**Summary of September 23, 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.

* The meeting scheduled for September 16, 2020 was cancelled
	+ There were 47 visits conducted from 9/9 to 9/16 with 10 facilities having findings.
	+ There were 42 visits conducted from 9/17 to 9/23 with 4 facilities having findings.
* During these visits the following findings were noted:
	+ Staff testing compliance
	+ Linen carts with missing covers
	+ Appropriate use of PPE, including mask use and eye protection
	+ Documentation of COVID status of patients during transfers.
* Q&A
	+ **Question regarding cloth masks vs paper masks and their use in a facility.** The department requested further information. Cloth masks can be worn by persons without direct patient contact or interaction of any kind, i.e. business office staff. Surgical masks should be utilized if interacting with patient.

CMS Infection Control Training

* There is training available through the CMS [Quality, Safety and Education Portal](https://qsep.cms.gov/welcome.aspx).
* To sign up for the different training modules, please following the directions on this link: <https://qsep.cms.gov/COVID-Training-Instructions.aspx> The link will also be posted on the LTC Map website.
* The CMS training covers a range of COVID-19 topics and includes 5 modules designed for frontline clinical staff and 10 modules for management.

NHSN Requests for Security Clearances

* CT DPH asks that nursing home report every weekly on Wednesday before noon to NHSN. Facilities can report weekly or daily.
* If daily reporting is becoming too burdensome, you can switch to weekly reporting. Contact Adora if you need help transitioning to weekly reporting: adora.harizaj@ct.gov
* Each time counts are collected for reporting, only newly confirmed cases should be included in the count (specifically, count each confirmed resident only once during a reporting period).
* Include residents with new positive COVID-19 test results regardless if the resident(s) is still in the LTCF on the date of data entry. For example, the count should include resident(s) who remain in the facility, were transferred out of the facility, admitted to another facility, as well as those who died prior to or on the date of data entry in to the NHSN COVID-19 Module.

<https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-toi-508.pdf>

* Remember facilities can always edit NHSN data. If changes are made to the NHSN data just let Adora Harizaj (adora.harizaj@ct.gov) know so they can edit it in the weekly nursing home report.
* In mid-October NHSN in collaboration with CMS are planning on making changes to the COVID module to include line level data so that nursing homes can report their antigen results.  Facilities will need level 3 access in order to report their results on NHSN.  Many CT nursing homes are currently level access 1 and for the next 4 weeks NHSN will be emailing nursing homes with information on how to increase their security to a level 3. CT DPH is encouraging nursing homes to not ignore emails from NHSN and to go thru the process sooner rather than later. Email will be from SAMS, via sams-no-reply@cdc.gov. if you haven’t received an email, you can email NHSN at nhsn@cdc.gov with “Enhancing Data Security” in the subject line.
* CT DPH encourages facilities to have multiple users for NHSN. It is good to have back up in case the main user is on vacation or away.
	+ Instructions to add users:
		- After facility enrollment is complete and activated in NHSN, the NHSN Facility Administrator may add users to the account.
			* Log into SAMS • Select NHSN Reporting
			* On left-side Navigation pane, select Users > ADD
			* Complete the required fields and click “SAVE”
			* You will then be prompted to assign the new user rights
			* Click on “Save” \*Please check to ensure that you have made added users as an “Active User.”
			* If a newly added user does not have SAMS access, they should receive an email confirmation following this process. The email will also ask the new user to click on the corresponding link to agree to the NHSN Rules of Behavior. Once they agree to the Rules of Behavior, NHSN will automatically sub

CMS Visitation Memorandum

* On September 17, 2020, CMS put out [guidance](https://www.cms.gov/files/document/qso-20-39-nh.pdf) regarding visitation in nursing homes, and use of Civil Money Penalty Funds.
* The Department strongly encourages each nursing home review the guidance and prepare their facility for in person visitation, based on the recommendations outlined in the guidance.
* The Department will be sending out a blast fax with further information for facilities soon. The blast fax will summarize the guidance outlined in the CMS visitation memorandum.
* Lita provided an overview of the important points outlined in the memorandum.
* The CMS visitation memorandum allows indoor visitation under certain conditions including that the facility has no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting “outbreak testing”. Outbreak and monitoring testing of staff will still be required pursuant to the Governor’s Executive Order 7AAA and described in the Department’s guidance on September 1, 2020. However, it is important to note that the initial round of weekly testing required under EO 7AAA is not considered the same as “outbreak testing” per the CMS guidance. Link to testing guidance from September 1, 2020: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-202087-Supplemental-DPH-Guidance-on-Monthly-Surveillance.pdf>
* Q&A.
	+ **Will DPH put out guidance in response to the CMS visitation requirements.**  DPH will be sending out a blast fax recommending facilities follow the CMS guidance.
	+ **Has DPH given any thought to allowing families to take their loved one on a ride to get them out of the facility?** Families can transport the resident in their personal vehicles. However, it is the facility’s responsibility to communicate to the family the measures that need to be in place to make the facility comfortable with the transportation prior to the transportation. Measures could include face masks, good airflow (such as open windows), and distancing whenever possible. The goal is to avoid having the resident exposed and subsequently quarantined.
	+ The next 2 questions regarding compassionate care and outside visitation were not answered because the new guidance from CMS regarding indoor visitation has been released. The Department requests facilities review the guidance documentation and ask any further questions when review is complete.

Commissioner’s PPE Stockpile Order

The Department is in the process of putting forward a Commissioner’s Order regarding stockpiling PPE. The Order will include the following components:

* Every facility will be required to stockpile a certain amount of PPE that will be separate from their regular PPE used on a day to day basis.
* The facility should stockpile enough PPE to manage 20% of their daily resident census that have exposed to COVID.
* Once a month, facilities will be required to check the stockpile against their average daily census to ensure they have enough, and check for expired or expiring PPE.
* If PPE is expiring, it should be replaced with new PPE, the expiring PPE can be placed into the day to day PPE rotation.
* Wherever the stockpile is stored, either on site or off site, should be accessible if there is an outbreak.
* Facilities will have 30 days to comply with the order.

PPE distribution:

* Facilities having difficulty obtaining PPE, can submit an application for PPE to the Department. Currently, Facilities can contact Sean Roof at sean.roof@ct. gov to request PPE if they urgently need PPE and cannot source it for themselves.
* The Department is creating an on-line portal for ordering PPE. The on-line portal is scheduled to go live around October 1st. It is being beta tested right now.
* Once the on-line portal is up and running, instructions on use will be sent to facilities, and the Department will conduct a training webinar.
* Q&A.
	+ **Question regarding visitors wearing cloth masks.** Visitors can wear a cloth mask because they are not performing any procedures that would cause spray or droplets.
	+ **Question regarding visitor testing.** The state is not paying for testing of visitors. If a facility would like to see visitors tested, they may use their antigen machines. Facilities should be sure to follow the manufacturer guidance on test result follow-up, along with putting a policy in place for communicating with the person being tested.

Q&A

* **Question regarding patients who share a room and go to different dialysis centers, can they continue to share the room?** The DPH does not recommend sharing a room. The facility should conduct an assessment to determine the risk of exposure. Sharing a room should only be utilized as a last resort, as we do not want to risk putting someone who was truly exposed (and will develop COVID-19) with someone who was not truly exposed (and is naïve).
* **Will residents with the flu be required to cohort in a similar manner as COVID positive residents?** CDC has not changed their influenza guidance for long term care facilities. <https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm> The current guidance is for people with influenza to be placed in a private or single room. If a room is not available, the resident should cohort with other residents who have influenza. If the facility experiences more than one resident becoming sick in a 72-hour period, they should contact the DPH’s EPI program to discuss how they can get a diagnosis in a timely manner and prevent spread of whichever respiratory pathogen is circulating.
* **Question regarding a resident refusing testing.** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing-in-Nursing-Homes> Residents, or their medical powers of attorney, have the right to decline testing. Clinical discussions about testing may include alternative specimen collection sources that may be more acceptable to residents than nasopharyngeal swabs (e.g., anterior nares). Providing information about the method of testing and reason for pursuing testing may facilitate discussions with residents and their medical powers of attorney.If a resident has symptoms consistent with COVID-19, but declines testing, they should remain on Transmission-Based Precautions until they meet the symptom-based criteria for discontinuation.If a resident is asymptomatic and declines testing at the time of facility-wide testing, decisions on placing the resident on Transmission-Based Precautions for COVID-19 or providing usual care should be based on whether the facility has evidence suggesting SARS-CoV-2 transmission (i.e., confirmed infection in HCP or nursing-home onset infection in a resident).

**Nursing Homes and Assisted Living Services Agencies Joint Issues:**

Testing.

* Cumulative testing in Nursing Homes as of last Friday: There were 232,000 tests performed by care partners with 62,000 of these tests performed on residents.
* 96 facilities are testing weekly, and 116 facilities are completing surveillance testing monthly.
* From the NHSN report, 44 facilities have staff or residents who are COVID positive in the last 14 days.
* Unfortunately, the Department does not have clear access to ALSA testing data, however based on invoices submitted and self-reported data, there have been approximately 3,000 tests performed per week.
* Nursing Homes, Assisted Living Services Agencies and Managed Residential Care facilities should be following the testing guidance provided to them on September 1, 2020. Link: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-202087-Supplemental-DPH-Guidance-on-Monthly-Surveillance.pdf>
* DPH is aware of issues with test turnaround times and are working to address these issues. At this time, DPH is still requiring the facilities work with their Care Partners for testing.
* As of November 1st, the state will no longer be covering the cost of testing in nursing homes. Facilities should begin to prepare for paying for their own testing and making their own arrangements with a testing partner. DPH is not clear as to whether or not the testing reimbursement will continue past November 1st.

Antigen testing.

* The Department believes that all ALSA’s that currently have a CLIA waiver in place are supposed to receive an antigen testing machine directly from the federal government.
	+ 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 it appears the federal government is identifying the facilities from the system in which CLIA waivers are registered.
	+ 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.
* When conducting antigen tests, all facilities should review the package that comes with their antigen testing machines for parameters around test results.
* All facilities should review the antigen testing guidance put forward by the Department on [September 15, 2020](https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-2020-89-Supplemental-DPH-Guidance-on-the-use-of-Antigen-Testing-in-Nursing-Homes.pdf).

**Assisted Living Services Agencies:**

ALSA Survey Findings.

* The Department continues with visits to ALSAs and MRCs on a daily basis, including weekends.
* Findings include not testing 100% of their staff, and not completing contact tracing for COVID positive cases. One facility was testing every other week instead of every week.

ALSA/MRC Testing Reimbursement.

* Reminder to ALSAs and MRCs to submit their invoices for reimbursement.
* OPM has received invoices from only 40% of the ALSAs. Invoices for testing that took place on or before August 31, 2020 should be submitted to OPM by October 15, 2020.
* The Department uses this data to determine the number of tests performed in the ALSA/MRC
* It is important to open any attachments from the testing vendors to see if the files are accessible/readable before forwarding the invoices to OPM for reimbursement.
* Contact information for OPM to submit invoices:

Manisha Srivastava

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860-418-6317

PPE Support.

* Please see above conversation regarding PPE.