

Summary of December 2, 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 164 nursing homes with positive cases. Resident cases have increased by over 100 this past week, and staff cases have grown tremendously.
- The Department requested facilities continue auditing of infection control measures. Appropriate use of PPE and hand hygiene are the key to limiting the spread to the residents.
- Testing partners have been made aware of the need to prioritize the nursing home testing for quick turn-around times. Nursing homes should be prepared for the results of the tests and begin cohorting quickly.
- The Department has begun messaging to the community, that until community spread lessens, cases will continue to rise for the most vulnerable population in nursing homes.

Survey findings over the last week.

- There were 36 infection control surveys conducted from 11/25/2020 to 12/1/2020, with findings in 5 facilities.
- During these visits the following findings were noted:
 - Lack of appropriate wearing of PPE
 - Inaccurate line listing.

Visitation updates

- 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.
- Facilities who have not started indoor visitation, and are not experiencing an outbreak, are required to facilitate indoor visitation. Inside compassionate care visits are required to continue, even if the facility is experiencing an outbreak.
- 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 an attestation and documents to be uploaded.
- The Life Safety Program is working with nursing homes who are exploring alternative outdoor structures for outside visitation.

Testing update.

- 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 working with the facility to schedule resident testing.
- CMS requires all counties with a 10% community positive rate to test all staff in the nursing home 2 times per week. Currently Fairfield and New Haven Counties are at 10% positivity rate. Other CMS testing timeframe requirements:
 - Monthly testing of staff if the county positivity rate is 5% or less
 - Weekly testing of staff if the county positivity rate is between 5 and 10%. The state requires all nursing home staff to be tested weekly.
- Facilities who are required to test twice a week are encouraged to use their antigen testing kits.
- BinaxNOW kits are in the process of being distributed to nursing homes.
- The Department is in the process of finalizing a Commissioner's Order to require facilities to contract with a COVID testing entity to serve as a back-up for when their Care Partner is unavailable for PCR testing. The Department will develop a list of entities that perform COVID testing and share with nursing homes.

Outbreak Summit

- The Department is planning an outbreak summit intended for IPs, DNS, and ADNS.
- Facilities should work closely with their IPs on infection prevention and control.
- Facility IPs should be conducting audits of hand hygiene and mask use among staff and residents, which is the principal infection control measure for limiting the spread of COVID.

Q&A

- Question regarding testing for persons working in multiple facilities. Can the facility accept documentation from other facilities where the staff person has been tested?
If a facility is relying on the individual to be tested at another facility to meet the 2x per week testing requirement, they will need documentation of the results of the second test. Facilities mandated to test 2x per week due to greater than 10% community positivity rate, may or may not be able to accept test results from another facility. The Department will review the CMS guidance for testing.
- The care partners are not getting tests turned around for 4-5 days. Is this going to improve especially going to twice a week testing?
The Department realizes that there is one Care Partner who is having difficulty with turn-around times. They have changed laboratories, which should help with the turn-around time. Facilities should use antigen testing as a backup. The Care Partners will only be able to conduct 1 test per week, as that is what the state is paying for. The facility could connect with their current Care Partner to see if they have the availability to perform a second test, but that test would need to be paid for by the facility.
- My understanding is that the care partner program will pay for a given employee to be tested in the multiple buildings they work in, in the same week. Why won't the program pay for the same employees to be tested twice in a given week in the same building?

Testing all staff twice weekly in one facility doubles the operations and cost of the testing program. Testing some employees more than once in different facilities does not generally impact the operations or financial support of the program.

- One facility suggested a survey monkey of all buildings in Connecticut to see how many have backup lab contracts with a lab.

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.
- Source Control on residents, universal eye protection for staff.
 - Source control is a high yield prevention measure to limit the spread of COVID. When a resident is outside their room, or being cared for in the room, they should wear a face mask, that covers a resident's mouth and.
 - Last week the Department discussed CDC's recommendation for universal eye protection. Link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.
The Department received questions regarding use of eye protection in nursing station or just when taking care of residents. The Department recommends staff with questions regarding eye protection speak to their infection preventionist to determine the facility's policies regarding eye protection. Universal eye protection can be useful when interacting with residents by protecting the mucus membranes when there isn't adequate source control. Additionally, the Department encourages extended use of eye protection.
- PPE Donning/Doffing.
 - The Department encourages all facilities to audit hand hygiene, face mask wearing and appropriate donning and doffing of PPE. The Department has seen issues with donning and doffing of PPE recently. This might be a good time to have an additional inservice on donning and doffing of PPE.
- Cohorting Staff.
 - The Department is recommending all facilities consider scheduling staff to allow for cohorting of staff to limit the spread of COVID. If a staff member is infectious and interacting with a lot of residents and doesn't use perfect hand hygiene or source control, they can infect many residents. However, a staff person only interacting with a small "cohort" of staff, they will be seeing less patients and potential exposures decrease.
- Additional testing.
 - The Department has received good feedback regarding antigen testing, especially with the BinaxNOW. Additional antigen testing may depend on the situation. If residents are in a single room, and not being exposed to other residents, antigen testing may only need to be completed once a week. Facilities with roommate situations may require more than once a week antigen testing.
 - Facilities should consider testing residents who leave the facility frequently more often via antigen test.
- CDC quarantine time.
 - CDC put forward a scientific brief regarding the need for less quarantine time when exposed to COVID. They stated that if a person takes a test on day 5 after exposure, they may stop quarantine on day 7. <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html> However the brief speaks

about residual risks of continuing to transmit the virus when following these guidelines. This is not a Department recommendation. This is only a briefing, not official guidance.

Rapid Response Teams.

- The Department has been conducting 1-2 rapid response visits per day.
- 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.

COVID Recovery Facilities

- Quinnipiac and Riverside COVID recovery facility wings are operating at 50% capacity and accepting patients.
- Westfield in Meriden is operating at 40% capacity.
- 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.
- The Department is working with the Hospital Association to track patients admitted with COVID and putting policies in place to determine if they would be appropriate for discharges to COVID recovery facilities.
- Policies are in place to track the length of stay and discharge planning.

Antigen testing guidance.

- Use for cohorting decisions.
 - Long-term care facilities are finding more benefits in using antigen tests.
 - Facilities can use the rapid turn-around time of antigen to begin cohorting residents right away.

- Link to the CDC testing in nursing homes FAQ:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing-in-Nursing-Homes>
- Consider testing visitors.
 - New Jersey is currently testing visitors to the facility.
 - The Department is not mandating facilities test visitors, however, they should take into consideration testing visitors with antigen tests.
- Requesting BinaxNOW
 - A large distribution of BinaxNow antigen testing will be distributed to nursing homes over the next week. It is expected that each facility will receive 4xs their licensed bed capacity.
- Q&A.
 - Are you recommending using the Antigen test on asymptomatic residents who frequently leave the building , which is not the current CDC recommendation?
Yes antigen testing can be used for serial testing of people who have high risk of having COVID-19. CDC recommends testing these residents that leave building often, but it doesn't say which test to use.
 - Can you address the supply chain challenges in obtaining antigen test kits right now? It is becoming more challenging every day to get the BD kits. The Department announced the shipment of BinaxNOW kits to supplement antigen testing.

PPE and BinaxNOW distributions

- A large distribution of BinaxNow antigen testing will be distributed to nursing homes over the next week. It is expected that each facility will receive 4xs their licensed bed capacity.
- The Department is working on obtaining enough N95 masks to care for all residents with COVID-19. With this in mind, facilities should consider moving toward increased use of N95 for residents that they didn't previously use N95 for.
- Facilities will receive further information in the near future regarding distribution. At this time, it is expected that there will be a POD distribution of PPE to ALSA's.

Vaccine Planning.

- Vaccine planning efforts continue within the Department of Public health.
- The ACIP recommended healthcare staff and nursing home residents be the first to be vaccinated.
- During a conversation with the Feds, it appears that Walgreens and CVS will be able to provide vaccines to both staff and residents. The Department is currently working on contracting with an entity that can administer vaccines but will potentially need one or 2 nurses from each facility to facilitate the process.
- The vaccine is expected to be released in Connecticut around December 21-28. Facilities should begin the process for obtaining consent from residents for the vaccine. Vaccine clinics will be held on a specific day and time, and there may not be enough time to obtain consent.
- Questions were asked regarding consent forms. At this time, it appears that CVS and Walgreens have a consent form available. The Department will share any further information as we receive it.

Planning, Policies and Procedures

- Reminder to facilities to review their plans, policies and procedures for staffing and succession planning.
- It is important for facilities to enter into contracts with staffing agencies to support their needs during staffing shortages. Advanced planning and looking ahead will help the facility during an urgent staffing situation.
- Facilities that haven't already signed up with ConnectToCareJobs.com should consider doing so to help alleviate staffing shortages.
- Surveyors entering nursing homes have been asked about their COVID test status. The Department tests all staff entering facilities on a weekly basis. Facilities can feel safe allowing a surveyor to enter into the 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>
- 80 out of the 133 licensed ALSA facilities, have positive cases of residents and staff.
- The Department requests facilities take measures to try to reduce the spread of the COVID between staff and residents.

Appropriate Transfer of COVID + residents.

- The Department has been working with several ALSA's over the last couple of weeks to help them navigate through their COVID + cases.
- Several patients have been transferred to a Covid Recovery Facility when they needed nursing home level of care.
- The Department is asking ALSA not to transfer residents to hospitals unless they have a change of condition. Many times, a resident can recover in their home. If a facility has concerns, request the resident's physician or healthcare provider complete an assessment.
- The Department is working on releasing a phone line that facilities can call 24 hours a day to assist with approving transfers.

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>