**Summary of September 9, 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.

* There were 42 visits conducted last week
* During those visits, infection control findings were noted. These include not complying with the staff testing requirements, improper cohorting, and inappropriate use of PPE regarding donning and doffing.

General information.

* IDRs have started to take place.
* Each facility will receive notice of availability for IDRs through the Department’s scheduler
* IDR’s will be completed through a teams call, which includes a phone number for the ability to call in.

CMS training for infection control.

* CMS had a call with states this week to discuss several CMS initiatives, including training for frontline staff and management.
* To sign up for the different training modules, please following the directions on this link: <https://qsep.cms.gov/COVID-Training-Instructions.aspx> The link will also be posted on the LTC Map website.
* The CMS training covers a range of COVID-19 topics and includes 5 modules designed for frontline clinical staff and 10 modules for management.
* There are a couple of infection control modules that are in the process of being edited by CDC and will be available soon.

CMS testing.

* The Department wants to make nursing homes aware of the 3rd interim final rule issued by CMS regarding reporting and testing requirements.
* The testing of staff is no longer only a state requirement but also a CMS requirement.
* The CMS testing requirements mirror the state’s requirements for weekly testing of all staff until the nursing home no longer has any positive tests in residents and staff for a period of 14 days, followed by monthly staff testing.
* Facilities should follow the guidance provided by the department for monthly testing, which includes guidance for supplementing the state’s PCR testing program with the use antigen testing provided by CMS.

Visitation guidance update.

* Facilities should familiarize themselves with the new visitation Commissioner’s Order.
* Facilities are urged to complete the visitation policies by 9/11 or shortly thereafter.
* Facilities are urged to have open lines of communication with their residents and the resident’s families/representatives, including information regarding the resident’s visitation plan.
* Questions.
  + Is the family allowed to transport via their personal vehicle to a consultant MD visit? What if a risk assessment is completed?

Families can transport the resident in their personal vehicles. However, it is the facility’s responsibility to communicate to the family the measures that need to be in place to make the facility comfortable with the transportation prior to the transportation. Measures could include face masks, good airflow (such as open windows), and distancing whenever possible. The goal is to avoid having the resident exposed and subsequently quarantined.

* + Can nursing homes request families to be COVID tested prior to a compassionate care visit if condition of resident is not imminent?

Testing for the family is not recommended at this time. Facilities should be comfortable allowing compassionate care visits with appropriate safety measures in place Facilities should avoid creating unreasonable barriers to visitation, including compassionate care visits. .

Antigen testing.

* Most facilities have received antigen test kits.
* Most facilities have received the BD testing machines, some have received the Quidel machines.
* The Department is encouraging nursing homes to refer to the appropriate manufacturer websites for training in the use of the equipment.
* Antigen testing should be used a as supplement to PCR testing with the care partners. Please see notes from the 9/2 meeting for some details. The Department will also be providing supplementary guidance to the facilities via blast fax.
* CDC came out with guidance specifically for the use of antigen testing in nursing homes. Link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html>
* In Connecticut, our care partner module is active until October 31, 2020. Facilities should be going through their care partner to complete weekly/monthly testing of residents and staff.
* If the facility is unable to secure testing through their test partner when needed, they could consider using their antigen machine. The sooner someone is identified as COVID positive, the sooner they can be cohorted and limit the spread of the disease.
* CDC now says that antigen testing can be used to test asymptomatic people if they use it as part of serial testing.
* If for some reason the facility cannot meet the required weekly/monthly testing of 100% of their staff, they can use the antigen machine as a supplement. However, this testing should not be considered for all staff as PCR test results are more accurate.
* Lastly, the reporting of antigen test results is currently being worked on. DPH will be reaching out to Matt and Mag to discuss the best way to accomplish this.
* Questions:
  + We are accepting admissions from the hospital and getting a negative covid test and placing them on the exposed wing. The guidance from 8-12-20 states we can do an assessment to reduce the days of isolation. Can you further clarify that? Do we use the days in the hospital as isolation?

Facilities should complete an assessment and determine when the potential exposure took place. The facility can use the days in the hospital as quarantine days if they determine that the risk of exposure in the hospital is low.

* + Per the 6/22 Guidance memo, a patient that is a PUI does not have to be relocated in the facility while the test is pending. Please clarify because the relocating of these residents within the facility presents risk.

A PUI, person under investigation, is a person waiting for test results. If the person under PUI is negative and you move them to a positive unit, they could be exposed. If the person under PUI is positive and in a room with a negative roommate, they could be exposing roommate. Facilities should complete an assessment and see what the risk factors are when placing a person under investigation into a room. Risk factors depend on what’s happening in facility, i.e. if anyone is sick in the facility. The PUI should have limited exposure to a roommate if they are staying in the room.

* + Several members have been questioning the need to provide exclusive staff to the quarantine unit when the unit only has a few residents in it. Is it necessary?

The ideal situation is to have staff dedicated to single unit. If the facility’s current staffing doesn’t allow for it, the facility should consider surge staffing, so that staff can be dedicated to a single unit. If neither scenario can be accomplished, facilities should limit moving staff between units frequently. They could consider caring for residents in the negative unit first, then move to care for positive residents. If the facility can cohort staff, those staff should stay with that same cohort each day until the cohort closes.

* + What are cohort recommendations during COVID and Flu season; and if there are confirmed positives for either population?

There are concerns with the intersection of flu and COVID. To keep patients safe, the amount of cohorting would be high. The department is taking into consideration ways to provide guidance. The department recommends, if possible, separating out all the different cohorts of positive/negative flu and COVID residents. Facilities should work with medical personnel to ensure a quick diagnosis for cohorting purposes. In addition to flu and COVID, other respiratory viruses and Legionella may also be a in the differential diagnosis.

Facilities should feel free to contact the Department’s Healthcare-Associated Infections program for help with cohorting. Lastly, facilities should keep in mind the COVID recovery centers are ready to be stood up in the event there is a surge in COVID cases.

**Nursing Homes and Assisted Living Services Agencies Joint Issues:**

Testing.

* Nursing Homes, Assisted Living Services Agencies and Managed Residential Care facilities should be following the testing guidance provided to them on September 1, 2020. Link: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-202087-Supplemental-DPH-Guidance-on-Monthly-Surveillance.pdf>
* Monthly testing spread out as weekly or biweekly testing helps minimize outbreaks better way at capturing asymptomatic staff and residents.
* The Department continues to request a facility become hosts to test certain staff such as home health and hospice.
* Staff not working in facility but who are members of one or more vulnerable populations, can be tested through FQHCs.
* Questions:
  + If nursing students and contracted “staff” are being tested by their schools or employers using a rapid test, is that acceptable to the nursing home and AL/MRC?

Yes, rapid tests are acceptable.

* + Regarding employee testing, should the swabbing be done outside? As the weather gets colder, under what conditions can employees be swabbed inside? Ex: private office, ventilation, square footage? What are other options?

While outdoor testing is ideal due to greater air flow, it is not realistic as it gets colder. However, as the weather holds up, outside testing should continue to be available. If testing inside, staff should be tested in a larger room with adequate airflow. The facility can reach out to the Department’s Healthcare Associated Infections program to discuss other options such as drive thru testing.

Testing enforcement.

* We have had some DPH surveyors that have said not to report on the MAP Portal any IL (Independent Living) residents if they are positive for COVID. We have also had some tell us that all residents even IL need to be reported on the MAP Portal. The questions on the MAP Portal yesterday were asking about MRC residents. Can you please clarify for all of us with DPH what the expectation is on reporting for IL residents if they reside in a separate building than the ALSA or if they reside in the same building and share a dining space.

There are 8 daily LTC-MAP questions under the “ALSA only” section. These are questions used for Assisted Living case counts only. Please do not include Independent Living here.

On a weekly basis (Tuesdays), questions are asked about testing. Those testing questions are for ALSAs and MRCs to answer.

PPE Data & PODS.

* For the past several weeks, the Department has been monitoring the reporting of PPE.
* There are several mechanisms for reporting PPE. Facilities are required to report through the NHSN, and again through the LTC map. Additionally, when the Department’s FLIS surveyors conduct a survey, they are joined by the National Guard who conducts an inventory of the facility’s PPE. The Department takes all this data and completes a comparison to determine the reporting accuracy rate. Facilities with a +/- 10% are considered in the accurate reporting range.
* As reported in previous meetings, only half the facilities are reporting accurately. The other 50% are either underreporting or overreporting.
* The Department needs the reporting numbers to be accurate as we try to determine the facility’s readiness for a surge.
* The weekly allocation PODS have been closed, and PPE requests are considered on an as needed basis. Facilities are requested to fill out the request sheet if they need PPE. Facilities requesting PPE will be contacted by the Department and asked about sourcing efforts.
* DPH has been watching the supply chain and vendors closely. Responses to the questions regarding a facility’s efforts to purchase PPE will provide DPH with information about any source issues.
* Reopening guidance will require facilities to have a specific amount of PPE before they can move through the phases.
* Questions.
  + Should staff working on an exposed wing wear an N95 mask at all times even if they are not performing an aerosol generating procedure? Is it overkill to have them wear one?

The recommendation is for staff caring for people with COVID on an exposed wing wear full PPE, including N95 OR facemask and face shield. N95 should always be worn for aerosol generating procedures on individuals with suspected or confirmed COVID. If the facility has enough PPE, they should wear it for ALL care provided to COVID-positive patients. The facility should develop their own policies and procedures for caring for COVID patients and include appropriate recommendations for PPE use. See further guidance here:

- <https://portal.ct.gov/-/media/DPH/HAI/COVID19-FFR-Fit-Testing_05272020.pdf>

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

* + Is there any knowledge if school outbreaks will be reported such as nursing homes COVID results are reported weekly? This will assist with any management of exposure to nursing home staff.

This is under discussion. For now, we recommend following news reports. However, the Department is carefully monitoring community spread and will notify the facility if there is an increase in positive cases in the area that might warrant screening tests for staff.

Post 90-day reporting questions.

* If a person tests positive >90 days since a prior positive, reporting to the portals should take place as follows:
  + NHSN states to only report this finding if the person is symptomatic.
  + FLIS portal recommends reporting everyone who tested positive. We evaluate all positives and we are also helping CDC gather information about people who test positive again. We do not give CDC any identifiable information.
* NHSN Definition on Reinfection: Residents with recurrent symptoms after the first 3 months who test positive for COVID-19 should be considered newly positive for counting purposes and therefore included in the Confirmed COVID-19 count for the reporting period. Link:[**https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-toi-508.pdf**](https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-toi-508.pdf)
* If the person is a resident, their families should be notified. If the person is a staff member, they should be sent home.
* Facilities should try to determine where they may have been exposed and gather as much information as possible to determine if they might have been re-exposed and if they have a new infection.

NHSN.

* NHSN recommends that Facilities have more than one user for NHSN. This is important because it ensures that you have multiple people available to report in case the main reporter is out (e.g vacation). See link on how to add NHSN users: [**https://content.govdelivery.com/attachments/topic\_files/WIDHS/WIDHS\_140/2017/05/24/file\_attachments/821829/Add%2BUsers\_\_821829.pdf**](https://content.govdelivery.com/attachments/topic_files/WIDHS/WIDHS_140/2017/05/24/file_attachments/821829/Add%2BUsers__821829.pdf)

**Assisted Living Services Agencies:**

ALSA Survey Findings.

* The Department continues with visits to ALSA and MRC on a daily basis, including weekends.
* Findings include not testing 100% of their staff, and not maintaining the names of staff and the days staff were tested. One facility was testing every other week instead of every week.

ALSA/MRC Testing Reimbursement.

* Reminder to ALSA and MRC to submit their invoices for reimbursement.
* It is important to open any attachments from the care provider to see if the files is accessible before forwarding the invoices to OPM for reimbursement.
* Contact information for OPM to submit invoices:

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