



**Indiana  
Department  
of  
Health**

# INFECTION PREVENTION UPDATES

JENNIFER SPIVEY, MSN, RN, CNOR, CIC, FAPIC  
PROGRAM MANAGER, INFECTION PREVENTION

11/12/20

# CDC: Close Contact updated 10.22.20

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## New Close Contact Definition:

Someone who was within 6 feet of an infected person for a **total of 15 minutes or more over a 24-hour period\*** starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>

*\* Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define "close contact;" however, 15 cumulative minutes of exposure at a distance of 6 feet or fewer can be used as an operational definition for contact investigation.*

# CDC: Close Contact updated 10.22.20

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- Any duration should be considered prolonged exposure if during an aerosol generating procedure (AGP).
  - Staff wearing N95 and appropriate PPE while exposed to AGP would not require quarantining
- Factors to consider when defining close contact include:
  - Proximity (closer distance likely increases exposure risk)-
  - Duration of exposure (longer exposure time likely increases exposure risk)
  - Whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding)
  - If the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors).

The CDC's close contact definition:

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>



# HCP tests + – Resident “close contact” exposures

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Residents who are part of contact tracing in the facility exposed by HCP who test positive either symptomatic or asymptomatic, designated by being a close contact with > 15 min cumulative exposure over 24 hours (**HCP masked or unmasked**) are considered exposed residents and are placed in TBP and facility begins outbreak testing.

Residents do not need to move rooms at this point. “Shelter in place in TBP” during this timeframe for outbreak testing to exposures. If a resident test’s positive or becomes symptomatic then movement to the COVID unit would be warranted per guidance. (see LTC antigen testing algorithm)

A single new case of SARS-CoV-2 infection in any HCP or a nursing home-onset SARS-CoV-2 infection in a resident should be considered an outbreak. When one case is detected in a nursing home, there are often other residents and HCP who are infected with SARS-CoV-2 who can continue to spread the infection, even if they are asymptomatic.

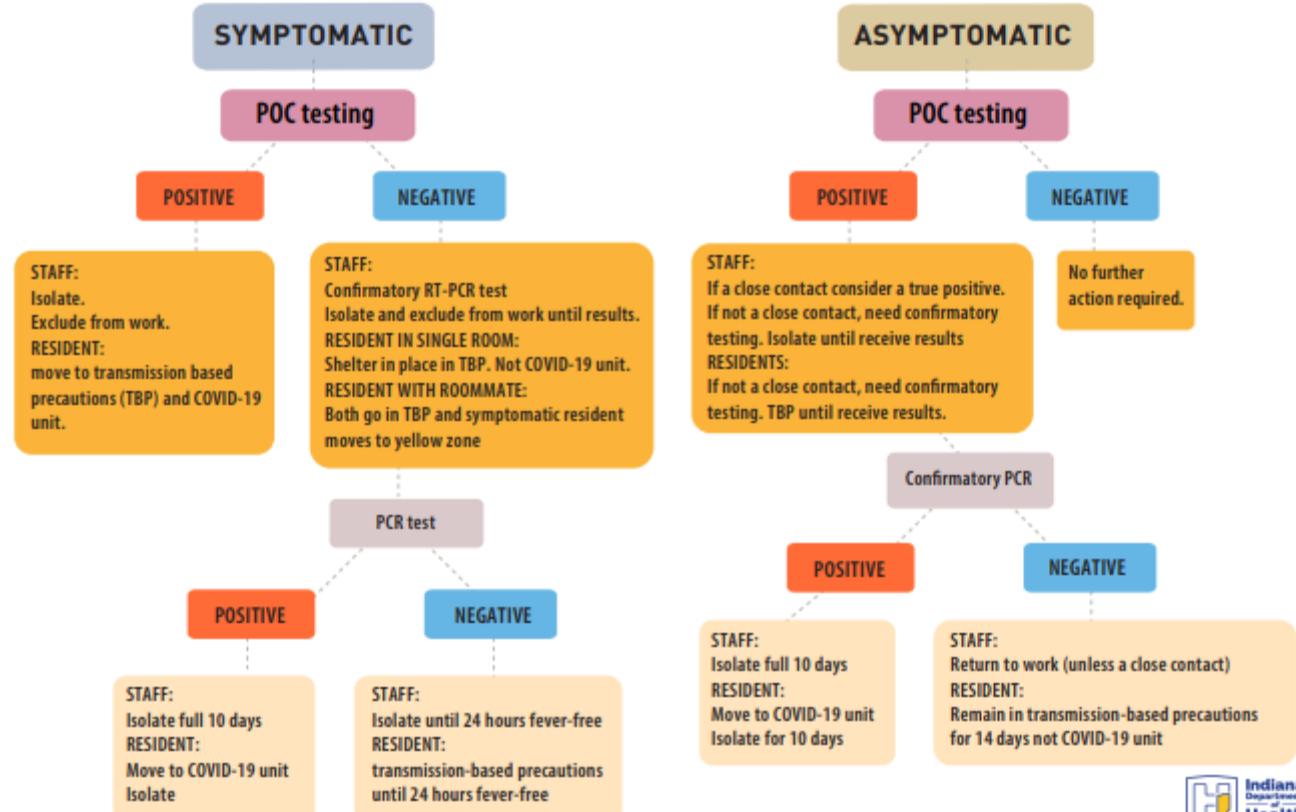
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

# LTC COVID-19 Antigen Testing

## COVID-19 ANTIGEN TESTING LTC

Antigen tests detect the presence of a specific viral antigen, which suggests a current viral infection. An antigen spurs the immune system to produce antibodies, which attach to antigens. This either helps the body destroy the antigens or makes them harmless. The test analyzes a fluid sample, collected from a nasal or throat swab. Antigen tests are relatively inexpensive and can be used at the point-of-care (POC). The currently authorized devices return results in approximately 15 minutes and are most effective when used to test people with symptoms of COVID-19 within seven days of symptom onset. Please refer to the chart below to interpret antigen testing results.



# What's New 11.06.20 HCP work restrictions

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The interim guidance was updated on Nov. 6, 2020.

- Updates were made to clarify that the time period of 15 minutes or more, which is used to define “prolonged” close contact, refers to the cumulative amount of time a person is exposed on one or more individuals with SARS-CoV-2 infection during a 24-hour period. The operational definition of **“prolonged” refers to a cumulative time period of 15 or more minutes during a 24-hour period**, which aligns with the time period used in the guidance for community exposures and contact tracing.
- For the purposes of this guidance, **any duration** should be considered prolonged if the exposure occurs during performance of an aerosol generating procedure.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

# HCP with Community Exposures

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- "Community exposure (spouse with COVID) is at higher risk of becoming infected and infectious than exposures that occur at work (because they should be using proper precautions.) Those people need to quarantine at home unless there is a staffing shortage and their absence will lead to unsafe or inability to properly care for residents (patients.)
- Work Exposures should follow the Work Restriction guidance:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

# Interim Guidance for Risk Assessments and Work Restrictions 11.06.20

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HCP who had prolonged<sup>1</sup> close contact<sup>2</sup> with a patient, visitor, or HCP with confirmed COVID-19 follow this guidance:

- If HCP are not wearing N95 or facemask-**Exclude from work 14 days after last exposure**
- If HCP are not wearing eye protection and the person with COVID was not wearing a cloth mask (resident) - **Exclude from work 14 days after last exposure**
- If HCP not wearing all recommended PPE gown, gloves, eye protection, N95 for aerosol generating procedures- **Exclude from work 14 days after last exposure**
- For staffing risk mitigation per CDC: **HCP that test or are ASYMPTOMATIC may work on the COVID unit, all these HCP should monitor themselves for fever and symptoms of COVID 19 and will be excluded from work if they become symptomatic for 10-20 days, depending on level of illness from the onset of the first COVID symptoms/+ 24 hours fever free.**
- Mitigating work restrictions: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

# Interim Guidance for Risk Assessments and Work Restrictions 11.06.20

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HCP who had prolonged<sup>1</sup> close contact<sup>2</sup> with a patient, visitor, or HCP with confirmed COVID-19 and are wearing proper PPE in TBP, Universal facemask and eye protection < 6 feet of residents. - **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-19<sup>6</sup> and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19<sup>6</sup> at the beginning of their shift.
- Any HCP who develop fever or symptoms consistent with COVID-19<sup>6</sup> should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

# What's New CDC screening guidance 11.04.20

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- CDC provided options for screening individuals (healthcare personnel, patients, visitors) prior to entrance into a healthcare facility. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- IDOH still believes that in person “active” screening and temperatures should occur at the beginning of every shift for HCP entering the LTC facility.
- HCP should still report to the facility fit for duty as described in our Fit for Duty HCP Screening tool. <https://www.coronavirus.in.gov/2399.htm>
- Nursing home residents still remain at the highest risk for complications of COVID-19 both for morbidity and mortality.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

# Fit for Duty: Healthcare Personnel (HCP) Screening

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All HCP should daily self- screen before going to work with these COVID-19 questions and **do not report to work or LTC facility** if you answer yes to any of these questions.

In addition HCP will be screened upon entry to the LTC facility daily:

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 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? Not sharing bedroom, bathroom, food, drinks, wearing masks< 6 ft. apart during this quarantine time (14 days).**

# Thanksgiving Guidance

## COVID-19 TIPS FOR CELEBRATING A SAFER **THANKSGIVING**

ENJOY THANKSGIVING ACTIVITIES AND TAKE THESE PROTECTIVE STEPS TO PROTECT YOURSELF AND YOUR FAMILY FROM GETTING OR SPREADING COVID-19.

### LOWER RISK ACTIVITIES

- Having a small dinner with only people who live in your household
- Preparing traditional family recipes for family and neighbors, especially those at higher risk of severe illness from COVID-19, and delivering them without contact including leaving on a doorstep
- Having a virtual dinner and sharing recipes with friends and family
- Shopping online rather than in person on the day after Thanksgiving or the next Monday
- Watching sports events, parades and movies from home



### MODERATE RISK ACTIVITIES



- Having a small outdoor dinner with family and friends who live in your community
- Lower your risk by following CDC's recommendations on hosting gatherings or cook-outs.
- Visiting pumpkin patches or orchards where people use hand sanitizer before touching pumpkins or picking apples, wearing masks is encouraged or enforced, and people are able to maintain social distancing
- Attending a small outdoor sports events with safety precautions in place

### HIGHER RISK ACTIVITIES

Avoid these higher risk activities to help prevent the spread of the virus that causes COVID-19:

- Going shopping in crowded stores just before, on, or after Thanksgiving
- Attending large indoor gatherings with people from outside your household
- Participating or being a spectator at a crowded race
- Using alcohol or drugs, which can cloud judgment and increase risky behaviors



# Thanksgiving Guidance

## LONG-TERM CARE

We recommend visiting with loved ones at the long-term care facility either through outdoor visitation or in those facilities where it is deemed safe through indoor visitation instead of visitations in your home. More detailed guidance is available [here](#).

The following people should not attend in-person holiday gatherings

- **People with or exposed to COVID-19:** Do not host or participate in any in-person gatherings if you or anyone in your household
  - Has been diagnosed with COVID-19 and has [not met the criteria for when it is safe to be around others](#)
  - Has [symptoms of COVID-19](#)
  - Is waiting for COVID-19 [viral test results](#)
  - May have been [exposed to someone with COVID-19 in the last 14 days](#)
  - Is at increased risk of severe illness from COVID-19
  - Do not host or attend gatherings with anyone who has COVID-19 or has been exposed to someone with COVID-19 in the last 14 days.

# Thanksgiving Guidance

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## **Reduce the risk for anyone at your house with increased risk of severe illness:**

- **Decrease exposures:** Prior to your holiday gatherings, avoid indoor settings with people you don't live with where you cannot socially distance or wear a mask (e.g., indoor social events, bars, restaurants, carpooling).
- **Wear a mask:** Wear a cloth mask at all times when you are in indoor locations outside of your house or at outdoor events
- **Wash your hands:** Regularly wash your hands or use hand sanitizer and ask those coming in your house to do the same. When at-risk individuals are visiting, wear a mask while visiting with them inside your house, that includes riding in the car.
- **Physically distance:** Set up your house so you can physically distance with individuals who have high-risk health conditions while they are visiting you and during meals or other times when a mask cannot be worn. If possible, have separate bedroom and bathroom for the at-risk individual.

# Thanksgiving Guidance

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## **Reduce the risk for anyone at your house with increased risk of severe illness:**

- **Screen:** Ask anyone entering or staying in your house if they have had symptoms (e.g., fever, body aches, fatigue, runny nose, cough) of COVID-19 or if they have had a recent exposure to someone with COVID-19. Anyone in your house with symptoms should be isolated and anyone with exposures should be quarantined. If possible, get you and your household tested for COVID-19 in time to receive the results before having high risk individuals in your home.
- **Clean surfaces:** Designate someone to regularly clean high touch surfaces in your house (e.g., tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.).
- **Air flow:** Make environmental changes to decrease the indoor spread of COVID-19. This includes cracking windows, use of room HEPA filters, humidifiers and opening blinds.

# Healthcare Reserve Workforce

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- Started this reserve workforce last spring with Bowen Center
- 1,500 reservists that indicated they were available full- or part-time
  - Many of these have matched to long-term care facility requests.
  - Since Nov. 2, 26 NEW reservists signed up
- IDOH is sending a new recruitment survey via email to licensed healthcare workers in the state because we still have a need:  
<https://redcap.uits.iu.edu/surveys/?s=EPC3YRFXJ3>
- **Slogan: Rise Up. Respond. Reinforce.**

# HCP practices that affect outbreaks

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- **Asymptomatic-** Now we have weekly testing for COVID in SNF, 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, holiday gatherings
- **Self screening-** coming to work with “allergies” vs. waiting out the symptoms to assure it is not flu or COVID-19 several outbreaks this past month
- **Carpools-** you should wear a mask if fewer than 6 feet apart and in closed ventilation areas
- **Eating lunch together** not physical distancing
- **Smoking together outside in close contact-** Vaping and cigarettes at close entrances with residents also in the mix
- **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!
- **Limit time together** with all in the facility during outbreaks to not be that close contact

# Our IP team: 11.09.20 is full!

## District 1: 66 facilities

Janene Gumz-Pulaski RN,  
CIC [JGumzPulaski@isdh.in.gov](mailto:JGumzPulaski@isdh.in.gov)  
317-499-3877

## District 2 and 3: (shared 143 ) 72 facilities each

Jennifer Kosar RN, [JKosar@isdh.IN.gov](mailto:JKosar@isdh.IN.gov)  
317-476-0947,  
and Victor Zindoga RN, [vzindoga@isdh.in.gov](mailto:vzindoga@isdh.in.gov)  
317-509-8964

## District 4: 67 facilities

Angela Badibanga MPH [Abadibanga@isdh.in.gov](mailto:Abadibanga@isdh.in.gov)  
317-695-3335

## District 5: (shared 135)

### 65 facilities each

Erin Borst MPH, [EBorst@isdh.IN.gov](mailto:EBorst@isdh.IN.gov)  
317-719-0776 and  
Deanna Paddock RN [dpaddack@isdh.in.gov](mailto:dpaddack@isdh.in.gov)  
317-464-7710

## District 6: 68 facilities

Tanya Canales RN  
[tcanales@isdh.in.gov](mailto:tcanales@isdh.in.gov)

## District 7: 60 facilities

DeAnn Martin RN  
[demartin2@isdh.in.gov](mailto:demartin2@isdh.in.gov)  
317-450-8049

## District 8: 72 facilities

Karen Perry APRN  
[kperrry@isdh.in.gov](mailto:kperrry@isdh.in.gov)  
317-903-5329

## District 9: 68 facilities

Mary Land RN  
[maland@isdh.in.gov](mailto:maland@isdh.in.gov)

## District 10: 63 facilities

Mary Enlow RN  
[menlow@isdh.in.gov](mailto:menlow@isdh.in.gov)  
317-727-8431

Total 737 Facilities

Long Term Care Infection Prevention Team Districts  
Tina Feaster CIC- Healthcare Associated Infections Supervisor  
[Cfeaster@isdh.in.gov](mailto:Cfeaster@isdh.in.gov) 317-233-7825

District 1: 66 facilities  
Janene Gumz-Pulaski RN,  
CIC [JGumzPulaski@isdh.in.gov](mailto:JGumzPulaski@isdh.in.gov)  
317-499-3877

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Jennifer Kosar RN, [JKosar@isdh.IN.gov](mailto:JKosar@isdh.IN.gov)  
317-476-0947,  
and Victor Zindoga RN, [vzindoga@isdh.in.gov](mailto:vzindoga@isdh.in.gov)  
317-509-8964

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[Abadibanga@isdh.in.gov](mailto:Abadibanga@isdh.in.gov)  
317-695-3335

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Erin Borst MPH, [EBorst@isdh.IN.gov](mailto:EBorst@isdh.IN.gov)  
317-719-0776 and  
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[demartin2@isdh.in.gov](mailto:demartin2@isdh.in.gov)  
317-450-8049

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Karen Perry APRN  
[kperrry@isdh.in.gov](mailto:kperrry@isdh.in.gov)  
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[menlow@isdh.in.gov](mailto:menlow@isdh.in.gov)  
317-727-8431

Total 737 Facilities



Jennifer Spivey MSN, RN, CNOR, CIC, FAPIC – Program Manager, Infection Prevention

[Jspivey1@isdh.in.gov](mailto:Jspivey1@isdh.in.gov) 317-471-7844

# Questions/Contact

Please use chat box or email questions.

**Jennifer K. Spivey MSN, RN, CNOR, CIC, FAPIC**

Infection Prevention Program Manager

Epidemiology Resource Center

Indiana Department of Health

[jspivey1@isdh.in.gov](mailto:jspivey1@isdh.in.gov)

317-471-7844

