

Summary of November 4, 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:

Overview of COVID-19 in Connecticut and Nursing Home Outbreak Trends

- The Department provided an overview of the week to week NHSN data of newly diagnosed COVID-19 among residents and/or staff in a nursing home during the most recent 14- day period.
- 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.
- Connecticut is currently in the acceleration phase of this wave of the pandemic, which is why the Governor instituted additional measures in the community.
- Positive cases in nursing homes have increased over the past 14 days. During this period, there are 32 nursing homes with new resident cases and 82 nursing homes with resident and staff cases.
- Facilities should continue to provide messaging to staff about their personal and professional obligations inside and outside the nursing homes. Facilities should encourage staff to follow appropriate social distancing, and PPE and infection control measures such as handwashing guidelines in all situations.
- CDC has implemented a new training portal for Healthcare Infection Prevention & Control called “Project Firstline”. Facilities should become familiar with the website and take appropriate training on the [Project Firstline website](#). This new infection control training collaborative provides foundational knowledge of infection prevention and control, that in addition to training modules, also includes a social media component using Facebook and Twitter to share information and best practices.

Commissioner discussion with CT Association of Health Care Facilities and LeadingAge Connecticut.

- Commissioner and CAHCF and LeadingAge Connecticut discussed the similar infection control findings that have been taking place on a weekly basis during nursing home inspections.
- The CAHCF and LeadingAge Connecticut along with DPH have been monitoring the outbreaks and have strong concerns about the increase in cases in more than 35 nursing homes over the past week.
- Throughout the outbreak of COVID-19, CAHCF and LeadingAge Connecticut and DPH have disseminated information and provided support for infection control measures that can help manage or prevent outbreaks in Nursing Homes.
- Personal Protective Equipment, testing, cohorting strategies, and COVID recovery facilities are more readily available, and provide nursing homes with tools to mitigate outbreaks.
- Now is the time to increase infection prevention and control measures and ensure all employees are adhering to the facility’s infection control policies both inside and outside the facility.
- Nursing Homes should put policies in place to ensure all shifts are adhering to the infection control protocols.
- CAHCF and LeadingAge Connecticut are requesting all facilities set a goal of having a zero new infections among residents by Thanksgiving.

Survey findings over the last week.

- There were 54 infection control surveys conducted from 10/28 to 11/3 with similar findings to last week in 8 different facilities.
- During these visits the following findings were noted:

- Concerns identified in the kitchen area, including not properly cleaning the kitchen equipment, and dietary staff without appropriate hair restraints.
- Improper screening of visitors.
- Hand hygiene not being used in between glove changes.
- Inappropriate cohorting of a newly identified positive resident.
- Q&A
 - A question was asked about the finding regarding proper screening of visitors.
 The preliminary finding was inappropriate follow-through with screening questionnaire, and not having a facility staff member stationed at the desk to ensure everyone entering the building was screened. Facilities should be familiar with the CDC guidance for screening of all staff and visitors: <https://www.cdc.gov/screening/index.html>
 - We got information stating we have to do a class B for COVID positive I was under the impression that as long as we filled the COVID 19 Tab on FLIS. Can we get a clarification please. Thanks
 Several months ago Dr. Vivian Leung stated that the Department's Healthcare Associated Infections Program (HAI) had determined a COVID-19 outbreak begins when either a staff person or a resident tests positive. It was thought that FLIS Reportable Events should be consistent with the HAI definition of a COVID-19 outbreak.
 Facilities have been asked to initiate a Class B Reportable Event when an outbreak starts. It is not necessary for the Reportable Event to be updated when additional staff or residents test positive since nursing homes are entering information in the portal on a daily basis. Facilities have been asked to close the outbreak when there have not been any residents or staff who tested positive for COVID-19 for twenty-eight consecutive days.
 Section 19-521e of the Connecticut General Statutes (statute below) overrides the regulation pertaining to the reporting of reportable events to the Department to allow for electronic reporting through a portal. All events are reported through the portal and facilities should follow the instructions provided to them through the portal.

Sec. 19a-521e. Reportable events at nursing homes and behavioral health facilities. System for electronic notification. (a) As used in this section:

- (1) "Nursing home" has the same meaning as provided in section 12-263p;
 - (2) "Behavioral health facility" has the same meaning as provided in section 19a-490; and
 - (3) "Reportable event" means an event occurring at a nursing home or behavioral health facility that is deemed by the department to require the immediate notification of the department.
- (b) The Department of Public Health shall develop a system for nursing homes or behavioral health facilities to electronically notify the department of a reportable event.
- (c) Nursing homes and behavioral health facilities shall report reportable events to the department using the electronic reporting system developed pursuant to subsection (b) of this section.

- Any thoughts on testing new admissions day 1 & 2; then every 3 days until day 14?
 If a facility is able to complete testing with PCR tests, this is the best case scenario. Using Antigen testing for this purpose does not fit in the CDC antigen testing algorithm. There is a potential for false positives if you are not completing serial testing and the facility is not experiencing an outbreak. If you haven't tested the patient before and the resident receives a positive test from the antigen test, it is recommended they immediately get tested through a PCR as a back up.
- In regard to the proper cohorting of staff does that mean no floating of staff and ensuring that all staff remain on exposed units? Or is the staff expected to quarantine? This is in regard to a positive employee.
 A positive employee should isolate. If the employee is exposed, they should quarantine to see if symptoms develop. Facilities should practice cohorting staff as much as possible by assigning them to dedicated units as much as possible. If a facility needs to float staff, they should follow the recommendation to treat unexposed persons before moving onto exposed persons.

ICare Health Network, Mike Landy guest speaker regarding the use of antigen machines in his facility.

- The facility is currently testing new admissions with antigen testing, if the resident tests positive, they obtain a confirmatory PCR test.
- The facility has implemented a testing algorithm that allows for antigen testing of new patients on day 1 and 2, then converting to PCR testing every 3-4 days for 14 days.
- Antigen testing of all residents is also being conducted along with PCR testing twice a week, once through the Care Partner and once through a contracted entity.
- Once a patient is identified being tested positive, they are cohorted properly and the antigen test is used to continue their cohorting. Additionally, the antigen machine is used to test any person who may have been exposed to that patient through the case investigation and contact tracing.
- Staff are being screened by the antigen machine before each shift during an outbreak.
- The facility has stockpiled 1-2 months worth of antigen supplies.
- The Department clarified that the definition of an outbreak is: *A new SARS-CoV-2 infection in any HCP or any *nursing home-onset* SARS-CoV-2 infection in a resident. The Department closes an outbreak investigation after 28 days of no new positives among staff or no new nursing home-onset resident cases.*

Zero Infection Control Findings initiative:

- The Department reiterated the comments made by the CAHCF and LeadingAge Connecticut regarding getting to zero infection control findings during a survey.
- The Department completes between 50 and 55 surveys per week and has been reporting similar findings that impact between 7 and 8 facilities. These findings include screening of visitors and staff, hand hygiene and mask wearing.
- The Department would like to challenge the facilities to have a week or more without any infection control findings.
- Facilities do not need to wait for the guidance to come out from the Department to conduct self-audits. They should feel free to take the initiative to move forward.

Visitation updates

- The Department has made significant amount of progress towards CMP funding for visitation aides related to indoor and outdoor visitation. The Department is in the process of developing a webpage that has an overview of the CMP funding and a link to apply for up to \$3000.00 per facility. This webpage should be operational by the end of next week. Questions regarding the application process will be in a format similar to the Care Partner Complaint system already in place.
- A blast fax will be sent to facilities outlining the process.

Outbreak Control Summit

- The Department is working with CAHCF and LeadingAge Connecticut to plan an outbreak control summit that will be focused on cohorting and testing.
- The summit is tentatively scheduled for November 20.

ConnectToCareJobs.

- The Department is in the process of joining a portal set up by Advancing States, that will connect nursing homes with healthcare workers.
- The first project to be initiated through the website: www.connecttocarejobs.com will be connecting temporary nurse aides with facilities in need staff.
- Karen Wilson is the DPH staff who will be primarily responsible for the program.

- An MOU should be in place soon and communication materials will be sent out to all facilities via blast fax.

COVID Recovery Facilities

- Over the summer, the Department worked with Yale University to model the different severity of outbreaks to determine the appropriate number of COVID Recovery Facility beds needed during the next wave of the pandemic.
- The Department is confident we have the appropriate number of beds available within the current facilities.
- When a facility needs to transfer a patient to a COVID recovery facility, they should contact the Department and will be directed to a specific team of individuals to determine whether or not the transfer is appropriate.
- Currently, there are 2 facilities accepting patients.

Safe Holidays Initiative:

- On Friday, October 30, 2020, the Governor released the safe holiday initiatives on the State's Coronavirus webpage. <https://portal.ct.gov/Coronavirus/Covid-19-Knowledge-Base/Holiday-Guidance>
- The Department included language in the guidance suggesting that families and friends strongly consider not visiting a patient in a nursing home.
- The Department strongly encourages all facilities to share this information with their staff and highlight the important sections of the guidance.

Vaccine Planning

- The link for the pharmacy Partnership for LTC COVID-19 Vaccination is: <http://www.mutualaidplan.org/Common/Document.aspx?DDID=17486&klv=1&key=WR00z0EMUdpc6NpBOFihM1sFmU%3d>
 - The link will be posted on the mutual aid website.
 - The Department encourages facilities to opt into program to ensure vaccinations for residents.
 - Nursing Homes will be able to sign up for this program through NHSN and ALSA through red cap.
- The sign up for this program ends this week.

Nursing Homes and Assisted Living Services Agencies Joint Issues:

The November 11, 2020 weekly meeting is cancelled due to the state holiday.

Testing data.

- Over the course of the program, 416,000 tests have been performed, which is the largest single block of tests performed for a specific group in the state.
- Some trends the Department has been seeing include an increase in positive housekeeping and dietary staff and increased cases in assisted living services agencies.
- Facilities should continue to perform self-audits and infection control prevention education for all staff including ancillary staff.
- Facilities do not need to call the DPH EPI program to report cases, the program checks the NHSN data daily.
- Friendly reminder to remind all staff and residents to obtain their flu shot.

Weekly testing Reminder:

- Weekly PCR testing with care partners has begun.
- Because of the burden of weekly testing on Care Partners, facilities may find their Care Partner has less ability to be flexible in scheduling testing.

Staff working in multiple facilities.

- The Department has seen an increase in nursing home outbreaks with facilities that employ staff that work in multiple facilities.
- The Department is discussing measures to ensure these staff are tested more than weekly.
- Facilities should be aware of any staff person working in multiple facilities.

Care partner issues and program extension.

- All facilities that had a change in care partner should be testing with their new care partner.

Antigen testing guidance.

- Most of the ALSA's should have received BinaxNOW test kits. If an ALSA has a CLIA waiver and would like a BinaxNOW kit, they should reach out to Dr. Leung at Vivian.leung@ct.gov who can explain how to obtain the kit.
- If an ALSA has not received a BinaxNow kit from the Federal Government during the first wave of disbursement, it is unlikely they will receive one at this time. They are focusing on communities with a 5% or higher positive level, which Connecticut does not fall. However, the state has some available for ALSAs.
- The Department is working on a blast fax with instructions for facilities to obtain the antigen testing machines.
- Facilities should follow the CDC algorithm put in place for testing of staff:
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf>
- Facilities should begin solidifying a laboratory to perform PCR tests when the funding runs out on December 30.

Assisted Living Services Agencies:

Overview of COVID-19 in Connecticut.

- The Department showed the state map where incidences of COVID are on the increase and explained the concerns with cities and towns in orange and red. Link to the map, which changes every Thursday: <https://portal.ct.gov/Coronavirus/COVID-19-Data-Tracker>
- The Department continued to reinforce appropriate cohorting in all facilities and following the CDC algorithm for PCR and Antigen testing. The Department reminded all ALSA with a memory care unit to be especially vigilant in following nursing home guidelines for testing, cohorting and infection control measures.

ALSA Survey Findings.

- There were 2 findings during the ALSA surveys that took place this week.
- One facility had a resident that went out to medical appointment, upon return, the resident was quarantined for 14 days. However, the resident didn't receive appropriate care i.e. meals were left at

the resident's door, and the cleaning crew required the resident to scrub own bathroom and room for the 14 days.

- The second finding included a resident being discharged from the hospital. The resident was quarantined for 7 days, which is the policy of facility. However, there is no reference as to why the resident was quarantine for a period of 7 days. After the 7 days, the resident went to communal dining. On day 10 the resident started experiencing symptoms and was readmitted to the hospital and ultimately tested positive on day 11. Concerns the resident was not quarantined for the recommended 14-day period and ultimately exposed other residents during communal dining and other activities.

ICare Health Network, Mike Landy guest speaker regarding the use of antigen machines in his facility.

- Mr. Landy reiterated his discussion regarding antigen testing for the purposes of sharing best practices with the ALSA community. See above for key points.

Testing Reimbursement.

- Lita reiterated to facilities to submit their invoices ASAP.
- Invoices for testing completed between June 28 through August 31 are due by October 15, 2020.
- 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

Manisha.Srivastava@ct.gov

860-418-6317

Directions on submitting invoices can be found in the Tool Kit for ALSA/MCR facilities. Link:

<https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-2020-75-ALSA-Staff-Testing-Tool-Kit.pdf>

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