

CDC/CMS COVID-19 Infection Control

Note: These slides are for informational purposes only. Facilities should consult CDC and CMS resources, their state and local public health/licensing entities, and internal policies directly when developing COVID-19/Infection Control Plans.

COVID Guidance In ICF/IID's

CDC Guidance is Care Dependent. Congregate care settings fall into two categories: Healthcare and Non-Healthcare.

Facilities determine, with the direction of state and local public health entities, what guidance to follow.

Nationally some ICFs follow Community Guidance while others Healthcare Guidance.

Governing Bodies, the medical director, and the person responsible for infection control develop/approve Infection Control Policies.

September 23rd, 2022 CDC Streamlined and Clarified Guidance

Archived guidance separate specific to nursing homes and incorporated that guidance into the Healthcare

Added guidance on what types of long-term care settings the healthcare guidance applies.

CDC Guidance for Congregate Care Settings

Healthcare settings: Settings where healthcare is delivered and includes, but is not limited to, acute care facilities, long-term acute-care facilities, nursing homes, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, dental offices, and others. These settings should follow: [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)

Non-Healthcare Settings: Settings such as *assisted living, group homes, and other non-healthcare congregate settings*, whose staff provide **non-skilled personal care*** similar to that provided by family members in the home (e.g. assisted living facilities, group homes), should follow: [community prevention strategies based on COVID-19 Community Level](#). Though, visiting healthcare personnel (e.g. nurses and physical therapists) who enter these settings to provide healthcare to residents should follow the above Healthcare guidance.

***Non-skilled personal care** consists of any non-medical care provided by non-licensed caregivers, such as help with daily activities like bathing and dressing to include the kind of health-related care that most people do themselves, i.e., taking oral medications. In some cases where care is received at home or a residential setting, care can also include help with household duties such as cooking and laundry.

Question: What is CMS' expectations for ICFs in relation to following CDC guidance for healthcare personnel vs community guidance?

Response: As shared, CDC points "group homes" providing non-skilled care to the community guidance, but the [QSO-21-08-NLTC REVISED 09.26.2022 \(cms.gov\)](#) revisions only point to the healthcare personnel guidance. The CMS QSO-21-08 revisions are in response to the CDC "Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic", which does speak directly to healthcare personnel providing skilled care. By directly referencing the new CDC recommendations, the QSO-21-08 revision is indirectly referencing the CDC recommendations for non-skilled personal care staff providing services in "Assisted Living, Group Homes and Other Residential Care Settings (excluding nursing homes)", which CMS would interpret to include ICFs/IID.

September 23rd, 2022 CDC Healthcare Updates

Multiple changes throughout Healthcare guidance moving from using the word “recommendation” to facilities “should consider” or “choose”.

Updated to note that vaccination status is no longer used to inform source control, screening testing, or post-exposure recommendations.

Source Control/Universal PPE based on [Community Transmission Rates](#):

- When [community transmission](#) is high, source control (and consider adding Eye protection) is recommended for all resident encounters with being optional in areas restricted from resident access.
- When community transmission is not high source control is recommended for individuals in specific circumstances, i.e., post-close contact exposure, has respiratory symptoms, in an outbreak status

COVID-19 Close Contact Exposure:

- Testing three (3) times is recommended for asymptomatic individuals' post-exposure typically on days 1, 3, and 5.
- Testing is generally not recommended for asymptomatic individuals who have recovered in the prior **30 days**. An antigen test is recommended for those within 31-90 days of infection.
- Quarantine or work restriction for asymptomatic individuals' post-exposure is no longer recommended, regardless of vaccination status. Contingency and crisis strategies language regarding early return to work for staff has been removed.

Screening/Surveillance Testing: No longer recommend screening/surveillance testing for asymptomatic staff who have not had a recognized exposure.