

CoVid-19 Current Information And Agency Information

CDC - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

From FSSA

In an effort to keep our stakeholders fully informed, FSSA will be sharing news about COVID-19 from the Indiana State Department of Health. Here is the latest news release issued today:

March 10: COVID-19 update from ISDH

INDIANAPOLIS—The number of Hoosiers who have tested presumptively positive for COVID-19 remains at six, according to the Indiana State Department of Health (ISDH).

Two individuals with positive tests announced earlier today are residents of Boone and Adams counties. Five Indiana counties now have cases of COVID-19. The other residents who have been diagnosed live in Marion, Hendricks and Noble counties.

Two of the people with COVID-19 are in the hospital; the other four people are in self-isolation. ISDH continues to work with local health departments to identify close contacts of the existing patients and is prepared for the possibility that additional cases may occur.

All of the cases identified so far have a connection to another case.

Other developments:

- The ISDH call center has received nearly 900 calls since March 6 from healthcare providers and the public. The call center is staffed 24/7. From 8 a.m. to 8 p.m., call 317-233-7125. Calls after 8 p.m. should go to 317-233-1325 and will be answered by an on-call epidemiologist. The primary purpose of the call center is to provide guidance from the CDC to healthcare providers and the public. Call center staff will not offer personal medical advice. If you are sick, consult with your healthcare provider.
- ISDH has created a dashboard showing the number of presumptive positive cases in Indiana and the number of tests performed. The dashboard is located on the ISDH COVID-19 website at <https://on.in.gov/COVID19> and will be updated at 10 a.m. daily.
- The CDC and U.S. State Department have advised travelers, especially those with underlying medical conditions, to avoid getting on cruise ships. That guidance can be found [here](#).
- The number of subscribers to the COVID-19 website has increased to more than 7,600. Hoosiers are encouraged to continue to sign up to receive alerts and the latest updated guidance as the outbreak evolves.
- ISDH recommends that nursing homes follow the latest guidance from the Centers for Medicare and Medicaid Services. Updated guidance can be found [here](#).
- Many hospitals have visitor restrictions in place due to influenza. ISDH recommends hospitals continue to monitor the situation and revise those policies as appropriate.

ISDH will continue to provide daily updates regarding COVID-19 in Indiana as activity has increased across the United States.

About COVID-19

COVID-19 is a respiratory illness caused by a novel, or new, coronavirus that has not been previously identified. The virus causing COVID-19 is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

Human coronaviruses most commonly spread from an infected person to others through:

- Respiratory droplets released into the air by coughing and sneezing;
- Close personal contact, such as touching or shaking hands;
- Touching an object or a surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands; and
- Rarely, fecal contamination.

The CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory illnesses, including COVID-19. You should only wear a mask if a healthcare professional recommends it. A facemask should be used by people who have COVID-19 and are showing symptoms to protect others from the risk of infection.

This is an ongoing situation and is evolving rapidly. For more information, including a list of frequently asked questions, visit <https://on.in.gov/COVID19> and subscribe to receive updates.

Visit the Indiana State Department of Health at www.StateHealth.in.gov or follow us on Twitter at [@StateHealthIN](https://twitter.com/StateHealthIN) and on Facebook at www.facebook.com/StateHealthIN.

FROM ISDH: <https://www.in.gov/isdh/28470.htm>

6 Cases Indiana - Boone, Marion, Noble, Allen, & Hendricks Counties: 5 adults 1 child

- [EPIDEMIOLOGY RESOURCE CENTER \(ERC\)](#)
- [INFECTIOUS DISEASE EPIDEMIOLOGY](#)
- [DISEASES AND CONDITIONS RESOURCE PAGE](#)
- CURRENT:2019 NOVEL CORONAVIRUS (COVID-19)

2019 Novel Coronavirus (COVID-19)

Email Updates

To sign up for updates or to access your subscriber preferences, please visit: <https://www.in.gov/isdh/28470.htm>

The Indiana State Department of Health (ISDH) is closely monitoring an outbreak of the 2019 novel (new) coronavirus or COVID-19. This new respiratory virus was first identified in the city of Wuhan in China's Hubei Province and continues to infect people in China and around the world, including the United States. On March 6, ISDH [confirmed](#) the first case of COVID-19 in a Hoosier with recent travel. ISDH [reported](#) the second presumptive positive case of COVID-19 in the state on March 8. ISDH has added a new dashboard below that will be updated daily with the most up-to-date case counts. Please click [here](#) for the most recent press releases related to COVID-19. Underlined information = active links to info

ISDH is working with federal and local partners to respond to this evolving public health situation. The Centers for Disease Control and Prevention (CDC) reports that the risk of infection in the United States is low, as the virus has had limited person-to-person spread in the United States at this time. The CDC does not have any evidence to suggest that animals or animal products imported from China pose a risk for spreading COVID-19 in the United States. Please consult this page for updated news and guidance on the COVID-19 outbreak. Updates will be made as new information becomes available. Please call the ISDH Epidemiology Resource Center at **317-233-7125 [317-233-1325 after hours]** or e-mail epiresource@isdh.in.gov if you experience symptoms such as fever, cough and shortness of breath and have a recent history of travel to China or contact with someone suspected of having COVID-19.

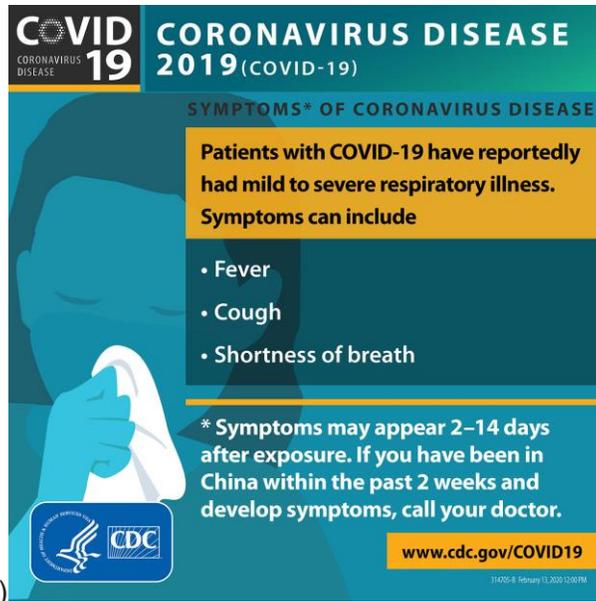
Frequently asked questions and answers

- [CDC novel coronavirus \(COVID-19\) FAQs](#)
- [Frequently Asked Questions About Personal Protective Equipment](#)
- [Healthcare Professionals: Frequently Asked Questions and Answer](#)

General novel coronavirus (COVID-19) information and resources

What you need to know

- [Coronavirus Infographic](#) (English)



- [Coronavirus Infographic](#) (Spanish)
- [Coronavirus Infographic](#) (Chinese)
- [2019 Novel Coronavirus \(COVID-19\) in the U.S.](#)
- [Novel Coronavirus: Prevention steps for close contacts \(infographic\)](#)
- [How COVID-19 spreads](#)
 - [Symptoms](#)
 - [Prevention & Treatment](#)
 - [What to do if you are sick with 2019 Novel Coronavirus](#)
- [Information for Travelers](#)
- [Preventing 2019 Novel Coronavirus \(COVID-2019\) from Spreading to Others in Homes and Communities](#)

Community Organizations

- [Preventing COVID-19 Spread in Communities](#)
 - [Interim Guidance for Businesses and Employers to Plan and Respond to 2019 Novel Coronavirus, February 2020](#)
 - [Interim Guidance for Colleges and Universities](#)
 - [Interim Guidance for Administrators of US Childcare Programs and K-12 Schools](#)
 - [Novel Coronavirus \(COVID-19\) Guidance for Schools \(new\)](#)
- [Community Mitigation Guidance: Nonpharmaceutical Interventions for Community Preparedness and Outbreak Response](#)
- [COVID-19 Information for Public Facilities and Organizations](#)

Information for healthcare professionals

- [Novel Coronavirus Case Definition](#)
- [CDC Resources for Healthcare Facilities](#)
 - [Steps Healthcare Facilities Can Take Now to Prepare for COVID-19](#)

- [Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19](#)
- For local health departments: [Traveler Notification, Risk Assessment and Monitoring Guidance](#)
- [Caring for patients with Confirmed or Possible COVID-19 Infection](#)
- [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings](#)
- [Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus \(COVID-19\) or as infographic](#)
- [COVID-19 Specimen Collection and Submission Guidelines](#)
- [Novel Coronavirus \(COVID-19\) Specimen Authorization Algorithm](#) (updated 3/8/2020)
- [COVID-19 Checklist for Healthcare Professionals](#)
- [COVID-19 Interim Recommendations for Outpatient Facilities](#)
- [COVID-19 Guidance for Nurse Lines and Schedulers](#)
- [COVID-19 Home Care Instructions for Novel Coronavirus](#)
- [Patient Travel Poster](#) (English and Chinese)
- [Flowchart to Identify and Assess 2019 Novel Coronavirus](#)
- [Healthcare Supply of Personal Protective Equipment](#)
- [Interim Considerations for Disposition of Hospitalized Patients with COVID-19 Infection](#)
- [Frequently Asked Questions about Respirators and Their Use](#)
- [Strategies for Optimizing the Supply of N95 Respirators](#)
- [COVID-19 Guidance for Providers on School Closings](#) (updated 3/9/2020)

Long-term Care Facilities

- [COVID-19 Information for Long Term Care Facilities](#)
- [Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities \(LTCF\)](#)
- [COVID-19 Long Term Care Visitor Poster](#)
- [Guidance from the Centers for Medicare and Medicaid Services](#) (updated 3/9/2020)

Information for laboratories

- [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation \(PUIs\) for 2019 Novel Coronavirus \(COVID-19\)](#)
- [Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with 2019 Novel Coronavirus \(COVID-19\)](#)
- [LimsNet Sample Submission](#)
- [ISDH Virology Paper Submission](#)
- [10 Things You Should Know about SARS-CoV-2 and COVID-19](#)
- [COVID-19 specimen submission and collection guidelines](#) (new)

Guidance for healthcare workers and emergency responders

- [Interim Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus](#)

- [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings](#)
- [Interim Guidance of Emergency Medical Services and 911 Public Safety Answering Points for COVID-19 in the U.S.](#)

Page last updated: March 10, 2020

Developed By Barbara Citarella, RBC Limited Healthcare & Management Consultants.3/3/2020 Based on information available at the time. For guidance only. See Attachments x 2

[Coronavirus Homecare and Hospice Checklist](#)
[Exposure to Coronavirus: Disease Response & Management](#)

Developed By Barbara Citarella, RBC Limited Healthcare & Management Consultants.3/3/2020 Based on information available at the time. For guidance only.

Excerpts to highlight recommendation: Blue - supervisor should do; Purple: employee *ISDH will/should guide you regarding the exposure. Contact the health department in your geographic area for detailed instructions*

*This is a guide only and **not intended** to be an adopted policy. Developed By Barbara Citarella, RBC Limited Healthcare & Management Consultants.3/3/ 2020 Based on information available at the time. For guidance only. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>*

Employee purple Supervisor blue

1. Employees must immediately report any concerns regarding exposure to 2019-nCoV to a supervisor, whether the potential exposure has occurred through providing patient care, travel, assisting an ill traveler or other person, handling a contaminated object, or cleaning a contaminated environment.
2. Upon receipt of a report of potential exposure from an employee, the supervisor must take the following immediate actions:
 - a. Ascertain and fully document:
 - i. The circumstances surrounding the potential exposure as reported by the employee;
 - ii. Whether the employee is experiencing any symptoms associated with 2019-nCoV as outlined

in the following CDC criteria:

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact ² with a laboratory-confirmed ^{3,4} 2019-nCoV patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from Hubei Province , China ⁵ within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization ⁶	AND	A history of travel from mainland China ⁵ within 14 days of symptom onset

The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

b. An employee experiencing 2019-nCoV symptoms should be advised to immediately contact his or her health care provider by phone for guidance in connection with seeking medical attention.

c. Instruct the employee to remain out of the workplace and immediately cease patient visits, if applicable, until further notice.

d. Contact the Director of Risk Management at your agency to report the potential exposure.

e. Contact your local or state health department (“health department”) to report the potential exposure and for an assessment regarding:

(1) the employee’s exposure level; and

(2) whether testing, monitoring for symptoms, voluntary quarantine, or other measures are necessary.

This step may be taken in collaboration with the affected employee.

f. Contact information for your local health department

Please call the ISDH Epidemiology Resource Center at 317-233-7125 [317-233-1325 after hours] or e-mail epiresource@isdh.in.gov if you experience symptoms such as fever, cough and shortness of breath and have a recent history of travel to China or contact with someone suspected of having COVID-19.

Fully document any conversations you have with the representative of the health department, including:

i. name of employee affected

ii. full name of the health department contacted

iii. contact number for the health department contacted

iv. date of contact(s) with the health department

v. name/title of health department representative(s) consulted vi. description of the health department's recommended course of action

3. Prior to taking any further actions with regard to the affected employee, the supervisor must communicate the findings and recommendations of the health department to your Director of Risk Management or to the Risk Management Coordinator.

4. An incident report should be completed and submitted according to your policies. by the employee's supervisor and in collaboration with the employee as soon as possible.

The CDC website should be consulted for the most up-to-date listing. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Confidentiality 1. All documents prepared in connection with an employee's report of potential exposure must be collected and maintained on forms separate and apart from documents in an employee's personnel file, must be maintained in an employee's confidential medical file if appropriate, and must be treated as confidential. Likewise, if an employee voluntarily discloses that he or she may have been exposed to 2019-nCoV or is at risk of exposure, this information must be kept confidential.

The following are the only exceptions to this rule:

- a. Supervisors and managers may communicate with Risk Management at the agency
- b. Supervisors and managers may be told about necessary restrictions on work duties and about necessary accommodations;
- c. First aid or safety personnel may be told if the condition requires emergency treatment;
- d. Government officials may access the information when investigating compliance with the ADA;
- e. Information may be provided in connection with a workers' compensation claim; and f. Information may be provided for insurance purposes.

2. Discussions about an employee's medical status with other employees, co-workers, or patients except as permitted by this Policy are prohibited.

Leave of Absence under this Policy 1. Supervisors should ensure that employees are fully aware of all of the Company's policies and procedures pertaining to paid and unpaid leaves of absence, including but not limited to the Company's FMLA and PTO policies. Questions regarding these matters and issues related to compensation while on a leave of absence from work should be directed to the Human Resources Department.

2. Any absence from work a non-exempt employee incurs during the period of time the Company is assessing whether or not the employee may safely return to work after a potential 2019-nCoV exposure shall be paid at the employee's regular hourly rate and in accordance with the employee's regularly scheduled shifts.

3. An exempt employee who is paid on a salary basis shall continue to receive his or her full salary in accordance with the FLSA and in connection with any absence of work incurred during the period of time the Company is assessing whether or not the employee may safely return to work after a potential 2019-nCoV exposure.

4. An employee who is: (1) temporarily removed from work as directed by the health department or other health authority in connection with a 2019-nCoV exposure, or (2) exposed to 2019-nCoV and subsequently develop symptoms, will be provided with a leave of absence in accordance with the Company's leave of absence policies. The Company will work with the affected employee to identify any further appropriate reasonable accommodations including possible telecommuting.

5. Employees who are exposed to 2019-nCoV in the course and scope of work may be entitled to workers' compensation benefits based on the facts and circumstances and depending on the applicable state law. Affected employees should contact the Risk Management Department for assistance.

Discrimination & Retaliation Prohibited

1. Discrimination or Retaliation against any employee for reporting concerns regarding potential 2019-nCoV exposure, for reporting any related workplace concerns, for reporting any violations of this Policy, or for taking a leave of absence under this Policy is strictly prohibited. Any employee who has a discrimination or retaliation concern should follow the reporting procedures outlined in the LHC Group Non-Retaliation/Non-Retribution Policy (Policy No. 6.1.020) or in the LHC Group Employee Handbook. Employees may also utilize the anonymous compliance hotline (1-888-703-0301 or online at www.LHCgroupinegrity.com). Discipline Violations of this Policy or any of its provisions will result in discipline up to and including termination of employment. Recommendations for the Screening and Assessment of Patients for 2019-nCoV 1. Recommendations for screening of patients for possible 2019-nCoV infection are based on the current knowledge of the characteristics of clinical illness observed in early cases and the geographic distribution of current cases.

2. Patients should be assessed for exposure associated with risk of 2019-nCoV infections (e.g., travel to China or close contact with confirmed cases or persons under investigations, PUI).

3. Clinicians should assess patients based on the following:

a. Does the patient have fever or symptoms of lower respiratory infection, such as cough or shortness of breath AND has the patient traveled to mainland China within 14 days of symptom onset, OR has the patient had close contact with a person confirmed with 2019-nCoV or under investigation for 2019-nCoV.

4. Patients who report having these symptoms and meet the criteria of the clinical features for PUI should be asked to wear a surgical mask as soon as they are identified, and if possible, separate them at least 6 feet from other persons.

Staff involved in the care should also follow standard precautions, contact precautions, and airborne precautions. Face masks should also be donned.

5. Employees involved in the care of confirmed 2019-nCoV should use standard precautions, contact precautions, airborne precautions, and use eye protection (goggles or face shield). Hand Hygiene – Clinicians should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Gloves – Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene. Gowns – Put on a clean isolation gown upon entry into the patient room or care area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the care area. Respiratory Protection - Use respiratory protection that is at least as protective as a fitted NIOSH-certified disposable N95 filtering mask before entry into the patient care area. Eye Protection – Put on eye protection (e.g., goggles) upon entry into the care area and remove prior to leaving the care area. Medical Equipment – Dedicated medical equipment should be used for patient care. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to the manufacturer’s guidelines. 6. If a patient meets the criteria to be classified as a person under investigation (PUI), employees should notify their immediate supervisor and the attending physician. The local Department of Health must also be notified. An online incident report under the category of Infection Control Incident will also need to be entered. Further care and instructions will be based on directions provided by the local Department of Health. Notes Close contact is defined as: 1. Being within approximately 6 feet, or within the room or care area, of a 2019-nCoV case for a prolonged period of time while not wearing recommended personal protective equipment (PPE); close contact can include caring for, living with, visiting, or sharing a waiting room with a 2019-nCoV case, PUI. 2. Having direct contact with infectious secretions of a 2019-nCoV case (being coughed on) while not wearing recommended PPE. Fever may be subjective or confirmed. References National Center for Immunization and Respiratory Diseases, Division of Viral Diseases (2019, February 8). Retrieved from www.cdc.gov

FROM NAHC



Coronavirus Resources for Home Care & Hospice

At the National Association for Home Care & Hospice we are concerned about COVID-19, also known as the Coronavirus, and how it will impact our members and their patients. Since much is still unknown, we have developed this page to serve as a resource to our members and visitors from the home health and hospice community. This page will continue to be updated as more information is made available.

Resources info below = active links

- [Statement from NAHC on Coronavirus and 2020 Meetings](#)
- [Coronavirus Guidance for Home Health & Hospice](#)
- [CDC: Coronavirus Disease 2019 \(COVID-19\)](#)
- [WHO: Coronavirus disease \(COVID-19\) technical guidance](#)
- [OSHA: Guidelines for Workers and Employers](#)
- [Coronavirus Home Care and Hospice Checklist](#)
- [Exposure to Coronavirus \(201-NCOV\): Disease Response & Management](#)
- [Preparing for Emergencies & Disasters Before They Happen](#)
- [Patient Guide for COVID-19 \(docx\)](#)
- [Caregiver Guide for COVID-19 \(docx\)](#)
- [Guide for Cleaning and Disinfecting COVID-19 \(docx\)](#)
 - [Novel Coronavirus \(COVID-19\) – Fighting Products](#)

Webinars

- **March 13, 2020:** [COVID-19: The Impact on Home Care and Hospice](#)
(The live webinar is SOLD OUT. Recording will be available on 3/16, use promo code NAHCCOVID and pay only \$40)
- **March 5, 2020:** [What Clinicians Need to Know to Prepare for COVID-19 in the United States](#)
(CDC Clinician Outreach and Communications – Recording now available on demand)

Articles

- [Avoiding Panic, Educating Staff Keys to Surviving Coronavirus Scare](#)
- [Hospices Gear Up to Face COVID-19](#)
- [Senate approves \\$8.3 billion total coronavirus response package](#)
- [U.S. to Miss Rollout Goal This Week on Virus Tests, Senators Say](#)
- [As Confirmed Cases Rise, Home Health Industry Turns Its Attention to Coronavirus](#)
- [NAHC Shares Coronavirus Checklist](#)
- [CMS Announces Actions to Address Spread of Coronavirus](#)
- [Home Health and Hospice: Prepare NOW for the Coronavirus!](#)

Health Protocols

According to the Centers for Disease Control and Prevention (CDC), there is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. The CDC recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.
- Follow CDC's recommendations for using a facemask (facemasks are only needed for those who show symptoms of coronavirus).

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.

Update to date as of 4:40 PM EST

This information is intended as an IAHHC member resource. Please do not share outside of your individual agency members.

Thank you,

Cindi Wessel Resource Director for Home Health and Hospice

cindi@iahhc.org