

Updated COVID-19 infection prevention guidelines for all VUMC workforce members

VUMC leaders continue to track key metrics, such as transmission rates for COVID-19 in the community and county statistics for those who have received vaccinations, while keeping abreast of evolving practices for infection prevention and changing federal and state requirements for compliance with workplace safety standards.¹¹ VUMC is following CDC guidance for health care facilities, not community guidance. Below are updated and current VUMC COVID-19 Infection Prevention Guidelines.

Safety Practices	Guidelines Effective 10/31/2022
Masking	CLINICAL AREAS: Masking required in all areas where patients and visitors are present. Signage will be present to remind patients and visitors of masking requirements.
	<p>NON-CLINICAL AREAS:² If fully vaccinated (with or without a booster), masking is not required.</p> <p>If unvaccinated, must mask (surgical, procedural, or cloth masks) in these areas and cannot remove mask while in a shared workspace (if not consistently separated by partitions or able to keep 6 feet distance). Masks may be removed/not worn for the following reasons: when alone in a room, when in a private workspace (if separated from others by at least 6 feet or have physical partitions between workspaces), or when eating and drinking (People who are not vaccinated should avoid eating and drinking with others indoors).</p>
	OUTDOORS: Masks are not required outdoors.
	SHUTTLES: Masks are not required when riding the employee shuttles; masks are required on any patient shuttle.
In Person Meetings/ Gatherings/ Work from Home	Meetings and gatherings are allowed with no restriction on the number of attendees or requirements for social distancing. Masks are not required for vaccinated participants if the meeting is held in a non-clinical space. Masking is required for unvaccinated participants, except they may be briefly remove their masks to eat or drink. Employees working from home should discuss with their leaders any changes to their existing remote work arrangements.
Screening	Active symptom and temperature screening of employees, patients and visitors upon facility entry is no longer required. A VUMC workforce member will still be located at all patient and visitor entrances for enforcement of visitation policies and checking for masking compliance per above. All workforce members should still monitor for symptoms of COVID-19 and, if feeling ill, should contact their supervisor before coming to work. Signage advising symptomatic visitors and those with known current COVID infection to defer visiting until symptoms have resolved (i.e., similar to pre-COVID infection prevention practices) will be maintained.
Visitor Guidance	Visitation guidance will be modified as needed by entity leadership in consultation with infection prevention. Current entity visitation practices can be found here: https://www.vumc.org/coronavirus/current-covid-19-visitor-policies .
Work-Related Travel	No restrictions on travel. Individuals shall comply with all applicable travel rules for the US and countries traveling to if international.

¹ Utilizing the CDC's COVID-19 community transmission rates for Davidson County, which uses the rate of new cases per 100,000 persons in the past 7 days & the percentage of positive NAATs tests during the past 7 days (<https://covid.cdc.gov/covid-data-tracker/#county-view>)

² A non-clinical area includes research labs, offices in 2525 West End, 2135 Blakemore, etc. It also includes some spaces in hospitals or clinics, such as break rooms, conference rooms, and separate offices, if they are well-defined and restricted from patient access.

<p>Pre-Procedural Testing for SARS-CoV-2 Infection</p>	<p>Effective November 14, 2022, pre-procedure testing for SARS-CoV-2 is only necessary during times of substantial or high community transmission for patients who:</p> <ol style="list-style-type: none"> 1) Are unvaccinated or significantly immunocompromised AND 2) Are undergoing procedures where there is a risk of increased aerosol generation. <p>These procedures are as follows:</p> <ul style="list-style-type: none"> o Bronchoscopy o Methacholine challenge testing o Dental procedures involving ultrasonic scalers or high-speed dental hand pieces, air/water syringes, air polishing, and air abrasion o ECT (given occurrence in shared procedure room)
<p>Admission Testing for SARS-CoV-2 in Asymptomatic Patients</p>	<p>All patients are tested on admission except for the following:</p> <ul style="list-style-type: none"> • Patients diagnosed with laboratory-confirmed COVID-19 within the past 90 days (unless a patient has developed new symptoms concerning for reinfection). • Patients who had a SARS-CoV-2 PCR test collected in the 72 hours prior to admission. • Positive SARS-CoV-2 antigen tests from outside facilities in the past 20 days in patients with symptoms consistent with COVID-19 are acceptable. Positive antigen tests in patients with no symptoms consistent with COVID-19 should be confirmed with a SARS-CoV-2 PCR, but the patient should be placed in appropriate isolation while the confirmatory test is pending. Negative antigen tests are not acceptable, and a SARS-CoV-2 PCR should be ordered on admission. • Patients who are fully vaccinated who are not significantly immunocompromised do not require admission testing. Patients must present documentation that they have completed the required doses (two doses of a 2-dose vaccine or one dose of a single-dose vaccine) of a COVID-19 vaccine greater than 14 days prior to the admission. COVID-19 vaccine booster doses are not required in order to be exempted from admission COVID-19 testing. <u>Patients admitted to positive pressure units (11N, 10 CCT, 6A/B) require admission testing regardless of vaccination status.</u>

³ Significantly immunocompromised: Patients with primary immune deficiency [e.g., Common Variable Immune Deficiency], HIV infection with CD4 count ≤ 200 , solid organ or stem cell transplant, chemotherapy in the past year, or significant immunosuppressant use, including ≥ 20 mg/day prednisone [or equivalent] for ≥ 14 days or other oral/injectable/intravenous immunosuppressive agents such as rituximab, mycophenolate mofetil

⁴ <https://www.asahq.org/about-asa/newsroom/news-releases/2022/02/asa-and-apsf-joint-statement-on-elective-surgery-procedures-and-anesthesia-for-patients-after-covid-19-infection>