



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

# Long-term Care NEWSLETTER

LTC Newsletter 2022-36  
Sept. 27, 2022

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## LTC Update:

**CMS updated the QSO memos 20-38- NH and 20-39-NH. CDC updated infection control guidance for healthcare facilities. Facilities can implement the new guidance immediately if able to do so; otherwise, facilities should have a plan in place to implement it by Monday, Oct. 3, 2022.**

[Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)

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

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

[Ref: QSO-20-38-NH REVISED 09/23/2022 \(cms.gov\)](#)

[QSO-20-39-NH REVISED 09/23/2022 \(cms.gov\)](#)

Important things to note from this guidance are:

1. Vaccination status is no longer used to inform source control, screening testing or post-exposure recommendations.
2. New admissions, if asymptomatic, are not required to be placed in transmission-based precautions upon admission irrespective of the vaccination status.

3. Screening testing of asymptomatic healthcare personnel, including those in nursing homes, is at the discretion of the healthcare facility.
4. Asymptomatic residents no longer require empiric use of transmission-based precautions following close contact with someone with COVID-19 infection. However, they must wear a facemask for 10 days, be tested as per the guidance and be watched for the development of symptoms.
5. Select infection control measures (e.g., use of source control, screening testing of nursing home admissions) are influenced by levels of SARS-CoV-2 transmission in the community. Guidance is based on whether transmission levels are high or anything other than high.

A few clarifications from IDOH:

- Facilities should check **transmission levels** weekly on the [CDC data tracker](#). Note: The transmission level is different from the COVID-19 community level.

  - If the transmission level is high newly this week, implement guidance for high community transmission levels immediately.
  - If the community transmission level is decreasing, make sure the community transmission level is not high for two weeks in a row before decreasing infection control practices to such a level.

- Healthcare providers (HCPs) are not required to use a face shield while caring for a resident who is not in transmission-based precautions (TBPs). They can choose to wear one.
- If residents who are part of an outbreak investigation and testing need to undergo an aerosol-generating procedure (AGP), they must be in TBP while they are undergoing the AGP. The same applies to residents requiring AGP during the first 10 days after a close contact with COVID-19. HCP should wear PPE accordingly while administering AGP. Anyone entering that room should wear NIOSH-approved particulate respirators with N95 filters or higher for one hour after AGP ends.
- Screen all new admissions for a history of close contact in the prior 10 days and for symptoms of COVID-19. Those who leave the building for more than 24 hours are considered readmissions, and new admissions guidance applies to readmissions also.
- A facility can have a stricter infection prevention policy based on the residents they serve, vaccination rates and/or other factors specific to the facility.