



Agenda

HAI-AR

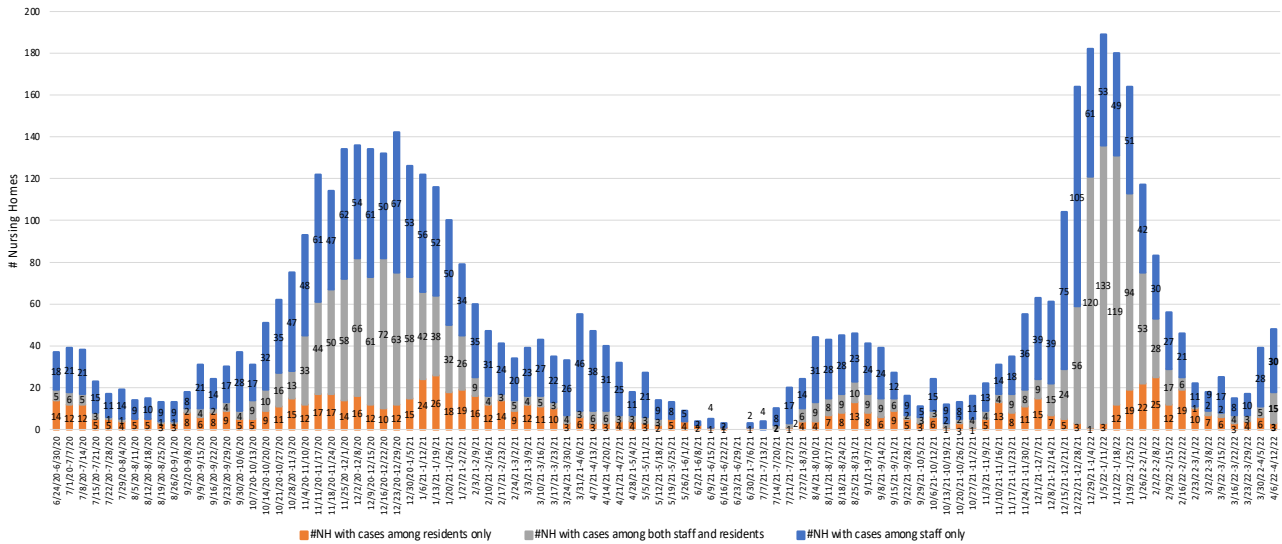
- * Nursing Home Data
- * Community Transmission
- * Confirmatory Testing at SPHL
- * Reporting
- * Booster recommendations

FLIS

- * Masking in Nursing Homes
- * Temporary Nurses Aide

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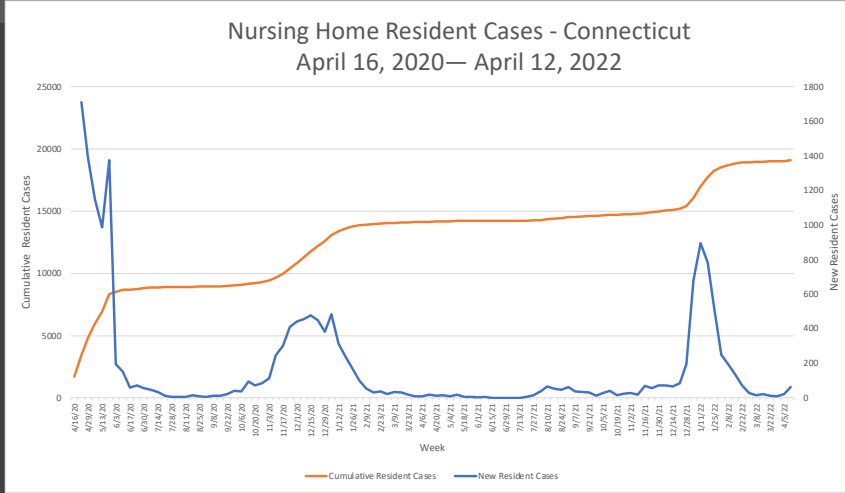
Nursing Homes with Positive Staff or Residents June 17, 2020 — April 12, 2022



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Nursing Home Resident Incidence, statewide April 16, 2020 – April 12, 2022

Resident Census: 17,936

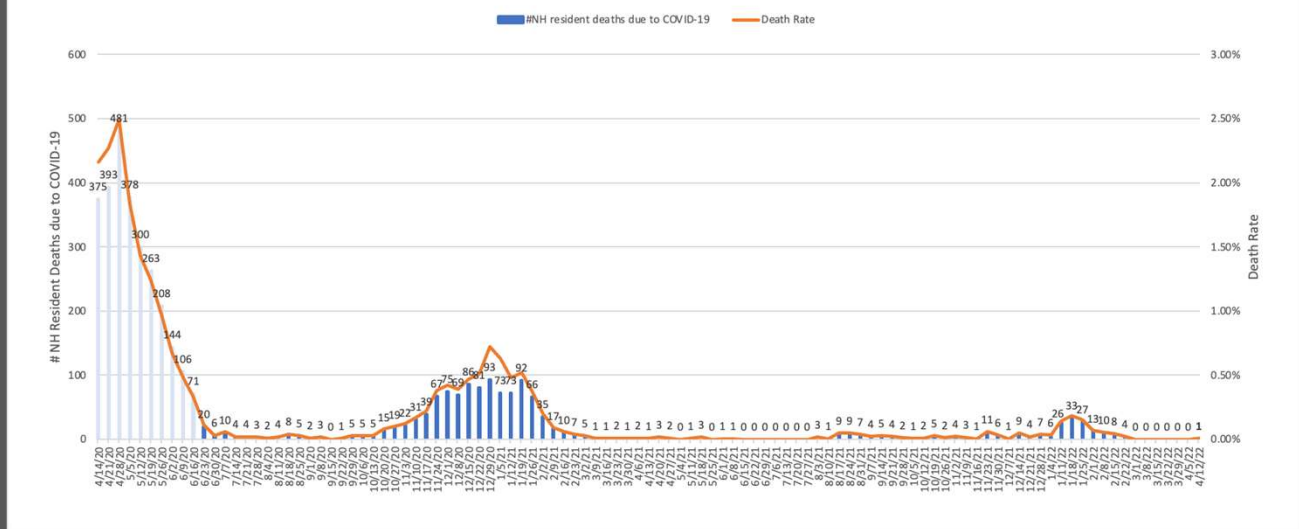


Date Reported	New Resident Cases (diagnosed that week)
25-Jan	519
1-Feb	248
8-Feb	192
15-Feb	131
22-Feb	71
1-Mar	27
8-Mar	13
15-Mar	22
22-Mar	11
29-Mar	14
5-Apr	21
12-Apr	64

Facility Metrics	#Nursing Homes
New res. cases, last 2 weeks	24 (+6)
No new res. cases, >2 weeks	181

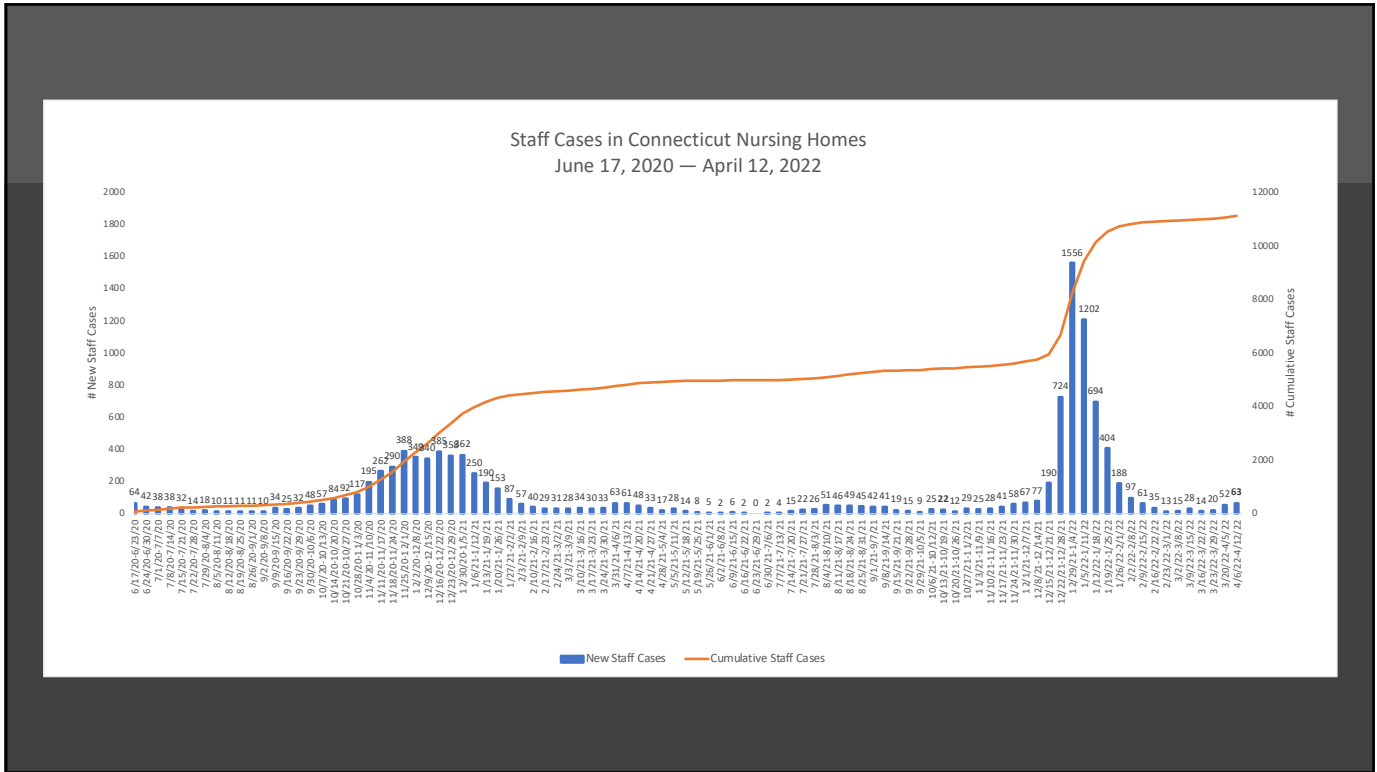
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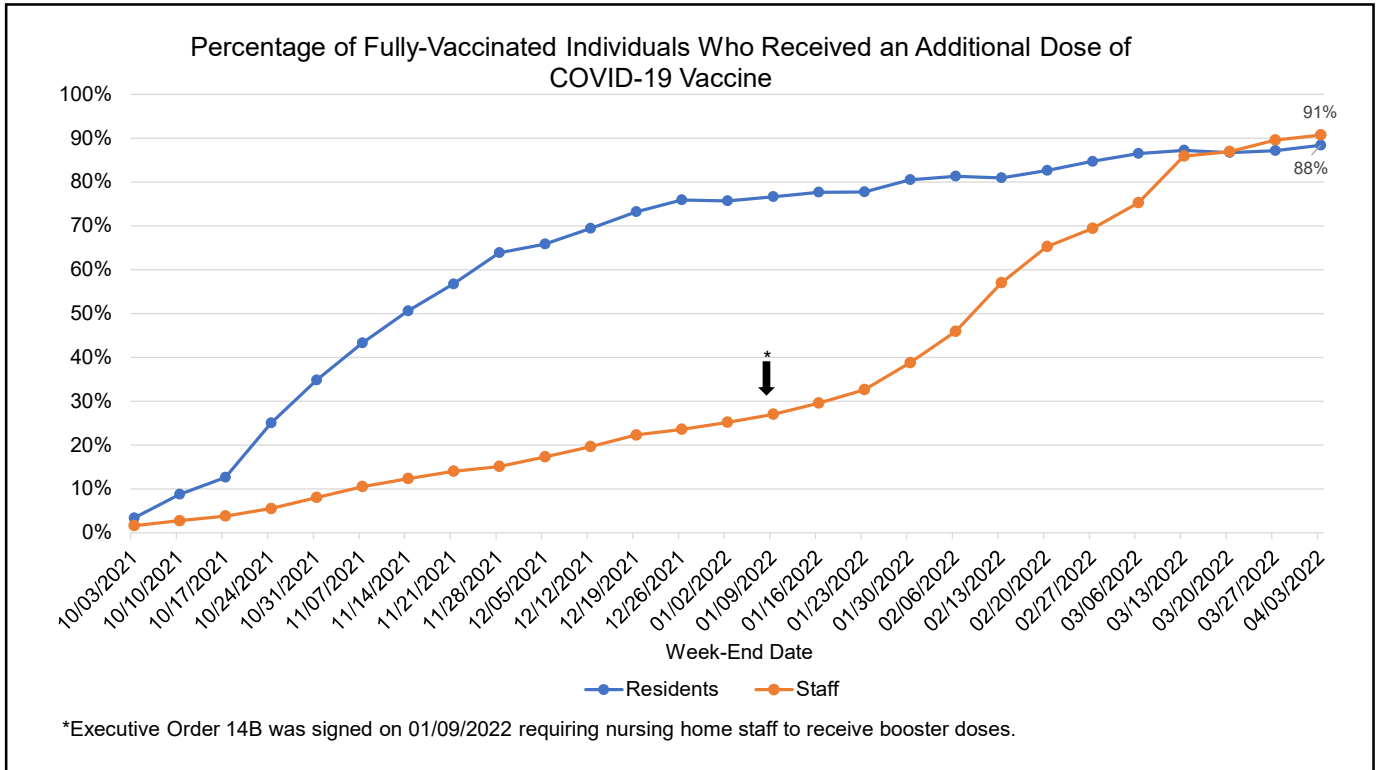
Nursing Home Resident Deaths Associated to COVID -19 4/15/2020 – 4/12/2022




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

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Community Transmission

Connecticut
State Health Department

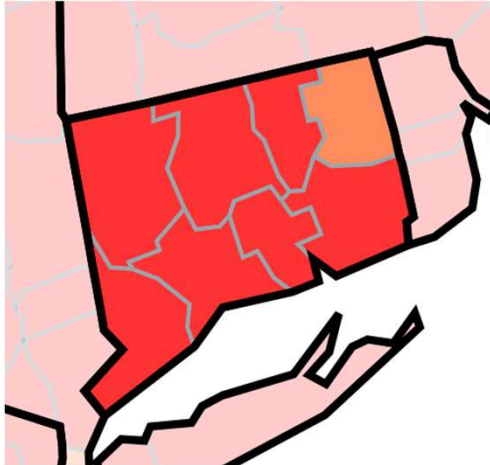
7-day Metrics

Cases	1,965
% Positivity	3-4.9 %
Deaths	68
% of Population ≥ 5 Years of Age Fully Vaccinated	82.4%
New Hospital Admissions (7-Day Moving Avg)	20.29

Data Type: Level of Community Transmission

On this page:

- [Cases & Deaths](#)
- [Testing](#)
- [Vaccinations](#)
- [Hospitalizations](#)
- [Community Characteristics](#)
- [Data Downloads and Footnotes](#)



*as of 4/18/2022

Source: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Connecticut&data-type=Risk

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Confirmatory PCR Testing at SPHL

1. State Public Health Lab (SPHL) cannot provide for mass routine screening or outbreak testing.
 - * SPHL will conduct diagnostic testing for certain long-term care cases ([PCR confirmation after antigen test](#)).
 - * **Due to current testing demands, please limit 5 confirmatory specimens per facility.**
2. SPHL does not have a routine courier for specimens from LTCFs. Couriers are for cases and outbreaks of epidemiologic importance (must be pre-approved by DPH HAI-AR Program)
 1. If symptomatic residents testing negative for COVID-19, **test for other respiratory viruses (e.g., flu). Don't order full respiratory viral panel at State Lab unless non-COVID virus suspected.**

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Reporting Requirements – Nursing Homes

Class B Reportable Event

- Facilities are required to notify DPH FLIS reportable events portal immediately when one case of COVID-19 is identified.
- Not necessary to update when additional staff or resident test positive.
- Close out the outbreak when there have not been any residents or staff who test positive for 28 consecutive days.

DPH Case Reporting Portal

- **Report COVID-19 cases among staff & residents within 24 hours of detection.** Link: <https://dphflisevents.ct.gov/>
- Note: Case reporting Portal is different from the Class B Reportable Event portal.
- **Please update line list for each resident case (symptoms, hospitalization, death and vaccination dates)**
- **No need to call Epi to report COVID-19 cases.** Reporting data on the portal serves as notification to Epi.
- Step by step instructions: https://portal.ct.gov/-/media/DPH/HAI/Directions-Data-entry-FLIS-portal-update-09_23_21.pdf

NHSN

- COVID-19 Pathway Data Reporting– **weekly by NOON WEDNESDAYS**
- COVID-19 Vaccination- Once a week, Monday-Sunday reporting time frame

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Reporting Requirements – Assisted Living

- No more daily reporting to LTC-MAP.
- **CALL DPH HAI-AR PROGRAM at 860-509-7995 within 24 hours of new staff or resident case.**
- Tell secretary you're reporting a COVID-19 case in assisted living, provide total staff and resident cases, date of first and last positive and if you require guidance (we will only call back if you request).
- Required case reporting and laboratory reporting continues
 - Ordering providers for SARS-CoV-2 testing still need to report cases (positives) here: dphsubmissions.ct.gov/Covid/InitiateCovidReport
 - Laboratories (e.g., BinaxNOW providers) are required to report all positives results (set up reporting with dph.informaticslab@ct.gov)

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Booster Recommendations

- * **A second mRNA booster** dose could benefit people ages 50 years and older, as they are at increased risk for severe COVID-19.
 - * People ages 50 years and older may choose to receive a second booster dose using an mRNA vaccine if it has been at least 4 months after the first booster dose, for a total of 4 doses.
- * **A person remains up to date** with their COVID-19 vaccination if they have received all recommended doses in the primary series and [one booster](#) when eligible. Getting a second booster is not necessary to be considered up to date at this time.

[Interim Clinical Considerations for Use of COVID-19 Vaccines](#)

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CMS QSO regarding staff masking

- Visitor masking: Visitor QSO 20-39
- Staff masking: CDC Core Principles

[QSO-20-39-NH REVISED \(cms.gov\)](#)

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QSO-20-39 revised 3/10/ 22

Indoor Visitation

- Visitors should wear face coverings or masks and physically distance when around other residents or healthcare personnel, regardless of vaccination status.
- If the nursing home's county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.
- In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for or are not up-to-date with all recommended COVID-19 vaccine doses.
- Residents, regardless of vaccination status, can choose not to wear face coverings or masks when other residents are not present and have close contact (including touch) with their visitor.

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QSO 20-39 revised 3/10/22

Core Principles of COVID-19 Infection Prevention

- Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine should not enter the facility until they meet the criteria used for residents to (quarantine). Facilities should screen all who enter for these visitation exclusions.
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose) and physical distancing at least six feet between people, in accordance with CDC guidance
- Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO20- 38-NH)

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QSO-20-39 FAQ

What is the best way for residents, visitors, and staff to protect themselves from the Omicron variant?

A: The most effective tool to protect anyone from the COVID-19 Omicron variant (or any version of COVID-19) is to be up-to-date with all recommended COVID-19 vaccine doses. Also, we urge all residents, staff, and visitors to follow the guidelines for preventing COVID-19 from spreading, including wearing a well-fitting mask (preferably those with better protection, such as surgical masks or KN95) at all times while in a nursing home, practicing physical distancing, and performing hand hygiene by using an alcohol-based hand rub or soap and water. Residents do not have to wear a mask while eating or drinking, or in their rooms alone or with their roommate.

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CDC's Source Control (masking) *Recommendations for Healthcare*

- Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for **everyone in a healthcare setting**.
- Even in counties with low to moderate community transmission where individuals who are up to date with COVID-19 vaccine could be considered for going unmasked, **HCP who are up to date still need to wear source control**.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360738701

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Active CNAs in CT

- * Prior to the onset of the pandemic, CT had 33,600 active nurse aides on the registry.
- * At one time, in the summer of 2021, the number of active CNAs in CT fell below 27,000.
- * Currently, there are 28,591 active nurse aides in CT.

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CT Nurse Aide Testing and Testing Sites

- * Individuals that have completed nurse aide training in CT can work for 120 days as a nurse aide while waiting to test and become certified/added to CT Nurse Aide Registry. A competency evaluation must be conducted to determine that they are proficient in the required nurse aide skills. The 120-day period starts from the first date of employment, *not* from the date of graduation.
- * In CT, we do not have brick and mortar test sites owned by Prometric for nurse aide testing. However, we do have regional test sites for CNA candidates to take the CT CNA exam. We lost a few regional test sites during the pandemic.
- * CT Regional test sites are open in locations with approved nurse aide training programs. The schools allow Prometric to utilize their property to administer the CT nurse aide exam.
- * Currently we have regional test sites located in West Haven, Woodbridge and Litchfield. Waterbury, Derby and Norwich are closed.
- * Both West Haven and Woodbridge have a dedicated testing space for Prometric to administer the state CNA exam.
- * A seasonal Waterbury regional site will be opening in June.
- * Currently, we are trying to secure regional test sites in Bridgeport, Danbury and Hartford.