

Dear Healthcare Providers:

The most recent Public Health Order dated 08/12/22 [NCOV-PHO-Omnibus-20220812.pdf \(nmhealth.org\)](#) page 2 identifies

“(1) All facilities licensed or certified by the Centers for Medicare and Medicaid Services (“CMS”), including all hospital types, long-term care facilities, hospice facilities, and rehabilitation facilities are instructed to adhere to all COVID-related requirements prescribed by CMS, including, but not limited to, masking and patient/staff vaccination.”

“(2) For the duration of the public health emergency all assisted living facilities and adult day care settings are required to adhere to all COVID-related requirements to which hospitals and nursing homes are held by CMS, including, but not limited to, masking and vaccination.”

CMS QSO 20-39 revised 09/23/22 [QSO-20-39-NH REVISED 09/23/2022 \(cms.gov\)](#) has been revised to no longer require face coverings or masks for visitors and residents unless there is an outbreak.

“If the nursing home’s county COVID-19 community transmission is not high, the safest practice is for residents and visitors to wear face coverings or masks, however, the facility could choose not to require visitors wear face coverings or masks while in the facility, except during an outbreak. The facility’s policies regarding face coverings and masks should be based on recommendations from the CDC, state and local health departments, and individual facility circumstances.”

The QSO memo does note the difference between Community Transmission Level metric versus Community Level metric:

“NOTE: CDC states that Community Transmission is the metric currently recommended to guide select practices in healthcare settings to allow for earlier intervention, before there is strain on the healthcare system, including its workforce, and better protect the vulnerable individuals seeking care in these settings. The Community Transmission metric is different than the COVID-19 Community Level metric used for non-healthcare settings. Nursing homes should use the Community Transmission Level metric not the Community Level metric.”

The Community Transmission Level can be found at: [CDC COVID Data Tracker: County View](#)
Select Community Transmission in the Data Type drop down.

Note: Counties identified in red on the map are considered high and therefore source control is recommended for everyone in a healthcare setting where they could encounter patients.

The QSO memo links to the CDC website [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#) regarding healthcare professionals and source control:

“When SARS-CoV-2 [Community Transmission](#) levels are high, source control is recommended for everyone in a healthcare setting when they are in areas of the healthcare facility where they could encounter patients.

HCP could choose not to wear source control when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms) if they do not otherwise meet the criteria described below and [Community Levels](#) are not also high.

When [Community Levels](#) are high, source control is recommended for everyone.

*When SARS-CoV-2 [Community Transmission](#) levels are **not** high, healthcare facilities could choose not to require universal source control. However, even if source control is not universally required, it remains recommended for individuals in healthcare settings who:*

- Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or*
- Had [close contact](#) (patients and visitors) or a [higher-risk exposure](#) (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure; or*
- Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days; or*
- Have otherwise had source control recommended by public health authorities*

Refer to Settings Specific Considerations, section 3.

The summaries linked above are not all inclusive. Refer to entire document for complete guidance and requirements.