

CDC Updates COVID Guidelines for Nursing Homes

Article
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The federal government this week issued updated guidelines to nursing homes for COVID-19 prevention and control, including new recommendations regarding visitation, physical distancing, and quarantining.

In issuing the updated **recommendations** on March 29, the Centers for Disease Control and Prevention stressed that even as nursing homes relax restrictions they must remain vigilant for COVID infection and keep following their core practices for infection prevention and control (IPC).

The updated guidance, which applies regardless of a nursing home's level of vaccination status, includes the following recommendations:

Source control – Everyone in a health care facility should continue to wear “source control” – well-fitting masks, facemasks, or respirators to cover the mouth and nose – even if they do not have COVID symptoms. Residents should wear source control when around others and whenever they leave their room, unless they cannot tolerate wearing a mask safely. Staff should wear source control at all times inside the facility. If visitors are allowed, including contractors and delivery personnel, they should wear source control while inside.

Physical distancing – Although resident care usually involves being close, physical distancing – at least 6 feet – remains an important strategy. For residents who do not have suspected or confirmed COVID infection and have not had close contact with a COVID-infected person, nursing homes can consider communal dining and group activities at the facility, as well as social excursions outside the facility. These activities should include physical distancing, source control, and frequent hand hygiene. For outside excursions, residents and families should be educated about the potential risks of public settings and reminded to avoid crowds and poorly ventilated spaces. Remind staff to practice distancing and wear source control in break rooms and common areas.

Visitation – Have a facility plan for managing visitation, including restrictions when necessary. Send letters or emails to families advising of restrictions. Post signs at entrances advising visitors to check in to be assessed for symptoms before entering. Ask visitors to say whether they have developed a fever or COVID symptoms within 14 days of visiting. When visitation is restricted facilitate

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alternatives, such as video conferencing.

Vaccinations – The CDC “continues to stress” the importance of accepting vaccination when offered.

Infection prevention and control – Assign one or more people with training in infection control to manage the IPC program. Provide necessary supplies, including personal protective equipment (PPE), hand hygiene, and environmental cleaning and disinfection. Educate residents, staff, and visitors about precautions they should take, and those which the facility is taking. Notify staff, residents, and families about outbreaks and report COVID infection, staffing, and testing supply information to public health authorities.

Evaluating and managing staff – Ensure staff entering the facility are assessed for symptoms or close contact. Symptomatic staff should be excluded from work. Asymptomatic staff who report close contact might have to be excluded. Implement flexible, non-punitive sick leave policies so staff can stay home when sick. Be prepared and plan for potential staff shortages.

Evaluating and managing residents – Evaluate residents at least daily for fever and COVID symptoms. Ideally, residents with a suspected infection should be moved to a single-person room pending test results. Residents should be placed in a COVID unit only if they have confirmed infection. Residents who have had close contact should be in quarantine, in a single room, for 14 days after exposure. They can leave quarantine after 14 days without fever or symptoms.

New residents – New residents with confirmed infection who have not met the criteria for discontinuation of Transmission-Based Precautions should be in the designated COVID unit. With some exceptions, other new admissions and readmissions should be in 14-day quarantine, even if they have a negative test on admission. These recommendations also apply to residents who leave the facility for 24 hours or more.

Residents who leave for less than 24 hours – Remind them to follow IPC practices including source control, physical distancing, and hygiene, and to encourage the people they’re with to do the same. Usually, quarantine is not recommended upon return if the residents have not had close contact, unless a risk assessment reveals uncertainty about whether they and those around them have followed IPC measures.

New infection among staff or residents – A single new infection among staff or a single facility-onset infection in a resident should be evaluated as a potential outbreak. Consider monitoring residents each shift, rather than daily. Implement facility-wide testing and other precautions, including staff using high-level PPE, generally restricting residents to their rooms and perhaps halting social activities and communal dining. Recommended precautions should be continued for residents until there are no new infections for 14 days.

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