



**Indiana**  
Department  
of  
**Health**

## Long-term Care NEWSLETTER

**LTC Newsletter 2022-08**  
**Feb. 3, 2022**

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### **LTC Update:**

- **Updated CMS Survey Resources**
- **PCR Test Kits – Reminder**
- **Ongoing COVID-19 Vaccination Plans – Reminder**
- **Update to Staffing Strategies – NEW**
- **Types of Masks and Respirators**
- **IDOH Healthcare Associated Infections/Antimicrobial Resistance Webinar**
- **Probari Call Hours Changing – Update**

### **Updated CMS Survey Resources**

CMS has updated the Survey Resources with the new F888 regulation, including the [Infection Control \(IC\) Pathway](#) and [COVID-19 Staff Vaccination Matrix](#). You can access the entire updated CMS Survey Resources file here: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>

### **PCR Test Kits – Reminder**

Facilities **must** have an established connection with a laboratory to perform PCR tests before they can request PCR test kits from the [Langham portal](#).

### **Ongoing COVID-19 Vaccination Plans – Reminder**

LTC facilities must have plans in place to offer primary series, additional doses and booster doses of COVID-19 vaccination for the residents and staff.

Find ways to ensure maintenance vaccine access at <https://www.coronavirus.in.gov/files/LTC-Maintenance-Federal-Program-3.19.21.pdf>

## Update to Staffing Strategies – NEW

The Centers for Disease Control and Prevention (CDC) updated staffing strategies documents with “up to date” and “not up to date” terminology. It also updated that asymptomatic HCP who recovered from COVID-19 in the previous 90 days do not require work restriction after a high-risk exposure. Clinical guidance is being updated to this effect and will be posted once it is ready.

Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose when eligible.

Not up to date means unvaccinated, partially vaccinated, fully vaccinated that have not received additional dose or booster after being eligible.

[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)

[Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC](#)

### Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

“Up to Date” with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](#)

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards).


#### Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test <sup>†</sup> , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

#### Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 <sup>‡</sup> and 5–7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test <sup>†</sup>	No work restriction with negative tests on days 1 <sup>‡</sup> , 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

<sup>†</sup>Negative test result within 48 hours before returning to work  
<sup>‡</sup>For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0


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cdc.gov/coronavirus

## Types of Masks and Respirators – CDC Updated Public Guidance Jan. 14, 2022

By Jennifer Spivey, IDOH Program Manager Infection Prevention

### Key points:

- Added information to present similar content for masks and respirators
- Clarified that people can choose respirators such as N95s and KN95s, including removing concerns related to supply shortages for N95s
- Clarified that “surgical N95s” are a specific type of respirator that should be reserved for healthcare settings
- Clarified that some types of masks and respirators provide more protection to the wearer than others
- <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html>

### How does this new update on masks affect LTC HCP and Residents?

- To protect yourself and others from COVID-19, CDC continues to recommend that you wear the most protective mask you can that **fits well and that you will wear consistently**. [Improve How Your Mask Protects You](#) – review for best wearing of the mask you choose.
- For HCP we ask that you continue to follow guidance on the stop signs for PPE in all zones. [IDOH Stop Signs for PPE- Green, Yellow, Red Zone](#)
  - **Green zone: surgical medical mask or KN95, Eye Protection when providing care within 6 feet of resident with substantial to high county transmission.**
  - **Yellow and Red zones: N95, eye protection at all times.**
- For source controls, HCP are to wear surgical masks at all times when in the facility and may wear a higher-level mask as an adjunct for source control when residents will not wear a mask or when the facility is in outbreak.
- Residents may wear cloth masks, or they may choose to wear surgical masks, or KN95 as higher level of source control when they or the facility has these available due to the highly transmissible Omicron variant.
- We anticipate that CDC will issue anytime updates to the LTC specific guidance, and therefore IDOH will wait to update our infection control guidance until after CDC makes these changes. [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#)
  - Current IDOH Infection Control SOP Guidance: [LTC COVID-19 SOP Infection Prevention](#)
  - Current IDOH District IP Team for consulting: NEW IDOH Infection Prevention Website: [Infection Prevention Program Page](#).

## **IDOH Healthcare Associated Infections/Antimicrobial Resistance Webinar**

The Indiana Department of Health is continuing the HAI/AR webinar series to provide relevant information related to the current and emerging reportable diseases, including the importance of collaboration at all levels from federal, state, local and facility IP teams. The next webinar will be March 22. Other groups from IDOH will also present, and the webinar will be hosted by the IDOH HAI/AR team.

Please see the [attached flyer](#) for more details.

## **Probari Call Hours Changing – Update**

Due to low call volume and decrease in demand, Probari is adjusting their hours to Mon – Fri, 8 a.m. – 5 p.m. Facilities needing assistance with obtaining antivirals or to inquire about Long Term Care Support Teams from the Indiana National Guard can call directly at 317-804-4102.