

# **CDC UPDATED INFECTION PREVENTION GUIDANCE COVID-19- SEPTEMBER 10<sup>TH</sup>, 2021**

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- ▶ Defining Community Transmission of SARS-CoV-2
  - ▶ Several of the IPC measures (e.g., use of source control, screening testing) are influenced by levels of SARS-CoV-2 transmission in the community. Two different indicators in CDC's [COVID-19 Data Tracker](#) are used to determine the level of SARS-CoV-2 transmission for the county where the healthcare facility is located. If the two indicators suggest different transmission levels, the higher level is selected.

The screenshot shows the 'COVID-19 County Check' interface. At the top left is a location pin icon with a virus particle inside. To its right is the title 'COVID-19 County Check'. Below the title is the instruction 'Find community transmission levels by county.' and a 'Select a Location' label. There are two dropdown menus: 'State' and 'County'. A 'Go' button is located to the right of the 'County' dropdown. A modal window is open, displaying a red circle icon and the text 'High Transmission'. The modal text reads: 'In Durham County, North Carolina, community transmission is High. Everyone should wear a mask in public indoor settings. Mask requirements might vary from place to place. Make sure you follow local laws, rules, regulations or guidance. September 17, 2021'. Below the modal is a light blue box with the text 'Find out more about the COVID-19 situation in your area with the [COVID Data Tracker](#).' and a link 'How are these data calculated?'. At the bottom of the widget is the text 'Add This Widget To Your Site' and a code editor showing '<div data-cdc-'.

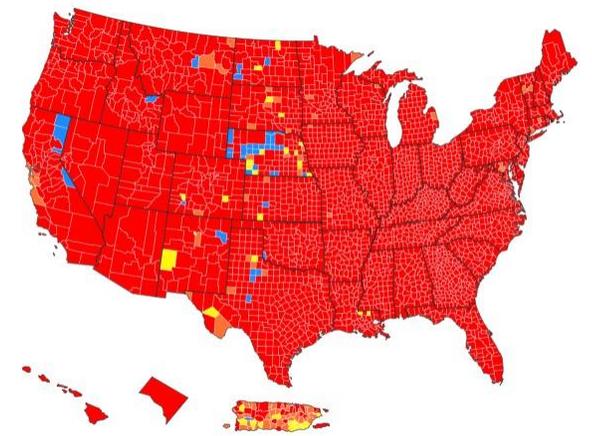
Table 2. Level of Community Transmission

Indicator	Low	Moderate	Substantial	High
Cumulative number of new cases per 100,000 persons within the last 7 days*	<10	10-49	50-99	≥100
<u>Percentage of NAATs that are positive</u> during the last 7 days†	<5%	5%-7.9%	8%-9.9%	≥10.0%

Indicators should be calculated for counties or core based statistical areas, although in rural areas with low population density, multiple jurisdictions might need to be combined to make the indicators more useful for decision-making. The indicators listed can be found by county on CDC’s [COVID Data Tracker Website](#) under “county view”.

\* Number of new cases in the county (or other administrative level) in the last 7 days divided by the population in the county (or other administrative level) and multiplying by 100,000.

† Number of positive tests in the county (or other administrative level) during the last 7 days divided by the total number of tests resulted in the county (or other administrative level) during the last 7 days. [Calculating Severe Acute Respiratory Syndrome Coronavirus 2 \(SARS-CoV-2\) Laboratory Test Percent Positivity: CDC Methods and Considerations for Comparisons and Interpretation.](#)



As of Sept 15th

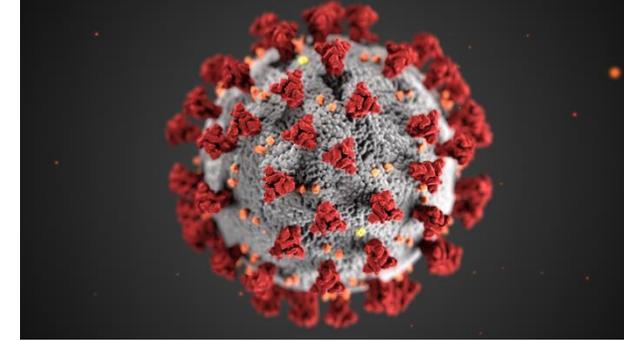
Community Transmission in the US



Sept 20<sup>th</sup>

<https://covid.cdc.gov/covid-data-tracker/#county-view>

# CDC UPDATED GUIDANCE – *September 10<sup>th</sup>, 2021*



- 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 (Nursing Homes and LTCFs)

# CDC UPDATED GUIDANCE – *September 13<sup>th</sup> , 14<sup>th</sup> and 16<sup>th</sup>*

- ▶ Strategies for Optimizing the Supply of Eye Protection – September 13<sup>th</sup>
- ▶ <sup>1</sup>Ending Isolation and Precautions for People with COVID-19: Interim Guidance- September 14<sup>th</sup>
- ▶ Strategies for Optimizing the Supply of N95 Respirators – September 16<sup>th</sup>



***You have a SPOT –  
Take your SHOT***

<sup>1</sup>No changes-combined HC and home isolation; included evidence for expanding recommendations to include children

# INTERIM INFECTION PREVENTION AND CONTROL RECOMMENDATIONS FOR HEALTHCARE PERSONNEL (HCP) DURING THE CORONAVIRUS DISEASE 2019 (COVID-19) PANDEMIC

## ► Source Control

- Fully vaccinated HCP working in facilities located in **counties with low to moderate community transmission** could choose not to wear source control in well-defined areas where patients access is restricted

## ► Post exposure quarantine

- Fully vaccinated asymptomatic patients do not require TBPs (quarantine) following close contact with someone with SARS-CoV-2 infection
- Patients who have had SARS-CoV-2 infection in the last 90 days



Have two or more layers of washable, breathable fabric



Completely cover your nose and mouth



Fit snugly against the sides of your face and don't have gaps



Have a nose wire to prevent air from leaking out of the top of the mask

*CDC photo*

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

## ▶ Clarified recommended intervals for post exposure testing

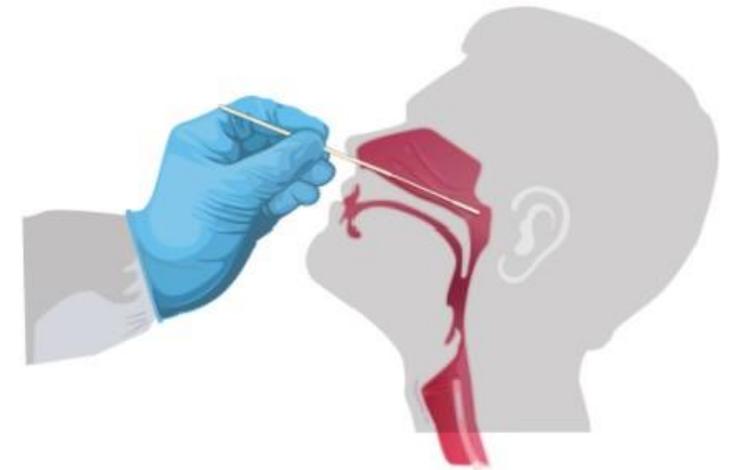
- ▶ Testing is recommended immediately,

but not earlier than 2 days after the exposure-if negative test again at 5-7 days after the exposure

- ▶ Includes patients and HCP regardless of vaccination status
- ▶ Not recommended for people who have had SARS-CoV-2 infection

## ▶ Content from other CDC guidance

- ▶ Recommendations for fully vaccinated HCP, patients and visitors
- ▶ SARS-CoV-2 testing
- ▶ Duration of TBP for patients with SARS-CoV-2 infection
- ▶ Dental, dialysis and EMS guidance as well



CDC photo

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

# ***INTERIM GUIDANCE FOR MANAGING HEALTHCARE PERSONNEL WITH SARS-COV-2 INFECTION OR EXPOSURE TO SARS-COV-2***

## ▶ Return to work after infection

- ▶ 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**

## ▶ Clarified recommended intervals of testing after **high-risk exposure**

- ▶ Fully vaccinated series of two viral tests
- ▶ Not recommended for asymptomatic HCP recovered from SARS-CoV-2 within 90 days
- ▶ Fully vaccinated should use universal source control while in HCP facility for 14 days-then may default to routine source control recommendations.

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

# ***INTERIM INFECTION PREVENTION AND CONTROL RECOMMENDATIONS TO PREVENT SARS-COV-2 SPREAD IN NURSING HOMES***

## ***(NURSING HOMES AND LONG-TERM CARE FACILITIES)***

### ▶ **Outbreak Response:**

- ▶ Perform contact tracing
- ▶ Alternative broad-based approach

### ▶ **Expanded screening testing of HCP**

- ▶ Fully vaccinated exempt
- ▶ Unvaccinated HCP continue expanded screening testing based on level of community transmission



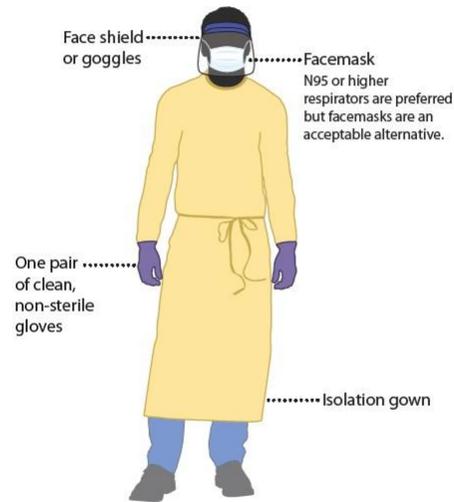
***Continued....***

## COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

### Preferred PPE – Use N95 or Higher Respirator



### Acceptable Alternative PPE – Use Facemask



cdc.gov/COVID19

CS31918-B-C ©12/21/2020

- ▶ Recommendations for quarantine of residents' post exposure
  - ▶ Unvaccinated quarantine for 14 days even with negative test
  - ▶ Fully vaccinated do not need to be quarantined-should wear source control and be tested
  - ▶ Residents with SARS-CoV-2 infection in the past 90 days do not need to be quarantined
- ▶ Visitation Guidance
  - ▶ Per CMS guidance

# STRATEGIES FOR OPTIMIZING THE SUPPLY OF EYE PROTECTION

## Updated 9/13

- ▶ In areas of substantial to high transmission in which HCP are using eye protection for all patient/resident encounters, extended use of eye protection may be considered a conventional capacity strategy
- ▶ Eye protection should be removed, cleaned<sup>1</sup> and disinfected if it becomes visibly soiled or difficult to see through
  - ▶ If disposable is cleaned and disinfected dedicate to one HCP
  - ▶ All eye protection should be discarded if damaged



<sup>1</sup>CDC's protocol or IFUs

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>

# STRATEGIES FOR OPTIMIZING THE SUPPLY OF N95 RESPIRATORS

## 9/16/21

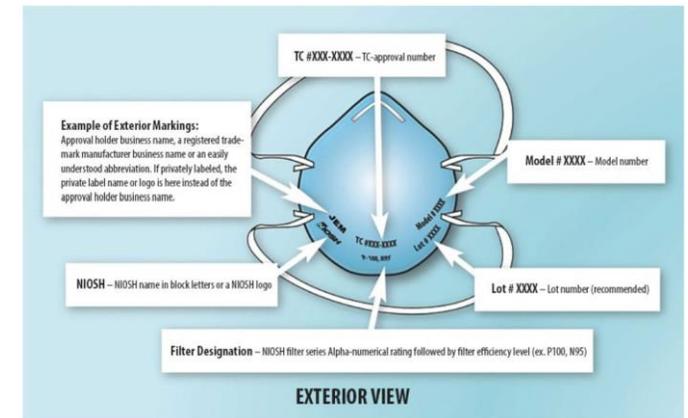
### ► Contingency capacity strategies:

- Beyond anticipated shortages-added that increased feasibility and practicality may also be considered in decisions to implement extended use for healthcare personnel (HCP) who are sequentially caring for a large volume of patients with suspected or confirmed SARS-CoV-2, including those cohorted in a SARS-CoV-2 unit, those placed in quarantine, and residents on units impacted during a SARS-CoV-2 outbreak.
- Expected shortages-can consider temporarily suspending annual fit testing

### ► Criss capacity strategies

- Removed NIOSH approved filtering facepiece respirators that have passed the manufacturer's recommended shelf life and removed decontaminated respirators from scope of authorization
- Added clarification and example for limited re-use

Sample of a generic filtering facepiece respirator with appropriate markings.



# SUMMARY

- ▶ Fully vaccinated residents and/or patients with close contact to someone with SARS-CoV-2 infection do not have to be quarantined unless symptomatic
- ▶ Asymptomatic HCP a higher risk exposure and patients/residents with close contact to someone with SARS-CoV-2 infection, regardless of vaccination status should have a series of 2 viral test-immediately (not sooner than 2 days after exposure)and day 5-7 after exposure
- ▶ Nursing homes can use contact tracing approach in outbreaks
- ▶ Fully vaccinated HCP in nursing homes do not have to undergo serial testing based on community transmission
- ▶ Unvaccinated HCP should be tested based on community transmission

# SUMMARY

- ▶ In communities with substantial to high transmission where HCP are using **eye protection** for all patient encounters expanded use can be considered a conventional strategy
- ▶ Extended wear of N95s can be considered for HCP who are sequentially caring for a large volume of patients/residents with suspected/confirmed SARS-CoV-2 infection (quarantine hall, COVID-19 hall and units impacted by outbreak). **Do not have to anticipate shortages-contingency strategies.**

