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Indiana Department of Health

2020 Emergency Response Report

State Health Commissioner
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Summary

The Indiana Department of Health (IDOH) is the lead state agency for the State of Indiana's response to the COVID-19 pandemic. While maintaining the ongoing work of promoting and protecting Hoosier health, IDOH also led key response efforts for personal protective equipment (PPE) distribution, case investigation and reporting, contact tracing, laboratory testing and reagent/equipment procurement, long-term care (LTC) testing and education, widespread community COVID-19 testing initiatives, public communication (including public and provider call centers), medical consultation and technical assistance, and interagency coordination. Routine IDOH programs and services either continued throughout the emergency or were reduced or suspended temporarily to allow staff to pivot to full-time emergency response. IDOH has learned valuable lessons from the COVID-19 public health crisis response and plans to implement those lessons both during the ongoing response to COVID-19 and in any future emergencies.

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Introduction

The Indiana Department of Health's (IDOH) mission is to promote, protect, and improve the health and safety of all Hoosiers. IDOH was actively monitoring and preparing for the COVID-19 pandemic before the first case of COVID-19 was diagnosed in Indiana through comprehensive efforts to protect the health of all Hoosiers and to mitigate adverse effects of the virus. Under the leadership of State Health Commissioner Dr. Kristina Box and the support of the Division of Emergency Preparedness, IDOH has taken the lead role in Indiana's response to the COVID-19 pandemic, immediately transitioning agency operations to ensure the safety and wellbeing of every Hoosier, while also maintaining the daily work of public health that IDOH provides at all times.

IDOH Emergency Response

During the COVID-19 pandemic response, IDOH has experienced an unprecedented amount of internal and external support and collaboration. Support came from multiple agency divisions and from multiple state partners. The IDOH divisions most actively engaged in the response included the Division of Emergency Preparedness (DEP), Epidemiology Resource Center (ERC), IDOH Laboratories, Office of Public Affairs (OPA), Immunizations, Lead and Healthy Homes, Office of Minority Health, Long Term Care (LTC), and Finance. Outside agencies actively engaged in the response included the Family and Social Services Administration (FSSA), Indiana National Guard (INNG), Indiana Department of Homeland Security (IDHS), Indiana State Police (ISP), the Indiana Department of Transportation (INDOT) and others. External partners engaged in the response included the Indiana Hospital Association, Indiana University Richard M. Fairbanks School of Public Health, Eli Lilly, Ivy Tech, IU Health, Indiana State Medical Association, Indiana Health Care Association and Leading Age. The divisions, agencies, and partners listed above are a small fraction of the support IDOH and the state received during the response. Due to the unmatched support from within and outside of IDOH, Indiana can effectively continue to mitigate the effects of COVID-19.

Hospital Surge Planning and Healthcare Reserve Workforce

To prepare our hospitals to care for COVID-19 patients, especially those who would need ICU or ventilator support, during an anticipated medical surge, IDOH, FSSA, DHS and the Indiana Hospital Association developed the Indiana Regional Healthcare Surge Response Plan (IRHSRP). The plan operates within Indiana's existing ten Public Health Preparedness Districts, by transforming individual health care systems in a particular region into one functional unit to allow for optimal resource utilization, real-time patient navigation and asset allocation in order to care for patients in the most appropriate setting. IDOH hosted ongoing regional calls with hospitals leaders and IHA to discuss surge planning and resource needs that the state would be able to support. Through careful planning and coordination with hospitals and other providers across the state, the state was also able to double our number of ICU beds and ventilator capacity. Learning from lessons in other states, Indiana took an innovative approach to building surge capacity through alternate care sites (i.e. field hospitals) by creating Medical Augmentation Packages (MAPs). The MAPs are

trailers outfitted with hospital beds, PPE, and other medical supplies, which allow for a quick response within a region or area of the state experiencing medical surge if the local hospitals became overwhelmed.

As our healthcare system began to see an influx of COVID-19 patients, one of the early challenges was adequate staffing and clinical support to meet the growing need of in-patient care and services. IDOH partnered with the Bowen Center to launch the Healthcare Reserve Workforce, Student Volunteer Task Force and the Newly Graduated Physician Reserve. In anticipation of the medical surge, we asked for healthcare professionals, recent graduates and students to sign up to be a part of the COVID-19 response, and more than 16,000 healthcare professionals stepped forward. Bowen Center developed an intake process for Indiana healthcare facilities to submit workforce needs requests and a strategy to match requests to individuals who signed up. Requests have been fulfilled for more than 100 facilities, and every facility reporting emergent or urgent workforce needs have been met.

Targeted and Community Testing

Collaboration and teamwork drove success at testing locations operated across the state. To effectively coordinate and operate testing locations, partnerships were leveraged to establish and operate testing locations in multiple counties each week and deliver supplies. Local partnerships with Ivy Tech, community organizations, places of worship, and businesses were essential in reaching vulnerable and minority populations during the response. IDOH has engaged with other private companies through our Industrial Strike Team to provide education and testing, when needed, to manufacturing and food processing facilities. To expand community testing access across the state, Indiana partnered with LHI OptumServe to operate additional testing sites across the state in communities with high-risk populations, limited access to testing, or hot spots that were experiencing an increase in cases and community spread.

Technology

During the response, IDOH utilized a variety of technology options to provide data-driven insight into the response to COVID-19. These platforms include Zotec patient registration, Research Electronic Data Capture (REDCap), EMResource, and Microsoft Teams. Zotec was utilized for pre-registration and on-site registration of clients at testing sites. The Zotec platform also includes text reminders and other notification modalities. This program has allowed for timely registration and status notification. Following its utilization in this response, multiple other divisions and program areas have seen the benefits of the Zotec patient registration platform. Divisions such as Immunizations and Lead and Healthy Homes would welcome the use of the platform in their normal activities.

REDCap was useful for creating surveys and obtaining immediate responses from local health departments (LHDs), long term care (LTC) facilities, and other healthcare facilities. REDCap was also utilized to maintain the IDOH call center's call log, which experienced over 2,000 calls on its highest volume day while operating 24/7. IDOH utilized EMResource to maintain awareness of PPE levels, swab levels, ICU beds, and ventilator

capacity throughout the response. EMResource encompassed multiple facility types, including hospitals with emergency departments, LTC facilities, Department of Correction (DOC), EMS and LHDs. EMResource users increased from between 500 and 600 pre-COVID-19 to more than 3,500 users during the pandemic. IDOH staff utilized Microsoft Teams to remain connected with each other during the response while maintaining social distancing standards.

To keep the public informed of COVID-19 information, a data dashboard was included on the IDOH website as an effective method of providing information directly from a central hub. The dashboard continues to provide daily updated information on case counts, total individuals tested, total tests performed, deaths, positivity rates and other demographics. The dashboard also utilizes ICU beds and ventilator information gathered from EMResource. In addition to the dashboard, the website includes a map of testing locations throughout the state, including IDOH-operated sites, OptumServe testing sites, and other locally operated sites (CVS, hospitals, and other clinics). One of the most effective implementations in this process was "Barb the Bot", an online chat option available on the state's COVID-19 website. This feature not only aided in lowering call center call volume, but also provided a way for Hoosiers to easily navigate the website and find information quickly. Barb was conceptualized and implemented in three days and continues to receive updates as new information is available.

Long Term Care

From the beginning of the COVID-19 pandemic, Indiana understood the inherent risk the virus posed to residents in long-term care facilities. Early in the response, the primary means of preventing COVID outbreaks in long-term care facilities was through infection control practices. IDOH's nurse surveyors visited every LTC facility in the state within just a few days to provide them with a comprehensive preparedness plan. During these initial visits, the nurse surveyors provided infection control and prevention support and education on how to prevent and manage COVID-19 outbreaks. The support of nurse surveyors and infection preventionists was key in mitigating and controlling the spread of COVID-19 in LTC facilities. In response to a CMS recommendation, visitation restrictions were put in place in mid-March to limit the number of individuals entering a facility and thereby prevent the opportunity for someone with COVID to infect a resident.

In addition to education and outreach, IDOH established LTC strike teams to visit facilities, prioritizing those with presumed or known positive cases, to train staff on proper PPE usage, communicate risk mitigation strategies with essential staff who provide direct care to patients, and conduct targeted testing of residents and staff. During the month of June, IDOH and INNG worked with LHI OptumServe to test all LTC staff members across the state.

IDOH and FSSA fostered effective collaboration and coordination for long-term care facilities during the COVID-19 response. Both agencies recognized the need to develop clear communication, both between facilities and the state, and between facilities and residents and their families. To allow the state to respond

effectively to facility outbreaks, the State Health Commissioner mandated all long-term care facilities report any positive staff or resident COVID tests to IDOH within 24-hours of the facility's knowledge. This data was used to generate daily internal reports, and aggregate data was reported on a public-facing dashboard released in August to keep communities and resident families informed as well. To provide individual residents and their families with up-to-date information about their respective facilities, IDOH and the FSSA Division of Aging ombudsman mandated that long-term care facilities daily report the COVID-19 status in the facility to the residents and their families. IDOH also developed the Family Outreach team within the Division of Long Term Care to help families communicate with facilities in the case of any concerns.

Although restricting visitation was necessary to protect long-term care residents, IDOH recognized the serious impact that lack of social contact would have on the health and wellbeing of residents over time. On June 3rd, Indiana became one of the first two states to allow outdoor visitation. Additionally, Indiana was also the first state to allow family caregivers back into facilities. Indoor visitation has also since resumed, however, IDOH has left decisions about indoor visitation to the individual facility and local health department, due to differing infection levels in different areas of the state. In each of these instances, IDOH provided clear guidelines for how to safely resume visitation at each point.

Laboratory and Epidemiology

During the COVID-19 response, the IDOH Laboratories have developed new relationships with outside laboratories, including Eli Lilly, IU Pathology Laboratory, and many other private laboratories. These partnerships eventually led to the development of the Indiana Laboratory Testing Network. IDOH Laboratories were able to quickly and effectively validate SARS-CoV-2 assays and reagents for testing COVID-19 early in the response. Through collaboration and continued engagement, IDOH has exponentially increased laboratory testing capacity within the state.

On the data reporting side, IDOH Laboratories and the ERC worked closely together to ensure the pre-existing LimsNet system was able to transmit data results from multiple outside laboratories. The IDOH Office of Technology and Compliance (OTC) was instrumental in troubleshooting and assisting in the on-boarding of these external private laboratories. Furthermore, the LimsNet data flows directly into the state's infectious disease surveillance system, NEDSS Base System (NBS). These pre-established surveillance and reporting systems were essential to early contact tracing and case management.

At the onset of the COVID-19 pandemic, local health departments conducted contact tracing to make sure Hoosiers who tested positive or were exposed could take appropriate measures to protect themselves, their families, and their community. Contact tracing is a tool used in public health to mitigate the spread of a virus or disease by allowing public health officials to identify individuals who have been exposed more quickly, so that they can get tested and quarantine or self-isolate if necessary. As Indiana began reopening the state after the stay-at-home issued by Governor Holcomb in March and testing increased across the state, an

increase in cases was expected. Although contact tracing and case investigations traditionally are conducted at the local level, the growing number of cases across the state required a coordinated statewide response. To establish a contact tracing process for the entire state, IDOH partnered with Maximus to operate a centralized contact tracing call center. This center provides case investigation and contact tracing services to residents of all 92 counties within Indiana. To date, the state has hired more than 650 contact tracers to notify contacts of positive cases reported into NBS. The contact tracing team utilizes Microsoft (MS) Dynamics to log and contact suspected contacts.

Local health departments continue to serve a critical role in contact tracing. First, LHDs have community relationships that allow more localized tracing of individuals who do not respond to the centralized contact tracers. Second, LHDs have connections to local resources to support those individuals who need alternative living sites for isolation or quarantine and supportive services. Third, LHDs provide rapid, essential evaluation of special situations and investigation of cases and outbreaks in congregate settings, healthcare facilities, workplaces, and schools/universities. Given the high level of potential transmission in these settings, LHDs would determine the level of exposure and contacts of cases and need for quarantine, disinfection and infection control measures, appropriate cohorting, and potential need for testing. LHDs then enter information obtain on cases and contacts into MS Dynamics.

Minority Population Engagement

As Indiana learned more about the virus and more data was available to analyze its impact on Hoosiers, it became apparent that COVID-19 had a disproportionate adverse effect on minority populations in the state. To help combat this, IDOH implemented several initiatives to protect and improve the health of Indiana's minorities. IDOH provided free drive-through testing opportunities across Indiana, and minority populations were included in some of the earliest populations who qualified for testing, regardless of symptoms. These drive-through sites are now widely available in the state, but at the beginning, IDOH targeted communities with high minority populations, including Merrillville, Gary, and Indianapolis. IDOH also partnered with the Indiana Minority Health Coalition (IMHC) and the Interagency Council on Black & Minority Health on an advisory committee to address COVID-19 health disparities and has been working with partners including IMHC, Indiana Black Expo, the Indiana Native American Commission and the LGBTQ community to address their needs and questions. Additionally, the IDOH Division of Health Disparities and Minority Wellness hosted a series of webinars focused on COVID-19 to better inform minority communities about best practices, coping strategies, and social determinants of health as they pertain to COVID-19.

Communications

The IDOH communications team, including the Office of Public Affairs and Joint Information Center (JIC), was essential in informing healthcare professionals and the public. IDOH was able to leverage existing social media followings and saw a dramatic increase in subscribership. The agency's Twitter followers tripled to over 28,000 and Facebook follower quadrupled to over 70,000. Currently, the state's COVID-19 website has

over 183,000 subscribers. IDOH partnered with the Governor's Office to develop nearly 50 public service announcements to educate Hoosiers about COVID-19 and steps they can take to protect themselves and build social media content to reinforce those messages. IDOH also partnered with to launch #MaskUpHoosiers, a social media campaign designed to encourage Hoosiers to wear masks in public.

Throughout the response, constant, up-to-date communication was established with local partners. This was possible through dozens of webinars with local health departments, medical professionals and school nurses. The Q&A sections of the webinars were especially helpful to guide communications in determining what information was most needed by our local partners.

IDOH developed content for www.coronavirus.in.gov, a website dedicated to COVID-19 resources, in partnership with Indiana Interactive. The webpage has surpassed 1803,000 subscribers and is updated daily with new guidance for the public and professionals in multiple languages. More than 300 guidance documents currently reside on the website. In addition to these documents, IDOH's Office of Public Affairs coordinated with the Division of Emergency Preparedness and local health departments to develop, translate and distribute informational flyers about testing clinics throughout the state.

To manage the growing influx of media questions and ensure timely and accurate information was shared with members of the media, a Joint Information Center (JIC) was established in late March and operated until July 2. During its 97-day operational period, 42 individuals worked over three teams, representing 21 different state agencies. This is officially the longest-running JIC in Indiana history. The JIC fielded more than 1,500 media inquiries and more than 600 inquiries from citizens during that timeframe.

Logistics

Throughout the COVID-19 emergency, the logistical component has been the cornerstone of the response. Through collaboration with INNG, ISP, INDOT, and IDOH, the logistics team was able to distribute more than 12 million pieces of PPE to hospitals, LTC facilities, IDOC, EMS, and LHDs. Distributions included critical equipment for frontline healthcare workers such as masks, gloves, gowns, and face shields. The distributions also included other supplies such as Remdesivir, a medication used to treat COVID-19, and testing supplies including swabs and viral transport media (VTM) for hospitals and laboratories.

Facility PPE status was monitored through EMResource, which allowed each facility to indicate how much PPE they already had on hand and allowed IDOH to track when they needed supplies. ISP and INDOT staff were essential in the development of a Distribution Taskforce with the ability to distribute supplies every day of the week and all times of day with little lead-time. Due to this team's willingness and flexibility, IDOH was able to distribute these needed supplies in a timely manner across the state. Logistics also provided support for all IDOH-operated testing sites by packing and loading supplies to be transported to sites across the state.

IDOH also worked with IEDC to distribute PPE purchased by or donated to the IEDC. IDOH also received and distributed ventilators from FEMA and HHS, as well as additional ventilators provided by GM. In total, IDOH distributed 69 ventilators to 11 Indiana hospitals.

Continued Public Health Services

While much of IDOH staff and resources were quickly redirected to serve in the COVID-response effort, the daily work of protecting and improving the health of Hoosiers went on virtually uninterrupted. Public health is essential at all times, and IDOH quickly adjusted to other methods of service delivery, including virtual service models and socially distanced in-person delivery to ensure these services continued. In response to federal requirements, the Indiana Women, Infants, and Children (WIC) Division closed clinics to in-person visits to allow for social distancing and transitioned to virtual delivery through the WIC app to ensure clients continued to receive the benefits they needed for food and health education. The Division of Trauma and Injury Prevention limited in-person trainings to help stop the spread of COVID-19 but ensured the continued delivery of Naloxone overdose prevention kits to law enforcement offices and other recipients throughout the public health crisis. The Vital Records Division limited on-site staff and in-person services but continued to provide the birth and death records required by Hoosiers and local health departments, even in the midst of a slowed mail system. The Division of Children's Special Health Care Services continued to provide coverage and assistance unabated. The Consumer Services and Health Care Regulation Commission's Complaints Division retained core staff at IDOH offices and, along with remote staff, continued intake for consumer complaints on Indiana healthcare facilities. All of the highest priority complaints were investigated according to federal guidance in order to ensure the health and safety of the most vulnerable Hoosiers, despite the 11% increase in complaints that the staff experienced compared to the same timeframe in 2019, which is attributed to the COVID-19 pandemic. The Division of Maternal and Child Health was able to continue services uninterrupted to support the health of moms and babies in Indiana, critical to the state's efforts to reduce infant and maternal mortality. To continue working toward Governor Holcomb's goal of being the Best in the Midwest by 2024 for infant mortality, that work continued unabated during the COVID-19 pandemic. Work on the OB Navigator project continued as planned, with new county programs on schedule to roll out in the fall. Staff members coordinated with community partners to ensure funding was able to be transitioned to alternative care delivery methods so that expecting and new mothers still received the care and services they needed to keep themselves and their babies healthy.

INDIANA DEPARTMENT OF HEALTH		
CONTINUED PUBLIC HEALTH SERVICE		
IDOH Division	**Essential Services Continued**	**Notes**
Public Health Performance Management	Provision of quality improvement support, regulatory compliance, and performance management.	The team provided analysis and project support for COVID-19 response, including organizing staff volunteers and leading strike teams deployed to different areas of the state.
Epidemiology Resource Center	Investigate and respond to communicable disease outbreaks in Indiana.	Although staff was redirected to COVID-19 response, activities were still ongoing to ensure non-COVID-19 outbreaks and urgent cases were identified early and assist local health departments and community partners with public health needs.
HIV, STD & Viral Hepatitis	Prevention, intervention, and treatment services for HIV, STDs, and viral hepatitis continued.	Some staff from this division were temporarily reassigned to COVID-19 response, but essential services within the division and efforts for the statewide End the Epidemics initiative continued.
Long Term Care	Long term care regulation and guidance, investigation of critical complaints	Facility inspection teams continued to visit facilities in the form of testing strike teams, providing infection control consultation, testing, critical complaint investigations, and other assistance to facilities
Complaints & Incidents Program	Team continued to receive complaints from the public, assess and prioritize	The team received 1,997 complaints between March 6, 2020, and July 31, 2020. This was an 11% increase from the previous year, which the team largely attributes to COVID-19.
Vital Records	Provide and manage vital records and statistics for the state of Indiana, and assist local health	The staff assisted local health departments, health care facilities, and funeral homes with issues as they arose, including how to notate COVID-19 on a death certificate and related concerns.

	departments in doing the same.	
Children's Special Health Care Services	Provide supplemental medical coverage to families of children who have serious, chronic medical conditions and meet program criteria.	The services provided to these families were not reduced or interrupted during COVID-19 response.
Trauma & Injury Prevention	Oversees statewide comprehensive trauma care system and works to prevent injury in Indiana	The Division of Trauma and Injury Prevention continued to prioritize the distribution of naloxone to local health departments and rural first responders. Since March 1, the naloxone program manager has gone into IDOH each week, or on an as-needed basis, to ship 10,457 doses of naloxone to 48 different LHDs and 1,946 doses to 78 different rural first responders.
Women, Infants & Children (WIC)	Provides direct services to mothers and their infants, including food supply and breastfeeding education	WIC pivoted to online services and ensured that each family continued to receive their WIC benefits during the COVID-19 response. Services were maintained in every WIC agency across the state through remote benefit assurance. During the month of May, Indiana WIC had a program increase of 6,000 clients, and all were accommodated.
Chronic Disease, Primary Care & Rural Health	Coordinates sustainable efforts across the state to improve chronic disease, including grant management and dissemination	This program continued services uninterrupted, including continuing to grant out funding in a timely fashion to community health clinics that were responding to COVID-19.
Maternal & Child Health	Provides services and funding for supportive and preventative	No programs were reduced or suspended during COVID-19. Of note, the OB Navigator program continued to help refer pregnant mothers to care,

	health initiatives for mothers and children	newborn screening continued uninterrupted, and new grants were awarded for new program initiatives.
Laboratory Services	Performs laboratory testing in support of IDOH and other state agency programs	The lab limited its normal testing capacity in order to respond fully and effectively to the need for timely COVID-19 testing.
Food Protection	Ensure food safety across Indiana through inspections and guidance	Though routine inspections were put on hold during COVID-19, the food protection staff continued to inspect food establishments in response to complaints, ensuring the health and safety of Hoosiers was preserved. The team also provided extensive guidance to food establishments regarding COVID-19 safety practices.

Reduced or Suspended Services

IDOH's essential public health services continued in the midst of the COVID-19 response effort. However, some services that are necessary but not immediately essential were delayed or temporarily suspended as a direct result of the pandemic. Routine inspections of food establishments and gas stations were suspended during the months of April and May under Executive Order 20-08. Urgent inspections in response to complaints and consumer concerns were still performed timely. Vaccination orders were also diminished during the COVID-19 crisis due to limitation on non-essential healthcare procedures and provider offices and some local health departments temporarily closing. This limited well-child visits and reduced the number of vaccinations administered during this time. The Immunization Division is working to ensure improved vaccination rates as children return to school.

The IDOH Laboratories performs tests for many IDOH divisions, including Food Protection, as well as for other state agencies such as the Department of Natural Resources and the Board of Animal Health. Many of the lab's regular testing activities were put on hold during the pandemic so that laboratory scientists, equipment, supplies, and reagents were fully available for COVID-19 testing. The lab made a seamless change to COVID-19 testing and provide the fast turnaround needed, especially at the beginning of the pandemic, to allow IDOH to respond appropriately and supply information needed for effective emergency response. The IDOH lab continues to perform COVID-19 test analysis but is also transitioning back to performing other test analysis.

Annual regulatory surveys of acute and long-term care facilities were suspended per a March 23, 2020, federal order from the Centers for Medicare and Medicaid (CMS) under USC section 1135(b)(5). IDOH surveyors continued to visit long-term care facilities on a regular basis to assist with COVID-19 response and continued Priority 1 investigations under the CMS directive.

Though these IDOH services were limited or suspended during the COVID-19 pandemic, IDOH does not recommend continuing any limitation or suspension for an extended period of time. The pandemic changed the immediate prioritization of services and focus, but the long-term health of Hoosiers still depends on the continuation of all these services.

INDIANA DEPARTMENT OF HEALTH			
REDUCED OR SUSPENDED SERVICES			
IDOH Division	**What services were suspended or reduced?**	**Which EO suspended/waived services?**	**Should the suspension/waiver continue?**
Center for Deaf and Hard of Hearing Education	Audiology services, assessment services, Deaf Education services, and early intervention services were reduced and/or changed to virtual.	EO 20-08, 20-18, 20-22	No. Important services for clients, and essential to IC 20-35-11 Virtual service delivery will continue as possible
Maternal and Child Health	Perinatal Levels of Care surveys were briefly suspended and rescheduled for a later date.	Internal agency decision in consultation with hospitals who were impacted	No. Surveys must continue. Brief suspension allowed pivot to virtual survey method, and surveys have since been reinstated
Health Disparities & Minority Wellness	Indiana Black & Minority Health Fair was cancelled due to the Indiana Black Expo Summer Celebration	Internal agency decision based on partner decisions to cancel connected events	No. Minority health events are important in the effort to eliminate health disparities and

	being cancelled because of COVID-19 concerns		improve health equity in Indiana.
Trauma and Injury Prevention	In person events and trainings with vulnerable populations and large groups.	EO 20-08	No. Most services remained virtual or have resumed safely according to CDC guidance. In-person event trainings have not resumed yet due to continued COVID-19 concerns.
Women, Infants, and Children (WIC)	Physical presence in WIC clinics, anthropometric screening, and medical documentation were allowed to be temporarily suspended (through September 30) through USDA waivers	USDA Waiver of: 7 CFR 246.7 (i)(10) 7 CFR 246.7 (c)(2)(i) 7 CFR 246.7 (v)(B) 7 CFR Part 246.10 (d)(3)(1) 7 CFR 246.12 (r)(4) 7 CFR Part 246.12 (r)(4) 7 CFR Part 246.7(o)(1)	No. Virtual services and many in-person services continued throughout the pandemic. No disruption in WIC services occurred due to virtual and remote provision of these essential services.
Food Protection	Routine regulatory food inspections temporarily suspended. (Inspections for immediate complaints/concerns were still conducted.)	Internal agency decision to allow staff to be redirected to COVID-19 emergency response activities.	No. Temporary change due to resource redirection for emergency response. All regulatory food inspections resumed on July 27, 2020 with addition of COVID-safe SOPs.
Lead and Healthy Homes	Renewal of lead professional licenses required for lead-	EO 20-08	No.

	based paint activities reduced/extended. Lead-based paint activities include inspection, risk assessment, project design, supervision, and abatement.		
Immunization	Compliance site visits, in person trainings were suspended and vaccine transfers and ordering were reduced	Due to healthcare provider offices being closed or limiting office access	No. Required activities for the Federal Vaccines of Children Program
IDOH Laboratories	Routine testing, such as private well water testing, was reduced to accommodate COVID-19 testing	Internal agency decision in order to support emergency response	No, these tests should not be suspended indefinitely.
Acute and Continuing Care	Standard surveys and complaint surveys prioritized below Immediate Jeopardy suspended	Federal directive from CMS under section 1135(b)(5)	No.
Long Term Care	Standard surveys and complaint surveys prioritized below Immediate Jeopardy suspended	Federal directive from CMS under section 1135(b)(5)	No.
Survey Supports and Guidance	CNA investigations prioritized below Immediate Jeopardy suspended, Nurse Aide Training surveys and Qualified Medication	Federal directive from CMS under section 1135(b)(5)	No.

	Aide training surveys suspended		
Vital Records	Reduced non-essential services that could not be done remotely	EO 20-08	No. All services resumed April 6, 2020
Radiology, Weights & Measures	Radiology licensing delayed due to licensing extension, Weights & Measures general field inspections suspended (complaint investigations continued)	EO 20-08	No. Inspections resumed May 4, 2020.
Tobacco Prevention and Cessation	Sweet Deception school tour suspended	School closure	This initiative has been adjusted to virtual student interactions

Ongoing Response and Future Emergency Preparations

At the outset of the response, IDOH did not have a designated call center team or a designated targeted testing team. To develop these teams, multiple staff from other divisions came together to support these sections of the response. As IDOH sustains the response to COVID-19, a more stable group will be identified to support these initiatives through the implementation of contracts and hiring of additional support staff.

Prior to COVID-19, guidance and plans for emergency response had not been developed specifically regarding long term care facilities and other congregate living settings. During the pandemic, IDOH developed procedures and guidance documents for emergency response in these settings, with attention to long term care and Department of Correction facilities. These procedures and guidance will be used to direct procedures, including mass testing, for any future emergencies.

Incident Command System (ICS) and National Incident Management System (NIMS) training is going to be provided to all executive staff and other agency divisions engaged in response activities. These trainings will help provide a foundation for all responders to operate as a unit and understand unified response terminology. With appropriate training, staff members will be more aware of the usability of standardized FEMA ICS reporting forms.

Prior to the response, IDOH did not have large cold storage solutions within the warehouse. Refrigerated trailers were utilized for the storage of viral transport media, Remdesivir, and other temperature-sensitive supplies. Additional warehouse space was needed for the influx of PPE, ventilators, and other supplies procured from and appropriated by the federal government. Most existing distribution plans did not account for a sustained response lasting multiple months across the entire state. IDOH was able to secure additional permanent warehousing space through the Indiana Department of Administration, to utilize as overflow for the primary response supplies. Since the beginning of the response, IDOH has obtained one large capacity fridge cooler, three ultra-low storage freezers, mobile vacci-coolers staged at LHDs across the state, and additional vacci-coolers available for IDOH operations and testing mobile units. These supplies will continue to support the state's testing ongoing testing operations and serve a dual function for future vaccine storage and distribution.

Starting this fall, IDOH is implementing a local testing initiative that includes two components: LHD operated clinics and mobile units. These clinics will allow local health departments and their partners to engage their communities and increase access to testing in all 92 counties. Currently there are 97 statewide sites that have agreed to operate within the local health department testing initiative. They will be operational five days a week, with the first round of sites to begin operations on September 1, 2020 and all remaining sites beginning operations by the end of September. All equipment, supplies, technology elements, and testing material is being supplied by IDOH to the LHD sties. Grant funding is also being provided to support personnel and physical operating space. The Indiana Laboratory Testing Network will provide laboratory testing support to these sites.

The ten state-operated mobile units will be pre-positioned in the ten preparedness districts to provide local support. IDOH is currently in the process of hiring personnel to staff the mobile units. The units consist of two teams each per preparedness district (total of 20 teams). The first IDOH Mobile Testing Unit will be operational by September 15, with additional units coming online weekly. All units will be operational by mid-October. This local support may include providing outreach to vulnerable and minority populations, industrial and manufacturing facility testing, and other special testing events. Through these initiatives, IDOH is increasing access to free testing options within the state for all Hoosiers.

Ongoing logistical support and supplies will be maintained throughout the remainder of the pandemic. This includes procurement of PPE and testing supplies in preparation for potential surge events and increased local testing in the fall. The Epidemiology Resource Center (ERC) and IDOH Laboratories continue to improve investigation and surveillance processes and data management. Continued outreach and partnership with private laboratories enhance the states laboratory testing and reporting capacity.

Finally, the Division of Emergency Preparedness is expanding existing healthcare surge planning through the development and hiring of a Hospital Surge Planner position. This position will utilize best practices to

provide technical assistance to hospitals and healthcare coalitions (HCCs) regarding surge in the healthcare setting. The position will assist local entities in identifying potential resource gaps (ventilators, ICU beds, and other medical supplies), patient surge capacity, and patient transport. Surge planning considerations specific to infectious disease and COVID-19 will be addressed by this position through the development of state-level and local-level best practice documents. As a subject matter expert, this position will coordinate with IDHS EMS to develop a streamlined approach to surge support with regards to patient transport.

Legislative Recommendations

Related to ongoing response operations and other pre-COVID public health initiatives, IDOH recommends that Indiana consider a long-term solution for expanding some telehealth services on an ongoing basis. The temporary expansion during the COVID-19 pandemic has proven to be invaluable in supporting healthcare delivery during the public health emergency when our healthcare system was facing challenges keeping patients and providers connected, especially for patients with chronic medical conditions or circumstances where a patient did not feel safe with a traditional face-to-face visit or in-home services.

Delivery of services through telehealth expands access to care, streamlines efficiency and increases convenience for both patients and provider and is expected to be an improvement in service delivery going forward.

Reduced or Suspended Statutes, Rules and Regulations

The following is a comprehensive list of all state rules and regulations that were suspended during the COVID-19 public health emergency.

INDIANA DEPARTMENT OF HEALTH			
SUSPENDED/WAIVED/ MODIFIED STATUTES/RULES			
Suspended/Waived/ Modified Statute/Rule	**What does the provision do?**	**Was the provision suspended, waived, or modified? If modified, what change was made?**	**Which EO suspended/waived /modified the provision? OR When did the agency suspend/waive/modify the rule?**
Ind. Code 16-27-1-16	Only allows physicians, dentists, chiropractors, podiatrists, and optometrists to provide	Waived to allow written orders for home health services from any licensed physicians, nurse practitioners, clinical nurse	20-19

	written orders for home health services	specialists, or physician assistants acting within the scope of practice authorized under state law.	
Ind. Code 25-5-14-5	Prohibits automated telephone dialing	This code was waived for the express purpose of quickly reaching participants selected for the Fairbanks study to notify individuals that they were selected and how to receive more informaiton is they were willing to participate.	20-23
Ind. Code 16-41-8-1	Prevents transmittal of identifiable communicable disease information.	A limited waiver was instituted to allow IDOH to transmit information to electronic medical records so that medical providers could access their patients' COVID-19 test results.	20-12
Ind. Code 16-41-8-1	Prevents transmittal of identifiable communicable disease information.	A limited waiver was instituted to allow IDOH to transmit information to electronic medical records so that medical providers could access their patients' COVID-19 test results.	20-27
410 IAC 16.2-3.1-12(a)(3)	Requires long-term care involuntary transfer appeals to be held in person	Waived to allow virtual hearings	20-05
410 IAC 16.2-3.1-14 and 410 IAC 16.2-3.1-18	Indiana's rules do not permit nursing homes to use Personal Care	Waived to allow nursing homes to train and utilize temporary Personal Care	3/21/20

	Attendants ("PCA's) and the rules address only the training and skills necessary for certified nurse aides.	Attendants ("PCAs") to perform lower-level, non-clinical duties when in-person clinicals and tests may have been cancelled.	
410 IAC 16.2-3.1-14(t)(1)	Requires TB testing within one month of employment for new staff and annually for all staff.	Waives the initial time requirement for initial TB tests of long-term care facility staff	3/20/20
410 IAC 16.2-3.1-18(c)	Requires a diagnostic chest x-ray no longer than six months prior to admission.	Waives a requirement for each resident to have received a diagnostic chest x-ray in the six months prior to admission.	3/20/20
410 IAC 16.2-3.1-18(e)	Requires a TB test within 3 months prior to admission or upon admission	Waives and modifies the tuberculosis testing for residents to allow it to be completed within 90 days of admission.	3/20/20
410 IAC 16.2-3.1-10	Allows spouses to live together in a facility and written policies to allow other living arrangements	Waives living arrangement requirements to allow for more rapid resident moves as needed.	3/21/20
410 IAC 16.2-3.1-12(a)(7)	Requires 30 days' notice for transfer or discharge	Replaces the 30-day requirement for most notices of involuntary transfer or discharge with an "as soon as practicable" standard	3/21/20
410 IAC 16.2-3.1-14(b)	Requires certified nurse aide to be trained within 4 months of hire	Extends from four (4) to eight (8) months the period of time a facility may use a trained-but-not-yet tested	3/21/20

		certified nurse aide. Reduces undue burden on students due to cancelled tests due to COVID-19.	
410 IAC 16.2-1-14(c)(1)	Sets for the requirements for how much training a certified nurse aide must have by certain times.	Extends the deadline for certified nurse aides to complete in-facility training from 120 to 240 days after the start of employment. Reduces undue burden on staff related to cancelled in-facility trainings.	3/21/20
410 IAC 16.2-3.1-22(d)	Requires physician visits within certain time frames and requires them to be in person.	Waives in-person physician visit schedules to allow for telemedicine and other means of contact (no relaxation of applicable duty or standard of care).	3/21/20
410 IAC 16.2-3.1-33(b)(1)-(7) and (9)	Requires plans for group and outside activities of residents.	Waives assorted group and outside activities usually required in a facility's plan of activities for residents.	3/21/20
410 IAC 16.2-3.1-53	Sets forth the formal training requirements for dining assistance.	Allows individuals to provide limited dining assistance if given specified training.	3/21/20
410 IAC 16.2-3.1-14(t)	Requires each employee to have a physical examination, including a TB test, within one months of start of employment and then annually	Waives the requirement that each employee must have a physical examination within one (1) month after start of employment	3/23/20
410 IAC 16.2-3.1-2(d) and (e) –	Sets forth the requirements to be met	Permits an existing facility to relocate, convert, and	3/26/20

	before the director may issue a health facility license for an existing facility that proposes a change from a previously approved plan review and for a change in beds.	reclassify beds and renumber rooms if done in accordance with the guidelines set forth in the Fourth Emergency Order.	
410 IAC 16.2-3.1-8	Sets forth the rights of residents to have visitors.	Waives access and visitation rights standards to the extent necessary to be accordance with guidance by the Centers for Medicare & Medicaid Services ("CMS"), IDOH and /or by an Executive Order of the Governor of Indiana.	3/26/20
410 IAC 16.2-3.1-14 and 410 IAC 16.2-3.1-18	Indiana's rules do not permit nursing homes to use Personal Care Attendants ("PCA's) and the rules address only the training and skills necessary for certified nurse aides.	Permits minors age 16 and 17 to be eligible for training and work as Personal Care Attendants ("PCAs").	4/2/20
410 IAC 16.2-3.1-12(a)(4)(A)	Allows transfer/discharge if the facility cannot meet the resident's needs	Permits transfer/discharge if part of emergency response guidance from CMS, IDOH or Executive Order.	4/2/20
410 IAC 16.2-3.1-12(a)(8)(D)	Notice must be made as soon as practicable when immediate transfer or discharge is	Changed to permit transfer/discharge if part of emergency response guidance from CMS, IDOH or Executive Order.	4/2/20

	required by urgent medical needs.		
410 IAC 16.2-3.1-12(a)(9)(D)	Sets forth the language required for appeals of transfer/discharge to be included in the notice provision.	Removes 23-day time limit from notice language.	4/2/20
410 IAC 16.2-3.1-12(a)(13)	Establishes the timelines IDOH must meet for holding appeals on involuntary transfers.	Permits hearings at the department rather than at the facility and as soon as practicable after expiration of order.	4/2/20
410 IAC 16.2-3.1-12(a)(14)	Allows intrafacility transfers only when medical needs require as judged by a physician or necessary for the welfare of the patient or another resident.	Permits intrafacility transfer/discharge if part of emergency response guidance from CMS, IDOH or Executive Order.	4/2/20
410 IAC 16.2-3.1-12(a)(15)	Sets the exceptions to the 2-day notice requirement for intrafacility transfers.	Adds exception of emergency response guidance from CMS, IDOH or Executive Order.	4/2/20
410 IAC 16.2-3.1-12(a)(18)	Sets forth the relocation plan meeting requirements for residents for involuntary transfers	Permits relocation plan meeting to occur concurrent transfer in case of emergency	4/2/20
410 IAC 16.2-3.1-14(c)	Sets forth the requirements for nurse aide training courses and time for completion	Setting forth the requirements for certified nurse aide ("CNA") training programs is waived, and a Temporary Nurse Aide program permitting certain	4/18/20

		classifications of formerly certified or out of state nurse aides to be utilized	
410 IAC 16.2-3.1-14 and 410 IAC 16.2-3.1-18	Sets forth the personnel and infection control plan requirements for facilities.	Allows residential care facilities to train and utilize temporary Personal Care Attendants ("PCAs") to perform lower-level, non-clinical duties.	3/23/20
410 IAC 16.2-5-1.4(f)(1)	Requires TB for employees within one month of start of employment and annually thereafter.	Waives and modifies the requirements for tuberculosis testing for personnel at nursing homes giving 90 days from start of employment to complete the screening.	3/20/20
410 IAC 16.2-5-12(c)	Requires residents to have chest x-ray within 6 months prior to admission.	Waives a requirement for diagnostic chest x-ray in the last six months.	3/20/20
410 IAC 16.2-5-12(e)	Requires a TB test for residents within 3 months prior to admission.	Waives and modifies the tuberculosis testing for residents to allow it to be completed within 90 days of admission.	3/20/20
410 IAC 16.2-5-1.2(r)(7) and 410 IAC 16.2-5-1.2(r)(6)	Sets forth the notice requirement for involuntary transfer or discharge.	Replaces the 30-day requirement for most notices of involuntary transfer or discharge with an "as soon as practicable" standard	3/20/20
410 IAC 16.2-5-13	Sets forth training requirements of dinning assistants.	Allows individuals to provide limited dining assistance if given specified training.	3/23/20

410 IAC 16.2-5-7.1(b)	Requires facilities to provide community based activities.	Waives the requirement for providing and/or coordinating scheduled transportation to scheduled community based activities	3/23/20
410 IAC 16.2-5-1.2(o) and (bb) – (ff)	Establishes patients' rights to participate in a resident council and the requirements of the council and other resident rights.	Waived to the full extent necessary to be in compliance with all applicable restrictions and limitations from CMS, IDOH, and/or the Governor of Indiana through Executive Order.	4/2/20
410 IAC 16.2-5-1.4(f)	Requires an employee health screen prior to resident contact, including a TB test.	Requirement of an immediate health care screen for each employee is waived to permit the required screen to occur within ninety (90) days after start of employment.	4/2/20
410 IAC 16.2-5-1.1(d) and (e)	Allows IDOH to approve a health facility license proposing a change from a previously approved plan review if certain requirements are met or a change to beds if certain requirements are met.	Relating to remodels, structural changes and bed changes, are waived for any residential care facility that has (1) declared a COVID-19 facility emergency and (2) notifies IDOH of changes in the manner outlined.	4/2/30
410 IAC 16.2-5-1.2(r)(4)(A)	Allows for involuntary transfer/discharge when resident needs cannot be met by the facility.	Permits transfer/discharge if part of emergency response guidance from CMS, IDOH or Executive Order.	4/2/20

410 IAC 16.2-5-1.2(r)(8)(D)	Notice may be given as soon as practicable for an involuntary transfer when the transfer is required by urgent medical needs of the resident.	Changed to permit transfer/discharge if part of emergency response guidance from CMS, IDOH or Executive Order.	4/2/20
410 IAC 16.2-5-1.2(r)(9)(D)	Sets the appeals rights language in the notice of involuntary transfer or discharge.	Removes 23-day time limit from notice language.	4/2/20
410 IAC 16.2-5-1.2(r)(13)	Establishes the timeframe IDOH must meet for appeals hearing of involuntary transfer or discharge	Permits hearings at the department rather than at the facility and as soon as practicable after expiration of order.	4/2/20
410 IAC 16.2-5-1.2(r)(14)	Allows intrafacility only when medical needs require it or for the welfare of the resident or other persons.	Permits intrafacility transfer/discharge if part of emergency response guidance from CMS, IDOH or Executive Order.	4/2/20
410 IAC 16.2-5-1.2(r)(15)	Sets the exceptions to the 2 day notice requirement for intrafacility transfers.	Adds exception of emergency response guidance from CMS, IDOH or Executive Order.	4/2/20
410 IAC 16.2-5-1.2(r)(18)	Sets forth the relocation plan meeting requirements for residents for involuntary transfers	Permits relocation plan meeting to occur concurrent transfer in case of emergency	4/2/20
FGI-2018 national standards	National/State COVID-19 Emergency Blanket Waiver re: certain standards in FGI-2018	Waives requirement of pre-approval for hospitals converting non-isolation rooms to isolation rooms, so long as they send notice	3/21/20 (revised 3/22/20)

		to IDOH and request an inspection.	
FGI-2018 national standards	National/State COVID-19 Emergency Blanket Waiver re: certain standards in FGI-2.2	Waives requirement of pre-approval for hospitals converting unused or unlicensed space to temporary patient rooms. Specifies that room and units previously approved but not in current use may be operationalized without review or inspection.	3/24/20
FGI-2018 national standards	National/State COVID-19 Emergency Blanket Waiver re: certain standards in FGI-2018	Waives certain requirements for a Hospital that has declared a COVID-19 Emergency and notified IDOH of said declaration. Sets forth requirements that are waived, and those that will not be waived, and sets forth maximum time for which a temporary improvement shall be removed and time to request approval of permanent improvement.	3/27/20
410 IAC 17-9-19	Defines "medical plan of care" as written instructions signed by a physician.	Waived with modification to permit a "medical plan of care" to include written instructions signed by a physician assistant, nurse practitioner, or clinical nurse specialist.	4/14/20

410 IAC 17-12-1(h)	Requires home health employees to have a physical within the six months prior to employment.	Waived as to requirements for employee physical examinations.	4/14/20
410 IAC 17-12-1(i)(6)	Requires documentation for all staff of negative TB results within past 12 months.	Waived as to requirements for documentation of employee tuberculosis exams.	4/14/20
410 IAC 17-12-2(d)	Requires initial assessment to occur in home	Waived with modification to permit an initial assessment to occur remotely or via file review.	4/14/20
410 IAC 17-12-3(a)(1)(B)	Requires the patient's written notice of the patient's rights to be given prior to start of care.	Waived with modification to permit the patients written notice of the patient's rights to be given as part of the initial assessment of the patient's needs before the initiation of treatment.	4/14/20
410 IAC 17-12-3(d)	Requires HHA to furnish a patient a listing of all individuals or legal entities having an ownership or interest in the agency.	Waived as to the requirement of furnishing a patient a listing of all individuals or legal entities having an ownership or interest in the agency.	4/14/20
410 IAC 17-13-1(a)	Requires a "Medical plan of care" to be periodically reviewed by a physician.	Waived with modification to permit a "Medical plan of care" to be periodically reviewed by a physician assistant, nurse practitioner, or clinical nurse specialist	4/14/20

410 IAC 17-13-1(a)(2)	Requires the medical plan of care to be periodically reviewed by a physician	Waived with modification to permit a the medical plan of care to be periodically reviewed by a physician assistant, nurse practitioner, or clinical nurse specialist and for the written summary report for each patient to be sent to a physician assistant, nurse practitioner, clinical nurse specialist, dentist, chiropractor, optometrist or podiatrist.	4/14/20
410 IAC 17-13-1(b)	Requires Home Health Agency obtain written orders for home health services from a physician	Waived with modification to permit a Home Health Agency to accept written orders for home health services from a physician assistant, nurse practitioner, or clinical nurse specialist	4/14/20
410 IAC 17-13-1(c)	Requires order for home health services from a physician	Waived with modification to include order for home health services from a physician assistant, nurse practitioner, or clinical nurse specialist.	4/14/20
410 IAC 17-13-2(b)(7)	Requires in person supervisory visits	Waived with modification to permit supervisory visits to occur through telehealth if clinically appropriate.	4/14/20
410 IAC 17-14-1(a)(1)(H) and (I)	Requires compliance with physician orders and communication with physician	Waived with modification to include physician assistants, nurse	4/14/20

	regarding client care and needs.	practitioners, or clinical nurse specialists.	
410 IAC 17-14-1(a)(2)(F) and (G)	Requires compliance with physician orders and communication with physician regarding client care and needs.	Waived with modification to include physician assistants, nurse practitioners, or clinical nurse specialists.	4/14/20
410 IAC 17-14-1(c)(3)	Requires HHA to assist physician with assessment needs.	Waived with modification to include physician assistants, nurse practitioners, or clinical nurse specialists.	4/14/20
410 IAC 17-14-1(h)	Requires home health aides to maintain continuing education hours of 12 per year.	Waived with modification to reduce home health aide continuing education hours to one hour per month after expiration of Governor's emergency declaration for remainder of 2020.	4/14/20
410 IAC 17-14-1(n)	Requires in person supervisory visits.	Waived with modification to permit supervisory visits to occur through telehealth if clinically appropriate.	4/14/20
410 IAC 17-14-1(a)(1)(A)	Requires in-person initial evaluation.	Waived with modification to permit the initial evaluation visit to occur through telehealth if clinically appropriate.	4/14/20
410 IAC 17-14-1(e)	Requires in-person social services.	Waived with modification to permit social services to occur through telehealth if clinically appropriate.	4/14/20

410 IAC 17-15-1(a)(2) and (4)	Requires clinical files to include name of physician.	Waived with modification to include physician assistants, nurse practitioners, or clinical nurse specialists and to require clinical notes to be written within 48 hours and incorporated within 30 days of the time service is rendered.	4/14/20