



## COVID-19

# Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination

Updated Mar. 10, 2021 [Print](#)

CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.

## Key Points

- CDC has updated select healthcare infection prevention and control recommendations in response to COVID-19 vaccination, which are summarized in this guidance.
- Updated recommendations will be added to this page regularly as new information becomes available.

## Introduction

This guidance applies to all healthcare personnel (HCP) while at work and all patients and residents while they are being cared for in a healthcare setting.


CDC has released [public health recommendations for vaccinated persons](#), which describe circumstances when non-pharmaceutical interventions (e.g., quarantine) could be relaxed for fully vaccinated persons in non-healthcare settings. CDC continues to evaluate the impact of vaccination and the emergence of novel SARS-CoV-2 variants on healthcare infection prevention and control recommendations; updated recommendations will be added to this page regularly as new information becomes available.

Except as noted in Updated Recommendations, HCP should continue to follow all [current infection prevention and control recommendations](#), including those addressing work restrictions, quarantine, testing, and use of personal protective equipment to protect themselves and others from SARS-CoV-2 infection.

## Updated Recommendations:

### 1. Visitation

#### Post-acute care facilities, including nursing homes

During the pandemic, [guidance from the Centers for Medicare and Medicaid Services \(CMS\)](#)  [127KB, 7 pages] [has](#) limited (except for compassionate care situations) indoor visitation for residents in post-acute care facilities when the [COVID-19 county positivity](#) [rate](#) is >10% or when there is an outbreak occurring in the facility. Relaxing current restrictions on indoor visitation might increase the risk for transmission of SARS-CoV-2 in post-acute care facilities. However, vaccination of residents and HCP can mitigate some of these risks, and expanding visitation has substantial benefits to residents.

Indoor visitation could be permitted for all residents except as noted below:

- Indoor visitation for unvaccinated residents should be limited solely to compassionate care situations if the COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated.

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- Indoor visitation should be limited solely to compassionate care situations, for:
  - Vaccinated and unvaccinated residents with SARS-CoV-2 infection until they have met [criteria to discontinue Transmission-Based Precautions](#).
  - Vaccinated and unvaccinated residents in [quarantine](#) until they have met criteria for release from quarantine.
- Facilities in outbreak status should follow guidance from state and local health authorities and [CMS](#) [↗](#) on when visitation should be paused.
  - Visitors should be counseled about their potential to be exposed to SARS-CoV-2 in the facility if they are permitted to visit.

Additional recommendations:

- Facilities should continue to regularly vaccinate new admissions and HCP.
- Ideally, unvaccinated residents who wish to be vaccinated should not start indoor visitation until they have been fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine).
- Before allowing indoor visitation, the risks associated with visitation should be explained to residents and their visitors so they can make an informed decision about participation.
- Visitors should still be screened and restricted from visiting if they have: current SARS-CoV-2 infection; symptoms of COVID-19; or prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days.
- Visitors and residents (if tolerated) should still wear a [well-fitting cloth mask, facemask, or respirator](#) (N95 or a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators) [for source control](#).
- The safest approach, particularly if either party has not been fully vaccinated, is for residents and their visitors to maintain physical distancing (maintaining at least 6 feet between people). If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing well-fitting source control. Visitors should physically distance from other residents and HCP in the facility.
- Hand hygiene should be performed by the resident and the visitors before and after contact.
- Facilities should have a plan to manage visitation and visitor flow. Visitors should physically distance from other residents and HCP in the facility. Facilities may need to limit the number of visitors per resident at one time as well as the total number of visitors in the facility at one time. in order to maintain infection control precautions.
- Visits for residents who share a room should ideally not be conducted in the resident's room. If in-room visitation must occur (e.g., resident is unable to leave the room), an unvaccinated roommate should not be present during the visit. If neither resident is able to leave the room, facilities should attempt to enable in-room visitation while maintaining [recommended infection prevention and control practices](#) [↗](#) , including physical distancing and source control.

Additional Resources

- [CMS memo addressing nursing home visitation – COVID-19 \(Revised 3/10/2021\)](#) [↗](#)

## 2. Work restriction for asymptomatic healthcare personnel and quarantine for asymptomatic patients and residents

The following recommendations are based on what is known about currently available COVID-19 vaccines. These recommendations will be updated as additional information, including regarding the ability of currently authorized vaccines to protect against infection with novel variants and the effectiveness of additional authorized vaccines, becomes available. This could result in additional circumstances when work restrictions for fully vaccinated HCP are recommended.

- Fully vaccinated HCP with [higher-risk exposures](#) who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Work restrictions for the following fully vaccinated HCP populations with higher-risk exposures should still be considered for:
  - HCP who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine. However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available.

- HCP who have traveled should continue to follow CDC [travel recommendations and requirements](#), including restriction from work, when recommended for any traveler.
- Fully vaccinated inpatients and residents in healthcare settings should continue to [quarantine](#) following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection; outpatients should be cared for using recommended [Transmission-Based Precautions](#). This is due to limited information about vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with physical distancing in healthcare settings.
  - Although not preferred, healthcare facilities could consider waiving quarantine for fully vaccinated patients and residents following prolonged close contact with someone with SARS-CoV-2 infection as a strategy to address critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or residents) when other options are unsuccessful or unavailable. These decisions could be made in consultation with public health officials and infection control experts.
- Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have **not** had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.

### 3. SARS-CoV-2 Testing

- Recommendations for SARS-CoV-2 testing for [HCP](#), [residents](#) and [patients](#) remain unchanged.

### 4. Use of Personal Protective Equipment

- Recommendations for [use of personal protective equipment by HCP](#) remain unchanged.


## Definitions:

**Fully vaccinated** refers to a person who is:

- ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine

**Healthcare settings** refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

## References

- Hall et al. Effectiveness of BNT162b2 mRNA vaccine against infection and COVID-19 vaccine coverage in healthcare workers in England, multicentre prospective cohort study (the SIREN study). Lancet preprint. Available at: [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3790399](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3790399)  . Accessed Feb 23, 2021.
- [Interim Public Health Recommendations for Fully Vaccinated People](#)

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