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VIA ELECTRONIC MAIL

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Dan Rusyniak, M.D.
Chief Medical Officer
Family and Social Services Administration
402 West Washington Street, W461
Indianapolis, IN 46204

Dear Dr. Rusyniak,

Thank you for the opportunity to provide recommendations on how long-term care providers (assisted living communities and nursing homes) across Indiana could begin to increase socialization within their communities while visitation continues to be limited. While long-term care providers across Indiana strive to improve the quality of life for their residents daily, our aim is to develop strategies that will help reduce social isolation among residents while maintaining resident and staff safety. We seek continued partnership with the Indiana State Department of Health and solicit feedback here so that residents, families, providers, public health officials, and regulators are all on the same page.

Guiding Principles

The health and safety of residents and staff is always the paramount consideration, particularly during this public health pandemic. Given the variable incidence of COVID-19 in long-term care facilities, the following are a list of guiding principles that providers should follow when resuming resident and staff interactions:

- All recommended staff and resident screenings and monitoring procedures must be maintained and continued.
- Training for residents and staff on hand washing and/or sanitation procedure is repeated, with adequate and immediate access to necessary resources to carry out the procedure.
- All staff must maintain face coverings/masks.
- All residents, except when eating, should maintain face coverings/masks (if tolerated).
- Resumption of any activity, whether that be dining services or other social activities, should be phased in slowly. For example, for dining, only one meal service (breakfast, lunch or dinner) should be resumed at first and for a fraction of the residents at any given time to maintain social distancing (see Dining Services section).
- Dining and activity programming should be conducted in COVID-like groups, meaning COVID-19 negative or asymptomatic residents not suspected to have COVID-19 or recovered COVID-19 residents, or “Green Unit” residents, would dine and participate in activity programming together. Similarly, COVID-19 positive or “Red Unit” residents would dine and participate in activity programming together, as they are able. Residents with unknown COVID-19 status, “Yellow Unit” residents would not join either group until their status is known. However, beauty / personal services would be restricted to “Green Unit” residents only.

- Resumption of any social activity should be done only after planning and notice to residents and resident representatives, with participation being solely voluntary.
- If internal or external public health data indicates socialization activities should be discontinued, the facility will make the appropriate changes.

Dining Services

Communal dining would be phased in with physical distancing being a top priority. Facilities would be encouraged to start with one meal service per day for at least the first week to assess the operational challenges before expanding the dining schedule. Other guidelines include:

- Arrange dining room tables and chairs six (6) feet apart, which may necessitate utilizing other portions of a facility for dining service.
- Create separate, staggered dining times to accommodate the required physical distancing and to minimize traffic flow before and after mealtimes, as needed.
- Residents at risk of aspiration or choking do not participate in the mealtime but may congregate with other residents during mealtime if they have already been served or are to be served after.
- Sanitize tables, chairs, and any other high touch surfaces before and after dining service.
- Assign tables and seats to residents to minimize risk and help with contact tracing.
- Remove all extra chairs from the dining area to avoid residents joining other tables.
- Remove all sharable or decorative table-top items.
- Sanitize residents' hands before and after dining service.
- Servers would wear masks during dining service, masks and gloves when sanitizing following dining service, and follow all hand-washing guidelines.
- Buffets are prohibited.
- Use of pre-rolled silverware or plasticware, individual condiments, and single-use menus.

Activity Programming

Activity programming would also be phased in with physical distancing being a top priority. Facilities would be encouraged to stagger activities in small groups throughout the day to help minimize traffic flow throughout the facility. Examples of permitted activity programming could include:

- Individual use of a facility's gym, if the gym is sanitized after each individual use.
- Group activities would closely track with dining service procedures.
- Hallway exercise to allow group participation, with individuals spaced at least six (6) feet apart, from each resident's doorway.
- Outside exercise where residents would be spaced at least six (6) feet apart.
- Rotating participation by residents in indoor group activities, spaced at least six (6) feet apart, in activities such as bingo, karaoke, or expressive arts where any materials used are disposable or thoroughly sanitized between individual use.

Beauty / Personal Services

Beauty and personal services would be allowed by appointment with a limit of one stylist and one resident in the designated room at one time, in addition to the following procedures:

- Only permitted for COVID-negative or "Green" unit residents or residents of a COVID-19 naïve facility.

- The stylist would be assessed for symptoms prior to entering the facility and instructed on proper handwashing and sanitizing procedures.
- Meeting with the facility administrator and infection control lead prior to opening to ensure timing between appointments is adequate.
- Deep clean of work area each day before beginning service for the day.
- Ensure adequate PPE and other supplies are available, including masks, soap, paper towels, hand sanitizer, tissues, and gloves.
- Educate stylist on hand hygiene, cough etiquette, and disinfectant use.
- The stylist would wash hands prior to each appointment and sanitize the workstation, chair, and all equipment (combs, bobby pins, curlers, bottles, capes) used between each appointment.
- Both the stylist and resident would wear a mask during the appointment.
- Remove all resident-accessible products from the area.

Family Visitation

Probably the most desired activity is the most difficult to provide. Nearly all long-term care facilities we have engaged with on this topic believe it is too early to allow in-facility visitation. This is in keeping with Governor Holcomb's plan and CMS guidance. Below are two approaches – one that can be done immediately, and another that is further down the road when community spread has slowed as evidenced by public health data.

- Weather permitting, drive-by parades or drive-ins are permitted when residents are outside, spaced at least six (6) feet apart, and wearing masks as family members visit while restricted to their vehicles.
- When in-person visitation is permitted, a limited number of family members (i.e., one to two per visit) could schedule visits for a set amount of time (likely not more than 30 minutes) with their family member at least six (6) feet away. The visiting family member(s) would be assessed for symptoms prior to entering the facility and asked to wash their hands and wear appropriate PPE. The space utilized for visits would be sterilized before and after each visit. If accurate rapid testing is available, a rapid test should be administered prior to any in-facility visit.

Sincerely,



Zach Cattell
President

cc: Matt Foster, Assistant Commissioner, Indiana State Department of Health
Brenda Buroker, Director, Division of Long Term Care
Sarah Renner, Director, Division of Aging, Family and Social Service Administration
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