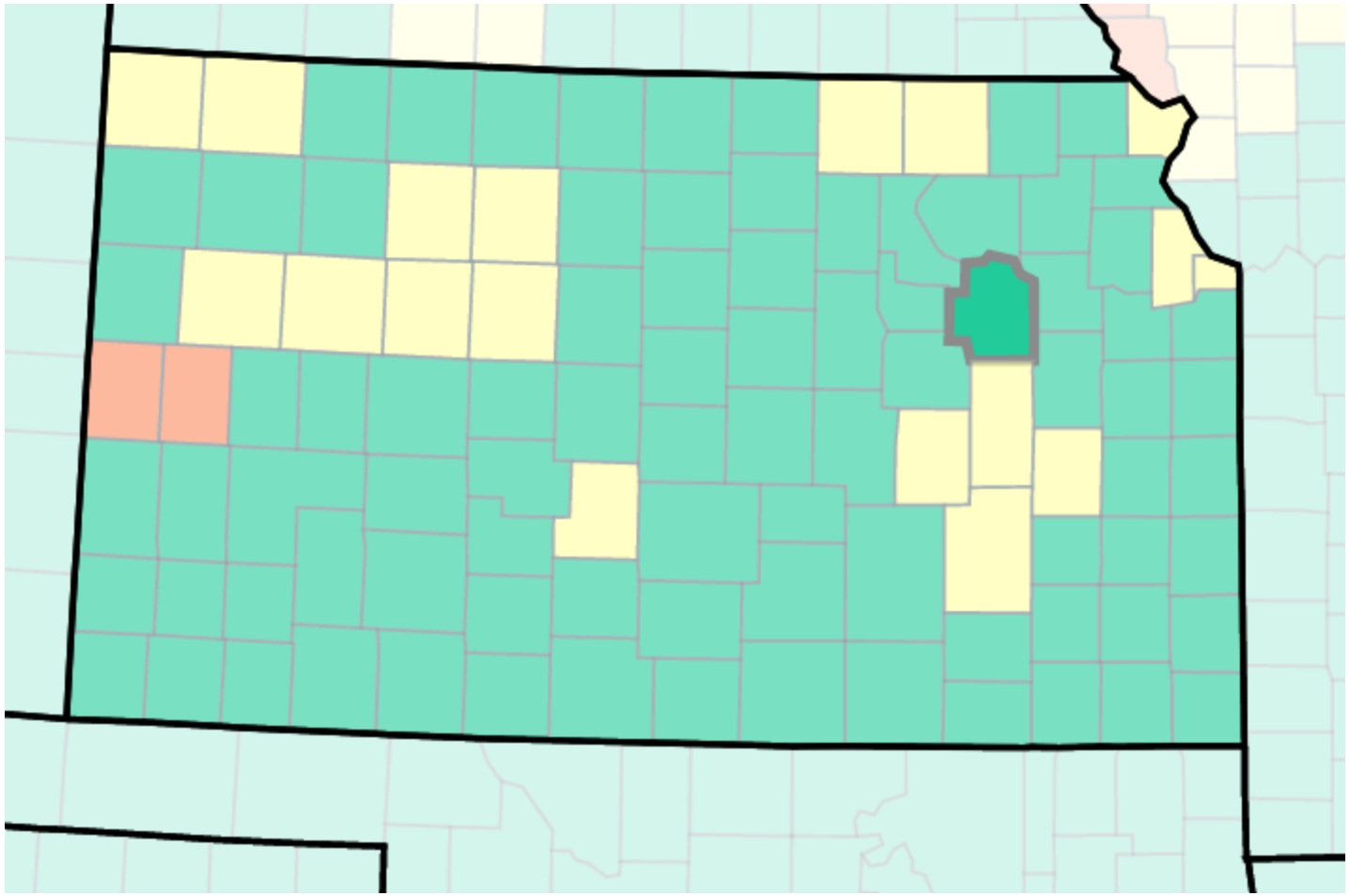
Community Transmission – Healthcare facilities use, includes data on burden of disease on healthcare facilities.

Community Levels – Communities use

Some helpful language to describe difference:
“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.”

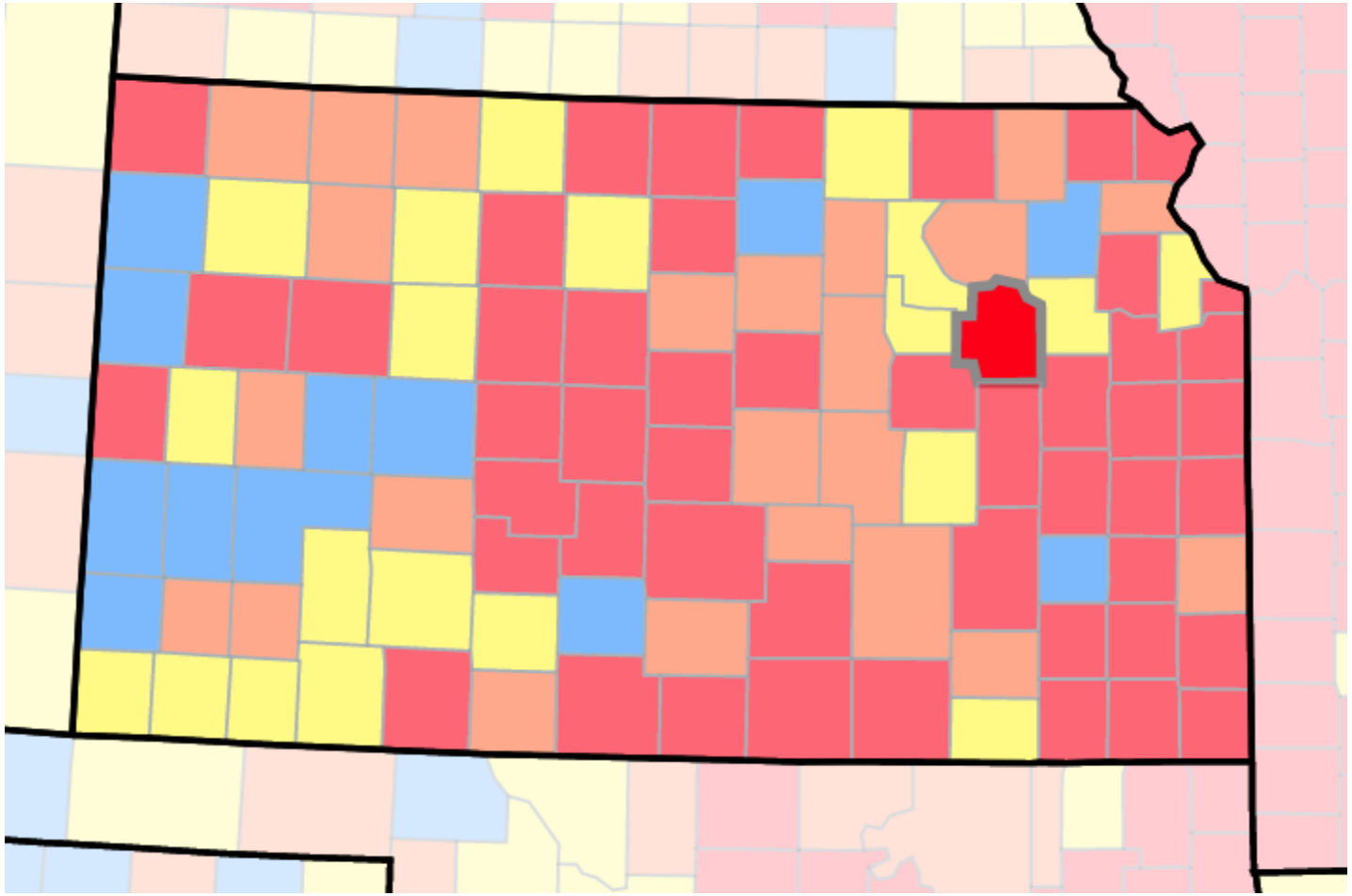
Community rates will soon be updated weekly, as opposed to daily previously, we don’t yet know what day of the week they will choose to do the update.

Community Level



CDC COVID Data Tracker: County View

Community Transmission



CDC COVID Data Tracker: County View

Community Transmission

All/Low	Staying up to date on vaccination status, improving ventilation, testing persons who are symptomatic and/or have been exposed, and isolating infected persons
Moderate/Substantial	Adding protections for persons who are at high risk of severe illness
High	All persons wearing masks indoors in public and further increasing protection to populations at high risk

CDC: Interim IPC Recommendations for HCPs

1) Updated to note that vaccination status is no longer used to inform source control, screening testing, or post-exposure recommendations

2) Updated circumstances when use of source control is recommended

3) Updated circumstances when universal use of personal protective equipment should be considered

4) 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.

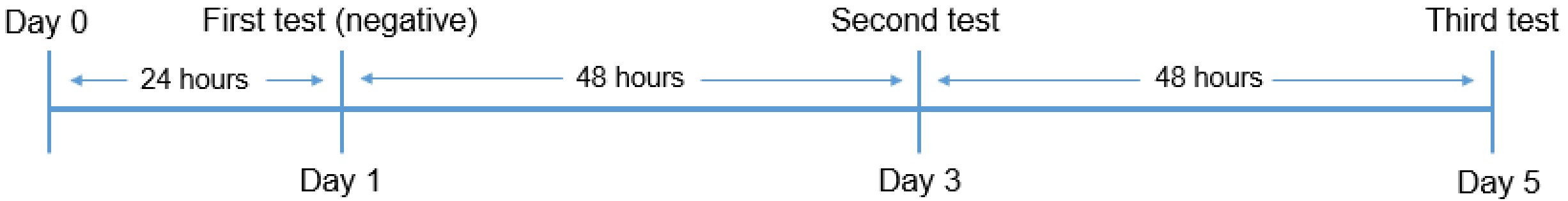
5) Clarified that screening testing of asymptomatic healthcare personnel, including those in nursing homes, is at the discretion of the healthcare facility

6) Updated to note that, in general, asymptomatic patients no longer require empiric use of Transmission-Based Precautions following close contact with someone with SARS-CoV-2 infection.

CDC: Interim IPC Recommendations for HCPs

1) **Updated to note that vaccination status is no longer used to inform source control, screening testing, or post-exposure recommendations**

- Anyone with symptoms of COVID-19 should get tested regardless of vaccination status
- Testing is not generally recommended within 30 days of recovering from COVID-19. Antigen tests are recommended between days 31 and 90 due to still potentially being NAAT positive but not infectious
- Asymptomatic patients with close contact with a person infected with COVID-19 should get three tests: 24 hours after exposure, then
  48 hours after the first negative test, finally
  48 hours after second negative test



CDC: Interim IPC Recommendations for HCPs

2) Updated circumstances when use of source control is recommended

- Heath care facilities may choose to offer facemasks to visitors as a source control option
- When transmission is high, source control is recommended for everyone when they are in areas they could encounter patients
  - Exception: areas with restricted patient access (staff break room, etc.)
- When transmission is not high, facilities may choose to not require masks
  - Exception: suspected or confirmed respiratory infection, exposed to COVID-19, active outbreak, or source control recommended by public health authorities
- Individuals may choose to continue source control based on perceived risk

CDC: Interim IPC Recommendations for HCPs

3) Updated circumstances when universal use of personal protective equipment should be considered

- If patient is not suspected to be infected with COVID-19, HCP should follow standard precautions
- As community levels increase, so does the chance of encountering asymptomatic or pre-symptomatic persons

Healthcare facilities should implement a broader use of respirators and eye protection during patient care encounters

CDC: Interim IPC Recommendations for HCPs

4) 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.

- Routine testing is *not* advised for the general community due to not being cost effective
- Routine testing is advised for congregate settings such as long-term care facilities, homeless shelters, correctional facilities, and congregate workplace settings

CDC: Interim IPC Recommendations for HCPs

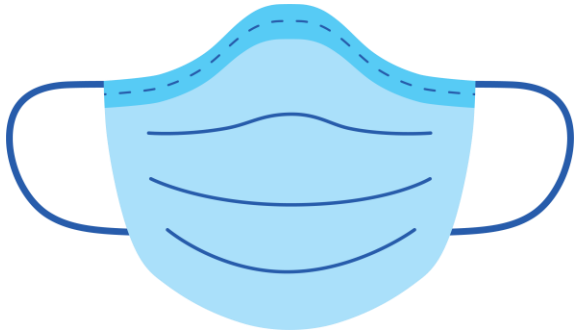
5) Clarified that screening testing of asymptomatic healthcare personnel, including those in nursing homes, is at the discretion of the healthcare facility

- Screening those who are asymptomatic with no known exposure is up to the discretion of the facility and should not be based on vaccination status

CDC: Interim IPC Recommendations for HCPs

6) Updated to note that, in general, asymptomatic patients no longer require empiric use of Transmission-Based Precautions following close contact with someone with SARS-CoV-2 infection.

- Asymptomatic patients do not require Transmission-Based Precautions while being evaluated for COVID-19 following close contact
- Patient should still wear source control and receive a test unless previously infected within the last 30 days



CDC: Interim IPC Recommendations for HCPs

Transmission-Based Precautions should be used when asymptomatic patient is:

1. Unable to be tested or wear source control for 10 days following exposure
2. Immunocompromised
3. Around others who are immunocompromised
4. Residing in a unit experiencing ongoing COVID-10 transmission not controlled by initial interventions

In these situations, should be used until:

- Day 7 following exposure if asymptomatic and test negative, or
- Day 10 if asymptomatic

CDC: Guidance for HCP with Infection or Exposure

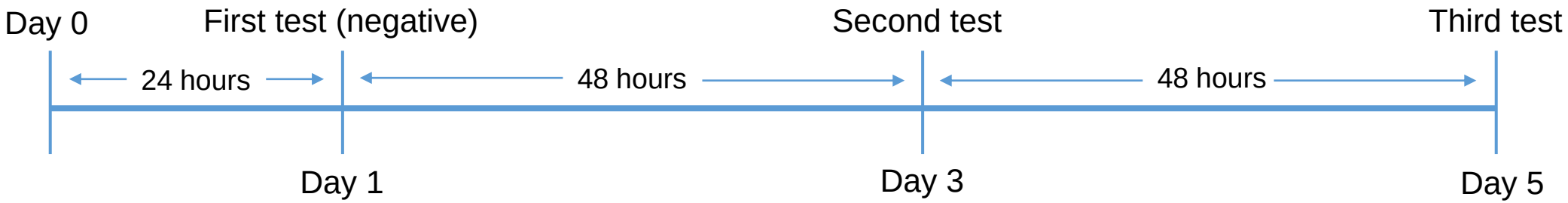
1) In most circumstances, asymptomatic HCP with higher-risk exposures do not require work restriction.

2) 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.

CDC: Guidance for HCP with Infection or Exposure

1) **In most circumstances, asymptomatic HCP with higher-risk exposures do not require work restriction.**

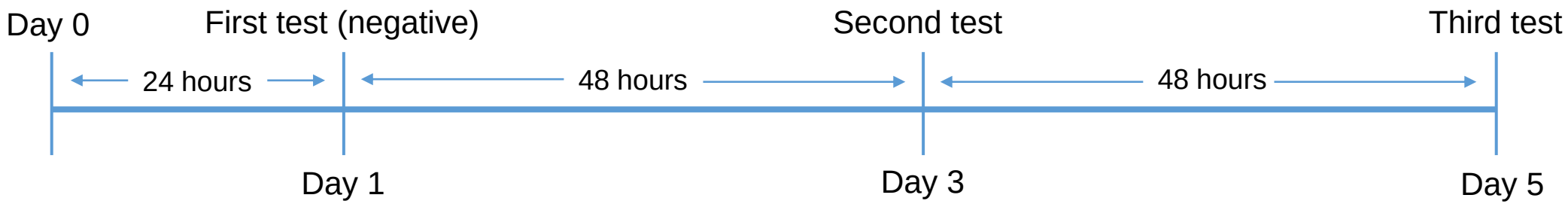
- Asymptomatic HCP, regardless of vaccination status, do not require work restriction if they remain asymptomatic
- Should follow testing recommendations



CDC: Guidance for HCP with Infection or Exposure

2) 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.

- HCP with symptoms should follow testing recommendations



CDC: Strategies to Mitigate HCP Staffing Shortages

Conventional strategies were updated to advise that, in most circumstances, asymptomatic healthcare 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: QSO-22-25-CLIA

Rescinds December 7, 2020, Enforcement Discretion for the Use of SARS-CoV-2 Tests on Asymptomatic Individuals Outside of the Test's Instructions for Use

CMS: QSO-20-39-NH REVISED

Nursing Home Visitation - COVID-19

- Facilities should provide guidance about recommended actions for visitors who have tested positive or have been exposed
- Visitors with a confirmed COVID-19 infection should defer non-urgent in-person visitation
- Visitors who have been exposed should defer non-urgent in-person visitation until 10 days after exposure if they meet criteria

CMS: QSO-20-38-NH REVISED

Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements

- Routine testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility.

CMS: QSO-22-24-ESRD

FY2023 Dialysis Facility Outcomes List for 2023

- CMS generates a Dialysis Facility Outcomes List annually at the start of each Federal Fiscal Year. This list establishes the Tier 2 survey workload for state agencies.

References

1. Summary of Guidance for Minimizing the Impact of COVID-19 on Individual Persons, Communities, and Health Care Systems — United States, August 2022 | MMWR (cdc.gov)

2. Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC

3. Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC

4. Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC

5. CMS Rescinds December 7, 2020, Enforcement Discretion for the Use of SARS-CoV-2 Tests on Asymptomatic Individuals Outside of the Test's Instructions for Use (QSO-22-25-CLIA) [9/26/22]

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Questions and Round Table Discussion