



OVERVIEW

The CDC has issued [new guidance](#) that includes options to reduce the time in quarantine. While 14 days provides the lowest subsequent transmission risk, **if a facility is operating in a contingency or crisis staffing status**, the Indiana Department of Health will support, in addition to a 14-day quarantine, will recognize any of the following quarantine time frames for long-term care (Nursing Homes, Residential, and Assisted Living) staff:

- **After 10 days** – Long-term care staff who are in quarantine secondary to having [close contact](#) with someone who has newly tested positive for COVID-19, can be released from quarantine after 10 days following the most recent day of exposure if they have NOT developed [COVID-19 symptoms](#). No testing is required prior to returning to work but staff are expected to be tested at the facility as [mandated by CMS](#).
- **After 7 days** – Long-term care staff who are in quarantine secondary to having [close contact](#) with someone who has newly tested positive for COVID-19, can be released from quarantine after 7 days following the most recent day of exposure if they have NOT developed [COVID-19 symptoms](#) and have a negative COVID-19 test performed on day 5, 6, or 7 of quarantine. A negative PCR or antigen test (including BinaxNOW cards) will be acceptable; antibody tests are not acceptable. Regardless of whether a staff tests negative on day 5, 6, or 7 of quarantine, they cannot return to work until day 8. Staff must wait until they have the results of their test (and it is negative) before they return to work.

Staff returning to work after either a 10- or 7-day quarantine **can work in any areas of the facility** (red, yellow, or green zones). Because shorter quarantines increase the risk of subsequent spread of COVID-19, staff returning to work from a 10- or 7-day quarantine must abide by mask mandates and should reduce their contact with other staff as much as possible until 14 days after their quarantine began. This includes not carpooling with other staff, reducing contact with other staff during breaks and after hours. Regardless of quarantine, staff must continue to follow all IDOH and CDC infection control guidelines.

Facilities not in contingency or crisis staffing status should continue to utilize a 14-day quarantine for staff.

RESIDENTS, VISITORS, AND FAMILY MEMBERS

The Indiana Department of Health does not recommend reducing quarantine times for residents who have come into [close contact](#) with someone who has newly tested positive for COVID-19. This is based on several factors:

- Risks of transmission with shorter quarantine times, even with testing, can range from 3-10%.
- The modeling for the new recommendations is based on data from younger healthier populations.
- Residents may have roommates who may not have had a recent exposure
- Underlying health risks of residents is greater than that of the staff
- Some residents, due to cognitive and other health issues, may not be able to follow masks and social distancing.

The Indiana Department of Health also does not recommend visitors and family members who come into long-term care facilities use shorter quarantine timelines before resuming visitation.



*The CDC and IDOH defines [close contacts](#) as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period.

These guidelines only pertain to changes to quarantine times. [Isolation times](#) for residents or staff who have been diagnosed with COVID-19 have not changed.

ADDITIONAL RESOURCES

- Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- Strategies to Mitigate Healthcare Personnel Staffing Shortages: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>