

Summary of November 25, 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 144 nursing homes with positive cases. Resident cases have increased by 77 this past week, and staff cases have grown tremendously.
- The Department gave kudos to the facilities that have had staff cases only. Continued auditing of infection control measures and appropriate use of PPE and hand hygiene are the key to limiting the spread to the residents.

Survey findings over the last week.

- There were 45 infection control surveys conducted from 11/18/2020 to 11/24/2020, with findings in 4 facilities.
- During these visits the following findings were noted:
 - Lack of screening of visitors.
 - Social distancing not taking place in the break room.
 - Lack of eye protection and masks in staff
 - Issue with reporting of a resident's COVID status
 - Housekeeping staff did not have PPE on while caring for a patient on transmission-based precautions.

Zero Infection Control Findings initiative:

- The Department recognizes facility findings went down again over the past week and appreciates the efforts being put in to embrace the zero infection control findings initiative. 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 should continue to take into consideration supervisors and shift coaches to remind staff of PPE requirements and hand hygiene.

Providing Requested Documentation to FLIS for Desk Audits and IDR's

- The Department has been vigilant in our efforts to complete all requested IDRs and assess and validate plans of corrections to inform CMS that facilities are back in substantial compliance.
- For us to do so in an efficient manner, we have been conducting desk audits that require specific documentation from the facilities.

- Documentation needed from facilities has been delayed and the Department is requesting all documentation be provided to us ASAP so we can turnaround all the requests as quickly as possible.

Communication with DPH and Families

- The Department has received several phone calls from concerned families regarding delays in responding to phone calls.
- Additionally, when we have tried to contact a facility, the phone hasn't been answered especially in the early and late evening.
- While we understand that a facility is extremely busy, the Department is requesting facilities take this into consideration, especially since families have limited visitation with the facility.

Revisions to the NHSN reporting portal.

- On Monday, November 23, 2020, NHSN announced some revisions to the COVID testing reporting portal. NHSN will be holding training on the new reporting requirements on November 30 from 12:30 – 1:15 and December 3 from 1:30 to 2:15. Further trainings can be found on the NHSN website at: <https://www.cdc.gov/nhsn/ltc/covid19/index.html>
- Updates include:
 - The “confirmed data field” changed its variable name to say, “positive test”, which requires all positive tests to be reported in this field. There is a new subfield that says, “test type”, to enter in the number of antigen tests performed and the number of PCR tests in the appropriate field. The number of antigen tests plus the number of PCR tests should equal the “total number of tests”
 - Below the “positive test” field, there is a new field for “reinfection”, which is intended to include any individual who tests positive 90 days after an initial infection.
 - NHSN is also considering changing the frequency of reporting, further information will be provided once the Department is notified.
 - The Department has been receiving questions as to when CMS will begin enforcing entering antigen testing into the reporting portal. There is not date set yet, but it could potentially be in early 2021. Facilities should obtain their level 3 access so they are prepared for the enforcement date.
 - NHSN Resident Module Link: <https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-res-blank-p.pdf>
 - NHSN Staff Module Link: <https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.145-staff-blank-p.pdf>
 - FAQ: <https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/ltcf-poc-faq-508.pdf>

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 the process of executing their plan and should be ready to accept patients in the next 7-10 days.
- The Department is assessing nursing homes in southeast Connecticut to open an additional COVID recovery facility. If interested, facilities should reach out to Lita, Barbara, Donna or Vivian. Facilities must have a 4 or 5 star overall and staff rating

- There have been lots of activities in the currently opened COVID facilities who are accepting patients from nursing homes and hospitals and other facilities when it is determined the patient is in need of nursing home level of care.

Project ECHO: A representative from the Weitzman Institute reported over half of the nursing homes in CT have signed up, including all of the Genesis facilities. During weekly sessions, administrators and leadership from nursing homes hear from expert faculty (including faculty from Yale and UConn) and share strategies relevant to the topic of the session.

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/Facility-Licensing--Investigations-Section-FLIS/Connect-to-Care-Jobs>.
- Nursing Homes should have received [blast fax # 2020-106](#) with instructions on connecting them to the portal.
- Approximately 50 temporary nurse aides have registered in the portal, and the Department has reached out to other healthcare provider types to encourage registration if searching for a job.
- The Department is looking for feedback from facilities informing us if this service has been useful during staff absenteeism.

Resident Point Prevalence Testing, post-Thanksgiving

- The Department is requiring all nursing homes test all residents ONCE (even 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.
- The testing will take place through the facility's assigned Care Partner. All Care Partners have been made aware of this requirement and will be scheduling resident testing.

Visitation updates

- A blast fax [2020-103](#) 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.
- The portal to submit applications is up and running. The Department recognizes some issues with the portal and are working to make some revisions for early next week, which will allow the attestation and documents to be uploaded.
- The Department continues to work with the Long-Term Care Ombudsman to facilitate visitation in the nursing home. We recognize the struggle facilities are having due to outbreaks. It is important to note that the scope of compassionate care visits have not changed.

Nursing Homes and Assisted Living Services Agencies Joint Issues:

Infection Control Messages

- Community incidences of COVID-19 in CT and surrounding states are very high.

- The Department is urging facilities err on the side of caution when deciding where to place a new admission (negative or observation unit). If a facility is absolutely certain there has been no exposure to COVID-19 in the past 14 days, the resident can be cohorted in a COVID-negative unit. However, if a facility is uncertain, the resident should be placed in the observation unit.
- Even though hospitals have good infection control, a facility accepting a patient from a hospital setting cannot be certain that the resident has not been exposed.
- The Long-Term Care Ombudsman, and representatives of Nursing Homes and Assisted Living Services Agencies have been communicating with family members the risks of bringing home family member for the holidays.
- The Department has seen a subset of positive cases have begun with patients, which has led to associated staff and resident cases. Facilities should consider different testing strategies when a resident is potentially exposed due to out of facility contacts. Consider testing during quarantine.
- The Department provided an overview of CDC's guidance on the number of days an individual should quarantine when they have been exposed. The guidance provides a helpful illustration of the different scenarios for exposure and when to start and end quarantine. Facilities should share this guidance with their staff, as it provides guidance on the number of days a person should quarantine when exposed. The guidance can be found on the CDC's website at: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>
- While residents do not need to wear a mask in their rooms, all residents should be wearing a mask, if tolerated, during close up care being provided by a staff person. Additionally, they should be wearing a mask in all open areas of the facility where they have access to other residents.

Universal eye protection.

- CDC is recommending use of eye protection in areas with moderate or substantial community transmission.
- Since Connecticut is currently experiencing moderate and substantial community transmission, the Department is recommending universal eye protection be put in place in facilities.
- Wearing the eye protection will minimize exposure and under certain circumstances, the staff person may not need to quarantine when "exposed" to COVID while wearing the protection.
- Further information can be found on the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Antigen testing guidance.

- Testing to prevent an outbreak:
 - Antigen testing is acceptable to use when conducting serial testing of staff, when PCR testing is not available.
 - Facilities should feel comfortable with Home Health and Hospice providers in their facility as they are now conducting serial testing with the BinaxNOW testing kits.
 - Antigen testing can be used to test individuals who are at the end of their exposure quarantine period or end of outbreak.
- Testing to contain an outbreak:
 - Antigen testing can be used to test a resident as soon as possible after a known exposure if PCR testing is unavailable.
 - It helps the know of a positive individual ASAP so they can cohort properly and limit the exposure to staff and residents that can happen while awaiting results.

- Facilities need to consider cohorting staff whenever possible. This will be instrumental in preventing a large-scale outbreak.
- Testing after a 90-day period.
 - Facilities may want to consider using their antigen machine to screen individuals who have tested positive >90 days ago, if they are asymptomatic and must be screened (weekly staff screening or resident screening during an outbreak). This can prevent persistent viral RNA detection in the absence of live virus.
 - The antigen tests is testing for viral proteins rather than the PCR test, which is testing for viral RNA.
 - The antigen test may be able to distinguish between a new infection and a persistent positive.
 - However, if a person who is past 90 days from their initial infection is showing symptoms, PCR testing should be considered (when antigen test is negative).
- Reporting mechanisms
 - Both nursing homes and ALSAs must report all positive and negative antigen test results as directed.
 - Nursing Homes report all test results through NHSN
 - ALSA or other healthcare agencies report antigen testing directly to DPH, following the reporting guidance: https://portal.ct.gov/-/media/DPH/HAI/COVID19-Test-Reporting_092020V11.pdf
- Q&A
 - An employee, who was exposed 11 days ago has taken several tests that were all negative, but they developed symptoms and tested positive on day 11. The employee has not been in the facility since exposure. Does this employee need to be considered part of the Facility's reporting?
 Since the employee has not been in facility in prior week, this would not be considered a risk to facility. If the individual had been at the facility during 2 days prior to symptom onset, then the individual should be considered to have put that facility at risk for an outbreak. For nursing homes, if a facility reports a positive case into NHSN data because the staff member was positive and in the building during the past week, they should be doing outbreak testing.

Vaccine Planning.

- Vaccine planning efforts continue within the Department of Public health.
- 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.

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 Hriceniak at Kim.Hriceniak@ct.gov or Donna Ortelle at donna.ortelle@ct.gov.
- The Department is looking for feedback from facilities who have had a rapid response visit. Please let us know if you have found this process helpful and if any improvements can be made to the process.

Continuity of Operations Planning – Succession Planning for Staff.

- Andy provided an overview of an Incident Command System structure.
- He expressed the importance of succession planning for key positions within the facilities.
- He suggested facilities have an internal meeting of all their key staff to identify 3-4 individuals who could replace that person should the need for quarantine or sickness take place.
- Key positions include Administrative staff, Financial staff, Director of Nursing, Infection Preventionist and other staff as identified by the facility.

Guidance on Hospital Discharges to Post-Acute Care During the COVID-19 Pandemic.

- Vivian provided an overview of [blast fax 2020-108](#) that went out regarding hospital discharges.
- She highlighted the information contained in the section regarding determining the need for post-hospital isolation or quarantine by COVID Status.
 - Residents should be PCR tested within 72 hours before discharge from the hospital
 - If PCR testing is not available with this turn-around-time, hospital should contact DPH to seek testing resources at the State Lab or other lab.
- As hospitals surge, the Department is hoping to make transitions into long term care facilities as seamless as possible.

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 were no findings for this past week.

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>