

Updated Infection Control and Testing Guidelines Issued by CMS and CDC

The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) released revised infection control and testing guidelines in late September. These updates have been made to reflect the high levels of COVID-19 vaccine- and infection-induced immunity, as well as the general availability of effective treatments and prevention tools.

The key changes outlined in the guidance for COVID-19 infection prevention and control update include:

- ✓ Vaccination status is no longer used to inform source control, screening testing, or post-exposure (eg, work restriction, quarantine) recommendations.
- ✓ Standalone guidance for nursing homes is being archived and any setting-specific recommendations has been added to Section 3 of the main guidance.

Source Control Changes

- ✓ When community transmission levels are high, source control is recommended for everyone in areas where they could encounter patients. Health care personnel could choose not to wear source control when in areas restricted from patient access, although some experts recommend against it.
- ✓ When community transmission levels are not high, source control is recommended for individuals who have suspected or confirmed respiratory infection, had close contact with someone with COVID-19 for 10 days after contact, who reside or work in an area of the facility experiencing COVID-19 outbreak, or have otherwise had source control recommended by public health.

Universal PPE Changes

- ✓ Consider implementing PPE when community transmission levels are high.

Testing Changes

- ✓ Series of 3 tests recommended for asymptomatic individuals following exposure to someone with COVID-19 infection. Testing is recommended immediately (but generally not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test, and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
- ✓ Testing is generally not recommended for asymptomatic individuals who have recovered in the prior 30 days.



Screening Testing Changes

- ✓ No longer recommending asymptomatic screening testing of nursing home personnel who have not had a recognized exposure.
- ✓ Screening testing remains recommended for new admissions to nursing homes when community transmission levels are high.

Quarantine/Work Restriction Changes

- ✓ No longer routinely recommending quarantine (for patients) or work restrictions (for healthcare personnel) for asymptomatic individuals following COVID-19 exposures.
- ✓ Continue to emphasize monitoring for symptoms, series of 3 tests, continued use of source control for 10 days following the exposure, and prompt isolation or work restriction if symptoms develop or testing is positive for COVID-19 infection.

In addition, to help mitigate staffing shortages, updates advise that for the most part asymptomatic health care personnel with higher-risk exposures do not require work or return-to-work restrictions, regardless of their vaccination status.

These guidelines apply to nursing homes. Other long-term care settings that provide non-skilled personal care (such as assisted living or group homes) should follow [guidance for high-risk congregate care settings](#). Visiting or shared health care personnel who enter a community to provide health care to one or more residents (eg, physical therapy, wound care, intravenous injections, or catheter care provided by home health agency nurses) should follow the health care infection control and prevention recommendations in the guidance.

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