

GENERAL INFORMATION

TOPIC	DESCRIPTION	EFFECTIVE DATE	REFERENCE
COVID-19 National Emergency Declaration	On April 10, 2023, the President signed legislation that ended the COVID-19 national emergency. Although the PHE has ended, CMS still expects facilities to adhere to IP&C recommendations in accordance with national standards.	PHE ended 5/11/23	Text - H.J.Res.7 - 118th Congress (2023-2024): Relating to a national emergency declared by the President on March 13, 2020. Congress.gov Library of Congress Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (cms.gov)
Community Transmission Metric	No longer published. Not available for use in determining when broader use of source control may be warranted. Facilities should identify other local metrics or refer to CDC’s Appendix for other options to assist with determination: Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) CDC The CDC web page “United States COVID-19 Hospital Admissions Data, Deaths and Emergency Visits by Geographic Area” will continue to be available through 2024. The page will contain new state and county level hospital admissions data and emergency department visits maps.	Ended 5/11/23	CDC: Interim IP&C Recommendations for Healthcare Personnel During the COVID-19 Pandemic Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) CDC CDC COVID-19 Data Tracker: https://www.covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county
Focused Infection Control Surveys (FIC)	States are required to conduct FIC surveys in 20% of all nursing homes in 2023. They are not required in 2024 but will be used at the discretion of the states for complaint investigations as needed.	Ended 12/31/23	Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (cms.gov) QSO-20-31-All-REVISED (cms.gov)
Infection Preventionist	CMS regulations require the facility to designate one or more individual(s) as the Infection Preventionist(s) (IP). The IP(s) have responsibility for the facility’s Infection Prevention and Control Program. See F882 of SOM, Appendix PP for training, qualifications, specialized training and hours of work.	CMS Regulation Updated with Phase III ROP CDC Recommendations Updated 5/8/23	See F882 of the State Operations Manual, Appendix PP https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsand

	CDC recommends a full time Infection Preventionist for facilities with more than 100 beds, or facilities that provide on-site ventilator or hemodialysis services.		regulations/downloads/appendix-pp-state-operations-manual.pdf CDC Recommendation: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-after-vaccination.html#:~:text=soon%20as%20possible,-,Asymptomatic,-patients%20with%20close
State and Federal Surveyor Access to Facility	LTC facilities are not permitted to restrict access to surveyors.	CMS Guidance Updated 5/8/23	https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

CORE PRINCIPLES OF COVID-19 INFECTION PREVENTION AND CONTROL

Posting Signs at Entrances	Facilities should provide guidance (posted signs) re: actions for visitors who have a positive COVID-19 test, symptoms of COVID-19, or have had close contact with someone with COVID-19. Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria to end isolation. Visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g. cannot wear source control).	CMS Guidance Updated 5/8/23	CDC Guidelines for Isolation and Precautions for People with COVID-19 Isolation and Precautions for People with COVID-19 CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
Hand Hygiene	Use of alcohol-based hand rub is preferred.		
Face Covering or Mask	In accordance with CDC guidance and facility policy. Even when a facility does not require masking for source control, it should allow individuals to use a mask or respirator based on personal preference, informed by their perceived level of risk for infection based on their recent activities and their potential for developing severe disease if they are exposed.		

Post Visual Alerts	Signs and posters at the entrance and in strategic places. These alerts should include instructions about current IP&C recommendations.		
Environmental Cleaning and Disinfecting	Facilities will ensure cleaning and disinfecting of frequently touched surfaces in the facility often.		
Staff Use of Personal Protective Equipment (PPE)	<p>If COVID-19 is not suspected in a newly admitted resident presenting for care (based on symptom and exposure history), healthcare providers should follow Standard Precautions.</p> <p>If COVID-19 is suspected in a newly admitted resident presenting for care (based on symptom and exposure history and testing), Transmission Based Precautions should be implemented.</p> <p>See information re: NIOSH Approved particulate respirators with N95 filters and other options under the section “Source Control and PPE”.</p>		
Resident Cohorting	Facilities should follow CDC Guidance for effective cohorting of residents (separate areas dedicated to COVID-19 care).		
COVID-19 Testing for Residents and Staff	Follow nationally accepted standards/ CDC recommendations. Routine testing is no longer required.		

RESIDENT VISITATION

Nursing Home Visitation, COVID-19, QSO-20-39-NH	<p>Visitation is allowed for all residents at all times. If a resident/resident representative, or visitor is aware of the risks associated with visitation, and the visit does not place other residents at risk, the resident must be allowed to receive visitors as he/she chooses. Visitors should adhere to the “Core Principles of COVID-19 IPC” including hand hygiene and source control. There are situations related to COVID-19 where visitation should be limited except for when visits must be limited to being conducted in the resident’s room.</p>	Guidance Updated 5/8/23	https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf CMS Nursing Home Visitation Frequently Asked Questions (FAQs) https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf
Guidance for Visitors	Facilities should provide guidance to visitors re: recommended actions for visitors who have a positive COVID-19 test, symptoms of COVID-19, or have had close contact with someone who is positive for COVID-19. Visitors who are positive for COVID-19 or have symptoms should defer non-urgent in-person visitation until	Guidance Updated 5/8/23	https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

	isolation period ends. Visitors who have had close contact with someone with COVID-19 should defer non-urgent in-person visitation until 10 days after their close contact.		
Posted Visual Alerts	Facilities are to post signs/posters at the entrance and in strategic places (waiting areas, elevators, cafeteria). The alerts should include instructions re: IPC recommendations (Core Principles of COVID-19 IPC). Facilities should post signs at entrances regarding recommended actions for those with a positive COVID-19 test, have symptoms of COVID-19, or have had close contact with someone who is positive for COVID-19. Visitors who are positive for COVID-19 or have symptoms should defer non-urgent in-person visitation until isolation period ends. Visitors who have had close contact with someone with COVID-19 should defer non-urgent in-person visitation until 10 days after their close contact.	CMS Guidance and CDC Recommendations Updated 5/8/23	https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf CDC Recommendations: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
Screening of All Individuals Entering the Facility	CMS does not require active screening of individuals upon entry. See guidance under "Posted Visual Alerts".	CMS Guidance and CDC Recommendations Updated 5/8/23	https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf CDC Recommendations: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
Visitors Use of Face Coverings and Masks	Visitors should follow facility policy that is based on CDC recommendations, state/local health departments and individual facility circumstances.	CMS Guidance and CDC Recommendations Updated 5/8/23	https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf CDC Recommendations: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html CDC Indicators for Monitoring COVID-19 Community Levels and Making Public Health Recommendations: https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/indicators-monitoring-community-levels.html
Visitor Testing and Vaccination	Facilities are not required to offer testing to visitors, but it is encouraged by CMS if it is feasible. CMS encourages all visitors to stay up to date with COVID-19 vaccinations and facilities should	CMS Guidance Updated 5/8/23	https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

	educate visitors re: vaccination. Visitors are not required to be tested or vaccinated (or show proof of) as a condition of visitation.		
Indoor Visitation During an Outbreak Investigation	If a resident or their representative would like to visit during an outbreak investigation, the visit should ideally occur in the resident's room, the resident and visitor should wear a well-fitting mask (if tolerated) and physically distance (if possible) during the visit. Visitor movement within the facility should be limited – they should go directly to the resident's room or designated visitation area.	CMS Guidance Updated 5/8/23	https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf
Access to Residents by Long-Term Care Ombudsman, Protection and Advocacy Representatives	Must be given immediate access. Should be made aware of the potential risk of visiting and the visit should take place in the resident's room. If alternative communication is requested, the facility should facilitate an alternative method through telephonic or virtual communication with technology. The facility is required to comply with federal disability rights laws such as providing a clear mask for individuals who are deaf/hard of hearing. Facility must allow an interpreter to enter the facility if needed for effective communication.	CMS Guidance Updated 5/8/23	https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf
Entry by Other Healthcare Workers	All healthcare workers must be permitted to enter the facility as long as they are not subject to a work exclusion per CDC Guidelines. This includes EMS personnel, and healthcare workers assisting with transition into the community. All healthcare workers should adhere to the core principles of COVID-19 infection prevention.	CMS Guidance Updated 5/8/23	CDC Guidelines for Managing Healthcare Personnel with COVID-19 Infection or Exposure https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Freturn-to-work.html https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf
Visitation with a COVID-19 Positive Resident	Should be encouraged to limit in-person visitation while infectious. Residents and visitors must be counseled regarding the risk. Alternative mechanisms for visitation should be encouraged. If visitation occurs, the visitor must be provided with instruction on hand hygiene, PPE and limiting surfaces touched. Visitors	CDC Guidance Updated 5/8/23	CDC Interim IPC Recommendations for COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-

EMERGENCY PREPAREDNESS			
Emergency Preparedness, One-Year Exemption Allowed During/After an Actual Emergency	Facilities are to return to normal operating status and comply with EP requirements. Facilities must conduct a full-scale exercise within its annual cycle for 2023 and an exercise of choice.	EP Requirements Resume 5/11/23	Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (cms.gov)
1135 EMERGENCY WAIVERS AND FLEXIBILITIES, INTERIM FINAL RULES, FINAL RULES			
3-Day Prior Hospitalization, 1135 Emergency Waiver and One-Time renewal of Part A benefit period without 60-day wellness period.	All SNF stays beginning 5/12/23 will require a qualifying hospital stay before Medicare coverage. Any new benefit period beginning after 5/12/23 must have a completed 60-day wellness period.	Waiver ended 5/11/23	Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (cms.gov)
1135 Emergency Waiver: Alcohol-Based Hand-Rub (ABHR) Dispensers	The requirement that ABHR dispensers are installed in a manner that adequately protects against inappropriate access resumes 5/12/23.	Waiver ended 5/11/23	CFR 42 CFR 483.90(a) Physical Environment eCFR :: 42 CFR 483.90 -- Physical environment. Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (cms.gov)
1135 Emergency Waiver: Preadmission Screening and Annual Resident Review: (PASARR)	The waiver allowing nursing homes to admit new residents who had not received Level I or Level II Preadmission Screening ends 5/11/23.	Waiver ended 5/11/23	Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (cms.gov)
1135 Emergency Waiver: Resident Roommates and Grouping	The waiver for the requirement to provide advance notice prior to room or roommate changes to allow for quick implementation of TBP and to cohort residents with COVID-19 or exposure/potential exposure ends 5/11/23. Surveyors may review to determine if residents who were moved under these circumstances were offered the option to return to their original room or to stay in the new room, depending on room availability.	Waiver ended 5/11/23	Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (cms.gov)
1135 Emergency Waiver:	The waiver for the requirement to provide advance notice of options relating to transfer/discharge to another facility and	Waiver ended 5/11/23	

Resident Transfer and Discharge	written notice before transfer/discharge to allow for quick implementation of TBP and to cohort residents with COVID-19 or exposure/potential exposure ends 5/11/23. Surveyors may review to determine if residents who were transferred to a different facility were given the option to move back to the original facility or stay in the new facility, depending on room availability.		Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (cms.gov)
1135 Emergency Waiver: Nurse Aide Training Competency and Evaluation Programs (NATCEP)	CMS ended this waiver in June 2023. Tennessee was approved for a time-limited extension of the waiver through April 5, 2023. The requirement was waived that prevents a SNF and NF from employing a nurse aide for more than four months unless they meet training and certification requirements. Uncertified nurse aides must complete a state approved NATCEP program or, if qualified, successfully challenge the exam by the end of four months following the end of the states' waiver, August 3, 2023.	NAs/TNAs must be certified by August 3, 2023	Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (cms.gov) Challenge-Application-Instructions.pdf (tn.gov)

REPORTING COVID-19 CASES AND VACCINATION STATUS

CMS-1747-F: COVID-19 Reporting Requirements for Long-Term Care Facilities 2021-23993.pdf (govinfo.gov)	All LTC facilities are required to report COVID-19 information using the CDC NHSN. The requirement to report was extended and is set to terminate December 31, 2024.	CDC NHSN C19 reporting continues through 12/31/24	Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (cms.gov) eCFR :: 42 CFR 483.80 -- Infection control.
CMS-1747-F: COVID-19 Reporting Requirements for Long-Term Care Facilities 2021-23993.pdf (govinfo.gov)	CMS is exercising enforcement discretion and will not expect providers to meet the requirement of reporting COVID-19 information to residents, their representatives, and facilities.	Requirement ended 5/1/23	Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (cms.gov)
CMS-1747-F: COVID-19 Reporting Requirements for Long-Term Care Facilities, COVID-19 Vaccine Status of Residents and Staff	Facilities are required to report the COVID-19 vaccination status of residents and staff through CDC NHSN. The requirement is permanent and will continue indefinitely unless additional regulatory action is taken.	Permanent Requirement	Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (cms.gov)

2021-23993.pdf (govinfo.gov)			
COVID-19 TESTING REQUIREMENTS			
Routine Testing of Residents and Staff of LTC Facilities 2020-19150.pdf (govinfo.gov)	Requirement ends with the end of the PHE. CMS expects facilities to conduct COVID-19 testing in accordance with accepted national standards such as CDC recommendations. Noncompliance will be cited at F880, Infection Prevention and Control Program in accordance with accepted national standards.	Requirement ended 5/11/23	Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) (cms.gov)
Testing for New Admissions and Readmissions	Admission/Readmission testing is at the discretion of the facility. NOTE: Residents who have been out of the facility for more than 24 hours or longer should generally be managed as an admission.	CDC Guidance Updated 5/8/23	CDC Interim IPC Recommendations for COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-after-vaccination.html#:~:text=soon%20as%20possible,-,Asymptomatic,-patients%20with%20close
Testing Post Exposure for Residents and Staff, Series of Three Testing Methodology	Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative 48 hours after the first negative test and, if negative, again in 48 hours after the second negative test. Typically at day 1, day 3 and day 5 (exposure day is day 0).		
Validation of Negative Test Results	If using NAAT molecular, a single test is usually sufficient to confirm a negative. If highly suspicious for infection, maintain work restriction/isolation and obtain a second NAAT. If using an antigen test, confirm a negative with a negative NAAT or a second negative antigen taken 48 hours after the first negative.		
Testing After Recovery From COVID-19	Testing is generally not recommended for asymptomatic people who have recovered from COVID-19 in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days, however, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. (Some people may remain NAAT positive but not be infectious during this period).		
OUTBREAK RESPONSE			

Outbreak Investigation Methodology	Involves either contact tracing or a broad-based approach (entire unit, floor, or other area). A broad-based approach is preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.	CDC Guidance Updated 5/8/23	CDC Interim IPC Recommendations for COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-after-vaccination.html#:~:text=soon%20as%20possible,-,Asymptomatic,-patients%20with%20close
Outbreak Investigation Initiation	A single new case of COVID-19 in any healthcare worker or resident should be evaluated to determine if others in the facility could have been exposed.		
Outbreak Testing Procedure	Perform testing for all HCP and residents identified as close contacts or on the affected unit(s), regardless of vaccination status. <ul style="list-style-type: none"> • Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative 48 hours after the first negative test and, if negative, again in 48 hours after the second negative test. Typically at day 1, day 3 and day 5 (exposure day is day 0). • Source control should be worn by all who are being tested If no additional cases are identified, no further testing is indicated.		
Testing, Recovered in Last 30 Days	Testing is generally not recommended for asymptomatic people who have recovered from COVID-19 in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended.		
Outbreak Investigation Exclusions	An outbreak investigation is NOT triggered for: <ul style="list-style-type: none"> • A known COVID-19 positive resident admitted directly into TBP • A resident known to have close contact with someone with COVID-19 is admitted directly into TBP and develops COVID-19 before TBP is discontinued. 		
QUARANTINE, ISOLATION, COHORTING			

<p>New Admissions and Readmissions</p> <p>NOTE: <i>Residents who have been out of the facility for 24 hours or longer should generally be managed as an admission</i></p>	<p>Empiric use of Transmission-Based Precautions is generally not necessary for new admissions/readmissions or for residents who leave the facility for less than 24 hours unless they are suspected or confirmed to have COVID-19 infection.</p>	<p>CDC Guidance Updated 5/8/23</p>	<p>CDC Interim IPC Recommendations for COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-after-vaccination.html#:~:text=soon%20as%20possible,-.Asymptomatic,-patients%20with%20close</p>
<p>Residents with Symptoms of COVID-19, Negative Test</p>	<p>Empiric Transmission-Based Precautions must be initiated. The resident should not be cohorted with residents with confirmed COVID-19 unless they are confirmed to have COVID-19 through testing.</p> <p>DURATION OF EMPIRIC TBP: The decision to discontinue empiric TBP by excluding the diagnosis of current SARS-CoV-2 infection for a patient with symptoms of COVID-19 can be made based upon having negative results from at least one viral test.</p> <ul style="list-style-type: none"> • If using NAAT (molecular), a single negative test is sufficient in most circumstances. If a higher level of clinical suspicion for SARS-CoV-2 infection exists, consider maintaining Transmission-Based Precautions and confirming with a second negative NAAT. • If using an antigen test, a negative result should be confirmed by either a negative NAAT (molecular) or second negative antigen test taken 48 hours after the first negative test. 		
<p>Asymptomatic Residents Following Close Contact with someone with COVID-19</p>	<p>In general, asymptomatic residents who have been exposed to someone who is positive for COVID-19 do not require empiric TBP while being evaluated. Should wear source control and should be tested, unless they have recovered from COVID-19 in the prior 30 days. See section: COVID-19 TESTING REQUIREMENTS</p> <p>EXCEPTION FOR ASYMPTOMATIC RESIDENTS: Empiric TBP may be considered for these residents in situations such as the following:</p> <ul style="list-style-type: none"> • Resident is unable to be tested or wear source control • Moderately to severely immunocompromised • Resides on a unit with others who are immunocompromised 		

	<ul style="list-style-type: none"> Residents on a unit with an outbreak of COVID-19. <p>DURATION OF EMPIRIC TBP:</p> <ul style="list-style-type: none"> May be removed after day 7 following the exposure if no symptoms developed and viral testing is negative. The day of exposure counts as day 0. May be removed after 10 days if viral testing is not performed if no symptoms have developed. 		
Residents Who Are Positive for COVID-19	<p>Private room with the door closed (if safe) with dedicated bathroom if possible.</p> <p>COHORTING: Only residents with the same respiratory pathogen should room together. Also consider MDRO colonization status/other communicable diseases. Consider a dedicated COVID-19 unit with dedicated staff. Limit movement outside of room. Communicate positive status to receiving departments/facilities.</p> <p>DURATION OF PRECAUTIONS: See Section “Duration of Transmission-Based Precautions”</p>		
DURATION OF TRANSMISSION BASED PRECAUTIONS, COVID-19 POSITIVE RESIDENT			
Conditions Influencing the Duration of Transmission Based Precautions	<ul style="list-style-type: none"> Severity of symptoms Presence of Immunocompromising Conditions If symptoms recur (rebound), the resident should be placed back into isolation until they again meet the criteria to discontinue TBP In general, residents who are hospitalized for COVID-19 should be maintained in TBP for the period described for patients with severe to critical illness Residents should continue to wear source control until symptoms resolve or, for asymptomatic residents, until they meet criteria to end isolation, then will revert back to facility policy for source control for residents. 	CDC Guidelines Updated May 8, 2023	CDC Interim IPC Recommendations for COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-after-vaccination.html#:~:text=soon%20as%20possible,-,Asymptomatic,-patients%20with%20close
Duration of TBP for residents with Mild to Moderate Illness, Not	<ul style="list-style-type: none"> At least 10 days have passed since symptoms first appeared AND, At least 24 hours have passed since last fever without the use of fever-reducing medications, AND, 		




Moderately to Severely Immunocompromised	<ul style="list-style-type: none"> • Symptoms have improved 		
Duration of TBP for Asymptomatic Residents, Not Moderately to Severely Immunocompromised	At least 10 days have passed since the date of their first positive viral test.		
Duration of TBP for Residents with Severe to Critical Illness, Not Moderately to Severely Immunocompromised	<ul style="list-style-type: none"> • At least 10 days and up to 20 days have passed since symptoms first appeared, AND, • At least 24 hours have passed since last fever without the use of fever-reducing medications, AND, • Symptoms have improved • May use test based strategy, see below 		
Duration of TBP for Moderately to Severely Immunocompromised Residents	<ul style="list-style-type: none"> • Use Test Based Strategy for Discontinuing TBP • Consult with Infectious Disease Specialist 		
Test-Based Strategy for Symptomatic Residents	<ul style="list-style-type: none"> • Resolution of fever without the use of fever-reducing medications, AND, • Symptoms have improved, AND, • Negative test result from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) using an antigen test or NAAT 		
Test-Based Strategy for Asymptomatic Residents	<ul style="list-style-type: none"> • Negative test result from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) using an antigen test or NAAT 		



ENVIRONMENTAL INFECTION CONTROL

Medical Equipment	Dedicated medical equipment should be used when caring for a COVID-19 positive resident or a resident who is suspected to be positive. All non-dedicated, non-disposable equipment should be cleaned and disinfected according to manufacturer's instructions and facility policy before being used on another resident.	CDC Guidance Updated 5/8/23	CDC Interim IPC Recommendations for COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-
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			recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-after-vaccination.html#:~:text=soon%20as%20possible,-.Asymptomatic,-patients%20with%20close
Routine Cleaning and Disinfection Procedures	Refer to List N on the EPA website for disinfectants that kill COVID-19. The disinfectant should also be appropriate for other pathogens of concern at the facility.		EPA List N https://www.epa.gov/coronaviruses/about-list-n-disinfectants-coronavirus-covid-19-0
Management of Food, Laundry, Food Service Utensils and Medical Waste	Should be performed in accordance with routine procedures. There are no special handling requirements. Red Bag waste includes items that meet the OSHA definition of biohazardous waste.		CDC Interim Infection Control Recommendations for COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-after-vaccination.html#:~:text=soon%20as%20possible,-.Asymptomatic,-patients%20with%20close
Vacated Room of COVID-19 Positive Resident	Once a COVID-19 positive resident has been discharged from a room, EVS personnel should refrain from entering the vacated room without all PPE until sufficient time has elapsed for enough air exchanges to remove potentially infectious particles. After the time has elapsed, the room should undergo appropriate terminal cleaning.		Airborne contaminant removal Clearance Time https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1

ENGINEERING CONTROLS AND INDOOR AIR QUALITY			

Shielding Healthcare Providers	May use physical barriers at the receptionist's desk or other triage locations to reduce or eliminate potential exposure.		CDC Guidelines for Environmental Infection Control in Health Care Facilities https://cdc.gov/infectioncontrol/guidelines/environmental/background/air.html
Communal Areas, Avoid Overcrowding	Limit crowding in communal spaces such as the dining room or activities room.		
Indoor Air Quality and Ventilation	The CDC recommends exploring options to improve ventilation delivery and indoor air quality in patient rooms and all shared spaces. Guidance on ensuring that ventilation systems are operating properly, and other options for improving indoor air quality, are available in the Reference section of this document.		American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) https://ashrae.org/technical-resources/bookstore/health-care-facilities-resources CDC Guidelines for Ventilation in Buildings https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html
SURVEY FORMS			
Survey Documents List: TN Health Facilities Commission	List of documents requested by surveyors on day 1 of the survey revised by TN Health Facilities Commission. Documents requested of facilities with Secured Units has been combined with the Survey Documents List. The list is now consistent across all three survey regions in Tennessee. The Alzheimer's Unit staffing grid is unchanged. It is requested by surveyors when conducting surveys of facilities with Alzheimer's Units.	Revised 5/10/23	 Alzheimer's staffing grid.pdf  Additional LTC Survey Documents - F
CMS Survey Entrance Conference Worksheet Revision	Phone number for the medical director is now required within one hour of surveyor entrance. <u>Changes to the Entrance Conference Worksheet include:</u>	Form Revised May 2023 Facilities should verify they have the most	 Entrance Conference Form.pdf

	<p>1. The removal of the following items:</p> <ul style="list-style-type: none"> • A list of residents who are confirmed or are suspected cases of COVID-19. • Name of facility staff responsible for overseeing the COVID-19 vaccination effort. • The facility's mechanism(s) to inform residents, their representatives, and families of confirmed or suspected COVID-19. • Documentation related to COVID-19 testing. • List of residents and their COVID-19 vaccination status. • The staff responsible for notifying all residents, representatives, and families of confirmed or suspected COVID-19 cases in the facility. This is consistent with QSO-23-13-ALL where CMS stated they will use enforcement discretion and not expecting providers to meet the requirement at F885. 	<p>recent version of the form. In the bottom corner 5/2023 should be visible.</p>	
<p>CMS Survey Entrance Conference Worksheet: Arbitration Agreements</p>	<p>The surveyor will now request to see a list of only residents <i>who currently reside in the facility</i> and have entered into a binding arbitration agreement. Previously, a list was requested for all residents who had entered into a binding arbitration agreement, regardless of if they were a current resident.</p>	<p>Revised May 2023</p>	 Entrance Conference Form.pdf
<p>Infection Prevention, Control, and Immunization CE pathway CMS Form 20054 (5/2023)</p>	<p>Changes to the Infection Prevention, Control and Immunization CE Pathway include:</p> <ol style="list-style-type: none"> 1. Requirements to review employee COVID-19 vaccination information was significantly reduced. 2. Requirements to review source control were changed to only require surveyors to ensure source control is in accordance with national standards. 3. Surveyors are only required to ensure COVID-19 testing is in accordance with national standards. 4. Surveyors must ensure facility residents and staff were offered and educated on any potential risks of receiving the COVID-19 vaccination. 	<p>Updated May 2023</p>	 CMS-20054 Infection Prevention Control an

	5. Surveyors must ensure visitors were educated of the potential risk, before visiting residents on Transmission Based Precautions.		
Survey Resource Documents Zip File	The Zip file “Survey Resource Documents” contains all federal survey forms, checklists and critical element pathways (CEP).	Updated May 2023	https://www.cms.gov/files/zip/survey-resources-05/16/2023.zip?cm_ven=ExactTarget&cm_cat=5-12%20Member%20Email&cm_pla=Marks%20Memos%202023%20Marketing%20List&cm_ite=survey%20resource%20documents&cm_lm=1645658553&cm_ainfo=

SOURCE CONTROL AND PERSONAL PROTECTIVE EQUIPMENT

Options for Health Care Providers	<ul style="list-style-type: none"> • A NIOSH Approved particulate respirator with N95 filters or higher. • A respirator approved under standards used in other countries that are similar to NIOSH Approved N95 filtering facepiece respirators (these should not be used instead of a NIOSH Approved respirator when respiratory protection is indicated • A barrier face covering that meets ASTM F3502-21 requirements including Workplace Performance and Workplace Performance Plus masks; OR • A well-fitting facemask <p>NOTE: When used solely for source control, any of the above options may be used for an entire shift unless they become soiled, damaged, or hard to breath through. If they are used during the care of a COVID-19 positive resident, or for someone on droplet precautions, they should be removed and discarded after the patient care encounter.</p>	Guidance Updated 5/8/23	Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) CDC
Recommended Use of Source Control for HCP	Source control is recommended for individuals in healthcare settings who:		

	<ul style="list-style-type: none"> • Have suspected or confirmed COVID-19 infection or other respiratory infection (runny nose, cough, sneeze) • Had close contact or a higher risk exposure with someone who is positive for COVID-19, for 10 days after the exposure 		
Recommendations for Broader Use of Source Control	<p>Source control is recommended more broadly in the following circumstances:</p> <ul style="list-style-type: none"> • For those working or residing on a unit or area of the facility experiencing a COVID-19 outbreak/other respiratory infection outbreak • Use it facility-wide or, based on a facility risk assessment, targeted toward higher risk areas or pt populations during periods of higher levels of community COVID-19 or other virus transmission. • Have otherwise had source control recommended by public health authorities i.e. when COVID-19 hospital admission levels are high • When COVID-19 transmission in the community increases 		
Use of NIOSH Approved Particulate Respirators with N95 Filters or Higher	<p>Use an N95 mask:</p> <ul style="list-style-type: none"> • All aerosol-generating procedures • Any situation where additional risk factors for transmission are present 		
Eye Protection: Goggles or Face Shield that covers the front and sides of the face	Implement broader use as COVID-19 transmission in the community increases		

GUIDANCE FOR WORK RESTRICTIONS FOR PROVIDERS WITH COVID-19 AND HIGH-RISK EXPOSURES

High Risk Exposure of HCP, Asymptomatic	<p>Work restriction is generally not required, regardless of vaccination status, as long as they do not develop symptoms or test positive for COVID-19.</p> <p>Work restriction may be considered when:</p> <ul style="list-style-type: none"> • HCP cannot be tested or wear source control for 10 days; • HCP is moderately to severely immunocompromised; 	CDC Guidance Updated 9/23/22	<p>CDC Guidance for Managing Healthcare Personnel with COVID-19 Infection or Exposure</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html</p>
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	<ul style="list-style-type: none"> HCP works on unit with immunocompromised pts. or on a unit with ongoing transmission;, 		
HCP Return To Work Criteria After Exposure	<p>If work restriction is recommended, HCP could return to work after day 7 following the exposure (day 0) if no symptoms develop and all viral testing is negative.</p> <p>If testing is not performed, HCP can return to work after day 10 following the exposure day (0), if no symptoms develop.</p>		
HCP with Symptoms of COVID-19	<p>HCP with even mild symptoms should be prioritized for viral testing with nucleic acid or antigen detection assays.</p> <ul style="list-style-type: none"> Negative results from at least one viral test indicate the person most likely does not have an active COVID-19 infection. If using NAAT, a single negative test is sufficient. If a higher level of clinical suspicion for COVID-19 infection exists, consider maintaining work restrictions and confirming with a second negative NAAT. If using an antigen test, a negative result should be confirmed by either a negative NAAT or second negative antigen test taken 48 hours after the first negative test. 		
Return to Work Criteria for HCP with COVID-19: Mild to Moderate Illness, Not Moderately to Severely Immunocompromised	<p>May return to work after the following criteria are met:</p> <ul style="list-style-type: none"> At least 7 days have passed since symptoms first appeared if a negative viral test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7, AND At least 24 hours have passed since last fever without the use of fever reducing agents, AND Symptoms have improved 		
Return to Work Criteria for HCP, Asymptomatic, Not Moderately to Severely Immunocompromised	<p>May return to work after the following criteria are met:</p> <ul style="list-style-type: none"> At least 7 days have passed since the date of the first positive test, if a negative viral test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7) Either a NAAT or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later 		

<p>Return to Work Criteria for HCP, Severe to Critical Illness, Not Moderately to Severely Immunocompromised</p>	<p>May return to work after the following criteria are met:</p> <ul style="list-style-type: none"> • At least 10 days and up to 20 days have passed since symptoms first appeared, AND • At least 24 hours have passed since the last fever without the use of fever-reducing medications, AND, • Symptoms have improved <p>See CDC Guidelines for Test-Based Strategy</p>		
<p>Return to Work Criteria for HCP, Moderately to Severely Immunocompromised</p>	<p>May produce replication-competent virus beyond 20 days after symptom onset, or for those who were asymptomatic throughout their infection, the date of their first positive test.</p> <p>See CDC Guidelines for Test-Based Strategy</p>		
<p>High Risk Exposure Defined</p>	<p>HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19 infection AND,</p> <ul style="list-style-type: none"> • HCP was not wearing a respirator • HCP was not wearing eye protection if the person with COVID-19 was not wearing a cloth mask or facemask • HCP was not wearing all recommended PPE while present in the room with an aerosol-generating procedure <p>An exposure of 15 minutes or more is considered prolonged. This could refer to a single 15-minute exposure to one infected individual or several briefer exposures to one or more infected individuals adding up to at least 15 minutes during a 24-hour period.</p> <p>Any duration should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure.</p> <p>Distance: within six feet of a person with confirmed COVID-19 or, having unprotected direct contact with infectious secretions or excretions of the person with COVID-19.</p> <p>Exposures in confined spaces with poor ventilation can be significant and can occur in less time and greater distance.</p>		
<p>Return to Work Criteria for HCP Exposed to</p>	<p>The exposed HCP should:</p> <ul style="list-style-type: none"> • Have a series of three viral tests 		

Individuals with Confirmed COVID-19	<ul style="list-style-type: none">• Testing is recommended immediately, but not earlier than 24 hours after the exposure. If the first test is negative, test again in 48 hours after the first negative test, and, if negative again, test again 48 hours after the second negative test.		
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