
TO: NPA Members
FROM: Katie Pahner, MPA, VP of Regulatory Affairs
DATE: September 30, 2022
RE: COVID-19: Updated Interim Infection Prevention and Control Recommendations for Health Care Personnel

On Sept. 23, 2022, the Centers for Disease Control and Prevention (CDC) issued updated [interim infection prevention and control recommendations](#) for health care personnel (HCP) during the COVID-19 pandemic (interim guidance). The interim guidance was updated to reflect the current COVID-19 situation in the country, including high levels of vaccine- and infection-induced immunity and the availability of effective treatments and prevention tools ([details](#)).

NPA understands that the updated CDC interim guidance applies to PACE organizations (POs) by virtue of its overarching application to “all U.S. settings where health care is delivered” and the CDC’s broad definition of “health care settings” as delineated in the guidance.

The CDC notes that this guidance is intended to serve as a framework for facilities to implement select infection prevention and control practices and encourages facilities to evaluate their individual circumstances in adopting this guidance. This includes assessing COVID-19 [Community Transmission levels](#), which can be further disaggregated on a state- and county-level basis. The CDC further encourages employers to consider other local, territorial, tribal and state requirements that may apply, including those issued by the Occupational Safety and Health Administration (OSHA).

Highlights of the updated CDC’s interim guidance include the following:

- Changes to note that vaccination status is no longer used to inform source control, screening testing or post-exposure recommendations.
- Revised circumstances when the use of source control (i.e., masking) is generally recommended based on COVID-19 Community Transmission levels. Of note:
 - In areas where COVID-19 Community Transmission levels are high – which is the vast majority of the country ([62.5 percent](#) as of Sept. 30, 2022) – the CDC still recommends universal masking in areas of the facility where HCP could encounter patients.
 - In areas where COVID-19 Community Transmission levels and [Community levels](#) are both high, source control is recommended for everyone, even in well-defined areas of the facility that are restricted from patient access (e.g., staff meeting rooms).

- In areas where COVID-19 Community Transmission levels are not high, it continues to be recommended that individuals with certain circumstances, including those with suspected or confirmed COVID-19 or other respiratory infection or based on personal preference (e.g., perceived risk level), continue using source control.
- Revised circumstances when universal use of personal protective equipment (PPE) ought to be considered.

Finally, the CDC concurrently updated [strategies to mitigate health care workforce shortages](#) by noting that asymptomatic HCP with higher-risk exposures, in most circumstances, do not require work restriction, regardless of their vaccination status. The updated guidance recommends that HCP with [mild to moderate illness](#) who are not [moderately to severely immunocompromised](#) may return to work provided the following conditions are met:

- at least 5 days have passed since symptoms first appeared (day 0);
- at least 24 hours have passed since last fever without the use of fever-reducing medications; and
- symptoms (e.g., cough, shortness of breath) have improved.