



VACCINATED STAFF

The Centers for Disease Control and Prevention (CDC) has issued, and the Indiana Department of Health supports, new quarantine [guidance](#) for persons who have completed a full vaccine series. Long-term care (nursing homes, residential, and assisted living) staff who have completed a vaccine series do not need to quarantine after exposure* to someone with suspected or confirmed COVID-19 if they meet all of the following criteria:

- Are Fully vaccinated – At least 2 weeks following the receipt of the second dose in a 2-dose vaccine series (e.g., Pfizer, Moderna), or at least 2 weeks following the receipt of one dose in a 1-dose vaccine series (e.g., Johnson and Johnson).
- Are asymptomatic after the exposure. If staff do not meet the criteria above, they need to quarantine, as outlined below, after exposure to someone with suspected or confirmed COVID-19.

Vaccinated staff who do not quarantine should still be monitored for symptoms after a known or suspected exposure. Anyone who develops COVID-19 symptoms after an exposure, regardless of vaccine status, should be considered as a presumed positive and treated according to Indiana Department of Health guidelines (follow the same testing, quarantine, and isolation protocols as apply to unvaccinated staff).

Quarantine is no longer recommended for residents who are being admitted to the facility if they are fully vaccinated and have not had prolonged close contact with someone with COVID-19 infection in the prior 14 days.

*Regardless of vaccine status LTC staff exposed to persons with COVID-19 in the workplace while wearing appropriate and IDOH recommended PPE do not need quarantine.

All staff regardless of vaccine status must still wear appropriate PPE as recommended in the [IDOH IP Toolkit](#). Also, all LTC facilities must continue to screen all persons entering facilities as recommended in the [IDOH IP Toolkit](#).

UNVACCINATED STAFF

The CDC has issued [quarantine guidance](#), including different time options, for persons who have not completed a vaccine series. Fourteen days provides the lowest transmission risk and continues to be the recommended period for quarantine for long-term care staff. If, however, a facility is operating in a contingency or crisis staffing status, the Indiana Department of Health will recognize, in addition to a 14-day quarantine, any of the following quarantine time frames for long-term care (Nursing Homes, Residential, and Assisted Living) staff who have not completed a full vaccination series.

- **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 [CDC](#), and the Indiana Department of Health, does not at this time recommend changing quarantine requirements or times for vaccinated or unvaccinated residents who have come into [close contact](#) with someone who has newly tested positive for COVID-19. This is based on several factors:

- Unknown effectiveness of vaccine in LTC resident population
- 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 unvaccinated 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, regardless of vaccine status, have not changed.

Quarantine is no longer recommended for residents who are being admitted to the facility if they are fully vaccinated and have **not** had prolonged close contact with someone with COVID-19 infection in the prior 14 days.

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>
- Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#phrecs>