

**Questions and Answers: Webinar CDC Updates-2/9/2022 (Posted 2/21/2022)****Positivity Rates**

**Where is the best place to find current positivity rates in the terms of high, moderate, and low by county?**

- A. CDC COVID Tracker at [https://covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=all\\_states&list\\_select\\_county=all\\_counties&data-type=Risk](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk)

**Patient/Resident and Staff Testing**

**Are we able to complete a rapid test on a new admit if there is not a single room available?**

- A. Based on residents' vaccination status (up to date or not up to date) will determine if they need to be on quarantine (private room). CDC guidance from 2/2/2022 recommends testing all new admissions/readmissions (regardless of vaccination status) at time of admission and if negative again at day 5-7.

**What if the resident is in hospital - out of the facility >24hours BUT is in their 90-day recovery - DO WE TEST?**

- A. CDC notes that asymptomatic residents within their 90 days post infection do not need to be tested or placed on quarantine after an exposure.

**The CMS guidance for routine testing based on county transmission rates, still use the verbiage "fully vaccinated" rather than "up to date". However, you are stating we should test based on the "up to date" definition. Is this correct?**

- A. Updated CDC guidance uses the term "up to date" or "not up to date" versus fully vaccinated or not fully vaccinated. CDC makes recommendations and CMS QSO are requirements.

**How should we proceed if a SNF resident, with a recent COVID-19 infection within the past 90days, becomes symptomatic and tests positive for COVID. Sequencing results are not available to compare if the infection is caused by a different variant.**

- A. For residents that have had previous COVID-19 infection (within 90 days) and become symptomatic during that time, other diagnoses that might account for the symptoms should be ruled out. If another diagnosis is not identified and the COVID-19 test is positive (antigen test is recommended for residents within their 90-day post infection window) the resident should be placed on COVID-19 precautions for the recommended time.

**Are we testing asymptomatic HCP within 90 days of positive test?**

- A. CDC recommendations state: "In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test is recommended."

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**We require a negative test on all patients within 24 hours of admission regardless of vaccination status. So, can this count as our first test of the series and then we could schedule another antigen test on day 5-7?**

- A. CDC recommends newly admitted/readmitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, have a series of two viral tests for SARS-COV-2 infection: **immediately** and, if negative, again 5-7 days after their admission.

**Should we continue to test all HCP that are up to date during outbreak testing?**

- A. During an outbreak **all** exposed persons, including HCP should be tested regardless of their vaccination status.

**NH personnel not 'up to date' (booster eligible but not boosted) should be included in routine weekly screen testing, is that correct?**

- A. Per CDC's definition of "up to date"-individuals that are fully vaccinated and **eligible** for the booster but **have not received** the booster are considered **NOT** up to date and for HCP this would include expanded screening based on community transmission rates.

**If we are testing a positive staff, in contingency staffing, to return to work within 48 hours of day 7, is it for that purpose one time only? Therefore, we would not continue to test based on county rate, or outbreak status for the remainder of their 90-day window, is this correct?**

- A. When facilities are utilizing contingency strategies due to staffing issues, HCP who are infected with COVID-19 and asymptomatic (or if symptomatic symptoms are mild and improving) can return after 5 days with or without a negative test. If you test CDC recommends use of a rapid antigen test. They would not need to be tested again during their 90-day period, after infection, unless they become symptomatic again and an alternative diagnosis is not identified.

### Regulatory Questions

**Is there associated CMS guidance regarding these new CDC recommendations?**

- A. Not as of February 17, 2022

**Thank you for all you do, Evelyn. You mentioned a lot of guidance for LTC. What parts of your presentation points are different for acute care hospitals? What are the main changes to CDC guidance for hospitals?**

- A. Information specific to NHs includes a) testing newly admitted/readmitted residents and residents who leave for > 24 hours; b) expanded testing of HCP who are not up to date, based on county transmission rates; c) placing newly admitted/readmitted residents on quarantine if not up to date; d) placing residents not up to date on quarantine when facility wide testing is conducted due to outbreak. The other updates apply to acute care as well.

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**Any move with NC OSHA regarding the repeal of the healthcare ETS requiring 24-hour f/u of inadvertent exposures for employees? Why is NC OSHA still enforcing the ETS when it was rescinded by the Federal government?**

- A. Great question which I cannot answer. To date NC OSH is enforcing the ETS.

**Will CMS update their guidance to us in a QSO?**

- A. CMS updates/guidance is disseminated via either an updated QSO or a new QSO

**Questions About Infection or Exposure Days**

**Do you go by 10 days from positive test or 10 days from symptoms starting?**

- A. The first day of symptoms or positive test, whichever came first, is considered day 0. Day 1 is the first full day after your symptom or test and begins the count of 10 days. If you are positive on Monday, you would start your isolation count on Tuesday and 10 days need to have elapsed prior to discontinuing precautions.

**I know you just talked about residents admitted to hospital with COVID be on TBP for 10 - 20 days. Do we count this from admission or readmission to the facility or do we count from their first day of symptoms?**

- A. CDC noted that in general individuals hospitalized with COVID-19 should be maintained on TBP for time described for patients with severe-to critical illness, meaning that if they require hospitalization, they typically have severe illness. When NHs receive positive residents from the hospital those decisions can be individualized and based on whether the hospital has discontinued precautions, the underlying health status of the resident and presence of any continued symptoms. In any case TBP can be discontinued based on when the person had their first symptom or first positive test and not the date of admission to the NH from the hospital.

**Will you please define "re-infection" of Covid? What is the time frame?**

- A. CDC defines re-infections as follows: "means a person was infected, recovered and then later becomes infected again". Ongoing studies are being conducted to try and understand how often reinfection occurs, who is at greater risk and how soon reinfections take place. Variants can increase the risk of reinfection.

**If they test positive, and develop symptoms later, what date is considered day zero?**

- A. The date of the positive test would be day 0 if symptoms occurred after the positive test.

**Employee tested positive; 45 days later was symptomatic and tested positive with antigen test. Is this considered a new case or a continuation of the initial case?**

- A. Difficult to say for sure, but if an alternative diagnosis or etiology for symptoms can not be identified, they should be considered positive and should follow isolation guidelines.

**Questions and Answers: Webinar CDC Updates-2/9/2022 (Posted 2/21/2022)****Isolation/Quarantine Questions**

**Does the 10 days for isolation include both vaccinated and unvaccinated residents?**

- A. Residents who are confirmed to be positive for COVID-19 should be placed on precautions regardless of vaccination status.

**So, fully vaccinated who have declined booster would have to quarantine if they are a close contact?**

- A. Yes, according to CDC's guidance.

**If a resident is a new admit, had COVID within 90 days and is unvaccinated or not up to date they do NOT require quarantine, is this correct?**

- A. Yes, residents who are within 90 days of COVID-19 infection AND are asymptomatic do not need to be placed on quarantine at time of admission. Quarantine might be considered if the resident is moderately to severely immunocompromised.

**If a resident who is up to date has been identified as having a close contact to a positive case is TBP required?**

- A. Asymptomatic residents who are up to date with all recommended COVID-19 vaccines do not have to quarantine after an exposure. Testing guidelines would still apply.

**A new admission that is not up to date must quarantine for how long? 10 days or 14 days?**

- A. New admissions/readmissions who are not up to date can be removed from TBP (quarantine) after day 10 following their admission (exposure) if they do not develop symptoms **OR** can be removed from TBP after day 7, 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 TBP.

**If a resident tests positive in facility and is sent out to hospital...how long would resident need to be placed on isolation after returning to facility... would you continue to test resident?**

- A. The isolation period begins with the first viral positive test (day 0) and should continue until criteria are met to discontinue. In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test is recommended".

**Would we need to quarantine a resident who has received both doses of the 2-dose series but are not yet eligible to receive the booster?**

- A. Newly admitted or readmitted residents would need to quarantine if they are not up to date with all recommended COVID-19 vaccines. CDC defines up to date as individuals that have completed their primary series (and at least two weeks have passed) and either has had the booster OR is not eligible for the booster yet.

**Questions and Answers: Webinar CDC Updates-2/9/2022 (Posted 2/21/2022)****Vaccine Related Questions (Up to Date, Boosters)**

To be considered "up to date" vaccination status, is an individual required to receive a booster dose every 5 months?

- A. Residents/HCP are **up to date when they are fully vaccinated (completed the primary series and two weeks have passed) and have either had the booster dose OR are not yet eligible for a booster.** Currently there is no recommendation to receive a booster dose every 5 months.

**Exposure Questions**

Thinking about employees and exposures...if both employees are wearing a surgical mask and eye protection during an exposure period and one employee tests positive, is this considered an exposure since they were both wearing masks and eye protection?

- A. No, not considered an exposure, based on CDC's chart for "HCP higher risk exposure"  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

In the scenario if a healthcare worker is wearing a tight-fitting surgical mask and eye protection, and the resident is not wearing a mask. If the non-symptomatic employee tested positive and was in the resident's room for greater than 15 minutes for the entire shift, would this still be considered an exposure for the resident since there was source control present? You talked about this, but just wanted to clarify for sure. Thank you

- A. Yes, the resident would be considered to have had an exposure.

**PPE Questions**

If you are in outbreak status do we have to wear N95 masks in all areas of the building or just in the COVID unit area/quarantine rooms? And to clarify we place anyone who is positive in a single room? No cohorting?

- A. CDC notes times when universal use of N95 should be used (AGPs for example) and times when facilities can use them or consider using them such as this statement: *To simplify implementation, facilities 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 care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission.*** CDC recommends placing in a single room but when enough single rooms are not available you can cohort individuals known to be infected with the same pathogen (COVID-19 for example), does not include residents on quarantine due to possible exposure.

Can you speak to the requirements around team member PPE for AGPs for patients who have tested negative for COVID?

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- A. In facilities located in counties with substantial to high transmission rates of COVID-19, CDC recommends universal use of N95 as PPE for all patients/residents undergoing an AGP.

**If physicians enter the unit to see a resident and wears PPE, can they return to general population to see other residents?**

- A. Yes. If all PPE is removed appropriately, and hand hygiene is performed

**COVID-19 Signage Questions**

**For clarification, what is the preferred isolation or precautions signage to use for suspected or known COVID resident rooms or to post throughout the facility?**

- A. SPICE recently created and distributed “Special Droplet/Contact” precaution signage that can be used for residents confirmed to have COVID-19 and/or on quarantine due to exposure.  
<https://spice.unc.edu/resources/signage/>

**Visitation Questions**

**How does Senate Bill 191, No Patient Left Alone line up with this for visitation? CDC is stressing limiting visitation if visitor COVID+, what about peds, compassionate care, etc.? We interpreted this to think that we had to make exceptions and allow a visitor with s/s or acute infection to visit with strict masking.**

- A. The facility must permit visitation regardless of the visitor’s vaccination status (if the visitor(s) does not report COVID-19 symptoms or meet the criteria for quarantine). If the visitor is COVID positive or has signs and symptoms of COVID-19 infection they should not be allowed to visit.  
<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

**The recommendation for outdoor visitation is now to follow the guidance for community. Is this correct for nursing homes too?**

- A. CDC recommends that “Patients and their visitors should follow the source control and physical distancing recommendations for outdoor settings described on the page addressing “Your Guide to Masks | CDC.” Those recommendations state *“in general people do not need to wear a mask outdoors. In areas of substantial or high transmission people may choose to wear a mask when in sustained close contact with other people, particularly if they have a weakened immune system, at increased risk for severe disease and/or not up to date on COVID-19 vaccines.”*  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

**Questions and Answers: Webinar CDC Updates-2/9/2022 (Posted 2/21/2022)****Miscellaneous Questions****How long must EVS wait to enter the room to clean it at patient discharge?**

- A. The amount of time that the air inside an examination room remains potentially infectious depends on several factors including the size of the room, the number of air changes per hour, how long the patient was in the room, if the patient was coughing or sneezing, and if an aerosol-generating procedure was performed. In general, it is recommended to restrict HCP and patients without PPE from entering the room until sufficient time has elapsed for enough air changes to remove potentially infectious particles. I have included a link, addressing air changes per hour and time required for airborne contaminants to be removed.

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>

**Can you explain the difference or expectations to claim contingency vs crisis?**

- A. CDC defines contingency as “when staffing/PPE shortages are anticipated” and crisis as “when staffing/PPE shortages are occurring (not enough to provide safe care)”.