

Summary of January 13, 2021 meeting
Between DPH and Nursing Homes and Assisted Living Services Agencies
The notes below summarize information shared by DPH with Nursing Homes and Assisted Living Agencies on the weekly industry call. Information is subject to change week to week. Facilities should always consult DPH, CDC and CMS guidance for the most up-to-date information.

Nursing Home Issues:

Overview of COVID-19 in Connecticut and outbreak trends in nursing homes.

- The Department provided an updated overview of the week to week NHSN data of newly diagnosed COVID-19 among residents and/or staff in a nursing home.
- Included in this overview was a map of all towns with COVID cases and their alert status, along with markers that depicted nursing homes with COVID cases within those towns.
- Individual nursing home staff and resident positive cases continue to go down. However, the Department requests nursing homes continue to be vigilant in their source control measures as community prevalence is high in many areas.
- During the past 14-day period, there were 164 nursing homes with positive cases or staff and/or resident. While there were fewer nursing homes with outbreaks, the positive cases in residents went up by 100.
- The Department congratulates those nursing homes that have become very comfortable with their antigen testing and their ability to cohort residents appropriately and quickly.
- The Department had a discussion with elected officials in Eastern Connecticut where the community prevalence is extremely high due to lack of adherence to control measures such as wearing a mask. We recommended these communities continue to conduct enforcement activities. The Department is very concerned about these areas.

Nursing Home Vaccine Update.

- The Department provided data from 2 different sources, Tiberius and NHSN, neither of them are perfect, and there are lag times in reporting. The rates are being calculated by the most recent census of residents and the staff cases are being calculated based on a 2:1 ratio.
- Tiberius data includes data from residents of 193 nursing homes and staff from 191 nursing homes. Vaccination rates in Tiberius show overall 70.4% residents and 35.6% of staff have been vaccinated.
- NHSN includes data from residents in 27 nursing homes and staff in 19 nursing homes. Vaccination rates in NHSN show overall 81.2% of residents and 38.9% of staff have been vaccinated in those homes.
- The Department recognizes that some staff are waiting until the next clinic to receive their first vaccine, which may increase the rates in the near future.
- The Department is working on guidance for short term residents in nursing homes that may be discharged prior to receiving their second dose, along with new admissions. Guidance regarding these situations is forthcoming. Residents who have obtained their first vaccination in the nursing home setting have the following options to obtain their second vaccine:
 - Ideally, they should return to the nursing home for the second vaccine
 - They can contact 211 or make an appointment online at: <https://ct.gov/covidvaccine>

- Facilities should check the CDC’s pharmacy page on a regular basis as it is continuously being updated with new information. Link: <https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships-faqs.html>
- The Department has produced a video recommending long term care staff and residents take the vaccine. Link to the video: <https://youtu.be/bdHDErihzg8>
- Q&A:
 - Is this only CT data?
Yes the vaccine data presented is from Connecticut nursing homes.
 - Staff that have received both shots, do they still need to swab twice a week?
Yes they still need to be swabbed weekly, unless you are in a county where CMS requires twice weekly testing due to the percentage of positive rates. This is taking place until further notice.
 - if a resident declines vaccine and the roommate has had both doses is it recommended to have them in same room pls if both are COVID naïve
Vaccination status should not interfere with cohorting status. Facilities should continue to follow the cohorting recommendations regardless of COVID vaccination status.
 - If a resident receives the first COVID vaccine and tests positive for COVID before the second vaccine, should they still receive the vaccine as scheduled if they are asymptomatic?
If the resident is out of the 10-day isolation period, they can be given the vaccine. Additionally, taking factors into place such as no other time for the resident to be given the vaccine, and the clinician is comfortable providing the vaccine, then they can be given the vaccine. Lastly, CDC put forward clinical consideration information which can be found on their website at: CDC clinical consideration: CDC clinical considerations for vaccine: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
 - Can you clarify reporting requirements for staff/resident vaccines?
CVS and Walgreens are responsible for reporting aggregate data. While Nursing Homes are not required to report, the Department would appreciate it if vaccine information could be reported in NHSN. The Department also recognizes the importance of vaccine tracking within each facility.
 - So if you have had both shots and a week or two later you swab positive, are you out for the next ten days?
At this time, yes.

Nursing Home survey findings over the last week.

- There were 22 infection control surveys conducted from 1/6/2021 to 1/12/2021, with findings in 2 facilities.
- During these visits the following findings were noted:
 - Donning and Doffing PPE
 - Clean and comfortable environment, which is not considered an infection control issue.

January point prevalence testing for nursing home residents.

- The Department reminds all nursing homes to complete PCR testing on all residents between January 6 and January 18.

- During the last point prevalence survey in December, it was noted that a small fraction of outbreaks were caught earlier than they would have been.

Shift Coach Program

- The Department is in the process of finalizing the contract with Brown University Center for Long-Term Care Quality & Innovation program, who will be working with a minimum of 6 pilot programs to form a state-wide program.
- This program will help take some of the burden off of the infection preventionist, who will be closely involved with each of the nursing home's program.
- A shift coach can provide infection prevention auditing and continuous observation in a friendly manner.
- Some of the CRF funding being made available to nursing homes through DSS may be tied to the shift coach initiative in the future, upon implementation of the program.

Nursing Homes and Assisted Living Services Agencies Joint Issues:

Daily Reporting Reminder

- It is important to submit your reports by 10:00 AM daily.
- Nursing homes report through NHSN weekly, as well as LTC-MAP and the DPH Portal daily. ALSAs report through LTC Mutual Aid Plan.
- The Department has been informed of a potential glitch in NHSN reporting. We sent an inquiry and have not heard back yet. If any facility receives a response from NHSN, please forward it to Adora at: Adora.Harizaj@ct.gov
- The Department has received inquiries regarding TB testing and the COVID vaccine. Please review the "interpretation of tuberculosis test results in vaccinated persons" on CDC's clinical considerations page: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#laboratory-testing>
Further information can be found on CDC's long-term care facility toolkit at: <https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/index.html>

Vaccine best practices by Maley Hunt, LiveWell Nursing Facility

LiveWell's vaccine procedures were derived from the Leading Age national website, CDC and nursing home blogs. These practices allowed the nursing home to achieve 80% vaccine rates in their residents and 90% in their staff at their first clinic. Some of their best practices included:

- Sharing information from CVS that included FAQ's with their staff, resident and families. They physical printed out the information and provided it to the individuals so they could review the information at their convenience.
- Social workers conducted individual phone calls with the families of all 115 residents to ensure they understood the consent process and the vaccine administration. All their residents have a healthcare proxy and the facility wanted to make sur they were fully informed. The social workers were available to answer any questions families may have.
- They conducted 7 zoom sessions that lasted 30 minutes for staff and families. Their physician that specializes in geriatric medicine provided information regarding the vaccine. Such as how the vaccine works, what the ingredients are, side effects etc... The most powerful item from the

meeting was the ability for the audience to ask questions and receive scientific based information in response. Some questions included:

- Is there a microchip in the vaccine?
- Are there ties to embryos in the vaccine ingredients?
- After the Zoom sessions, interest in vaccines increased by over 50%.
- The facility provided encouragement to get the vaccine and celebrated those individuals who chose to be vaccinated. During their clinic, between 5 and 10 individuals changed their mind and received their vaccines once they saw their friends and co-workers being vaccinated. They anticipate more will be vaccinated when the 2nd clinic is held.
- The facility recognized that some individuals were hesitant to take the vaccine and once they saw their friends and co-workers did not have adverse reactions, they expect more will be receiving their first vaccine at the 2nd clinic.
- Discussions took place regarding future plans to reduce PPE use if an individual is vaccinated.
- The facility is continuing the “families first” program that ended on 12/31 as part of the corona virus response act for all staff who received the vaccine.

Testing

- The Department requested facilities hold off on placing requests for BinaxNOW kits unless they are needed immediately. The Federal Government has stated that they are shipping more kits to all long term care settings.
- If a facility places an order for kits, they will be contacted by the Department requesting information regarding their burn rate, how much they currently have on hand, and what their census is. Also whether or not they are in “outbreak testing mode”.
- Facilities need to continue their weekly testing through their care partners. Some of the bad outbreaks have been associated with delays in PCR testing results. Facilities should continue to use their antigen machines if there is a delay in obtaining test results.
- Reminder to check the County rates through CMS to determine whether twice weekly testing is required. Link: [Rates of county positivity are posted here](#). (Archive is [here](#).)

Tip of the Week.



Tip of the Week- *Cleaning and Disinfection*

- Allow for appropriate air exchanges prior to entering room *see table attached
no reason to wait 24 hours to clean room
- Wear appropriate PPE: universal face mask/ eye protection (source control), gown and gloves [Coronavirus disease 2019 \(COVID-19\) Factsheet \(cdc.gov\)](#)
- Terminally clean room with EPA approved cleaner/disinfectant from list N
[List N Tool: COVID-19 Disinfectants | US EPA](#)
- Dedicate environmental services staff to COVID unit
- If unable to dedicate EVS staff, proceed from clean to dirty, i.e. negative, observation, exposed, prior to COVID unit

Example cleaning protocol: https://portal.ct.gov/-/media/DPH/HAI/COVID19-LTCF-Cleaning_05112020.pdf
<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>

Table B.1. Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency *

ACH §	Time (mins.) required for removal 99% efficiency	Time (mins.) required for removal 99.9% efficiency
2	138	207
4	69	104
6*	46	69
8	35	52
10*	28	41
12*	23	35
15*	18	28
20	14	21
50	6	8

Infection Control Personnel can work with your facilities/ engineering departments to determine ACH.

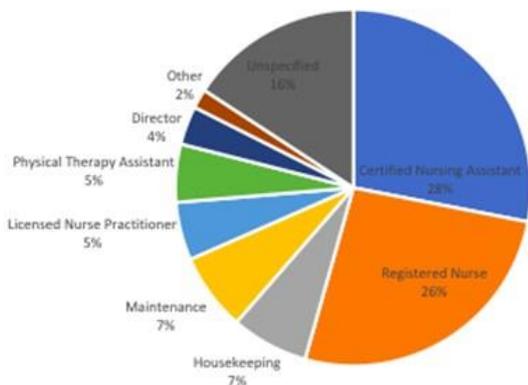
Depending on ACH, time until entry may be 8 minutes to 3 hrs and 27 minutes.

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>

* This table is revised from Table S3-1 in reference 4 and has been adapted from the formula for the rate of purging airborne contaminants presented in reference 1435.

Contact tracing data for individuals working in the Long-term care setting:

Common Roles Among LTCF Employees in Suspected Workplace Clusters
 — Connecticut contact tracing data, 12/29/20–1/11/21



Occupation	Count	Percentage
Certified Nursing Assistant	16	28.1%
Registered Nurse	15	26.3%
Housekeeping	4	7.0%
Maintenance	4	7.0%
Licensed Nurse Practitioner	3	5.3%
Physical Therapy Assistant	3	5.3%
Director	2	3.5%
Other	1	1.8%
Unspecified	9	15.8%
Total	57	100%

COVID Recovery Facilities.

- COVID Recovery Facilities can be helpful if a facility is experiencing staffing issues, challenges and shortages.
- The current capacity of COVID Recovery Facilities is 328 beds, there are 152 beds in the current census.
- In order for a resident to be admitted to a CRF, they have to qualify for SNF level of care. The average length of stay has been between 10 and 12 days.
- Before requesting a transfer to a CRF, facilities should review the transfer guidance.

Antigen testing update:

- CDC has revised their guidance for the consideration of antigen testing in nursing homes to expand to all long-term care settings. Links for antigen testing guidance can be found [here](#) and [here](#).
- Q&A
 - A facility asked if their antigen testing kits can be shared among their different facilities if they belong to a chain of facilities.
 Yes, the testing equipment can be shared with other facilities as long as the facility has the CLIA waiver and attestation in place.

PPE update

- Over the past week, the Department had 3 request for PPE, all orders were filled.

Assisted Living Services Agencies:

Overview of COVID-19 in Connecticut and outbreak trends in nursing homes.

- The Department provided an overview of the week to week data of newly diagnosed COVID-19 among residents and/or staff in an ALSA.
- 85 out of the 133 licensed ALSA facilities, have positive cases of residents and staff.
- Resident and staff cases continue to plateau, however the Department requests facilities remain vigilant in source control measures. Eastern Connecticut has seen a rise in positive cases, which could bring COVID into the facility.

Vaccine Update.

- The Department provided very preliminary data regarding the Assisted Living Vaccination Rates from Tiberius.
- Currently of the 15 ALSA's reporting, the overall percentage is: 105.5% of residents and 35.2% of staff received their first vaccine.
- The Department recognizes that ALSA's just began their vaccination clinics and there is a lag time in the data entry into Tiberius.
- If a facility has not heard from CVS or Walgreens to schedule their vaccines, they should reach out the Department, or their Association.

Assisted Living Services Agencies survey findings over the last week

- There were 6 surveys conducted from 1/6/2021 to 1/12/2021 with no findings.

Q&A

- Are both Moderna and Pfizer vaccines being distributed in Connecticut?
Yes, both of them are being distributed in Connecticut. However, the long term care community is receiving Pfizer only due to it's early availability.
- Has testing been approved through March 31, 2021?
Yes it has.