

REVIEW OF NCDOL'S REPEAL OF COVID-19 ETS FOR HEALTHCARE AND CMS GUIDANCE ON TESTING IN LTCFS

MARCH 16TH, 2022

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TOPIC(s)

- ▶ CDC COVID-19 Data
 - ▶ Community Level
 - ▶ Community Transmission
- ▶ NC DOL's ETS for Healthcare (March 4th, 2022)
- ▶ CMS QSO-20-38-NH REVISED (March 10th, 2022)
- ▶ Q&As

CDC DATA

► COVID-19 Community Levels:

- Do not apply to healthcare settings
- Categorized:
 - Low-Stay up to date with COVID-19 vaccines; get tested if symptomatic -----
 - Medium-If at high risk ask provider about wearing a mask; stay up to date with COVID-19 vaccines; get tested if symptomatic -----
 - High-wear a mask indoors in public; stay up to date with COVID-19 vaccines; get tested if symptomatic; additional precautions might be necessary if high risk for severe illness -----

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community				
New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases per 100,000 population in the past 7 days

<https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>

CDC DATA

► COVID-19 Community Transmission

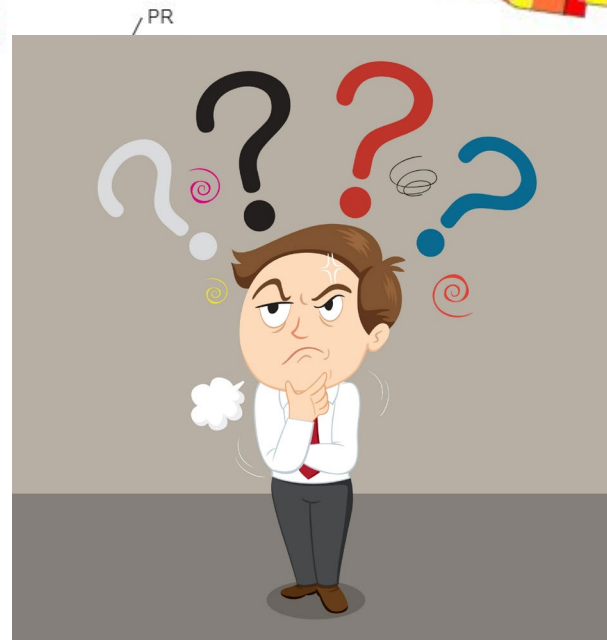
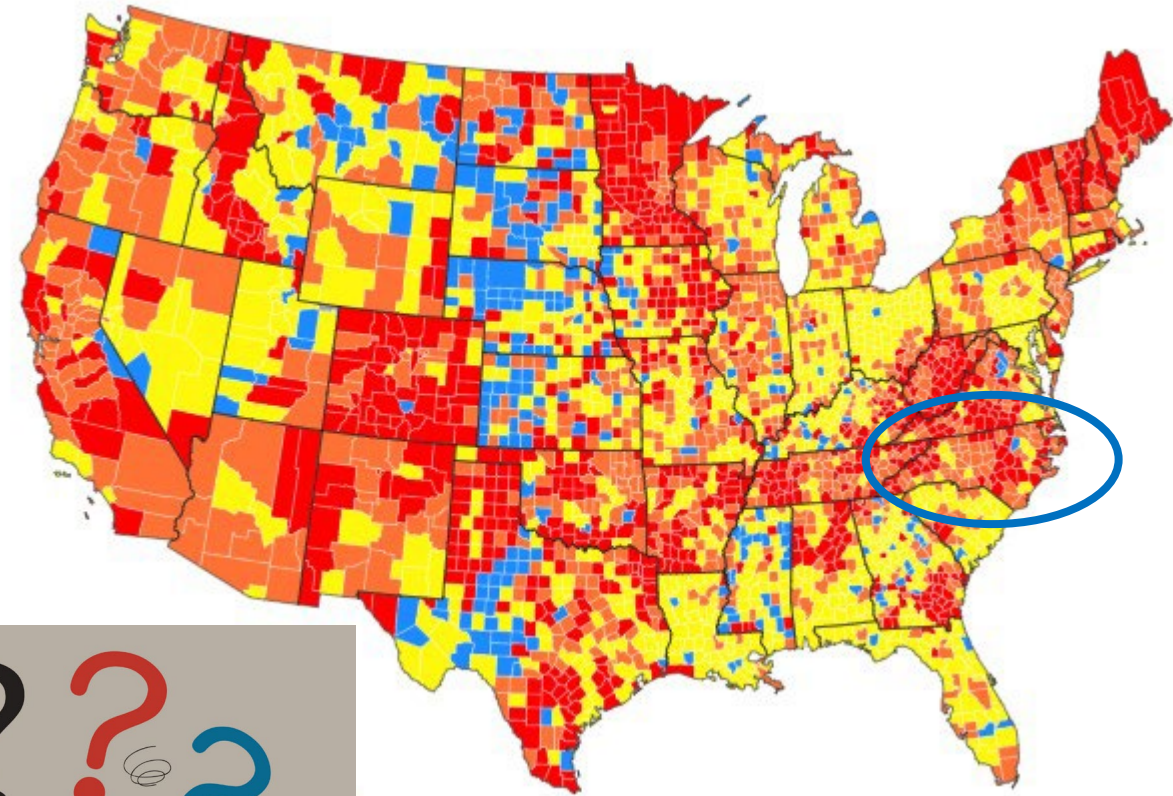
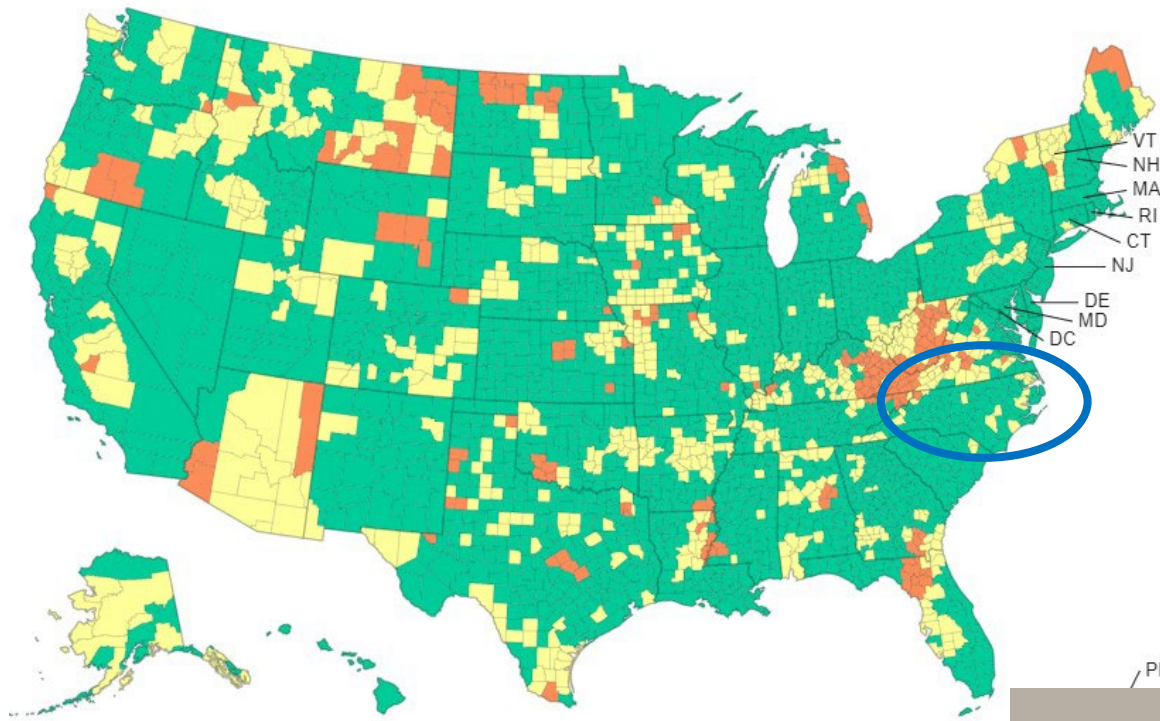
- Used by healthcare facilities to implement interventions
- Categorized:
 - Low -----
 - Moderate -----
 - Substantial-universal use of eye protection recommended for care encounters; respirators worn for all AGPs -----
 - High-universal use of eye protection recommended for care encounters; respirators worn for all AGPs -----

Determining Transmission Risk

If the two indicators suggest different transmission levels, the higher level is selected

	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk



OSHA ETS FOR HEALTHCARE



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COVID-19

<https://www.labor.nc.gov/covid-19>

June 21st, 2021

- Federal OSHA published an “Emergency Temporary Standard for Healthcare
- Addressed COVID-19 only

December 27th, 2021

- OSHA announced it was withdrawing all provisions except for certain COVID-19 reporting requirements
- NC to continue enforcement of all provisions

March 4th, 2022

- Based on current COVID-19 trends, including significant decline in hospitalizations and daily case counts, NCDOL repealed the ETS for Healthcare

<https://crsreports.congress.gov/product/pdf/R/R46288>

WHAT DOES THAT MEAN?

- ▶ Healthcare facilities should continue to follow **CDC and CMS** recommendations/requirements related to persons suspected or confirmed to have COVID-19
 - ▶ Source control
 - ▶ Testing
 - ▶ Vaccine
 - ▶ TBPs
- ▶ Healthcare facilities that are not subject to CMS requirements should continue to follow NCDHHS guidance (which is consistent with CDC and CMS)
- ▶ OSHA will continue to enforce standards such as:
 - ▶ Respiratory Protection Standard
 - ▶ OSHA Recordkeeping Guidance

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Center for Clinical Standards and Quality/Survey & Certification Group

DATE: August 26, 2020

Ref: QSO-20-38-NH
REVISED 03/10/2022

Subject: Interim Final Rule, 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

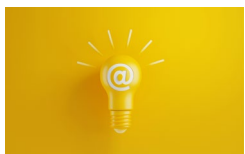
QSO-20-38-NH

REVISED 3/10/22

- ▶ Replaced the term “vaccinated” with “Up-to-date with all recommended COVID-19 vaccine doses” and deleted the term “unvaccinated”
 - ▶ **“Up-to-Date”** means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible”
- ▶ Updated recommendations for testing individuals within 90 days after recovering from COVID-19

TESTING REQUIREMENTS

Testing Trigger	Staff	Residents
Symptomatic individual	Staff, <u>regardless of vaccination status</u> , with signs or symptoms must be tested	Residents, <u>regardless of vaccination status</u> , with signs or symptoms must be tested
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, <u>regardless of vaccination status</u> , that had a higher –risk exposure with a COVID-19 positive individual	Test all residents, <u>regardless of vaccination status</u> that had close contact with a COVID-19 positive individual
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, <u>regardless of vaccination status</u> , facility-wide or at a group level if staff are assigned to a specific location where the new case occurred.	Test all residents, <u>regardless of vaccination status</u> , facility-wide or at a group level
Routine testing	According to Table 2	Not generally recommended



CDC recommends that all newly admitted or readmitted residents AND residents that leave the facility for > 24 hours, regardless of vaccination status, are tested immediately and if negative again on day 5-7

ROUTINE TESTING OF STAFF

- ▶ Routine **testing** of staff, who are not up-to-date, should be based on community **transmission**

Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission

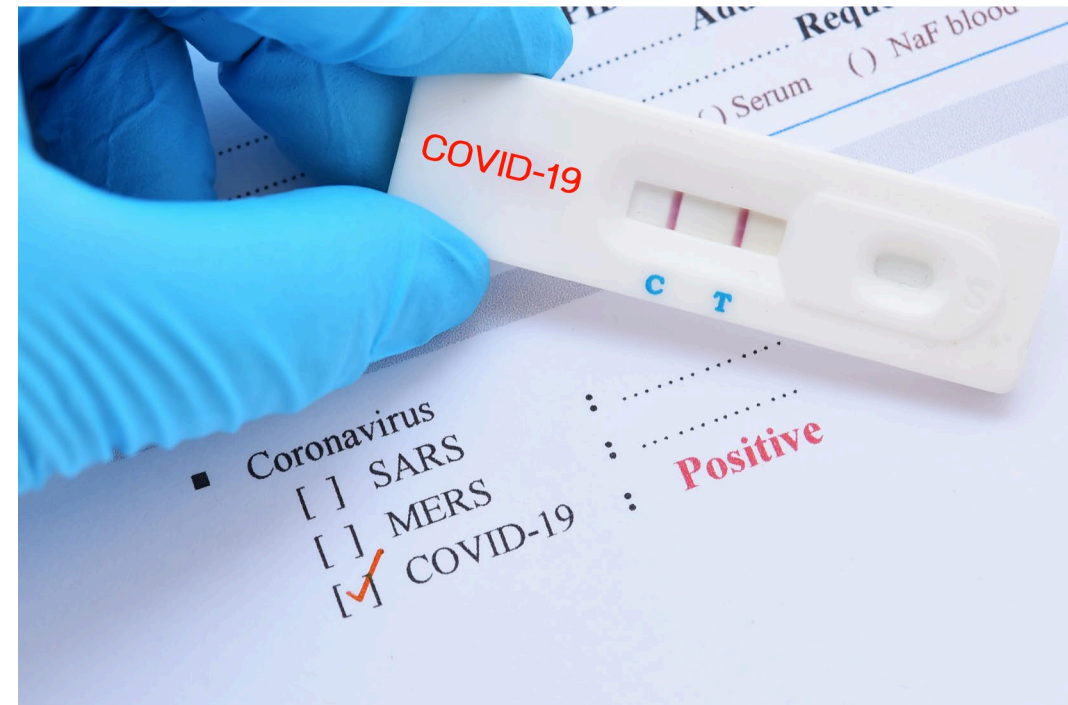
Level of COVID-19 Community Transmission	Minimum Testing Frequency of Staff <i>who are not up-to-date</i> ⁺
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

⁺Staff *who are up-to-date* do not need to be routinely tested.

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

OTHER TESTING CONSIDERATIONS

- *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 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.*



NC DHHS GUIDANCE



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

COVID-19 Infection Prevention Guidance for Long-Term Care Facilities

This guidance, based on CMS guidance and CDC recommendations, applies to all long-term care facilities, including nursing homes, and other facilities as appropriate. This guidance serves as a summary of the CDC guidance for [Healthcare Personnel](#), [Nursing Homes](#), [Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) as well as the [CMS Testing in Long-Term Care](#) and [CMS Visitation in Nursing Homes](#) guidance.

► [Guidance | NC COVID-19 \(ncdhhs.gov\)](https://www.ncdhhs.gov/covid-19-guidance)

