



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

## Long-term Care NEWSLETTER

**LTC Newsletter 2022-45**

**Dec. 20, 2022**

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### **LTC Update:**

- **New and Updated Infection Control Tools**
- **Paxlovid for COVID-19**
- **Guidance for Prioritization When Antiviral Supplies are Limited for Influenza**
- **Vohra Wound Care Certification CMP Project**
- **Building an Infection Prevention Savvy Workforce: Free Training for LTC Professionals**
- **Civil Money Penalty (CMP) Reinvestment Application – In-Person Visitation Aids – Portable Fans and Portable Room Air Cleaners – Deadline Dec. 30**

### **New and Updated Infection Control Tools**

1. Infection control practices could vary for different organisms based on the type of setting. The Healthcare-Associated Infections Steering Committee at the Indiana Department of Health has approved five tools for use in your facilities to assist you with the transmission-based precautions recommended based on the risk assessment and CDC guidance. The new organism [grid](#) provides guidance on the type of precautions used in various settings. Please contact the district IP team for support for any questions regarding these new tools. These tools can be accessed [here](#) under the TBP resources section.
2. All healthcare facilities are strongly encouraged to use this [inter-facility transfer form](#) at every transition to communicate the presence of any MDRO infection or colonization.
3. *Candida auris* toolkit has been updated and can be accessed [here](#).

### **Paxlovid for COVID-19**

While considering the COVID-19 therapeutic Paxlovid, prescribers are strongly encouraged to utilize [the PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers](#) as an aid to support clinical decision-making, to ensure eligibility and to avoid drug-drug interactions.

## **Guidance for Prioritization When Antiviral Supplies are Limited for Influenza**

The Centers for Disease Control released a [Health Alert Network \(HAN\) Health Advisory](#) on Dec. 14 providing Interim Guidance for Clinicians to Prioritize Antiviral Treatment of Influenza in the Setting of Reduced Availability of Oseltamivir. While the U.S. Food and Drug Administration (FDA) has not indicated shortages of oseltamivir (generic or Tamiflu) in any of its forms (capsules, oral suspension), CDC has received numerous anecdotal reports of availability issues for generic oseltamivir in some locations [1]. This may continue to occur in some communities as influenza activity continues.

This Health Alert Network (HAN) Health Advisory provides clinicians and public health officials with guidance for prioritizing oseltamivir for treatment and information on other influenza antivirals that are recommended for treating influenza in areas where oseltamivir is temporarily unavailable.

### **Hospitalized Patients**

- Prioritize oseltamivir treatment as soon as possible for hospitalized patients with suspected or laboratory-confirmed influenza.

### **Outpatients**

Among outpatients, prioritize antiviral treatment for patients who test positive for influenza as follows:

- Patients at increased risk of influenza complications and who test positive for influenza within 2 days of illness onset.
- Patients who have progressive or severe influenza not requiring hospitalization, even if they test positive for influenza more than 2 days from illness onset.
- Patients who are pregnant, fewer than 2 weeks postpartum, or immunocompromised.
- Children younger than 5 years of age.

### **Institutional Settings**

- When an influenza outbreak is not occurring, prioritize oseltamivir for early treatment of influenza in residents of congregate settings, such as long-term care facilities (LTCFs), who test positive for influenza.
- In the setting of laboratory-confirmed [influenza outbreaks in LTCFs](#):

- Early empiric antiviral treatment of suspected influenza in residents is [recommended](#) [4]. Once an influenza diagnosis is confirmed through testing, post-exposure antiviral chemoprophylaxis of exposed residents is [recommended](#) [4].
- Because institutional outbreaks can be prolonged, consider using a limited duration treatment dosage (twice daily for 5 days) for post-exposure oseltamivir instead of extended use of oseltamivir chemoprophylaxis (once daily), with ongoing active daily monitoring and influenza testing for all residents with new illness signs and symptoms.
- If oseltamivir is not available, baloxavir, zanamivir, or peramivir may be used for the treatment of influenza.
- Although baloxavir may be used for treatment, there are no available data on using baloxavir in LTCFs for treatment or post-exposure chemoprophylaxis.

### **Other Considerations**

- When local generic oseltamivir availability issues are resolved, CDC recommends reverting back to [original antiviral recommendations](#) that include clinical diagnosis and empiric antiviral treatment of influenza in outpatients.
- Healthcare providers should use clinical judgment and all available data when making decisions about prescribing antibiotics to patients presenting with acute respiratory illness

### **Vohra Wound Care Certification CMP Project**

The Indiana Wound Care Excellence Program for Skilled Nursing Facilities was created to help increase the wound care knowledge for nurses working at CMS-certified facilities in Indiana. Upon successful completion of the program, nurses will become Vohra wound care certified. The Vohra Wound Care Course is offered **free** for eligible nurses. The scholarships are provided with Civil Money Penalty (CMP) funds from the Indiana Department of Health.

Scholarships sponsored by the Indiana Wound Care Excellence Program are available to nurses with an active license who work in a CMS-registered skilled nursing facility within Indiana. Approval of eligibility criteria is required. Verified applicants must complete the program within 60 days or risk forfeiting scholarship.

The number of scholarships is limited and available on a first come, first served basis. Review [this flyer](#) for more information.

Participants will be able to view information about Vohra's Wound Care Excellence Program and register by visiting their customized registration web page: <https://vohrawoundcare.com/cmp/indiana/>.

## **Building an Infection Prevention Savvy Workforce: Free Training for LTC Professionals**

The University of Indianapolis Center for Aging & Community and the Indiana Department of Health will host 11 sessions of Building an Infection Prevention Savvy Workforce over the course of 2023 for long-term care professionals. These sessions will each be comprised of three half-days spread over three weeks. The virtual training sessions are designed to provide an in-depth education on infection control with long-term care specific content and examples.

### **Who should attend?**

Indiana Long-Term Care Professionals who are interested in Infection Prevention and Control.

### **When:**

Session 1: Jan. 6, 13 and 20

Session 2: Feb. 3, 10 and 17

Session 3: March 3, 10 and 17

Session 4: March 14, 21 and 28

Session 5: April 14, 21 and 28

Session 6: May 5, 12 and 19

Session 7: Aug. 15, 22 and 29

Session 8: Sept. 15, 22 and 29

Session 9: Oct. 6, 13 and 20

Session 10: Oct. 18, 25 and Nov. 1

Session 11: Nov. 3, 10 and 17

*Participants are required to attend all three days.*

### **Delivery Mode:**

Three-day, virtual training sessions. The class is designed to offer three partial days of virtual training, with a week interval between sessions. Participants are required to attend all three days. Class is 11 a.m. to 4 p.m. EDT each day. Please note that breaks will be given, but there is no lunch period.

### **Content:**

The virtual training sessions are designed to provide in-depth education in infection control with long term care specific content and examples. The course will involve a pre-and post-test to reflect knowledge improvement. Additionally, there will be a "final exam" given after the third virtual session.

### **Credential:**

Participants receiving a score of 75% or above on the final exam will receive a Certificate of

Training: Infection Prevention in the Long-Term Care Setting. CEUs are available for Administrators and Social Workers.

To register, at no cost, please visit:

[https://store.uindy.edu/catalog?pagename=Infection\\_Prevention](https://store.uindy.edu/catalog?pagename=Infection_Prevention)

## **Civil Money Penalty (CMP) Reinvestment Application – In-Person Visitation Aids – Portable Fans and Portable Room Air Cleaners – Deadline Dec. 30**

On Feb. 2, the Centers for Medicare & Medicaid Services (CMS) issued a revised FAQ guidance for Nursing Home Visitation – COVID-19 in Memorandum [QSO-20-39-NH Revised](#). CMS clarified a facility may request the use of Civil Money Penalty (CMP) Reinvestment funds to purchase portable fans and portable room air cleaners with high-efficiency particulate air (HEPA, H-13 or -14) filters to increase or improve air quality. A **maximum use of \$3,000 per facility**, including shipping costs, may be requested.

Expenses incurred on or after the Feb. 2 release date are eligible for reimbursement.

Facilities that have not done so already may submit applications to [INCMP@isdh.in.gov](mailto:INCMP@isdh.in.gov) and email questions to Suzanne Williams at [SuWilliams@health.in.gov](mailto:SuWilliams@health.in.gov). **The deadline to submit applications to IDOH is Friday, Dec. 30.**

[Civil Money Penalty \(CMP\) Reinvestment Application Template Coronavirus Disease 2019 \(COVID-19\) In-Person Visitation Aids Request Instructions](#)

[CMP Application for In-Person Visitation Aid Requests Frequently Asked Questions \(FAQs\)](#)

