COVID-19 Guidance Reminders

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DQA BNHRC Forum
What Guidance Should I Use?
Health Care Settings Guidance

Changes to community guidance do not change health care guidance.

- “Community levels” vs. “community transmission levels”
- Masking
- Quarantine and isolation periods
Do Staff Need to Quarantine or Isolate Anymore?

Staff Work Restrictions and Mitigating Staffing Shortages Guidance

Last updated by CDC on January 21, 2022
Vaccination Status

- **Up to date**: received all recommended vaccines, including booster dose(s) when eligible
  - Boosted
  - Fully vaccinated with a primary series and not yet eligible for a booster

- **Not up to date**: has not received all recommended vaccine doses
  - Fully vaccinated and eligible for booster, but has not received it
  - Partially vaccinated with primary series
  - Unvaccinated

*Stay Up to Date with Your Vaccines*
Boosters

Up to Date
A person ages 12+ years is considered up to date right after getting their booster dose.

Stay Up to Date with Your Vaccines
To protect and promote the health and safety of the people of Wisconsin.

**Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures**

*Up to Date* with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](https://www.cdc.gov/vaccines.html).

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-settings/guidance.html) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-settings/staffing-shortages.html) (contingency and crisis standards).

### Work Restrictions for HCP With SARS-CoV-2 Infection

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>Conventional</th>
<th>Contingency</th>
<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to Date and Not Up to Date</td>
<td>10 days OR 7 days with negative test*, if asymptomatic or mild to moderate illness (with improving symptoms)</td>
<td>5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)</td>
<td>No work restriction, with prioritization considerations (e.g., types of patients they care for)</td>
</tr>
</tbody>
</table>

### Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>Conventional</th>
<th>Contingency</th>
<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to Date</td>
<td>No work restrictions, with negative test on days 1 and 5–7</td>
<td>No work restriction</td>
<td>No work restriction</td>
</tr>
<tr>
<td>Not Up to Date</td>
<td>10 days OR 7 days with negative test*</td>
<td>No work restriction with negative tests on days 1, 2, 3, &amp; 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7)</td>
<td>No work restrictions (test if possible)</td>
</tr>
</tbody>
</table>

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*Negative test result within 48 hours before returning to work
*For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0.

If Staff Return Early

- Continue to monitor for new or worsening symptoms
- Wear a respirator or well-fitting facemask at all times, even in non-resident care areas
- Practice physical distancing whenever possible
- Encourage residents to wear well-fitting source control whenever interacting with these staff
Do Staff Still Need to Wear Masks and be Tested?

Infection Prevention and Control Guidance

Last updated by CDC on February 2, 2022
Community Transmission Levels

Considerations:
- Data stability (think 2 weeks)
- Neighboring county activity
- Who will monitor this and how frequently?

CDC Community Transmission Levels
To protect and promote the health and safety of the people of Wisconsin

Different Maps

**DHS Community Transmission Levels**

- Updated daily (around 2 pm)
- Includes case rate for the past seven days

**CDC Community Transmission Levels**

- Updated daily (usually before 8 pm)
- Includes percent positivity rate and case rate for the past seven days
What Does This Affect?

- Source control masks
- Eye protection
- N95s during AGPs for all residents
- CMS routine staff testing for staff who are not up to date with vaccination
Source Control

What doesn’t change?
Staff always need to wear source control in resident care areas.

What can change in low to moderate transmission levels?
- Up to date residents can choose to stop wearing source control in communal areas.
- Up to date staff can choose to stop wearing source control in staff-only areas.
Eye Protection

What doesn’t change?
Staff need to consider the need for eye protection as part of standard and transmission-based precautions.

What can change in low to moderate transmission levels?
Staff no longer need to wear eye protection in all resident care areas automatically.
N95 Respirators

What doesn’t change?

▪ Staff always need to wear N95s when entering the rooms of residents in quarantine or isolation.

▪ Staff can consider use for situations with additional risk.

What can change in low to moderate transmission levels?

Staff do not need to wear N95s for aerosol-generating procedures for residents not in quarantine or isolation.
Routine Staff Testing

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 who are not up-to-date&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.

QSO-20-38
Remember

- CMS QSO-20-38 requires facilities to have two weeks of a lower community transmission level before reducing testing frequency.

- Do any of your facility’s COVID mitigation policies call for routine staff testing?
  - Staff who are not up to date?
  - Staff granted an exemption?
Do We Still Need to Report Results?
## Proposed HHS Reporting Changes

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Positive Result</th>
<th>Negative Result</th>
<th>Reporting Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCR</td>
<td>Required</td>
<td>Required</td>
<td>Clinical/reference lab to WEDSS</td>
</tr>
<tr>
<td>Point of Care (or any other non-PCR/non-antibody test)</td>
<td>Required</td>
<td>Optional</td>
<td>NHSN or WLR (individual POC test result reporting only)</td>
</tr>
<tr>
<td>Antibody</td>
<td>Optional</td>
<td>Optional</td>
<td></td>
</tr>
</tbody>
</table>

**COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115**
Outbreak Reporting

- LTCF outbreaks continue to be defined as one case in staff or residents.
- **COVID-19** is a Category I reportable disease, making confirmed or suspected cases reportable to the LTHD within 24 hours.
- Prompt reporting is essential for public health surveillance and response.
Questions?

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  - Linda Coakley, linda.coakley@dhs.wisconsin.gov

https://www.dhs.wisconsin.gov/hai/contacts.htm
In Case There are Questions about Current CDC Guidance on Testing, Isolation, Quarantine, or Visitation Timeframes and FAQs...
Testing

- Symptomatic staff or residents
- Residents with close contact regardless of vaccination status
  - Immediate (but no sooner than 24 hours) and 5-7 days after exposure
- New admissions and readmissions of greater than 24 hours regardless of vaccination status
  - Immediate and 5-7 days after exposure
- Residents in a 90-day post-infection period
Typical Resident Isolation Periods

- 10 days from onset of symptoms
- 10 days from positive test date if individual remains asymptomatic throughout isolation (if symptoms develop, isolation re-starts with the symptom onset date)
- Immunocompromised or severely ill residents may have longer isolation periods
Resident Quarantine Periods

- 10 days (or 7 days with a negative test collected on days 5-7): residents not up to date with vaccination who are:
  - Admissions or re-admissions
  - Close contacts
  - Outbreak close contacts via contact tracing method
- 14 days: residents not up to date with vaccination who are part of broad-based outbreak testing
Visitation

- Visitors should meet the same criteria for discontinuing quarantine or isolation in a health care setting (not the community “5-day” criteria).
- All visitors should continue to be screened prior to entry for:
  - A positive viral test for SARS-CoV-2.
  - Symptoms of COVID-19.
  - Close contact with a known positive.