



WHAT IS COVID-19?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. Patients with COVID-19 have experienced mild to severe respiratory illness, including fever, cough and shortness of breath. The virus that causes COVID-19 is a novel (new) coronavirus. It is not the same as other types of coronaviruses that commonly circulate among people and cause mild illness, like the common cold. Those who are older than 60, have underlying health conditions such as heart or lung disease, and diabetes, are particularly at risk.

HOW DOES COVID-19 SPREAD?

The virus that causes COVID-19 is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet) through respiratory droplets when an infected person coughs or sneezes. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or possibly their eyes, but this is not thought to be the main way the virus spreads.

PREVENT THE INTRODUCTION OF COVID-19 INTO YOUR FACILITY

Long-term care centers should take everyday preventive measures to help contain the spread of COVID-19.

- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
- Assess residents' symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

On March 12, 2020, Governor Eric J. Holcomb issued guidance that nursing facilities and hospitals should restrict and screen visitors. Any individual who is allowed to visit is restricted to the patient's room. Visitors are not allowed if they present with any of this criteria:

- Display signs or symptoms of illness, especially respiratory illness
- Have traveled internationally or been in contact with someone with a respiratory illness in the past 14 days
- Reside in a community with a known COVID-19 case
- Those who are younger than 18 years of age

PREVENT THE SPREAD OF COVID-19 WITHIN YOUR FACILITY

- Have a COVID-19 plan and checklist - https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf
- Keep residents and employees informed.
- Monitor residents and employees for fever or respiratory symptoms.
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
- Identify dedicated employees to care for COVID-19 patients and provide infection control training.
- Provide the right supplies to ensure easy and correct use of PPE.

- Report any possible COVID-19 illness in residents and employees to the local health department, including your state HAI/AR coordinator.

ISOLATION REMOVAL RECOMMENDATIONS

Long term care facility residents with COVID-19 should remain on standard contact and droplet precaution until at least 7 days since symptoms first appeared or 72 hours after resolution of fever, without use of antipyretic medication, and improvement in symptoms whichever is longer. Shedding may persist after symptom resolution but it is unclear what transmission risks this presents and prolonged isolation based on negative PCR testing as described below may not be feasible based on access to laboratory testing, availability of appropriate PPE, staffing shortages, and concern for resident quality of life. Consideration should be given to discontinuing standard contact and droplet precaution when respiratory symptoms are resolving, oxygen saturation has stabilized or improved and they have had no measured fever without use of antipyretic medication for 72 hours, and it has been at least 7 days since illness onset.

To protect this vulnerable population, the Indiana Department of Health is urging ALL long-term care facilities to immediately take the following aggressive actions to reduce the risk of introducing COVID-19 infection. If you have a resident with known or suspected COVID-19 infection, your local health jurisdiction may recommend you take more aggressive actions than those listed below.

VOLUNTARY LEAVES OF ABSENCE (NURSING HOMES AND RESIDENTIAL CARE FACILITIES)

1. All nursing home and residential care facility providers should strongly discourage voluntary resident leaves of absence (“VLOAs”) of any length. Such leaves create increased risks of COVID-19 exposure to the residents who leave and return, as well as others having contact with the returning resident.
2. If a resident (including family and legal guardians) insists on taking a VLOA, and the provider has a reasonable basis for concluding the resident will pose a COVID-19 exposure risk if allowed back in the facility, the provider may discharge the resident under 410 IAC 16.2-3.1-12(a)(8)(A), (B) and/or (C) (for nursing homes), or 410 IAC 16.2-5-1.2(r)(8)(A), (B), and/or (C) (for residential care facilities).
3. If a nursing home or residential care provider permits a resident to take VLOA and does not discharge the resident in accord with paragraph 2 above, the provider MUST permit the resident to return to the facility when the VLOA is done, and MUST implement appropriate isolation and containment protocols.
4. VLOAs do not include nursing home absences caused by hospital stays or therapeutic leaves. Those absences remain governed by 410 IAC 16.2-3.1-12(a)(25)-(27).
5. In nursing homes, the Medical Director may write a facility-wide no LOA policy/standing order due to public safety. If the resident of the nursing home chooses to go VLOA, in direct conflict with the policy/standing order of the Medical Director mandating no leaves of absence for any reason, including non-essential therapeutic leaves of absence, the resident would be doing so against medical advice and would be discharged.



We know that these measures deprive family of valuable time with their love ones. We encourage family and facilities to work out alternative ways to spend time together (e.g., video chat formats such as Skype or FaceTime). The Indiana State Department of Health continues to work with its state partners to provide resources to facilitate remote visits.

REDUCING PATIENT CONTACT

There is emerging evidence that many persons with COVID-19 may only have mild symptoms or no symptoms at all. These persons, however, can still be infectious. To prevent the spread of COVID-19 in your facilities among providers with no or mild symptoms, we recommend the following:

- Only essential providers should come in direct contact with patients.
- Those essential providers should wear a surgical mask for the duration of their shifts. While supplies are limited, masks should be conserved and only a single mask should be worn by staff each shift.
- Limit patient access to only those providing direct medical care (e.g., Nurses, QNA, QMAs, Hospice, EMS)
- Those staff who do not provide direct care (e.g., housekeeping, meal delivery, maintenance) should not, if possible enter patients' rooms.
- Cohort confirmed or presumed COVID-19 positive patients.
- Cohort, if possible, direct care providers caring for confirmed or presumed COVID-19 patients into one area of the building
- Other strategies to decrease spread can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

RECOMMENDING MASKS BE WORN BY DIRECT CARE PROVIDERS IN NURSING HOMES

While the most common symptoms reported in persons with coronavirus are fever and cough, there is emerging evidence that many persons can have the infection with few if any symptoms. Despite having a mild clinical course, these persons can still be infectious. In addition, persons may be infectious days before their symptoms begin. This is why social distancing works in the community. Decreasing the number of mildly ill, or asymptomatic, infectious persons that come in contact with the elderly and vulnerable populations can be done by keeping everyone in their home and 6 feet apart. Obviously, that cannot happen in a skilled nursing facility. Persons need to come into contact with the residents for their care and wellbeing. This is why we recommend that all direct care providers in skilled nursing and rehab facilitated wear a mask.

Limit resident contact to only direct care providers: We recognize that no definition can adequately capture all those who might need to come into direct contact with a resident. A suggested list, however, includes the following:

- Nurses
- Certified Nurse Assistants (CNAs)
- Qualified Medical Assistants (QMAs)



- Paramedics
- Hospice staff

Although we are continually working on increasing access to PPE, it is currently limited. Because of this, facilities should decrease the number of staff who come into direct contact with residents. This may require, for instance, limiting administrative, housekeeping, meal delivery, and other, staff from going into patients' rooms. We recommend facilities develop processes that allow them to continue their operations, but restrict direct patient contact to only those involved in medical care.

CONSERVING PERSONAL PROTECTIVE EQUIPMENT

Supplies of PPE are limited. This is why many cities in the United States, and around the world, are taking unprecedented steps to reduce PPE usage. As stated above, the best way to reduce transmission within a facility is to decrease provider to patient transmission.

An important step in doing this is preventing residents from coming into contact with respiratory droplets from providers. The easiest way to accomplish this is for providers to wear a mask. This does not mean providers need to wear an N95 mask. While these should be worn, if possible, if doing procedures that generate respiratory aerosols (e.g., nebulizer treatments) they are not needed for routine medical care. For this a standard hospital/surgical mask is adequate.

If supplies are limited, we recommend that each employee that provides direct care to patients wear a mask for the duration of their shift. This may require wearing a single mask each day. Should supplies become critically low, this may mean wearing a single mask on multiple days. While goggles and face shields can be cleaned and sterilized, we are not aware, at this time, of any methods that can clean and sterilize surgical masks. Continue to check the CDC website for additional strategies to conserve PPE - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

ADDITIONAL INFORMATION

Additional information and resources for COVID-19 are available at the links below.

- CDC COVID-19 guidance for long-term care facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- Guidance on release from isolation: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
- CDC COVID-19 print materials (posters and fact sheets in English, Spanish, and Chinese): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
- CDC health promotion materials (handwashing posters): <https://www.cdc.gov/handwashing/materials.html>
- ISDH COVID-19 webpage: <https://www.in.gov/isdh/28470.htm>