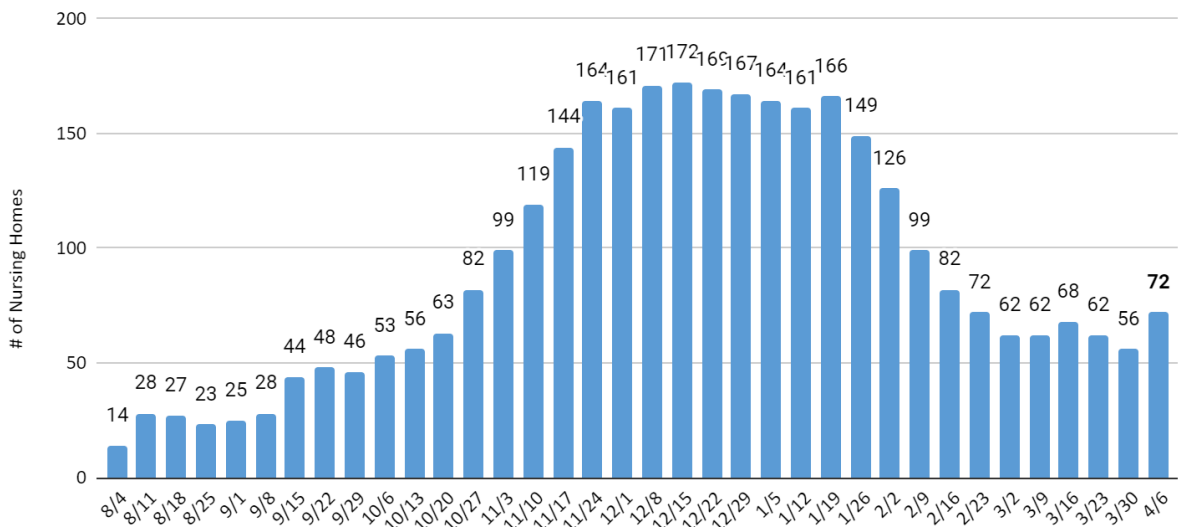


Nursing Home Data

1

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

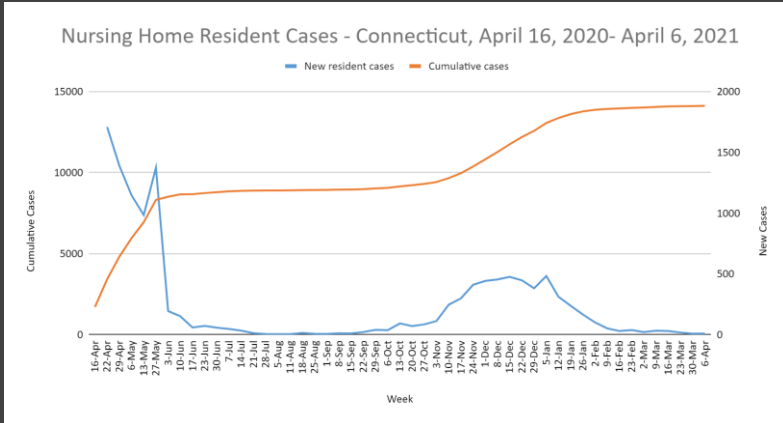


2

Nursing Home Resident Incidence, statewide

April 16, 2020 – April 6, 2021

Resident Census: 17,880



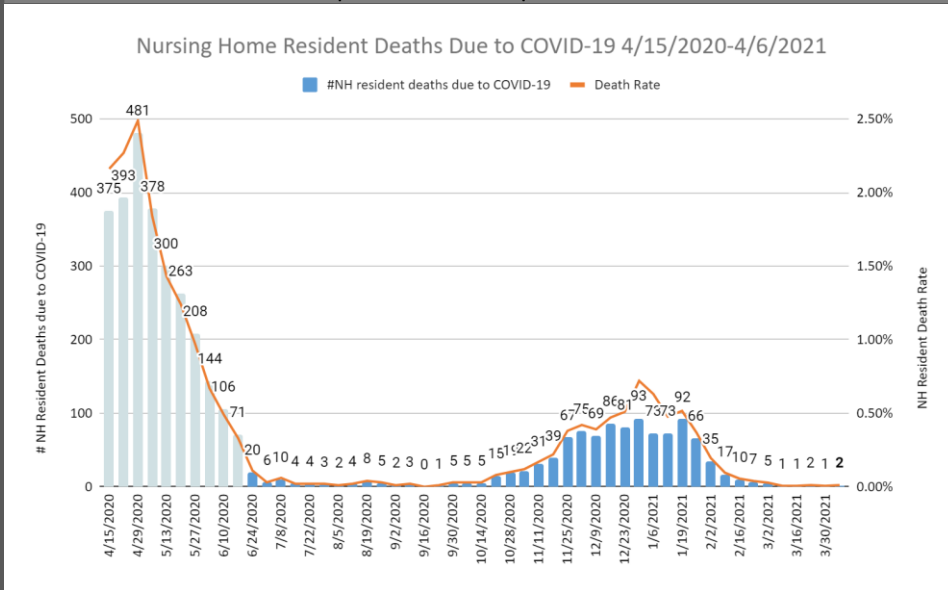
Date Reported	New Resident Cases (diagnosed that week)
5-Jan	483
12-Jan	321
19-Jan	238
26-Jan	166
2-Feb	101
9-Feb	52
16-Feb	30
23-Feb	38
2-March	22
9-March	33
16-March	30
23-March	18
30-March	9
6-April	10

Facility Metrics	#Nursing Homes
New res. cases, last 2 weeks	14 (-6)
No new res. cases, >2 weeks	195

3

Nursing Home Resident Deaths, statewide

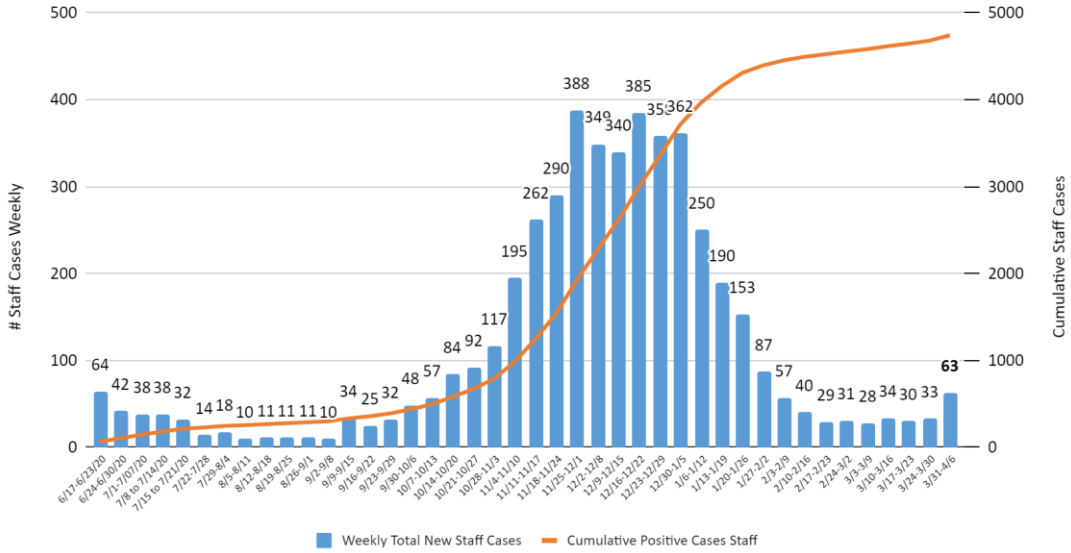
April 15, 2020 – April 6, 2021



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

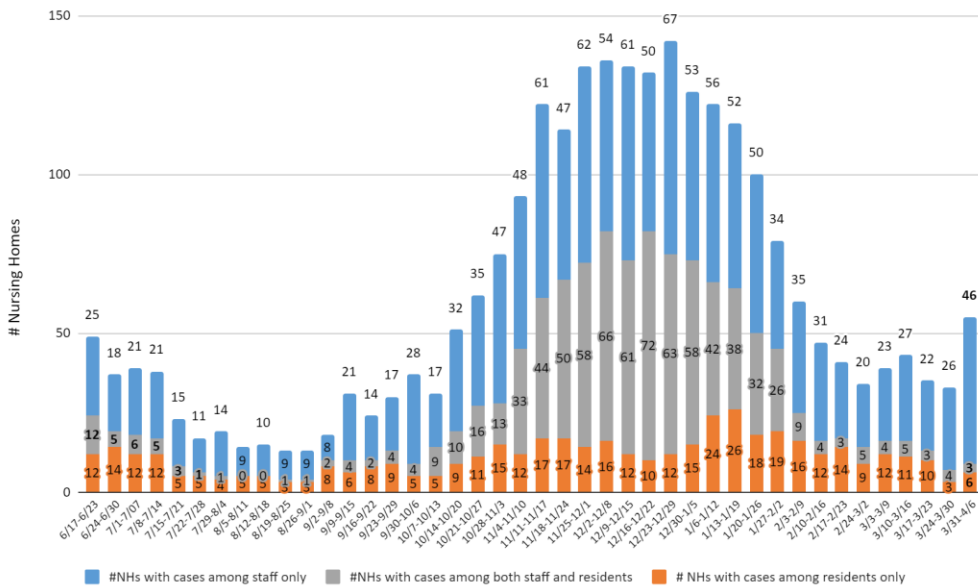
4

New Staff Cases in CT Nursing Homes June 17, 2020–April 6, 2021

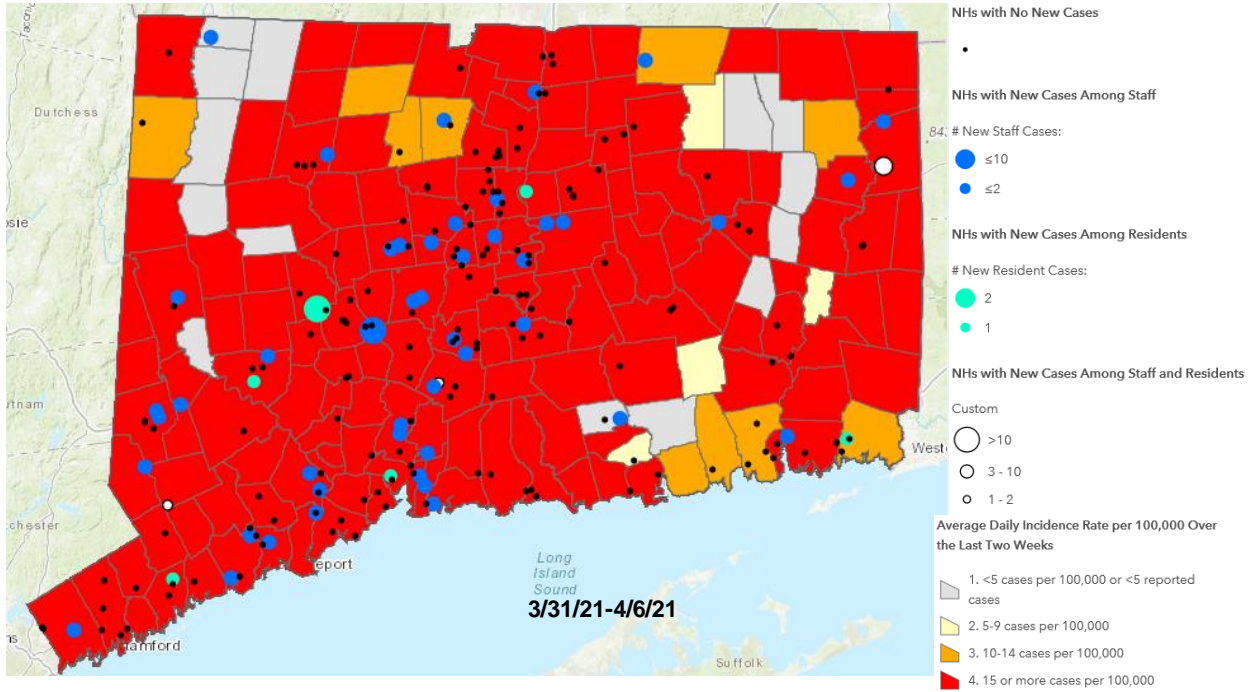


5

Nursing Homes with Positive Staff or Residents June 17, 2020-April 6, 2021



6



7

Nursing Home Clarifications

- Indoor Visitation
- Communal Activities/Dinning

8

Indoor Visitation

- Keep track of which units are "affected" and "unaffected".
- If a positive COVID case is identified in any unit other than the affected unit (indicative of uncontained spread), indoor visitation must stop for ALL UNITS.
- If the first round of outbreak testing reveals additional COVID-19 cases in the same "affected" unit(s) as the original case(s), but not in other "unaffected" units, indoor visitation can resume for residents in areas/units with no COVID-19 cases
- For more details please see [CMS Visitation Memo](#)

9

Communal Activities & Dining

- Communal activities and dining may occur if residents are adhering to the core principles of COVID-19 infection prevention.
- Communal Dining/Activities can be made available to **any resident not in quarantine or isolation.**
- As activities are occurring in communal spaces and could involve individuals who have not been fully vaccinated, residents should practice physical distancing, wear source control (if tolerated), and perform frequent hand hygiene.
 - For example: residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person).
- Facilities should consider additional limitations based on status of COVID-19 infections in the facility
 - Resident from affected unit who are not on quarantine should not participate in the same activities as residents in the unaffected units

10

Joint Session

- Operation Matchmaker/LTC Pharmacies
- Tip of the Week
 - Community Transmission vs Test Positivity
 - Universal Eye Protection

11

Community Transmission

- "How much disease is spreading in the community"
- Key leading indicator: **# of new cases of COVID-19 per 100,000 population per day.**
- See [CT COVID Data Tracker](#) for more on case rates.
- The [CT School Learning Model Indicators](#) webpage displays multiple indicators of transmission and labels counties as "High" "Moderate" and "Low" *Transmission*

Test Positivity Rates

- "Among tests done, what percentage are positive?"
- # of positive tests/# of total tests, 14-day average
- Used by CMS to determine NH staff testing frequency in each county.
- Rates of county positivity are posted [here](#).
- Facilities should monitor these rates every other week and adjust staff testing accordingly per CMS requirements.

12

Universal Eye Protection

HCP working in facilities located in areas with moderate to substantial community

transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection.

- CT DPH recommends that eye protection be worn during patient care encounters to ensure the eyes are also protected from exposure to respiratory secretions.
- Universal use of eye protection during patient care helps decrease the chances of HCP having higher-risk exposures.
 - Higher-risk exposures generally involve exposure of HCP's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCP were present in the room for an aerosol-generating procedure.
 - Example higher-risk exposure: eye protection NOT worn and HCP is exposed to unmasked and infectious person.
- Following a higher-risk exposure, work restriction is not necessary for a symptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 3 months or asymptomatic HCP who are fully vaccinated. **HOWEVER, work restriction after a higher-risk exposure for unvaccinated staff is recommended.**

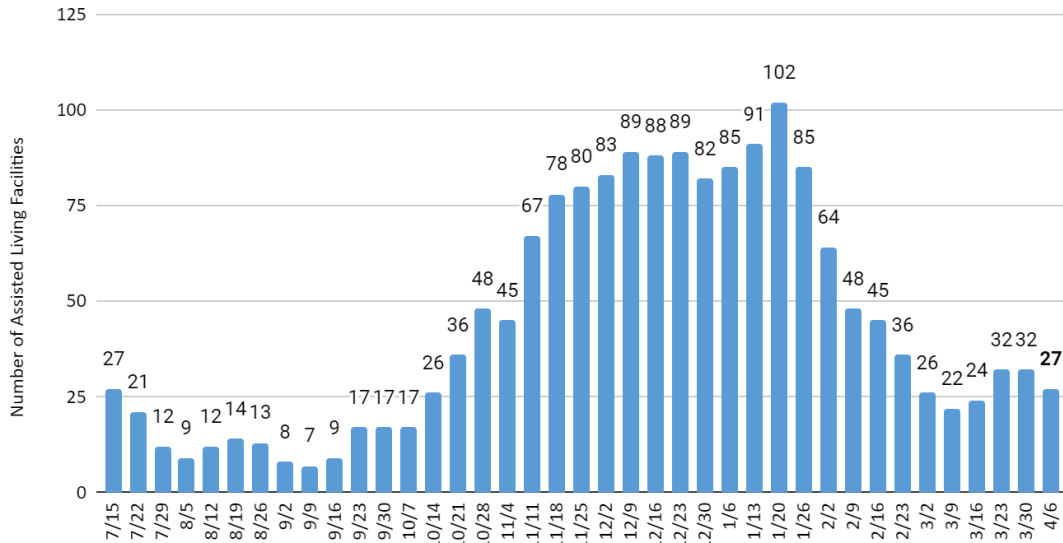
See [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) and [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2](#)

13

Assisted Living Data

14

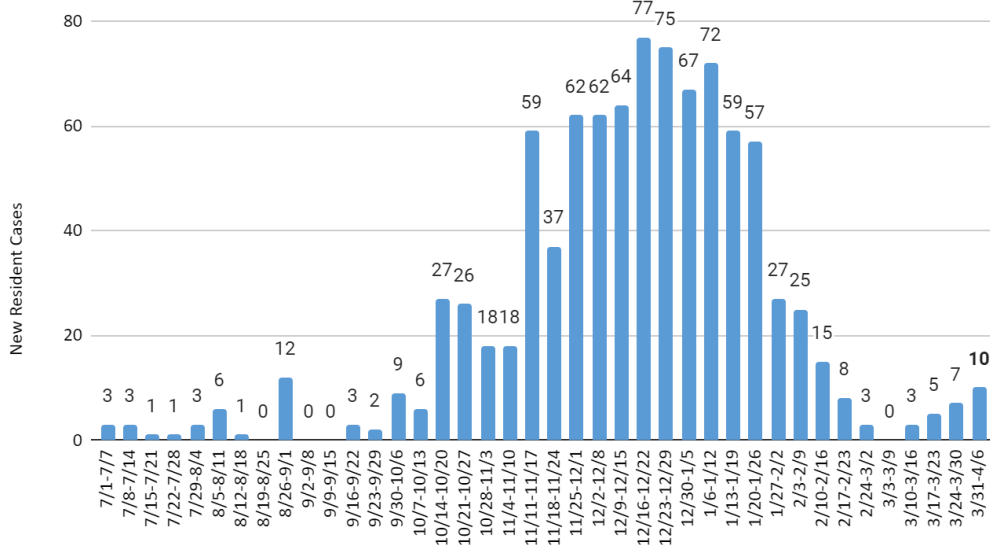
Assisted Living Facilities with Newly-Diagnosed COVID-19 Among Residents AND/OR Staff in the Most Recent 14-day Period



15

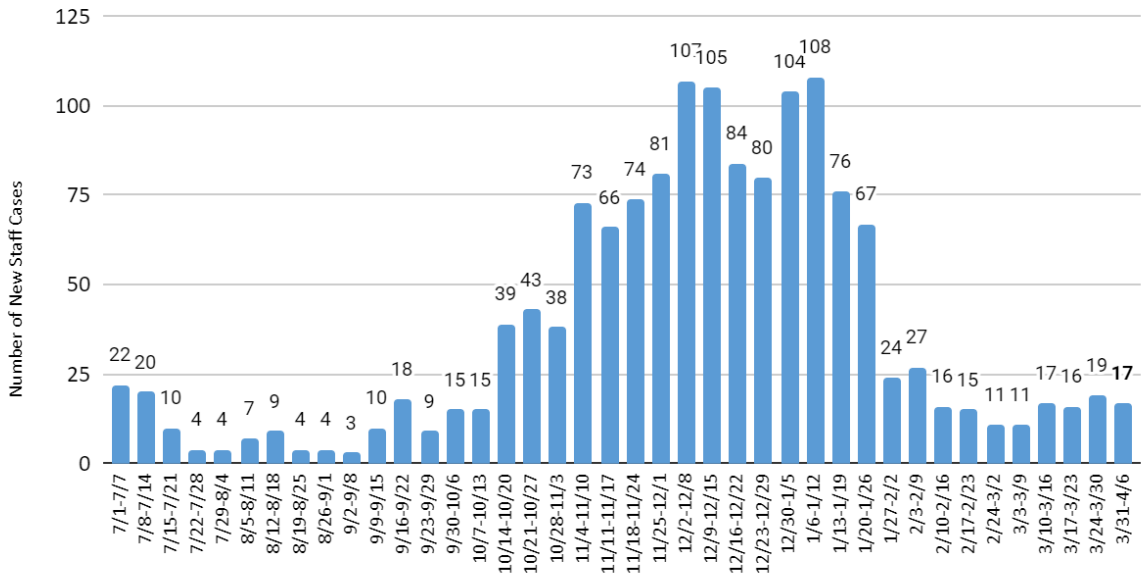
Assisted Living Resident Census: 7,237

New Resident Cases in CT Assisted Living Facilities July 1, 2020-April 6, 2021



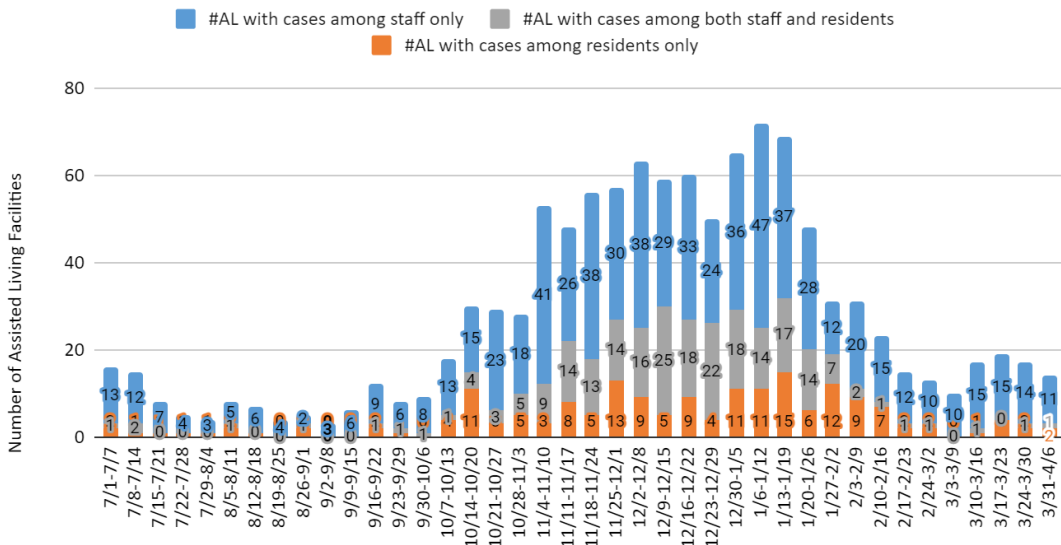
16

New Staff Cases in CT Assisted Living Facilities July 1 2020-April 6, 2021



17

Assisted Living Facilities with Positive Staff or Residents July 1, 2020-March 30, 2021



18