

June 16, 2022

LTC COVID-19 Update

Presented by:

Lori Davenport, Director of Regulatory & Clinical Affairs
Indiana Department of Health Team



1

Today's Topics

- Staying current – COVID-19 vaccination guidance & reminders
- FAQs of the week
- Highlights of the PBJ manual release from CMS
- Q&A

Competency in Multidrug Resistant Organisms (MDRO) for the Infection Preventionist, a webinar on June 21, details [HERE](#)

DON Workshop for SNF nurses, June 29-30, details [HERE](#)

IHCA/INCAL Annual Convention & Expo, registration open, details [HERE](#)

2

COVID-19 Vaccinations

- Cases are on the rise across the country.
- Continue to encourage staff and residents to current with vaccinations.



3

CDC – Made a change and Defines up to date

- An individual having received all doses in the primary series and all boosters recommended when eligible.
 - Recently – individuals over 50 are recommended to receive a second booster of either Pfizer or Moderna COVID-19 vaccine at least four months after their first booster
- This change did not impact the CMS vaccine mandate



4

Staying current is important
Various guidance from CMS hinges on
resident or staff up to date status

5

What Various Guidance?

- Nursing Home Visitation Guidance ([QSO-20-39-NH](#))
- Nursing Home Testing Guidance ([QSO-20-38-NH](#))
- Nursing Home COVID-19 Vaccination Requirements for Residents and Staff ([QSO-21-19](#))



6

Visitation

- Adherence to core principals of COVID-19 infection prevention mitigates concerns of spreading infection.
 - Masks in common areas – source control
 - Hand hygiene
 - Residents have the right to visitors of choice
 - Visitors, residents, or other representatives made aware of the risks associated with visitation and the visit occurs in a manner that does not place other residents at risk (in the resident's room), the resident is allowed to receive visitors of choice.



7

Core Principals

- Test positive, symptomatic, or meet criteria for quarantine – should not enter the facility – Screen!
- Hand Hygiene with ABHR - preferred
- Face covering (mouth and nose) & physical distancing
- Instructional signage – throughout the facility
- Cleaning and disinfecting
- Appropriate staff use of PPE
- Affective cohorting – assessment and tracing
- Resident and staff testing – as required



8

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, <i>regardless of vaccination status</i> , with signs or symptoms must be tested.	Residents, <i>regardless of vaccination status</i> , with signs or symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, <i>regardless of vaccination status</i> , that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, <i>regardless of vaccination status</i> , that had close contact with a COVID-19 positive individual.
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, <i>regardless of vaccination status</i> , facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents, <i>regardless of vaccination status</i> , facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).
Routine testing	According to Table 2 below	Not generally recommended

9

Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Staff <i>who are not up-to-date</i> ⁺
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

⁺Staff *who are up-to-date* do not need to be routinely tested.

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

10

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

 [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

11

Close Contacts and Testing - Residents

- Asymptomatic, regardless of vaccination status
 - Two tests – not before 24 hours and if negative, again day 5-7 after exposure.
- Testing is not needed if a person is within 90 days of recovery of COVID-19 infection and remains asymptomatic.



12

10 days or 7 days – what is it?

- TBP can end after day 10 following exposure (day 0) if asymptomatic.
- TBP may end after day 7 following the exposure (day 0), if a viral test is negative and asymptomatic. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of TBP.
- 10 days is recommended by CDC.



13

Staying current comes with benefits!

- Asymptomatic individuals who are up to date with all recommended COVID-19 vaccine doses or who have recovered from COVID infection in the prior 90 days do not require empiric use of TBP (quarantine) following a close contact with a person with COVID-19.



14

Questions of the week

- Is it true, assisted living facilities can stop requiring masks for visitors?
- Is it true, assisted living facilities can stop requiring masks for employees?
- Do I need to wear a face shield when transmission rate is high? Or when do I need to wear a face shield?



15

New PBJ Policy Manual Released

- Appropriate staff encouraged to review the updated manual
- Employees who have an ID change – Must use the method to link an old ID to the new ID. – This can occur when a facility switches payroll vendors. (page 8)
- Validate submissions in CASPER – run staffing reports and verify accuracy and completeness of submissions prior to the deadline. (page 5)



16

Continued - PBJ

- The definition for job code 1 – Administrative Services is clarified to state that only administrators and assistant administrators are to be reported in job code 1.
 1. Exclude AITs and other administrative personnel from this category. (page 16)



17

Continued PBJ

- Contract Personnel to be included in PBJ reporting
- Always check the CASPER report before you submit
- Submit before the deadline
- Check the public posted information on Care Compare – Is it accurate?



18



Q&A

IHCA.ORG

19

Contact Information

- Lori Davenport – IHCA/INCAL Clinical/Regulatory
 - ldavenport@ihca.org
 - 765-516-0148
- Amy Kent – Assistant Commissioner, IDH
 - amkent1@isdh.in.gov
 - 317-233-7289
- Jennifer Spivey – Infection Control, IDH
 - JSpivey1@isdh.IN.gov
 - 317-232-0639
 - 317-471-7844 cell
- Paul Krievins
 - pkrievins@isdh.in.gov
- Kelly White – Reporting, IDH
 - kewhite@isdh.in.gov
- Tammy Alley – Vaccine Questions, IDH
 - talley@isdh.in.gov
 - 317-223-7441
- Randy Synder – Vaccine Questions, IDH
 - rsnyder1@isdh.in.gov
- Russell Evans
 - russ@probarisystems.com
 - outreach@probarisystems.com
 - 317-804-4102
- Zach Cattell – IHCA/INCAL President
 - zcattell@ihca.org
- Dr. Shireesha Vuppalachchi – Clinical, IDH
 - svuppalachchi@isdh.in.gov
- Brenda Buroker – Survey, IDH
 - bburoker@isdh.in.gov
 - 317-234-7340
- Jan Kulik
 - jkulik@isdh.in.gov
 - 317-233-7480
- Peter Krombach
 - pkrombach2@isdh.in.gov
- Michelle Donner
 - midonner@isdh.in.gov
- Pam Pontones – CDC Guidance, IDH
 - ppontones@isdh.IN.gov
 - 317-233-8400
- Kara Dawson – NHSN
 - kdawson@qsource.org
 - 317-628-1145 OR contact:
 - Angeleta Hendrickson - ahendrickson@qsource.org
 - Teresa Hostettler - thostettler@qsource.org
- Deeksha Kapoor – IHCA/INCAL Communications/PR
 - dkapoor@ihca.org
- Rob Jones – IDH Gateway Assistance
 - rjones@isdh.in.gov
- David McCormick
 - DMcCormick@isdh.IN.gov
- Dr. Lindsey Weaver
 - lweaver@isdh.in.gov
- Langham Customer Service
 - 866-926-3420
 - Covidsupport@elangham.com



20



THANK YOU!

IHCA.ORG