

May 10, 2023

## CDC Updates COVID-19 Universal Masking, Nursing Home Admission Testing Guidelines

*Masking guidelines now based on risk-based assessment, local metrics*

The Centers for Disease Control and Prevention (CDC) May 8 [updated](#) its COVID-19 infection control and prevention guidelines. CDC addresses two key issues in the updated guidelines — universal masking in health care facilities (also known as “source control”) and testing patients for COVID-19 upon admission to nursing homes.

### KEY HIGHLIGHTS

- CDC no longer links universal masking guidelines to its COVID-19 community transmission metric, which the agency will not calculate after the May 11 conclusion of the COVID-19 public health emergency (PHE).
- The revised universal masking guidelines recommend that facilities:
  - Use a risk-based assessment, stakeholder input and local metrics to determine how and when to implement universal masking;
  - Implement universal masking under specific circumstances such as during COVID-19 outbreaks in specific work units or areas or in accordance with state/local public health authority recommendations; and
  - Continue to allow individuals to wear masks or respirators based on personal preference.
- CDC no longer recommends testing all nursing home admissions for COVID-19; testing is now at the discretion of the facility.

### AHA TAKE

The AHA believes the new universal masking guidelines give hospitals flexibility to consider multiple factors when determining where and how to implement universal masking while appropriately honoring patient and provider preferences for continuing to mask.

### ADDITIONAL BACKGROUND ON UNIVERSAL MASKING

The CDC’s approach to universal masking has evolved throughout the COVID-19 pandemic. Early on, CDC’s guidelines called for universal masking in health care facilities under most circumstances. However, CDC’s September 2022 guidelines recommended that facilities base their approach to universal masking on CDC’s

COVID-19 “community transmission” metric. Under those guidelines, when community transmission in a facility’s area was “high,” CDC recommended universal masking. In areas where transmission was not high, hospitals and other facilities had the flexibility to choose whether to require universal masking.

However, with the conclusion of the COVID-19 PHE, CDC will no longer collect the data to calculate its COVID-19 community transmission metric. Thus, the CDC’s revised guidelines encourage hospitals to consider multiple factors in determining where and how to implement universal masking policies, including:

- **The types of patients cared for in the facility.** For example, hospitals could consider implementing universal masking in parts of their facility where they are caring for patients at highest risk for severe outcomes from COVID-19, such as transplant units or cancer clinics. Hospitals also could consider implementing universal masking in areas more likely to care for patients with respiratory infections, such as emergency departments or urgent care clinics.
- **Stakeholder input.** CDC’s updated guidance encourages hospitals and other facilities to solicit input from patients, family groups and staff to inform their policies.
- **Plans from other facilities in a jurisdiction.** CDC suggests that jurisdictions may want to consider a consistent approach across all facilities.
- **Metrics and data availability.** While CDC will no longer calculate its community transmission metric, CDC indicates it will continue to make county-level data on hospital admissions publicly available and suggests they may be helpful in setting thresholds for when to implement universal masking. CDC also acknowledges facilities and jurisdictions may have more granular data to enable facility and local-level policies.

The revised guidelines continue to recommend universal masking under specific circumstances, including in work units or areas of a facility experiencing a COVID-19 outbreak. CDC suggests that universal masking could be discontinued when no new cases have been identified for 14 days. In addition, CDC recommends facilities follow universal masking recommendations from local or state public health authorities.

Lastly, CDC’s revised guidelines recommend that facilities honor individual preferences for wearing masks based on personal preference. CDC suggests these preferences could be informed by perceived level of risk for infection based on an individual’s recent activities (e.g., attending crowded indoor gatherings with poor ventilation) and their potential for developing severe disease if they are exposed.

## FURTHER QUESTIONS

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