



Indiana
Department
of
Health

INFECTION PREVENTION UPDATES

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PROGRAM MANAGER INFECTION PREVENTION

08/27/20

CDC Guidance Updates

Who needs to quarantine?

People who have been in close contact with someone who has COVID-19—excluding people who have had COVID-19 within the past 3 months.

People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months as long as they do not develop symptoms again. People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.

FAQs:

If COVID recovered residents test positive within the 90 days do they need to be in TBP?

Not unless they are symptomatic.

Do they need reported again in redcap if test positive in the 90 days? No, if they test positive > 90 days then they should be placed in TBP, and reported again.

CDC to date has not reported re-infection with COVID-19. Please report to ISDH any > 90 days positive COVID test that is symptomatic.

CDC Guidance Updates

What counts as close contact? (share with HCP for out of office social activities)

You were within 6 feet of someone who has COVID-19 for a **total of 15 minutes** or more

You provided care at home to someone who is sick with COVID-19

You had direct physical contact with the person (hugged or kissed them)

You shared eating or drinking utensils

They sneezed, coughed, or somehow got respiratory droplets on you

How does that measure up in LTC with universal masking? See strategies to mitigate HCP staffing shortages: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

- ***Any duration** of exposure should be considered prolonged if the exposure occurred during performance an aerosol-generating procedure.*
- ***See Guidance for Asymptomatic HCP who were exposed to individuals with confirmed COVID -19***

Exposure chart per CDC- HCP

Exposure	Personal Protective Equipment used	Work Restrictions
HCP had prolonged close contact with resident, visitor, or HCP with confirmed COVID 19	<ul style="list-style-type: none">• HCP not wearing a facemask or respirator• HCP not wearing eye protection if the person with COVID 19 was not wearing a cloth face covering or facemask• HCP not wearing recommended PPE (i. e. gown, gloves, eye protection, *respirator- (if performing aerosol generating procedures)	<ul style="list-style-type: none">• Exclude from work 14 days after last exposure• Advise HCP to monitor themselves for COVID 19• Any HCP who develop fever or symptoms consistent with COVID 19 should immediately contact point of contact at LTC and arrange for medical evaluation and testing.

Exposure chart per CDC- HCP

Exposure	Personal Protective Equipment used	Work Restrictions
HCP other than those with exposure risk described above	<ul style="list-style-type: none">N/A	No work restrictions Follow all recommended infection prevention and control practices , including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19⁶ and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19⁶ at the beginning of their shift. Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Masks, Gaiters and more....

Definitions

Cloth face covering: Textile (cloth) covers are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. **They are not PPE and it is uncertain whether cloth face coverings protect the wearer.** CDC has guidance available on [design, use, and maintenance of cloth face coverings](#).

Facemask: Facemasks (surgical mask) are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Respirator: N95 or respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators, including those intended for use in healthcare are certified by the CDC/NIOSH.

Masks, Gaiters and more ...

Gaiter Study has limitations:

- Not what CDC routinely recommends
- Important that covering has multilayer cloth, two or even three layers
- Fit tightly around face
 - Reminder that while it does provide some protection for the person wearing the mask, it is primarily to prevent our respiratory droplets from escaping and infecting others.

LTC Indiana Department of Health Guidance:

- Universal Mask for all who work and enter a LTC facility.
- Surgical mask for all direct caregivers, N95 only when required by company policies and when there is a risk for aerosol producing procedures (i. e. CPAP, Nebulizer).
- Clean cloth mask (change daily) acceptable for residents except when going to the salon/barber when a surgical mask is recommended.

Eye Protection- CDC updates

Using Eye Protection per CDC

- Use of eye protection is recommended in areas with moderate to substantial community transmission. For areas with minimal to no community transmission, eye protection is considered optional, unless otherwise indicated as part of standard precautions.
- [See the Guidance](#)
- **Changes to the CDC guidance as of July 15, 2020:** Added language that protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Eye Protection- New State Guidance

Indiana Department of Health now recommends the use of eye protection as standard safety measures to protect Long term care (LTC) healthcare personnel (HCP) who provide essential direct care < 6 feet of the resident, especially when doing procedures that lead to sprays and splashes.

- This includes the delivery of care for non-COVID residents in facilities with 1 or more symptomatic and/or COVID positive residents
- This includes residents who are on COVID positive units and symptomatic, or are quarantined residents who are already in Transmission Based Precautions -Droplet-Contact.
- For facilities without COVID symptomatic and/ or COVID positive residents, this is up to HCP should they wish to use this added protection and company policy.
 - Some high risk examples are providing assistance in showers, tub rooms, salons, providing assistance in toileting, providing hygiene, changing linens, providing environmental cleaning,
 - Some lower risk examples are giving meds or glucose monitoring, dropping off meals

Examples?

Healthcare provider who gives essential direct care < 6 feet of the resident, especially when doing procedures that lead to sprays and splashes.

- Some high risk examples are providing assistance in showers, tub rooms, salons, providing assistance in toileting, providing hygiene, changing linens, providing environmental cleaning.
- Some lower risk examples are giving meds or glucose monitoring, dropping off meals.

Infection Preventionist (IP) F882

Infection preventionist (IP): During interview with facility administration and Infection Preventionist(s), determine the following:

- the facility designate one or more individual(s) as the infection preventionist(s) who are responsible for the facility's IPCP?
- the infection preventionist(s) work at least part-time at the facility?
- the infection preventionist(s) completed specialized training in infection prevention and control?
- the Infection Preventionist(s) participate in the quality assessment and assurance committee? The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.

Note: If no to any of the question above, consider citing F882.

DATE: August 26, 2020

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: **Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool**

Memorandum Summary

- CMS is committed to taking critical steps to ensure America's healthcare facilities continue to respond effectively to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On August 25, 2020, CMS published an interim final rule with comment period (IFC). This rule establishes **Long-Term Care (LTC) Facility Testing Requirements for Staff and Residents**. Specifically, facilities are required to test residents and staff, including individuals providing services under arrangement and volunteers, for COVID-19 based on parameters set forth by the HHS Secretary. This memorandum provides guidance for facilities to meet the new requirements.
- **Revised COVID-19 Focused Survey Tool** - To assess compliance with the new testing requirements, CMS has revised the survey tool for surveyors. We are also adding to the survey process the assessment of compliance with the requirements for facilities to designate one or more individual(s) as the infection preventionist(s) (IPs) who are responsible for the facility's infection prevention and control program (IPCP) at 42 CFR § 483.80(b). In addition, we are making a number of revisions to the survey tool to reflect other COVID-19 guidance updates.

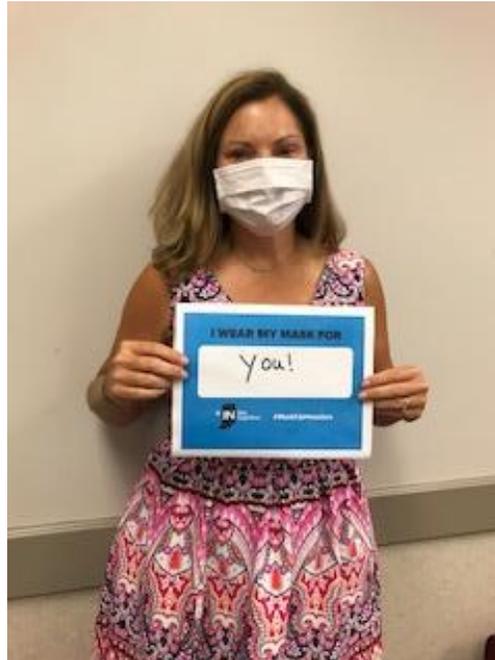
On August 25, 2020, CMS published an interim final rule with comment period (IFC), CMS-3401-IFC, entitled "[Medicare and Medicaid Programs, Clinical Laboratory Improvement Amendments of 1988 \(CLIA\), and Patient Protection and Affordable Care Act: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency](#)". CMS's recommendation below to test with authorized nucleic acid or antigen detection assays is an important addition to other infection prevention and control (IPC) recommendations aimed at preventing COVID-19 from entering nursing homes, detecting cases quickly, and stopping transmission. Swift identification of confirmed COVID-19 cases allows the facility to take immediate action to remove exposure risks to nursing home residents and staff. CMS has added

4 More Infection Preventionists Join



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Questions/ Contact

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