



WISCONSIN DEPARTMENT of HEALTH SERVICES

Healthcare-Associated Infections (HAI) Prevention Program

Updated Infection Prevention and Control Guidance for Health Care Settings During the COVID-19 Pandemic

The Centers for Disease Control and Prevention (CDC) released [updated infection prevention and control \(IPC\) guidance](#) for health care settings on September 23, 2022. Per CDC, these updates were prompted by the high level of vaccine and infection-induced immunity and the wide availability of treatments and prevention tools that significantly decrease the risk of severe COVID-19, hospitalizations, and deaths.

The updated guidance continues to apply to all settings where health care is delivered and remains different from [guidance released for the general community](#). Separate, setting-specific guidance documents, such as those for nursing homes, have now been incorporated into the single IPC guidance document for all settings.

It is important to note that health care facilities should continue to use [community transmission](#), not community levels, to inform IPC practices. Many of the new recommendations include considerations for facilities when the community transmission is at high versus non-high levels (substantial, moderate, low).

The guidance provides updates to numerous key IPC practices:

Vaccination Status

- Vaccination status should no longer be used to determine source control, screening testing, or post-exposure (for example, work restrictions, quarantine) recommendations.
- However, the Centers for Medicare & Medicaid Services (CMS) mandate for health care personnel (HCP) vaccination remains in effect for most health care settings. Facilities should review any internal policies or practices that relate to that mandate and may differ from areas in this new guidance, such as routine testing or quarantine.

Source Control

- During times of high [community transmission](#), source control (the use of a respirator or well-fitting face mask to prevent the spread of respiratory secretions) is recommended for **everyone** (staff, patients, residents, and visitors) in health care settings. This means that staff should wear source control in areas where they could encounter patients, residents, or visitors.
- When community transmission is at low, moderate, or substantial levels, health care facilities may choose not to require source control. However, even in those times, source control remains recommended for those who:

- Have suspected or confirmed COVID-19 infection.
- Had close contact with someone with COVID-19 infection for 10 days following last contact.
- Reside or work in an area of the facility experiencing a COVID-19 outbreak.
- Have otherwise had source control recommended by local public health.
- Even if a facility does not require source control, staff, patients, residents, and visitors should be allowed to wear source control based on their personal preferences and individual risks.

Universal Personal Protective Equipment (PPE)

- If COVID-19 infection is not suspected for a patient or resident, HCP should continue to follow [standard precautions](#) when providing care. During times of high community transmission, facilities may also consider the use of:
 - N95 respirators in select risk situations, such as aerosol generating procedures.
 - Eye protection during patient or resident care encounters.

Testing

- A series of three tests is now recommended for asymptomatic individuals following an exposure to someone with COVID-19 infection.
 - Testing is recommended on day 1 (where day of exposure is day 0), day 3, and day 5. This could be either an antigen or PCR test.
- Testing is not recommended for asymptomatic individuals who recovered from COVID-19 infection within the past **30 days**.
 - Testing should be considered for those who recovered in the prior 31-90 days. Antigen tests are recommended when testing those individuals.

Screening Testing

- Asymptomatic routine or screening testing is no longer recommended for HCP who have not had a known exposure to someone with COVID-19 infection, regardless of vaccination status.
- Admission testing in nursing homes is recommended during times of high community transmission. When community transmission is low, moderate, or substantial, admission testing is at the discretion of the nursing home.

Quarantine and Work Restrictions

- Quarantine is no longer recommended uniformly for asymptomatic patients or residents following a COVID-19 exposure.

- Work restrictions are no longer recommended for asymptomatic HCP following a COVID-19 exposure, regardless of vaccination status.
- Following COVID-19 exposure, it remains important to:
 - Monitor for symptoms.
 - Conduct a series of three tests.
 - Use source control for 10 days.
 - Isolate or stay home from work if symptoms develop or test is positive.

Residential Care Settings Other Than Nursing Homes

- In [long-term care settings](#) other than nursing homes, such as assisted living communities or group homes, facilities should use guidance based on the type of care provided for their residents.
 - When facility staff provide only non-skilled care, similar to the type that might be performed by a family member (personal care, oral medication administration, etc.), they may use the [community-focused guidance](#). This may apply to independent living, retirement communities, and similar facilities.
 - However, if facility staff perform skilled care, the guidance for health care settings should be used.
 - Per [Wis. Admin. Code § DHS 145.03 \(11\) and 155.01\(6\)](#), community-based residential facilities (CBRFs) are defined as health care facilities and as such, should follow the health care settings guidance. Additionally, it is recommended that other types of Wisconsin assisted living facilities, including residential care apartment complexes (RCACs) and adult family homes (AFHs), follow health care setting guidance in line with the best practices learned over the past few years for preventing and responding to outbreaks in these congregate care settings.
- Additionally, all HCP (e.g., home health, hospice, contract clinicians) who enter a facility to perform skilled care should also follow the updated IPC guidance for health care settings.
- For specific details and examples of skilled versus non-skilled care, please see the [updated CDC guidance](#).

While there were multiple changes to the health care settings guidance, many practices remain the same, including:

- The guidance for outbreak response.
- The PPE worn by HCP for suspected or confirmed COVID-19 cases.
- The use of community transmission level data, rather than community level data.
- The use of standard precautions at all times.
- The definition of a close contact.

- The duration of isolation.
- The recommendations for certain populations to have a lower threshold for masking, use of precautions, and work restrictions, including those:
 - Unable to be tested or wear source control for 10 days following exposure.
 - Moderately to severely immunocompromised.
 - Who reside or work on a unit:
 - With others who are moderately to severely immunocompromised.
 - Experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions.

Additional Resources

Facilities are encouraged to review CDC's [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) for the full details on each of these changes.

Questions?

Please reach out to the [HAI Program](#).

