

### WHAT IS COVID-19?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. Patients with COVID-19 have experienced mild to severe respiratory illness, including fever, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. The virus that causes COVID-19 is a novel (new) coronavirus. It is not the same as other types of coronaviruses that commonly circulate among people and cause mild illness, like the common cold. The risk for severe illness from COVID-19 increases with age, with older adults at highest risk.

### HOW DOES COVID-19 SPREAD?

The virus that causes COVID-19 is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet for 15 minutes or longer) through respiratory droplets when an infected person coughs or sneezes. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or possibly their eyes, but this is not thought to be the main way the virus spreads. The best way to protect yourself and to help reduce the spread of the virus that causes COVID-19 is to limit your interactions with other people as much as possible and take precautions to prevent getting COVID-19 when you do interact with others. Those steps include wearing a face covering, maintaining social distance of 6 feet and washing your hands frequently. If you start feeling sick and think you may have COVID-19, get in touch with your healthcare provider within 24 hours.

### PREVENT THE INTRODUCTION OF COVID-19 INTO YOUR FACILITY

Long-term care centers should take everyday preventive measures to help contain the spread of COVID-19.

- Post signs at the entrance instructing visitors not to visit if they have symptoms of COVID 19 infection.
- Ensure sick leave policies allow employees to stay home if they have symptoms of COVID 19 infection.
- Assess residents' symptoms of COVID 19 infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.
- Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:
  - Fever or chills
  - Cough
  - Shortness of breath or difficult breathing
  - Fatigue
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea

On March 12, 2020, Governor Eric J. Holcomb issued guidance that nursing facilities and hospitals should restrict and screen visitors for signs and symptoms of COVID 19. Visitation guidance has been restricted according to the Back on Track Guidance in stages per ISDH website for Long Term care: [https://www.coronavirus.in.gov/files/IN\\_COVID-19%20Back%20On%20Track%20Guidelines%207.20.20.pdf](https://www.coronavirus.in.gov/files/IN_COVID-19%20Back%20On%20Track%20Guidelines%207.20.20.pdf).

### PREVENT THE SPREAD OF COVID-19 WITHIN YOUR FACILITY

- Keep residents and employees informed.
- Monitor residents and employees for fever or respiratory symptoms.
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
- Identify dedicated employees to care for COVID-19 patients and provide infection control training.
- Provide the right supplies to ensure easy and correct use of PPE.
- Report any possible COVID-19 illness in residents and employees to the local health department.

### ISOLATION (TRANSMISSION-BASED PRECAUTIONS) REMOVAL RECOMMENDATIONS

#### New in this update on August 10, 2020:

- Change Transmission-Based Precautions guidance
  - [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\)](#)

Long term care facility residents with COVID-19 should remain on standard contact and droplet precaution until at least 10 days and up to 20 days (residents with severe to critical illness or who are severely immunocompromised) after symptom onset and 24 hours after resolution of fever, without use of antipyretic medication, and improvement in symptoms (e.g., cough, shortness of breath), whichever is longer. Shedding may persist after symptom resolution but it is unclear what transmission risks this presents and prolonged isolation based on negative PCR testing as described below may not be feasible based on access to laboratory testing, availability of appropriate PPE, staffing shortages, and concern for resident quality of life. Consideration should be given to discontinuing standard contact and droplet precaution when respiratory symptoms are resolving, oxygen saturation has stabilized or improved and they have had no measured fever without use of antipyretic medication for 24 hours, and it has been at least 10 days and up to 20 days (residents with severe to critical illness or who are severely immunocompromised) since illness onset.

To protect this vulnerable population, the Indiana Department of Health is urging ALL long-term care facilities to immediately take the following aggressive actions to reduce the risk of introducing COVID-19 infection. If you have a resident with known or suspected COVID-19 infection, your local health jurisdiction may recommend you take more aggressive actions than those listed below.

### DIRECT CARE PROVIDERS SHOULD WEAR MASKS WHILE IN FACILITY

There is emerging evidence that many persons with COVID-19 may only have mild symptoms or no symptoms at all. These persons, however, can still be infectious. To prevent the spread of COVID-19 in your facilities among providers with no or mild symptoms, we recommend the following:

- Direct care providers should wear a surgical mask for the duration of their shifts. While supplies are limited, masks should be conserved and only a single mask should be worn by staff each shift.
- Cohort confirmed or presumed COVID-19 positive residents.
- All LTC facilities should limit confirmed or presumed COVID-19 positive resident contact to essential direct care providers (Nurse, CNA, QMA, hospice, EMS, healthcare providers, dedicated Environmental Services staff who have been trained in proper PPE for TBP)



- Cohort, if possible, direct care providers caring for confirmed or presumed COVID-19 residents into one area of the building.
- Other strategies to decrease spread can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

### RECOMMENDING MASKS BE WORN BY DIRECT CARE PROVIDERS IN LONG TERM CARE FACILITIES (INCLUDES NURSING HOMES & LICENSED RESIDENTIAL CARE FACILITIES)

While the most common symptoms reported in persons with coronavirus are fever and cough, there is emerging evidence that many persons can have the infection with few if any symptoms. Despite having a mild clinical course, these persons can still be infectious. In addition, persons may be infectious days before their symptoms begin. This is why social distancing works in the community. Decreasing the number of mildly ill, or asymptomatic, infectious persons that come in contact with the elderly and vulnerable populations can be done by keeping everyone in their home and 6 feet apart. Obviously, that cannot happen in long term care facilities. Persons need to come into contact with the residents for their care and wellbeing. This is why we recommend that all direct care providers in long term care facilities wear a mask.

Although we are continually working on increasing access to PPE, it is currently limited. Because of this, facilities should decrease the number of staff who come into direct contact with residents. This may require, for instance, limiting administrative, housekeeping, meal delivery, and other, staff from going into resident rooms. We recommend facilities develop processes that allow them to continue their operations, but restrict direct resident contact to only those involved in medical care.

**Conserving PPE:** Unfortunately supplies of PPE are currently limited. This is why many cities in the US, and around the world, are taking unprecedented steps to reduce PPE usage. As we stated above, the best way to reduce transmission within a facility is to decrease provider to resident transmission. An important step in doing this is preventing residents from coming into contact with respiratory droplets from providers. The easiest way to accomplish this is for providers to wear a mask. This does not mean providers need to wear an N95 mask. While these should be worn, if possible, if doing procedures that generate respiratory aerosols (e.g., nebulizer treatments) they are not needed for routine medical care. For this a standard hospital/surgical mask is adequate. If supplies are limited, we recommend that each employee that provides direct care to residents wear a mask for the duration of their shift. This may require wearing a single mask each day. Should supplies become critically low, this may mean wearing a single mask on multiple days. While goggles and face shields can be cleaned and sterilized, we are not aware, at this time, of any methods that can clean and sterilize surgical masks. Continue to check the CDC website for additional strategies to conserve PPE - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

**Widespread Testing:** Many of you have asked about testing. We are working closely with hospitals, Lilly, and commercial laboratories to increase the number of daily tests. This is why in the last couple of days you have seen dramatic increases in both the number of confirmed cases and number of tests. Despite this, we still do not have enough testing capacity to do widespread community surveillance. Because of this, we are focusing testing on vulnerable populations, such those in skilled nursing facilities, and those who provide for them. To facilitate this ISDH has developed teams that can go to facilities with residents, and providers, who are suspected to have COVID-19 and do testing. These strike force



teams, may have with them nurse surveyors. They are not there in their typical regulatory role. Rather, they are partnered with our teams to help staff and facilities to mitigate the spread of infections within their faculties. They will be training staff, if needed, on appropriate PPE and infection control.

### ADDITIONAL INFORMATION

Additional information and resources for COVID-19 are available at the links below.

- CDC COVID-19 guidance for long-term care facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- Guidance on release from isolation: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
- CDC COVID-19 print materials (posters and fact sheets in English, Spanish, and Chinese): <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc>
- CDC health promotion materials (handwashing posters): <https://www.cdc.gov/handwashing/materials.html>
- ISDH COVID-19 webpage: <https://coronavirus.in.gov>