IDH Data drives Decisions- (10/4/20)

IN Data Dashboard: [https://www.coronavirus.in.gov/2393.htm](https://www.coronavirus.in.gov/2393.htm)

Indiana (IN): 2,166,366 tests / 125,146 total positive cases IN (8.1% positivity rate)/ 3447 deaths in

Long Term Care (LTC): 8041 Resident Positive cases /1995 deaths in LTC (58%) of Indiana’s deaths

• CDC continues to believe that people are more likely to become infected the longer and closer they are to a person with COVID-19. person to person contact.

• Update acknowledges the existence of some published reports showing limited, uncommon circumstances where people with COVID-19 infected others who were more than 6 feet away or shortly after the COVID-19-positive person left an area. In these instances, transmission occurred in poorly ventilated and enclosed spaces that often involved activities that caused heavier breathing, like singing or exercise. Such environments and activities may contribute to the buildup of virus-carrying particles.

• CDC’s recommendations remain the same based on existing science and after a review of the guidance.

• People can protect themselves from the virus that causes COVID-19 by staying at least 6 feet away from others, wearing a mask that covers their nose and mouth, washing their hands frequently, cleaning touched surfaces often and staying home when sick.
IDH Changing PPE guidance for All zones!

• **Going Back to the basics:** Transmission Based Precautions with single use gowns for our COVID red zone! May reuse N 95 & masks/eyewear per shift. Gowns are to be single resident use.

• Changing recommendations for N 95 masks to all Transmission Based Precautions for Droplet-Contact.
  o Many K N95 mask are not considered “N95” level- if they are used the HCP must wear faceshield/not goggles when in use with COVID + and Symptomatic
  o Red and Yellow zones with any COVID + or symptomatic resident
  o New admission and re-admissions in quarantine 14 days
  o Residents testing positive POC awaiting any confirmatory testing

• Addition of Universal Eye Protection for all facilities for all direct care givers.

• Addition of Surgical mask and Universal Eye Protection for all residents with non-COVID status or not in Transmission Based Precautions across all of the facility (green zone).
Eye Protection- CDC updates *updated 10/05

• To align with updated Centers for Disease Control and Prevention (CDC) updated guidance (10.05.20) on potential transmission by aerosol transmission, Indiana Department of Health is now recommending the use of eye protection as a standard safety measure to protect long-term care (LTC) healthcare personnel (HCP) who provide essential direct care within 6 feet of the resident in all levels of care in all LTC and AL.

• This is for all zones: green, yellow and red for COVID outbreak control.

• This includes the delivery of direct care for All residents in All facilities in LTC, AL and Residential buildings.

• This already includes residents who are on COVID positive units and symptomatic, or are quarantined (14 days) in transmission-based precautions for droplet contact.

New admission/re-admission guidance

Facilities should place new admissions in and practice effective transmission-based precautions (TBP) to prevent transmission of COVID-19 for 14 days after admission. They are not required to test residents upon admission or within a specified period upon admission to continue internal activities or visitation from family/the community.

• The CDC does not recognize a single negative test upon admission being used to remove the resident from 14-day quarantine after admission.

• Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE.

• You do not test out of quarantine.....TBP should be for 14 days.
Transmission-Based Precautions *updated 10.06.20

- **N 95 Mask-Universal**
  - Eyewear/Faceshield or goggles (Faceshield with K N95), Gowns and gloves.
  - Gowns must be single use per resident, if reuse in process 1 gown per HCP per resident

- **Universal Surgical Mask**, and
  - Universal Eyewear/Faceshield or goggles in all direct care < 6 feet, gloves, Hand Hygiene and Standard precautions, including Hand Hygiene in all zones!!!
Identification of Healthcare Providers (HCP) assigned to COVID-19 care units:

**Staffing for COVID-19 positive building** *(updated 10.06.20)*

**Red Light**
- **Identify HCP who will be assigned to work only on the COVID-19 care unit when it is in place as a priority. Wear Full PPE for TBP.**

**Yellow Light**
- **HCP use TBP and Full PPE and may share work load if needed with the green zone as residents here are monitored for Unknown COVID status.**

**Green Light**
- **Use Standard precautions, Universal masking and eyewear, for all direct care < 6 ft. for protection of splash or spray and in COVD + buildings.**


- Staff should work: **COVID + building: “clean” Unit(s) à Droplet (+) iso/new admit/re-admit rooms/units à COVID + unit(s)**
Fit for Duty~ Healthcare Personal (HCP) Screening

HCP should self-screening should occur daily when logging on to your workstation. Daily you should self-screen yourself with these COVID-19 questions and **do not report to work or LTC facility** if you answer yes to any of these questions:

1. Have you had close contact with someone who has tested positive for COVID-19 with in the past 14 days? (without wearing proper PPE).
2. Are you currently ill? Do you have symptoms of a cold, cough, or shortness of breath? Have you temporarily lost your sense of taste or smell?
3. Do you currently have a fever or have you had a fever in the past 24 hours without taking fever reducing medications?
4. IF you answer yes to any of these questions then you should contact your program manager and discuss next steps, followed by contacting your health care provider.
5. Do you live with someone who has been identified as a close contact?

   **Are you taking the proper precautions for this: Not sharing bedroom, bathroom, food, drinks, wearing masks< 6 ft. apart during this quarantine time (14) days.**

6. IDH IP team is working on a standardized screening tool
Common symptoms COVID-19 and Flu shared

Both COVID-19 and flu can have varying degrees of signs and symptoms, ranging from no symptoms (asymptomatic) to severe symptoms. Both have:

• Fever or feeling feverish/chills
• Cough
• Shortness of breath or difficulty breathing
• Fatigue (tiredness)
• Sore throat
• Runny or stuffy nose
• Muscle pain or body aches
• Headache

• Some people may have vomiting and diarrhea, though this is more common in children than adults for the Flu- with COVID you may have nausea and diarrhea
When do symptoms occur?

Similarities:
• For both COVID-19 and flu, 1 or more days can pass between a person becoming infected and when he or she starts to experience illness symptoms. ****

Differences:
• If a person has COVID-19, it could take them longer to develop symptoms than if they had flu. (up to 14 day)

• Flu
  • Typically, a person develops symptoms anywhere from 1 to 4 days after infection.
    • Flu Symptoms

• COVID-19
  • Typically, a person develops symptoms 5 days after being infected, but symptoms can appear as early as 2 days after infection or as late as 14 days after infection, and the time range can vary.
    • COVID-19 Symptoms

***Don’t confuse your negative COVID test today as safe grounds to not Wear a Mask or Physical Distance < 6feet

IF you are symptomatic Stay Home!
How long someone can spread the virus?

Similarities:
• For both COVID-19 and flu, it's possible to spread the virus for at least 1 day before experiencing any symptoms. *May have a Negative COVID test on that day!

Differences:
• If a person has COVID-19, they may be contagious for a longer period of time than if they had flu. *Up to 10 days per CDC

Flu
• Most people with flu are contagious for about 1 day before they show symptoms.
• Older children and adults with flu appear to be most contagious during the initial 3-4 days of their illness but many remain contagious for about 7 days.
• Infants and people with weakened immune systems can be contagious for even longer.
• This means you pass on the flu to someone else before you even know you are sick.

Indiana Department of Health
How long someone can spread the virus that causes COVID-19 is still under investigation.

It's possible for people to spread the virus for about 2 days before experiencing signs or symptoms and remain contagious for at least 10 days after signs or symptoms first appeared.

If someone is asymptomatic or their symptoms go away, it’s possible to remain contagious for at least 10 days after testing positive for COVID-19.
Who should get the Flu Vaccine!!

Everyone! 2020–21 ACIP Influenza Statement
Core recommendation (unchanged): Annual influenza vaccination is recommended for all persons aged 6 months and older who do not have contraindications.

Highest risk same as COVID!
- People 65 years and older are at high risk of developing serious complications from flu compared with young, healthy adults.
- People with chronic health conditions.
  - Asthma
  - Heart Disease & Stroke
  - Diabetes
  - Chronic Kidney Disease
Who should not get vaccinated?

- Persons with Suspected or Confirmed COVID-19
- Routine vaccination should be deferred for persons with suspected or confirmed COVID-19, regardless of symptoms.
Multiple Outbreaks due to HCP

- **Asymptomatic**- Now we have weekly testing so just because you test negative does not mean you can forgo the mask and physical distancing outside of work.
- **Staff going to social gatherings** not using physical distancing and mask, parties with co-workers,
- **Self screening**- coming to work with “allergies” vs. waiting out the symptoms to assure it is not flu or COVID- several outbreaks this past month
- **Carpools**- you should wear a mask if less than 6 feet apart and in closed ventilation areas!
- **Eating lunch together** not physical distancing
- **Smoking together outside in close contact**- Vaping and cigarettes
- **Scrubs**- SOP asks that HCP change out of scrubs at end of shift and wear street clothes home; now is the time to be extra vigilant our numbers are going up!
When to wear a mask outside of work! Yes or No

- When it says to in business's policy or sign? YES
- When outdoors walking in crowds? YES
- When exercising alone? NO- HOWEVER....
  - Have one in your pocket when outside exercising, walk, bike etc. as people approach you to talk- mask up!
- Eating inside a restaurant- YES when not eating- walking into the restaurant and in between eating & when talking YES....ventilation is not as good as outside
- In a empty elevator- YES, who knows who will enter
- IF I am talking and someone does not understand me- should I take it down? NO....
  - You tend to speak louder and more forceful- defeats the purpose, spreads virus more
- When talking on my cell phone walking around- YES- same as above
- If in a movie theater- YES, risk of crowds and poor ventilation
  - KNOW YOUR RISK FACTORS!!!!
Infection Prevention is up to you!

Hand Hygiene (HH)
- ABHRs are preferred by CDC unless hands are soiled, after restroom and before eating.
  - > 60% Alcohol content recommended.
- Hand washing is for 20 seconds.

Proper PPE - Universal masking
- What you do outside of work matters!
- Use surgical masks properly!! Direct caregivers add eye protection

Environmental cleaning - cellphone use, high touch cleaning, do it often
- Use approved COVID 19 or SARSCoV2 kill claims- most alcohol and bleach products have this claim at home and in your car.

Outdoor Visits
- Physical distancing and universal masking still applies

Indoor Visits
- Physical distancing and universal masking still applies
- Visiting in Transmission Based Precautions, PPE, HH, HH, HH
Current Guidance is being updated

Toolkit
Faceshields/ Masks/ Gown use
IC SOP/ Checklist
Back on Track
Job aides FAQs New: Testing/ Transmission Based Precautions/HCP work restrictions
Standard Screening Tools
HCP “How to stay safe outside work”
• Janene Gumz – Pulaski RN, CIC District 1
• Jennifer Kosar RN, District 2 & 3
• Victor Zindoga RN, District 2 & 3
• Angela Badibanga MPH, District 4
• Erin Swartz MPH, District 5 – Hamilton / ½ Marion Co.
• Deanna Paddack RN, District 5 Johnson / ½ Marion Co.
• DeAnn Martin RN, District 7
• Karen Perry RN-NP, District 8
• Mary Enlow RN, District 10
• Nyehla Irsheid - Epidemiologist LTC

Two Openings: District 6 and District 9 (Jennifer Spivey covering openings)
Questions/Contact

Please use chat box or email questions.

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