

UPDATE: CDC GUIDANCE SPICE ISOLATION SIGNS

Evelyn Cook, RN, CIC
 Associate Director SPICE
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TOPICS

- ▶ 12/23/21: Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2
- ▶ 12/23/21: Strategies to Mitigate Healthcare Personnel Staffing Shortages
- ▶ CMS QSOs
- ▶ SPICE signage

TERMS/DEFINITIONS

- ▶ Calculation day of test
 - ▶ For those with infection consider day of symptom-onset (or first positive test if asymptomatic) as day 0
 - ▶ For those with exposure consider day of exposure as day 0
- ▶ Boosted
 - ▶ Received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC
- ▶ Vaccinated or Unvaccinated
 - ▶ If have **NOT** received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC
- ▶ Up to date
 - ▶ A person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible
- ▶ Fully vaccinated
 - ▶ A person has received their primary series of COVID-19



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TERMS/DEFINITIONS

- ▶ Conventional
 - ▶ Under normal circumstances
 - ▶ No extreme staffing issues
- ▶ Contingency
 - ▶ When staffing shortages are anticipated
 - ▶ Cancel all non-essential procedures
 - ▶ Request that HCP postpone elective time off-consider mental health
- ▶ Crisis
 - ▶ When staffing shortages occur
 - ▶ When there is no longer enough staff to provide safe care



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STRATEGIES TO MITIGATE HEALTHCARE PERSONNEL STAFFING SHORTAGES –DECEMBER 23rd, 2021

Work Restrictions for HCP with SARS-CoV-2 Infection			
Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test, if asymptomatic or mildly symptomatic with improving symptoms	5 days with or without negative test, if asymptomatic or mildly symptomatic with improving symptoms	No work restrictions, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)
Work Restrictions for Asymptomatic HCP with Exposures			
Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions with negative test on days 2 and 5-7	No work restrictions	No work restrictions
Vaccinated or unvaccinated, <u>even if within 90 days of prior infection</u>	10 days OR 7 days with negative test	No work restrictions with negative tests on days 1, 2, 3 and 5-7	No work restrictions (test if possible)

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WORK RESTRICTIONS FOR HCP WITH SARS-CoV-2 INFECTION (REGARDLESS OF VACCINATION STATUS)

- ▶ Conventional
 - ▶ 10 days OR 7 days with negative test, if asymptomatic or mildly symptomatic with improving symptoms
 - ▶ Negative test result within 24 hours before returning to work
 - ▶ If test positive need to be excluded for the 10 days

Antigen testing is preferred for symptomatic HCP and for asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days.

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WORK RESTRICTIONS FOR HCP WITH SARS-CoV-2 INFECTION (REGARDLESS OF VACCINATION STATUS)

- ▶ Contingency – symptomatic
 - ▶ At least 5 days have passed since symptoms first appeared (day 0) and
 - ▶ At least 24 hours have passed since last fever without use of fever-reducing medications and
 - ▶ Symptoms (e.g., cough, shortness of breath) have improved
 - ▶ May choose to test to confirm resolution of infection with a negative antigen test or NAAT (antigen preferred)
- ▶ Contingency – asymptomatic
 - ▶ At least 5 days have passed since the date of their first positive viral test (day 0)
 - ▶ May choose to confirm resolution of infection with a negative antigen test or NAAT (antigen preferred)

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WORK RESTRICTIONS FOR HCP WITH SARS-CoV-2 INFECTION (REGARDLESS OF VACCINATION STATUS)

- ▶ Crisis – No work restrictions but prioritize symptomatic and/or mildly symptomatic
- ▶ HCP should inform patients/residents and HCP:
 - ▶ When the facility is operating under crisis standards,
 - ▶ Specify the changes in practice that should be expected, and
 - ▶ Describe the actions that will be taken to protect patients and HCP from exposure to SARS-CoV-2 if HCP with suspected or confirmed SARS-CoV-2 infection are requested to work to fulfill critical staffing needs.
- ▶ HCP should adhere to the same recommendations as contingency

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CONTINGENCY AND CRISIS

- Patients (if tolerated) should wear well-fitting source control while interacting with these HCP.
- HCP should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.
 - A respirator or well-fitting facemask should be worn continuously even when they are in non-patient care areas such as breakrooms.
 - They should practice physical distancing from coworkers at all times.
 - If they must remove their respirator or well-fitting facemask, for example, in order to eat or drink, they should separate themselves from others.
 - They should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

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INTERIM GUIDANCE FOR MANAGING HCP WITH SARS-CoV-2 EXPOSURE

DECEMBER 23, 2021

- ▶ Recommended based on vaccination status and type of exposure
- ▶ Higher-risk
 - ▶ HCP who had prolonged close contact with a patient, visitor or HCP with confirmed SARS-CoV-2 infection AND
 - ▶ HCP not wearing a respirator OR if wearing a facemask, the person with SARS-CoV-2 not wearing a facemask OR
 - ▶ HCP not wearing eye protection if the person with SARS-CoV-2 not wearing a facemask OR
 - ▶ HCP not wearing all recommended PPE while performing an aerosol-generating procedure

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WORK RESTRICTIONS FOR ASYMPTOMATIC HCP WITH SARS-CoV-2 EXPOSURE

BOOSTED

<ul style="list-style-type: none"> ▶ Conventional <ul style="list-style-type: none"> ▶ No work restrictions with negative test on day 2 and 5-7 (generally not earlier than 24 hours) ▶ Test done 48 hours before returning to work ▶ Contingency <ul style="list-style-type: none"> ▶ No work restrictions ▶ Crisis <ul style="list-style-type: none"> ▶ No work restrictions 	<p>VACCINATED, UNVACCINATED, PRIOR INFECTION WITHIN 90 DAYS</p> <ul style="list-style-type: none"> ▶ Conventional <ul style="list-style-type: none"> ▶ 10 days or 7 days with negative test ▶ Contingency <ul style="list-style-type: none"> ▶ No work restriction with negative tests on days 1, 2, 3 and 5-7 ▶ Crisis <ul style="list-style-type: none"> ▶ No work restrictions ▶ Test if possible
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CMS-QSOs

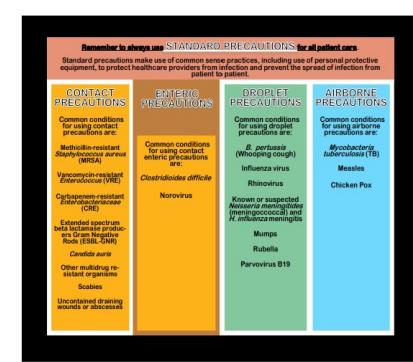
- ▶ QSO-20-39-NH: **"Nursing Home Visitation-COVID-19"**: 11/12/2021
 - ▶ **Visitation is now allowed for all residents at all times.**
- ▶ QSO-22-07-ALL: **"Guidance for the Interim Final Rule-Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination"**: 12/28/2021
 - ▶ Long-Term Care and Skilled Nursing Facility-Attachment A QSO-07-ALL
 - ▶ To protect LTC residents from COVID-19, each facility must develop and implement policies and procedures as specified in §483.80(i) to ensure that all LTC staff are fully vaccinated against COVID-19.

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SPICE SIGNAGE

<https://spice.unc.edu/resources/nc-standardized-isolation-signage/>

- SPICE has isolation/precautions signage available to be used by all healthcare settings including-acute care, LTC, outpatient and dialysis
- Signage is standardized and based on CDC's "2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings"
- Additional signage was created to accommodate those situations (COVID-19 for example) when a combination of transmission-based precautions must be used
- One page summary with precautions and most common conditions that would warrant that specific precautions
- Front and back pocket card
- Additional edits have been made-new link to be sent this week



OTHER CDC ACTIVITIES

- Jan 7, 2022- CDC revised the Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19

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