![Indiana Department of Health — Long-term Care NEWSLETTER]

LTC Newsletter 2021-60
Dec. 16, 2021

LTC Update:

- **Infection Prevention Refresher**
- **Test Reporting Refresher**
- **Sequencing to Identify Variants in COVID-19 Cases**

Infection Prevention Refresher – Jennifer Spivey, infection preventionist

The increase in outbreaks across the state has led to our Infection Prevention team seeing some critical needs for an IP back to basics refresher. The Infection Control Standard Operating Procedure is attached, along with the do's and don'ts job aide for facemasks and a fact sheet on eye protection.

Here are some key pointers and reminders from observations:

- Double masking is not acceptable when using an N95.
    - Healthcare personnel (HCP) should not use cloth masks; only residents and their visitors may choose to use cloth masks.
    - Masks should be well fitting to face and cover both nose and mouth at all times. (Facemask Do's and Don'ts)
    - HCP should not use a cloth mask under the N95 because it impairs the seal, added protection and purpose of using the N95. (CDC FAQs N95 Checking Seal of Masks)
    - Placing a surgical/ procedure mask on top of the N95 is not how to extend the use of this mask. Our IDOH guidance follows CDC recommendations that if you need to extend the life of the N95, there can be five donnings prior to discarding the mask limiting not fit for re-use. If stored between use, fewer than 5 donnings, it is to be kept in brown paper bag labeled for the HCP and documented on number of uses.

- Eye protection should be worn by all HCP when Indiana has substantial to high community transmission when delivering care to the residents. (See [IC SOP for LTC in IP Toolkit](#) & [Basics of Eye Protection for COVID-19](#))
  - Preservation of protective eyewear/goggles or face shield: Do not touch eye or face protection during use.
  - Hand hygiene must be performed after any touching.
  - Eye protection should be close to face with no gaps at top, bottom or sides of eyes. (see examples - Basics of Eye Protection for COVID-19)
  - Hand hygiene must be performed before and after donning and doffing eye or face protection.
- Conventional use PPE
  - PPE gown, masks, gloves should all be at conventional use at this time. Please refer to single use resident care PPE as noted in the [COVID 19 Infection Control for LTC facilities 11.22.21](#).
    - Please discard all old IDOH guidance documents to assure the current guidance is followed.
  - The following N95 masks are available via the [Langham Portal](#).

Item	Status	Unit	Description	Brand
46727	Available	EA	RESPIRATOR, CLINICAL REGULAR N95 PARTICULATE FILTER AND SURGICAL MASK 35/BOX 6BOX/CASE, 210/CASE	Halyard

Facilities can request additional N95s by submitting a completed [213RR](#) to the ISDHDEPLogistics@isdh.in.gov inbox.

- [Outbreak Testing for COVID-19 Contact Tracing Process 12.9.21](#)

The [IP Toolkit – Revised 12/14/2021](#) to include a new tool for use if needed for contact tracing. Contact tracing is option 1 for facilities vs option 2 to cast a wider net for testing all residents when there is an exposure. We hope this tool will help guide the facilities to use Option 1.

Test Reporting Refresher – Dr. Shireesha Vuppalanchi, medical director for long-term care

- IDOH has noticed facilities continue to miss reporting test results. Reminder to report test results as per [LTC Facility Data Submission guidelines 10.19.20.pdf](#).
- Some facilities asked for information on the extension of BinaxNOW™ COVID-19 Ag Card expiration date. You can find Abbott's previous letter at [BinaxNOW Extension Update 5/7/2021](#).

- Please note the QuickVue test ordering information [here](#).

Sequencing to Identify Variants in COVID-19 Cases

For the last few months, nearly all COVID-19 cases were due to the delta variant of SARS-CO-V2. With the new SARS-COV2 variant of concern omicron, it is important to implement a surveillance process to identify the variants in the new COVID-19 cases. To detect variants, the nasopharyngeal specimens from COVID-19 cases must be sequenced. This will help us understand the differences between variants in their transmissibility, disease severity and the effectiveness of the current vaccines and therapies.

As a congregate setting, viruses can spread rapidly in LTC facilities. Hence, IDOH has created the following process to include specimens from LTC cases for sequencing.

IDOH will monitor the REDCap case reporting and contact a few facilities each day to obtain each facility's general information and explain the process. Test kits will be delivered via Langham courier service. The facility will be asked to collect nasopharyngeal specimens from <u>five known cases</u>, fill out paper forms with the cases' information, and store the specimens in the refrigerator until specimens and paper forms are picked up by the courier service. It is ideal to collect specimens from those with symptom onset or positive tests within the previous seven days.

The facility may keep any extra test kits to be used for staff, residents or other testing purposes with their contracted lab partner. They do not need to be returned to IDOH.

The specimens will be evaluated by the lab and those with appropriate Cycle Threshold values undergo sequencing. If omicron is identified, IDOH will notify the facility.

Please note:

- This is for surveillance purposes ONLY, not for the identification of new cases, but merely to identify the variant that was responsible.
- Not all specimens will qualify for sequencing.
- It could be a few weeks before the final sequencing results are available. Results will be shared with the LTC facility upon request OR facilities will be notified if omicron is detected.
- Facilities should continue to follow the usual [clinical](#), [infection prevention](#) and [visitation and activities](#) guidance regardless of the variant identified.

Please email questions to [Dr. Shireesha Vuppalanchi](#).