



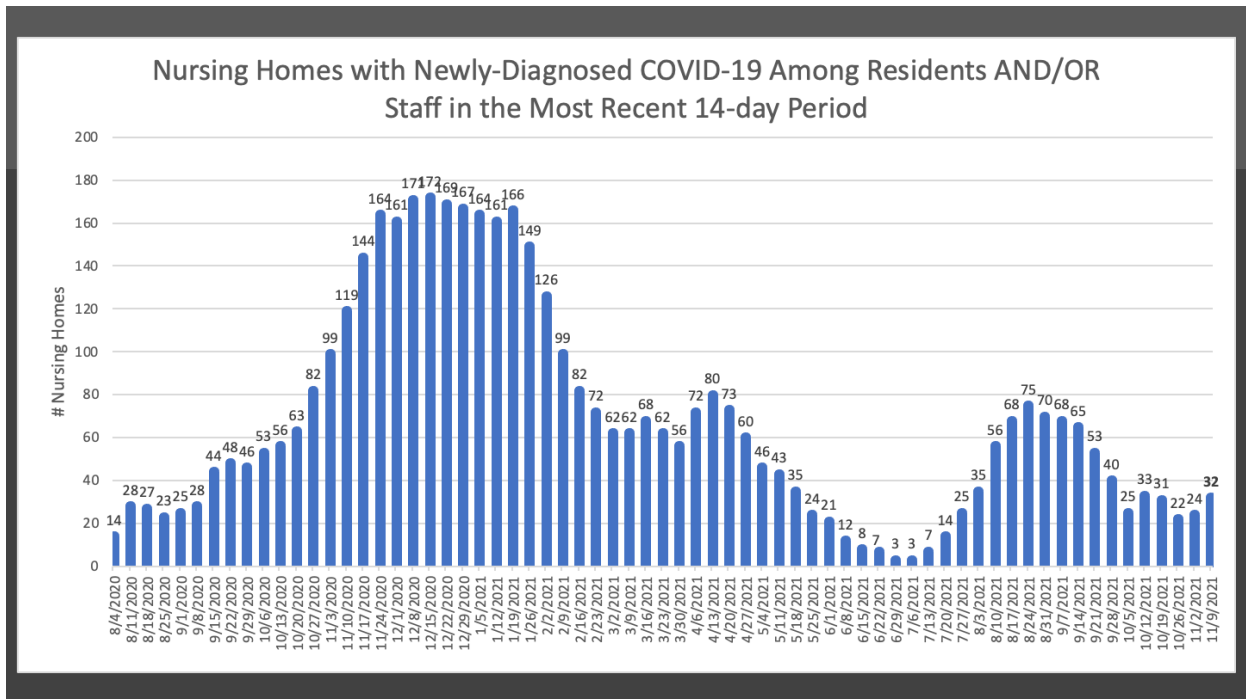
Agenda 11/17/21



- LTC Update Slides
- Shift Coaches
- QSO 20-39 Revised
- QSO 22-02
- Vaccination
- EO 13F
- Holiday Tips

Connecticut Department of Public Health
 Keeping Connecticut Healthy

1

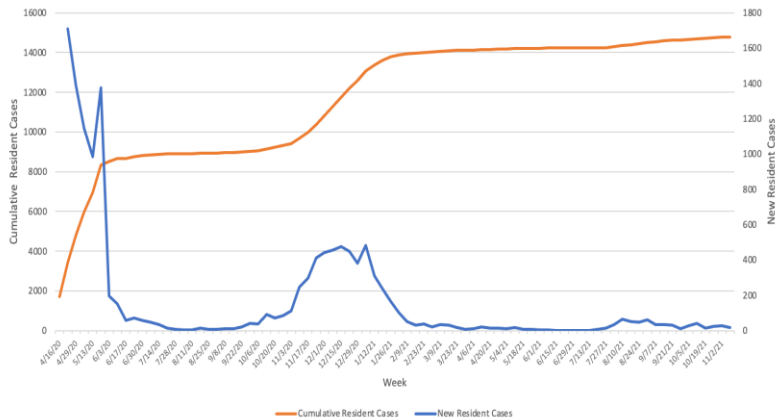


2

Nursing Home Resident Incidence, statewide April 16, 2020 – November 9, 2021

Resident Census: 18,961

Nursing Home Resident Cases - Connecticut, April 16, 2020-
November 9, 2021

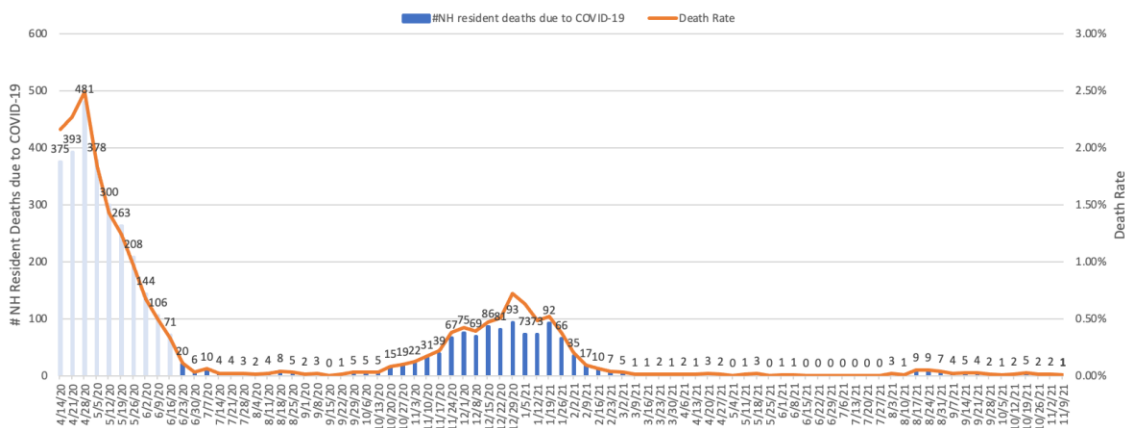


Date Reported	New Resident Cases (diagnosed that week)
10-Aug	65
17-Aug	53
24-Aug	48
31-Aug	63
7-Sep	36
14-Sep	35
21-Sep	30
28-Sep	11
5-Oct	29
12-Oct	42
19-Oct	15
26-Oct	24
2-Nov	28
9-Nov	17

Facility Metrics	#Nursing Homes
New res. cases, last 2 weeks	10 (+2)
No new res. cases, >2 weeks	198

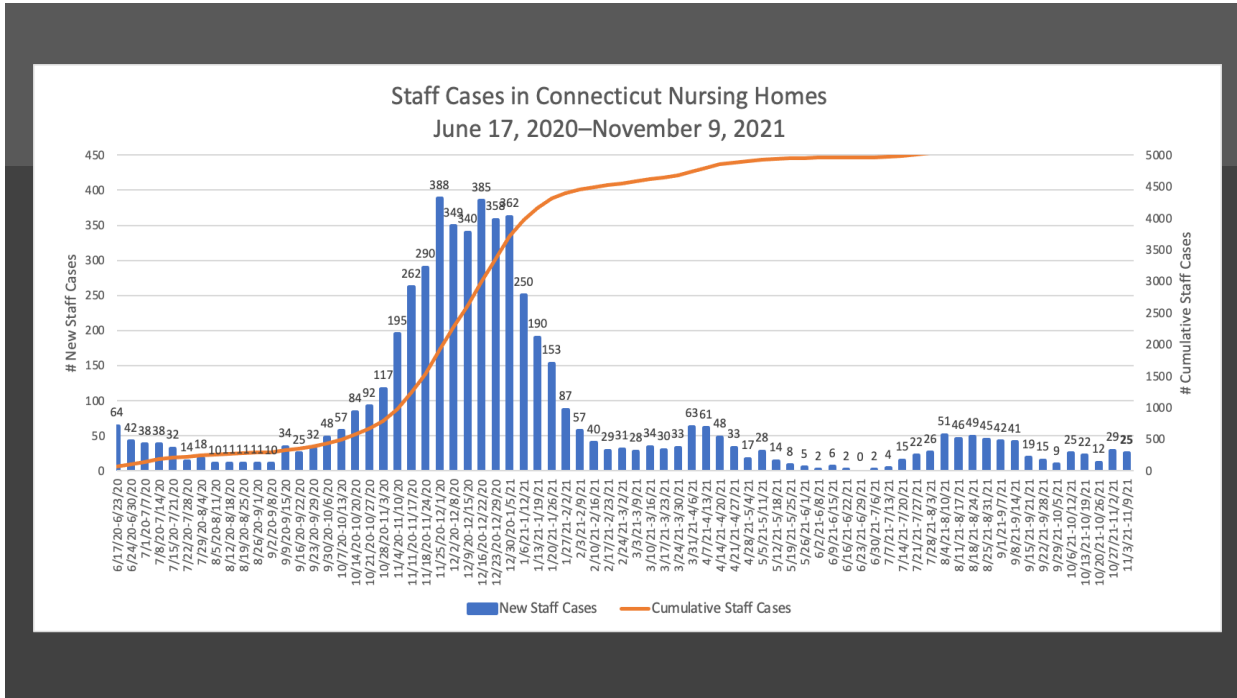
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Nursing Home Resident Deaths Associated to COVID-19 4/15/2020-11/9/2021

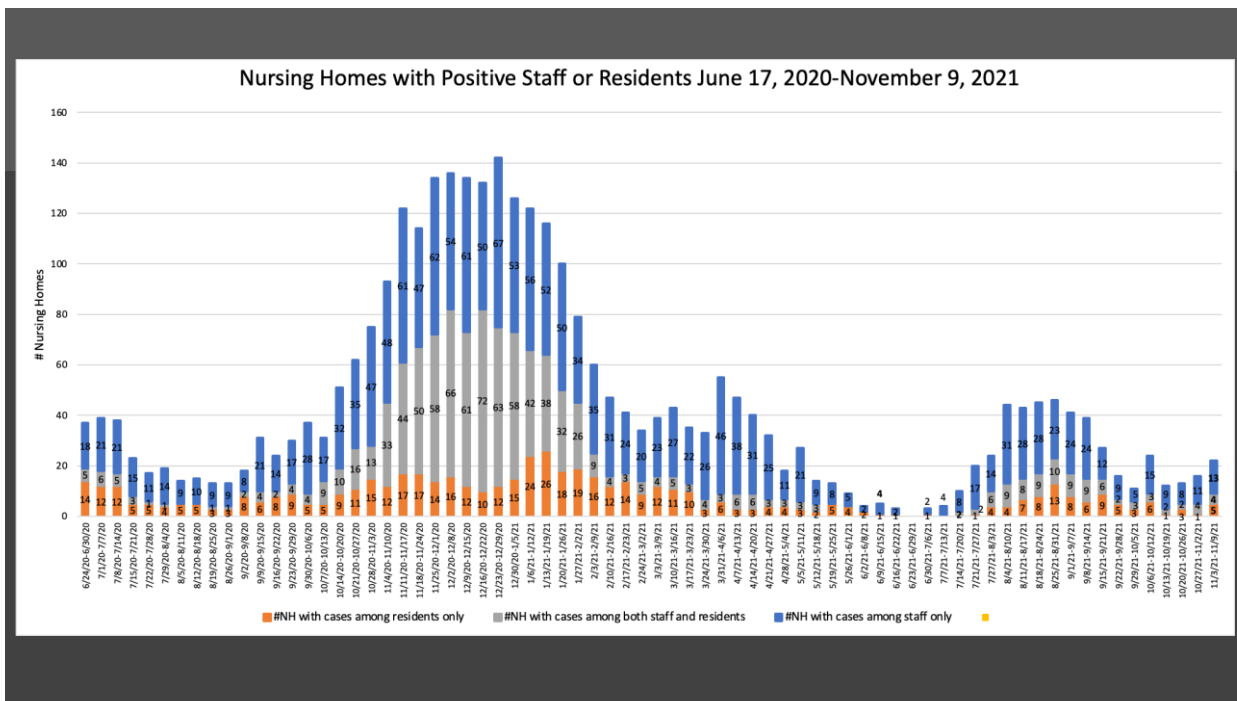


Note: Light blue= OCME lab-confirmed and suspected deaths due to COVID-19, Darker blue= NHSN data

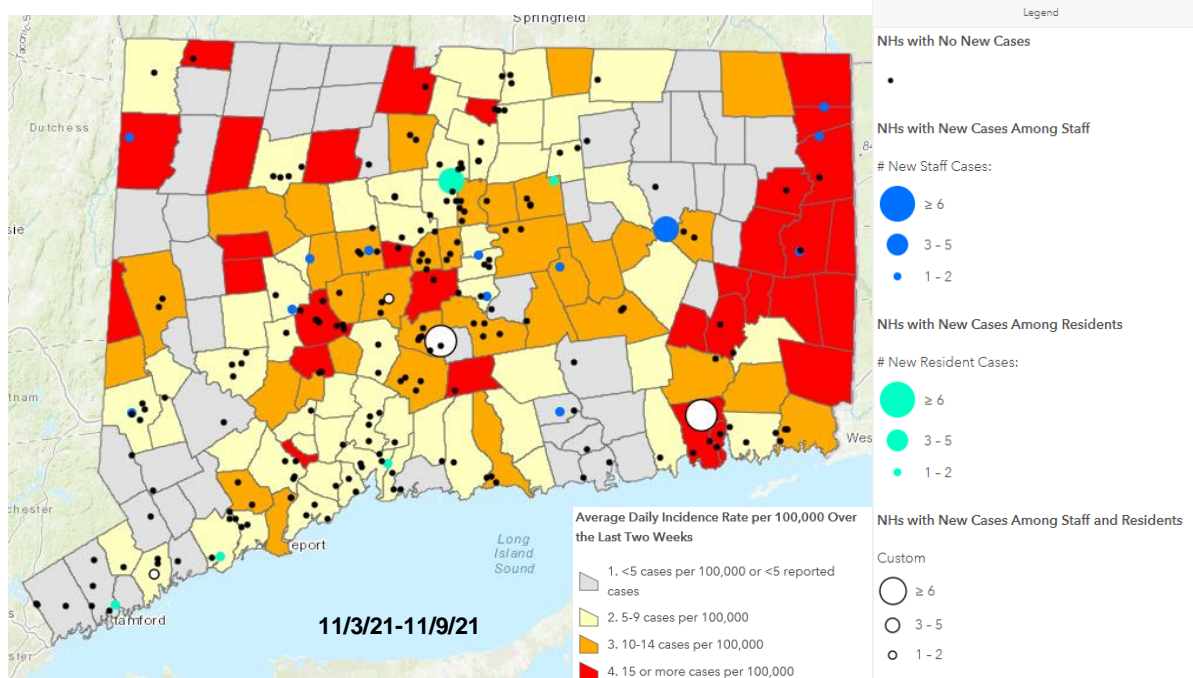
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5



6



7

Lessons Learned from Recent Outbreaks:

1. Cases are occurring largely among unboosted fully-vaccinated individuals.

- There have been a handful of LTCF cases among individuals who have received boosters more than a week prior – we are keeping an eye out for deaths among boosted individuals.
- SNF mortality associated with COVID-19 is greatly reduced compared to pre-vaccine waves.
- Booster doses save lives. Boosters can be given during a LTCF outbreak. Get whichever booster (Pfizer, Moderna) is available most immediately.

2. Gaps in infection control contribute to these outbreaks

- Adherence to current infection prevention & control (IPC) measures can prevent outbreaks
- Support your IPs
 - IPs should do IP full-time, particularly in the context of respiratory virus season and holiday visitation
 - Shift coaches can help by observing for ICP gaps during each shift on each unit

3. Monoclonal antibodies save lives during outbreaks.

8



Welcome

Infection Control Amplification in Nursing Centers (I CAN) is a program to strengthen nursing centers' adherence to infection control practices by fostering a "see something, say something" culture, modeled by (1) a network of peer coaches responsible for observing on every unit and shift and speaking up in the moment and (2) supported by a data feedback loop.

The program targets hand hygiene, masking, and transmission-based precautions. Coaches and secret



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- [PEER COACHES](#)
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- [ADMINISTRATORS](#)

9

9

About

I CAN is a nursing center shift coaching program designed to strengthen the infection control practices necessary to protect residents from coronavirus and other infectious diseases, by:

1. Designating coaches to model a culture of mutual accountability, and
2. Creating a feedback loop to monitor adherence to key practices.

Coaches and secret shoppers **SEE** infection control practices, **SAY** when they see lapses, and **SHARE** data that can be used to tailor the program's to a center's unique needs and to inform quality improvement efforts.

The program targets hand hygiene, masking, and transmission-based precautions. The [audit data collection tools](#) (bottom of page) can also be used as a stand-alone intervention.

This website supports nursing homes' implementation of the program.



I CAN was developed by Rosa Baier, Marguerite McLaughlin, Ann Reddy, and Esme Zediker at the [Brown University School of Public Health Center for Long-Term Care Quality & Innovation \(Q&I\)](#), with funding from the [Connecticut Department of Public Health](#) and input from seven Connecticut nursing centers that participated in a pilot program.

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RELATED LINKS

[Brown University Center for Long-Term Care Quality & Innovation](#)

WE NEED YOUR HELP!

I CAN is free to use or adapt. We do ask that you complete a quick online assessment after several months, to help us refine and improve the program. So that we can send you the assessment, please [provide your contact info](#) when you begin the program.

10

- QSO 20-39 Revised
- QSO 22-02

11

Nursing Home Resident COVID-19 Vaccination Rates: Primary Series, as of 10/31/2021

Resident Vax Rates (203 NHs reported)

- Average 91%
- Median 94%
- Range 65-100%

12

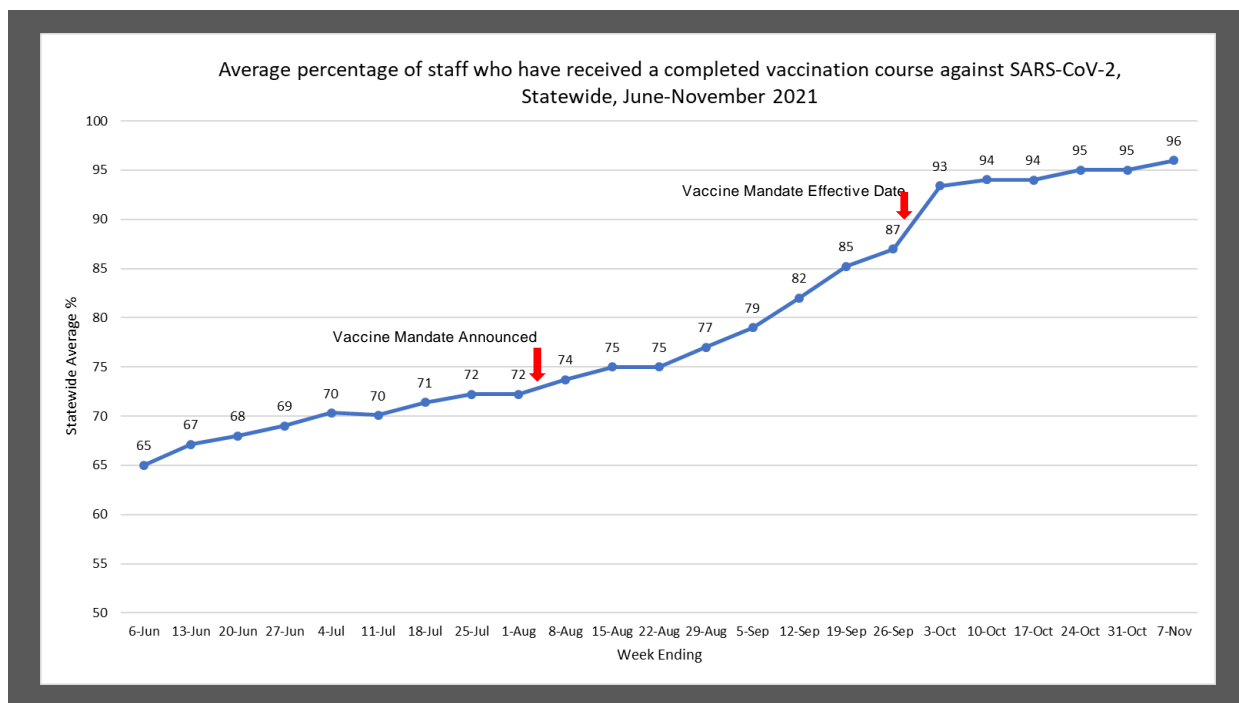
Nursing Home Staff COVID-19 Vaccination Rates: NHSN data, primary series, as of 10/31/2021

Staff Vaccination Rates (204 NHs reported)

- Average 95%
- Median 96%
- Range 79-100%

NHSN Staff Definition: HCP are defined as those who were **eligible to have worked** at this healthcare facility for **at least 1 day during the week of data collection, regardless of clinical responsibility or patient contact [defined by CMS as individuals who work in the facility on a regular (weekly) basis]**. HCP eligible to have worked include employees (staff on facility payroll), licensed independent practitioners (physicians, advanced practice nurses, & physician assistants), adult students/trainees & volunteers, and other contract personnel who are scheduled to work in the facility at least one day every week. For more information, please see [here](#).

13



14

Booster vaccinations save lives in LTCFs

- Anyone who works or lives in a long-term care facility is eligible for a booster.
 - Get whichever booster shot is available the soonest.
 - Exposed individuals in LTCFs *can* get a booster.
- **Booster clinics *may* occur while in outbreak mode.**
- If you're having trouble scheduling a booster clinic, email dph.immunizations@ct.gov for help connecting with a booster provider.

Nursing Homes

Help us understand the impact of boosters: **Report booster data for staff and residents accurately each week on NHSN.**

If you didn't complete this survey on booster clinic progress and challenges, **COMPLETE BY FRIDAY NOVEMBER 19:** <https://forms.office.com/g/KGuWKJvwDH>

15

Vaccinating people with a known COVID-19 exposure or during COVID-19 outbreaks

Residents or patients with a known COVID-19 exposure or undergoing screening in congregate healthcare settings (e.g., long-term care facilities and other long-term care settings)...may be vaccinated. In these settings, exposure to and transmission of SARS-CoV-2 can occur repeatedly for long periods of time, and healthcare personnel and other staff are already in close contact with residents. **People residing in congregate settings (healthcare and non-healthcare) who have had an exposure and are awaiting SARS-CoV-2 testing results may be vaccinated if they do not have symptoms consistent with COVID-19.** Vaccination providers should employ appropriate infection prevention and control procedures.

[Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#vaccinating-exposure)
<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#vaccinating-exposure>

16

Who is eligible for a booster?

- **mRNA:** \geq 6 months after primary mRNA vaccine series
 - Age 65+
 - Age 18+ who live in long-term care
 - Age 18+ who have underlying medical conditions including chronic lung disease including COPD/asthma, chronic kidney disease, diabetes, overweight, depression, other mental health conditions, current/former smoking
 - **Age 18+ who work or living in high-risk settings**
- **J&J:** \geq 2 months after J&J, anyone 18+
- **Mix & Match:** Any COVID-19 vaccine can be given as a booster, regardless of which vaccine was given for the primary series

17

Executive Order (EO) 13F

18

What to Expect This Winter

Increased visitation and gathering during the holiday season can lead to more cases of COVID-19 and other respiratory viruses

- Appropriate ICP measures can prevent spread in your facility
 - Support your IPs and Shift Coaches
 - Visitors should only have close contact with residents they are visiting
- Booster vaccinations are needed to limit infections, hospitalizations, and deaths. **Booster everyone NOW.**

Molnupiravir is coming!

- Oral antiviral to be given for 5 days, starting within 5 days of symptom onset
- Similar efficacy compared to monoclonal antibodies

CDC's Holiday Tips: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays/celebrations.html>