



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

## Long-term Care NEWSLETTER

**LTC Newsletter 2022-26**  
**June 23, 2022**

---

### **LTC Update:**

- **PPE Still Available to Order Through Langham**
- **Use of Fans with Appropriate Infection Control Principles**
- ***Candida auris*: What you should know!**
- **Emergency Order for COVID-19 Waivers Expires July 1 – Reminder**
- **Nurse Aide Training and Waivers Ending July 1 – Reminders**
- **Nurse Aide in Training Registry – NEW**

### **PPE Still Available to Order Through Langham**

IDOH still has an abundant supply of PPE available for LTC facilities to order for residents, staff or visitors. Facilities may order any items that are available and as much as they would like. We recommend that facilities order extra PPE to build up the facility's on-hand supplies. \*All PPE and shipping costs will continue to be FREE to LTC facilities through the end of July or while supplies last. However, due to a scheduled inventory cycle count **no orders will be shipping out until June 29, 2022**. Only long-term care facilities with a CLIA waiver may order test kits and Viral Transport Medium (VTM).

[IDOH Order Entry Portal Guide Instructions](#)

[Access Langham Portal \(Sign In\)](#)

[List of PPE Items Available for Ordering](#)

## Use of Fans with Appropriate Infection Control Principles

- Clean the fans prior to use and periodically.
- Keep fans off the floor to avoid the risk of blowing germs from the floor toward the residents.
- Set up fans in a way that air is not blowing toward the doorway opening to the hallway.
- Increase the introduction of outdoor air with open windows. One helpful strategy is to use a window fan, placed safely and securely in a window, to exhaust room air to the outdoors. This will help draw outdoor air into the room via other open windows and doors without generating strong room air currents.
- Fans can be used to increase the effectiveness of open windows, as described in the CDC list of ventilation improvement considerations. Fans can also be used indoors to improve room air mixing. Improved room air mixing helps distribute supplied clean air and dilute viral particle concentrations throughout the room, which reduces the likelihood of stagnant air pockets where viral concentrations can accumulate.
- Avoid placing fans in a way that could potentially cause contaminated air to flow directly from one person to another:
  - Avoid the use of the high-speed settings.
  - Use ceiling fans at low velocity and potentially in the reverse-flow direction (so that air is pulled up toward the ceiling).
  - Direct the fan discharge toward an unoccupied corner and wall spaces or up above the occupied zone.
- Fans can also enable clean-to-less-clean directional airflow. Such applications should be evaluated closely to avoid unintended consequences and only adopted when supported by a safety risk assessment.
- Do not use a fan if a resident in TBP has a roommate.
- If using a fan in a private TBP room, keep the door closed and preferably have the windows open to circulate the air outward.

[Ventilation in Buildings | CDC](#)

### ***Candida auris*: What you should know!**

**By Caleb Cox, MPH**

*Candida auris* (*C. auris*) is a yeast that was first discovered in Japan in 2009. It has caused outbreaks in healthcare settings. *C. auris* is of a public health concern because it exhibits antifungal resistance, it can persist in the environment for a long time, environmental disinfection can be difficult and [high mortality rate](#) has been noted among people with candidemia.

We have noticed an increase in the number of cases in Indiana with a report of 19 cases in October 2021, 47 cases in November and 41 in December. Of the 127 cases identified in 2022 (as of May 31, 2022), 95 (~75%) were in district 5, which includes the Indianapolis metro area and surrounding counties. Seventeen (~13%) were found in district 1 (including Lake and its surrounding counties in the Chicago region), with only 15 (~12%) in the rest of the state.

If *C. auris* is identified on testing a skin swab in absence of clinical infection, it is considered colonization. No treatment is needed for colonization. There is no reliable way to decolonize. Colonization of at-risk individuals could lead to dangerous invasive infections. *C. auris* can cause ear infections, wound infections and bloodstream infections and can be isolated in cultures such as fluid specimens from the site of infection, blood, urine, sputum, etc. Clinical infections are treated with antifungals and can resolve with treatment. Individuals with colonization and infection both can act as possible sources of transmission.

[Infection control](#) to prevent spread involves adherence to hand hygiene, appropriate isolation based on setting, interfacility communication when transferred, screening contacts and environmental cleaning. In the acute care setting, contact precautions should be implemented for colonized patients and those with active infection. In a [long-term care facility](#), residents with colonization should be placed in enhanced barrier precautions. Those with active infection should be placed in contact precautions in all settings. After a *C. auris* clinical infection resolves, the patient should be considered colonized indefinitely.

*C. auris* can persist in the environment for a prolonged time. CDC recommends the use of an Environmental Protection Agency (EPA)–registered hospital-grade disinfectant effective against *C. auris*. EPA’s List P is a list of agents that have been evaluated for a claim against *C. auris*. If a [List P](#) cleaner is not available and a *C. auris* patient is residing at the facility, a bleach-based cleaner with sporicidal properties should be used until an approved cleaner is acquired. Regardless of the product selected, it is important to follow all manufacturer’s directions for use, including applying the product for the correct contact time.

## **Emergency Order for COVID-19 Waivers Expires July 1 – Reminder**

After Governor Eric J. Holcomb rescinded the state’s public health emergency declaration on March 3, 2022, the Indiana Department of Health (IDOH) issued new waivers extending their expiration date to July 1. The waivers expiring on July 1 are listed at <https://www.coronavirus.in.gov/covid-19-actions-regulatory-waivers/>.

## **Nurse Aide Training and Waivers Ending July 1 – Reminders**

The emergency orders and waivers allowing personal care attendants (PCAs) and temporary nurse aides (TNAs) expire on July 1. Facilities have been encouraged to complete the training of their

PCAs, TNAs and others working as nurse aides by that date; however, they may test after July 1. Nurse aide training programs have until July 1 to train nurse aides using the abbreviated or expedited training – that training is only allowed under the waivers that expire July 1. Any nurse aide training after July 1 must be the usual 105 hours of training.

Also, the federal waiver from Centers for Medicare and Medicaid Services (CMS) allowing nurse aides 8 months to work and complete their training and testing, rather than just 4 months, expired June 6. Nurse aides still have 4 months after the waiver ended (until October 6) to complete their training, testing and certification. Refer to the CMS [press release](#) and [QSO-22-15-NH & NLTC & LSC](#). If nursing facilities or training programs have questions or experience capacity issues in training and testing that will result in a delay for a nurse aide to meet the full requirements within 4 months after the federal waiver ended, please notify Suzanne Williams at [suwilliams@isdh.in.gov](mailto:suwilliams@isdh.in.gov).

## **Nurse Aide in Training Registry – NEW**

A REDCap Nurse Aide in Training Registry has been created to provide a record of nurse aides in training in nursing facilities in Indiana. This will enable IDOH to monitor capacity related to the training, testing and certification of nurse aides.

Beginning July 1, nursing facilities should complete the survey for any nurse aides hired who are not yet certified. This would include former PCAs and TNAs who did not complete their nurse aide training prior to July 1 but are enrolled in a nurse aide training program with the intention of completing the training, testing and certification.

According to F728, a facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless (i) That individual is competent to provide nursing and nursing-related services; and (ii)(A) That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the state as meeting the requirements of §483.151 through §483.154. F728 also states a facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual (i) is a full-time employee in a state-approved training and competency evaluation program; and (ii) has demonstrated competence through satisfactory participation in a state-approved nurse aide training and competency evaluation program or competency evaluation program.

A link to the REDCap Nurse Aide in Training Registry and a reminder will be included in the next newsletter. Any questions may be directed to Suzanne Williams at [suwilliams@isdh.in.gov](mailto:suwilliams@isdh.in.gov).