

**Summary of December 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 and Assisted Living Services Agencies Joint Issues:**

Overview of COVID-19 in Connecticut and outbreak trends in nursing homes and assisted living services agencies.

Nursing Home:

- The Department provided an updated overview of the week to week NHSN data of newly diagnosed COVID-19 among residents and/or staff in a nursing home.
- 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 slightly over the past 14 days. It is too early to determine whether the cases are beginning to plateau. In addition, the Department is awaiting data to determine the potential affect the Thanksgiving Holiday might have on positive cases.
- During the past 14 day period, there were 161 nursing homes with positive cases or staff and/or resident. Resident cases have increased by 32 this past week, and staff cases have also grown, but nursing homes with outbreaks have decreased.

Assisted Living Services Agencies:

- The Department provided an overview of the week to week data of newly diagnosed COVID-19 among residents and/or staff in an ALSA.
- 83 out of the 133 licensed ALSA facilities, have positive cases of residents and staff.
- Resident and staff cases are slowly increasing in the ALSA setting. Memory care is likely disproportionately affected.
- However, the Department believes that the testing measures taking place in the ALSAs are helping to catch the cases early, which allows for appropriate measures to be taken quickly to limit the spread of COVID-19.

Nursing Homes and Assisted Living Services Agencies:

- The Department continues to utilize the Rapid Response Teams to provide support in both the ALSA and Nursing Home settings.
- 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.

Tips of the week.

- Dedicate staff to work only on COVID positive Units.
- Provide a break room/staff lounge/restroom within the COVID unit (may use an empty patient room). Stagger breaks to limit the number of staff in breakrooms, maintain social distancing, especially while eating or drinking.
- Provide a separate nurse's station within the COVID unit.
- Use an alternative exit for staff working in the COVID unit to leave at the end of the shift.
- Provide an area to store re-usable PPE such as N95, face shields, and goggles on the COVID unit.
- Limit ancillary staff entry onto the COVID unit. Ask them to deliver trays, laundry, etc. to the outside of the unit for staff working on the COVID unit to distribute.

Survey findings over the last week.

Nursing Homes:

- There were 37 infection control surveys conducted from 12/2/2020 to 12/8/2020, with findings in 6 facilities.
- During these visits the following findings were noted:
  - Failure to screen staff or persons coming into the facility
  - Improper cohorting
  - Contact tracing
  - Not reporting COVID positive status to the responsible party
  - PPE cart on the unit was not filled
  - Improper cleaning of a room
  - Issue with PPE doffing.

Assisted Living Services Agencies:

- There was 1 finding this past week in an ALSA facility.
  - The testing roster of staff was not updated appropriately, and it was difficult to figure out when staff were tested last, the test results and if the staff were testing weekly.

Infection Control Messages.

- Nursing home case reporting tips:
  - The Department's Epi program is looking at both the NHSN and DPH portal to identify any potential data discrepancies.
  - All COVID positive findings must be entered into the daily portal line list for both PCR and antigen.
  - Information extracted from the reports are shared between HAI and FLIS to determine where outbreaks are taking place and whether a change in guidance is needed. Additionally, deidentified information is shared with the CDC.
  - IF/when a confirmatory PCR from a patient antigen positive is completed, please update the line list.
  - The specimen collection date should be included on all COVID test results.
  - It is important for this information to be accurate and filled out completely.
- Test residents immediately.
  - A facility may be able to control an outbreak if residents are tested immediately upon determining an individual has been exposed.
  - Facilities should use their antigen machines for immediate testing.
  - If a person testes positive, further testing of anyone exposed to that person should take place right away. Using the antigen machine can give the facility a response right away.
  - Early antigen testing can help identify positive individuals, which allows for cohorting to take place immediately, to limit the spread.
  - BinaxNOW testing kits are being shipped to facilities this week. ALSA's are under consideration for receiving BinaxNOW kits also.
- Universal eye protection for staff.
  - 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>.

- This measure is especially important when working with residents who are unable to adhere to source control measures.
- Q&A regarding Universal eye protection:  
Can you confirm what is recommended for eye protection? CDC guidelines state face shield or goggles? Would like to confirm that safety glasses are not an acceptable source of eye protection.  
For source control to be in place, the eye protection needs to be able to wrap around the side. Face shields and goggles that wrap around the side of the face completely cover the eye area are the recommended eye protection. However, the Department will look into other recommended types of eye protection and get back to the facility.
- Risk of transmission during indoor shopping and gatherings.
  - For situational awareness, as part of the Department's community analysis it was determined that a significant amount of the spread of COVID is taking place while individuals are gathering at indoor shopping malls, and indoor restaurants along with hosting personal gatherings.
  - The Department recommends the facility communicate with their staff and families to take this into consideration when they are shopping or going to indoor restaurants, that they may be asymptomatic and unknowingly spreading to other individuals.
- Long-term Care Facility Playbook.
  - The Department has been receiving a lot of questions about steps we are taking keep the residents in a facility setting safe.
  - The Department put together the playbook to communicate our efforts to work with healthcare facilities to limit the spread of COVID.
  - Lita provided an overview of the playbook. The playbook will be uploaded to the LTC-MAP webpage.
  - Highlights of the playbook include: detailed information about testing, communication, PPE, infection control monitoring, rapid response teams, case monitoring, COVID recovery facilities, and CARRT

#### COVID Recovery Facilities

- There are 4 COVID recovery facilities accepting COVID patients as follows: Quinnipiac and Riverside have facility wings and Westfield in Meriden and Torrington are stand-alone facilities. Currently, these facilities are at 50% capacity.
- The Department continues to assess nursing homes in southeast Connecticut to open an additional COVID recovery facility. More details may be available for next week's call.
- The Department is closely tracking data of admissions and discharges for these facilities. It is important for an individual admitted to the facility to have a discharge plan in place and that individual is only in the facility during their recovery period.
- The Department will be putting forward official guidance for transferring an individual to these facilities within the next week.

#### Antigen testing guidance.

- Administering tests
  - Reminder to facilities that the definition of [staff](#) to be tested in a facility follows the CMS definition:

*“Facility staff” includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions. For the purpose of testing “individuals providing services under arrangement and volunteers,” facilities should prioritize those individuals who are regularly in the facility (e.g., weekly) and have contact with residents or staff. We note that the facility may have a provision under its arrangement with a vendor or volunteer that requires them to be tested from another source (e.g., their employer or on their own). However, the facility is still required to obtain documentation that the required testing was completed during the timeframe that corresponds to the facility’s testing frequency, as described in Table 2 below.*

- This definition includes services provided by students and consultants.
- If a facility is unable to obtain a PCR test for all individuals, they should use their antigen machine to complete the test.
- Reporting results
  - Additional testing residents who leave a facility is recommended if they are at risk for exposure outside the facility. It is also a recommendation for staff working in multiple facilities to be tested twice a week. Facilities should use their antigen machines to conduct any additional testing if a PCR test is not available.
  - As everyone becomes more comfortable with antigen testing, the Department is beginning to hear about potential false positives.
  - It is important to note that a “false positive” is when the **same** specimen is tested twice with different results. With antigen testing, it is not possible to test the same specimen twice and cannot be considered a false positive.
  - The quality of the specimen taken can affect the accuracy of the antigen test. Facilities need to follow the manufacturer’s instructions carefully when taking a specimen and completing the test.
  - If a facility has concerns about a result, the Department recommends erring on the side of caution and treating the individual as a positive, especially if the individual is in a position where they have considerable direct contact with patients. All positives **MUST** be reported, regardless of any suspicions of potential false positive.
  - If an individual receives a negative PCR and a positive antigen, they should be considered infectious. The test-based criteria for lifting isolation precautions *may* be used (2 negative PCR tests performed >24h apart), but *is not recommended in settings experiencing an outbreak*.
- COVID Analysis Rapid Response Team (CARRT)
  - The CARRT is a team of specially trained National Guard individuals who can set up antigen testing at a facility to support outbreak testing. These individuals perform the testing outside of the facility and do not enter the facility.
  - If a facility utilizes the CARTT team for testing, they are responsible for:
    - Writing the order for testing
    - Taking the samples outside and bringing them to the CARRT team to run the test
  - The CARTT is able to provide results to the facility on the same day.
- Q&A.

- If a resident has an antigen positive test on 12/7/20 and a PCR confirmation on 12/11/20, do I use 12/7 for my last positive for outbreak testing or do I use 12/11? So, if no more positives, is my outbreak over on 12/21 or 12/25?  
Use the first positive as the date, which is considered the date of diagnosis.
- Are PCR results required for admission to CRF? or are Antigen + and symptoms consistent with COVID sufficient?  
Positive antigen test results can be used for admission to the CRF if the resident has symptoms consistent with COVID-19 and a clinician diagnoses the resident with COVID-19.
- If we get a positive antigen test, followed by a negative PCR test, do we need a second negative PCR test, at least 24 hours later, to clear them?  
Recommend when an individual test positive via antigen test, they are treated as a positive. To take an individual off of isolation precautions: Facilities can use the 10 day symptom-based criteria (recommended) or obtain 2 negative PCR tests >24h apart (not recommended).
- In an assisted living, if a resident test positive, are all residents in the facility required to be tested weekly or can the resident refuse to be tested?  
There is no requirement for testing residents in AL, but the Department strongly recommends at least weekly testing for ALs experiencing an outbreak ( $\geq 1$  facility-onset resident case or staff case). However, a resident can refuse testing.

#### 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.
- The Department is still fine-tuning the information being provided to us.
- The vaccine should be available shortly for residents and staff members in nursing homes. Currently, it is scheduled to begin arriving the weeks of December 21 and 28, however that is subject to change.
- Facilities should begin the process for obtaining consent from residents and staff for the vaccine. Vaccine clinics will be held on a specific day and time, and there may not be enough time to obtain consent.
- Clinical space and rolling carts should be made available for the vaccinators. It is expected that there will be 3 visits to facilities, the first visit will be administration of the first dose, the second visit will be administration of the second dose and anyone they may have missed on the first visit, the third visit will be the final visit for administration of a second dose.
- Facilities should be sure their information is up to date in the federal system.
- Facilities will be provided a FAQ sheet to share with staff, residents and resident representatives when the vaccine becomes available.
- Q&A.
  - If a staff member or resident has recent COVID-19 or are still recovering, are they able to have the vaccine? If not, will there be another opportunity in that circumstance?  
The final instructions regarding who to vaccinate will be coming soon from the ACIP. However, the current message is that everyone should get it no matter what their recent COVID status is.

- With the new COVID vaccine will the housekeeping, maintenance, dietary, laundry and non-essential staff be included in the 1st round when they come to the nursing facilities? Just trying to be proactive and get their consent forms signed.  
Omnicare stated that all paid or unpaid personnel that regularly come into the facility will be eligible for the vaccine.
- Do we know if the Nursing Homes are going to be offered the Pfizer or the Moderna vaccine? We heard on the Omnicare call that it the vaccines were going to be determined by state or region?  
Connecticut Nursing Homes and ALSA will be offered the Pfizer version.
- We are using our testing roster as the basis of our vaccine roster. Seemed to make sense. Yes that is appropriate.
- Is vaccine mandated except for whom it might be contraindicated for?  
Vaccine is not currently a mandate, it is a recommendation
- There is concern with vaccinating all people at the same time in light of the reported side effects.  
The Department is expecting the CDC to put guidance regarding this soon.

#### Additional questions.

- On a recent Hartford Healthcare call it was mentioned that the Test Partner Contract is extended through March 31, 2021. However, the payment by the State may not be covered after February 15, 2021. Can this be clarified?  
The State is covering the costs of testing through the end of March. The February 15 date is when the state is considering billing insurance and making the state as the payor of last resort. However, this is subject to change
- For Assisted Living Resident Testing only, should the lab care partner bill the residents' insurance prior to us submitting invoices to the state OPM for reimbursement?  
Dual eligible private insurance or uninsured, are not being supported at this time. Facilities with billing questions can refer to the directions in the toolkit or contact:  
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>
- Residents admitted placed in quarantine for 14 days, is it the guideline to have health care workers wear N95s in the room and eye protection for the 14-day quarantine and can the eye protection be eye protectors, or does it have to be a shield. I thought that's what I heard last Wednesday, but I keep replaying the Webex and can't find that part. So N95s instead of surgical masks and eye protection some form of goggles, eyewear given by the state or does it need to be a shield?  
Quarantine resident should be treated as a positive and eye protection goggle or a face shield should be used when providing care. N95 masks should be used the facility has enough N95 masks to use them for care of quarantine residents, but if the facility does not have enough N95 masks, another mask can be used.

- If a staff member tests positive at their other skilled nursing facility job, do we also report them as positive on FLIS and NHSN? Doesn't that mean they would be counted twice?  
Yes, the Department is aware that a staff person could be counted twice, and it is the NHSN recommendation to count them twice. The Department is not necessarily counting individuals but counting how many nursing homes have positive cases.

### **Assisted Living Services Agencies:**

Assisted Living Best Practices - Ron Bucci, Senior Executive Director at The Greens at Cannondale

- Mr. Bucci provided an overview of strategies their ALSA used to avoid an outbreak and their antigen testing program.
- The Greenwich property is one of 3 ALSA's that he oversees, and they have had no known cases until the end of last month when they found a positive caregiver through PCR testing.
- Once identified, the ALSA realized that this positive case could spread COVID to the residents, and in a matter of days it had spread to a resident.
- They took rapid measures by:
  - Completing antigen testing on all staff and residents
  - Placing isolation carts in all rooms of residents who tested positive
  - All antigen tests were followed up with a PCR test.
  - All staff with positive test results were quickly cohorted
  - They recently had 27 staff who tested positive via antigen machine, and were asymptomatic. It was later determined that by PCR that they were negative, and there was a contamination of antigen the sample taken
  - With positive staff omitted from the facility and positive residents quarantined, the ALSA proceeded to communicate with all staff, residents and their representatives using all languages.
  - They assessed dining to limit contact among residents during meals.
  - Asked residents to wear their masks
- Recommendations:
  - Strongly consider a staffing contingency plan
  - Review the CDC document for memory care patients
  - Keep in touch with your Local Health Department
  - Attempt to keep residents in place as best as possible.
  - Let residents know that you care and are looking out for their welfare (share the love).
  - Report accurately and maintain key contacts
  - Continue to sanitize the facility.