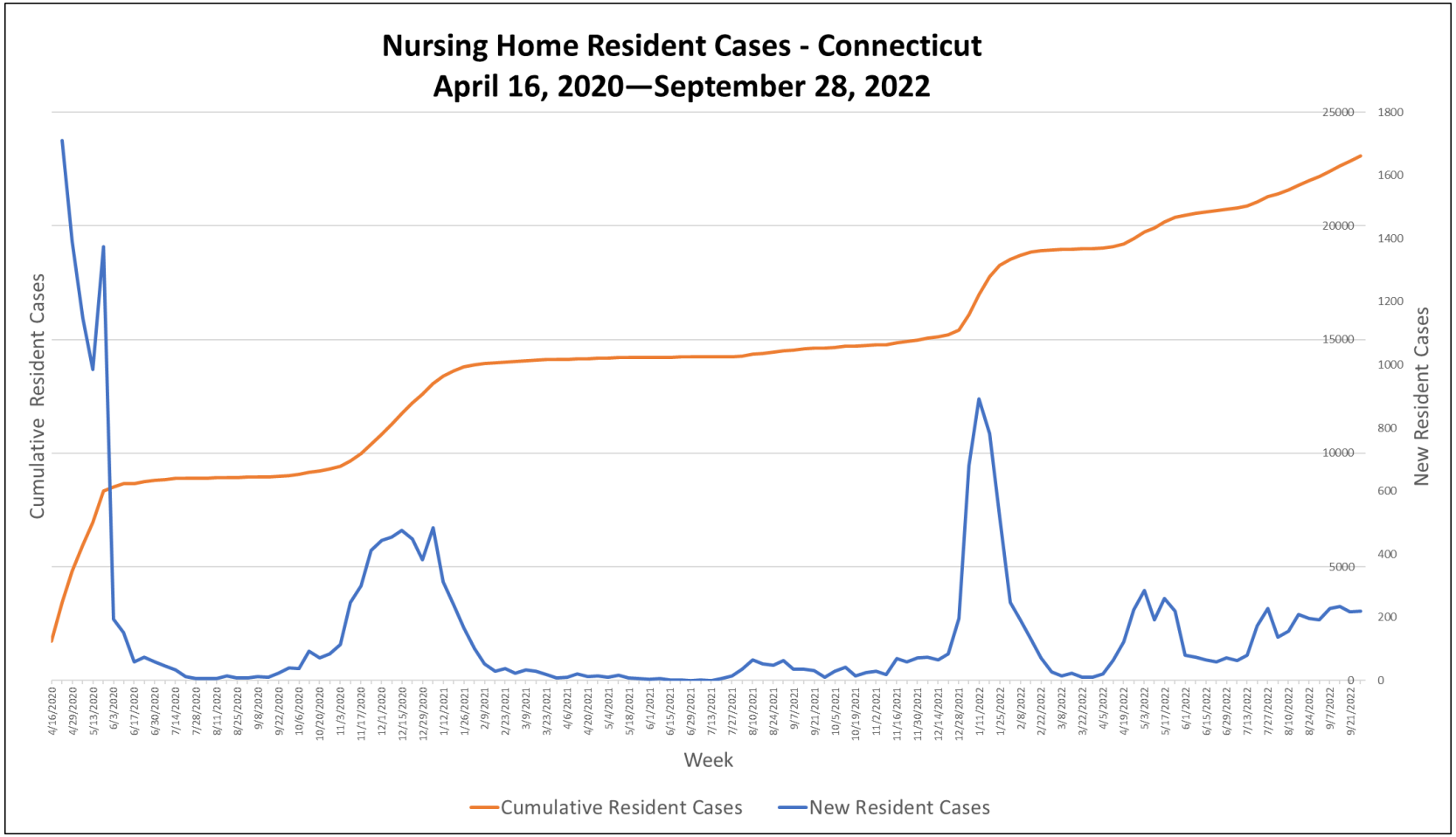
Agenda

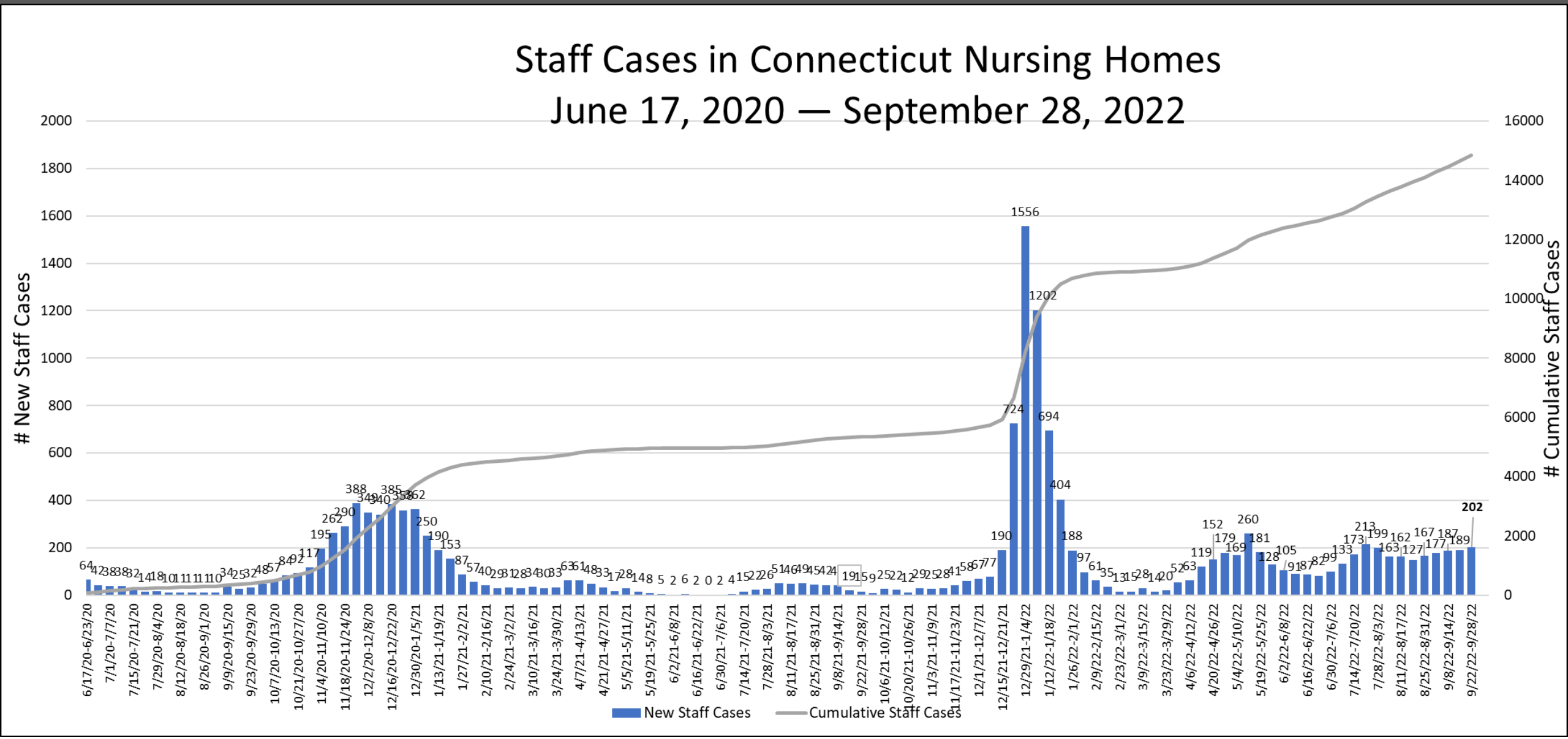
- HAI Updates
  - NH COVID-19 Data
  - CDC IPC Guidance
- FLIS updates
- CT LTC-MAP Updates
  - Annual Dues
    - Contact Matt Barrett at CAHCF with questions regarding outstanding dues.
    - mbarrett@cahcf.org
  - Memorandum of Understanding (MOU)
  - Annual Full-Scale Exercises

Nursing Home Resident Incidence, statewide
April 16, 2020 – September 28, 2022

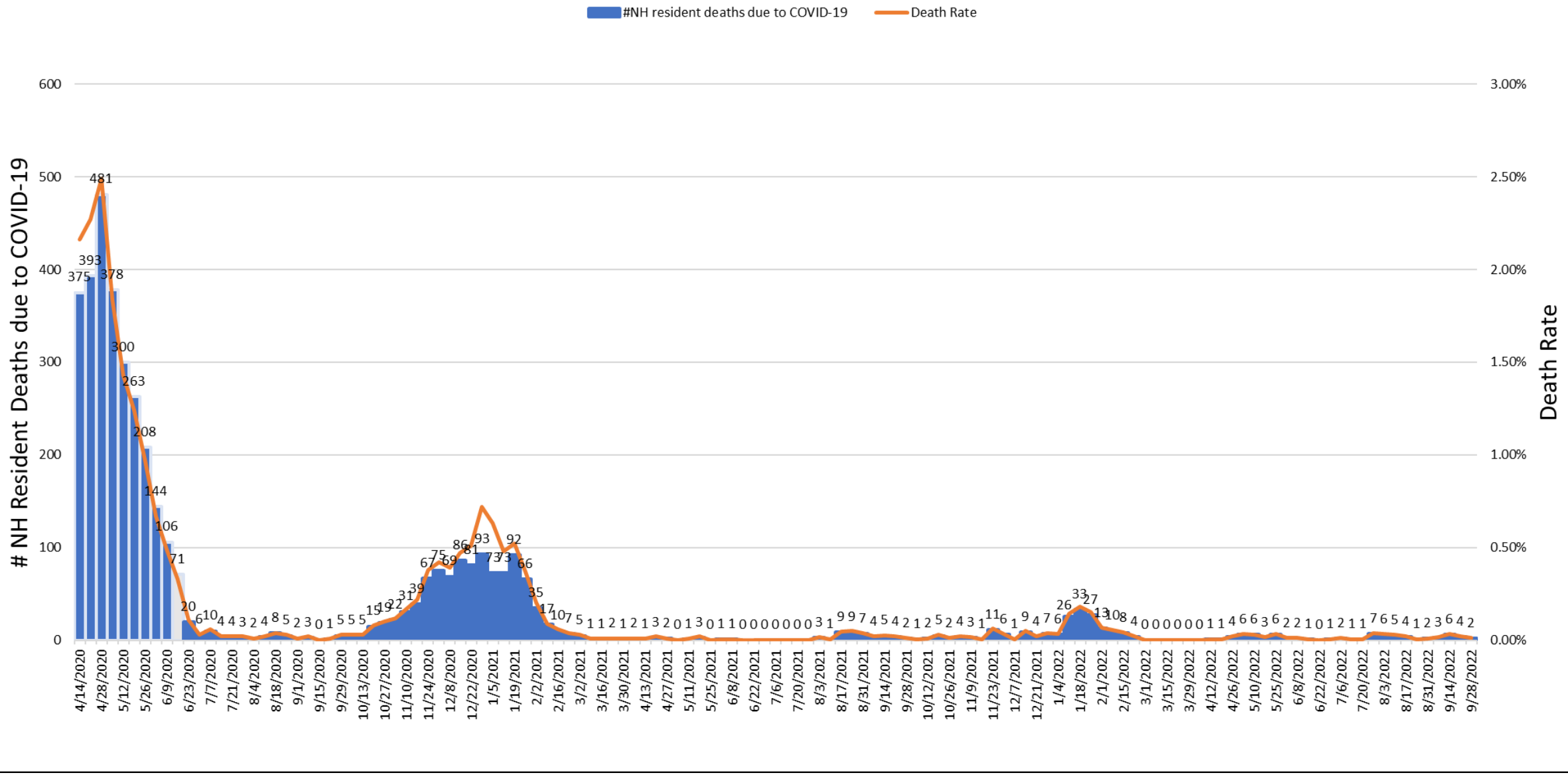
Resident Census: 17,648

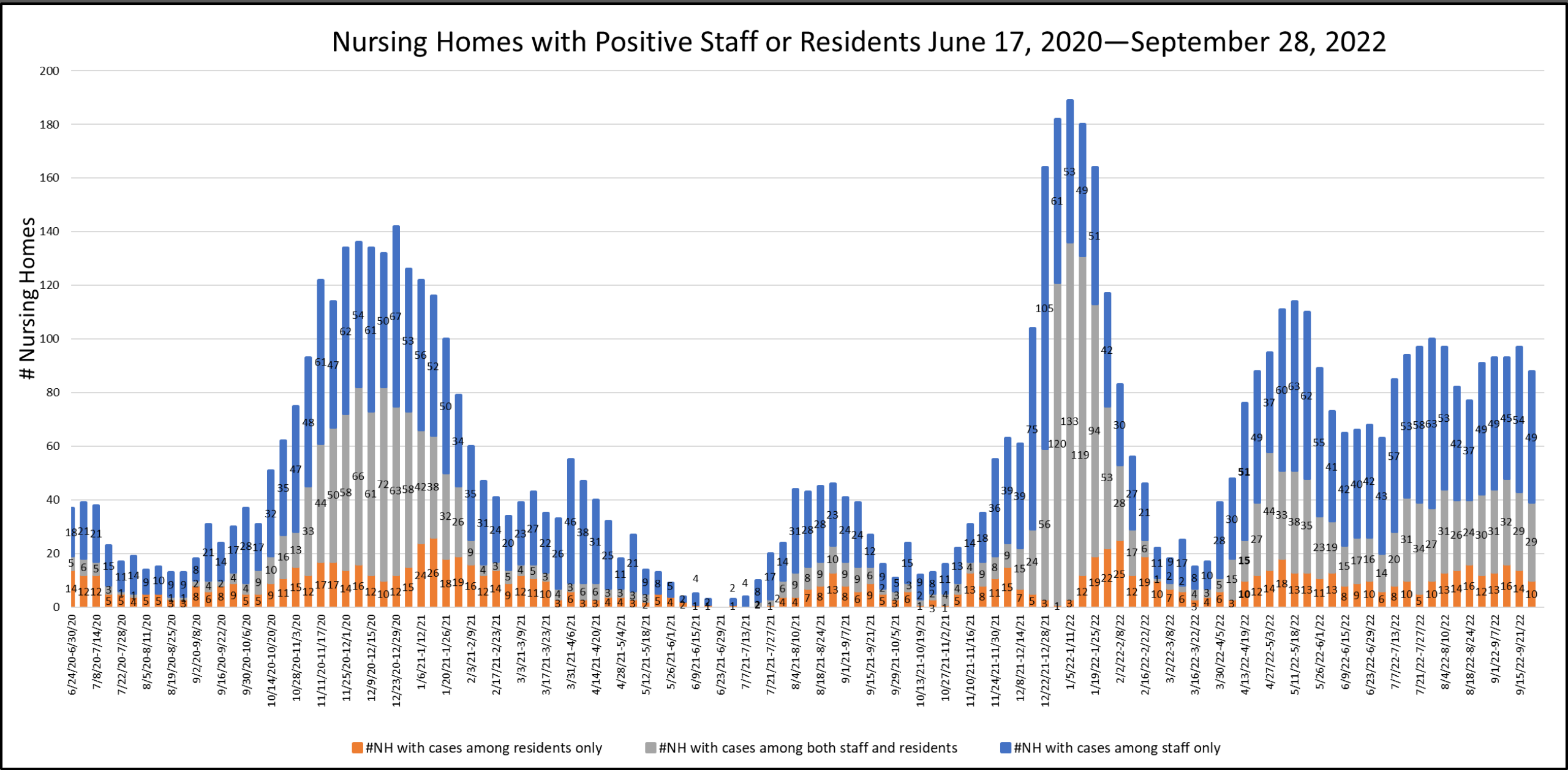


Date Reported	New Resident Cases (diagnosed that week)
6-July	64
13-July	79
20-July	173
27-July	227
3-Aug	136
10-Aug	156
17-Aug	210
24-Aug	197
31-Aug	191
7-Sep	227
14-Sep	234
21-Sep	218
28-Sep	219


Staff Cases in Connecticut Nursing Homes
June 17, 2020 — September 28, 2022
New Staff Cases
Cumulative Staff Cases
New Staff Cases
Cumulative Staff Cases

Nursing Home Resident Deaths Associated to COVID -19
4/15/2020 — 9/28/2022




Nursing Homes with Positive Staff or Residents June 17, 2020—September 28, 2022
Nursing Homes
#NH with cases among residents only
#NH with cases among both staff and residents
#NH with cases among staff only

Key IPC CDC Updates

- Continue to use **Community Transmission** (not Community Levels) to inform select IPC measures
  - Allow for earlier intervention, before there is a strain on the healthcare system and to better protect individuals seeking care in these settings
- **Vaccination status is no longer** used to inform source control, screening testing or post-exposure (e.g., work restriction, quarantine) recommendations
- Standalone guidance for nursing homes is being archived; any needed setting-specific recommendations being added to Section 3 of main IPC guidance
- CDC Updated COVID-19 Guidance

Community Transmission

Connecticut

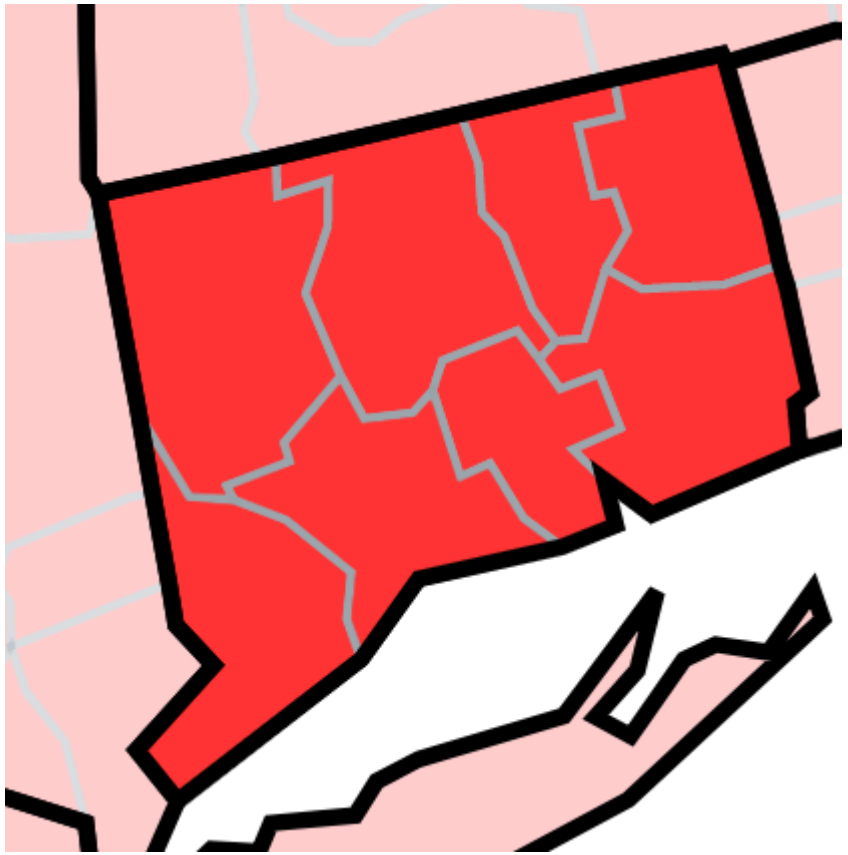
State Health Department

7-day Metrics

Cases	4,667
% Positivity	10-14.9 %
Deaths	12
% of Population ≥ 5 Years of Age Fully Vaccinated	85.2%
New Hospital Admissions (7-Day Moving Avg)	69.14

Data Type: Community Transmission

Map Metric: Community Transmission



*as of 10/5/2022

Source: CDC COVID Tracker

Source Control

- When community transmission levels are **high**: source control is recommended for everyone in areas where they could encounter patients
  - HCP could choose not to wear source control when in areas restricted from patient access (if Community Levels aren't also high and don't meet criteria below)
- When community transmission level are **not high**: source control is recommended for individuals who:
  - Have suspected or confirmed respiratory infection
  - Had close contact with someone with SARS-CoV-2 for 10 days after contact
  - Reside or work in an area of the facility experiencing a SARS-CoV-2 outbreak
  - Have otherwise had source control recommended by public health
- Even if not otherwise require by the facility, individuals should always be allowed to wear source control based on personal preference

CDC Updated COVID-19 Guidance

Universal PPE

CDC Updated COVID-19 Guidance

- **Consider** implementing universal PPE when Community Transmission is **high**
  - **N95** in select situations (e.g., AGPs)
  - Eye protection during patient care encounters

CDC Updated COVID-19 Guidance

Testing

- A **series of 3 tests** recommended for asymptomatic individuals following an exposure to someone with SARS-CoV-2 infection
  - Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second test. **This will typically be at day 1(where day of exposure is day 0), day 3 and day 5.**
- Testing is generally **not** recommended for asymptomatic individuals who have recovered from SARS-CoV-2 in the prior 30 days
  - If testing is done, antigen test is recommended (**not** PCR)
  - Antigen test also recommended for those within 31-90 days of infections

CDC Updated COVID-19 Guidance

Screening Testing

- **Screening testing is no longer recommended** for asymptomatic nursing home personnel who have not had a recognized exposure
  - Screening testing remains recommended for new admissions to nursing homes when community transmission levels are **high**
- Screening of HCP will be left at the discretion of the facility, facilities may choose to continue screening testing
- **Symptom screening for individuals who enter a facility is no longer recommended**; people should not come to the facility if they have symptoms or are positive
- CMS QSO-20-38 also reflects these CDC updates

CDC Updated COVID-19 Guidance

Outbreak Testing

- Continue with contact tracing when there is an outbreak
- Approach to an outbreak could involve either contact tracing or a broad-based approach; a broad-based (e.g., unit, floor, or other specific area(s) of the facility) approach is preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission
  - With broad based testing, you may be doing serial testing beyond day 5
- Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach:
  - Testing recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.

CDC Updated COVID-19 Guidance

Quarantine and Work Restriction

- Routine quarantine (for patients) or work restriction (for healthcare personnel) are **no longer recommended** for asymptomatic individuals following SARS-CoV-2 exposures:
- Exposed individuals would still need:
  - Monitoring for symptoms
  - Series of 3 tests
  - Continued use of source control for 10 days following the exposure
  - Prompt isolation or work restriction if symptoms develop or testing is positive for SARS-CoV-2 infection
- Duration of isolation for patients who test positive for SARS-CoV-2 is unchanged

CDC Updated COVID-19 Guidance

New Admissions

- Admissions in counties where Community Transmission levels are **high** should be **tested upon admission**; admission testing at lower levels of Community Transmission is at the discretion of the facility.
  - Testing is recommended at admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test (that is days 1, 3 and 5, with day 0 being day of exposure).
- New admissions should be advised to wear source control for the 10 days following their admission.
- Residents who leave the facility for 24 hours or longer should be managed as an admission.

CDC Updated COVID-19 Guidance

Visitation

- Patients should be encouraged to limit in-person visitation while they are infectious. More information about visitation can be found on CMS QSO-20-39.
  - Counsel patients and their visitor(s) about the risks of an in-person visit
  - Encourage use of alternative mechanism for patient/visitor interactions such as video calls
- Facilities should provide instruction, before visitors enter patient rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy
- Visitors should be instructed to only visit the patient room. They should minimize their time spent in other locations in the facility.

CDC Updated COVID-19 Guidance

Transmission Based Precaution

- Transmission Based Precautions should be implemented for patients with suspected (symptomatic) or confirmed SARS-COV-2 Infection
  - The duration of TBP is influenced by severity of symptoms and presence of immunocompromising conditions. Duration based on these criteria can be found here (section 2)
- Asymptomatic individuals who have a close contact with someone with SARS-CoV-2 infection **do not require empiric use of transmission-based precautions (quarantine)**.
  - These individuals should still wear source control and those who have not recovered from SARS-CoV-2 infection in the prior 30 days should be tested with the series of 3 viral tests previously described.

CDC Updated COVID-19 Guidance

Assisted Living Facilities

- Long term care settings (excluding nursing homes) whose staff provide non-skilled personal care similar to that provided in the home (e.g., many assisted livings, group homes) should follow community prevention strategies based on COVID-19 Community Levels
- Residents should be counseled about strategies to protect themselves and others, including recommendations for source control if they are immunocompromised or high risk
- If staff in a residential care setting are providing in-person services for a resident with SARS-CoV-2 infection, they should be familiar with recommended IPC practices

CDC Updated COVID-19 Guidance

COVID-19 Bivalent Booster: Overview

Recommendations for Bivalent COVID-19 Booster Doses in People Ages 12 Years and Older (cdc.gov)

- Newly updated COVID-19 booster shot designed to target omicron's BA.4/BA.5 subvariant now available.
- Anyone who has received a primary series and has not had a primary series or booster shot in the past 2 months will be eligible for the new bivalent booster.
- The previous monovalent boosters are no longer authorized.
- Facilities should start communications about this new booster with their residents and staff.
  - This new booster will provide the best protection for BA.4/BA.5 (the circulating variants).
- Facilities should reach out to their LTCF pharmacy to schedule vaccination clinics ASAP.

LTCF Bivalent Booster Vaccine Needs Form

- Please fill out this form if your long-term care facility (LTCF) is experiencing any issues accessing the new bivalent booster vaccine for the residents.
- Please scan the QR code or use this form to complete the survey.

Immediate Jeopardy

- During the past 7 months we have seen an increase in the number of IJ's
- Typically, we average 10 IJ's per year however in the past 7 months we have had 18
- The common theme has been related to medication administration, significant medication errors and quality of care

Updates to LTCSP

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-22-19-NH

DATE: **June 29, 2022**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: **Revised Long-Term Care Surveyor Guidance:**
Revisions to Surveyor Guidance for Phases 2 & 3, Arbitration Agreement Requirements, Investigating Complaints & Facility Reported Incidents, and the Psychosocial Outcome Severity Guide

QSO 22-19 overview

- Revised guidance in the area of abuse/neglect
- Admission/ transfer/ discharge
- Mental Health/ substance use disorders
- Use of Payroll Based Journal staffing data to help surveyors identify potential staffing concerns

QSO 22-19 continued

- Arbitration Agreements
- Infection Preventionist Designation
- Revisions to Chapter 5 related to investigating complaints and facility reported incidents
- Revisions to the Psychosocial Severity Guide
- Resident Rooms

QSO 22-19 continued

- Surveyors will be using the guidance to identify non –compliance beginning 10/24/22

LTC-MAP Monthly Bed Reporting

- Memorandum sent out on 10-5-22 regarding facilities providing updated bed reporting during storm season
  - Monthly reporting beginning on October 11th
  - Current census
  - Available staffed beds in a facility
  - COVID status in facility
- Preparing residents for storm season
  - Review personal preparedness plans with family/clients
  - Informed responses and forward planning for emergencies or storms result
  - Evacuating facility
  - Receiving facility

Intent of this Request:

* Preparing in advance:
  * Historically, LTC-MAP is looking at open beds as the vacant beds in your facility compared to current census
    * Those beds may not having staffing support
  * Having available data on current census for general beds (M/F), and memory care/secured space beds M/F ➔moving people to a receiving facility
  * Having available data on COVID rates (general count) for general beds and memory care/secured space beds M/F➔moving people to receiving facilities with space for isolation period
  * Having available data on staffed available beds, staffed available memory care beds (not empty beds) ➔ understand how many clients can be placed in receiving facilities
* We want to keep reporting burden to a minimum
* What if we know of a storm coming, and it's a week before the next report ?
  * We will ask for you to report for the storm, and we will skip the monthly report

Resources:

- Air | Appendix | Environmental Guidelines | Guidelines Library | Infection Control | CDC
- Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC
- Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC
- Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC
- COVID-19 Data Tracker
- CMS QSO-20-38
- CMS QSO-20-39
- Plan Info (mutualaidplan.org)
- https://www.train.org/connecticut/admin/course/1099050/
- Statewide Program for Infection Control & Epidemiology - Education to prevent and control healthcare associated infections across the healthcare spectrum (unc.edu)
- Evidence-Based Practice: What It Is and Why It Matters (cdc.gov)