

## Summary of August 26, 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:

Survey findings over the last week:

- Inappropriate use of PPE including the need to wear eye protection and masks
- Facilities should be diligent in enforcing the PPE mandates when completing walk-throughs at the facility.

Nurse Monitor Updates:

- Per diem nursing staff are still in place including on the weekends.

Status of State Nursing Home Reopening Guidance:

- DPH is close to finalizing the reopening guidance. All facilities are currently in Phase 1.
- Phase II will allow non-essential workers to enter the facility
- Phase III will allow general indoor visitation
- DPH expects that the reopening guidance will require facilities to meet certain PPE, staffing and testing criteria before moving between phases. For example:
  - Facilities should plan to have on hand 30 days of PPE, calculated using the maximum burn rate calculator, before moving to Phase II;
  - Facilities should have adequate staffing plans in place in the event of an outbreak; and
  - Facilities should be in compliance with the testing mandate.
- Facilities would need to complete an online attestation when they move into the different phases.
- DPH will rely on these attestations and verify after submission and the facility has moved into the next phase whether the facility is in compliance. Facilities that inappropriately move into the next phase will be required to return to the previous phase.
- The Connecticut reopening guidance is similar to New Jersey's reopening guidance.

Visitation Guidance updates:

- The Department put forward new guidance on General Visitation and Compassionate Care visits as follows:

#### General Visitation

- Clarifies that weekly visits may occur more than once per week.
- Requires Facilities to develop a facility-wide visitation policy.
- Requires Facilities to assess the psychosocial needs of each resident and develop individualized visitation plans to meet those needs.
- Extends the minimum time for perimeter visits (e.g. window visits, socially distanced outdoor visits) from 20 minutes to 30 minutes.

- Requires Facilities to offer visits at least 5 days per week with one such day being on the weekend.

#### Compassionate Care Visits

- Confirms that Compassionate Care visits may take place indoors.
- Expands Compassionate Care visits beyond end-of-life visits to include visits for residents who undergo significant change in physical, mental, or psychosocial condition including:
  - Weight loss
  - Increased sleeping, confusion or agitation
  - Delirium or other decline in cognition
  - New onset or increase of symptoms of mental illness.
- Requires change of condition to be determined in consultation with resident's physician, physician assistant, or advance practice registered nurse.
- Allows Compassionate Care visits to take place without regard for social distancing (touching allowed) provided visitors wear appropriate personal protective equipment (as supplied by the Facility).
- Requires Facilities to suspend Compassionate Care visits only for residents experiencing a significant change of condition whenever the Facility experiences an outbreak of COVID-19 and to maintain the suspension until the Facility has complied with Executive Order 7AAA and has had no positive COVID-19 cases among staff or residents for 14 days. A Facility is deemed to have a COVID-19 outbreak when the Facility has at least one COVID-19 positive case among staff or residents.
- It is important to note that even though the Governor's order expires on September 9<sup>th</sup>, the Pandemic is not over. Many orders will likely see extensions.

#### Testing Program Update:

- 12,000 people were tested last week, 8,000 staff and 4,000 residents. This was a drop off from previous weeks, due to many facilities meeting 14-day threshold.
- 53% of the facilities are still actively testing.
- The DPH is actively auditing compliance with the testing mandate for those facilities that have paused testing due to meeting the 14-day threshold.
- DPH has issued citations to those facilities that have failed to comply the testing order. The citations will be posted online and highlighted in a press release. The facilities being cited have significantly missed testing all staff actively working in the facility for the two week period prior to claiming the facility has met the 14-day threshold..
- It is important that facilities have tested ALL their staff (as defined in the Executive Order) with no new positive cases in staff or residents before they "pause" testing.
- As indicated in previous meetings, DPH will be rolling out a monthly surveillance testing program to be followed by facilities after the facility has met the 14-day threshold. DPH is in the process of completing this monthly surveillance testing guidance and expects to distribute it by blast fax later this week or early next week.
- Under the new monthly surveillance testing guidance, facilities currently on the "pause" will be required to complete testing as follows: facilities with 100+ staff test will be required to test 25% of their staff weekly. Facilities with less than 100 staff will be required to test 50% of their staff every other week. The goal is to have all staff tested at least monthly.

- If a facility identifies a new COVID-19 case among staff or residents, the facility must return to testing all staff weekly pursuant to Executive Order 7AAA.
- CMS is also issuing testing requirements. For facilities in communities where the prevalence of COVID-19 is low, such as CT right now, facilities will be required to test staff monthly. DPH's new monthly surveillance testing program appears to be consistent with CMS's upcoming mandate.
- Like the state, CMS will also be imposing citations upon facilities that fail to comply with its testing mandate.
- Regarding antigen testing machines, based on information provided to DPH, we understand machines are to be deployed to all facilities in the country by the end of September.
- Since the state is funding and implementing a PCR-based testing program for all facilities, we are currently recommending that facilities use the antigen testing machines to test residents who are showing symptoms. If a symptomatic resident is tested using the antigen test and tests negative, facilities should retest the resident using a PCR test.

### **Nursing Home/Assisted Living joint issues:**

#### Flu Season:

- The ACIP has come up with guidance for the upcoming flu season. The main key points include:
  - There is no recommendation to change the timing of the vaccine.
  - There are 2 new vaccines available for adults age 65+
  - No changes to who should receive the flu shot
  - No changes to the recommendations to pneumococcal vaccine either.
- All NH and ALSA staff are strongly recommended to be vaccinated against the flu.

#### PPE updates:

- PPE reporting to the LTC map has improved.
- PPE numbers are more accurate as compared to the inventory checks being completed
- The Department provided a webinar on the use of the burn calculator; the webinar is available on the LTC-MAP.
- The PODs are ending on August 28, 2020, and DPH is moving to a requisition model by which facilities can request PPE if they are unable to source it for themselves or if they have an emergent need. Facilities should be actively sourcing their own PPE and consider the State should be considered a source of last resort.
- The DPH continues to monitor the PPE reporting daily to identify any potential issues.

#### Communal dining:

- Facilities with the resources to do so are allowed to have communal dining.
- Communal dining is not a mandate

### **Assisted Living:**

#### Survey Findings:

- Continue to have sporadic findings regarding staff testing.

Testing Program Update:

- The Department has concerns with ALSA's with memory care units. We are reviewing national data and determining if further guidance is needed in the event the number of outbreaks increase.
- ALSA's should start submitting their testing invoices to OPM ASAP. Prior to submitting the invoice, the ALSA should confirm they can open the testing vendor invoice file in the OPM testing portal.
- The monthly surveillance testing program will also apply to ALSAs and MRCs. As with nursing homes, ALSAs with more than 100 employees will be required to test 25% on a weekly basis. ALSAs with fewer than 100 employees will be required to test 50% of their employees on a biweekly (every other week) basis.