

Centers for Medicare & Medicaid Services  
COVID-19 National Nursing Home Stakeholder Call:  
Infection Prevention and Control Recommendations  
With the Centers for Disease Control and Prevention  
Thursday, April 29, 2021 4pmET

Audio of this transcript:

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Please stand by for real-time captions. Good afternoon or when. I am Jean Moody Williams. I wanted to get us together today, as I know, there have been a few moving parts and new guidance and questions, and it's always good when we can come together with the subject matter experts particularly that we have today from the CDC and CMS. They will address your questions to the extent that we can in real time. First just a reminder that the 2022 skilled nursing facility PPS proposed rule remains open for comment. And of course it includes updates of the Medicare payment policy and rates for skilled nursing facilities under the snip BPS for FY 2022. As well as proposals for the quality reporting program. And the value-based purchasing program for 2022. In particular, I just wanted to call out that the consolidator of appropriations act of 2021, included a provision to allow the secretary to expand the number of program quality measures up to 10, and that it's respect to payment in FY 2024, and that can include various measures of functional status patients, can safety care coordination, or, patient expense. So if you haven't taken a look at that, please do. We are seeking your input on which of these quality measures should be considered under the state expanded BB people are grim. We know this will impact many of you, and sincerely want to hear from you as we give our thoughts to policymaking.

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You are also to request information and their related to issues of equity, and we are seeking comment on providing feedback to providers using imputation methodology when information about race and ethnicity is not readily available as well as potential use of what we're calling the health equity scoring. And, lastly, there is a RFI about best healthcare interoperability resources better known as fire in support of digital quality measurements. So, those are also things as we look forward to the future, of getting your input on. So, today though, we're coming as a follow-up. Last week of course we focused on the J&J vaccine suspension which of course has been lifted. But we also received a number of questions on visitation. And we said that we would address that this week as we were anticipating the release of the guidelines by CDC which in fact was released earlier in the week.

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So we promised to reconnect. And we know that announcements, this announcement in particular brings a wealth of news, as a matter fact, but it also can generate a number questions, that are in the guidelines at a very high level. We talk about the good news of the vaccinated residents will allow them

to touch and embrace vaccinated visitors with mass and presents vaccinated residents to participate in group activities and to dine with other vaccinated residents without a mask without social distancing.

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And there are other precautions in there, as it relates to infection prevention and control. And so, we've already heard about the heartwarming stories of people being able to touch that haven't for a while. So, that is great news. But, without operationalizing this, so it can be challenging. For the very scenarios that you made, we are running into and so that is what we want to spend some of our time with today. There were also a few unanswered PPE questions from last week. So the first thing I'm going to do is turn it over to my CDC colleagues to begin addressing the PPE questions, Kara. And then we will go to the guidelines. So, let me turn it to you Kara.

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Yes, thank you so much. So I'm Kara Jacobs Slifka, at the prevention and response branch at CDC. They we have got a lot questions asking about PPE. This is related to universal source control and eye protection or have asked about our guidance or PPE and outbreak settings, so I wanted to take this opportunity to just run through some of this information with you all. So, CDC does have recommendations in place for universal PPE use.

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If your facility is in an area with moderate to substantial community transmission, maybe your community is seeing a pretty large scale transformation and greater the 5% test positivity rate in your county, CDC does recommend healthcare approved respirators and respirators under standards that are approved that are similar to nine in 95. Or facemasks, while you were in the facility for resident care. So rather resident care. Another question, is where we get a lot of questions such as goggles, or a facial because the front or sides of the face should be one during resident care encounters. And this is because, in communities with this level of transmission, the risk of encountering and a cement back, or pre-symptomatic is bound to be greater. If your facility, though, is in an area where there is little to no community transmission that's happening, the decisions on PPE's would really be based on participated our anticipated exposures are suspected and confirm diagnosis and in addition to the well fitted facemasks resource control. CDC recommended in that full PPE, and when I say full PPE I mean in 95 and high level respirators, the eye protection we mentioned, gown and gloves are used by healthcare personnel when they are caring for residents with suspected or confirmed stars COVID-19 infection. The same full PPE is recommended for away residents who are in quarantine. If they had close contact with someone with starves called to infection, and then the other piece of wanted to add related outbreaks is because during this pandemic we have seen unrecognized infections among residents, CDC recommends that you evaluate even a single new case of infection, either in healthcare personnel, or nursing helm onset infections as a potential outbreak.

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And I will share that we've been observing some judges more recently and what these outbreaks are looking like and are actively talking about updates to guidance, but our current guide is right now, which has not yet changed, is that facility wide testing of all healthcare personnel and residents, begins. And

that healthcare personnel are caring for residents using that full PPE. And the repeat testing and PEP E use should continue until no positive results have been identified for at least 14 days.

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The other piece of it to make sure I added is that, there are states that may have their own specific guidance as well, which is too important to be aware. And that may also be changing.

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And I think those are some, the main important updates I wanted to share. I hope we will answer some of the common questions in the coming weeks about PPE.

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I said that people are putting questions of the check, in the Q&A section, so I'd like to encourage you to continue to do that, and what we'll try to do throughout this time that we have is put answers into the Q&A section so that everybody can see that. So please continue to do that. We'll also get to some of them live as well.

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So, with that, we will continue on now, and get an overview of the updated perfection and convention control in response to COVID-19 vaccines nations. Back to you, Kara.

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Thank you. So yes, as has been mentioned, CDC released updated guidance. This is our healthcare infection prevention and control recommendations in response to COVID-19 vaccines this week on Tuesday. And, these are updates to guidance that CDC had initially put out a couple of weeks back. That provide recommendations for implementation, for communal activities, former work restriction and quantities as well as testing in healthcare settings.

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And it is CDC's contagion to update this guidance as we go forward and continue to learn more in this post vaccination healthcare settings.

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So a couple of, and then run through a couple of the important updates. Or some of the major updates that happened in this guidance. One of them is, do we have that is something rich to the guidance that is specific to individuals who are immunocompromised. As there is limited data on vaccine protection in this population.

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So, in general, infection control recommendations for unvaccinated individuals should continue to be followed when you are preparing for fully vaccinated individuals who have immunocompromised conditions, and in the guidance the details of the guidance, there are numerous examples of some of the specific immunocompromised or severely immunocompromised conditions.

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So, we've also had some clarifications to the definition of fully vaccinated. There's currently no post vaccination time limit on fully vaccinated status.

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There is no, there's no end date, like we might have for example, we talk about 90 days post natural infection at this point, at this point there's no time limit.

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There is an additional set of details to this guidance about physical distancing, and about source control. This is something that Jeannie mentioned at the beginning of the call. Depending on the residence, and the visitors vaccination status, so when the residence, when residents and all of their visitors are fully vaccinated, and they are alone, in their visitation, those residents and visitors can choose to have close contact including touch and not where source control. So essentially, they don't need to distance, they don't need to wear their masks. But, if visitors are for it, but you know, when they come into the building and are walking to see their family, or their friend, they should continue to where source control and distance themselves from other residents of the building, other visitors, other healthcare personnel, or are part of the group while they're in the facility. And then, if either the residence, or any of their visitors are not fully vaccinated, the second's approach is to maintain physical distancing and to where source control. But for you, if you have, if you have a situation where the resident is vaccinated, and they have a couple of visitors visiting them and some of them are unvaccinated, that resident could choose to have close contact including touch with their unvaccinated visitors. But we do still recommend that everyone is wearing well fitted source control.

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And there's additional guidance as well now, reminding group activities and based on activities. I will add here that we recognize it may be challenging to determine vaccination status at a time when an activity is occurring, so we also want to make sure that privacy is maintained for residents that are health personnel. So we tried it because of suggestions or ways that you may go about doing this such as having an advance sign-up. Her plan in advance or even considering things like assigned seating that may allow you to determine vaccination status ahead of time. But I also say, you may come up with some great and creative approaches, and we encourage you to think about this as well and please share back with us how it's working for you. But the safest practice, is vaccination status which can't be determined is to continue to follow recommended IPC practices including physical distancing, and wearing source control. But if you have a group activity where, all residents participating are fully vaccinated, then they could choose to have close contact and not where source control. But again if unvaccinated residents are present, then everyone should continue to where source control and physical distance. And similarly for communal dining. Obviously source control is not being used while you are actively eating, but fully vaccinated residents can sit together.

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There is no longer that recommendation for the six foot physical distancing, or use of source control before or after eating.

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And if however, there are unvaccinated residents that are present, then all residents should use source control when they're not eating, and those unvaccinated residents should continue to remain six-foot away from others.

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A couple of additional updates. There is some language in their specific to healthcare personnel. So, in general CDC does still recommend wearing source control while healthcare personnel are at work. But, if there are fully vaccinated healthcare personnel, they can dine together, they can socialize and great rooms, they can have in person meetings, they don't need to use source controller distancing. But as with residents, if there are unvaccinated residents present, everyone should continue to where source control. And they should desist from one another. And I think the other things that we have in this guidance are specific to testing. So, we are recommending that regardless of vaccination status, a systematic healthcare personnel with a higher risk exposure, or any residents that have a prolonged close contact with somebody with symptoms could lead to infections should have a series of two viral tests. SARS can lead to infection. They should have one at the time as well as the 15 to 7 days after exposure.

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And for the expanded screening of staff, with someone after referred to as routine surveillance, or staff screening, this is no longer recommended for vaccinated healthcare personnel.

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However, if even vaccinated healthcare personnel becomes a fanatic, have higher risk exposures, or are working in the facility that's experiencing it outbreak, they should still be tested in those situations.

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And then, unvaccinated individuals should continue to participate in that expanded screening, or routine surveillance, twice weekly in single healthcare nursing homes that are in counting more than 10% positively weekly. If you are in that 5% weekly, a range of monthly testing with less than 5%. And again, I want to make sure that I share that there may be state guidance or more local guidance that differs or provides additional recommendations and so, be sure and be aware of that. Again, this is something we have been hearing, the states have been changing, so, it's important to your safety and everyone else's. Thanks.

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I saw question, will we talk about source control, could you explain that?

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What we mean by, when we use the term source control is one of the questions in the chat.

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Yeah, sure. I have not, let me take a look at the check, I think the question, so in general, we talk about source control, we are talking about the use of well-fitting either cloth face mask, or reference parade is

ready the cover the mouth and nose, or really prevent spread for the person wearing that source control, and then also, they offer some very livable protections, and this is something that is generally been recommended for residents, and for healthcare personnel. When they are in the facility.

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Thank you. There's a number of other questions in the chat box. I will let you take a break to look at them. And in the meantime, I want to take it a turn to Evan and Holly and I want to give them a brief time to answer some questions.

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Array, so, we have received multiple questions, both through our triage mailbox, and from some of the associates like leading edge, and AHCA wire to our call, we had some questions in the last call June it indicated that with like to go ahead and get answers for you all. The first question, and I know we've already covered this. But I always helps to hear it multiple times and letter guidance sink in.

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So Evan, as a fully vaccinated self-mentoring in a nursing facility, do I still have to be tested? Thanks.

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Thanks Holly, good afternoon everyone. The answer is yes. You really need to be tested if you have signed the system, or if there's been an outbreak, you need to be tested as an outbreak. What's new is that you do not need to be tested as part of staff routine testing as part of a county hospital.

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The next question that we are seeing a lot is, distant door visitation have to positive their new positive cases only a monks staff but, no cases among residents question

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Right. We are aware there some confusion in our guidance and it doesn't just BMJ between whether it's your case is a resident or staff, the guidance basically says regardless of that, if there is any case, pause visitation and conduct outbreak texting. And then based on that outbreak testing, if the case, whoever it is, resident or staff, if it's isolated to a specific unit, or area of the facility, then visitation can occur in all the other areas of the facility.

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We received another question, and this one came from I believe leading edge I, so thank you for that question.

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Many facilities are asking if they can separate residents that are vaccinated from unvaccinated into different activities and dining times similar to call working on the status of the home. Can you speak a little bit more to that Kevin, and about the status and with how we would see that at CMS?

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Well, call boarding is something we've been leveraging about this pandemic and I don't think it's different here. CMS doesn't prescribe how facilities conduct their activities with residents. We can encourage you to conduct a lot of activities, they can be conducted with vaccinated and unvaccinated residents. Of the facility chooses to cohort activities with vaccinated residents only, so that they can perhaps, allow more twitches paid, based on physically different sort where source control, that's fine. If the facility wants to intermingle residents that are vaccinated and unvaccinated, that's fine too. You need to remember as Karen described, there are those situations when there are unvaccinated residents about, then we need to adhere to physically distancing and wearing all sorts of sourced control.

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And then this one is one we continue to receive. We have covered it several times, but we feel it's important to cover it again. This is because of the amount of time to loosen it, so, do I need to be vaccinated before I can visit my love one in the nursing home?

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Absolutely not. Our guidance has been written that allows vaccinated and unvaccinated residents and unvaccinated visitors for coming to visit with residents and, the guidance and collaboration of the CDC has been written in a way that we feel reduces the risk of transmission by someone practicing that, that are in the guidance which includes, remember those core principles of an infection convention prevention and control, and physical distancing hand cleaning hygiene, source control, all the things that everyone is been doing without this whole pandemic, but yes, vaccinated and excuse me vaccinated and unvaccinated visitors must.

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And this is Kara, I don't mean to interrupt, but I was just can add, I was just recently asked the question, because it was related to a younger, younger children or even adults who just haven't had a chance yet to have the vaccination, and I essentially share the same thing that we definitely encourage vaccination. We encourage those considering vaccination, when you have the opportunity, you know, we are definitely encouraging in fact that that should not stop people from being able to visit their friends and loved ones. I agree, we have adequate practices in place that can minimize the risk of potential transmission.

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This is Kara, I know that's really helpful. Well we've had people to say, what can we require them to show their vaccination card before we let them in the building in different questions like that. So I think this is answered very well. Thank you.

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Another question we received via email prior to this call and I actually see it in the chat as well, so this will be a good one. If residents are dining and are visiting, after dining in the communal dining room and a visitor walks in, let's say, this was an instance where, these were all vaccinated individuals and if a visitor would walk into that room, are all residents expected to mask up at that time?

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Well, yeah, I think, let's take a step back. At a high level on this guidance. The guidance is really you know, think of it this way, when the people who are congregated together are fully vaccinated, then they don't need to physically distance, then they don't need to where source control. And that goes for dining, activities, visiting patients, and also staff. But, when there's someone who is now beginning to congregate, that is either unvaccinated or unknown, then we have to go back to physically distancing and wearing source control and physically distancing from the unvaccinated person. So think of it that way. So, when everyone is vaccinated can relax social distancing answers control, but, when there are people in the mix that are either unvaccinated, or unknown. Then we need to go back to what we've been doing all along. So I think every scenario is different, and CMS and CDA can't describe every scenario. We were chatting briefly about this question that if for example this individual just happened to be walking by, the dining room, then no, we don't need everybody to mask up. But once someone enters the environment, and everyone is congregating and they are unvaccinated or unknown, we would expect in general, everyone to go back to physically distancing and wearing source control.

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And this is Kara, I was just going to add to that. I agree. And I was just can add that we still meet the recommendation for visitors. Really, regardless of the vaccination status at one they are around other people, when they are around healthcare personnel, when they are around other visitors or the residents that they wear that source control, and try to distance, keep that physical distancing in place. And so even if you were in a more private room, but to help separate abilities to come in to help with something or provide care, they are going to be in there in close by, then we would really recommend that they step back in place there source control on. But then they can resume that visit once that individual has left the room. But yes, agree. You may not be able, and there may be people that passed by, and we don't expect that you are you know, you will need to stop it quickly, you know, put on your mass, but there is to be someone there providing care, or interacting then yes. The safest approach is to treat everyone like their own vaccination and go ahead and perform the self-distancing and source control.

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I think that's a really good idea, and it helps leadership understand how to operationalize our guidance. Thank you. So, I know myself as an administrator, I would want to know, as I looked at the chat I see some questions related to this.

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So Evan, can you speak on the call about how CMS intends to survey for this?

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Sure. The new guidance which I'm really excited about, because it brings more people together, and as we've said in our guidance while we previously been excited about having more visitation, in the same group, dusting can replace the physical contact that the two love ones can share whether the sun is sharing a hug or a mother and daughter and so on? And also we are excited about this new CDC guidance and allows us to get back to normal, and to really get back to attract thing is they previously

did. We will be working with survey agencies about this, but at a high level, we are not expecting survey errors to walk around the facility look for individuals who are say less than 6 feet apart, and asked them what next, and then show me your card. We're not expecting to have that sort of willingness to seek out people who again, our standing or, or less than 6 feet from each other without medicine.

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Rather what we think we will be doing is when there is an outbreak, and after that outbreak as part of our normal investigation of surveyors, will investigate to figure out the cause of the outbreak. We would expect facilities to be able to demonstrate and explain how they ensure that residents, fully vaccinated residents are only the ones that are interacting with each other and at least 6 feet and not wearing source control. Or, a staff who are fully vaccinated, and explain to the surveyors that this is how we ensure that when unvaccinated staff are in the mix, that everyone is physically distancing and wearing source control. So, it's really a little bit of a retrospective investigation. We are not expecting the surveyor to go person-to-person in the facility. In response to an outbreak, as part of the investigation, we want to find out, what lead to it and that would be part of the questions we can expect surveyors to ask. How are they going to expect that only individuals are engaging in this practice of not physically distance?

Thanks, Evan. I think this is really important for facilities understand. We are getting more questions in the chat. Very good. Many are back to sort of this concept of visitors and, one attendee asked, sort of clarify, staff don't have to wear mass, or socially distance, oh, I'm sorry that's the wrong line. [Laughter] my chat went down.

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But, basically, the clarification of the individual that was what it was if I visitors is that they are, they verbally say they are vaccinated, we can allow them to visit, they are a vaccinated resident without mask and social distancing without proof of that vaccination?

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That's correct. We don't feel the need to have to start to collect vaccination cards

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Let's remember, now when the visitor is throughout the facility, then they should be wearing source control, and they should be social distancing from everyone. The guidance was physical distancing and social control does happen is when they're alone with the person who is, that's actually a guidance that we had prior to the CDC and we change that to the CDC website where we did ally already some touch. So we don't believe the facilities need to ask for vaccination cards to shown to us, and remind that the physical distancing of residents and visitors should really just be a break during that visit and not throughout the center.

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Thank you, another attendee asked, if they can require the visitor to wear goggles during their visit in addition to the mass? Regardless of vaccination status?

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I'll ask my CDC colleagues to chime in on this as well. But I don't think they need to ask to wear goggles at all certainly while they're visiting someone in the facility.

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Yeah, and I will add that we have really focused on service control as our recommendation for visitors. Of course with this guidance, were saying if they are fully vaccinated, then they are fully vaccinated, the resident is fully vaccination, you can of course choose from among that source control. We definitely still recommend hand hygiene, that's very important for both, you know, and ideal for the visitor healthcare personnel, and president. But, really we have focuses on the use of force control for visitors.

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Unit, we are seeing a lot of questions, just about coming in, how can we ensure that you do, as facilities of trying to think about how they operationalize, setting up activities, and dining, and having vaccinated individuals specific to a big area, were not, you know, how can they make sure that you know, residents chose not to be vaccinated, are not ostracized, or shamed, and I think is this is a really valid question. And I think we would want to make sure that our residents are always treated fairly and equitably and, so, you know, as we get through activities, I think, you know, Tara describes some situations earlier that she's heard from the field, and some of her provider calls. I don't know, Kara, if you have anything else to add that?

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The only thing I think I'll add is just that, we have had guidance prior to this later release that considered that no one was vaccinated. [ Laughter ] and in the situation, every resident still should be receiving the care that they need to reach their highest practical level of well-being and that includes activities, that includes visitation, that includes all of the components of their care plan. Now that we have some guidance around fully vaccinated individuals, that doesn't change, and those individuals still need to get the care that they need, is just that, if you are silly full vaccinated the risk of transmission is lower. So those that are fully vaccinated have some flexibility rates over prevention and control. And we also hope that this really helps to encourage individuals who perhaps were hesitant, or left competent about vaccinations. Go ahead and get vaccinated, and help us all get back to normal.

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Sort of along that vein, they ask if activities personnel are not vaccinated, do all the residents have to wear mask when they go to the activity room.

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So, I can, or sorry, donated rep, but I keep trying to do just that, that this guidance does apply for both residents and healthcare personnel, so we wanted people to see, just think about everyone who's involved in example an activity. What is the resident who is not vaccinated, or a healthcare prior staff is not vaccinated, that should be taken into account for the situation overall, so if someone is in that group is not vaccinated, then we recommend approaching the situation with source control, and distancing as if, you know, there is someone, because there is, someone that's not vaccinated, so if the healthcare, the staff. Care person who is leading that activities vaccinated, then, again, the same situation would apply where individuals could remove their source control, and not need to practice physical distancing.

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Sorry. Right, and that's another way to think about it, COVID-19 doesn't know who's a resident, a visitor, and who is a staff member? So, it doesn't, it's through the human that they are at risk for infection, regardless of health and that is where it applies.

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Holly, I think we have time for maybe one more question. There was a question about how to access his recording as folks want to be able to share it with others, so I'm going to give Ashley a heads up before we conclude and should be up to get that information. But Holly, do you have another question that we can address?

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I see one here, will someone be enforcing that then nursing homes follow the guidelines and not make up their own rules? Evan, can you speak to that question is

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Yes, I can. This date survey agencies and CMS will be enforcing this. We need to be maximizing this education. We've been at this for several months, we know what works, and we know how to reduce risk. There is no scenario that has 0% rest. What we have in front of us today is the lowest wrist we've had since the start of the pandemic with cases for continuing to be very low.

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We need, what we have in front of you with the CDC guidance, and the CMS guidance what are reasonable methods to allow visitation while still considering the rest. And visitation should not, and shall not be limited unless there is a reasonable safety risk. And we give you those risks in our guidance.

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So, we really need to be maximizing visitation. Everyone has concerns, reach out to your state agency so this will be enforced. And the other thing I'll mention quickly, is that we're not done. It was only a few weeks ago that we were having a similar call where, I think I also say, we're not done, we are going to continue to look for ways to increase visitation. And here we are just a few weeks later increasing visitation, increasing testing, increasing activities, and we will continue to look for opportunities to increase testing and help us all get back to normal as quickly as possible.

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Okay, thank you, Evan, and I want to thank everybody for joining, but also as well for all of our CDC and CMS colleagues for answering the questions verbally. But also, hopefully, you been watching the check, and if we didn't get to your questions, as you can tell, we collect them, we try to get the right answers, and we will get that out to you in some method, either through FAQs, or through continued stakeholder calls. We do anticipate having another call and I'm not sure exactly when, but Ashley, if you could tell folks how to access copy, copy of this particular event so that they are able to share as they are requesting?

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Sure, good afternoon everyone, if you check the chat box, I just dropped the link where you'll be able to access the recording, tomorrow. It usually takes a day. We will also have the transcript posted, and it will be available on CMS is podcast and transcript page. You can surely download it and share it as needed.

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Great, thank you. And to everyone else, please have a good evening. In queue.

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