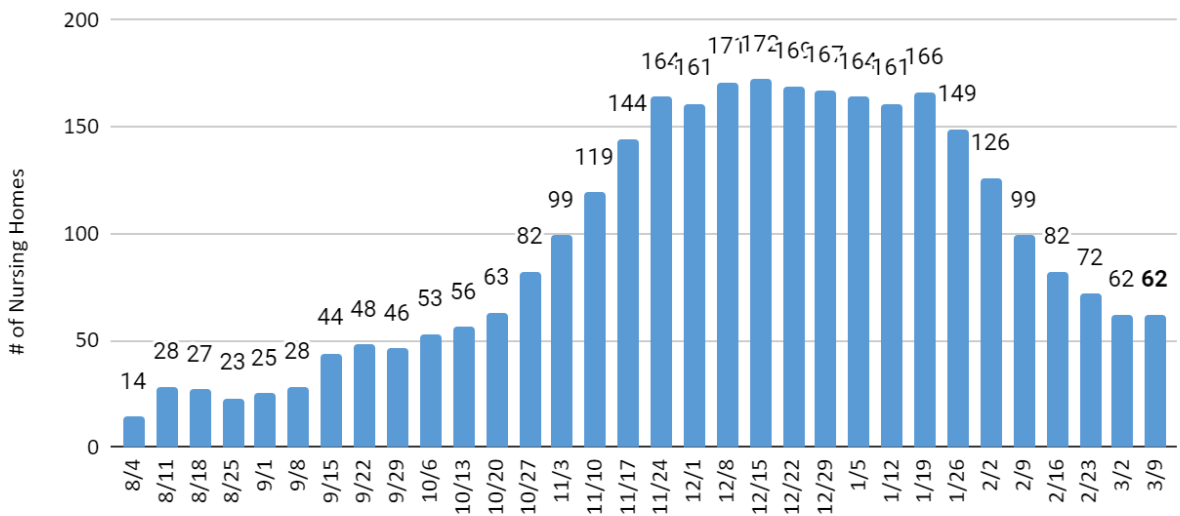


Nursing Home Section

1

Nursing Homes with Newly-Diagnosed COVID-19 Among Residents AND/OR Staff in the Most Recent 14-day Period

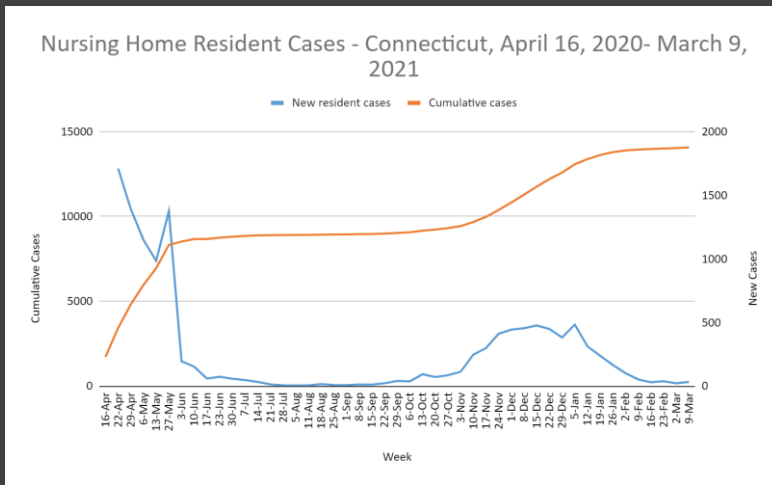


2

Nursing Home Resident Incidence, statewide

April 16, 2020 – March 9, 2021

Resident Census: 17,790



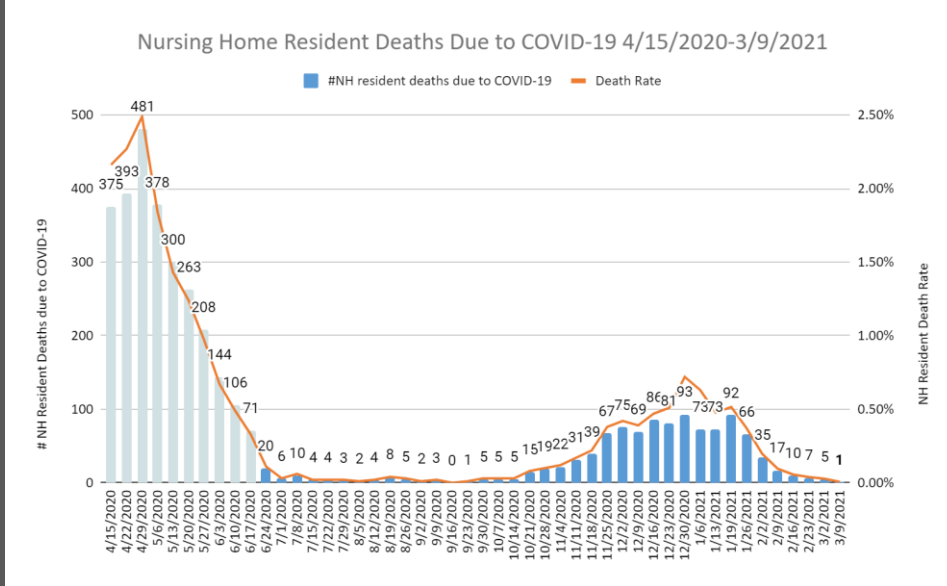
Date Reported	New Resident Cases (diagnosed that week)
8-Dec	455
15-Dec	476
22-Dec	448
29-Dec	382
5-Jan	483
12-Jan	321
19-Jan	238
26-Jan	166
2-Feb	101
9-Feb	52
16-Feb	30
23-Feb	38
2-March	22
9-March	33

Facility Metrics	#Nursing Homes
New res. cases, last 2 weeks	24 (-2)
No new res. cases, >2 weeks	185 (+2)

3

Nursing Home Resident Deaths, statewide

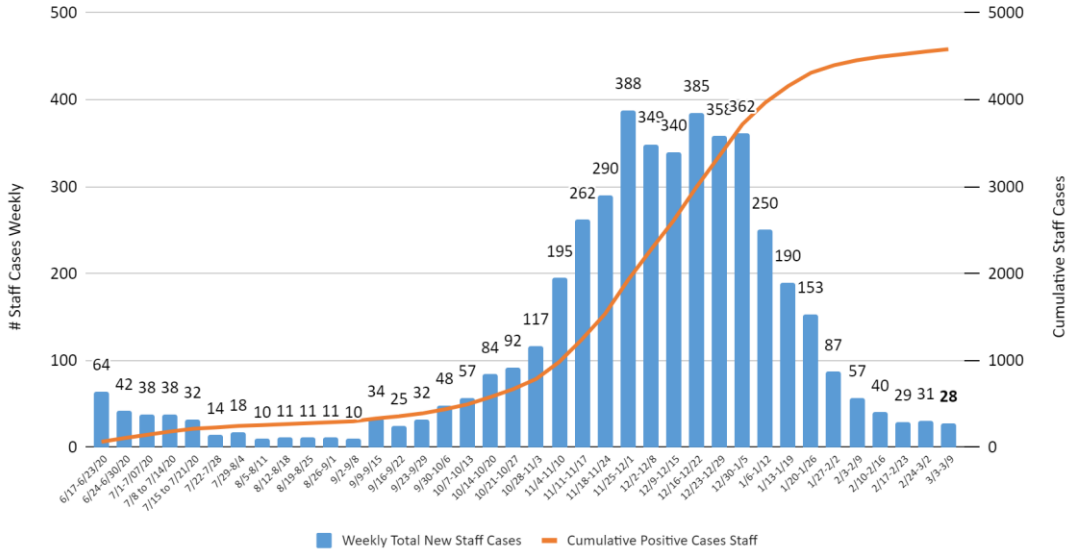
April 15, 2020 – March 9, 2021



Note: Light blue= OCME lab-confirmed and suspected deaths due to COVID-19, Darker blue= NHSN data

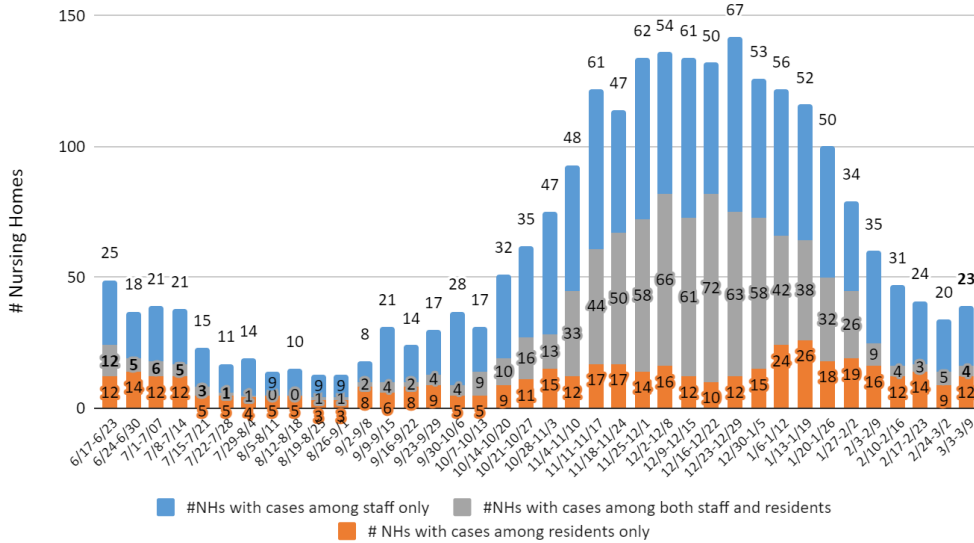
4

New Staff Cases in CT Nursing Homes June 17, 2020–March 9, 2021

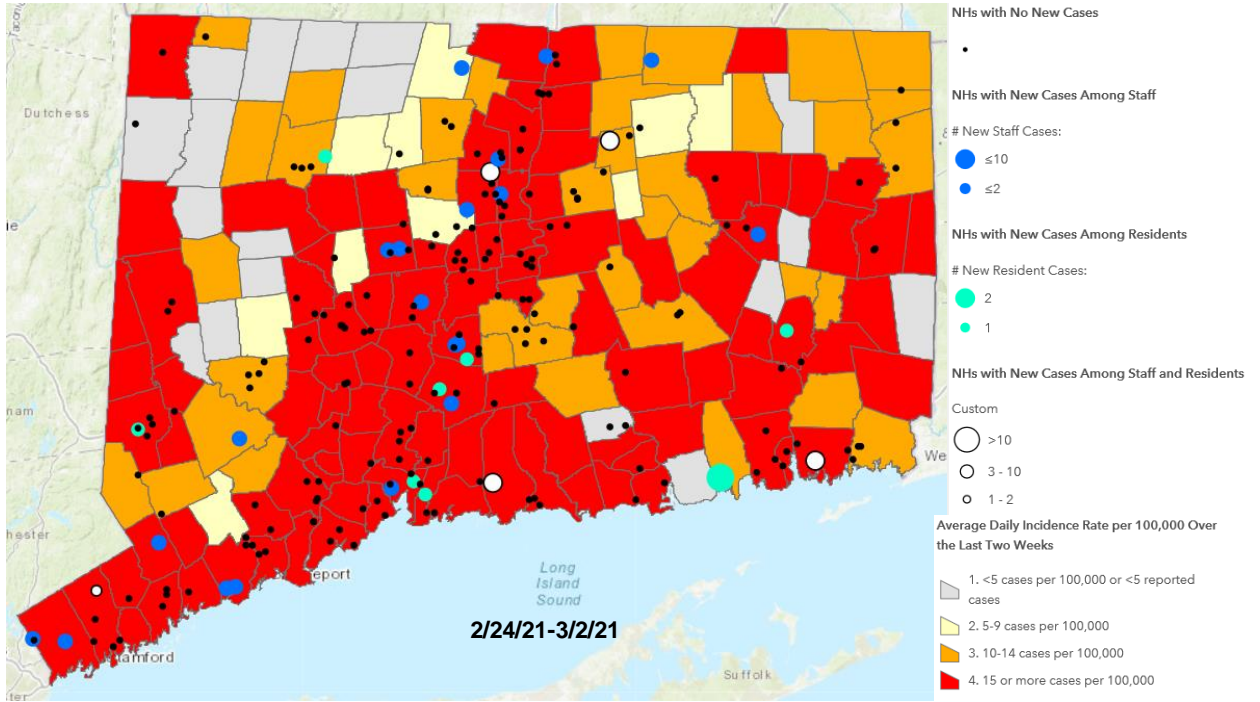


5

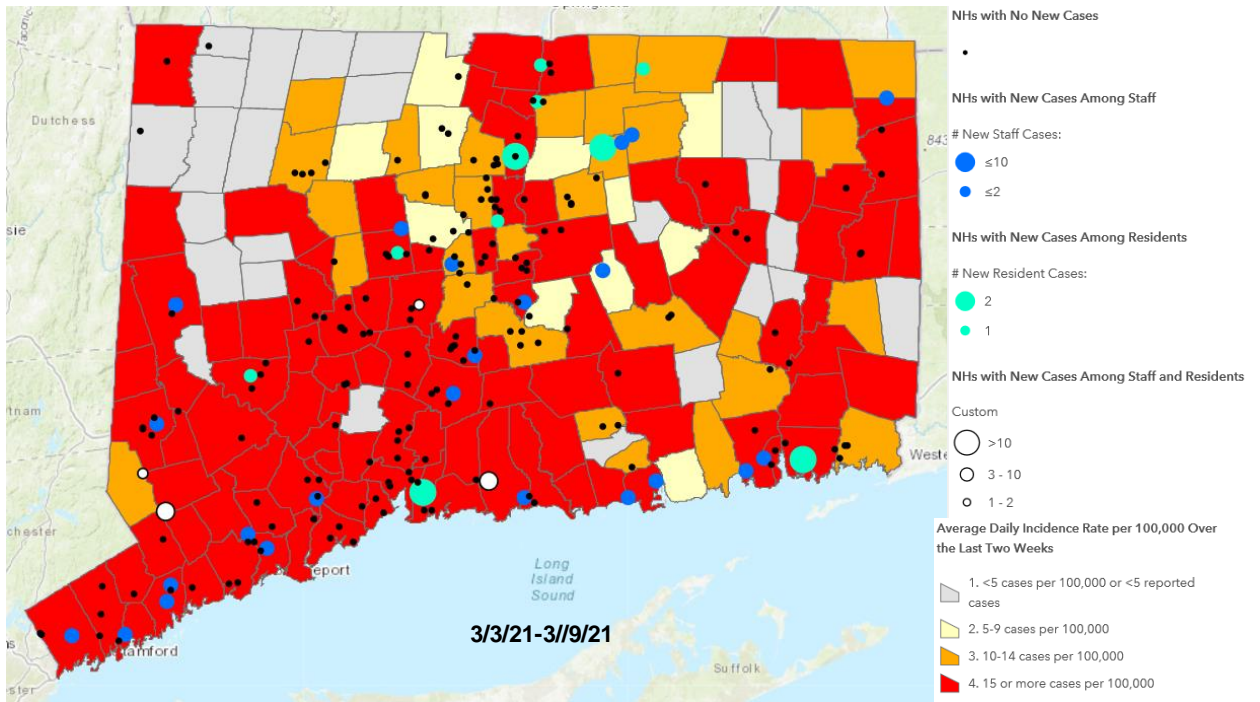
Nursing Homes with Positive Staff or Residents June 17, 2020-March 9, 2021



6



7



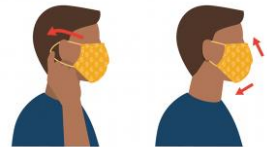
8

Updated Nursing Home Visitation Guidance

9

All visitation must still include...

- Continued screening of all who enter the facility for signs and symptoms of COVID-19
- Denial of entry to a visitor with signs and symptoms or **those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of vaccination status)**
- Well-fitting face mask (resident and visitor)
 - Completely covers both mouth and nose
 - Fits snugly against face without gaps
 - Has a nose wire to prevent air from leaking out the top
 - Two or more layers of washable, breathable fabric
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Physical Distancing at least six feet between persons.*



*With some exceptions

10

Outdoor Visitation

- **Preferred even when resident and visitor are fully vaccinated**
- Outdoor visits generally pose a lower risk of transmission due to increased space and airflow
- **All appropriate infection control and prevention practices (e.g., masks, distancing, hand-hygiene) should be adhered to.**

11

Indoor Visitation

Indoor visitation should be allowed **at all times for all residents (regardless of vaccination status) except for a few circumstances due to a high risk of COVID-19 transmission.**

- **Create a plan to manage visitation and visitor flow.**
 - Limit visitor movements in the facility: should physically distance from other residents and HCP.
 - Facilities may need to limit # visitors per resident at a time & # visitors in the facility at a time to maintain infection control precautions.
- **Ideally, visits for residents with roommates shouldn't be conducted in residents' rooms.**
 - If in-room visitation must occur (e.g., resident unable to leave room), **an unvaccinated roommate should not be present during the visit.**
 - If neither resident can leave the room, attempt to enable in-room visitation while maintaining recommended infection prevention and control practice, including physical distancing and source control.
- **The safest approach, particularly if either party has not been fully vaccinated, is for residents and their visitors to maintain physical distancing (≥ 6 feet between people).**
 - **If resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing well-fitting source control.**

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Indoor visitation could be permitted for all residents except as in the following scenarios:

- Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated (**work with your IP to track county positivity and vaccine coverage**)
- Residents with confirmed COVID-19 infection, regardless of vaccination status until they have met the criteria to discontinue Transmission-Based Precautions
- Residents in quarantine, regardless of vaccination status, until they have met criteria for release from quarantine

Note: Compassionate care visits can occur for residents on quarantine and isolation.

13

Compassionate Care

- **Compassionate care visits should be allowed at all times**, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak
- **Visits should be conducted using social distancing**; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following appropriate infection prevention guidelines, and for a limited amount of time
 - Fully vaccinated residents can choose to have close contact with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after
- **During an Outbreak – residents of affected unit(s)**
 - **Compassionate care visits for a resident *on quarantine or isolation* should occur in the *resident's room only*.**
 - **Compassionate care visits for a resident who is *not quarantined and who has tested negative* (after initial round of outbreak testing) should occur *within the unit or outside*.**
 - Residents from the affected unit should not be moved to an unaffected unit for visitation

14

Outbreaks

- LTC COVID-10 Outbreak trigger: onset of a **nursing home-onset resident case OR staff case with presence in the facility during infectious period**
- Upon identification of a single new case of COVID-19 infection in any staff or resident, all staff and residents should be tested.
 - Test *immediately* (within 24 hours)
 - If unable to obtain molecular (PCR) testing with results within 48h of collection, conduct antigen testing (prioritizing residents)
 - Retest every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for at least 14 days since the most recent positive result

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Indoor Visitation during an Outbreak

- When a new case of COVID-19 among residents or staff is identified: *immediately* begin outbreak testing and **suspend all visitation** until at least one round of facility-wide testing (staff and residents) is completed
- After 1st round of outbreak testing
 - **If testing reveals no additional COVID-19 cases in other areas/units**
 - **Visitation can resume in unaffected units** (where no cases have been identified).
 - **Suspend indoor visitation on affected unit(s)** until facility meets criteria to discontinue outbreak testing.
 - Non-quarantined residents in affected unit(s) testing negative may have *outdoor visitation only*
 - **If testing reveals ≥ 1 additional COVID-19 cases in other areas/units** (e.g., new cases in ≥ 2 areas)
 - Suspend visitation for all residents (regardless of vaccination status), until facility meets the criteria to discontinue outbreak testing.
 - **Continue outbreak testing and response** (including suspension of visitation as indicated above) until 14 days without new positive cases.

16

Visitor Testing/Vaccination

While visitor testing and vaccination can help prevent the spread of COVID-19, **visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.**

- If feasible, **facilities are encouraged to offer testing to visitors with prioritization given to those who visit regularly** (weekly).
- **Facilities may also encourage visitors to be tested on their own**, prior to coming to the facility (e.g., within 2-3 days)
- Similarly, **visitors are encouraged to become vaccinated** when they have the opportunity.
- If testing visitors, **a provider must be responsible for ordering the test, reporting results (positive and negative), and oversee provision of guidance to visitors on their results**

17

Resources

1. Revised CMS Memo on Visitation (QSO-20-39-NH): <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>
2. CMS Memo on testing (QSO-20-38 NH): <https://www.cms.gov/files/document/qso-20-38-nh.pdf>
3. CDC. Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>
4. CDC. Testing Guidelines for Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

18

Joint Section

- Operation Matchmaker
- CDC Guidelines for Vaccinated Persons
- Tip of the Week
- Travel Advisory Update

19

Operation Matchmaker



Goals

- Complete Pfizer vaccination series for LTC residents in need
- Limit unvaccinated fraction of LTC residents
- Establish longer-term vaccination partners (LTC Pharmacies)

Tasks

- Connect 2nd dose needs to vaccinators able to provide on-site Pfizer administration
- Leverage healthcare partnerships to continue vaccinating LTC residents and LTC-bound residents
- Identify and fill gaps in LTC Pharmacy vaccination program

20

LTC-MAP Vaccine Needs Assessment Survey Questions – Each Friday

Questions about vaccination status of admissions (including readmissions) during Fri-Th

- **#Residents admitted (including readmissions) during the prior 7 days (Fri through Thurs)**
 - #Residents admitted/readmissions (during prior 7 days) that **came from an acute care hospital**
 - #Residents admitted/readmissions (during prior 7 days) who **had not received any doses of COVID-19 vaccine**
 - #Residents admitted/readmissions (during prior 7 days) who **had received 1 dose of COVID-19 vaccine prior to this admission (regardless of where the 1st dose was given)**
 - **Which COVID-19 vaccine(s)** did the admissions this week receive? (choose all that apply: J&J, Pfizer-BioNTech, Moderna)
 - **Where were 1st doses given** for these partially-vaccinated admitted residents?

Questions about vaccination needs for residents in-house (at time of reporting on Fri)

- Total # residents currently in-house that need a second dose of Pfizer-BioNTech vaccine
- Total # residents in-house who have not received *any* doses of COVID-19 vaccine

Questions about staff vaccination needs

- Total # staff that need a second dose of Pfizer-BioNTech vaccine
- Total # staff who have not received *any* doses of COVID-19 vaccine

21

Overall Vaccine Needs (as reported Friday 3/12,
183 SNFs, 111 ALFs):

1. Number of nursing home residents that need a second dose of Pfizer-BioNTech vaccine **406 (~2%)**

2. Total number of nursing home residents who have not received any doses of COVID-19 vaccine **1,971 (~11%)**

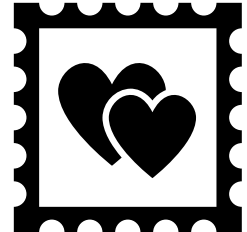
3. Number of assisted living residents that need a second dose of Pfizer-BioNTech vaccine **71 (~1%)**

4. Total number of assisted living residents who have not received any doses of COVID-19 vaccine **157 (~2%)**

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Operation Matchmaker

- **2 Vaccinators reaching out to LTCFs to arrange 1 “catch-up” clinic**
 - 2nd doses of Pfizer for residents in need
 - J&J (only vaccine option) for unvaccinated residents & staff
 - *Might* provide 2nd doses Moderna for residents in need
- **LTC pharmacies and LTCFs to be matched**
 - Some already matched
 - DPH team identifying and filling gaps for 209 SNFs, 135 ALFs
 - LTC pharmacies tentatively starting early April
- **DPH team monitoring LTC vaccine needs**
 - Continued discussions with hospitals re: J&J before discharge to LTC
 - Continued policy discussions related to vaccine coverage



23

Work Restrictions for Asymptomatic HCP

- Fully vaccinated asymptomatic HCP with [higher-risk exposures](#) **do not need to be restricted from work for 14 days following exposure**. Consider post-exposure work restriction for fully vaccinated HCP with underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment).
- HCP who have traveled should continue to follow CDC [travel recommendations and requirements](#).

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#WorkRestriction>

24

Quarantine for asymptomatic residents

- Fully vaccinated inpatients and residents in healthcare settings **should continue to quarantine** following prolonged close contact (≤ 6 feet of someone infectious with COVID-19 for cumulative ≥ 15 min/24h)
- A risk assessment is recommended for new admissions/readmissions.
 - Add vaccination status to the risk assessment.
 - Quarantine is no longer recommended for residents who are admitted to a post-acute care facility if they are fully vaccinated and have **not** had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#WorkRestriction>

25

What hasn't changed

3. SARS-CoV-2 Testing

- Recommendations for SARS-CoV-2 testing for [HCP](#), [residents](#) and [patients](#) remain unchanged.

4. Use of Personal Protective Equipment

- Recommendations for [use of personal protective equipment by HCP](#) remain unchanged.

26

Tip of the Week: Extended Use and Reuse of KN95









You asked why can't a KN95 be reused like an N95?


- Reasons to reuse:
 - A KN95 may be a better fitting mask as it conforms more closely to some wearers face
 - Reuse up to 5 times/one shift (as we do for N95 respirators) would be cost effective
- We do **not** recommend a KN95 respirator be used in place of an N95 for care of patient with SARS CoV-2 or patients requiring airborne precautions (unless we are in crisis capacity strategy)
 - The KN95 is considered a respirator
 - As a respirator a KN95 can be used for both extended use and reuse up to 5 times
 - This guidance does not apply to surgical or procedure masks as they are flimsy and HCP are more likely to contaminate themselves when reusing.

Always perform hand hygiene before and after donning/doffing any mask

27

			
	<p>Fri 3/19: CT's Travel Advisory will be modified from a requirement to recommended guidance</p> <p>Refer to CDC's travel guidance https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html</p> <ul style="list-style-type: none"> • Know your risk: https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-risk.html • After travel: https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html <ul style="list-style-type: none"> • Quarantine for minimum of 7 days • Test on day 3–5 after travel. If negative, then lift quarantine on day 7 • If unable to be tested, quarantine for 10 days after travel • International testing requirement: https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-air-travel.html 		
			

28

If I have been vaccinated, do I still need to get tested and self-quarantine before and after travel? 

Yes. To reduce the risk of further spread of variant strains in the United States, people who have been vaccinated should still follow [CDC's travel recommendations and requirements](#) before, during, and after travel. This includes all travel-related testing and quarantine recommendations and requirements, such as [pre-travel](#) and [post-travel testing](#) recommendations, the [pre-departure testing requirement](#) for international air passengers to the United States, and the recommended [stay-at-home \(self-quarantine\) period after travel](#).

Fully vaccinated travelers should also follow all [state, territorial, tribal, and local](#) travel recommendations and requirements.

All international air passengers (aged 2 years or older) traveling to the U.S., regardless of vaccination or antibody status, are [required](#) to show a negative COVID-19 test result or documentation of recovery from COVID-19. Those departing from or traveling within the United States are also recommended to get tested before traveling.

All travelers, regardless of vaccination status, should get tested 3–5 days after travel and stay home and self-quarantine for 7 days after travel, even if their test is negative. Travelers who don't get tested should stay home and self-quarantine for 10 days after travel. Travelers who test positive or develop [symptoms of COVID-19](#) should [isolate](#) and follow [public health recommendations](#).

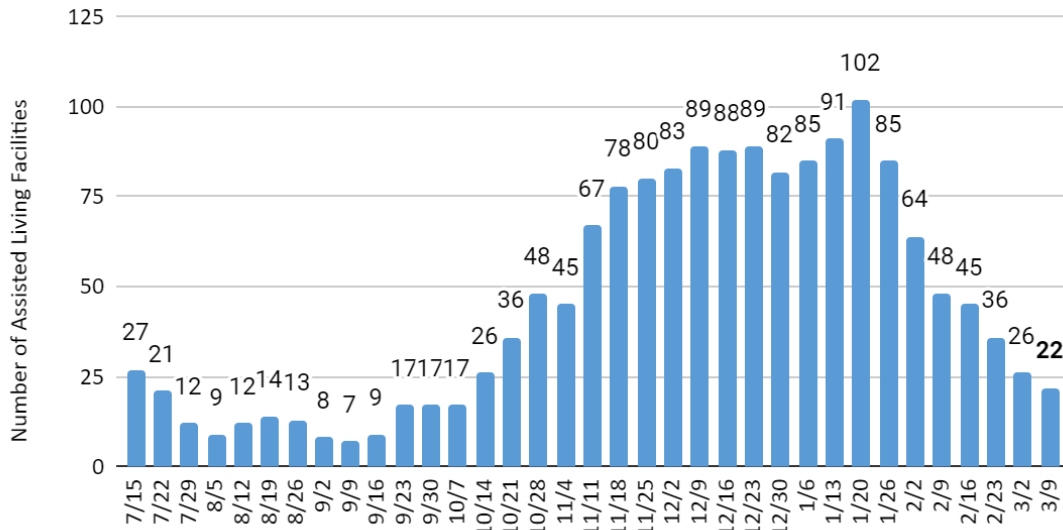
[Travel: Frequently Asked Questions and Answers | CDC](#)

29

Assisted Living Section

30

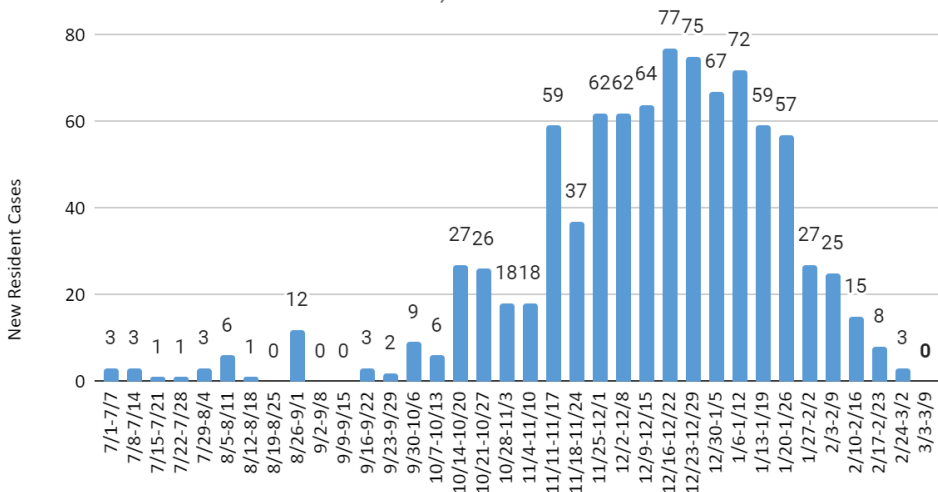
Assisted Living Facilities with Newly-Diagnosed COVID-19 Among Residents AND/OR Staff in the Most Recent 14-day Period



31

Assisted Living Resident Census: 7,214

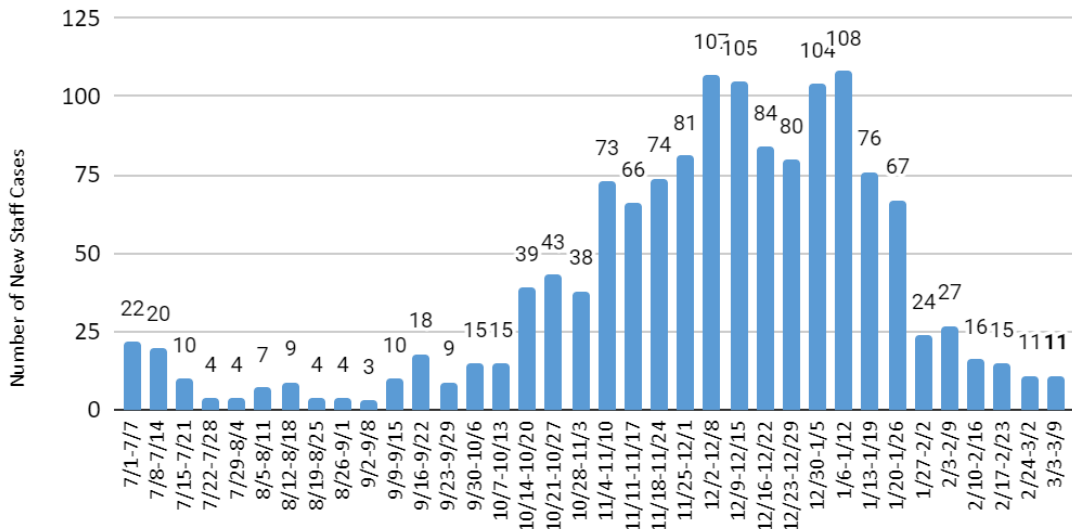
New Resident Cases in CT Assisted Living Facilities July 1, 2020-March 9, 2021



32

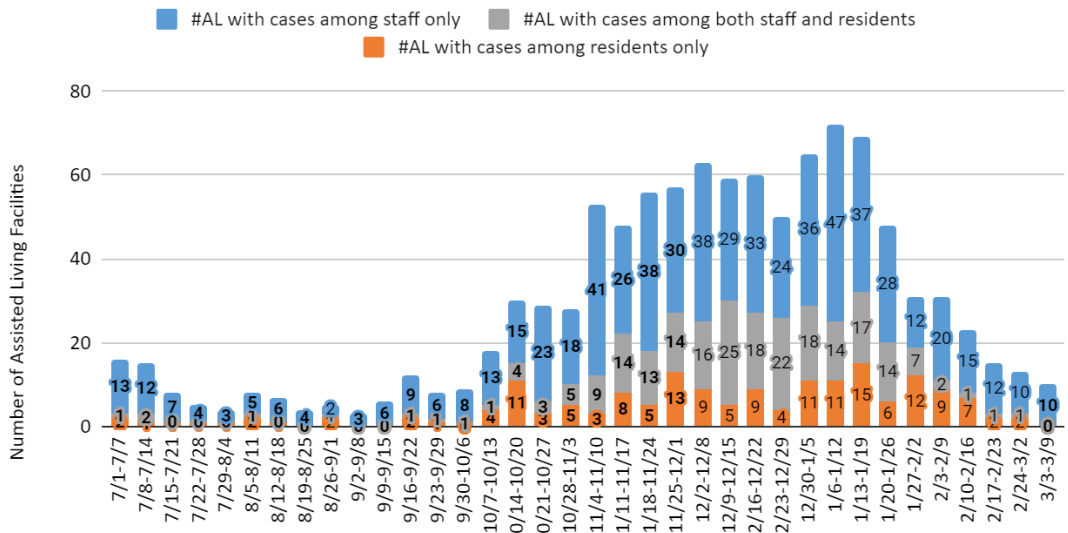
32

New Staff Cases in CT Assisted Living Facilities July 1 2020-March 9, 2021



33

Assisted Living Facilities with Positive Staff or Residents July 1, 2020-March 9, 2021



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