

Indiana Back on Track Plan for Long Term Care Facilities

Nursing Homes and Residential Care Facilities and the Indiana Back on Track Plan

As part of Indiana's back on track plan restrictions for nursing homes and residential care facilities (assisted living) will be the same. Although assisted living is only mentioned specifically in Stage 2, restrictions that pertain to nursing homes in Stages 3-5 also apply to assisted living.

- Stage 2: Individuals are not allowed to visit residents in residential care/nursing home facilities
- Stage 3: Residential Care/Nursing homes remain closed to visitors; guidance will continue to be evaluated
- Stage 4: Residential Care/Nursing homes remain closed to visitors; guidance will continue to be evaluated
- Stage 5: Residential Care/Nursing home guidance will continue to be evaluated

While there are suggested dates for the beginning of each stage these are dependent on the public health outcome data used to guide our decisions:

1. The number of hospitalized COVID-19 patients statewide over the last 14 days
2. Critical care bed and ventilator capacity
3. Testing capacity for COVID-19 symptomatic, and at risk, Hoosiers
4. Contact Tracing

With the partial reopening of many businesses, we have received several questions about whether similar services would be allowed to return to long term care facilities. **The guiding principle is that if the service is essential and directly relates to the health and safety of the individual residents, then it can be allowed so long as infection control practices (screening, masks, hand washing) can be employed.** A few examples of what can be allowed at this time:

- **Salon: Can a hairdresser come in if they are wearing a mask and serving only one customer at a time with environmental cleaning of the chair and instruments between clients?**
At this time no. Because this service is not essential for the health and safety of the individual, it should remain restricted. We will continue to monitor the community response and data points from reopening barbers and salons by appointment in Stage 2. Should Indiana be able to successfully transition into future stages we will re-evaluate this recommendation.
- **Gym use: Can residents use gym equipment available in the facility if there is only one person using the equipment at a time, they wear a mask, and the equipment is cleaned after each use?**
Yes. Exercise is both important for the physical and mental health and wellbeing of individuals and should be allowed if can be done safely. The facility needs to limit the use to one individual at a time and must wipe down equipment with approved antiviral cleaners after each individual use.
- **Dentist: If the resident's dental need is such that delaying it may result in impairment to their health then dental services, for those facilities that provide these in house, would be allowed to be resumed.**
If tele-services are available, and appropriate, they should continue to be the preferred mode of providing this service. They, like any outside visitor, should be screened for symptoms and wear appropriate PPE while in the facility.
- **Podiatry: If the resident's podiatric needs are such that delaying care may result in impairment to their health then podiatry services, for those facilities that provide these in house, would be allowed to be resumed.**

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- **Fire Safety Inspections: Contractors that would normally be allowed in to inspect fire or other safety aspects of nursing home operations should be allowed to resume these services.**

They, like any outside visitor, should be screened for symptoms and wear appropriate PPE while in the facility.

In a recent CMS [memorandum \(QSO -20-28-NH\)](#) they mentioned that communal dining can occur if long-term care facilities can adhere to social distancing and it does not involve residents with COVID-19 or symptoms. ISDH had previously recommended canceling communal dining.

Does this recent CMS guidance change that? We recognize the impact of social isolation on residents and the increased staffing requirements for resident in-room dining only. Therefore we agree that communal dining can occur with the following guidance:

- No active (involving residents still in transmission-based precautions) cases of COVID-19 in the facility in the last 14 days.
- Nursing homes can adhere to social distancing, such as being seated at separate tables at least six feet apart.
- Environmental cleaning of the dining area occurs before and after each group comes to the dining area.
- Residents should be offered hand hygiene before dining and after returning to their room.
- Residents should not share food, drinks or other personal items during dining.
- Caregivers in the dining area should wear masks, and perform hand hygiene before assisting residents to eat and between each resident that they assist.
- Caregivers should perform hand hygiene after leaving the dining area or the resident's room if assisting them there.

In the same [memorandum](#), CMS also addressed residents leaving the nursing home for an appointment or outside activity.

Are there any changes to ISDH recommendation that residents not be allowed to leave the facility unless for emergent medical needs (e.g., hospital or dialysis)?

- Facilities should continue to restrict residents from leaving the facility with the exception of residents needing medically necessary services. This would include medical appointments that cannot be accomplished through tele-health and whose continued prohibition might negatively affect the health and wellbeing of the resident.
- For those residents leaving for a necessary appointment, facilities should take precautions to minimize the risk of transmission of COVID-19 (e.g., giving the resident a surgical mask to wear while attending the appointment).
- The need to place the resident in transmission based precautions (contact-droplet) upon return for 14-day monitoring of signs and symptoms of respiratory infection should be made by the facility with consideration for the type of appointment (e.g., close contact), the availability and use of appropriate PPE by resident and provider, and the frequency of leaving the facility (e.g., one time for dermatology appointment vs three times a week for dialysis).
- With regard to outside activities, the CMS memorandum ([QSO-20-14-NH \(Revised\)](#)) states that facilities should cancel "all group activities such as internal and external group activities." This means there should be no group activities occurring outside or inside of the building, due to the risk of transmission.