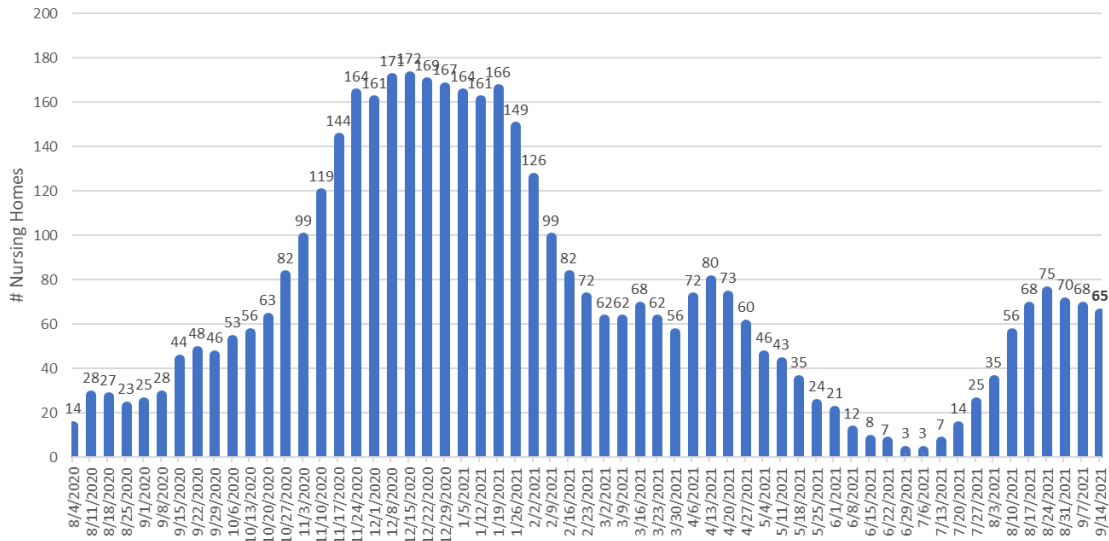## Agenda

- Nursing Home Data
- Routine Testing Guidance
- Outbreak Testing Guidance
- COVID-19 Vaccine Access
- Governor's Executive Order 13F

1

Nursing Home Data

2

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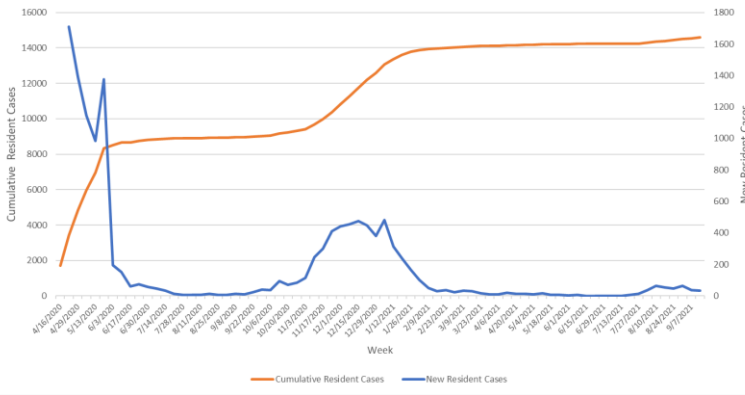

3

Nursing Home Resident Incidence, statewide
April 16, 2020 – September 14, 2021

Resident Census: 18,752

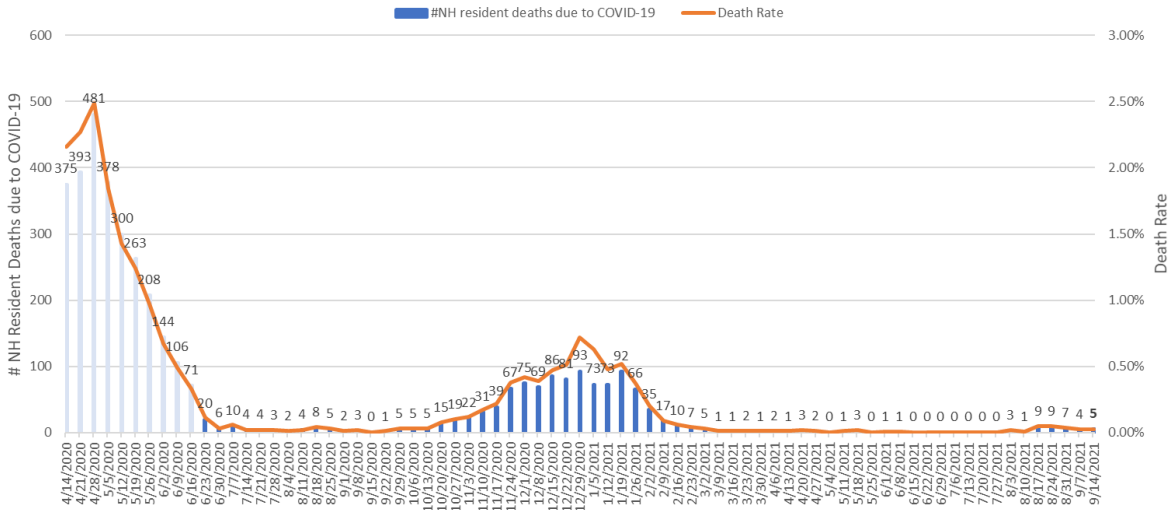Nursing Home Resident Cases - Connecticut, April 16, 2020- September 14, 2021

Date Reported	New Resident Cases (diagnosed that week)
15-Jun	1
22-Jun	1
29-Jun	0
6-July	1
13-July	0
20-July	6
27-July	14
3-Aug	36
10-Aug	65
17-Aug	53
24-Aug	48
31-Aug	63
7-Sep	36
14-Sep	35

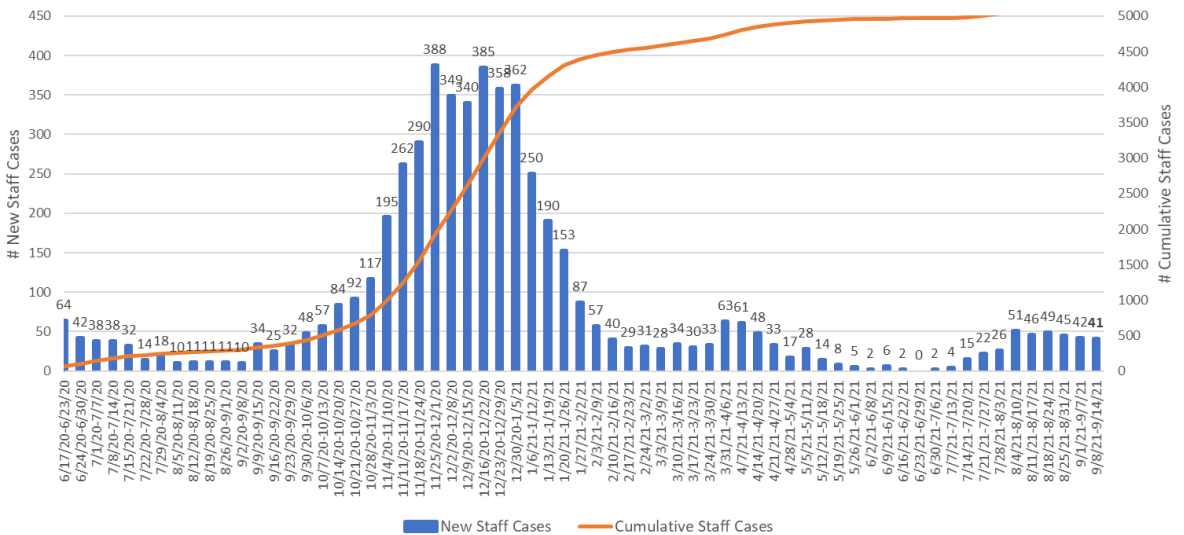| Facility Metrics	#Nursing Homes
New res. cases, last 2 weeks	24 (-2)
No new res. cases, >2 weeks	185

4

Nursing Home Resident Deaths Associated to COVID-19
4/15/2020-9/14/2021

Note: Light blue= OCME lab-confirmed and suspected deaths due to COVID-19, Darker blue= NHSN data
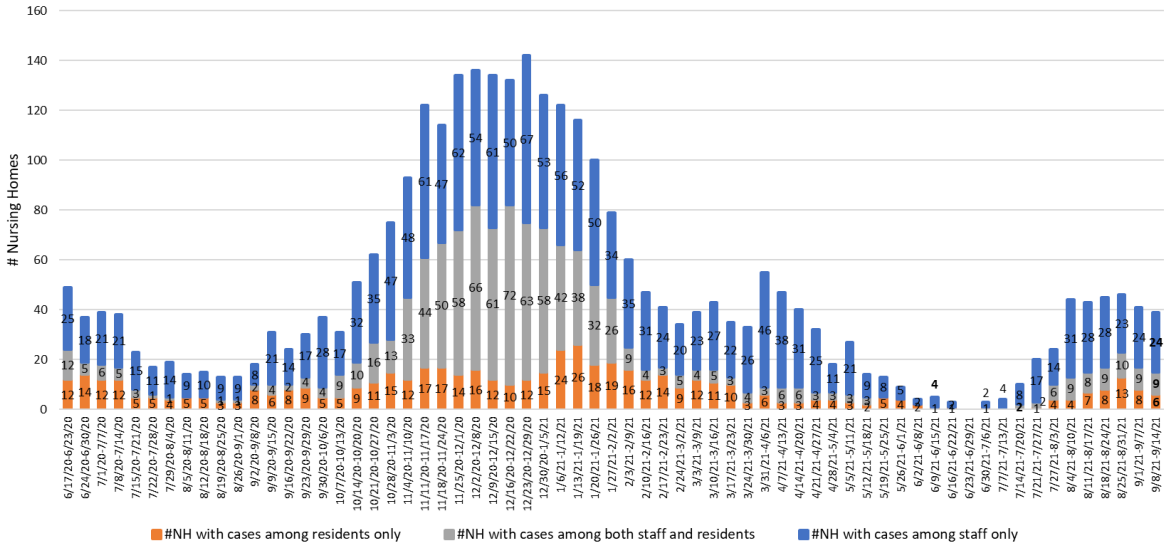
5

Staff Cases in Connecticut Nursing Homes
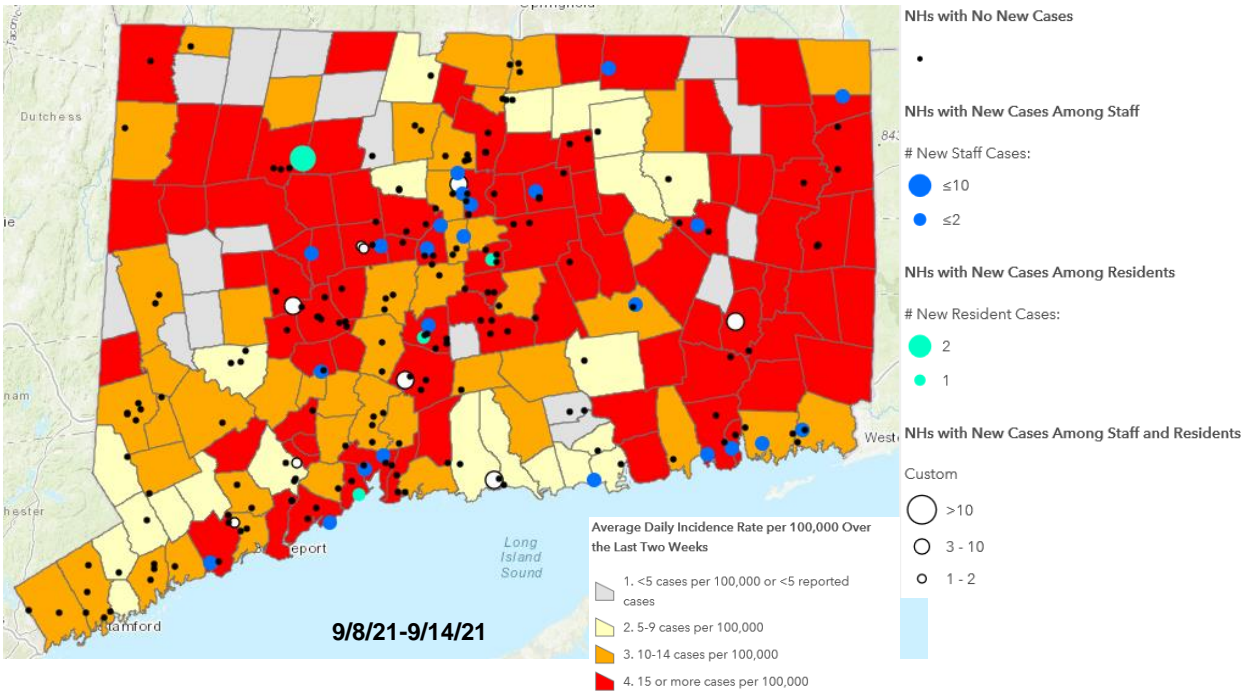June 17, 2020–September 14, 2021

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Nursing Homes with Positive Staff or Residents June 17, 2020-September 14, 2021

7

9/8/21-9/14/21

8

4

Nursing Home COVID Vaccination Rates
as of September 5, 2021

Resident Vaccination Rates (206 NHs reported)	**Staff Vaccination Rates (207 NHs reported)**
• Average 92%, Median 94%	• Average 80%, Median 81%
• Range 58-100%	• Range 44-100%
Overall- 96% of reporting NHs have resident vaccination rates ≥ 75%	**Overall- 68% of reporting NHs have staff vaccination rates ≥ 75%**

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Routine Testing of Unvaccinated Staff

Routine testing of unvaccinated staff should be based on extent of COVID-19 in the community.

- Fully vaccinated staff **do not** have to be routinely tested.
- Facilities should use community transmission level to determine testing frequency.
- Reports of COVID-19 level of community transmission are available on the CDC COVID-19 Integrated County View Site.

COVID-19 Community Transmission Level	Minimum Testing Frequency of Unvaccinated Staff
Low (blue)	Not recommended
Moderate (yellow)	Once a week
Substantial (orange)	Twice a week
High (red)	Twice a week

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Outbreak Testing Guidance

A new COVID-19 infection in any staff or any nursing home-onset COVID-19 infection in a resident should trigger an outbreak investigation.

- An outbreak investigation involves rapid identification and isolation of new cases critical for stopping further viral transmission.
- Testing should begin *immediately* Upon identification of a single new case of COVID-19 infection in any staff or residents.

Facilities have the *option to perform outbreak testing through two approaches:* **contact tracing or broad-based** (e.g. facility-wide, unit level or floor level) testing.

For more information, please see [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#)

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Testing Trigger	Staff	Residents
Symptomatic Individual identified	Staff with signs or symptoms must be tested.	Residents with signs or symptoms must be tested.
*Outbreak: Newly identified COVID-19 positive staff or resident in a facility that can identify **close contacts**	Test **all staff** that had a [higher-risk exposure](#) with a COVID-19 positive individual.	Test **all residents** that had close contact with a COVID-19 positive individual.
*Outbreak: Newly identified COVID19 positive staff or resident in a facility that is **unable to identify close contacts**	Test **all staff** facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test **all residents** facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).

*During outbreak testing ALL individuals should be tested regardless of vaccination status
*Testing is not recommended for people who have had SARS-CoV-2 infection in the last 90 days if they remain asymptomatic, including if they have had close contact or a higher-risk exposure

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Resources:

- [COVID-19 Infection Prevention and Control Recommendation for Nursing Homes](#)
  - [New Infection in Healthcare Personnel or Resident](#)
  - [Testing](#)
  - [Manage Residents with Close Contacts](#)
- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During COVID-19 Pandemic](#)
- [COVID-19 Data Tracker](#)
- [CMS QSO-20-38](#)

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LTC Access to COVID-19 Vaccine

Read these links!

- **COVID-19 Vaccine Access in Long-term Care Settings | CDC:** https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html
- **Long-term Care Administrators and Managers: Options for Coordinating Access to COVID-19 Vaccines | CDC:** https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships/administrators-managers.html
- **Connecting Long-term Care Settings with Federal Pharmacy Partners | CDC:** https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/pharmacies-contact.html

402 places in CT residents/staff can get the vaccine: https://covidvaccinefinder.ct.gov/

ACIP will meet Thursday about boosters. Some initial info here: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html

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AFTER READING LINKS, Let CDC/DPH know of you need additional support anticipated for providing (potential) boosters

- **Nursing homes:** report vaccination access issues in **weekly NHSN submission**

- **Non-SNF LTCFs** who participated in Federal Pharmacy Program for LTC received survey link last week.

- https://airc.cdc.gov/surveys/?s=XD7DFKHKYHAAJRFJ

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Governor's Executive Order 13F

DPH Implementation Guidance Dated 9.10.21

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IMPLEMENTATION GUIDANCE FOR EXECUTIVE ORDER 13F

- DPH released implementation guidance for EO 13F on September 10, 2021; this guidance supersedes DPH guidance related to the implementation of EO 13B.
- Implementation guidance sets forth the form and manner that facilities must use to:
  - Authenticate the vaccination status of individuals subject to the EO
  - Maintain documents of vaccination or exemption of such individuals
  - Report to DPH compliance with the EO
- Facilities are required to comply with the Executive Order by September 27, 2021.
- Facilities must report and certify their compliance with the Executive Order to DPH by 11:59 pm on September 28, 2021.
- Facilities that fail to comply with the Executive Order are subject to a civil penalty of *up to* $20,000 per day for each day the report is incomplete, or the attestation is unsigned, or the Facility is out of compliance with the vaccination mandate.

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Implementing EO 13F:
Two Significant Changes from the Previous Mandate

1. Compliance Extension to September 27, 2021

2. "Covered LTC worker" – "shall include employees, consultants, contractors including persons who provide services to the long-term care facility under a contract entered into by the facility, volunteers, caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions. Covered LTC worker does not include visitors of a patient or resident.

   Rule of thumb: apply the vaccination mandate to the same people who are subject to the CMS and state testing requirement

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Implementing EO 13F: Authenticating Vaccination Status

DPH will accept a copy of any ONE of the following categories of documentation:

1. A CDC vaccination card AND a declaration signed by the individual attesting to the authenticity of the record
2. Provider Vaccination Record
3. VAMS Certificate
4. Official immunization record from CT WiZ

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Implementing EO 13F: Maintaining Documentation

Facilities must maintain ON SITE the following information:

- A master roster of individuals with who are fully vaccinated, have a pending vaccine appointment or have a medical or religious exemption
- The vaccine records or exemption forms for all individuals subject to the EO

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Implementing EO 13F: Reporting Requirements

Facilities must submit to DPH the following information:

- The total number of "covered LTC workers" in your facility – Line 9
  - Total number of covered LTC workers who are fully vaccinated – Line 10a
  - Total number of partially vaccinated covered LTC workers – Line 10b
  - Total number of covered LTC workers with medical exemptions – Line 10c
  - Total number of covered LTC workers with religious/spiritual exemptions – Line 10d
  - Total number of covered LTC workers who do not fall into prior categories – Line 10e

> Note: the sum of Lines 10a through 10e should = total number of covered LTC workers on Line 9

- The person submitting the information shall declare that all the information is accurate, and they are authorized to submit on behalf of the facility.
- A signed declaration attesting to the truth and accuracy of the report and compliance with the EO

➢ Facilities must report using the DPH FLIS portal by entering information into a fillable form
➢ Facilities must submit complete reports and signed declarations by September 28, 2021, no later than 11:59 PM, in order to comply with the reporting requirement of the EO.

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Frequently Asked Questions and Forms

- In addition to the guidance, the Department will provide the following:
  - A list of FAQ's for facilities. Additional FAQ's can be submitted to DPH at dph.flisadmin@ct.gov
  - Templates of forms that can be used for facilities of CDC vaccine card attestation and religious and medical exemption.

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