

March 24, 2022

LTC COVID-19 Update

Presented by:

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Today's Topics

- Review of masks, aerosol generating procedures and travel – Dr. Vuppalanchi
- NHSN update – Kara Dawson
- Guidance review as community transmission rates continue to decrease – Lori Davenport
- Q&A

Restorative Nursing Excellence, a webinar series that starts Apr. 7, details [HERE](#)


Competency in Infectious Diseases Common in Post-Acute Care Settings, a webinar on Apr. 19, details [HERE](#)



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Review CDC Guidance “Up-to-date” as community transmission rates continue to decline

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COVID-19 Infection Confirmed

- Residents with confirmed COVID-19 infection should be placed into a designated **(red unit or red room)** with TBP until criteria to discontinue TBP is determined.
 - Regardless of vaccination status
 - Confirmed infection



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Up-To-Date

- Quarantine is usually not needed for a person that is **asymptomatic and up-to-date** with all recommended and/or eligible Covid-19 vaccine doses or have recovered from COVID-19 infection in the past 90 days.
- Testing still applies in some cases



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New Admissions - Readmissions

- In general, all residents who are not up to date with all recommended COVID-19 vaccine doses and are new admissions and readmissions **should be placed in quarantine**, even with a negative test upon admission, and should be tested as described in the testing section of the guidance; COVID-19 vaccination should also be offered.



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Allowance

- Facilities located in counties with **low community transmission** might elect to use a risk-based approach for determining which of these residents require quarantine upon admission.

Documentation is the key!

- ✓ Screen for close contact with someone with COVID-19 while outside of the facility.
- ✓ Was there adherence to infection prevention and control practices in health care settings, during transportation etc.
- ✓ Is the individual up-to-date with all recommended vaccinations ?



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Newly Admitted Readmitted or Out for > 24 Hours – Testing

- Regardless of vaccination status
 - Series of two viral tests for COVID-19 infection immediately upon return or arrival and if negative, again in five to seven days after the admission or return, unless recently recovered from COVID-19 infection in past 90 days and asymptomatic.



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Resident Exposures – Not up-to-date

- Place in quarantine for 10 days (or seven days with a negative test) after their exposure.
- Day of exposure is day 0 – even if viral testing is negative.
- HCP should use full PPE when caring for these residents – Yellow Zone



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Resident Exposures –Up-to-date or Who Have Recovered from COVID-19 in Prior 90 days

- Should wear source control and be tested as described in the testing section.
- No quarantine
- No restrictions to their room
- HCPs are not required to wear full PPE during care
- **If resident becomes symptomatic or tests positive --- Go RED !**
- Always consider quarantine for immunocompromised residents



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FYI – Reminder

- A test-based strategy and (if available) consultation with ID experts recommended in determining duration of TBP for residents with COVID-19 who are moderately to severely immunocompromised.



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Your Checklist – At the Entrance

- Encourage everyone to remain up-to-date with all recommended COVID-19 vaccine doses. – Front door postings and ongoing employee education and resident care plans.
- Posted community transmission rate – not mandatory but helpful and informative – high –medium - low
- Ensure a process is in place to identify and manage folks with suspected or confirmed COVID-19 infection.
- Screen all before entry for the following:
 1. **A positive viral test for COVID-19**
 2. **Symptoms of COVID-19**
 3. **Close contact with someone with COVID-19 infection**



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Employees – Up-To-Date

- ✓ Asymptomatic
- ✓ Do not become symptomatic
- ✓ Had higher risk exposure
- ✓ Up to date with all recommended /eligible vaccine doses
- ✓ Do not test positive for COVID-19

Do not require work restriction



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Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

"Up to Date" with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](#)

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards).


Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test [†] , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 [‡] and 5-7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test [†]	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5-7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work
[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

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cdc.gov/coronavirus

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Source Control Options for HCP

- NIOSH approved N95 or equivalent or higher respirator
- A well –fitting facemask
- A respirator approved under standards used in other countries that are like NIOSH approved filtering facepiece respirators – KN95 – **Do not use in yellow or red zones**

When **used solely for source control** – any of these options can be used for the entire shift unless soiled or damaged.

When used during care of a resident with COVID-19 infections – remove and discarded after the patient care encounter and a new mask donned.



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Source Control and Physical Distancing

- Rule of thumb – When physical distancing is feasible and not interfere with care – use source control and physical distancing.
- Especially important for individuals who live or work in counties with substantial to high community transmission
- For those not up-to-date with all recommended and eligible vaccinations
- For anyone with confirmed COVID-19 infection
- Have moderate to severe immunocompromise
- Close contact or higher risk exposure
- Mandated by public health authorities



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Allowances - HCP

- Up-to-date with all recommended COVID-19 vaccine doses
- Not suspect or confirmed COVID-19 infection or other respiratory infection (runny nose, cough, sneeze)
- Have a higher risk exposure with someone with COVID-19 for 10 days after their exposure including those residing or working in areas of healthcare facility that is in an outbreak.
- Community transmission is low to moderate



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Allowances – HCP – continued

- Can choose to wear source control because of their unique situation or desire to protect themselves or others.
- Up-to-date HCP – could choose not to wear source control or physically distance when they are in well defined areas that are restricted from resident access.
- Masks should be worn in all resident areas or areas in which residents can go. – Example – shared smoking areas



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Patient Visitation

- Safest is to distance and use source control especially if at risk for severe disease or are not up to date with all COVID-19 recommended vaccine doses.
- If resident and visitor(s) are up to date with all recommended COVID-19 vaccines doses – can choose not to wear source control and to have physical contact.
- Visitors should wear masks when around other residents or HCP – regardless of vaccination status.



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Allowances – Residents

- Residents who are up to date with all recommended COVID-19 vaccine doses in areas of low to moderate transmission.
 - May choose to not wear source control when in communal areas of the facility.
 - At risk individuals should consider continuing to practice distancing and use of source control.



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Outdoor visitation

- When to Wear a Mask
- Visitor is at risk
- Community Levels are high
- Visiting a high-risk individual that is not up-to-date on all recommended vaccine doses.

Use layered prevention strategies – can use the same with added precautions for exempted HCP's



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Q&A

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