Updated 10/19/20

The Indiana Department of Health has updated its COVID-19 Toolkit for Long-term Care Facility Staff.

Toolkit includes:

- COVID-19 LTC Facility Infection Control Guidance SOP (10/19/20)
- Use of Face Shields or Protective Eyewear/Goggles (added & updated 10/19/20)
- Visitation Guidelines for Long Term Care Facilities (added & updated 10/19/20)
- Strategies for COVID-19 in Memory Care Units (05/16/20)
- Communication Guidelines for Informing Family Members during COVID-19 (05/03/20)
- COVID-19 Guidance for Hospital Discharge to Long-Term Care Facilities (08/17/20)
- Letter from Dr. Kristina Box – recommendations regarding use of masks by direct care providers (03/23/20)
- Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 (05/08/20)
- Long-Term Care (LTC) Respiratory Surveillance Line List & Outbreak Summary (03/12/19)
- COVID-19 Guidance for Healthcare Workers (03/17/20)
- Guidance for out-of-hospital facilities (08/17/20)
- Centers for Medicare & Medicaid Services (CMS) – QSO-20-20-All- Prioritization of Survey Activities (03/23/20)
- COVID-19 Focused Survey for Nursing Homes (05/08/20)
- Nursing Home Infection Prevention Assessment Tool for COVID-19 (no date)
- Visitor Alert Sign – English & Spanish (03/17/20)

COVID-19 LTC Facility Infection Control Guidance
Standard Operating Procedure

Date	Summary of Changes
10.19.20	• Add use of N95 (or approved KN95) and single resident gown for COVID+ and PUIs, add eye protection (face shield or goggles) for all direct resident care less than 6 feet all LTC-AL zones. TBP during COVID testing clarifications

WHAT IS COVID-19?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. Residents with COVID-19 have experienced mild to severe respiratory illness, including fever, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. 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. The risk for severe illness from COVID-19 increases with age, with older adults at highest 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 for a total of more than 15 minutes or longer) 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. There is new evidence that under certain conditions, people with COVID-19 seem to have infected others who were more than 6 feet away. These transmissions occurred within enclosed spaces that had inadequate ventilation. Sometimes the infected person was breathing heavily, for example while singing or exercising. (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html)

- o Under these circumstances, scientists believe that the amount of infectious smaller droplet and particles produced by the people with COVID-19 became concentrated enough to spread the virus to other people. The people who were infected were in the same space during the same time or shortly after the person with COVID-19 had left.
- o Available data indicate that it is much more common for the virus that causes COVID-19 to spread through close contact with a person who has COVID-19 than through airborne transmission.
- o The best way to protect yourself and to help reduce the spread of the virus that causes COVID-19 is to limit your interactions with other people as much as possible and take precautions to prevent getting COVID-19 when you do interact with others. Those steps include wearing a face covering, maintaining social distance of 6 feet and sanitizing your hands frequently.

- If you start feeling sick and think you may have COVID-19, get in touch with your healthcare provider within 24 hours and do not report to work with any symptoms of COVID even if you have a negative COVID test. A fever is one criteria whereby HCP should not report to the facility for work, facilities should be vigilant to not allow staff with

==runny nose and sore throats, as one example to work without first testing for COVID-19 and have those symptoms improve.==

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.

- ==Actively screen all healthcare personal (HCP), visitors, vendors entering the facility for symptoms of COVID 19 and any history of being a close== contact or exposed to COVID 19 positive or symptomatic person.
- Post signs at the entrance instructing visitors not to visit if they have symptoms of COVID 19 infection.
- Ensure sick leave policies allow employees to stay home if they have symptoms of COVID 19 infection.
- Assess residents' symptoms of COVID 19 infection upon admission to the facility, ==and daily during this pandemic== and implement appropriate infection prevention practices for incoming symptomatic residents.

Symptoms may appear **2-14 days after exposure to the virus.** People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficult breathing
- Fatigue
- Muscle or body aches
- Headache

- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

PREVENT THE SPREAD OF COVID-19 WITHIN YOUR FACILITY

- 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 resident 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.
- Cohort, if possible, direct care providers caring for confirmed or presumed COVID-19 residents 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

MASKS AND EYE PROTECTION

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. In addition, CDC notes that transmission risks can be airborne for those infected with COVID 19. To prevent the spread of COVID-19 in your facilities among providers with no or mild symptoms, we recommend the following:

- All LTC facilities should limit confirmed or presumed COVID-19 positive resident contact to essential direct care providers (Nurse, CNA, QMA, hospice, EMS, healthcare providers, dedicated Environmental Services staff who have been trained in proper PPE for TBP)
  - Direct care providers should wear a surgical mask for the duration of their shifts. Indirect care providers should wear a mask during their shifts. N95 (or approved KN95) masks should be worn in COVID units and with any resident who is symptomatic or awaiting testing in transmission-based precautions (red or yellow zone). While supplies are limited, masks should be conserved and only a single mask should be worn by staff each shift. They should be changed when visibly soiled or wet.
  - To align with updated Centers for Disease Control and Prevention (CDC) updated guidance 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 long-term care facilities and assisted living.
- Cohort confirmed or presumed COVID-19 positive residents.
- Cohort, if possible, direct care providers caring for confirmed or presumed COVID-19 residents into one area of the building. Staff should be dedicated for the COVID unit.
- **Conserving PPE**: Should supplies become critically low, this may mean wearing a single mask on multiple days. While googles 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
- Other strategies to decrease spread can be found here: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

GENERAL COVID-19 INFECTION CONTROL FOR LONG-TERM CARE FACILITIES

1. All LTC facilities who have not already done so, need to use this CDC checklist to prevent the spread of coronavirus in their facilities. https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-HomesPreparedness-Checklist_3_13.pdf
2. All LTC facilities should use this sheet to track their infection control activities and to track employees and residents with respiratory illness. https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf
3. All LTC facilities should have a plan to rapidly implement, or implement now, how they will cohort confirmed or presumed COVID-19 residents in their facilities. This can be by wing, floor, or if available, by building. This should be done with expediency. Residents should be cohorted depending on COVID-19 status. Colors can be used on facility maps to help visualize testing results to facilitate moving of residents.
4. All LTC facilities should limit confirmed or suspected COVID-19 positive resident contact to essential direct care providers (Nurse, CNA, QMA, hospice, EMS, healthcare providers, dedicated Environmental Services staff who have been trained in proper PPE for TBP etc.) https://www.coronavirus.in.gov/files/IN_COVID-19_out_of_hospital_08.17.20.pdf

COVID-19 Positive (Red) – These are residents who are confirmed COVID-19 positive and who, based on CDC criteria, still warrant transmission based precautions. HCP will wear single gown with each resident, glove, N95 (or approved KN95) mask and eye protection (faceshield/or goggles). Gowns and gloves should be changed after every resident encounter followed by hand hygiene:

1. Masks and eye protection may be used for the entire shift if not wet or visibly soiled.
2. Gowns and gloves should be changed after every resident encounter followed by hand hygiene. This is conventional gown use for each resident encounter. It is expected that facilities will follow conventional use (new gown for every encounter) unless absolutely necessary to do gown conservation. Staff should batch tasks (medication and food delivery, cleaning, vital checks) in order to maximize single gown use.
    a. IF gown conservation is necessary; then extended gown use may be used in the COVID (RED) zone for all residents care as part of crisis capacity gown use.
    b. Single gown use is prioritized during gown conservation times for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact resident care activities that provide opportunities for transfer of pathogens to the hands and clothing of the staff, including dressing, changing linens, bathing, wound care, changing briefs or assisting with toileting, and device care or use.
        3. Gowns should always be doffed (removed) prior to leaving unit/or resident room (hot zone) when working in the nurses stations and break rooms (cold zone). Hand Hygiene and a new clean gown is required when returning back to the COVID unit from the cold zone.
        4. Residents should be wearing masks when within 6 feet of the HCP.

    o **Source:** https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html
    o These residents should be placed in transmission-based precautions (droplet and contact) and cohorted into a COVID-19 wing, floor or building. If facilities have dedicated COVID-19 memory units, residents may continue to socialize so long as there are no COVID-19 negative residents or residents with unknown COVID-19 status in these units.

Unknown COVID-19 status (Yellow): All residents in this category warrant transmission based precautions (droplet and contact.) HCP will wear single gown per resident, glove, N95 mask and eye protection (face shield/or goggles). Gowns and gloves should be changed after every resident encounter with hand hygiene performed.
    1. Masks and faceshields may be used for the entire shift if not wet or visibly soiled.
    2. Gowns and gloves should be changed after every resident encounter.
    3. Residents should be wearing masks when within 6 feet of the HCP
    o **Waiting for test results** – These are residents whose COVID-19 status is unknown. This can include residents who have been tested and are waiting on results, or residents who are admitted, or readmitted, to a facility where they are likely to have been exposed to COVID-19 (e.g., transferred from a facility with an outbreak). Residents in this category should, if possible, be isolated from residents with a known COVID-19 status (both positive and negative). Residents in this category are to remain in TBP for full 14 days.
    o If an asymptomatic resident tests positive on an antigen test they are to be placed in TBP but should not be moved to a COVID RED UNIT unless they have a confirmatory positive on a PCR test. This includes

when the facility is in outbreak testing or the resident is a close contact. If the PCR test is negative then they remain in TBP for 14 days if the facility is in outbreak testing or the resident is a close contact and continue to monitor for symptoms but do not move to the red unit. If they test positive on PCR then move to a red unit

- o   For any resident who tests negative for COVID-19, but has had a roommate who is positive, it is not recommended to place them with another roommate until 14 days after their exposure, assuming they have not developed symptoms or had a positive tests. They should be placed in transmission based precautions Contact Droplet (TBP) and the positive resident moved to the COVID unit.
- o   **Symptom Observation** – Residents in yellow status who do not undergo testing can be transferred to the COVID-19 negative areas of the facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period can be done by the facility to increase the certainty that the resident is not infected. Residents who develop symptoms while being observed should be tested and moved accordingly.

COVID-19 Negative (Green) – These include residents who are asymptomatic and not suspected to have

1. COVID19, asymptomatic residents who have had a negative test, and residents who have recovered from COVID-19 and meet CDC criteria for removing transmission-based precautions. HCP will wear surgical mask and eye protection with face shield /or goggles as a standard safety measure to protect LTC HCP who provide essential direct care within 6 feet of the resident in all levels of care in all LTC and AL.
   a. Masks and face shield may be used for the entire shift if not wet or visibly soiled.
   b. Staff may only remove mask to eat or drink and it is expected that they are more than 6 feet away from other staff and residents while the mask is removed.
   c. Standard precautions (wearing of gown and other PPE as needed per individual resident needs) should be followed.
2. If despite negative testing there remains clinical uncertainty around a resident's COVID-19 status and they are symptomatic, the symptomatic resident should be placed in TBP (may shelter in place if they do not have a roommate during testing) and moved to the yellow zone if symptomatic and remain negative for testing.
3. If symptomatic and testing is positive for COVID-19 then this resident should move to the COVID unit. If the resident has a roommate, the resident should be moved to the yellow zone during testing if symptomatic, and the roommate may shelter in place in TBP during the 14-day full quarantine period due to exposure.
4. Residents should be wearing masks when within 6 feet of the HCP.
5. Once you have access to EMResource, every facility needs to update its status daily. This information is critically important for tracking PPE needs.
6. All LTC facilities should require those involved in direct resident care and indirect resident care to wear a mask during their entire shift.
   https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

o If national and local supplies are at conventional capacity then all staff in LTC facilities should wear a facemask per standard recommendations.

- o If national and local supplies are at contingency levels, only direct care staff should wear a mask and they should use one mask per shift. -
- o If national and local supplies are scarce <1 week supply then only direct care staff should wear a mask and they should use the same mask for multiple days
- o If national and local supplies are at crisis capacity then direct resident care staff should wear a mask if available. If masks are not available, they should use alternative methods to cover their mouth and nose and decrease respiratory droplet spread.

7. All LTC facilities need to have updated lists of all residents' code status and preferences for hospitalization. Plans should be in place for how to provide hospice and comfort care to those residents who do not want hospitalization who develop critical symptoms from COVID-19.

8. The state Department of Health has a team available to come into facilities to rapidly test residents and staff who are suspected of having COVID-19. If your facilities have residents or providers who are symptomatic and need to be tested, please send an email to striketeamrequest@isdh.in.gov

INFECTION CONTROL STEPS WHEN HEALTHCARE WORKER OR RESIDENT TEST POSITIVE FOR COVID-19

1. Immediately place all residents that have tested positive for COVID-19 in **Contact-Droplet Precautions** in a single room and limit movement around the building, including memory care units to the degree that is possible.
   - o Facilities should follow the CDC guidelines for health care workers and positive protective equipment: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
   - o Place a sign on the door indicating **Droplet- Contact Precautions**.
   - o Single resident room placement to minimize exposures and adherence to PPE and hand hygiene compliance.
   - o Minimize resident's movement around the building, confined to room or as in memory care consider placement in single room with dedicated staff to care for this resident.
   - o Cohort staff and equipment for COVID-19 residents to minimize transmission in the building
2. **Mask** all HCW who are ill and remove from duty.
3. **Mask** all direct care staff and conserve PPE as directed.
4. Increase **hand hygiene** with all staff, residents and essential care givers in the building.
5. Assure hand hygiene and alcohol-based hand rub is at point of care for all HCP and handwashing is preformed frequently during COVID- 19 resident care.
6. Increase **Environmental cleaning on all high touch surfaces** in building with approved disinfectants
   - o Cleaning and Disinfection: Follow CDC cleaning and disinfection guidance for EVS personnel with proper PPE for cleaning COVID-19 rooms https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaningdisinfection.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019ncov%2Fcommunity%2Fhome%2Fcleaning-disinfection.html
   - o Use approved cleaning agents from List N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-useagainst-sars-cov-2
   - o For shortage of approved disinfecting solutions: consider the following

○ Use of resident dedicated glucometers

○ Bleach 1:10 mixture (must be changed and remixed every 24 hours) which is 1 ½ cups of bleach per gallon.

7. **HCW scrubs** should be changed into street clothes each day before leaving facility.
   - o HCW should perform hand washing upon entry to the building before work and prior to exit after changing into street clothes.
   - o HCW should refrain from wearing scrubs home or the next day without being laundered, this includes jackets.

8. **Glove Hygiene:** Perform hand hygiene before use of non-sterile gloves upon entry into the resident room for direct care area.
   - o Change gloves if they become torn or heavily contaminated.
   - o Remove and discard gloves when leaving the resident room or care area
   - o Immediately perform hand hygiene after removal of gloves.

9. **Gown Conservation**: Conventional use of a single gown for each resident encounter is preferred. For crisis capacity, the same gown can be used in the COVID-19 positive units for droplet-contact precautions for all positive COVID residents, one gown per HCP, until soiled or wet. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html
   If there are shortages of gowns, a crisis capacity for single use of gowns should be prioritized for:
   - ▪ Aerosol-generating procedures (e.g., nebulizer therapy, CPAP- these must be in a single resident room with staff using N95, face shield/eye protection, single gown and gloves)
   - ▪ Care activities where splashes and sprays are anticipated
   - ▪ High-contact resident care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
     Examples include:
     - • dressing
     - • bathing/showering
     - • providing hygiene
     - • changing briefs or assisting with toileting
     - • changing linens
     - • wound care
     - • transferring
     - • device care or use

10. **Masks:** Universal use of masks should continue for all HCP, residents, and visitors that come into the facility. All HCP are asked to wear a clean medical/surgical mask for delivery of care and an N 95 (or approved KN95) for anyone who is symptomatic or tests positive for COVID 19. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html. Cloth masks are still acceptable for residents for general social distancing. A clean medical/surgical mask should be used for residents in the salon and any COVID PUI or + resident who is being transferred to a new room or facility.

11. **Use of Face shields or protective eyewear/goggles:** (CDC updated 10/5/20 https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html) To align with updated Centers for Disease Control and Prevention (CDC) updated guidance 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.

Examples include:

- The delivery of direct care for COVID 19 residents in any type of transmission-based precautions throughout the facility- both COVID positive and those being tested or monitored for unknown COVID status.
- The delivery of care for non-COVID residents in all facilities and those who are quarantined in COVID positive, symptomatic, or quarantined residents who are already in transmission-based precautions - Droplet-Contact.
- They should be used for any resident regardless of COVID status when < 6 ft. spray or splash is anticipated: High-risk examples include assistance in showers, tub rooms, salons, and assistance in toileting, hygiene, changing linens, and environmental cleaning.

12. **Preservation of protective eyewear/goggles or face shield:**
    o Do not touch eye or face protection during use. Hand Hygiene must be performed after any touching
    o Hand hygiene must be performed before and after donning and doffing eye or face protection
13. **Equipment Dedicated to Resident Rooms:**

    a. Isolation carts or bins should be outside each individual room, or just inside the contained COVID red zone for donning and doffing

    b. Trash cans should be near the door or exit of the zone for doffing. An isolation cart and trash can may exist in the hallway in the contained COVID zone, otherwise trash cans should be used inside each individual resident room that is in TBP
    o Cohort supplies, do not share room to room
    o Use disposable or single B/P cuff and stethoscopes/ no mobile units
    o Use pitchers for each resident and disposable cups -Do not use ice coolers to take inside the residents room for filling cups
    o Single use B/P, O2 Sat per resident as much as possible, and proper disinfection for any reuse
    o Single use bedpans or bathroom supplies for all residents
14. **Visitors and Community dining:**
    o Refer to the IDH website for Back on track Long term care visitation guidance and community activities based on current COVID IDH and CMS guidance.
15. **Routine testing:**
    o Consider postponing non-urgent testing for routine labs, chest X-rays, across your facility during an outbreak.
    o Consider changing aerosolizing treatments moving to metered dose inhalers during this outbreak, especially when N95 is not available.

ISOLATION (TRANSMISSION-BASED PRECAUTIONS) REMOVAL RECOMMENDATIONS

New in this update on Aug. 10:
- Change Transmission-Based Precautions guidance
  - Discontinuation of Transmission-Based Precautions and Disposition of Residents with COVID-19 in Healthcare Settings (Interim Guidance)

Long-term care facility residents with COVID-19 should remain on standard contact and droplet precaution until at least 10 days <mark>and up to 20 days (residents with severe to critical illness or who are severely immunocompromised)</mark> after symptom onset and 24 hours after resolution of fever, without use of antipyretic medication, and improvement in symptoms (e.g., cough, shortness of breath), 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 24 hours, and it has been at least 10 days **<mark>and up to 20 days (residents with severe to critical illness or who are severely immunocompromised)</mark>** since illness onset:
Removal from transmission-based precautions (TBP) for COVID residents will be based on following CDC COVID Healthcare IPC guidance: Discontinuation of Transmission-Based Precautions (*updated Aug. 10*):
 https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html.

- o **Residents with mild to moderate illness who are not severely immunocompromised:**
    - o At least **10 days** have passed since symptoms first appeared **and**
    - o At least **24 hours** have passed since last fever without the use of fever-reducing medications **and** Symptoms (e.g., cough, shortness of breath) have improved
- o Note: For residents who are not severely immunocompromised and who were **asymptomatic** throughout their infection, transmission-based precautions may be discontinued when at least **10 days have passed since the date of their first positive viral diagnostic test.**

- o **Residents with severe to critical illness or who are severely immunocompromised**:
    - o At least **10 days and up to 20 days** have passed since symptoms first appeared **and**
    - o At least **24 hours** have passed since last fever without the use of fever-reducing medications **and**
    - o Symptoms (e.g., cough, shortness of breath) have improved
    - o Consider consultation with infection control experts
    - • Note: For severely immunocompromised residents who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least **10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.**

 Return to Work Guidance for Healthcare Personnel (HCP) will use symptom based strategy per CDC guidance (*updated Aug. 10*): https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html.

- o *HCP with mild to moderate illness who are not severely immunocompromised:*
    - o At least 10 days have passed *since symptoms first appeared* **and**
    - o At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
    - o Symptoms (e.g., cough, shortness of breath) have improved
    - o **Note**: HCP who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

- o HCP WITH *severe to critical illness* OR WHO ARE SEVERELY IMMUNOCOMPROMISED:
  - o At least 10 days and up to 20 days have passed SINCE SYMPTOMS FIRST APPEARED
  - o At least 24 hours have passed SINCE LAST fever without the use of fever-reducing medications **and**
  - o Symptoms (e.g., cough, shortness of breath) have improved
  - o Consider consultation with infection control experts
  - o **Note:** HCP who are **severely immunocompromised**[1] but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.
- o **Test-Based Strategy for Discontinuing Transmission-Based Precautions for residents or HCP.**
  - o In some instances, a test-based strategy could be considered for discontinuing Transmission-based Precautions earlier than if the symptom-based strategy were used.
    However, as described in the CDC's Decision Memo, many individuals will have prolonged viral shedding, limiting the utility of this approach. https://www.cdc.gov/coronavirus/2019-ncov/hcp/durationisolation.html.
  - o A test-based strategy could also be considered for some residents (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the resident being infectious for more than 20 days.

We will continue to work closely with you for the safety of your residents and staff at this unprecedented time.

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/communication/print-resources.html?Sort=Date%3A%3Adesc
- ▪ CDC health promotion materials (handwashing posters): https://www.cdc.gov/handwashing/materials.html
- ▪ ISDH COVID-19 webpage: https://coronavirus.in.gov

Questions about COVID-19 may be directed to the ISDH COVID-19 Call Center at the toll-free number 877-826-0011 (available 8 a.m. to 5 p.m.).

EYE PROTECTION

To align with updated Centers for Disease Control and Prevention (CDC) updated guidance on potential transmission by aerosol transmission, Indiana Department of Health recommends 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 long-term care and assisted living.

- Examples include:
    - The delivery of direct care for COVID 19 residents in any type of transmission-based precautions throughout the facility- both COVID positive and those being tested or monitored for unknown COVID status.
    - The delivery of care for non-COVID residents in all facilities and those who are quarantined in COVID positive, symptomatic, or quarantined residents who are already in transmission-based precautions -Droplet-Contact.
    - They should be used for any resident regardless of COVID status when < 6 ft. spray or splash is anticipated: High-risk examples include assistance in showers, tub rooms, salons, and assistance in toileting, hygiene, changing linens, and environmental cleaning.
- **Changes to the CDC guidance as of July 15:** Added language that protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
- https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
- **Changes to the CDC guidance as of Oct. 5, noting the risk of aerosolization and transmission potential. Added language that COVID 19 most commonly spreads person to person, however sometimes it can be spread by airborne transmission by droplets that linger in the air for minutes to hours.**
- https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html.

WHY IS THIS CHANGE HAPPENING?

The Indiana Department of Health is providing this guidance to align with CDC and their recommended safety measures for HCP; there has been an update on Oct. 5 to the CDC guidance on potential airborne transmission that has caused us to change our understanding of the risk of COVID-19 infection for LTC personnel.

WHO IS AFFECTED BY THIS RECOMMENDATION?

All LTC facilities care providers (nurses, CNAs, QMAs, hospice, EMS, healthcare providers, environmental services and support staff) who **provide direct care within 6 feet of the resident** are impacted. HCP who provide care for residents confirmed or suspected to have COVID-19 are **required** to wear eye

protection already as part of Droplet-Contact TBP — this practice has already been in place across the state. **It is now recommended to wear eye protection when providing direct care within 6 feet of the resident regardless of COVID-19 status.**

WHAT TYPE OF EYE PROTECTION IS RECOMMENDED?

Thanks to a robust supply, face shields are the recommended source of eye protection; if you have access to goggles/safety glasses in your area, those are permitted as well. They must fit close to face and not have gaps at the side of the glasses/goggles **Note that face shield or goggles should be worn in addition to a facemask; they are not meant to replace them.**

TIPS FOR APPROPRIATE USE AND CLEANING

Face shields should not be shared between HCP, however the HCP may reuse a face shield/ goggles/eyewear for multiple resident encounters/days until it is no longer functional.

Face shields/goggles/eyewear must be cleaned with an approved disinfectant that kills the SARSCov2 virus. Use approved cleaning agents from List N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-useagainst-sars-cov-2

Indiana State Department of Health   **Visitation Guidelines for Long-term Care Facilities**.

OVERVIEW

June 24:   Residents may leave facilities for routine and preventive healthcare visits. Beautician and barber services are now permitted in facilities.

June 29:   Updated visitation guidelines are issued and released to the public via the long-term care (LTC) newsletter and posted on the Indiana Department of Health coronavirus website.

July 4:   Facilities that are not under restriction due to new facility-onset of cases must allow outdoor visitation and may start offering indoor visitation.

July 17:   Facilities must offer at least four hours of visitation daily, including evening and weekend hours, unless the facility is under visitor restrictions due to a new facility-onset COVID-19 case. The four hours may be a mixture of outdoor and indoor visitation unless weather prevents outdoor visitation.

Sept 17:   Facilities must follow revised Centers for Medicare & Medicaid Services (CMS) guidelines for expanded visitation and definitions of compassionate care.

GUIDING PRINCIPLES

Precautions and restrictions put in place at long-term care facilities to mitigate the spread of COVID-19 and protect residents should be balanced against residents' need for increased socialization and visitation and their physical and mental well-being.

Key Community Indicators: Community COVID-19 status indicators

- 14-day trend in COVID-19 cases and hospitalizations in the facility's community
- Community spread mitigation as directed in forthcoming Indiana's Back on Track Stage 5 Guidelines

Key Facility Indicators: New facility-onset cases and positive staff cases

- New facility-onset COVID-19 cases in the last 14 days

  o **Resident:** New onset COVID-19 cases in the facility do not include a resident who is admitted to the facility whose status is COVID-19 positive or unknown and who develops COVID-19 in the 14-day quarantine period.

    ▪ "New facility-onset COVID-19 resident case" is defined as a resident who contracts COVID-19 within the facility without prior hospitalization or other outpatient/external facility-based health service within the last 14 days. New facility-onset cases in residents do not include any new admission with a known COVID-19 positive status or unknown COVID-19 status but who became positive within 14 days after admission.

- Facilities that accept new admissions must place the resident in transmission-based precautions for 14 days to quarantine unless the resident has tested positive in the last 90 days meets the criteria for discontinuation of transmission-based precautions; 10 days from onset of symptoms for mild to moderate illness; or 20 days for

severe illness or immunocompromised state/ + 24 hours fever free. If the resident tested positive and was asymptomatic, transmission-based precautions are for 10 days since the date the positive test was taken. Residents may also complete the recommended isolation time in the facility.   Facilities that practice effective transmission-based precautions to prevent transmission of COVID-19 for 14 days after admission are not required to test residents upon admission or within a specified period of time upon admission to continue internal activities or visitation from family/the community. **New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty.** (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html (updated 10/5/20).

- If a new admission develops signs and symptoms of COVID-19, the facility should test the resident for COVID-19. As stated above, the time frame after admission will determine whether a COVID-19 positive result is considered new facility onset.

  o **Positive Staff Cases:**

  - Because staff may contract COVID-19 outside of the facility, a new COVID-19 positive staff member does not count as a new facility-onset case. Such cases, however, must still be reported to the state Department of Health as new facility cases.
  - The new staff positive will be contact traced by the local health department (LHD) or the state Department of Health for outside the facility contacts. For exposure control within the facility, the infection preventionist will use the tools in the COVID IP Toolkit for assisting with potential risk for exposure and control for outbreak surveillance.
    - Long-term Care (LTC) Respiratory Surveillance Line List
    - Long-term Care (LTC) Respiratory Surveillance Outbreak Summary
    - Staffing assignment sheets that correspond with LTC Line Lists
  - Any resident or staff who spent a total of more than 15 minutes closer than 6 feet without the use of masks (either resident or staff) should be quarantined for 14 days. (Staff may work in COVID-positive unit as stated in previous guidelines if they are asymptomatic.)
  - This does not prohibit other residents from continuing with outdoor visitation.
  - If any of the close contacts of the HCP or resident within the facility tests positive for COVID-19, then this would be considered facility-onset due to outbreak exposure control, and the 14-day quarantine would start at the time of the last contact with the positive HCP or resident.
  - If more than one staff member tests positive in the same shift and/or unit, this would be considered a "New Facility-Onset COVID-19 Case," and 14-day quarantine would start.

CONTINUED INFECTION PREVENTION

As long-term care facilities move to a reopened phase in resident care, it is expected that COVID-19 infection prevention and control measures should remain in place as long as the virus is present in epidemic levels and until a vaccine is

available and can be widely administered. The following measures would be maintained until guidance is otherwise issued by the Indiana Department of Health: (Edited 10/19/20)

• Long-term care facilities maintain an updated COVID-19 Preparedness Checklist.

• Continued universal mask use by all staff (medical grade masks) and visitors (cloth is acceptable).

• Residents to wear mask (cloth is acceptable) when they leave their rooms, as tolerated, unless otherwise outlined below.

• Continue to maintain social distancing of at least six (6) feet between residents and staff as much as possible.

• Continue staff screening and temperature checks at the start of each shift and do not permit entry if any symptoms of COVID-19 are present. We have seen multiple outbreaks in our state when HCP are allowed to work with symptoms of COVID-19 that do not include a fever. While a fever is one criteria whereby HCP should not report to the facility for work, facilities should be vigilant to not allow staff with runny nose and sore throats, as one example, to work without first testing for COVID-19 and improved symptoms. All staff should adhere to the CDC's Return to Work Criteria if symptoms are present or the staff member is confirmed COVID-19 positive. However, those facilities with active COVID-19 cases can continue to employ COVID-positive staff who are asymptomatic in the COVID-dedicated areas of the facility. The Indiana Department of Health asks that asymptomatic COVID-positive staff who do not have a COVID-19 unit in the facility stay off duty for minimum of 10 days and 24 hours fever free without the use of fever-reducing medications, and with improvement in other symptoms before returning to work.

• Continue visitor screening and temperature checks; do not permit entry if symptoms are present.

• Continue monitoring residents for signs and symptoms daily and increase monitoring if a resident becomes symptomatic.

• Cohort residents within a facility if COVID-19 cases are confirmed, as outlined in the Indiana Department of Health's Standard Operations Procedures for cohorting strategy and utilize dedicated staff for COVID positive units (https://www.coronavirus.in.gov/files/IN_COVID-19%20IP%20Toolkit%20ISDH_6.3.2020.pdf).

• Facilities should then adhere to the CDC's Discontinuation of Transmission-Based Precautions guidance prior to moving a resident off the isolation unit (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html).

• A COVID-positive symptomatic person (staff or resident) meets the criteria for discontinuation of transmission-based precautions for COVID-19 when 10 days have passed since the person's first day of symptoms, (b) the person has had improved respiratory symptoms, and (c) the person has been fever-free for 24 hours without use of fever-reducing medications. For persons who test positive but are asymptomatic, 10 days must have passed since the day the test was taken.

  o Affected staff are free to return to work, and residents may resume activities.

  o These persons do not need to be tested; again, they are currently not considered infectious based on current knowledge.

  o Staff who test positive again may continue to work, and residents may continue with activities, provided they have met the isolation guidelines stated above.

• Adherence to strict hand hygiene should continue for all, particularly staff, including when entering the facility and before and after resident care. Alcohol Based hand rubs >60% are preferred unless hands are visibly soiled or when handwashing is advocated by CDC guidance.

- Staff should continue to wear appropriate personal protective equipment (PPE), beyond universal surgical mask use, as noted in the IDH SOP Checklist. (N95 (or approved KN95) mask use with COVID positive and PUIs, gown guidance and eye protection for direct care fewer than 6 ft in all facilities per CDC changes 10.05.20).
  - Gloves: Perform hand hygiene before putting on nonsterile gloves upon entry into a resident's room for direct care and change gloves if they become torn or when visibly soiled while in the resident's room. Remove and discard gloves when leaving the resident's room and immediately perform hand hygiene after removal of gloves. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html
  - Gowns: HCP will wear single gown with each resident, glove, N95 (or approved KN95) mask and eye protection (face shield/or goggles). Gowns and gloves should be changed after every resident encounter followed by hand hygiene: This is conventional gown use for each resident encounter. It is expected that facilities will follow conventional use (new gown for every encounter) unless absolutely necessary to do gown conservation. Staff should batch tasks (medication and food delivery, cleaning, vital checks) to maximize single gown use.
    - IF gown conservation is necessary; then extended gown use may be used in the COVID (RED) zone for all residents' care as part of crisis capacity gown use.
    - Single gown use is prioritized during gown conservation times for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact resident care activities that provide opportunities for transfer of pathogens to the hands and clothing of the staff, including dressing, changing linens, bathing, wound care, changing briefs or assisting with toileting, and device care or use.
    - Gowns should always be doffed (removed) prior to leaving unit/or resident room (hot zone) when working in the nurse's stations and break rooms (cold zone). Hand Hygiene and a new clean gown is required when returning back to the COVID unit from the cold zone.
  - Masks: Universal use of masks should continue for all HCP, residents, and visitors that come into the facility. All HCP are asked to wear a clean medical/surgical mask for delivery of care and an N 95 (or approved KN95) for anyone who is symptomatic or tests positive for COVID 19. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html. Cloth masks are still acceptable for residents for general social distancing. A clean medical/surgical mask should be used for residents in the salon and any COVID PUI or + resident who is being transferred to a new room or facility.
    - Residents should be wearing masks when within 6 feet of the HCP.
    - Masks and face shield may be used for the entire shift if not wet or visibly soiled.
    - Staff may only remove mask to eat or drink and it is expected that they are more than 6 feet away from other staff and residents while the mask is removed.
  - Use of Face shields or protective eyewear/goggles: To align with updated Centers for Disease Control and Prevention (CDC) updated guidance 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. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html.

- o Examples include:
  - o The delivery of direct care for COVID 19 residents in any type of transmission-based precautions throughout the facility- both COVID positive and those being tested or monitored for unknown COVID status.
  - o They should be used for any resident regardless of COVID status in all buildings
  - o In high risk situations when fewer 6 feet away spray or splash is anticipated HCP should use both gown and eye protection as standard precautions: High-risk examples include assistance in showers, tub rooms, salons, and assistance in toileting, hygiene, changing linens and environmental cleaning.

- Continue focused and frequent environmental cleaning on all high-touch surfaces with approved disinfectants according to the manufacturer's instructions and recommendations.
- Limit performance of aerosol-generating procedures on confirmed or presumed COVID-19 positive residents unless medically necessary. CDC guidance for aerosol-generating procedures should be followed for infection control measures and the appropriate PPE and eyewear, including keeping the door closed throughout the procedure and disinfecting all surfaces following the procedure.

VISITATION

Visitation Guidance prior to Sept. 17
Unless a long-term care facility is under visitor restrictions due to a new facility-onset COVID-19 case, the state Department of Health requires that long-term care facilities provide at least four hours per day of visitation, including evening hours, consistent with state Department of Health guidelines. Facilities must provide outdoor visitation and **may** also allow indoor visitation consistent with guidelines.

Updated Visitation Guidance as of Sept. 17 (CMS Memorandum: Nursing Home Visitation- COVID-19)

- All facilities are mandated to provide outdoor visitation. Health Facility Administrators (HFA) and Residential Care Administrators (RCA) have the discretion to prohibit outdoor visitation if they have an outbreak and while outbreak testing continues. If there are circumstances that the facility feels they can continue outdoor visitation and maintain safety for residents, staff and visitors, the HFA or RCA may make that decision. Such circumstances could be: The facility can contain the positive cases in one hall, one small house, or in a separate building. If there are additional circumstances to consider, please contact us immediately. Outdoor visitation is preferred when possible and can continue during an outbreak in some facilities.
- All facilities should support and accommodate indoor visitation (especially during inclement weather and when residents are unable to go outside due to their medical condition) unless:
  - o There has been a new case in the last 14 days, and the facility is doing outbreak testing.
  - o The county positivity rate (according to the CDC-provided positivity rates) is more than 10%.
- Visitation should be allowed in compassionate care circumstances, including during outbreak testing and when the positivity rate is more than 10%. Such circumstances include but are not limited to:

- o End-of-life situations.
- o A resident, who was living with his/her family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- o A resident who is grieving after a friend or family member recently died.
- o A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- o A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking or crying more frequently (when the resident rarely cried in the past).
- o A resident's relative or other loved one is an essential caregiver for the resident.

- **Outdoor Visitation**
  If a staff member is confirmed COVID-19 positive before any confirmed new facility-onset COVID-19 resident cases are confirmed, then the facility may resume outdoor visitation after the facility has completed contact tracing related to the confirmed positive staff member and any exposed residents are quarantined.

- **Indoor Visitation**
  Indoor visitation was permitted to resume as of July 4. As of July 17, waiver guidelines were updated to require four hours per day of visitation, including evening hours, if there has not been a new facility-onset COVID-19 case in 14 days. A facility can therefore create a policy for length of visits, the number of visitors per resident, and the number of visitors at any one time. Consideration should be given to staffing availability, PPE stocks and resident needs. Other requirements include:
- o There have been no new facility-onset COVID-19 resident cases in the past 14 days.
- o Visitation is limited to COVID-negative or COVID-recovered residents, as defined by the resident meeting the CDC's guidance for discontinuation of transmission-based precautions. Exception for compassionate care circumstances.
- o The facility has proper PPE for residents, staff and visitors, although visitors are encouraged to bring their own masks to help conserve facility supplies.
- o The facility notifies residents and their representatives of its intention to resume visitation, outlining the guidelines below.
- o The facility ceases indoor visitation if a new facility-onset COVID-19 resident case is confirmed in the facility. Fourteen (14) days must pass without a new facility-onset of a COVID-19 case occurring among residents prior to visitation beginning once again.
- o The facility ceases indoor visitation when the county positivity rate is more than 10%, according to CDC calculations.
- o If a staff member is confirmed COVID-19 positive before any confirmed new facility-onset COVID-19 resident cases are confirmed, then the facility may resume indoor visitation after either of the following: the facility has completed contract tracing related to the confirmed positive staff member *or* the contacts are quarantined.
- o Facilities are also strongly encouraged to cease indoor visitation if it is highly likely there has been COVID-19 exposure in the facility, even if testing has not been conducted or completed yet.

- **Visitors shall:**
  - Participate in and pass a symptom screening and temperature check. Facilities shall also require visitors to sign in and attest to their current COVID status and symptoms. There should be a visitor log that includes name of visitor, contact information and start and end time of visit.
  - Wash their hands or utilize an alcohol-based hand rub upon arriving at the facility.
  - Wear a mask at all times while visiting.
  - Maintain at least 6 feet physical distance from all residents in the facility.
  - Utilize the routes indicated by the facility to travel to and from the visitation area.
  - Be able to manage children they bring with them. Children must be able to wear a face mask during the entire visitation; those younger than 2 are not required to wear a mask, per CDC guidance.
  - Follow these criteria or may have the privilege of visitation revoked.

- **Staff shall:**
  - Educate visitors and other staff on proper PPE use and visitation policies.
  - Ensure residents wear a mask when visitors are present.
  - Designate certain areas inside and outside the facility that will be utilized for visitation and determine proper space considerations.
  - Establish visits in a private resident room for bedbound residents or those who, for health reasons, cannot leave their rooms. Accommodations should be made for bedbound residents with roommates so safe visitation can occur.
    - Visitation in outdoor spaces should continue to be prioritized.
    - If indoor spaces are utilized, increased social distancing and other protective measures such as physical barriers may be considered, as is use of privacy curtains.
  - Create a route for visitors to travel to and from the visitation areas.
  - Disinfect visitation areas after each use.
  - Recommend facilities utilize scheduling to ensure proper PPE and staffing are available.

Outdoor Visits and COVID-Positive Staff

On June 3, 2020, the Indiana Department of Health issued guidance for outdoor visits. Under that original guidance, outdoor visitation can start only if there have been "no new COVID cases that originated within the facility, including those involving residents or staff, within the last 14 days." The guidance also states that "new COVID admissions to a facility would not constitute a facility-onset COVID case."

This document, including the Visitation Guidelines for Long-Term Care at pages 1-5 above, updates and clarifies how facilities should handle visitation when they have COVID-19 positive staff. **Staff members who test positive need to be contact traced.**

- A healthcare personnel (HCP) who tests positive in a COVID-19 free building for 14 days, does not assume there is COVID-19 transmission within the building. This can be community acquired.

- Outdoor visits are allowed for the facility if an HCP tests positive. If the facility has additional positive cases with staff or residents, continuing outdoor visits is at the discretion of the HCA or RCA based on the facility's ability to keep residents, staff and visitors safe from exposure.
- The facility should do contact tracing within the building with this HCP who tested positive and monitor any residents exposed by placing in TBP in 14-day quarantine. The resident is considered a close contact, even if the staff and resident were both masked and the staff was practicing proper infection precautions, if they have been in close contact with one another (within about 6 feet for a total of more than 15 minutes or longer).
- If the decision is made to hold outdoor visits due to outbreak status, if any resident or other HCP in the building then become symptomatic or test COVID-19 positive, then the 14-day period to hold on outdoor visits begins again.
  - COVID-19 recovered patients may still visit and will not be subject to the 14-day period.
  - Additionally, if there is good cohorting of residents and staff, and the staff or residents, for example, between two buildings did not have contact with one another, then only the building with the positives needs to suspend visitation.

PERSONAL SERVICES AND ACTIVITIES INSIDE THE FACILITY Q&A

With the partial reopening of many businesses, the state Department of Health has received several questions about whether similar services would be allowed to return to long-term care facilities. **The guiding principle has been that if the service is essential and directly relates to the health and safety of the individual residents, then it can be allowed as long as infection-control practices (screening, masks, hand sanitizing) can be employed**. More is known about the SARS-CoV-2 virus, and proper infection control practices can prevent the spread of COVID-19. Based on that information, the following resident services are allowed:

- **Salon: Can a hairdresser come in if the person wears a mask and serves only one customer at a time with environmental cleaning of the chair and instruments between clients?**
  Yes, using the state Department of Health Guidance for Personal Services in Long-Term Care.

- **Stand-alone Gym/ Swim area: Can residents use gym equipment or have swim therapy activities?**
  Yes. Exercise is both important for the physical and mental health and well-being of individuals and should be allowed if can be done safely. The facility needs to limit the use to **one individual at a time on each piece of equipment or therapy pool** and must wipe down equipment with approved antiviral disinfectants after each individual use.

- **Therapy Gyms for Occupational Therapy (OT)/Physical Therapy (PT): Can more than one resident be in the therapy gym at one time? (Updated Guidance 10/5/20)**
  Yes. Facilities must assure that they provide 6 feet for physical distance in the therapy gym with resident/residents and staff wearing masks. The equipment must be wiped down with approved antiviral disinfectants after each use. **If residents in rehabilitation units are in 14-day quarantine in TBP and need to get to the skilled therapy gym, they may go when there is 1 HCP and 1 resident; both in full gown, glove, mask and HCP in face shield/eye protection. Equipment must be disinfected with compatible SARSCoV2 disinfectants after use and the room remain empty for an hour afterward before allowing another resident in the gym for therapy.**

- **Dentist/Podiatry Visits:** *Routine and preventive visits can resume* in addition to the emergent and urgent care that has already being provided. Dentists and podiatrists, like any outside visitor, should be screened for symptoms and wear appropriate PPE while in the facility.

- **Construction or Maintenance Vendors:** If a facility needs construction or maintenance, an infection preventionist must review and approve the proposed work before it starts to ensure proper use of infection control environmental controls. Infection preventionist in the building will use the relevant policies and provide written guidance for these controls.

- **Therapy Pets:** Therapy pets can be brought to the facility. COVID-19 positive patients should not pet or hold the therapy pets, but they may be petted by residents not in COVID-19 precautions. Residents should use hand sanitizer before and after contact with therapy pets.

- **Communal Dining and Activities:** In recognition of the impact and increased staffing requirement for social isolation, communal dining/activities can occur under these conditions:
    - No new facility-onset cases of COVID-19 in the last 14 days.
    - COVID-19 recovered residents can resume communal dining despite facility active status if able to cohort these residents. Proper social distancing precautions still need to be in place.
    - Facilities can adhere to physical distancing, such as being seated at least 6 feet apart.
    - Dining area is environmentally cleaned before and after each group comes to the area.
    - Residents should be offered hand hygiene before dining and after returning to their room.
    - Residents should not share food, drinks or other personal items during dining.
    - Caregivers in the dining area should wear masks and perform hand hygiene before assisting residents with eating and between each resident that they assist.
    - Caregivers should perform hand hygiene after leaving the dining area or the resident's room if assisting him/her there.

<u>Leaving the Facility</u>
Are there any changes to the state Department of Health's recommendation that residents not be allowed to leave the facility unless for emergent medical needs (e.g., hospital or dialysis)?
Yes, outbreak guidance changes over the course of time in regard to infection control risks and level of community prevalence. The following have been updated to also add the Infection Control Guidance:

- **Excursions:** Independently mobile residents may leave the facility provided they take proper precautions with physical distancing, hand hygiene and mask wearing. They do not require transmission-based precautions but should be monitored for symptoms. Residents who are not independently mobile may be escorted on outdoor excursions if all precautions are taken (i.e., social distancing of at least 6 feet, masks and hand hygiene).

- **Appointments:** Residents can attend medical appointments both routine and preventive outside of the facility. Telehealth should still be used in appropriate situations. Should residents go to doctor appointments outside the facility, emergency department (ED) visit or dialysis visits, the following is recommended for infection control:
    - **Necessary Appointments/Dialysis:** For those residents leaving for a necessary appointment, including dialysis three times per week, facilities should take infection control precautions to minimize the risk of transmission of COVID-19 (e.g., giving the resident a surgical mask to wear while attending the appointment and performing hand hygiene before and after the appointments).

Based on these infection control precautions provided for the residents' transport, as well as the infection control precautions in place in the physician offices, ED and dialysis centers, IDH at this time does **not recommend Transmission-Based Precautions (Contact-Droplet) or quarantine for 14 days upon return to the facility.** Facilities will continue to monitor these residents for signs and symptoms of COVID-19 per protocols for all other COVID naive residents in the facility.

- **Dialysis residents** who frequently leave the facility may be offered a private room, if possible, or a semiprivate room with a roommate who has not had high exposure risk for COVID-19. (i.e. waiting on test results from an exposure or symptomatic for COVID-19). **Note: A private room is not required but may be recommended as added infection control, should the facility have this space.** These residents do not require transmission-based precautions; however, due to being at high risk, these residents should be monitored closely for symptoms.

- **Funerals and Weddings:** Residents who are attending a funeral or wedding are not required by the state Department of Health or CDC to be in 14-day quarantine upon return. The facility should, however, assure it provides infection control precautions for the resident by instructing the resident to wear a face mask at all times in public; keep physical distance of at least (6) feet, as much as possible, from multiple family members they are not living with; and perform hand hygiene before and after removal of mask or touching face, nose or eyes. Consider providing a resident with clean disposable tissues and avoid the reuse of cloth handkerchief for tears.

- **New Admissions or Readmissions:** CDC recommends managing the **unknown COVID-19 status** for all new admissions or readmissions to the facility. Examples of readmissions are those who are admitted from extended hospital, or those who have gone on family stays that extend over a period of days during the COVID-19 outbreak.

  o **Unknown COVID-19 Status:** CDC recommends facilities create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. CDC allows for **options that may include placing the resident in a single-person room in the general population area or in a separate observation area so the resident can be monitored for evidence of COVID-19.**

    o Residents can be transferred out of the observation area to the general population area of the facility if they remain without a fever and without symptoms for 14 days after their exposure (or admission).

    o Testing at the end of this period could be considered to increase certainty that the resident is not infected but is not required.

    o If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to this location while undergoing evaluation.

    o All [recommended PPE](#) should be worn during care of newly admitted or readmitted residents under observation for unknown COVID status; this includes use of face mask, eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves and gown. **Cloth face coverings are not considered PPE and should not be worn by healthcare providers when PPE is indicated.**

  o **Known COVID-19 Positive Status:** Readmitted residents who are known positive for COVID-19 and who have not met the CDC guidance for removal of transmission-based precautions should be placed in the COVID-19 unit and continue (droplet-contact) precautions until recovered.

  Resources: Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html).

Strategies for dealing with COVID-19 in memory care units

PURPOSE

There are unique challenges in managing COVID-19 in persons with cognitive impairment. These individuals may have difficulty wearing a mask, may not remember to wash their hands, may not cover their mouth when they cough, and may not on their own be able to abide by social distancing practices. As such, we understand the challenges long-term care facilities (LTCFs) have in preventing COVID-19 from spreading among their residents with cognitive impairment and caring for those who test positive. The following are a framework to help LTCFs prevent and mitigate the spread of COVID-19 in memory care areas. These guidelines, in addition to those provided by the Centers for Disease Control and Prevention (CDC), are to assist in the care of residents in assisted living facilities or other specialized/free standing memory care units. Care for these residents should be person-centered and individualized.

RECOMMENDATIONS

When a person in a memory care unit is suspected of having COVID-19 we recommend the following:

- Follow Indiana State Department of Health's (ISDH's) the infection control practices outlined in the ISDH longterm care checklist.
- Test all the residents and staff in the memory care unit for COVID-19 as soon as possible. To facilitate rapid testing, requests for an ISDH Strike teams can be made at striketeamrequest@isdh.in.gov.
- While test results are pending residents are to be kept in the same unit but confined, if possible, to their rooms; roommates can be kept together while test results are pending.
- Once test results are back residents should be separated based on their test results.

COHORTING

Patients should be cohorted depending on COVID-19 status. Colors can be used on facility maps to help visualize testing results to facilitate moving of residents.

- **COVID-19 Positive (Red)** – These are residents who are confirmed COVID-19 positive and who, based on CDC criteria, still warrant transmission based precautions. These residents should be placed in transmission based precautions (droplet and contact) and cohorted into a COVID-19 wing, floor, or building. If facilities have dedicated COVID-19 memory units, residents may continue to socialize so long as there are no COVID-19 negative residents or residents with unknown COVID-19 status in these units.

- **Unknown COVID-19 status (Yellow)**: All residents in this category warrant transmission based precautions (droplet and contact.)
  - ○ **Waiting for test results** – These are residents whose COVID-19 status is unknown. This can include residents who have been tested and are waiting on results, or residents who are admitted, or readmitted, to a facility where they are likely to have been exposed to COVID-19 (e.g., transferred from a facility with an outbreak). Residents in this category should, if possible, be isolated from residents with a known COVID-19 status (both positive and negative). Residents in this category who have been tested and are waiting on results, may stay in their facility location until test results are back. This can include remaining with a roommate who is

known to be COVID-19 positive if no other private rooms are available. After test results are back residents should be moved to the appropriate area of the facility.

> For a resident who tests negative for COVID-19, but has had a roommate who is positive, it is not recommended to place them with another roommate until 14 days after their exposure, assuming they have not developed symptoms or had a positive tests.

- o **Symptom Observation** – Residents in yellow status who do not undergo testing can be transferred to the COVID-19 negative areas of the facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period can be done by the facility to increase the certainty that the resident is not infected. Residents who develop symptoms while being observed should be tested and moved accordingly.

- **COVID-19 Negative (Green) –** These include residents who are asymptomatic and not suspected to have COVID19, asymptomatic residents who have had a negative test, and residents who have recovered from COVID-19 and meet CDC criteria for removing transmission-based precautions. If despite negative testing there remains clinical uncertainty around a resident's COVID-19 status, the resident should be placed in isolation (yellow status) until additional testing can be done. Droplet precautions are in place for all healthcare providers and masks are to be worn during direct care due to ongoing community transmission. Standard precautions (wearing of gown and other PPE as needed per individual resident needs) should be followed.

CREATING SEPARATE MEMORY CARE AREAS

Those facilities that can separate COVID-19 positive from COVID-19 negative memory care residents into separate memory care units should do so. These units should be closed and should prevent the socializing of residents with COVID-19 from those without COVID-19. For residents with private apartments and private bathrooms, they can be cohorted in their own rooms. This depends on the following:

- They are not rooming with a resident of different COVID-19 status
- Resident can be safely isolated in their room
- Facility can use person-centered approaches to keep residents from wandering and interacting with residents with different COVID-19 status
- Providers can use appropriate PPE when interacting with resident
- Infection control measures within the area can be maintained and matched appropriately to COVID-19 status

STRATEGIES TO CARE FOR RESIDENTS OUTSIDE OF MEMORY CARE UNITS

Those facilities that cannot create separate memory care units for cohorting must move asymptomatic COVID-19 negative residents out of the memory care unit (or move out positive residents – whichever is disruptive to the least number of residents). These residents should be moved to other areas of the facility. They should be monitored for symptoms for 14 days after being moved. If possible, these residents should be placed in their own room. If that is not possible, then residents who are COVID-19 negative moving from the same memory care unit can be placed in the same room.

If testing finds that the majority of persons with COVID-19 in a memory care unit are COVID-19 negative, then the COVID-19 positive residents could be moved out of the memory care area into a COVID-19 dedicated part of the facility. Best practice dementia care is person-centered, tailored to the abilities and changing needs of the resident. Persons with dementia who experience a disruption in their environment or acute illness have a higher risk of increased behaviors. Non-pharmacologic approaches should be used to tailor care and promote safety. For example, residents who wander may need increased one-on-one supervision to prevent them from entering areas of the facility housing residents with a different COVID-19 status. In addition to facility staff, care in this setting may be augmented, at the facility's discretion and upon the approval of the resident or their representative, by an outside caregiver (e.g., family caregiver, a private personal caregiver, or a volunteer caregiver). These outside caregivers may be considered essential providers. The facility will apply similar restrictions to these caregivers as with their own essential staff including being screened upon entering the facility for any signs and symptoms of COVID-19 and standard infection control practices including proper use of PPE. The facility will take corrective action should an outside caregiver be non-compliant with the restrictions as placed on essential staff of the facility

Special care suggestions for persons with dementia who need to be moved out of the memory care unit and adapt to a change in their environment include the following:

- Attempt to keep the living environment as familiar as possible, and including personal items and surroundings; use visual cues and signage
- Minimize changes in daily routine.
- Maintain continuity of staff and relationships as possible.
- Provide all caregivers personal information about the individual allowing for person-centered care.
- Help keep family and friends connected.
- Share photographs of family and friends; play familiar music.
- Assist with eating and drinking.
- Provide activities and a safe space for a person with dementia to walk about.
- Observe and respond to dementia-related behaviors that may be expressions of pain, hunger, fear, frustration, boredom or overstimulation.
- Provide dementia care training to caregivers assigned to residents with dementia.

If the consistent use of non-pharmacological intervention (s) is ineffective, then the use of psychotropic medication(s) (i.e., pharmacologic intervention) may be appropriate when individuals living with dementia have severe behavioral symptoms that create the potential to harm themselves or others. Continued need for pharmacological intervention(s) should be reassessed frequently and as required by the medication regimen, and/or upon a change in the resident's condition.

ADDITIONAL INFORMATION

Questions about COVID-19 may be directed to the ISDH COVID-19 Call Center at the toll-free number 877-826-0011 (8 a.m. to 8 p.m., daily).

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

- CDC reference – https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-termcare.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcarefacilities%2Fprevent-spread-in-long-term-care-facilities.html.
- CDC COVID-19 webpage: https://www.cdc.gov/coronavirus/
- ISDH COVID-19 webpage: https://coronavirus.in.gov
- Alzheimer's Association: https://alz.org/media/Documents/COVID-19-EmergencyTips_LongTermCommunityBasedDementiaCare_AlzheimersAssociation.pdf

Long-term Care Facility Communication Guidelines
Informing Family Members during COVID-19

BACKGROUND

In keeping with the intent of Indiana State Health Commissioner Kristina M. Box's order concerning COVID-19 reporting, Centers for Disease Control and Prevention (CDC) guidance, and the Centers for Medicare & Medicaid Services (CMS) emergency regulations (CMS QSO-20-26-NH, 4/19/20), the Indiana State Department of Health (ISDH) is requiring long-term care facilities (nursing facilities, skilled nursing facilities, residential facilities and assisted-living facilities) to provide to residents and their designated representatives the following:

1. How the facility is handling issues with care and staff shortages
2. General information about COVID-19
3. The number of residents and staff who have tested positive and the number of "new" positive cases (those in the last 14 days)
4. The number of residents who have died due to the virus
5. Facility mitigation actions implemented to reduce the risk of COVID-19 transmission, including if normal operations of the facility have to be altered

Communicating this information to residents and their designated representatives is critical to calming concerns and fears, as well as addressing potential misinformation. In addition, long-term care facilities must communicate facility COVID-19 status to potential residents and designated representatives prior to any admission. Long-term care facilities are also encouraged to develop COVID-19 communication strategies with other family members in addition to the resident's designated representative.

COMMUNICATION REQUIREMENTS

1. Assign a staff person in the unit or facility to be the contact person for residents and their designated representatives – someone they can speak to about their concerns.
   - Provide a secondary number for residents and their designated representatives to call in case staff voicemail boxes are full or cannot accept messages, OR
   - Have a compliance or customer service hotline available.
2. Effective May 4, facilities must send daily (at minimum Monday through Friday) group emails, automated voicemails, or automated electronic communications (text, email) to residents and their designated representatives, informing them of the total number (including residents and staff) of COVID-19 cases, number of new cases in the last 24 hours, and if there are three or more new cases of respiratory illness that have occurred in the last 72-hours in residents and/or staff within the facility. Facilities should also let residents and their designated representatives know what actions are being taken to prevent further spread of COVID-19 and how to reach a staff person if they have questions. If a resident does not have decision-making capacity it is permissible to inform only the designated patient representative. Patient representatives may opt out of receiving daily reports. Likewise, residents (if both resident and designated representative agree) may opt out of receiving daily reports.
3. Complete the Facility Emergency Transfer Form weekly with your facility's COVID-19 information and email it to your local *Ombudsman every Friday. This will help Ombudsmen as they receive calls and provide consistency with information delivery. *Please note the local Ombudsmen work with numerous facilities throughout several counties so this information must be provided in a consistent format.*

4. Local Ombudsman contact information should be provided to every resident and designated representative so they know there is someone they can communicate with when they are unsuccessful in reaching out to facility staff or are not being heard.

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.

ADDITIONAL SUGGESTED COMMUNICATION STRATEGIES

An additional way to effectively communicate with families is to establish a facility listserv or chat room where staff members provide a daily "briefing" to residents, designated representatives, and/or other family members about what is happening in the facility. The information released in these listservs should not include any identifying resident information.

Facilities can also develop a "What You Should Know" fact sheet that provides information about the novel coronavirus/COVID-19, or use existing information from the CDC, ISDH, or other organizations such as Consumer Voice's COVID-19 and Nursing Homes: What Residents and Family Need to Know. This should be written in easy-to-read language with explanations for medical terms.

For example:

o Define novel coronavirus, asymptomatic, etc.; explain differences between isolation and quarantine
o Discuss what will happen if residents show certain signs or symptoms
o Share how a resident is evaluated for testing criteria, when the testing can be expected to occur, and what criteria must be met in order to send a resident to the hospital
o Explain the facility's restricted visitation policy and how the facility will be implementing it (i.e., families can schedule a telephone call to stay connected and/or leave notes for the resident to read along with photos, alternative methods for communication, etc.). Ensure adaptive devices are available to the resident where appropriate, such as hearing aids and eyeglasses.
o Provide links to CDC and ISDH resources

ADDITIONAL INFORMATION

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

▪ CDC COVID-19 webpage: https://www.cdc.gov/coronavirus/
▪ ISDH COVID-19 webpage: https://coronavirus.in.govp

COVID-19 Guidance for Hospital Discharge to Long-Term Care Facilities

Indiana State Department of Health
Epidemiology Resource Center

PURPOSE

This guidance is consistent with the recommendations of the Centers for Disease Control and Prevention (CDC) and was done in collaboration with Indiana's hospital and long-term care organizations. The purpose of this document is to provide guidance to long-term care facilities (LTCFs), including nursing facilities and skilled nursing facilities, about discharging, admitting, and readmitting a resident from a hospital who has presumed or confirmed COVID-19. This guidance is based on currently available information about COVID-19 and will be refined and updated as more information becomes available and response needs change in Indiana.

BACKGROUND

Due to the COVID-19 pandemic, the healthcare system as a whole is expected to experience increased patient volumes and limited availability of beds and personal protective equipment (PPE) supplies. Both hospitals and long-term care facilities (LTCFs) will have to expand the care for their patients and residents. To create and maintain the hospital capacity needed to continue to serve those who need emergency and intensive care during the COVID-19 outbreak, it is critical that there is a safe and expedient way for currently-hospitalized presumed or confirmed COVID-19 positive patients who no longer have a need for acute hospital care to transition to LTCFs. By working together, hospitals and LTCFs will be able to deliver the best care possible during the COVID-19 pandemic.

New in this update on August 10, 2020:
- Change Transmission- Based Precautions guidance

Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

LOCAL AGREEMENTS

Local LTCFs and hospitals may collaborate to create their own transfer policies, which may require frequent adjustment based on local conditions. This can be done if local conditions warrant based on hospital resources (e.g., PPE, staffing, and bed occupancy), the care needs of the patients and LTCF resources (e.g. facility capacity for isolation and non-isolation care, PPE and staffing).

EMERGENCY DEPARTMENT AND HOSPITAL TRANSFERS

The coronavirus pandemic has heightened the need for accurate and timely communication between LTCFs and emergency departments (ED) for transfer of patients between both settings. Residents should **not** be sent to the hospital for COVID-19 testing alone. If LTCFs have residents or staff who they suspect have COVID-19, ISDH will work with them to determine if a strike force testing team is warranted. Requests can be sent to: Striketeamrequest@isdh.in.gov.

Transfers of a presumed or confirmed COVID-19 LTCF resident to an ED should be based on:

- The resident's medical needs determined by the LTCF clinical staff and attending physician;
- The LTCF's ability to provide the resident's medical care at the LTCF; and

For additional information, visit https://in.gov/coronavirus.

- The patient's goals of care, including advance directives and decision for hospitalization.

The LTCF must accurately and timely communicate with EMS and the hospital on the transfer of a presumed or confirmed COVID-19 LTCF resident to a hospital. The hospital must accurately and timely communicate with EMS and the LTCF on the transfer of a presumed or confirmed COVID-19 LTCF resident to a LTCF.

ADMISSION/RE-ADMISSION TO AN LTCF

Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for hospital discharge. **LTCFs are expected to accommodate hospital discharges of patients regardless of their COVID-19 status. However, local conditions will vary with LTCF capacities to care for presumed or confirmed COVID-19 patients. Hospitals and LTCFs must communicate about resource availability prior to admission/readmission to provide patient care while reducing risk of virus spread.**

The following protocols are recommended based on patient clinical status and COVID-19 testing. The determination of clinical concern for COVID-19 is to be made by the receiving facility in consultation with local clinical staff at the transferring facility. We encourage mutual communication with local hospitals, local health departments and the Indiana State Department of Health (ISDH) about their ability to meet these needs.

1. **Category 1: Patients for whom there is no clinical concern for COVID-19 (e.g., no fever, no new cough and no shortness of breath)**:
   These patients are acceptable for transfer to LTCF facility without COVID-19 testing. If requested, the hospital and ER staff should provide the basis for not testing.

2. **Category 2: Patients for whom there is clinical concern for COVID-19, but negative testing**:
   If patients have negative COVID-19 testing during hospitalization, then they are acceptable for transfer to LTCFs. If testing is not in accordance with Centers for Disease Control and Prevention's (CDC's) symptom-based strategy for discontinuation of transmission-based precautions, then such precautions should continue after transfer per CDC's symptom-based strategy.

3. **Category 3: Patients for whom there is clinical concern for COVID-19, and test results are pending**:
   The patients will **not** be transferred to an LTCF facility until test results are confirmed. To ensure that test results are completed in a timely fashion, testing should be done in coordination with the ISDH (e.g., collected specimens may need to be couriered to ISDH lab).

   If testing is not in accordance with CDC's test-based strategy for discontinuation of transmission-based precautions, then such precautions should continue after transfer per CDC's symptom-based strategy. During surge capacity in an ISDH defined regions, stable patients may need to be transferred to LTCFs with COVID-19 test results pending, but remain on transmission-based precautions.

4. **Category 4: Patients positive for COVID-19, but for whom transmission-based precautions have been discontinued**:

   Criteria for discharge includes the patient meeting the CDC's symptom-based strategy for discontinuing transmission based precautions: the patient has been afebrile for at least 24 hours without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**, at least 10 days and up to 20 days (patients with severe to critical illness or who are severely immunocompromised) have passed since COVID-19 symptoms first appeared. Consider consultation with infection control experts for patients with severe to critical illness or who are severely immunocompromised.

   COVID-19 patients for whom transmission-based precautions have been discontinued and whose symptoms have resolved may be transferred without restrictions.

5. **Category 5: Patients positive for COVID-19 and for whom transmission-based precautions are still required:**

   A patient actively infected with COVID-19 but deemed ready for discharge by the hospital may be transferred to an adequately-prepared facility. This includes the LTCFs being able to cohort patients and have appropriate infection control measures in place. (e.g. facility capacity for isolation and non-isolation care, PPE and staffing).

   As outlined by ISDH and CDC, LTCFs can cohort residents by the creation of separate wings, units, floors, or building according to their COVID-19 status. These separated units should be clearly marked. LTCFs are strongly encouraged to install engineering controls in these units to reduce or eliminate exposures, including physical barriers or partitions to guide residents through triage areas and curtains between patients in shared areas.

   LTCFs that need support to meet this criteria prior to admitting or readmitting a resident will, if requested and ISDH resources allow, be contacted by a nurse surveyor response team who can provide virtual and/or onsite consultation to assist LTCFs and their staff with implementation of their plans to mitigate infection spread and can provide staff training.

In addition, ISDH, through local health departments, will supply PPE when available. It is critical that LTCFs continue updating their information in EMResource and practice conservation and re-use of current PPE supplies. To request the need for testing or COVID-19 prevention strategies, such as PPE donning and doffing at LTCFs, LTCFs should email ISDH at Striketeamrequest@isdh.in.gov.

Category 1 NO COVID Concern	Category 2 Clinical concern; (-) test results	Category 3 Clinical concern and pending test results	Category 4 COVID (+) patients and TBPs discontinued	COVID (+) patients and TBPs still required
•Acceptable to return via standard process	•Acceptable to return via standard process. Transmission-based precautions may be needed under CDC's symptom-based strategy.	•**NO** transfer until test results completed. Transmission-based precautions may be needed under CDC's symptom-based strategy but may be reevaluated during surge conditons.	•Acceptable to return via standard process after completion of CDC's symptom-based strategy strategy to end transmission-based precautions.	•Must be discharged to a facility prepared to isolate and manage patient, or place with cohorted residents of same status

ADDITIONAL INFORMATION

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

- CDC COVID-19 webpage: https://www.cdc.gov/coronavirus
- ISDH COVID-19 webpage: https://in.gov/coronavirus

Eric J. Holcomb
Governor

Kristina Box, MD, FACOG
State Health Commissioner

Indiana State
Department of Health
An Equal Opportunity Employer

March 23, 2020

Dear Long-Term Care Facility Director:

The Indiana State Department of Health (ISDH) is working to protect Hoosiers during the COVID-19 pandemic. To help protect vulnerable seniors, ISDH recommends masks be worn by direct care providers in nursing homes.

Direct Care providers should wear masks while in facility: 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. Masks should be conserved and only a single mask should be worn by staff each shift.
- Limit patient access to only those proving 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/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

Why are we making this recommendation: 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

Indiana
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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 PPE: Unfortunately supplies of PPE are currently limited. This is why many cities in the US, and around the world, are taking unprecedented steps to reduce PPE usage. As we 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 googles 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

EMResource: In the next several days we will be working to add all the statewide skilled nursing facilities to our EMResource database. Once added, each facility will provide a daily upload of their current PPE stores. This will allow us, and local health departments, to better know where resources need to be sent during local outbreaks.

Widespread Testing: Many of you have asked about testing. We are working closely with hospitals, Lilly, and commercial laboratories to increase the number of daily tests. This is why in the last couple of days you have seen dramatic increases in both the number of confirmed cases and number of tests. Despite this, we still do not have enough testing capacity to do widespread community surveillance. Because of this, we are focusing testing on vulnerable populations, such those in skilled nursing facilities, and those who provide for them. To facilitate this ISDH has developed teams that can go to facilities with residents, and providers, who are suspected to have COVID-19 and do testing. These strikeforce teams, will also have with them nurse surveyors. They are not there in their typical regulatory role. Rather, they are partnered with our teams to help staff and facilities to mitigate the spread of infections within their facilties. They will be training staff, if needed, on appropriate PPE and infection control.

We know these times are unprecedented and stressful. We also know that information around this pandemic is changing daily. We ask that you continue to provide outstanding care for those in your facilities and work with local health departments if you have questions or concerns about COVID-19. In addition we recommend regularly checking the CDC and ISDH websites regarding long-term care.

Sincerely,

Kristina M. Box, MD, FACOG
State Health Commissioner

Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19

This is an infection control assessment and response tool (ICAR) that can be used to help nursing homes prepare for coronavirus disease 2019 (COVID-19). This tool may also contain content relevant for assisted living facilities.

The items assessed support the key strategies of:

- Keeping COVID-19 out of the facility
- Identifying infections as early as possible
- Preventing spread of COVID-19 in the facility
- Assessing and optimizing personal protective equipment (PPE) supplies
- Identifying and managing severe illness in residents with COVID-19

The areas assessed include:

- Visitor restriction
- Education, monitoring, and screening of healthcare personnel[1] (HCP)
- Education, monitoring, and screening of residents
- Ensuring availability of PPE and other supplies
- Ensuring adherence to recommended infection prevention and control (IPC) practices
- Communicating with the health department and other healthcare facilities

Findings from the assessment can be used to target specific IPC preparedness activities that nursing homes can immediately focus on while continuing to keep their residents and HCP safe.

Additional Information for Personnel Conducting Assessments:

- The assessment includes a combination of staff interviews and direct observation of practices in the facility and can be conducted in-person or remotely (e.g., Tele-ICAR via phone or video conferencing). Provide a copy of the tool to the facility before completing the Tele-ICAR and encourage nursing home staff to take their own notes as you conduct the assessment.
- Background information in the light green boxes above each section being assessed provides context for the ICAR user. You should not read this aloud during the assessment process but can refer to it as additional information.
- Keep in mind that the goal of the assessment is to convey key messages to nursing homes and identify their COVID-19-specific preparedness needs. Note any IPC questions and concerns and address them after the ICAR is completed. If you need additional support and technical assistance during an assessment, know that you can engage state HD healthcare-associated infections/antibiotic resistance (HAI/AR) Program leads for support.
- Assessment activities provide an opportunity for dialogue and information sharing.
  » Discuss the purpose of the assessment. Emphasize that it is not a regulatory inspection and is designed to ensure the facility is prepared to quickly identify and prevent the spread of COVID-19.
  » Promote discussion by asking additional questions to prompt or probe. Use this opportunity to address concerns and offer available resources.

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[1]Health care personnel (HCP) are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

- To help you facilitate conversations with facilities, sample questions are provided in italics above each element being assessed. You do not have to ask these questions; however, they offer suggestions to help you continue the discussion, if needed. Be aware of applicable federal, state, county, or city rules, regulations such as CMS requirements for nursing homes and life safety code, and state government proclamations that may affect implementation of recommended practices.

- Provide feedback or a high-level summary immediately after the assessment, including elements in place and areas for improvement.

    » Consider providing a copy of your assessment or a brief summary with feedback, answers to the facility's questions, and recommended next steps directly to the facility within 2-3 days.

- Consider scheduling a follow-up call with the facility after the assessment findings are shared.

Investigator: _____   **Date:** _____

Good morning/afternoon. My name is _____ and I am calling from the _____ Department of Health. May I speak with someone who is in charge of infection prevention and control (IPC) at your facility?

Greetings, _____. My name is _____ and I am calling to discuss infection prevention and control (IPC) preparedness activities that your facility can immediately put into place to combat COVID-19 while continuing to keep your residents and healthcare personnel safe. I would like to go through an IPC consultation with you and your team, that is non-regulatory in nature and meant to be helpful. Is now a good time to talk? If not, when would work best?

Great. As background, infection control assessment and response surveys, also referred to as ICARs (eye-cars), were developed by CDC to help health departments assess IPC practices and guide quality improvement activities. ICARs are particularly useful for stopping the spread of pathogens during outbreaks. ICAR findings will be shared between the health department's Healthcare Associated Infections Program and CDC.

Before we begin, may I get your name and contact information? Is there another person at your facility who would be the primary contact for the health department? If yes, can I get their information also?

Facilities Demographics

Facility POC Name: _____

Facility POC Title: _____

POC Phone: _____   **POC E-mail Address:** _____

Facility Name: _____

Facility County: _____   **Number of beds in the facility:** _____

Total number of residents in the facility: _____   **Total number of staff in the facility:** _____

Total number of units: _____

Specialty Units *(check all that apply)*:   Vent/trach   Dialysis   Dementia/Memory   Skilled Nursing

Subacute Rehab   Psychiatric care

These units have residents at higher risk for poor outcomes. Vent/trach units provide respiratory support and dementia/memory units are often secured, and limit resident movement to other locations.

Which of the following situations apply to the facility? *(Select all that apply)*

   No cases of COVID-19 currently reported in the surrounding community

   Cases reported in the surrounding community

   Sustained transmission reported in the surrounding community

   Cases identified in their facility (either among HCP and/or residents)

       If yes, please specify the number of cases among residents _____ and among HCPs _____

   Cluster of influenza-like illness (ILI) in facility (either among HCP and/or residents)

       If yes, please specify the number of cases among residents _____ and among HCPs _____

Have you received any prior information specific to preventing transmission of COVID-19? *(Select all that apply)*

   No

   Yes, from the health department

   Yes, from Centers for Medicare and Medicaid Services (CMS)

   Yes, from another source (Specify: _____)

Visitor restrictions and non-essential personnel restrictions

*Both CDC and CMS recommend restricting all visitors to nursing homes to prevent COVID-19 from entering the facility. Exceptions for compassionate care, such as end-of-life situations, may be considered on a case-by-case basis. All visitors should first have temperature and symptom screening (e.g., **fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell**) to safeguard residents. Ill visitors should not enter. Visitors who are granted access should perform frequent hand hygiene, wear a cloth face covering (for source control), and conduct their visit in a location designated by the facility such as the resident's room. Additional best practices include designating a single entrance for visitors, posting signage at entrances to the facility, and providing communication to residents and families.*

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
What is your current policy for visitors? **Facility restricts all visitation except for certain compassionate care situations, such as end-of-life situations.**	Yes No	
Are there any exceptions to your visitation policy? *What are those exceptions?* **Decisions about visitation are made on a case-by-case basis.**	Yes No	
If visitors are allowed in, what screening occurs? **Potential visitors are screened prior to entry for fever or symptoms of COVID-19. Those with symptoms are not permitted to enter the facility (e.g., fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell).**	Yes No	
Are there any restrictions or requirements on visitors once they enter? *Do you provide them with any additional information on hand hygiene?* **Visitors that are permitted inside, must wear a cloth face covering while in the building and restrict their visit to the resident's room or other location designated by the facility. They are also reminded to frequently perform hand hygiene.**	Yes No	
What is your policy for volunteers or non-medical service providers like a beautician, barber, or massage therapist? **Non-essential personnel including volunteers and non-medical service providers (e.g., salon, barbers) are restricted from entering the building.**	Yes No	
What has your facility done to communicate with family members of residents? What have you told family members about visiting? **Facility has sent a communication (e.g., letter, email) to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end-of-life, and that alternative methods for visitation such as video conferencing will be made available by the facility.**	Yes No	
Is the facility offering alternative means of communication instead of visits? What are those? **Facility has provided alternative methods for visitation such as video conferencing for residents.**	Yes No	
Are there signs to prevent entrance into the facility (e.g., no visitors)? **Facility has posted signs at entrances to the facility advising that no visitors may enter the facility.**	Yes No	

Education, Monitoring, and Screening of Healthcare Personnel (HCP)

Education of HCP (including consultant personnel) should explain how the IPC measures protect residents, themselves, and their loved ones, with an emphasis on hand hygiene, PPE, and **monitoring** of their symptoms. Consultant personnel are individuals who provide specialized care or services (for example, wound care or podiatry) to residents in the facility on a periodic basis. They often work at multiple facilities in the area and should be included in education and screening efforts as they can be exposed to or serve as a source of pathogen transmission. If HCP work while ill, they can serve as a source of pathogen transmission within the facility. HCP should be reminded not to report to work when ill. All HCP should self-monitor when they are not at work and be **actively screened** upon entering the facility. Ideally, this would occur at the entrance to the facility, before they begin their shift. Screening includes temperature check and asking about symptoms like subjective fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell. If they have a fever of 100.0 F or higher or symptoms, they should be masked and sent home. Because symptom screening will not identify individuals who are infected but otherwise asymptomatic or pre-symptomatic, facilities should also implement universal source control policies requiring anyone in the facility to wear a facemask or cloth face covering. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
Have you provided any in-service training or education to the staff due to COVID-19? What was included in those? **Facility has provided education and refresher training to HCP (including consultant personnel) about the following:** • **COVID-19 (e.g., symptoms, how it is transmitted)**	Yes No	
• **Sick leave policies and importance of not reporting to or remaining at work when ill**	Yes No	
• **New policies for source control while in the facility**	Yes No	
Do you ever audit or record performance of things like hand hygiene? Selection and use of personal protective equipment? Environmental cleaning? **Facility monitors HCP adherence to recommended IPC practices, including:** • **Hand hygiene**	Yes No	
• **Selection and use of PPE; have HCP demonstrate competency with putting on and removing PPE**	Yes No	
• **Cleaning and disinfecting environmental surfaces and resident care equipment**	Yes No	
What is your current staffing capacity? **Facility is aware of staffing needs and has a plan in the event of staffing shortages.**	Yes No	

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
What is the current policy for facemasks for HCP inside the facility? What do you tell staff about wearing facemasks in common work areas with only co-workers present? If you are running low on facemasks, do you have a plan for when and which staff might use cloth face coverings for source control instead (those not providing direct care)? **Facility has implemented universal use of facemasks or cloth face coverings for HCP (for source control) while in the facility.**	Yes No	
Facility has provided staff with education to use facemask or respirator if more than source control is required. *If there are shortages of facemasks, facemasks should be prioritized for HCP and then for residents with symptoms of COVID-19 (as supply allows). Cloth face coverings are not considered PPE and should not be worn instead of a respirator (or facemask if shortage of respirators) if more than source control is required.*	Yes No	
What is the facility encouraging for staff in terms of social distancing? **All HCP are reminded to practice social distancing when in break rooms and common areas.**	Yes No	
Have you started staff screening or check-ins? How does that work? Is this kept in a log? What do you do if someone has a fever or symptoms? **All HCP (including ancillary staff such as dietary and housekeeping and consultant personnel) are screened at the beginning of their shift for fever and symptoms of COVID-19 (actively records their temperature and documents they do not have fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell).**	Yes No	
• **If they are ill, they are instructed to keep their cloth face covering or facemask on and leave the facility. HCP with suspected or confirmed COVID-19 should notify their supervisor at any facility where they work.**	Yes No	
Has your facility had any symptomatic staff? How are they tracked or monitored? **Facility keeps a list of symptomatic HCP.**	Yes No	

Education, Monitoring, and Screening, and Cohorting of Residents

Education of residents and their loved ones should include an explanation of steps the facility is taking to protect them and how visitors can serve as a source of pathogen transmission. The facility should ask residents to report if they feel feverish or have respiratory symptoms. They should actively monitor all residents upon admission and at least daily for fever and symptoms of COVID-19 (fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell). If they have a fever (temperature of 100.0 F or higher) or symptoms, they should be restricted to their room and put into appropriate Transmission-Based Precautions. Group activities such as communal meals, religious gatherings, classes, and field trips should be stopped to promote social distancing (residents remaining at least 6 feet apart from one another).

Facilities should plan to dedicate space to care for residents with COVID-19 even before they have an active case. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19 and would have dedicated HCP to deliver care within this space. Another consideration is how to manage new admissions or readmissions when COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Residents could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period could be considered to increase certainty that the resident is not infected. If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to a single room in this area pending results of SARS-CoV-2 testing.

All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn by HCP when PPE is indicated.

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
Have you provided any education to your residents on ways they can protect themselves (like washing hands, visitor restriction, social distancing)? **Facility has provided education to residents about the following:** • **COVID-19 (e.g., symptoms, how it is transmitted)**	Yes No	
• **Importance of immediately informing HCP if they feel feverish or ill**	Yes No	
• **Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing)**	Yes No	
• **Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE use, canceling group activities and communal dining)**	Yes No	
Are you screening residents? How are you screening them/what questions are you asking them? How often? What is included? **Facility assesses residents for fever and symptoms of COVID-19 (fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell) upon admission and at least daily throughout their stay in the facility.**	Yes No	
• **Residents with suspected COVID-19 are immediately placed in appropriate Transmission-Based Precautions.** ***Note:*** *Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.*	Yes No	

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
Are you keeping track of residents who are symptomatic? How? **Facility keeps a list of symptomatic residents (link to respiratory infection surveillance tool): https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf)**	Yes No	
Has your facility made any changes to group activities (e.g., communal dining, religious activities [mass at Catholic facilities], gyms) or field trips? **Facility has stopped group activities inside the facility and field trips outside of the facility.**	Yes No	
How are residents receiving meals? Has anything changed with communal dining? **Facility has stopped communal dining.**	Yes No	
Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier) *What is happening with resident movement in the facility? Are residents advised to stay in their rooms? Are they required to wear a facemask if they leave their rooms?* **Residents are encouraged to remain in their rooms.** • **If there are cases in the facility, residents are restricted (to the extent possible) to their rooms except for medically necessary purposes.**	Yes No	
• **If residents leave their rooms, they should wear a cloth face covering or facemask (if tolerated), perform hand hygiene, limit movement in the facility, and perform social distancing.**	Yes No	
How are ill residents monitored? How often are they monitored? What is included (e.g., symptoms, vitals, temp, oxygen saturation, respiratory exam)? • **The facility monitors ill residents at least 3 times daily including evaluating symptoms, vital signs, and oxygen saturation via pulse oximetry to identify and quickly manage clinical deterioration.**	Yes No	
If there is a case within the facility in the future, have you made a plan for where the resident with COVID-19 will be placed? **Facility has dedicated a space in the facility to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19.**	Yes No	
How will this dedicated space be staffed? **Facility has dedicated a team of primary HCP staff to work only in this area of the facility.**	Yes No	

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
What is your plan for handling a resident who may have COVID-19? What is your plan for movement? What is your plan for testing? **Facility has a plan for how residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, prioritize for testing, transfer to COVID-19 unit if positive).** Closely monitor roommates and other residents who may have been exposed to an individual with COVID-19 and, if possible, avoid placing unexposed residents into a shared space with them.	Yes No	
What is your plan for managing new admission or readmissions when the resident's COVID-19 status is unknown? What PPE will be worn when caring for residents who have unknown COVID-19 status and are under observation? **Facility has a plan for managing new admissions and readmissions whose COVID-19 status is unknown.**	Yes No	
Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community **Facility uses all recommended PPE for the care of all residents on affected units (or facility-wide depending on the situation).** Because of the higher risk of unrecognized infection among residents, universal use of **all recommended PPE** for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is identified in the facility; this should also be considered when there is sustained transmission in the community. The health department can assist with decisions about testing of asymptomatic residents.	Yes No	

Availability of PPE and Other Supplies

Major distributors in the United States have reported shortages of PPE. Shortages of alcohol-based hand sanitizers and refills and certain disinfectants have also been reported. Facilities should assess their current supplies of PPE and other critical materials as soon as possible and begin implementing strategies to optimize their current supply of PPE (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html). Examples of strategies described in those documents include extended use of facemasks and eye protection, which allow the same facemask and eye protection to be worn for the care of more than one resident. Gowns could be prioritized for select activities such as activities where splashes and sprays are anticipated (including aerosol generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP. If a facility anticipates or has a shortage, they should engage their health department and healthcare coalition for assistance.

- Link to identifying your state HAI coordinator: https://www.cdc.gov/hai/state-based/index.html
- Link to healthcare coalition/preparedness: https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx

Disinfectants used at a facility should be EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2. List N on the EPA website lists products that meet EPA's criteria for use against SARS-CoV-2 (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
How is your current supply of: facemasks and respirators; gowns; gloves; eye protection? Does your facility have enough supply of facemasks and respirators (gowns, gloves, etc.) for the next 1-2 weeks? **Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand sanitizer, EPA-registered disinfectants, tissues). (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html)**	Yes No	
What is your facility doing to try and conserve PPE? Are you aware of the recommendations to conserve PPE? Do you have a backup plan if you don't have enough? **If PPE shortages are identified or anticipated, facility has engaged their health department and/or healthcare coalition for assistance.**	Yes No	
Facility has implemented measures to optimize current PPE supply (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html).	Yes No	
Where is your PPE located? Is it readily available for staff that need it? **PPE is available in resident care areas including outside resident rooms.** - **PPE here includes: gloves, gowns, facemasks, N-95 or higher-level respirators (if facility has a respiratory protection program and HCP are fit-tested) and eye protection (face shield or goggles).**	Yes No	
How much disinfectant does your facility have on hand? Do you expect a shortage? **EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.**	Yes No	
Are trash cans accessible throughout the facility? What about tissues? **Tissues and trash cans are available in common areas and resident rooms for respiratory hygiene and cough etiquette and source control.**	Yes No	

Infection Prevention and Control Practices

Alcohol-based hand sanitizer (ABHS) is the preferred method of hand hygiene; however, sinks should still be stocked with soap and paper towels. Hand hygiene should be performed in the following situations: before resident contact, even if PPE is worn; after contact with the resident; after contact with blood, body fluids, or contaminated surfaces or equipment; before performing aseptic tasks; and after removing PPE.

Recommended PPE when caring for residents with suspected or confirmed COVID-19 includes gloves, gown, N-95 or higher-level respirator (or facemask if respirators are not available or HCP are not fit-tested), and eye protection (face shield or goggles). PPE should be readily available outside of resident rooms, although the facility should consider assigning a staff member to shepherd supplies and encourage appropriate use.

All EPA-registered, hospital-grade disinfectants have a contact time which is required to kill or inactivate pathogens. Environmental surfaces must remain wet with the product for the entire contact time duration to work appropriately. Contact times range from 30 seconds to 10 minutes. Keeping a surface wet for 10 minutes is seldom accomplished with a single application. It is important for facilities to know that their product is appropriate (List N as above) and is being used for the entire contact time. Also, it is helpful for the facility to assign responsibility for cleaning and disinfection of specific surfaces and equipment (who cleans what).

Elements to be assessed	Assessment (Y/N)		Notes/Areas for Improvement
When, during patient care, is hand hygiene expected? **HCP perform hand hygiene in the following situations:** • **Before resident contact, even if gloves will be worn**	Yes	No	
• **After contact with the resident**	Yes	No	
• **After contact with blood, body fluids, or contaminated surfaces or equipment**	Yes	No	
• **Before performing an aseptic task**	Yes	No	
• **After removing PPE**	Yes	No	
What does your facility recommend for hand hygiene? Is there a preference for soap and water or alcohol-based hand sanitizer? **Facility has preference for alcohol-based hand sanitizer over soap and water**	Yes	No	
What PPE is being used by HCP caring for anyone with suspected or confirmed COVID-19 **HCP wear the following PPE when caring for residents with suspected or confirmed COVID-19** • **Gloves**	Yes	No	
• **Isolation gown**	Yes	No	
• **N-95 or higher-level respirator (or facemask if a respirator is not available)**	Yes	No	
• **Eye protection (goggles or face shield)**	Yes	No	

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
How are staff taught to remove PPE? **PPE are removed in a manner to prevent self-contamination and hand hygiene is performed immediately after removal.**	Yes No	
What product do you use for alcohol-based hand sanitizer – do you know the alcohol percentage? Are you experiencing any shortages in alcohol-based hand sanitizer? If so, how are you addressing? **Hand hygiene supplies are available in all resident care areas.** • **Alcohol-based hand sanitizer* with 60-95% alcohol is available in every resident room and other resident care and common areas.** ***If there are shortages of alcohol-based hand sanitizer, hand hygiene using soap and water is still expected.**	Yes No	
Do you ever audit or record performance of things like hand hygiene? Selection and use of personal protective equipment? What do you do if you see someone not washing their hands appropriately? **Hand hygiene and PPE compliance are audited.**	Yes No	
How often are shared equipment like blood pressure cuffs/machines cleaned? These need to be cleaned after every patient use. Who is responsible for that? Are you able to dedicate equipment to residents that may be symptomatic or a case like thermometers, BP cuffs, and stethoscopes? **Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use.**	Yes No	
What disinfectant is used at your facility? Is this ready-to-use (premixed) or does it need to be diluted by your staff? Have you checked to see if that product is effective for coronavirus (EPA List N)? **EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim* against SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.** • ***See EPA List N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2** • **Name of EPA-registered disinfectant used in facility:** _____	Yes No	
What is the contact time for the product? Remember that the contact time is how long a disinfectant needs to remain on a surface for it to be effective. The surface needs to be wet the entire time. Contact times can range from 30 seconds to 10 minutes; often the product is dry after 1-2 minutes so this means reapplying more until that contact time is met. [If they have a 10 minute product] Please make sure your staff are aware of that time and use it appropriately or consider changing to another product with a shorter time. **Facility is aware of the contact time for the EPA-registered disinfectant and shares this information with HCP.**	Yes No	
Are disinfectants ready-to-use or do you have to mix/dilute them at the facility? How are they mixed/diluted? **EPA-registered disinfectants are prepared and used in accordance with label instructions.**	Yes No	

Communication

Communicating is essential during an outbreak—with HCP, residents, families, the health department, transport personnel, and receiving facilities. Facilities should notify the health department about any resident with severe respiratory infection resulting in hospitalization or death, any resident or HCP with suspected or confirmed COVID-19, or if the facility identifies 3 or more new onset cases of respiratory illness among residents and/or HCP in 72 hours. These situations should prompt further investigation and testing for SARS-CoV-2. Should a higher level of care be indicated for a resident with suspected or confirmed COVID-19, the facility should communicate this information with transport personnel, the receiving facility, and the health department.

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
Have you ever talked to the health department before for your facility? Why? Moving forward, what would make you reach out to the health department now? You should reach out if you have a known or suspected case in a resident or healthcare provider; if you have a resident with a severe respiratory infection; or a cluster of new-onset respiratory symptoms among residents and or staff. Generally, we say 3 or more over the course of three days. **Facility notifies the health department about any of the following:** • **COVID-19 is suspected or confirmed in a resident or HCP**	Yes No	
• **A resident has severe respiratory infection resulting in hospitalization or death**	Yes No	
• **A cluster of new-onset respiratory symptoms among residents or HCP (≥3 cases over 72 hours)**	Yes No	
If you have known or suspect cases of COVID-19, how do you plan to communicate this with staff? With residents? With family members? **Facility has process to notify residents, families, and staff members about COVID-19 cases occurring in the facility.**	Yes No	
What about if you transfer a known or suspect case to the hospital, do you have a way to communicate their status to EMS; outpatient facility like dialysis or transfusion clinic; hospital? **Facility communicates information about known or suspected residents with COVID-19 to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities such as dialysis and acute care facilities.**	Yes No	

At the conclusion of the ICAR, give the facility an opportunity to ask questions. Provide them with information about what to expect next (e.g., that they will receive a copy of the completed ICAR form, a recommendation letter, etc.).

Long-Term Care (LTC) Respiratory Surveillance Line List

Instructions for the Long-Term Care (LTC) Respiratory Surveillance Line List

The Respiratory Surveillance Line List provides a template for data collection and active monitoring of both residents and staff during a suspected respiratory illness cluster or outbreak at a nursing home or other LTC facility. Using this tool will provide facilities with a line listing of all individuals monitored for or meeting the case definition for the outbreak illness.

Each row represents an individual resident or staff member who may have been affected by the outbreak illness (i.e., case). The information in the columns of the worksheet capture data on the case demographics, location in the facility, clinical signs/symptoms, diagnostic testing results and outcomes. While this template was developed to help with data collection for common respiratory illness outbreaks the data fields can be modified to reflect the needs of the individual facility during other outbreaks.

Information gathered on the worksheet should be used to build a case definition, determine the duration of outbreak illness, support monitoring for and rapid identification of new cases, and assist with implementation of infection control measures by identifying units where cases are occurring.

LTC Respiratory Surveillance Line List

Instruction Sheet for Completion of the Long-Term Care (LTC) Respiratory Surveillance Line List

Section A: Case Demographics

In the space provided per column, fill in each line with name, age and gender of each person affected by the current outbreak at your facility. Please differentiate residents (R) from staff (S).

*Staff includes all healthcare personnel (e.g., nurses, physicians and other providers, therapists, food services, environmental services) whether employed, contracted, consulting or volunteer.

For residents only: Short stay (S) residents are often admitted directly from hospitals, require skilled nursing or rehabilitation care, and are expected to have a length of stay less than 100 days. Long stay (L) residents are admitted to receive residential care or nursing support and are expected to have a length of stay that is 100 days or more. Indicate the stay type for each resident in this column.

Section B: Case Location

For resident only: Indicate the building (Bldg), unit or floor where the resident is located and the room and bed number for each resident being monitored for outbreak illness. *Answers may vary by facility due to differences in the names of resident care locations.

For staff only: For each staff member listed, indicate the floor, unit or location where that staff member had been primarily working at the time of illness onset.

Section C: Signs and Symptoms (s/s)

Symptom onset date: Record the date (month/day) each person developed or reported signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

Symptoms: Fill in the box (Y or N) indicating whether or not a resident or staff member experienced each of the signs/symptoms listed within this section.

Additional documented s/s (*select all codes that apply*): In the space provided, record the code that corresponds to any additional s/s the resident or staff member experienced. If a resident or staff member experienced a s/s that is not listed, please use the space provided by "Other" to specify the s/s.
H – headache,   SB – shortness of breath,   LA – loss of appetite,   C – chills,   ST – sore throat,   O – other: Specify _____

Section D: Diagnostics

Chest x-ray: Fill in the box (Y or N) indicating whether or not a chest x-ray was performed.

Type of specimen collected: (*Select all codes that apply*): In the space provided, record the type of specimen collected for laboratory testing. If the type of specimen collected is not listed, please use the space provided by "Other" to specify the specimen type.
NP – nasopharyngeal swab,   OP – oropharyngeal swab,   S – sputum,   U – urine,   O – Other: Specify _____

Date of collection: Record the date (month/day) of specimen collection.

Type of test ordered (*select all codes that apply):* In the space provided, record the code that corresponds to whether a diagnostic laboratory test was performed for each individual. If no test was performed, indicate "zero". If the laboratory test used to identify the pathogen is not listed, please use the space provided by "Other" to specify the type of test ordered.
0 – No test performed,   1 – Culture,   2 –Polymerase Chain Reaction (PCR), also called nucleic acid amplification testing includes multiplex PCR tests for several organisms using a single specimen,   3 – Urine Antigen,   4 – Other: Specify

Pathogen detected (*select all codes that apply):* In the space provided, record the code that corresponds to the bacterial and/or viral organisms that were identified through laboratory testing. If the test performed was negative, indicate "zero". If a pathogen not listed was identified through laboratory testing, please use the space provided by "Other" to specify the organism.
0 – Negative results;   Bacterial: 1 – *Streptococcus pneumoniae*,   2 – *Legionella*,   3 – *Mycoplasma*
Viral: 4 – Influenza,   5 – Respiratory syncytial virus (RSV),   6 – Human metapneumovirus (HMPV),   7 – Other: Specify _____

Section E: Outcome During Outbreak

Symptom Resolution Date: Record the date that each person recovered from the outbreak illness and was symptom free for 24 hours.

Hospitalized: Fill in the box (Y or N) indicating whether or not hospitalization was required for a resident or staff member during the outbreak period. *Note: The outbreak period is the time from the date of symptom onset for the first case to date of symptom resolution for the last case.*

Died: Fill in the box (Y or N) indicating whether or not a resident or staff member expired during the outbreak period.

Case (C) or Not a case (leave blank): Based on the clinical criteria and laboratory findings collected during the outbreak investigation, record whether or not each resident or staff member meets the case definition (C) or is not a case (leave space blank).

This worksheet was created to help nursing homes and other LTC facilities detect, characterize and investigate a possible outbreak of respiratory illness.

	A. Case Demographics				B. Case Location			C. Signs and Symptoms (s/s)					D. Diagnostics				E. Outcome During Outbreak[A]			
	Name	Age	Gender (M/F)	Resident (R) or Staff (S)	Residents Only: Short stay (S) or Long stay (L)	Residents Only: Bldg/Floor	Residents Only: Room/Bed	Staff Only: Primary floor assignment	Symptom onset date: (mm/dd)	Fever[B] (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (select all codes that apply) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify___	Chest x-ray (Y/N)	Type of specimen collected (select all codes that apply) NP – nasopharyngeal swab, OP – oropharyngeal swab, U – urine, S – sputum, Other: Specify___	Date of collection: (mm/dd)	Type of test ordered (Select all codes that apply) 0 – No test performed, 1 – Culture, 2 – PCR, 3 – Urine Antigen, 4 – Other: Specify___	Pathogen Detected (Select all codes that apply) 0 – Negative results Bacterial: 1 – S. pneumoniae, 2 – Legionella, 3 – Mycoplasma Viral: 4 – Influenza, 5 – RSV, 6 – HMPV 7 – Other: Specify___	Symptom resolution date: (mm/dd)	Hospitalized (Y/N)	Died (Y/N)	Case (C) or Not a case (leave blank)
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
7.																						
8.																						
9.																						
10.																						

If faxing to your local Public Health Department, please complete the following information:

Facility Name: _____ City, State: _____ County: _____

Contact Person: _____ Phone: _____ Email: _____

[A] *Note:* Outbreak defined as date of first case to resolution of last case.

[B] ***Definition of Fever*** (Stone N, Ashraf MS, Calder, J, et al. Surveillance Definitions in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol 2012; 33:965-977):
(1) a single oral temp > 37.8°C (100°F) or (2) repeated oral temps > 37.2°C (99°F) or rectal temps > 37.5°C (99.5°F) or (3) a single temp > 1.1°C (2°F) over baseline from any site (oral, tympanic, axillary).

Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

Instructions for the Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

The Respiratory Outbreak Summary Form was created to help nursing homes and other LTC providers summarize the findings, actions and outcomes of an outbreak investigation and response. Completing this outbreak form will provide LTC facilities and other public health partners with a record of a facility's outbreak experience and highlight areas for outbreak prevention and response.

Instructions for each section of the form are described below. This form should be filled out by the designated infection preventionist with support from other clinicians in your facility (e.g., front-line nursing staff, physicians or other practitioners, consultant pharmacist, laboratory).

A LTC facility can use this form for internal documentation and dissemination of outbreak response activities. Facilities are encouraged to share this information with the appropriate public health authority by contacting the local health department. Should a facility decide to share this form with the local/state public health officials, please include facility contact information at the bottom of the form.

Contents

LTC Respiratory Surveillance Outbreak Summary

Section 1: Facility Information

Health Dept. Contact Name and Phone Number: A LTC facility should have contact information (name or division, phone number) for the local and/or state health department for outbreak guidance and reporting purposes. Enter the health dept. contact information your facility used to request support during an outbreak.

Date First Notified Local Health Dept: Record the date you first contacted local or state public health during this outbreak at your facility.

Total # of residents at facility: Document the total number of residents in the facility <u>at the time of the outbreak</u>.

Total # of employees: Document the total number of staff working in the facility <u>at the time of the outbreak</u>. Staff includes all healthcare personnel (e.g., nurses, providers, consultants, therapists, food services, environmental services) whether employed, contracted or volunteer.

Summary Form Status: Information in the summary form may be completed over the course of the outbreak. Record the dates your facility started collecting information on the form and completed the outbreak summary report.

Section 2: Influenza Vaccination Status

Total # of residents vaccinated: Record the total number of residents that received the Flu Vaccine within the past year.

Total # of staff vaccinated: Record the total number of staff that received the Flu Vaccine within the past year.

Section 3:Pneumococcal Vaccination Status

Total # of residents vaccinated: Record the total number of residents that received at least one dose of the Pneumococcal Vaccine (either polysaccharide or conjugate).

Section 4: Case Definition

Provide a description of the criteria used to determine whether a resident should be considered a case in this outbreak. The description can include: signs/symptoms, presence of positive diagnostic tests, location within facility, and the timeframe during which individuals may have been involved in the outbreak (e.g., within the past 4 weeks).

Example: A Respiratory illness case includes any resident with the following symptoms: cough, shortness of breath, sputum production and fever residing on Units 2E or 2W, with onset of symptoms between Jan 15th and Feb 1st with or without a sputum specimen positive for Streptococcus pneumoniae.

Section 5: Outbreak Period Information

Outbreak start: (Date of symptom onset of first case): Record the date the first person developed signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

Average length of illness: Estimate the average number of days it takes for signs/symptoms to resolve, based on clinical course among residents/staff affected by the outbreak illness.

Outbreak end: (Symptom resolution date of last case): Record the date the last person recovered from the outbreak illness and became symptom free for 24 hours.

Total # of Cases: Document the number of residents and staff (if applicable) who were identified as having the outbreak illness.

Section 6: Staff Information

Were any ill staff delivering resident care? Check yes or no.

- If yes, try to estimate the number of ill staff involved in resident care based on date when a staff member reported symptoms compared with the date when/if staff member was excused from work.

Did any staff seek medical attention <u>for an acute respiratory infection</u> at any time during the outbreak? Check yes or no.

- If yes, try to estimate the number of staff that sought medical attention based on self-report.

If available, indicate if ill staff received care at an emergency department (ED). Check yes or no and estimate number of staff.

If available, indicate if ill staff was hospitalized as a result of the outbreak illness. Check yes or no and estimate number of staff.

Section 7: Diagnostic and Laboratory Tests

Chest x-ray: Fill in the box (yes or no) indicating whether or not residents and staff had an x-ray done as a part of the diagnosis of the outbreak illness. If yes, please record the # of individuals who received chest x-ray and the # of x-rays that had abnormal findings consistent with the outbreak illness.

List all bacterial (e.g., *S. pneumoniae, Mycoplasma*); viral (e.g., Influenza, RSV) organisms that were identified through laboratory testing; Use the space provided by "Other" to specify if a parasite or non-infectious cause of respiratory illness was identified.

Diagnostic testing results: In the table, each row corresponds to an organism identified during the outbreak. Use the column to specify the type of testing used to identify each organism (either microbiologic culture, PCR (also known as nucleic acid amplification) or specify if a different diagnostic test was used (e.g., Legionella urinary antigen). For each test type, document the total number of residents and staff that received laboratory confirmation by that test.

Section 8: If Influenza Identified During Outbreak:

Antiviral Treatment: Fill in the box (yes or no) indicating whether or not antiviral treatment was offered. If antiviral treatment was offered, please record the total number of residents and staff that received treatment.

Antiviral Prophylaxis Offered: Fill in the box (yes or no) indicating whether or not antiviral prophylaxis was offered to any additional residents, staff or family members at risk for infection due to the outbreak. If antiviral prophylaxis was offered, please record the total number of residents and staff that received prophylaxis.

Section 9: Resident Outcome

Hospitalizations: During the outbreak, fill in the box (yes or no) indicating whether or not hospitalization was required for any residents. If yes, please record how many residents were hospitalized.

Deaths: During the outbreak, fill in the box (yes or no) indicating whether or not any residents died. If yes, please record how many residents died during the outbreak period (deaths should be recorded even if unable to determine if outbreak illness was the cause).

Section 10: Facility Outbreak Control Interventions

In this section, check if any of the infection control strategies listed were implemented at your facility in response to the outbreak. If a practice or policy change was implemented during the outbreak that is not listed (e.g., new cleaning/disinfecting products used, change to employee sick leave policy), specify in the space provided by "Other". For each strategy, record the date the change was implemented (if available).

Section 11: # of New Cases Per Day

Please fill in the chart with the number of new cases that are residents and staff per day. Once each day is complete, add the number of new cases of residents and staff and place the sum in total column for that corresponding day.

In the space provided under the chart, record the date which corresponds to Day 1 on the outbreak period (i.e., date of outbreak start).

For HD Use Only	
Facility Licensed by State: Fill in the box (yes or no) indicating whether or not the facility is licensed by the state.	**# of Licensed Beds:** Document the total number of licensed beds at the facility.
Facility Certified by CMS: Fill in the box (yes or no) indicating whether or not the facility is certified by the Center for Medicare and Medicaid Services (CMS).	**# of staff employees:** Document the total number of facility employed staff working in the facility at the time of the outbreak.
Facility Type: Check that box that best describes the type of care the facility provides: Nursing home, Intermediate Care Facility, Assisted living Facility or Other (specify).	**# of contract employees:** Document the total number of contract/consulting providers working in the facility at the time of the outbreak.

LTC Respiratory Surveillance Outbreak Summary

1. Facility Information

Health Dept. Contact Name:_____ Health Dept. Contact Phone Number:_____

Health Dept. Fax Number:_____ Date First Notified Local Health Dept.:___/___/____

Total # of residents at facility: _____ Total # of employees (staff and contract personnel): _____

Summary Form Status: Date initiated:___/___/_____ Date completed:___/___/____

2. Influenza Vaccination Status

Total # of residents vaccinated: Total # of staff vaccinated:

3. Pneumococcal Vaccination Status

Total # of residents vaccinated:

4. Symptomatic Case Definition

Summarize the definition of a symptomatic case during the outbreak, including symptoms, time range and location (if appropriate) within facility:

5. Outbreak Period Information

Outbreak start: (Date of symptom onset of first case):___/___/_____

Average length of illness:_____ days

Outbreak end: (Symptom resolution date of last case):___/___/_____

Total # of Cases

Residents: Staff:

6. Staff Information

Were any ill staff delivering resident care at the beginning of the outbreak? ☐ Yes ☐ No If yes, how many:____

Did any ill staff seek outside medical care at the beginning or during the outbreak? ☐ Yes ☐ No If yes, how many:____

ED Visit: ☐ Yes ☐ No If yes, how many:____   Hospitalization: ☐ Yes ☐ No If yes, how many:____

7. Diagnostic and Laboratory Tests

Chest x-ray: ☐ Yes ☐ No   # performed: # abnormal:

Which organisms were identified through laboratory testing:

Bacterial: Specify_____ **Viral**: Specify_____ **Other**: Specify_____

Total # of Laboratory Confirmed Cases	Culture	PCR	Other Diagnostic Tests: Specify _____
Organism 1 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____
Organism 2 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____
Organism 3 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____

8. If Influenza Identified During Outbreak:

Antiviral **treatment** offered: ☐ Yes ☐ No   Antiviral **prophylaxis** offered: ☐ Yes ☐ No

If yes, indicate total # : Residents_____ Staff_____   If yes, indicate total # : Residents_____ Staff_____

9. Resident Outcome

Hospitalizations: ☐ Yes ☐ No If yes, how many:_____   Deaths: ☐ Yes ☐ No If yes, how many:_____

10. Facility Outbreak Control Measures

☐ Educated on hand hygiene practices: Date:_____   ☐ Monitored appropriate HH and PPE use by staff: Date:_____

☐ Implemented transmission-based precautions: Date_____   ☐ Cohorted ill residents within unit/building: Date: _____

☐ Dedicate staff to care for only affected residents: Date: _____   ☐ Placed ill staff on furlough: Date: _____

☐ Suspend activities on affected unit: Date: _____   ☐ Restricted new admissions to affected unit: Date: _____

☐ Notified family/visitors about outbreak: If yes, Date: _____   ☐ Educated family/visitors about outbreak: If yes, Date: _____

☐ Other: _____   ☐ Other: _____

11. # of New Cases Per Day

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Residents														
Staff														
Total														

Indicate Date of Day 1: _____/_____/_____ List units/floors involved in the outbreak:_____

For HD Use Only

Facility Licensed by State: ☐ Yes ☐ No Facility ID: _____

Facility Certified by CMS: ☐ Yes ☐ No Facility Type: ☐ Nursing home   ☐ Assisted living   ☐ Other (specify): _____

# of Licensed Beds: _____   # of staff employees: _____   # of contract employees: _____

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. If the LHD does not have supplies to meet the request, or the LHD is unreachable, LTCFs should complete an ICS 213 RR form (sample below) following the guidance outlined and email to isdhdeplogistics@isdh.in.gov.

FACILITIES SHOULD FOLLOW CDC GUIDELINES FOR HEALTHCARE WORKERS

This guidance also applies to other healthcare workers in the following facilities:

- Nursing Homes
- Residential Care Facilities
- Assisted Living Facilities
- Residential Care & Assistance Program Providers
- Housing with Services Establishments
- Intermediate Care Facilities for IDD, including Group Homes
- Rehabilitation Hospitals
- State Psychiatric Hospitals
- Free Standing Psychiatric Hospitals
- Staff who work in Hospice, EMS and Dialysis Centers

HEALTHCARE WORKERS WITH POTENTIAL COVID-19 EXPOSURE

Healthcare workers that, in a healthcare setting, have been potentially exposed to patients with confirmed COVID-19, should follow CDC guidance linked below. This guidance includes considerations for managing healthcare workers with exposure who are asymptomatic.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html

CLOSE CONTACT AND RISK LEVELS

Close contact is defined as being within approximately 6 feet (2 meters) of a COVID-19 case or secondary the provider has a high risk of coming in contact with respiratory droplets (for example, if a healthcare worker not wearing PPE is coughed on during the suctioning of a patient or while giving a nebulizer treatment).
Healthcare facilities need to identify the risk of the healthcare worker:

High Risk: the healthcare worker (HCW) had close contact with COVID-19 patient and neither had a face mask.

Medium Risk: healthcare worker had close contact with COVID-19 patient who wore a face mask and the HCW did not wear a face mask

Low Risk: Brief interaction with the patient with COVID-19 or close contact with patients who were wearing a facemask while healthcare worker was wearing a face mask.

HEALTHCARE WORKERS WITH NO DIRECT PATIENT CONTACT AND NO ENTRY INTO ACTIVE PATIENTS MANAGED AREAS WHO ADHERE TO ROUTINE SAFETY PROCEDURES SHOULD BE CONSIDERED NOT AT RISK.

LEVELS OF MONITORING

- **Self-monitoring** – HCW should not return to work during self-monitoring. They should monitor themselves by taking temperature twice a day and be alert to respiratory symptoms (cough, shortness of breath)
- **Active Monitoring** – HCW should not return to work during active monitoring. State or local health department assumes responsibility for communicating with potentially exposed people to assess for fever or respiratory symptoms. This can be delegated by the health department to the healthcare facility.

ADDITIONAL INFORMATION

Facilities should develop a plan for how to screen for symptoms and evaluate ill healthcare workers. For instance, on days the healthcare worker is scheduled to work, the facility should take the temperature and assess for symptoms prior to starting work or have the healthcare worker report their temperature and absence of symptoms prior to starting work.

If the healthcare worker begins to exhibit symptoms, such as cough, sore throat, fever or shortness of breath, they must be sent home for self-quarantine and testing immediately.

ADDITIONAL INFORMATION

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

- CDC COVID-19 webpage: http://www.cdc.gov/coronavirus
- ISDH COVID-19 webpage: https://coronavirus.in.gov

Below are the update strategies to reduce the spread of infection in facilities with a patient/resident with a confirmed or suspected case of COVID-19.

New in this update on August 10, 2020:
- Change Transmission-Based Precautions guidance
  - [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)](#)

  - [Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)](#)

GENERAL GUIDANCE

The following is guidance for out of hospital facilities who house patients with a confirmed or suspected case of COVID-19. There are a few guiding principles:

1. Placement of patient/resident in contact-droplet precautions with proper PPE, including gown, glove, mask with face shield or eye protection
2. Proper donning and doffing of personal protection equipment when in contact with COVID-19 residents https://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf
3. Reduce the number of non-essential staff who come into contact with the patient/resident
4. Reduce the movement of staff between patients with and without COVID-19
   - Cohort staff and patients in one area of the building if possible
   - Cohort equipment for these patients/residents to limit spread of infection
5. Perform hand hygiene frequently before and after patient/resident contact, before clean/ aseptic procedures, and after body fluid risk exposure, before and after coming on duty, and when hands are visibly soiled.

PPE GUIDANCE

Facilities should follow the CDC guidelines for healthcare workers and positive protective equipment: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Secondary to limited PPE availability facilities should use fit-tested N95 masks only in essential staff who do procedures that are likely to generate respiratory aerosols (e.g., nebulizer treatments, COVID-19 testing), which would pose the highest exposure risk to the staff.
   - *Should N95 masks not be available the staff should wear a tight fitting surgical mask with no gaps around the face and eye-protection as in goggles (not just eye glasses) or face shield.*

Those doing procedures that do not generate respiratory aerosols (e.g., insulin injections, medication delivery, lab draw, X-rays, and wound care) do not need N95 respirators at this time.

These staff should wear eye protection, gown, gloves and standard surgical facemasks to prevent droplet exposure.
   - If there are shortages of isolation gowns, they should be prioritized for aerosol-generating procedures, care activities for which splashes and sprays are anticipated, and

high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of essential staff.
  o Encourage staff to have a change of clothing on hand to change before leaving work, and remember to perform hand hygiene after removal of uniforms and before leaving work for the day.

STAFFING RECOMMENDATIONS

Non-essential staff* are considered those staff who come into contact with patients/ residents, or patient/resident rooms, but do not provide medical care:
- Ancillary staff
- Administrative staff
- Housekeeping staff
- Maintenance staff (unless needing to repair vital equipment)
- Meal delivery
- Activity staff
- Assisted-living staff

*Non-essential staff, as defined above, may still require access to the facility for its normal operation. The recommendations outlined here are to restrict their access only to the confirmed or presumed COVID-19 patient's room or a cohorted unit designated for confirmed/presumed COVID-19 patients.

To reduce the interaction between non-essential staff and COVID-19 patients, facilities should develop plans to shift duties from these staff to essential staff.
- **ONLY ESSENTIAL staff should go into the room of a confirmed or presumed COVID-19 patient.**

Essential staff are considered those staff who come into contact with patient/resident and provide medical care:
- Certified Nurse Assistants (CNAs)
- Qualified Medical Assistants (QMAs)
- Nurses
- Paramedics: Paramedics, donning appropriate PPE, are to be allowed into facilities to assess and transport patients to hospitals.
- X-ray staff: Those who come in to do emergency radiographs should don appropriate PPE and follow contact-droplet precautions
- Laboratory staff:
  o If the essential staff at the facility <u>can</u> draw blood, the facility should work with their local laboratory to develop a protocol by which the facility staff draw the blood.
  o If essential staff at the facility <u>cannot</u> draw blood the laboratory staff should follow contact-droplet precautions.

To reduce essential staff who care for confirmed, or presumed, COVID-19 patients from interacting with patients ISDH recommends the following:
- Appropriate infection control measures with hand hygiene and contact-droplet precautions
  o https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/
  o https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html

- Appropriate donning and doffing of PPE – video training can be watched here:
https://bit.ly/2zn9yjQ   (disable pop-up blocker)
- Contract essential staff who recently cared for a COVID-19 confirmed, or presumed positive, patient/resident should, if possible, provide care at only one facility
- Contract essential staff who care for confirmed, or presumptive positive, COVID-19 patients/residents should restrict their movements in facilities to those areas where the patient/resident resides
  - Recommendation is to avoid working in other areas of the facility (e.g., going between assisted living and extended care facilities)
- To conserve PPE and N95 masks, limit the essential staff who perform testing or procedures that generate respiratory aerosols (e.g., suctioning, respiratory treatments). This can be done by identifying only one person who will do these procedures per shift.

FACILITY GUIDANCE-RESIDENT MANAGEMENT

Included are considerations for designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients/resident and options for extended use of respirators, facemasks, and eye protection on such units.

- Patients/residents with known or suspected COVID-19 should be cared for in a single-person (private) room with the door closed. *Airborne infection isolation rooms (AIIR) are not required.*
- Patients/residents with known or suspected COVID-19 should not share bathrooms with other patients/residents.
- All patients/residents returning from the hospital with suspected or confirmed COVID-19 should be cared for in a private room, or Cohorted with other patients of the same status in the same unit, wing, hallway, or building.
- Patients/residents with close contact with a confirmed COVID-19 patient (e.g., roommate or infected staff without wearing PPE) should be isolated and follow 14 day self-monitoring guidelines outline by CDC https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html.
  - If they develop symptoms, and are confirmed or suspected to have COVID-19, they should remain in isolation until at least 10 days and up to 20 days (residents with severe to critical illness or who are severely immunocompromised) after symptom onset and 24 hours after resolution of fever, without use of antipyretic medication, and improvement in symptoms (e.g., cough), whichever is longer.
    - Please note that elderly patients/residents may not encounter fever with COVID-19
- Staff who develop symptoms confirmed or suspected to be COVID-19 should call the Indiana State Department of Health at 877-826-0011 to determine if testing is needed.
They should also call their local health department to make them aware.
  - They should follow home quarantine recommendations from the CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html - and can return to work when the following conditions have been met;
    - Fever free for at least 24 hours (that is a full day of no fever without the use medicine that reduces fevers).
AND
    - Other symptoms have improved (for example, when your cough or shortness of breath have improved).
AND

▪ At least 10 days <mark>and up to 20 days (staff with severe to critical illness or who are severely immunocompromised)</mark> have passed since your symptoms first appeared.

GUIDANCE FOR MEDICAL DIRECTORS

Thank you for caring for vulnerable populations during this pandemic. To prevent the number of staff who come in contact with a confirmed or presumed COVID-19 patient at your facility please follow some simple guidance:

- Do not order non-urgent labs or -rays. Refrain from ordering labs and X-rays that are to follow the long-term course of a disease (e.g., hemoglobin A1C, routine chemistries, chest X-rays for pulmonary lesion progression).
- Implement alternatives to treatments to generate respiratory aerosols (e.g., inhalers vs. nebulizers)

ADDITIONAL INFORMATION

General questions from the public or healthcare provider inquiries about COVID-19 may be directed to the ISDH COVID-19 Call Center at the toll-free number 877-826-0011. Providers should please call the epidemiologist on call at 317-233-1325, option 1, with urgent issues after hours that need immediate attention.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-20-All

DATE: **March 23, 2020**

TO: State Survey Agency Directors

FROM: Director
            Quality, Safety & Oversight Group

SUBJECT: Prioritization of Survey Activities

Memorandum Summary

- ***The Centers for Medicare & Medicaid Services (CMS) is committed*** to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19).
- On Friday, March 13, 2020, the President declared a national emergency, which triggers the Secretary's ability to authorize waivers or modifications of certain requirements pursuant to section 1135 of the Social Security Act (the Act). Under section 1135(b)(5) of the Act, CMS is prioritizing surveys by authorizing modification of timetables and deadlines for the performance of certain required activities, delaying revisit surveys, and generally exercising enforcement discretion for three weeks.
- During this three-week timeframe, **only** the following types of surveys will be prioritized and conducted:
    - Complaint/facility-reported incident surveys: State survey agencies (SSAs) will conduct surveys related to complaints and facility-reported incidents (FRIs) that are triaged at the Immediate Jeopardy (IJ) level. A streamlined Infection Control review tool will also be utilized during these surveys, regardless of the Immediate Jeopardy allegation.
    - Targeted Infection Control Surveys: Federal CMS and State surveyors will conduct targeted Infection Control surveys of providers identified through collaboration with the Centers for Disease Control and Prevention (CDC) and the HHS Assistant Secretary for Preparedness and Response (ASPR). They will use a streamlined review checklist to minimize the impact on provider activities, while ensuring providers are implementing actions to protect the health and safety of individuals to respond to the COVID-19 pandemic.
    - Self-assessments: The Infection Control checklist referenced above will also be shared with all providers and suppliers to allow for voluntary self-assessment of their Infection Control plan and protections.

Background

CMS is committed to taking critical steps to ensure America's health care facilities, providers, and clinical laboratories are prepared to respond to the threat of COVID-19 and other respiratory illness. Specifically, under section 1135(b)(5) of the Act, CMS is prioritizing and suspending certain federal and SSA surveys, and delaying revisit surveys, pursuant to federal requirements for the next three weeks, beginning March 20, 2020, for all certified provider and supplier types. Also, for Clinical Laboratory Improvement Amendments (CLIA), we intend to prioritize immediate jeopardy situations over recertification surveys, and generally intend to use enforcement discretion, unless immediate jeopardy situations arise. During this three-week timeframe, SSAs and CMS surveyors will prioritize and conduct surveys (including revisit surveys) related to complaints and facility-reported incidents (FRIs) that are triaged at the Immediate Jeopardy (IJ) level, for all allegations, in addition to a review with a Focused Infection Control survey. Federal surveyors will perform targeted Infection Control surveys of facilities in those areas most in need of additional oversight, as identified through collaboration with the CDC and ASPR.

If state or federal surveyors are unable to meet the Personal Protective Equipment (PPE) expectations outlined by the latest CDC guidance to safely perform an onsite survey due to lack of appropriate PPE supplies, they are instructed to refrain from entering the /provider, and obtain information necessary remotely, to the extent possible. Surveyors should continue the survey once they have the necessary PPE to do so safely.

The Focused Infection Control Survey is available to every provider in the country to make them aware of Infection Control priorities during this time of crisis, and providers and suppliers may perform a voluntary self-assessment of their ability to meet these priorities.

This shift in approach will allow health care providers time to implement the most recent infection control guidance from both CMS and the Centers for Disease Control and Prevention (CDC). At the same time, we are doing our duty to protect patients from harm, and ensuring providers are implementing actions to prevent the spread of COVID-19.

Therefore, during the prioritization period, the following surveys will **not** be authorized:
- Standard surveys for long term care facilities (nursing homes), hospitals, home health agencies (HHAs), intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), and hospices. This includes the life safety code and Emergency Preparedness elements of those standard surveys;

- Revisits that are not associated with IJ. As a result, the following enforcement actions will be suspended, until revisits are again authorized:
    - For nursing homes – Imposition of Denial of Payment for New Admissions (DPNA), including situations where facilities that are not in substantial compliance at 3 months, will be lifted to allow for new admissions during this time;
    - For HHAs – Imposition of suspension of payments for new admissions (SPNA) following the last day of the survey when termination is imposed will be lifted to allow for new admissions during this time;
    - For nursing homes and HHAs – Suspend per day civil money penalty (CMP) accumulation, and imposition of termination for facilities that are not in substantial compliance at 6 months.

- For CLIA, we intend to prioritize immediate jeopardy situations over recertification surveys.

This announcement follows previous action to focus survey activity on infection control. On March 4, 2020, CMS announced a suspension of inspections for federal and state inspectors (https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/suspension-survey-activities). This earlier announcement focused on immediate jeopardy complaints, complaints alleging infection control concerns – especially COVID-19 – statutorily required surveys, revisit surveys to resolve enforcement actions, initial certifications, inspections for facilities with histories of infection control deficiencies in the last three years, and inspections of facilities with histories of infection control deficiencies at low levels of severity. This action supersedes the March 4th announcement, and prioritizes surveys related to complaints and FRIs triaged at the IJ level, while suspending the other types of surveys.

Prioritization of Surveys

When conducting surveys related to complaints and facility-reported incidents (FRIs) that are triaged at the Immediate Jeopardy (IJ) level, and revisit surveys necessary to verify removal of IJ which has been previously cited, surveyors and CMS Regional Offices should adhere to the following guidelines:
1. SSAs follow their normal process for triaging complaints and FRIs:
    a. If a complaint or FRI is triaged at the IJ level, the state should follow the normal policies and procedures for surveying the provider. For example, a survey of a long term care facility (LTC) would be conducted within two business days of receipt of the allegation (State Operations Manual (SOM), Chapter 5, Section 5075.9).

b. If a complaint or FRI is triaged at the non- IJ level, the state would enter the allegation into the ASPEN Complaints/Incidents Tracking System (ACTS) per the instructions in the SOM Chapter 5. An onsite survey will not be conducted during the prioritization period. CMS will issue guidance related to these non-IJ complaints or FRIs in the next few weeks.

c. This normal complaint triaging process also applies to CLIA complaints.

2. For facilities that have been cited for IJ-level deficiencies and that surveyors have not verified that the IJ has been removed, surveyors would proceed as normal, and conduct a revisit survey to verify the IJ is removed.

a. If the revisit survey determines there is continuing noncompliance, but not at the IJ level, surveyors would not conduct another onsite revisit survey. The provider may submit a plan of correction (POC), but an onsite revisit survey will not be conducted during the prioritization period, and these cases will be held. The provider may delay submission of a plan of correction until this prioritization period is over.

b. If a survey is conducted because a complaint or FRI was triaged at the IJ level, and the provider is cited for noncompliance, but not at the IJ level (e.g., Level 3 – actual harm), surveyors would not conduct a revisit survey. The provider may submit a plan of correction (POC), but an onsite revisit survey will not be conducted during the prioritization period, and these cases will be held. The provider may delay submission of a plan of correction until this prioritization period is over.

c. For level-3 (LTC) or condition level (Non-LTC) citations (for which an onsite revisit survey would normally be conducted), the provider <u>may</u> submit a plan of correction (POC), but an onsite revisit survey will not be conducted during the prioritization period, and these cases will be held. The provider may delay submission of a plan of correction until this prioritization period is over. CMS will issue guidance on how to verify compliance with these citations in the next few weeks.

d. For level-2 (LTC) or standard level (non-LTC) citations, the provider <u>may</u> submits a POC, and providers and survey agencies could verify compliance through normal procedures through a desk review. The provider may delay submission of a plan of correction until this prioritization period is over.

e. For clinical laboratories, surveyors will conduct a revisit survey to verify removal of IJ once a credible allegation of compliance has been received.

3. Federal CMS and State Surveyors will conduct focused Infection Control surveys in areas deemed necessary through collaboration with CDC and ASPR. *Please note this workload for SSAs is contingent on their ability to perform surveys based on PPE availability and fulfillment of other State Emergency Response responsibilities (such as staffing medical shelters or testing stations).*

a. Revisit surveys: Surveyors will follow the same guidance for revisit surveys explained in section 2 above.

b. Enforcement actions will also follow the guidance for all other surveys during the prioritization period explained in section 4 below.

4. Enforcement Actions:

a. For pending enforcement cycles during the prioritization period where the provider is currently not in substantial compliance or has not had a revisit

survey to verify substantial compliance, and a per day civil money penalty (CMP), or DPNA (for nursing homes) or SPNA (for HHAs) was imposed for noncompliance that occurred prior to the prioritization date of surveys: These remedies will be suspended (stopped) as of the start of the survey prioritization date. In other words, the CMP will stop accruing and the DPNA/SPNA will end as of the suspension date. Additionally, CMS will not impose any new remedies to address noncompliance that occurred prior to the start of the survey prioritization period. NOTE: This does not apply to unremoved IJs. Enforcement actions will proceed as usual per the SOM for unremoved IJ deficiencies. CMS will issue guidance on how to reconcile these actions in the next few weeks.

b. For pending enforcement cycles during the prioritization period where the provider is currently not in substantial compliance or has not had a revisit survey to verify substantial compliance, and for pending enforcement cycles with new noncompliance cited after the issuance of this memo, and a per day CMP, or DPNA (for nursing homes) or SPNA (for HHAs) was imposed for IJ level noncompliance (where the IJ has not been removed): Surveyors will follow normal policies and procedures for removing the IJ. CMS will also follow normal policies and procedures for imposing enforcement remedies for remediating the noncompliance. For example, for noncompliance cited at the IJ level, that has not been removed at the time of the survey exit, the CMS Office will impose an enforcement remedy (e.g., CMP, 23 day termination), and the state surveyors will conduct a revisit survey. On the revisit survey, surveyors will either verify substantial compliance, or cite noncompliance at a lower level if warranted.

   i. If the IJ noncompliance is reduced and cited at level 3 (LTC) or condition level (non-LTC), an onsite revisit survey will not be conducted during the prioritization period, and these cases will be held. CMS will issue guidance on how to impose enforcement and verify compliance with these in the next few weeks (see 2.c.).

   ii. If the IJ noncompliance is reduced and cited at level 2 (LTC) or standard level (non-LTC), facilities and survey agencies would verify compliance through normal procedures through a desk review (see 2.d.). However, CMS should not impose remedies during the prioritization period for any noncompliance that was identified before or after the start of the survey prioritization period, unless the noncompliance is an unremoved IJ.

c. The three-month mandatory DPNA and six-month mandatory termination (nursing homes) for not being in substantial compliance (for nursing homes and HHAs) will not take place, and be deferred for an evaluation at a later date. However, enforcement actions related to IJ remain and continue under normal procedures.

d. If CMS has previously imposed an alternative sanction (e.g., SPNA, CMP) on a HHA for noncompliance identified prior to the suspension, the six-month mandatory termination will not take place, and be deferred for an evaluation at a later date.

e. For existing CLIA enforcement cases where a civil money penalty (CMP) per day of non-compliance was imposed, accrual of CMP will stop as of the survey COVID-19 suspension date. CMS will issue guidance on how to reconcile these actions in the next few weeks. Other CLIA enforcement actions that have been initiated will be handled on a case-by-case basis with consultation DCLIQ managers and staff.

5. If during an IJ complaint or FRI survey, the surveyor identifies that there is an active COVID-19 case in the facility:

If the COVID-19 case is, or is not, related to the IJ, surveyors should report the case and facility to their agency, the state health department (to coordinate with the Centers for Disease Control and Prevention (CDC)), and the CMS Regional Office. These agencies should coordinate and decide on any further actions that should be taken. The Infection Control focused survey process can be used to investigate noncompliance and ensure the provider takes steps to minimize transmission.

For onsite surveys that were started prior to the prioritization period and don't fall under this guidance, survey teams should end the survey and exit the facility.

Lastly, any initial certification surveys remain authorized to increase the health care capacity of the country.

Note: While CMS' directive applies to the CMS' federal surveyors and state agency surveyors, CMS also urges other surveyors, including accrediting organizations (AOs), to follow suit. Additionally, CMS' survey prioritization applies to surveys for compliance with federal regulations, not state surveys pursuant to state licensure.

Additional Instructions for Nursing Homes

We are disseminating the Infection Control survey developed by CMS and CDC so facilities can educate themselves on the latest practices and expectations. We expect facilities to use this new process, in conjunction with the latest guidance from CDC, to perform a voluntary self-assessment of their ability to prevent the transmission of COVID-19. This document may be requested by surveyors, if an onsite investigation takes place. We also encourage nursing homes to voluntarily share the results of this assessment with their state or local health department Healthcare-Associated Infections (HAI) Program. Contact information for each state's health departments is identified on the Centers for Disease Control & Prevention's (CDC's) website at: https://www.cdc.gov/HAI/state-based/index.html.

Furthermore, we remind facilities that they are required to have a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility, and when and to whom possible incidents of communicable disease or infections should be reported (42 CFR 483.80(a)(2)(i) and (ii)). CDC recommends that nursing homes notify their health department about residents with severe respiratory infection, or a cluster of respiratory illness (e.g., > or = 3 residents or HCP with new-onset respiratory symptoms within 72 hours). Local and state reporting guidelines or requirements may vary. Monitor the CDC website for information and resources to help prevent the introduction and spread of COVID-19 in nursing homes (CDC Preparing for COVID-19: Long-term Care Facilities, Nursing Homes: https://www.cdc.gov/coronavirus/2019-

ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html). We urge providers to review the tools and implement actions to protect the health and safety of individuals to respond to the COVID-19 pandemic.

Additional Instructions for Other (Non-Long Term Care) Provider Types

Education and Signage
 Where the patient/resident is sleeping at the health care facility, signage on the patient's room is important to ensuring that all staff are aware of the necessary infection control steps. https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf

In the home setting, health care staff may have little control over the home environment, but must 1) educate staff, patients and family members regarding infection control procedures and how to avoid transmission of COVID-19, and 2) maintain clean equipment and supplies and follow appropriate infection control procedures during home visits and transport of reusable patient care items. For further information refer to CDC's interim guidance for home care of people not requiring hospitalization for COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html).

Limitations on Visitors
To mitigate the spread of the COVID-19 virus, CMS is providing guidance to restrict visitation in health care facilities such as hospitals, critical access hospitals, psychiatric hospitals, inpatient hospice units, and intermediate care facilities for individuals with developmental disabilities. For CMS restrictions on visitation in nursing homes, see QSO-20-14 https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf.

CMS is providing the following expanded guidance to prevent the spread of COVID-19:
a) Visitors should receive the same screening as patients, including whether they have had:
- Fever or symptoms of a respiratory infection, such as a cough and sore throat.
- International travel within the last 14 days to CDC Level 3 risk countries. For updated information on restricted countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
- Contact with someone with known or suspected COVID-19.
b) Health care facilities should set limitations on visitation. For example, limitations may include restricting the number of visitors per patient, or limiting visitors to only those that provide assistance to the patient, or limiting visitors under a certain age.
c) Health care facilities should provide signage at entrances for screening individuals, provide temperature checks/ ask about fever, and encourage frequent hand washing and use of hand sanitizer before entering the facility and before and after entering patient rooms
d) If visiting and not seeking medical treatment themselves, individuals with fevers, cough, sore throat, body aches or runny nose or not following infection control guidance should be restricted from entry.
e) Facilities should screen and limit visitors for any recent trips (within the last 30 days) on cruise ships as well as close contact with a suspect or laboratory-confirmed COVID-19 patient within the last 14 days, or overseas travel from certain countries.

https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html,
https://wwwnc.cdc.gov/travel/page/covid-19-cruise-ship

f) Facilities should instruct visitors to limit their movement within the facility (e.g., reduce walking the halls, trips to cafeteria, etc.)

g) Facilities should establish limited entry points for all visitors and/or establish alternative sites for screening prior to entry.

h) Facilities can implement measures to:
- Increase communication with families (phone, face-time, skype, etc.).
- Potentially offer a hotline for with a recording that is updated at set times so families can get an update on the facility's general status.
- If appropriate, consider offering telephonic screening of recent travel and wellness prior to coming in for scheduled appointments. This may help limit the amount of visitor movement throughout the organization and congestion at entry points.

i) Consider closing common visiting areas and encouraging patients to visit with loved ones in their patient rooms.

In home and community-based settings, health care providers should advise patients with COVID-19 of the CDC guidance to mitigate transmission of the virus. This includes isolating at home during illness, restricting activities except for medical care, using a separate bathroom and bedroom if possible, and prohibiting visitors who do not have an essential need to be in the home. The certified Medicare/Medicaid provider is expected to share this information with patients with the COVID-19 virus and his/her caregiver. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

Some states have chosen to establish more restrictive criteria than described above. Health care providers to follow the more restrictive criteria when present.

Access for Healthcare Staff
CMS is aware that some providers (nursing homes, assisted living facilities, etc.) have significantly restricted entry for staff from other Medicare/Medicaid certified providers who are providing direct care to patients. In general, if the staff is appropriately wearing PPE, and do not meet criteria for restricted access, they should be allowed to enter and provide services to the patient (interdisciplinary hospice care, dialysis, organ procurement, home health, etc.).

For hospitals, this would also apply to organ procurement coordinators. Ensuring that individuals have continued access to life-saving organs is critical. We understand that hospitals are preparing for a potential surge in COVID-19 patients however, we would ask that donor hospitals continue with operations in regards to allowing organ procurement coordinators into hospitals to discuss organ donation with families. Hospital and OPO leadership should communicate on risk assessments in their communities and any potential impacts for organ recovery operations.

CMS will continue to evaluate the survey prioritization in light of the situation on the ground in areas with large numbers of COVID-19 cases, to determine if CMS needs to continue this past the initial three weeks.

Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to

waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.

The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers .

Contact: Questions about this document should be addressed to QSOG_EmergencyPrep@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/

David R. Wright

cc: Survey and Operations Group Management

COVID-19 Focused Survey for Nursing Homes

Infection Control

This survey tool must be used to investigate compliance at F880, **F884 (CMS Federal surveyors only), F885**, and E0024. Surveyors must determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to- States-and-Regions.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: "Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19**."

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with the existing guidance in Appendix PP of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For the purpose of this survey tool, "staff" includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) must be facility-wide and include all departments and contracted services.

Critical Element #8 is only for consideration by CMS Federal Survey staff. Information to determine the facility's compliance at F884 is only reported to each of the 10 CMS locations.

Surveyor(s) reviews for:
- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and Transmission-Based Precautions;
- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
- The surveillance plan;

- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff;
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19; and
- How the facility informs residents, their representatives, and families of suspected or confirmed COVID-19 cases in the facility.

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1. **Standard and Transmission-Based Precautions (TBPs)**

CMS is aware that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their health department or healthcare coalition for assistance (https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for residents. Among other practices, optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html and healthcare facilities is located at: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html. Guidance on strategies for optimizing PPE supply is located at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

General Standard Precautions:

☐ Are staff performing the following appropriately:

- Respiratory hygiene/cough etiquette,
- Environmental cleaning and disinfection, and
- Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use)?

Hand Hygiene:

☐ Are staff performing hand hygiene when indicated?

☐ If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?

COVID-19 Focused Survey for Nursing Homes

☐ If there are shortages of ABHR, are staff performing hand hygiene using soap and water instead?

☐ Are staff washing hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids)?

☐ Do staff perform hand hygiene (even if gloves are used) in the following situations:

- Before and after contact with the resident;
- After contact with blood, body fluids, or visibly contaminated surfaces;
- After contact with objects and surfaces in the resident's environment;
- After removing personal protective equipment (e.g., gloves, gown, facemask); and
- Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care)?

☐ When being assisted by staff, is resident hand hygiene performed after toileting and before meals?

☐ Interview appropriate staff to determine if hand hygiene supplies (e.g., ABHR, soap, paper towels) are readily available and who they contact for replacement supplies.

Personal Protective Equipment (PPE):

☐ Determine if staff appropriately use PPE including, but not limited to, the following:

- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
- Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
- Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care; and
- An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions.

☐ Is PPE appropriately removed and discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national/local recommendations), followed by hand hygiene?

☐ If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses?

☐ Interview appropriate staff to determine if PPE is available, accessible and used by staff.

- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
- Do staff know how to obtain PPE supplies before providing care?
- Do they know who to contact for replacement supplies?

COVID-19 Focused Survey for Nursing Homes

Transmission-Based Precautions (Note: PPE use is based on availability and latest CDC guidance. See note on Pages 1-2):

☐ Determine if appropriate Transmission-Based Precautions are implemented:

- <u>For a resident on Contact Precautions</u>: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
- <u>For a resident on Droplet Precautions</u>: staff don a facemask within six feet of a resident;
- <u>For a resident on Airborne Precautions</u>: staff don an N95 or higher level respirator prior to room entry of a resident;
- <u>For a resident with an undiagnosed respiratory infection</u>: staff follow Standard, Contact, and Droplet Precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis);
- <u>For a resident with known or suspected COVID-19:</u> staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. Additionally, if there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability). When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).
  - Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols (i.e., aerosol- generating procedures (AGPs)). In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
    - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown.
    - The number of staff present during the procedure should be limited to only those essential for resident care and procedure support.
    - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
    - Clean and disinfect the room surfaces promptly and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;
- Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare setting prior to use on another resident;
- Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled; and
- Is signage on the use of specific PPE (for staff) posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide)?

COVID-19 Focused Survey for Nursing Homes

☐ Interview appropriate staff to determine if they are aware of processes/protocols for Transmission-Based Precautions and how staff is monitored for compliance.

☐ If concerns are identified, expand the sample to include more residents on Transmission-Based Precautions.

1. Did staff implement appropriate Standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment) and Transmission-Based Precautions (if applicable)? ☐ Yes ☐ **No F880**

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2. Resident Care

☐ If there is sustained community transmission or case(s) of COVID-19 in the facility, is the facility restricting residents (to the extent possible) to their rooms except for medically necessary purposes? If there is a case in the facility, and residents have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (efforts are made to keep them at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to residents diagnosed with or having signs/symptoms of respiratory illness or COVID-19.

☐ Has the facility cancelled group outings, group activities, and communal dining?

☐ Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?

☐ For the resident who develops severe symptoms of illness and requires transfer to a hospital for a higher level of care, did the facility alert emergency medical services and the receiving facility of the resident's diagnosis (suspected or confirmed COVID-19) and precautions to be taken by transferring and receiving staff as well as place a facemask on the resident during transfer (as supply allows)?

☐ For residents who need to leave the facility for care (e.g. dialysis, etc.), did the facility notify the transportation and receiving health care team of the resident's suspected or confirmed COVID-19 status?

☐ Does the facility have residents who must leave the facility regularly for medically necessary purposes (e.g., residents receiving hemodialysis and chemotherapy) wear a facemask (if available) whenever they leave their room, including for procedures outside of the facility?

2. Did staff provide appropriate resident care? ☐ Yes ☐ **No F880**

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3. IPCP Standards, Policies and Procedures

☐ Did the facility establish a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?

☐ Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?

☐ Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

3. Does the facility have a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19? ☐ Yes ☐ No F880

4. Infection Surveillance

☐ How many residents and staff in the facility have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19?

☐ How many residents and staff have been diagnosed with COVID-19 and when was the first case confirmed?

☐ How many residents and staff have been tested for COVID-19? What is the protocol for determining when residents and staff should be tested?

☐ Has the facility established/implemented a surveillance plan, based on a facility assessment, for identifying (i.e., screening), tracking, monitoring and/or reporting of fever (at a minimum, temperature is taken per shift), respiratory illness, and/or other signs/symptoms of COVID-19 and immediately isolate anyone who is symptomatic?

☐ Does the plan include early detection, management of a potentially infectious, symptomatic resident that may require laboratory testing and/or Transmission-Based Precautions/PPE (the plan may include tracking this information in an infectious disease log)?

☐ Does the facility have a process for communicating the diagnosis, treatment, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider; and obtaining pertinent notes such as discharge summary, lab results, current diagnoses, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals?

☐ Can appropriate staff (e.g., nursing and unit managers) identify/describe the communication protocol with local/state public health officials?

☐ Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

4. Did the facility provide appropriate infection surveillance? ☐ Yes ☐ No F880

5. Visitor Entry

☐ Review for compliance of:
- Screening processes and criteria (i.e., screening questions and assessment of illness);
- Restriction criteria; and

- Signage posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures/restrictions.

☐ For those permitted entry, are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility and surfaces touched; restrict their visit to the resident's room or other location designated by the facility; and offered PPE (e.g., facemask) as supply allows? What is the facility's process for communicating this information?

☐ For those permitted entry, are they advised to monitor for signs and symptoms of COVID-19 and appropriate actions to take if signs and/or symptoms occur?

5. Did the facility perform appropriate screening, restriction, and education of visitors? ☐ Yes ☐ No **F880**

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6. Education, Monitoring, and Screening of Staff

☐ Is there evidence the facility has provided education to staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?

☐ How does the facility convey updates on COVID-19 to all staff?

☐ Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?

☐ If staff develop symptoms at work (as stated above), does the facility:

- Place them in a facemask and have them return home;
- Inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and
- Follow current guidance about returning to work (e.g., local health department, CDC: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html).

6. Did the facility provide appropriate education, monitoring, and screening of staff? ☐ Yes ☐ No **F880**

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7. Reporting to Residents, Representatives, and Families

Identify the mechanism(s) the facility is using to inform residents, their representatives, and families (e.g., newsletter, email, website, recorded voice message)

☐ Did the facility inform all residents, their representatives, and families by 5 PM the next calendar day following the occurrence of a single confirmed COVID-19 infection or of three or more residents or staff with new onset of respiratory symptoms that occurred within 72 hours of each other?

☐ Did the information include mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., restrictions to visitation or group activities)?

☐ Did the information include personally identifiable information?

☐ Is the facility providing cumulative updates to residents, their representatives, and families at least weekly or by 5 PM the next calendar day following the subsequent occurrence of either: each time a confirmed COVID-19 infection is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other?

☐ Interview a resident and a resident representative or family member to determine whether they are receiving timely notifications.

7. Did the facility inform residents, their representatives, and families of suspected or confirmed COVID-19 cases in the facility along with mitigating actions in a timely manner?   ☐ Yes   ☐ **No F885**

8. **Reporting to the Centers for Disease Control and Prevention (CDC) – Performed Offsite by CMS. For consideration by CMS Federal Surveyors only.**

☐ Review CDC data files provided to CMS to determine if the facility is reporting at least once a week.

☐ Review data files to determine if all data elements required in the National Healthcare Safety Network (NHSN) COVID-19 Module are completed.

8. Did the facility report at least once a week to CDC on all of the data elements required in the NHSN COVID-19 Module?
☐ Yes   ☐ **No F884**

9. **Emergency Preparedness – Staffing in Emergencies**

☐ Policy <u>development</u>: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the residents when needed during an emergency, such as COVID-19 outbreak?

☐ Policy <u>implementation</u>: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the residents? (N/A if an emergency staff was not needed).

9. Did the facility develop and implement policies and procedures for staffing strategies during an emergency?
☐ Yes   ☐ **No E0024**   ☐ N/A

Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.

The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers.

Summary of the COVID-19 Focused Survey for Nursing Homes

This is a summary of the COVID-19 Focused Survey for Nursing Homes and the Survey Protocol. Surveyors should review the Survey Protocol for more detailed information as well as the Focused Survey. Facilities can review the Focused Survey to determine CMS's expectations for an infection prevention and control program during the COVID-19 pandemic.

Offsite Survey Activity	Onsite Survey Activity	Facility Self-Assessment

- For facilities with an active COVID-19 case, the survey team should contact their State Survey Agency (SSA), the state health department, and CMS Regional Location to coordinate activities for these facilities. - Ensure surveyors are medically cleared, and have personal protective equipment (PPE) that could be required onsite. - Conduct offsite planning to limit interruptions to care while onsite. Obtain information on: - Facility-reported information; - CDC, state/local public health reports; - Available hospital information regarding patients transferred to the hospital; and/or - Complaint allegations. - Identify survey activities that will be conducted offsite, such as: - Medical record review - Telephonic interviews, such as: - Surveillance policies - First onset of symptoms - Communication to facility leaders and health officials - Resident, representatives and families (if feasible, otherwise conduct onsite) - Policy/Procedure Review - Infect. Control/Prev. Plan - Emerg. Prep. Plan, including contingency strategies (e.g., staffing) - Review communication(s) to residents, representatives and families (e.g., newsletter, etc) - Conduct survey exit discussion telephonically and draft the CMS-2567 offsite.	- Limit the onsite team to one to two surveyors. - Identify and prioritize onsite assignments for activities, such as:
	Resident Care Observations: - Hand hygiene practices - Proper use/discarding of PPE - Cleansing medical equipment - Effective Transmission-Based Precautions Environmental observations: - Signage at entrances and resident rooms - Screening (staff at shift change, entrances, limiting nonessential staff) - Hand hygiene stations Interviews with relevant staff: - Policy/Procedure knowledge - Surveillance for sign/symptoms - Notifying local health officials - Information provided to residents, their representatives, and families concerning COVID-19 activity in the facility - Adhere to all CDC guidance for infection prevention and control related to COVID-19. - Provide the facility with the COVID-19 Entrance Conference worksheet and utilize this to request necessary information. - Identify and arrange for interviews that can be done telephonically. - Be alert of other immediate jeopardy (IJ) situations that may be present, and investigate appropriately.
		Facilities should utilize the COVID-19 Focused Survey for Nursing Homes as a self- assessment tool. Priority areas for self- assessment include all of the following:
		1. Standard Precautions;
		  a. Hand hygiene
		  b. Use of PPE
		  c. Transmission-Based Precautions
		2. Resident care (including resident placement);
		3. Infection prevention and control standards, policies and procedures;
		4. Infection surveillance;
		5. Visitor entry (i.e., screening, restriction, and education);
		6. Education, monitoring, and screening of staff;
		7. Reporting to residents, representatives, and families on COVID-19 activity in the facility and mitigating actions taken;
		8. Reporting to CDC's National Healthcare Safety Network COVID-19 Module; and
		9. Emergency preparedness – staffing in emergencies

05/08/2020

Nursing Home Infection Prevention Assessment Tool for COVID-19

The following infection prevention and control assessment tool should be used to assist nursing homes with preparing to care for residents with COVID-19. Elements should be assessed through a combination of interviews with staff and direct observation of practices in the facility.

The assessment focuses on the following priorities, which should be implemented by all nursing homes.

- **Keep COVID-19 from entering your facility:**
  - Restrict all visitors except for compassionate care situations (e.g., end of life).
  - Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber).
  - Actively screen all HCP for fever and respiratory symptoms before starting each shift; send them home if they are ill.
  - Limit those who come in direct contact with the patient to staff providing medical care (e.g., nurses, certified nurse assistants, qualified medical assistants, hospice workers)
  - Cancel all field trips outside of the facility.
  - Have residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis) wear a facemask whenever they leave their room, including for procedures outside of the facility.
  - Restrict voluntary leaves of absence from facilities.
- **Identify infections early:**
  - Actively screen all residents at least daily for fever and respiratory symptoms; immediately isolate anyone who is symptomatic.
    - Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include: new or worsening malaise, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is widespread in the community.
  - Notify the health department if: severe respiratory infection, clusters (≥3 residents and/or HCP) of respiratory infection, or individuals with known or suspected COVID-19 are identified.
- **Prevent spread of COVID-19:**
  - Cancel all group activities and communal dining.
  - Enforce social distancing among residents.
  - When COVID-19 is reported in the community, implement universal facemask use by all HCP (source control) when they enter the facility;
    - If facemasks are in short supply, they should be prioritized for direct care personnel. All HCP should be reminded to practice social distancing when in break rooms or common areas.
    - If facemasks are in short supply, staff may wear the same mask for an entire shift.
  - If COVID-19 is identified in the facility, restrict all residents to their room and have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms. Refer to strategies for optimizing PPE when shortages exist.
    - This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms.

- When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit and in the facility.
- **Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply:**
  - For example, extended use of facemasks and eye protection or prioritization of gowns for certain resident care activities
    - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
- **Identify and manage severe illness:**
  - Facility performs appropriate monitoring of ill residents (including documentation of pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.

Which of the following situations apply to the facility? (Select all that apply)
       □ No cases of COVID-19 currently reported in their community
       □ Cases reported in their community
       □ Sustained transmission reported in their community
       □ Cases identified in their facility (either among HCP or residents)

How many days supply does the facility have of the following PPE and alcohol-based hand sanitizer (ABHS)?
       Facemasks:
       N-95 or higher-level respirators:
       Isolation gowns:
       Eye protection:
       Gloves:
       ABHS:

Visitor restrictions

Elements to be assessed	Assessment	Notes/Areas for Improvement
Facility restricts all visitation except certain compassionate care situations, such as end of life situations. Decisions about visitation during an end of life situation are made on a case by case basis: • Potential visitors are screened prior to entry for fever or respiratory symptoms. Those with symptoms are not permitted to enter the facility. • Visitors that are permitted inside, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They are also reminded to frequently perform hand hygiene.		
Facility has sent a communication (e.g., letter, email) to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end of life situations, and that alternative methods for visitation (e.g., video conferencing) will be facilitated by the facility.		
Facility has provided alternative methods for visitation (e.g., video conferencing) for residents.		
Facility has posted signs at entrances to the facility advising that no visitors may enter the facility.		

Education, monitoring, and screening of healthcare personnel (HCP)		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**

Facility has provided education and refresher training to HCP (including consultant personnel) about the following:
• COVID-19 (e.g., symptoms, how it is transmitted)
• Sick leave policies and importance of not reporting or remaining at work when ill
• Adherence to recommended IPC practices, including:
   o Hand hygiene,
   o Selection and use including donning and doffing PPE,
   o Cleaning and disinfecting environmental surfaces and resident care equipment
• Any changes to usual policies/procedures in response to PPE or staffing shortages		

Facility keeps a list of symptomatic HCP.		
Facility screens all HCP (including consultant personnel) at the beginning of their shift for fever and respiratory symptoms (actively takes their temperature and documents absence of shortness of breath, new or change in cough, and sore throat). • If they are ill, they are instructed to put on a facemask and return home.		
Non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers) are restricted from entering the building.		
Education, monitoring, and screening of residents		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
Facility has provided education to residents about the following: • COVID-19 (e.g., symptoms, how it is transmitted) • Importance of immediately informing HCP if they feel feverish or ill • Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing) • Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE, canceling group activities and communal dining)		
Facility assesses residents for fever and symptoms of respiratory infection upon admission and at least daily throughout their stay in the facility. • Residents with suspected respiratory infection are immediately placed in appropriate Transmission-Based Precautions. • Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms.		

Elements to be assessed	Assessment	Notes/Areas for Improvement
Atypical symptoms may include: new or worsening malaise, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is widespread in the community.		
Facility performs appropriate monitoring of ill residents (including documentation of pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.		
Facility keeps a list of symptomatic residents.		
Facility has taken action to stop group activities inside the facility and field trips outside of the facility.		
Facility has taken action to stop communal dining.		
Facility has residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis or chemotherapy) wear a facemask whenever they leave their room, including for procedures outside of the facility. Consider having HCP wear all recommended PPE (gown, gloves, eye protection, facemask for the care of these residents, regardless of presence of symptoms (if PPE supply allows). N95 masks, if available, should be worn by staff ding procedures that generate respiratory aerosols (e.g., nebulizer treatments) Refer to strategies for optimizing PPE when shortages exist.		
Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier) - Residents are encouraged to remain in their room. If there are cases in the facility, residents are restricted (to the extent possible) to their rooms except for medically necessary purposes. If residents leave their room, they wear a facemask, perform hand hygiene, limit movement in the facility and perform social distancing. - Consider implementing protocols for cohorting ill residents with dedicated HCP.		
Availability of PPE and Other Supplies		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand rub, EPA-registered disinfectants, tissues).		
If PPE shortages are identified or anticipated, facility has engaged their healthcare coalition for assistance. https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx		
Facility has implemented measures to optimize current PPE supplies, which include options for extended use, reuse, and alternatives to PPE.		

	Assessment	Notes/Areas for Improvement
For example, under extended use, the same facemask and eye protection may be worn during the care of more than one resident. Gowns could be prioritized for select activities such as activities where splashes and sprays are anticipated (including aerosol generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP. Additional options and details are available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html		
Hand hygiene supplies are available in all resident care areas. • Alcohol-based hand sanitizer* with 60-95% alcohol is available in every resident room and other resident care and common areas. • Sinks are stocked with soap and paper towels. *If there are shortages of ABHS, hand hygiene using soap and water is still expected.		
PPE is available in resident care areas (e.g., outside resident rooms). PPE includes: gloves, gowns, facemasks, N-95 of higher-level respirators (if facility has a respiratory protection program and HCP are fit-tested) and eye protection (face shield or goggles).		
EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. *See EPA List N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2		
Tissues are available in common areas and resident rooms for respiratory hygiene and cough etiquette and source control.		
Infection Prevention and Control Practices		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
HCP perform hand hygiene in the following situations: • Before resident contact, even if PPE is worn • After contact with the resident • After contact with blood, body fluids or contaminated surfaces or equipment • Before performing sterile procedure • After removing PPE		
HCP wear the following PPE when caring for residents with undiagnosed respiratory illness unless the suspected diagnosis required Airborne Precautions (e.g., tuberculosis): • Gloves • Isolation gown • Facemask • Eye protection (e.g., goggles or face shield)		

If COVID-19 is suspected, an N-95 or higher-level respirator is preferred, if available and the facility has a respiratory protection program with fit-tested HCP; facemasks are an acceptable alternative.		
PPE are removed in a manner to prevent self-contamination, hand hygiene is performed, and new PPE are put on after each resident except as noted below.		
Additional actions when COVID-19 is identified in the community (some facilities may choose to implement these earlier) • Facility has implemented universal use of facemasks for HCP (for source control) while in the facility. If facemasks are in short supply, they are prioritized for direct care personnel. All HCP are reminded to practice social distancing when in break rooms or common areas.		
Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier) • Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of all residents, regardless of presence of symptoms. This is done (if PPE supply allows) when COVID-19 is identified in the facility. Refer to strategies for optimizing PPE when shortages exist. This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms.		
Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use.		
EPA-registered disinfectants are prepared and used in accordance with label instructions.		
Communication		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
Facility communicates information about known or suspected COVID-19 patients to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities.		
Facility notifies the health department about any of the following: • COVID-19 is suspected or confirmed in a resident or healthcare provider • A resident has severe respiratory infection • A cluster (e.g., ≥ 3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infection is identified.		

COVID 19 CORONAVIRUS DISEASE — VISITOR ALERT

Visitation has been restricted to prevent the spread of novel coronavirus (COVID-19)

PREVENTION

Cover your mouth and nose with a tissue when you cough or sneeze.

Practice hand hygiene – wash your hands with soap and water or use an alcohol-based hand rub.

Don't touch your face with unwashed hands; it's the easiest way for germs to enter your body.

NOTE: Anyone older than 60 years, those with underlying health conditions and those with suppressed immune systems are most at risk for COVID-19.

Indiana State
Department of Health

COVID 19
CORONAVIRUS DISEASE

ALERTA PARA LOS VISITANTES

LAS VISITAS HAN SIDO RESTRINGIDAS PARA PREVENIR LA PROPAGACIÓN DEL CORONAVIRUS (COVID-19)

PREVENCIÓN

Cúbrase la boca y la nariz con un pañuelo cuando tosa o estornude.

Practique la higiene de las manos: lávese las manos con agua y jabón o use un desinfectante para manos a base de alcohol.

No se toque la cara con las manos sin lavar; es la forma más fácil para que los gérmenes ingresen a su cuerpo.

NOTA: Personas mayores de 60 años, aquellos con enfermedades subyacentes y aquellos con un sistema inmune debil, tienen mayor riesgo de contrael el COVID-19.

Updated: 3/17/20

Indiana State
Department of Health