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Special Bulletin

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CDC Updates COVID-19 Guidance for Health Care Providers

The Centers for Disease Control and Prevention (CDC) Friday, Sept. 23 released updates to certain COVID-19 guidance pertaining to health care providers (HCP). The CDC cites as its rationale for these decisions the high levels of vaccine- and infection-induced immunity, the availability of effective treatment and prevention tools, and the need to streamline and consolidate current guidance. The updates include changes to the following: Infection Control, Potential Exposure at Work and Mitigating Staff Shortages.

Recognizing the staffing challenges facing hospitals and health systems, the agency updated its conventional strategies to advise that, in most circumstances, asymptomatic HCP with higher-risk exposures do not require work restrictions. *This update applies to all HCP, regardless of vaccination status.* As a result of these changes, the contingency and crisis strategies about earlier return to work for this group of HCP was removed. In addition to this change, the updated guidance for CDC also provides recommendations for hospitals and health systems pertaining to mitigating staffing shortages under conventional, contingency and crisis strategies. Additional details on the CDC guidance updates are below.

AHA TAKE

The AHA appreciates CDC's actions to update and consolidate critical guidance pertaining to COVID-19 and HCP. Specifically, we appreciate the agency's recognition of the significant staffing challenges facing America's hospitals and health systems. Providing high-quality, safe and effective care to patients is the top priority for our members, and workforce challenges have the potential to put certain care delivery at risk. This change to the CDC's guidance recognizes those challenges and provides a helpful path forward to balance COVID-19 exposure and infection with the need for ensuring health care professionals can care for patients. Moving forward, we urge the agency to further streamline and simplify its COVID-19 guidance as appropriate to ensure hospitals and health systems have clear understanding of the agency's recommendations and to better align existing CDC approaches to mitigating current challenges related to COVID-19.

Highlights from the updated guidance follow.

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COVID-19 GUIDANCE FOR HEALTH CARE PROVIDERS

Infection Prevention and Control Recommendations for HCP

CDC made changes to several provisions in its infection prevention and control recommendations for HCP during the COVID-19 pandemic. A summary of those updates follows.

Community Transmission as the Metric. Community Transmission is the current recommended metric for health care setting practice guidance for earlier intervention. This metric is different from the COVID-19 Community Level metric used for non-health care settings. Specifically, Community Transmission measures the presence and spread of COVID-19, while Community Levels emphasize the impact of COVID-19 in the community by focusing on information like COVID-19 hospitalizations, which aims to direct the community's collective action to mitigate COVID-19 impact.

Source Control. The agency notes that vaccination status is *no longer used to inform source control, screening testing or post-exposure recommendations.* Source control options for HCP continue to include NIOSH-approved respirators with N95 filters or higher, respirators approved under standards used in countries with requirements similar to NIOSH, barrier facing coverings and well-fitting facemasks.

CDC recommends that hospitals and health systems apply the following guidance with regard to source control under the Community Transmission metric:

- When COVID-19 Community Transmission levels are high, source control is recommended for everyone in a health care setting when in areas of the health care facility where they could encounter patients.
- When COVID-19 Community Transmission levels are **not high**, hospitals and health systems *could choose* not to require universal source control, but source control recommendations remain in place for individuals operating in COVID-19 or suspected COVID-19 environments.

Universal Use of PPE. HCP should follow standard precautions when a patient is not suspected of having COVID-19. However, as community transmission levels increase, the agency notes that the likelihood of encountering asymptomatic or pre-symptomatic COVID-19 patients also will increase. In those instances, providers should consider implementing broader use of respirators and eye protection for HCP while caring for a patient. In addition, providers should consider optimizing the use of their engineering control and indoor air quality to help reduce or eliminate potential HCP exposure of COVID-19 infection.

Testing Frequency and Screening Testing. The agency recommends that anyone, regardless of vaccination status, with even mild symptoms, should receive a viral test as

soon as possible. Please see the following section on managing exposed or infected HCP for additional details.

The CDC also provides updates to recommendations and precautions for the frequency of testing symptomatic and asymptomatic patients being evaluated for COVID-19 infections. In addition, the agency offers recommendations around the use of Transmission-Based Precautions, while noting that asymptomatic patients generally do not require empiric use of Transmission-Based Precautions while being evaluated following a close contact unless the patient is unable to be tested or wear source control, is moderately to severely immunocompromised, resides in a unit with an individual who is moderately to severely immunocompromised or is residing in a unit where COVID-19 transmission is ongoing. Patients placed in Transmission-Based Precautions can be removed from those precautions after day seven following exposure if they have no symptoms and viral testing is negative. For those individuals unable to be tested, they can be removed from the precautions after day 10 if they do not develop symptoms.

Managing HCP with a COVID-19 Infection or Exposure to COVID-19

Higher-Risk Exposure to COVID-19. Under the updated guidance, asymptomatic HCP who have had a higher-risk exposure do not require work restriction, *regardless of vaccination status*, if they do not develop symptoms or test positive for COVID-19. Higher-risk exposures are classified as prolonged close contact with a patient, visitor or other HCP with a confirmed COVID-19 infection *and* the exposed HCP was:

- not wearing an appropriate respirator or facemask; or
- not wearing eye protection if the infected individual was not wearing a facemask; or
- not wearing all recommended PPE while present in the room for an aerosol-generating procedure.

In instances where the criteria above are met, the exposed HCP should have a series of three viral tests for COVID-19. In instances where the exposed HCP recovered from COVID-19 in the previous 30 days, *testing is not recommended*. Testing *should be considered* for those exposed HCP who have recovered from a COVID-19 infection within the prior 31-90 days.

Work restriction is not necessary for asymptomatic HCP following a higher-risk exposure, but should be considered if the HCP:

- is unable to be tested or wear source control for 10 days following exposure;
- is moderately to severely immunocompromised;
- cares for or works on a unit with patients who are moderately to severely immunocompromised; or
- works on a unit experiencing ongoing COVID-19 transmission that is not controlled with initial interventions.

Evaluating HCP with Symptoms of COVID-19 Infection. The CDC makes clear that HCP with even mild symptoms of COVID-19 should be prioritized for viral testing. If using a molecular test, a single negative test is sufficient unless there is additional clinical concern of a COVID-19 infection. Then, providers should consider maintaining work restrictions and confirming the negative result with another molecular test. When using antigen tests, a negative result should be confirmed by a molecular test or a second negative antigen test 48 hours after the initial.

NEXT STEPS

- Please share this Special Bulletin with your leadership team, infection control team, COVID-19 response team, chief compliance officer and other senior management.
- Inform AHA staff of any significant concerns or questions.

If you have further questions, please contact Nancy Foster, AHA's vice president of quality and safety policy, at nfoster@aha.org or Mark Howell, AHA's director of policy and patient safety, at mhowell@aha.org.