

Summary of September 2, 2020 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 Homes:

Survey findings over the last week.

- Inappropriate use of PPE including improper use of masks, isolation gown was not worn when dealing with a COVID positive patient
- Facilities should be diligent in enforcing the PPE mandates when completing walk-throughs at the facility.
- Some staff were not screened before entering the building
- Resident negative for COVID received therapy near a COVID positive resident

Have any nursing homes in the state had a traditional annual health inspection?

- No, not since the regular inspections were suspended.
- The Department continues with weekly conference calls with CMS regarding resuming regular activities.
- The Department anticipates identifying facilities for surveys during the month of September.

Other.

- Millikent gowns that were distributed have been identified to have latex in them. A blast fax will be sent soon warning facilities of this issue and concerns with staff and residents having a latex allergy.
- There have been upwards of 20 nursing homes per day that have not reported into the daily FLIS portal or who have reported past 10am. It is important to note that all COVID reporting needs to be completed by 10:00 AM daily.

FLIS Staff Testing Update.

- FLIS survey staff are currently being tested.
- Proper quarantine and isolation protocols will be followed if any staff are identified as being positive for COVID.

CMS training for Infection Control.

- The Department was going to encourage facilities to use this training, however CDC is reviewing the information and fixing errors.
- The Department will share another update next week regarding availability.

Visitation Guidance updates (please see notes from August 26, 2020 for key points regarding the guidance):

- The Department put forward new guidance on General Visitation and Compassionate Care visits see below for description.
- A summary and FAQ for nursing home staff, residents and their representatives/family members will be posted to the LTC map
- General visitation.
 - The guidance states that visits should happen on a weekly basis but can take place more than once a week.
 - Resident visitation hours should take place 5 days per week, with one of those days falling on a weekend.
 - This does not mean the resident is required to have 5 visits per week, instead, it allows the resident's visitors flexibility in planning their weekly and/or multiple visits during the week.
 - Minimum visit time was increased to 30 minutes.
 - Outdoor visits should be socially distanced with appropriate PPE.
 - Window/virtual visits count as a weekly visit, if they meet the needs of the individual. However, in-person outdoor visits are encouraged if appropriate for the resident or family.
- Compassionate Care.
 - Compassionate care visits and end of life visits are for residents that have been identified as at end of life or experience a significant change in condition, as identified by a physician, physician assistant or advanced practice registered nurse.
 - Visits do not need to be socially distanced and allow for touching, but appropriate PPE should be worn when indicated, based on the resident's cohort/diagnosis.
 - If the facility experiences an outbreak, compassionate care visits should be suspended, but end of life visits can continue.
 - The visitation policies put in place by facilities to ensure the safety of the residents, visitors, and staff, but these policies should be reasonable and not create barriers to visitation. If the Department receives a complaint about unreasonable access to the facility, they will be investigating.
- Care planning related to compassionate care and visitation planning.
 - The plans should be similar to, or the same as the resident assessment for individual psychosocial needs and involve a multidisciplinary approach.
 - The plans should be different for each resident based on their individual needs and be included as a component of the psychosocial care plan. The Department does not want to see the same plan for each resident.
 - Each plan should be put in place by a multidisciplinary team that includes the social worker, resident's family or representative (via telephonic or other means of remote communication), the infection control person and the facility's care team.
 - The plan should identify any issues and determine if the resident is able to participate in general visitation or if they meet the need for a compassionate care visit.
 - It is important to involve the infection control person at the facility to ensure appropriate protocols are in place for personal protective equipment, hand hygiene, source control, and environmental cleaning.

Status of State Nursing Home Reopening Guidance:

- DPH is in the final review for reopening guidance. All facilities are currently in Phase 1.
- Phase II will allow non-essential workers to enter the facility

- Phase III will allow general indoor visitation
- DPH expects that the reopening guidance will require facilities to meet certain PPE, staffing and testing criteria before moving between phases. For example:
 - Facilities should plan to have on hand 30 days of PPE, calculated using the maximum burn rate calculator, before moving to Phase II;
 - Facilities should have adequate staffing plans in place in the event of an outbreak; and
 - Facilities should be in compliance with the testing mandate.
- Facilities will need to complete an online attestation when they move into the different phases.
- DPH will rely on these attestations and verify after submission and the facility has moved into the next phase whether the facility is in compliance. Facilities that inappropriately move into the next phase will be required to return to the previous phase.
- Facilities offering salon services should reach out to their local health department to determine the appropriate regulatory requirements are being met.
- For your information, the following information was not discussed during the call:
 - Dining rooms fall under Food Service Establishments regulated by Local Health Departments. Please check with your local health department as you reopen your dining rooms (only for negative cohort)"

Antigen testing.

- Machines should be delivered to nursing homes by the end of September.
- Some nursing homes have already received their machines.
- Training and ordering.
 - Vendors for the different machines will be offering training and ordering instructions.
 - One facility stated that it was helpful to purchase a printer for printing test results.
 - BD: <https://www.bdveritor.com/>
 - Quidel: <https://togetheragain.quidel.com/>
- CLIA Waivers.
 - CMS has determined that all long-term care facilities in CT currently have a CLIA waiver in place.
 - If the facility does not have a waiver in place, please contact DPH.
 - The facility is not required to send in any federal paperwork, as they have already been added into the system if they currently have a waiver.
 - All test results, both positive and negative need to be reported to the Department and the local health department. Epidemiology is working on the reporting mechanism.
 - A form has been developed by the FLIS lab Team that needs to be submitted before testing starts. If facilities are in need of the form, they should email: dph.flislab@ct.gov and a form will be sent to them. Information required includes, what type of machine did they receive and when will they begin testing.
- Use of Antigen Testing.
 - The CDC website has specific guidance for nursing homes on the use of antigen testing. Link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html>
 - Connecticut has care partners available to provide PCR testing with a 24-48-hour turnaround time. We will continue to use this method for PCR for the weekly/monthly testing of staff, and residents until at least October 31.
 - If a resident or staff falls ill and is exhibiting symptoms and the facility is unable to obtain a PCR test quickly, the facility should use the antigen testing machine.

- In preparation for October 31, facilities should explore a relationship with a laboratory to continue to complete rapid PCR testing.
- If a care partner or an antigen machine is not available, the facility may complete limited testing through the state laboratory. The state laboratory can only do a limited number of COVID-19 tests per day and does not conduct testing on the weekends.
- We are currently recommending that facilities use the antigen testing machines to test only people who are showing symptoms. If a symptomatic person is tested using the antigen test and tests negative, facilities should retest the resident using a PCR test.
- CDC's new guidance says that if a facility is using the antigen machine as part of weekly testing, they do not need a confirmatory for a negative test. The reasoning being that frequency will make up for reduced sensitivity.
- Please utilize the state-funded Care Partners for weekly/monthly testing
- If you have a COVID-positive staff member or a resident with nursing home-onset COVID-19, you need to test all staff and residents as soon as possible. If your Care Partner isn't able to help you do that in a timely manner, you can use the antigen machine in the meantime.
- NHSN reporting.
 - Please be sure to count only newly confirmed cases each week when you enter your counts. Residents with *recurrent symptoms* after the first 3 months who test positive for COVID-19 should be considered newly positive for counting purposes and therefore included in the Confirmed COVID-19 count for the reporting period.
 - There are 4 new questions on the NHSN at the end of the resident module, they ask if you have an antigen machine and if so, what is your usage.
 - For COVID related deaths, only count those persons who were currently being treated for COVID at the time of their death. If a resident previously had Confirmed (positive COVID-19 test result) or Suspected COVID-19 but recovered and is no longer being treated as having COVID-19 (for example, resolved signs/symptoms and removed from isolation) at the time COVID-19 death counts are being collected, do not include the resident in COVID-19 death count. Include the resident in the Total Deaths count.
 - Any NHSN related questions can be directed to Adora at: email: Adora.harizaj@ct.gov or call 860-509-7968.

Testing Program Update.

- 20,000 people were tested last week, 14,000 staff and 6,000 residents.
- 56% of the facilities are still actively testing.
- Care Partner update.
 - Some facilities have been issued new care partners. DPH thanks those facilities for their patience during the transition.
- Monthly surveillance testing.
 - The Department provide guidance to the facilities via blast fax on monthly testing requirements.
 - Nursing homes, ALSAs and MRCs with more than 100 employees will be required to test 25% on a weekly basis. Nursing homes, ALSAs and MRCs with fewer than 100 employees will be required to test 50% of their employees on a biweekly (every other week) basis.
 - The goal is to have all staff tested at least monthly.
 - This requirement is fulfilling the new CMS requirement for testing.

- We consulted with several expert epidemiologists to determine the best model for testing to suppress an outbreak, and frequency was key in their modeling; weekly testing was recommended.
- Testing enforcement.
 - The DPH continues to audit compliance with the testing mandate for those facilities that have paused testing due to meeting the 14-day threshold.
 - We are finding that facilities who are on a “pause” have not tested significant amounts of their staff.
 - Citations are being issued to those facilities that have failed to comply the testing order.
- The 90-day issue.
 - Active discussions are taking place with CDC, other states and infectious disease specialists about people who are tested beyond 90 days after recovery to help determine if positives at this time represent reinfection or new infection. We are working with CDC to gather data to determine if we can state they should not be retested.
 - Currently, CDC does not have enough evidence to say that the people beyond the 90 day period don’t have new infection, so the recommendation at this time is to include them in serial weekly testing of staff members or staff & residents (if the facility has an outbreak).
 - The reason why “90 days” is not included in our monthly testing mandate is because we suspect it might change quickly.
 - It is up to the facility’s clinical staff make decision to see if persistent positive or new infection.
 - We are continuing to follow the national trends and hope to get you new answers soon.

PPE Data and Pods

- PPE.
 - The Department continues to discuss PPE reporting requirements.
 - Training was deployed in late July, early August, and the Department saw improvement in reporting.
 - The Department is beginning to see a decline back to inaccurate levels.
 - Underreporting of PPE in the mutual aid plan is concern and will impact reopening.
 - Without accurate PPE data, it is difficult to assess when it is appropriate to reopen.
- PODS.
 - The weekly distribution of PPE through a POD ended last week.
 - Since April the Department has been distributing PPE through PODS on a weekly basis. Through this process, 33 million pieces of PPE was handed out, and in addition, facilities have received 1.7m pieces of PPE from feds.
 - The Department is now moving to requisition based distribution. If a facility is having issues sourcing PPE, or at level of concern there won’t be enough PPE, they should be reporting on LTC map.
 - The Department monitors LTC map on a daily basis, and if a facility flags they don’t have enough PPE, we will reach out. Facilities should try to source their own PPE, but if they need PPE from the state, a form was created for the request. Requests and forms should be sent to Shawn Roof (shawn.roof@ct.gov). The form will transition to an online request form soon.

- The POD method using allocations was put in place to respond to an emergency situation. If situation calls for allocation method again, the Department would standup the PODs up again.
- Reporting mechanism.
 - If the same person logs into the daily reporting module, their email will be matched with the last report and the system will allow you to prepopulate.
 - The Department encourages facilities to use same email address every day for reporting.

Assisted Living:

Survey Findings:

- Continue to survey assisted living facilities for complaint investigations and infection control. Recent findings include:
 - Contract tracing, A receptionist at the front desk tested positive, and it was not clear who came into contact with the receptionist.
 - Facilities have not tested 100% of their staff consistently. An example, a facility tested a new employee who came up positive, the 3 staff that were exposed to this employee were not tested weekly, they were only tested once.

ALSA/MRC Testing Reimbursement.

- Reminder to ALSA and MRC to submit their invoices for reimbursement.
- It is important to open any attachments from the care provider to see if they work before forwarding them to OPM for reimbursement.
- OPM has not seen as many invoices as expected.
- Chris wanted to remind the working group that reimbursement was ending on October 31. If ALSA/MRC are required to continue testing, this would be a 7.5 million dollar unfunded mandate on the ALSA/MRC community, not including ancillary providers such as hospice and home health.
- The Department will continue to review best practices for testing.