Summary of November 18, 2020 meeting

Between DPH and Nursing Homes and Assisted Living Services Agencies

The notes below summarize information shared by DPH with Nursing Homes and Assisted Living Agencies on the weekly industry call. Information is subject to change week to week. Facilities should always consult DPH, CDC and CMS guidance for the most up-to-date information.

Nursing Homes:

Overview of COVID-19 in Connecticut and Nursing Home Outbreak Trends

- The Department provided an overview of the week to week NHSN data of newly diagnosed COVID-19 among residents and/or staff in a nursing home during the most recent 14- day period.
- Included in this overview was a map of all towns with COVID cases and their alert status, along with markers that depicted nursing homes with COVID cases within those towns.
- Positive cases in nursing homes continue to increase over the past 14 days. During this period, there are 119 nursing homes with positive cases. Resident cases have doubled in the past week, and staff cases have grown tremendously.
- Based on the outbreak data, dietary staff and housekeeping staff have been increasingly testing positive.
 Facilities should continue to review infection control procedures with these staff and limit dietary staff exposure to residents whenever possible.
- Facilities should continue to provide messaging to staff about their personal and professional obligations inside and outside the nursing homes. Facilities should encourage staff to follow appropriate social distancing, and PPE and infection control measures such as handwashing guidelines in all situations.
- Facilities not currently using their antigen machines, should ensure protocols are in place, staff are trained
 and have had practice with the machine before an outbreak occurs in the facility. With increased
 community prevalence of COVID-19, it is important for a facility that has not experienced an outbreak yet
 to be prepared.
- The Department recommends facilities establish contracts with laboratories who can perform PCR testing in the event the facility experiences an outbreak outside of their weekly testing schedule with their Care Partner. This resource can be helpful in ensuring staff and residents are tested in a timely manner.

Survey findings over the last week.

- There were 40 infection control surveys conducted from 11/4/2020 to 11/10/2020, with findings in 6 facilities.
- During these visits the following findings were noted:
 - Dietary staff without appropriate hair restraints.
 - Social distancing not taking place in the dining room.
 - o Inappropriate linen for a resident on droplet precautions.
 - Housekeeping staff did not have PPE on.
 - Nurse aide removed mask during resident care on an observation unit.
 - Inappropriate doffing of PPE.
- There were 43 infection control surveys conducted from 11/11/2020 to 11/17/2020, with 4 facilities with findings.
- During these visits the following findings were noted:
 - o Issue with notification regarding the change in the condition of a resident.
 - Issue with notification of a room change.
 - Lack of an assessment on a resident.
 - o An employee went from room to room with the same gown on an exposed unit.
- Reminder to contact your local health department if you have issues with food services.

Zero Infection Control Findings initiative:

• The Department recognizes facility findings went down over the past 2 weeks and appreciates the efforts being put in to embrace the zero infection control findings initiative.

Visitation updates

- Long-Term Care Ombudsman Program has projectors available to nursing homes to help promote remote visitation and entertainment such as movies or shows. Nursing homes wishing to borrow the projectors should contact the Long-Term Care Ombudsman's office.
- A blast fax <u>2020-103</u> was sent out to facilities outlining the process for requesting CMP funds from the Department towards the purchase of plexiglass and tents to facilitate indoor and outdoor visits.
- A question was asked about the use of plexiglass barriers in the dining room if residents are unable to eat 6 feet apart. The Department will get back to the nursing home with a response to this question.

Outbreak Control Summit

- The Department is working with CAHCF and LeadingAge Connecticut to plan an outbreak control summit that will be focused on cohorting and testing.
- The summit will most likely take place the beginning of December.

ConnectToCareJobs.

- The Department has implemented the ConnectToCareJobs portal set up by Advancing States, that allows nursing homes to connect with healthcare workers.
- The website to begin the process is: www.connecttocarejobs.com, which can also be found on the Department's website along with instructions at: https://portal.ct.gov/DPH/Facility-Licensing--Investigations-Section-FLIS/Connect-to-Care-Jobs.
- Nursing Homes should have received <u>blast fax # 2020-106</u> with instructions on connecting them to the portal.

COVID Recovery Facilities

- Quinnipiac and Riverside COVID recovery facility wings are operating and accepting patients.
- Westfield in Meriden is operating with 30 beds, with the ability to expand.
- The facility in Torrington is in reserve in the event more beds are needed.
- The Department is watching the outbreak closely and may consider opening a COVID recovery facility in south east Connecticut if needed.
- The Department is currently working on guidance for nursing homes to consider when requesting to transfer a patient to a COVID recovery facility and will share the guidance once complete.
- When a facility needs to transfer a patient to a COVID recovery facility, they should contact the
 Department and will be directed to a specific team of individuals to determine whether the transfer is
 appropriate.

Revisions to the nursing home reporting portal.

- The first change was to include collection of information on staff as well as resident testing.
 - We made the definition of nursing home staff consistent with NHSN and added questions in **Section 3** to capture the daily number of suspect and positive staff and residents. Collecting this information **daily** allows us to respond rapidly to facilities with positive resident and staff cases.

- The second change was to add questions about rapid antigen testing to the daily portal.
 - The resident line list in **Section 2** has been updated to allow for line level reporting of residents testing positive for COVID-19 by rapid antigen tests as well as PCR.
 - Please note that adding PCR and rapid antigen positive residents to the line list <u>continues to</u> fulfill the DPH reporting requirement for the COVID-19 Case Report Form.
 - Section 3 has also been updated to include daily submission of case counts for staff and residents testing antigen positive.
 - Please note that separate reporting to NHSN of all antigen testing results (positives AND negatives) on residents and staff using in-house antigen testing machines is still required
- The third change was to include a simple way to report residents testing positive for COVID-19 more than 90 days after their first positive test result.
 - The resident line list in **Section 2** has been updated to include a check box to indicate if the resident's test is 'new' or 'greater than 90 days'.
 - Connecticut DPH is participating in a CDC sponsored project to assess if re-infections lead to
 ongoing transmission within Nursing Homes and to describe the frequency and clinical and
 demographic characteristics of possible re-infections among nursing home residents. Addition of
 the '>90 day' check box facilitates identification of residents for follow-up.
- Lastly, all facilities will now be completing questions about both resident and staff testing.
 - In the past, COVID-free facilities completed an abbreviated daily survey. Now we are asking all
 nursing homes to complete the entire survey daily even if there are no new cases among staff or
 residents.
- Frequently Asked Questions regarding the portal update.
 - PPS One of the most frequently asked questions since the update has been what do we mean when we ask "was a point prevalence survey conducted yesterday?". The PPS definition provided with instructions states:
 - "Point prevalence survey (PPS) is the preemptive testing of all COVID-19 negative residents (or staff) and those who tested positive >90 days ago regardless of whether they have signs or symptoms of infection. Indicate if a PPS was conducted on residents (or staff) yesterday."
 - For practical purposes, a PPS includes <u>any broad testing of residents or staff</u> in a nursing home. This would include the current weekly testing of all staff, and for some nursing homes, the broad testing of residents due to increases in the community. Please answer yes if swabs were collected yesterday for testing. We understand that there may be multiple days for which this testing takes place, and the answer will be yes.
 - Knowing when there is PPS/widespread testing of residents or staff in a facility helps us to understand why there are so many (or few) pending tests.
- Outbreak date of onset (please answer only once)
 - Question 9.1 If your facility is experiencing a new outbreak, what was the onset date of the first case of this outbreak?"
 - All nursing homes will be asked about new outbreaks of COVID-19, defined as "the first case ever or first case in staff or resident > 28 days".
 - Please answer this question only once and provide the date of the first onset in staff or residents (whichever came first) or if onset is not known, the date of collection of the first positive specimen in a resident or staff (whichever came first).

Safe Holidays Initiative:

- On Friday, October 30, 2020, the Governor released the safe holiday initiatives on the State's Coronavirus webpage. https://portal.ct.gov/Coronavirus/Covid-19-Knowledge-Base/Holiday-Guidance
- The Department included language in the guidance suggesting that families and friends consider not visiting a patient in a nursing home.
- The Department strongly encourages all facilities to share this information with their staff and highlight the important sections of the guidance.
- The Department, in partnership with the Long-Term Care Ombudsman is working on a communication
 for Residents and their loved ones to explain the need for promoting the safety of the resident and staff
 of the nursing home. This will be released via blast fax and through the associations.
- CMS has also released guidance for visitation, which can be found on this link: https://www.cms.gov/files/document/covid-facility-holiday-recommendations.pdf

Nursing Homes and Assisted Living Services Agencies Joint Issues:

Vaccine Planning.

- The sign-up window for the pharmacy Partnership for LTC COVID-19 Vaccination has expired.
- The Department will be speaking to the CT Association of Health Care Facilities and LeadingAge
 Connecticut when vaccine is available to ensure appropriate distribution to healthcare facilities.

Nursing Students.

- Facilities are encouraged to accept nursing students who need experience towards their graduation requirements.
- While we understand there is apprehension, these students may be helpful in the clinical environment when nursing homes are experiencing staffing shortages.
- Facilities will need to make arrangements for PPE with the nursing student's school and ensure the student is properly trained in infection control techniques.
- Nursing students can also be tested using the nursing home's weekly testing through their Care Partner.

Testing data review.

- Over the course of the program, 484,000 tests have been performed through the nursing home care partner relationship. It is expected we will have completed 500,000 tests by the end of this week.
- The Care Partner program is being extended until March 31, 2021. The program is working on potentially trying to include insurance reimbursement and will provide further instruction to nursing homes upon completion of our review.

Weekly testing Reminder:

- Weekly PCR testing with care partners has begun. All staff is required to be tested on a weekly basis.
- Because of the burden of weekly testing on Care Partners, facilities may find their Care Partner has less
 ability to be flexible in scheduling testing. Antigen tests should be used to test staff who missed their
 weekly screening, and potentially exposed residents who should be prioritized for testing as soon as
 possible after an outbreak is detected.
- Additionally, the Department is rolling out point prevalence testing for all residents to be tested ONCE (if
 facility is not in outbreak testing) between December 1 through December 15. If in outbreak testing,
 residents (who haven't tested positive for COVID-19 in the past 90 days) should be tested weekly.

• Any staff or resident who has had a laboratory diagnosis of COVID-19 within the past 90 days should not be tested again until the 90-day period is over.

Staff working in multiple facilities.

- The Department has seen an increase in nursing home outbreaks with facilities that employ staff that work in multiple facilities.
- Facilities should be aware of any staff person working in multiple facilities.
- Facilities are being asked to ensure staff working in multiple facilities get tested twice a week. This can be completed through multiple facility testing that is completed at least 48 hours apart.

Q&A.

- If there is a staff member on vacation (PTO) time and missed the weekly test, so we just have them jump back into the weekly test date once they return?

 It doesn't make sense to test a staff member during the week they were off, so a test can be performed on the week they return. If a facility has concerns, they should consider using their antigen testing.
- What about corporate staff that don't do patient care?
 These staff should be tested if they have a regular presence in a facility with long term care residents.
- Reminder about what is considered "Staff" from the Governor's Executive Order 7AAA:
 Definition of Staff. For purposes of this order, staff shall be defined as all personnel working in a private or municipal nursing home facility, managed residential community or assisted living services agency, including, but not limited to, administrators, medical staff, employees, per diem staff, contractors with a regular presence in the facility, private duty patient or resident-contracted individuals, dietary, laundry and housekeeping personnel, and volunteers.

Antigen testing guidance.

- Most of the ALSA's should have received BinaxNOW test kits. If an ALSA has a CLIA waiver and would
 like a BinaxNOW kit, they should reach out to Dr. Leung at Vivian.leung@ct.gov who can explain how to
 obtain the kit.
- After the initial federal disbursement of Quidel and BD antigen testing kits to nursing homes, the federal Government is also providing BinaxNOW kits to nursing homes and ALs in counties with the highest incidence rates of COVID-19.
- Facilities should be training and practicing with their machines now, if they haven't already begun using them.
- If a facility needs additional training on using antigen machines, they can reach out to the DPH Public Health Lab, who can conducting training sessions.
- The Department understands that there is an abundance of supply of refills through McKesson and Midline. Supplies are in the \$25.00–\$30.00 per test range, wheras PCR is about \$100 per test.
- If an ALSA has used all their BinaxNow cards, there may be a supply shortage if you want to purchase from the manufacturer until the beginning of the year. However, the state has a limited supply.

Rapid Response Teams.

• On November 15, 2020, the Department began deploying 2 different rapid response teams to facilities experiencing an outbreak. These teams consist of a Nurse Consultant from the Facilities Licensing and

- Investigations Section, and 1 nurse consultant from the DPH Epidemiology program, and may include a life safety person.
- Every day, the Department meets internally and discusses the outbreaks and whether a facility could benefit from a rapid response team.
- These visits are non-regulatory and are in place to help facilities manage a large outbreak, including instructions for appropriate cohorting.
- When a rapid response team is assigned to a facility, they reach out to the facility via email and phone
 and provide them with a list of entrance documents and forms to prepare for the teams arrival, along
 with announcing the date and time they will be at the facility.
- The team will tour the facility, provide input for managing the outbreak and set up a meeting to answer any questions. At the end of the visit, a conference call will be set up with the EPI staff that has been working with the facility throughout their outbreak to answer any additional questions.
- Any questions regarding rapid response visits should be directed to Kim Kriceniak at Kim.Hriceniak@ct.gov or Donna Ortelle at donna.ortelle@ct.gov.

Assisted Living Services Agencies:

Overview of COVID-19 in Connecticut.

• The Department showed the state map where incidences of COVID are on the increase and explained the concerns with cities and towns in orange and red. Link to the map, which changes every Thursday: https://portal.ct.gov/Coronavirus/COVID-19-Data-Tracker

ALSA Survey Findings.

- There was 1 finding during the ALSA surveys that took place this week.
- One facility did not have a list of staff that were tested for COVID-19. It was unclear as to whether all the staff had been tested

Testing Reimbursement.

- Lita reiterated to facilities to submit their invoices ASAP.
- Contact information for OPM to submit invoices:

Manisha Srivastava

Manisha.Srivastava@ct.gov

860-418-6317

Directions on submitting invoices can be found in the Tool Kit for ALSA/MCR facilities. Link: https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-2020-75-ALSA-Staff-Testing-Tool-Kit.pdf

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