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

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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
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 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.

<table>
<thead>
<tr>
<th>Category</th>
<th>New cases per 100,000 persons in the past 7 days*</th>
<th>Percentage of positive NAATs tests during the past 7 days**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>&lt;10</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Moderate</td>
<td>10-49.99</td>
<td>5-7.99%</td>
</tr>
<tr>
<td>Substantial</td>
<td>50-99.99</td>
<td>8-9.99%</td>
</tr>
<tr>
<td>High</td>
<td>≥100</td>
<td>≥10.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 21st, 2021</td>
<td>- Federal OSHA published an “Emergency Temporary Standard for Healthcare”&lt;br&gt;- Addressed COVID-19 only</td>
</tr>
<tr>
<td>December 27th, 2021</td>
<td>- OSHA announced it was withdrawing all provisions except for certain COVID-19 reporting requirements&lt;br&gt;- NC to continue enforcement of all provisions</td>
</tr>
<tr>
<td>March 4th, 2022</td>
<td>- Based on current COVID-19 trends, including significant decline in hospitalizations and daily case counts, NCDOL repealed the ETS for Healthcare</td>
</tr>
</tbody>
</table>

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
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
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

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

*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**

<table>
<thead>
<tr>
<th>Level of COVID-19 Community Transmission</th>
<th>Minimum Testing Frequency of Staff <em>who are not up-to-date</em>&lt;sup&gt;+&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (blue)</td>
<td>Not recommended</td>
</tr>
<tr>
<td>Moderate (yellow)</td>
<td>Once a week*</td>
</tr>
<tr>
<td>Substantial (orange)</td>
<td>Twice a week*</td>
</tr>
<tr>
<td>High (red)</td>
<td>Twice a week*</td>
</tr>
</tbody>
</table>

<sup>+</sup>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.*
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.
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.