

## **Summary of October 28, 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.
- Positive cases in nursing homes have increased over the past 14 days. There are 28 nursing homes with new resident cases.
- Reminder to facilities to train multiple staff on reporting NHSN data. Facilities with issues reporting NHSN data can reach out to DPH's HAI staff at: [dph.haiar@ct.gov](mailto:dph.haiar@ct.gov)
- The Department recognizes that this data can be flawed at times. For example, when a staff person works at multiple facilities, there is a possibility they may be captured twice in this data. However, we have determined it is the best way to understand the trends taking place in the nursing homes.
- In addition to the positive cases in nursing homes, the state has seen a rise in community incidences of COVID-19.
- Many of the outbreaks in nursing homes have begun with staff cases. Some cases were started by staff to staff interaction within the facility, and an increase in staff to resident transmissions.
- Facilities should reiterate 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.
- The Department has seen several cases where staff tested positive but did not spread it to the patients. These success stories tell us that the infection control methods put in place by the facility are working.

#### Survey findings over the last week.

- There were 51 visits conducted from 10/22 to 10/27 with similar findings to last week.
- During these visits the following findings were noted:
  - Staff not wearing masks
  - Inappropriate use of PPE on the quarantine unit related to gloves and masks.
  - Staff not wearing a N95 mask during a nebulizer treatment.
  - Cohorting of a newly identified positive resident was not initiated.

#### Infection Control Self-Audits

- Discussion took place regarding facilities conducting self-audits to ensure PPE and infection control measures are being implemented based on the facility's plan.
- Facilities are encouraged to have administrators or leadership conduct surprise visits to audit staff on using PPE, facemasks, hand washing, social distancing in the breakroom etc.
- Facilities are encouraged to remind staff of the appropriate infection controls.

#### Shift coaches.

- The Department is working on developing a program under which staff persons in a facility can function as infection control shift coaches. This person's role would be infection control monitoring by observing staff and looking for items that would make the facility out of compliance during the shift. The

individual would be tasked with giving friendly reminders to wear appropriate PPE, including use of masks and hand hygiene.

- The Department has had several facilities sign up to volunteer to pilot the shift coach approach.
- The Department is in the process of putting together guidelines for testing with the pilot. facilities and rolling out to all facilities. The Department has reached out to the Center for Long-Term Care Quality & Innovation at Brown University for help with guidance.
- Facilities do not need to wait for the guidance to come out from the Department to conduct self-audits. They should feel free to take the initiative to move forward.
- This program is not supposed to be considered punitive or enforcement, but to provide support to the facility in infection control.

#### Commissioner's PPE Stockpile Order.

- A blast fax related to the [Commissioner's Order](#) of September 24, 2020 went out to facilities on October 7, 2020. This fax provided instructions for facilities to attest they have the appropriate PPE in a stockpile. Link: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-2020-98-Personal-Protective-Equipment-Inventory-Attestation.pdf>
- Over 90% of facilities have attested to compliance with this order.
- The Department is currently working with facilities who are having difficulty with supply issues to extend the October 16<sup>th</sup> deadline for 2 weeks.

#### Visitation updates

- Inside compassionate care visits should take place even if a facility is experiencing an outbreak. This is a directive from CMS.
- Facilities are welcome to test visitors but cannot require them to be tested prior to entering the facility per CMS orders.
- A best practice by one of the facilities included allowing visitors for compassionate care visits to enter the facility at a separate established entrance where they can be evaluated and monitored with the donning and doffing of PPE.
- The Department is continuing to develop the project to allow funding for facilities to purchase plexi-glass or outside tents to ensure visitation can continue. A blast fax will be sent to facilities outlining the process.
- The Department has assigned a staff person to approve requests for CMP funding. A blast fax will be sent to facilities once the process is in place.
- Q&A.
  - Please provide guidance for families coming from Massachusetts.  
**The Department contacted CMS to see what their response would be to this question and are awaiting a response. However, visitors are encouraged to use appropriate PPE and assist them in donning and doffing, facilities can ask to test any visitor coming into building but can't make this a mandate and screen visitors. Explain to the visitors the importance of PPE and screening.**

#### Staffing Summit

- A blast fax inviting facilities to register for a staffing summit is scheduled to be sent on 10/28.
- The summit is scheduled to take place on October 30, 2020 from 1:30 – 3:30 via gotowebinar.
- This summit is being hosted jointly with the Department, LeadingAge Connecticut and the Connecticut Association of Healthcare Facilities.
- The summit will focus on staffing during an outbreak.

- A panel of speakers from facilities who experienced an outbreak will be sharing their experiences and best practices.
- A speaker from the Department of Labor's workshare program will be providing information to facilities.
- Discussion will take place regarding the job portal for facilities to access staff, including a discussion about temporary nurse aides.

#### Safe Holidays Initiative:

- The Department is in the process of putting together guidance for Connecticut residents on initiatives for getting through the holidays and minimize the spread of COVID.
- The Department has concerns about large family gatherings throughout the holiday season.
- Once completed, the Department will share this information with facilities and post on the COVID website.

#### Vaccine Planning

- The link for the pharmacy Partnership for LTC COVID-19 Vaccination is:  
<http://www.mutualaidplan.org/Common/Document.aspx?DDID=17486&klv=1&key=WR00z0EMUdpfC6NpBOFihM1sFmU%3d>
  - The link will be posted on the mutual aid website.
  - The Department encourages facilities to opt into program to ensure vaccinations for residents.
  - Nursing Homes will be able to sign up for this program through NHSN and ALSA through red cap.

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

##### Testing data.

- Over the course of the program, 387,000 tests have been performed, which is the largest single block of tests performed for a specific group in the state.
- There are approximately 50% of the homes testing weekly for outbreak testing, and 50% of the home's surveillance testing.
- Some trends the Department has been seeing include an increase in positive housekeeping and dietary staff.
- Reminder to facilities that food service staff also involve local health departments, making it more difficult on some facilities.
  - There are cases where kitchen workers have tested positive and the kitchen workers who interacted with that person also need to quarantine, potentially leaving a facility short staffed.
  - In the event a facility is short staffed in their kitchen, they can consider transferring some of the food distribution to other staff such as CNA's.
  - If a facility is unable to avoid being understaffed in a kitchen, they should reach out to their local health departments and the Department's HAI staff to discuss a plan for appropriate PPE measures and limited interactions between the kitchen workers and other staff and residents.

##### Weekly testing for High Incidence Areas:

- The Department has requested all facilities begin weekly testing by the week of November 1st.
- 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.

##### Triggers for additional testing.

- DPH recommends but does not require twice weekly testing of residents when a facility is experiencing an outbreak. Facilities should use their antigen test kits to supplement weekly PCR testing done through the Care Partners.

#### 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.
- The Department is discussing ensuring measures to ensure these staff are tested more than weekly.
- Facilities should be aware of any staff person working in multiple facilities.

#### Care partner issues and program extension.

- The Care Partner program is losing 2 care partners from the Care Partner Program, Yale and Genesys.
- The Department is reassigning facilities to new Care Partners and impacted facilities will receive notice of their new Care Partner along with contact information soon.
- If facilities with new Care Partners experience a lag in weekly testing, they should use their antigen tests until the transition can be completed.
- The Department is working on extending the care partner contracts.
- Some of the Care Partners have stated they no longer want to participate in the program. The Department is working on reassigning new Care Partners to affected facilities.
- Q&A.
  - What advice can DPH provide when a vendor/contractor refuses to be tested as staff per the Governor's EO? Can the SNF refuse entry. If during an outbreak, can they refuse entry? **The facility is required to make sure all staff are tested weekly. If the facility has a contract with a vendor to perform a service and they refuse to test, facilities should inform the contractor of their obligation pursuant to the EO and quote the definition of staff. Facilities can refuse entry until the obligation is fulfilled.**
- As in the past, when a facility receives a new Care Partner, the Department works to ensure there is a warm hand off so the transition can be as smooth as possible by facilitating contact between the new and old Care Partners and the facility.
- If a facility finds that their testing being interrupted, they should use their antigen testing kits as a back-up.
- It is important to note that testing kits expire after 6 months, so facilities should use them before the kits expire.

#### Antigen testing for Home Health and Hospice.

- 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](mailto:Vivian.leung@ct.gov) who can explain how to obtain the kit.
- Facilities should use the CDC algorithm put in place regarding antigen testing if a staff member misses the weekly PCR test.
- Facilities should continue to do their best to quarantine residents in single rooms. When residents are quarantined together, there is a concern that one person may be positive, and the other person may be COVID naïve. If these residents are in a room together, antigen tests should be used every day or every other day to allow separation of a negative roommate before transmission occurs.
- There is no requirement in place to test residents coming from hospitals prior to admission. A negative test does not mean a resident is not incubating. Facilities should take into consideration the screening of the resident for exposure. Additionally, facilities can use antigen testing of these residents.

- The Department is aware of some asymptomatic staff and resident being tested and receiving a positive result, yet the PCR test is negative. When this happens, a facility should consider the person's exposure risk. In an outbreak setting, facilities should follow CDC's algorithm.
- The Department is aware of some false positives, if the clinician is aware of this, a facility should cohort the resident appropriately. This determination cannot be made by DPH and should be made by the Facility's clinical staff.
- A positive PCR test should be considered a positive, and a negative PCR test should be considered negative. If a facility has concerns with test results, they should contact the laboratory that was responsible for conducting the test with the reason why they think it's a false positive.

#### Recovery Centers Q&A from chat:

- Are additional recovery centers going to be stood up?
  - Currently there are 4 centers with a capacity of up to 470 beds.
  - The Department has determined that this model should cover the capacity needed during an outbreak.
  - There are 2 nursing homes already stood up and accepting patients.
  - When a facility has issues with cohorting, they can reach out to the Department's HAI program for support in determining whether a transfer to a COVID facility is appropriate.
  - Facilities are required to have DPH approval before transferring a resident to a COVID only facility.

#### **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.

- The Department continues to perform surveys daily including on weekends.
- There were no findings this past week.

##### Testing Reimbursement.

- Lita reiterated to facilities to submit their invoices ASAP.
- Invoices for testing completed between June 28 through August 31 are due by October 15, 2020.
- It is important to open any attachments from the testing vendors to see if the files are accessible/readable before forwarding the invoices to OPM for reimbursement.
- Contact information for OPM to submit invoices:

Manisha Srivastava

[Manisha.Srivastava@ct.gov](mailto: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>

PPE Online Ordering portal.

- A blast fax with directions with instructions on ordering emergency PPE through the Department went out to all facilities on October 7, 2020.
- The Department has assigned staff to evaluate and complete all requests.
- If approved for emergency PPE, facilities will be notified with further instructions on obtaining the PPE.