

Summary of December 16, 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 and Assisted Living Services Agencies Joint Issues:

Vaccine Administration.

- The Department introduced Benjamin Bechtolsheim, who is coordinating the vaccine rollout for Connecticut. Benjamin is working closely with the partners such as Walgreens, CVS, hospitals and long-term care facilities to facilitate vaccine administration.
- The Department provided a PowerPoint presentation that outlined the current timelines for vaccine roll out, supply planning, the roll out of the administration of first and second doses and information to help facilities with vaccine hesitancy among their staff and residents.
- The first vaccine clinics are taking place in the hospital setting. Nursing Home vaccine clinics are scheduled to begin next week.
- All vaccine clinics at hospitals and nursing homes are using the Pfizer vaccine.
- When approved, the Moderna vaccine will be for healthcare workers in outpatient settings.
- Vaccine administration is currently in phase 1A and includes the following individuals:
 - Healthcare personnel in long term care facilities
 - Residents of long-term care facilities
 - First responders, including EMS Personnel, Fire, and Police who respond to medical 911 calls.
- While the Department is available to answer questions that are vaccine related, the best source of information about when clinics will be held is directly from CVS and Walgreens.
- The Department thanks facilities for being flexible and adhering to the supply schedule.
- Dr. Leung presented information regarding the signs and symptoms that can occur post-vaccine vs COVID/influenza. This information was based on guidance from CDC. The PowerPoint presentation has been uploaded to the LTC MAP website and the link can be found on the following link:
<https://www.mutualaidplan.org/Common/Document.aspx?DDID=17556&klv=1&key=B6EBCOAn1Vr%2bNIW5U9Lf%2bT4VXN4%3d>
- Link to the CDC presentation regarding vaccine side effects:
<https://www.mutualaidplan.org/Common/Document.aspx?DDID=17556&klv=1&key=B6EBCOAn1Vr%2bNIW5U9Lf%2bT4VXN4%3d>
- CDC. Post Vaccine Considerations for Healthcare Personnel:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html>
- CDC. Post Vaccine Considerations for Residents: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-residents.html>

Q&A regarding vaccines:

- When we are defining or classifying assisted living residents and staff that will be vaccinated as part of the “long term care residents” group, will this be based on the Managed Residential

Community (MRC) address? For instance, all the residents and staff that work or live in the MRC building? (I think this would be great if we could do this – very easy and in line with the testing guidance.)

Yes, anyone living in the MRC can be vaccinated as part of the long-term care resident group.

- This question is about Continuing Care Retirement Communities (CCRC) residents and staff. Back when providers were asked to sign up through NHSN and RedCap, HHS informed our national association that the pharmacy program would treat the CCRC campus as one entity and so they would include all the CCRC residents into the program. Some of these residents live independently on the campus, usually in apartment settings. Sometimes the apartments are classified as an MRC, sometimes not. Typically, the campus will have apartments, assisted living and a nursing home.

CVS and Walgreens will be vaccinating staff and residents of nursing home facilities first. Vaccination clinics for staff and residents of Assisted Living/MRCs will be scheduled separately by CVS and Walgreens, even if the Assisted Living/MRC is on the same campus or part of a CCRC with a nursing home. The current plan is that all long term care facilities will have first round vaccine clinics by mid to late January. Facilities should have a representative from CVS and Walgreens where specific vaccination questions can be asked. Another facility commented that they only have a generic email to ask questions of, the Department recommended sending an email to the blanket email address. If a facility does not receive a response, facilities can email Benjamin at Benjamin.Bechtolsheim@ct.gov. The Department will reach out to CVS and Walgreens simultaneously to try to find out a response.

- Will the licensed Residential Care Homes come under the “long term care facility residents” definition? I assume it does – and then the same question about being vaccinated at the same time as the nursing home?

Yes, long-term care facility residents were included.

- Independent residents who live on a nursing home campus, but not in an MRC or part of a CCRC – Phase 1b?

See above.

- Will we eventually exclude fully vaccinated staff and residents from the surveillance testing?
Facilities should continue to test staff and residents until they receive further guidance from the Department.

- Do we know how short-term rehab residents will receive their second dose? Will they need to return to the nursing home on the second clinic day?

Guidance on handling short term residents that get discharged before the 2nd dose is forthcoming. Discussions have been taking place. It is the intent of the Department, CVS and Walgreens to ensure all individuals who received the first dose to obtain a second dose. In some cases, an individual may go to the facility to obtain their second dose. Both CVS and Walgreens may allow these individuals to obtain their 2nd dose at their retail sites.

- Can a facility be in outbreak testing mode with active COVID + unit and still have the vaccine clinic, or do we have to be free of new cases for 14 days staff and residents?
A facility does NOT need to be COVID free for 14 days. CVS and Walgreens have been given permission by CMS to enter facilities during an outbreak. At this time, it is recommended to vaccinate as many as people. However, if someone is acutely ill (or within the infectious period), it is recommended to vaccinate them during the 2nd clinic. Additionally, an individual being vaccinated should not receive any other vaccines within 14 days before or after the COVID vaccine.
It is rare to have contraindications to the vaccine, the only issues currently are for persons with anaphylaxis against the vaccine components. Currently, there is no preservatives in the vaccine, hence the reason why it must be so cold.
- Please discuss what the 15-minute observation period after vaccination should look like for our residents? Do we need to set up 1:1 observation or can residents be in their rooms with frequent checks? Can 1 staff member observe multiple residents in multiple rooms?
At this time, observation does not need to be a 1:1, as long as a facility can keep a close eye on the residents after their vaccine. DPH will discuss this question further with CDC and provide facilities with any new guidance.
- Is there an administration fee for uninsured or underinsured staff?
DPH will check and provide a response for facilities.
- A question was asked regarding the 3 vaccination clinics as most facilities are reporting they only have appointments for 2 clinics and CVS are saying that they only want to vaccinate everyone on the 1st date.
Both CVS and Walgreens have committed to having 3 clinics. However, facilities should vaccinate as many staff as possible on the first visit and consider the 2nd clinic for stragglers only.
- Will the CVS and Walgreens teams have been tested for COVID, before coming in?
The Department will check and provide a response for facilities. UPDATE: Yes, CVS and Walgreens have indicated that they are testing their vaccination teams before the vaccination clinics.
- Walgreens seems to be behind and haven't contacted many facilities yet.
It is our understanding that Walgreens will be contacting all the facilities.
- Is there a FAQ that can be shared with individuals obtaining the vaccine?
CDC, CVS and Walgreens along with the national associations have a FAQ that a facility can use. If a facility has further questions that did not get answered by CVS and Walgreens, Facilities should feel free to contact Benjamin.
- What is the protocol for new hires and new admissions?
If an individual is hired before CVS and Walgreens complete their vaccine clinics, this individual should be included in the vaccination clinic. If the individual comes in after the facility's vaccination clinic, they can be added in with any future clinics. If the individual comes

in after all the clinics, the Department is in the process of working out vaccinating people at other places such as a community health clinic or a local health department.

Overview of COVID-19 in Connecticut and outbreak trends in nursing homes and assisted living services agencies.

Nursing Home:

- 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.
- Positive cases in nursing homes continue to increase slightly over the past 14 days. The resident curve continues to flatten. The staff curve continues to increase due to community transmission but looks like it is flattening. It is too early to determine whether the cases are beginning to plateau. In addition, the Department is awaiting data to determine the potential affect the Thanksgiving Holiday might have on positive cases.
- During the past 14-day period, there were 172 nursing homes with positive cases or staff and/or resident.
- The Department is reviewing data to see if the resident point prevalence testing in non-outbreak facilities made a difference.
- While there are no communities in Connecticut who are over 10%, the Department continues to recommend twice weekly testing of staff under certain conditions, including staff working in multiple facilities.
- CMS requires that New Haven and Fairfield Counties continue twice weekly testing of all staff until the county test positivity stays below 10% for 2 weeks.
- The Department recognizes that there have been some issues with delays in PCR test results. It is important for facilities to use their antigen machines when testing results are delayed. The Department is working on this issue.

Antigen testing for BinaxNOW

- If a facility has not submitted their attestation to the DPH lab licensing team for their BinaxNOW machines, must do so ASAP.
- A facility needs to fill out the attestation and training information for each type of antigen machine they obtain. If a facility already filled out an attestation for their Quidel or BD machines, they must repeat the attestation for BinaxNOW machines.

Assisted Living Services Agencies:

- The Department provided an overview of the week to week data of newly diagnosed COVID-19 among residents and/or staff in an ALSA.
- 88 out of the 133 licensed ALSA facilities, have positive cases of residents and staff.
- Resident and staff cases are slowly increasing in the ALSA setting. Memory care is likely disproportionately affected.

Tips of the week.

- Dedicate a COVID area/unit in the Facility.

- Consider transfer of new COVID cases to a COVID Recovery facility early an outbreak.
- Cohort COVID positive patients in the same room (as long as no MDRO present or no co-infection with influenza)
- Provide a private room for roommates of COVID positive patients.
- If a private room is not available cohort using risk assessment (i.e. are patients mobile, do they use the bathroom, level of interaction with each other, etc.)
- Restrict residents to their room if COVID positive OR on quarantine due to exposure.
- Encourage residents to wear a mask at all times
- Place new admissions, readmissions and residents with frequent MD visits, procedures or dialysis treatments in a private room whenever possible.

Survey findings over the last week.

Nursing Homes:

- There were 49 infection control surveys conducted from 12/9/2020 to 12/15/2020, with findings in 6 facilities.
- During these visits the following findings were noted:
 - Issues with equipment
 - Improper handling of linen on a COVID positive unit
 - Improper use of PPE on a COVID positive unit with nursing and dietary staff.

Assisted Living Services Agencies:

- There was 1 finding this past week in an ALSA facility.
 - A resident came back from a hospital on November 18 and was placed in quarantine for 14 days. However, the resident was allowed to go into the dining room in the company of other residents on Thanksgiving. A COVID test was performed on the resident on November 25 and results came back on November 27 stating that she was positive. This resident exposed the residents in the dining room during her quarantine period. Additionally, the facility did not begin another quarantine period beginning on November 27 when the test results came back.

Testing – nursing homes only

- The Care Partner relationship will continue until the end of March.
- Some of the nursing homes may have a change in Care Partners beginning January 1, 2021.
- The Department held a meeting with all impacted facilities to introduce the new care partner.
- The Department is working to improve turn-around time for testing results.

Q&A for testing:

- Can testing orders for visitors be completed by a registered nurse at the facility?
All testing needs to be done under the supervision of a physician, advanced practice registered nurse or physician assistant, who can write a blanket order for testing. A case report of the testing results needs to be filed at the Department. Additionally, the ordering healthcare provider is required to provide guidance on the test results.

Infection Control Messages.

When to test for flu.

- The CDC and DPH have been watching for a twindemic of COVID and Flu in facilities.
- The Department has seen multiple cases of flu in LTC facilities. Facilities should continue with source control measures.
- It is important to vaccinate against the flu, but with the upcoming COVID vaccination clinics, facilities may want to wait until 14 days past 2nd COVID vaccination.
- If a facility has individuals or individuals showing respiratory illness and are COVID negative, they may want to consider testing for the flu. If facilities don't have access to flu rapid test, contact the DPH epidemiology program, as the state can offer a limited amount of flu testing.

When an "unexposed" resident turns positive.

- The Department has been working with facilities to manage outbreaks, in particular prolonged outbreaks.
- These facilities think they identified the whole exposed population and then realize someone in the negative unit is now positive.
- Facilities need to focus on contact tracing and expand the scope of people that may have been exposed by identifying any close contacts with staff and other residents.
- Upon identification of a COVID positive, facilities should focus on testing any exposed individuals ASAP.
- Facilities using the BinaxNOW cards have been successful in making immediate cohorting decisions and reducing the spread.
- Facilities should also focus on the environmental cleaning, which is extremely important when moving a COVID positive or observation patient into another cohort.

Quarantine without roommates.

- The Department continues to see individuals in the observation unit quarantined in the same room.
- We realize that single rooms are difficult for facilities trying to increase their census.
- If a facility is unable to quarantine in a private room, they should contact DPH to discuss a potential transfer of individuals to a COVID recovery facility.
- If need be, recently recovered residents can share a room with anyone, as they are not considered naïve OR infectious.

Antigen testing before bed changes.

- Facilities should test individuals prior to moving them to a different room to ensure they don't have a positive case. If it has been a while since the test specimen was collected (PCR turn-around prolonged), there could have been transmission in the meantime
- Using the antigen test can help determine if someone is positive or not just before a room change.

BinaxNOW training and attestations.

- Both nursing homes and assisted living services agencies have been or will be receiving BinaxNOW antigen testing kits.
- It is imperative that all facilities utilizing the BinaxNOW fill out their attestation form that is submitted to the Facility licensing staff and complete training of individuals completing the testing prior to instituting testing in the facility. Attestation forms must be submitted to: DPH.FLISLab@ct.gov : <https://portal.ct.gov/DPH/Facility-Licensing--Investigations/Facility-Licensing--Investigations-Section-FLIS/State-of-CT-FDA-Emergency-Use-of-Authorization-EUA-Attestation-Form>

- Currently there are 50 ALSA facilities who have not completed their training and attestation.
- If a facility needs assistance with antigen testing, they can contact the Adora to request a testing rapid response team complete the testing for the facility. It is important to note that the testing rapid response team does not enter the facility, but completes the testing, upon sample collection by an individual that works in the facility, outside the facility.
- Training for BinaxNOW can be found at the following links:
 - BinaxNow training videos: <https://www.globalpointofcare.abbott/en/support/product-installation-training/navica-brand/navica-binaxnow-ag-training.html>
 - CT DPH training video: <https://ctvideo.ct.gov/das/BinaxNOW%20Training,%20Report,%20and%20Appropriate%20Use11.12.2020.mp4>
 - The top 3 guidance documents on our DPH ID Section guidance page are about Binax/Antigen use and reporting: <https://portal.ct.gov/DPH/HAI/COVID-19-Healthcare-Guidance>
- Q&A – an individual asked if the BINAX has more sensitivity than the BD Veritor. BD veritor is 84% and Binax is 97.1%

Using Common Areas.

- It is important to separate residents to the extent possible when quarantine is needed.
- While it is not optimal separation may include utilizing common areas and obtaining privacy screens to support that effort.

Staffing preparation for an outbreak.

- Since Thanksgiving, the Department has identified several facilities that are seeing staffing issues due to the amount of infection in the facility. Friendly reminder to facilities to review their staffing plans and determine steps that can be taken to have staff in place when facility staff are unable to come to work. These steps can include signing up for ConnectToCareJobs and obtaining contracts with a staffing agency.

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 207 beds, with 129 of the beds currently occupied.
- In the past week there have been 46 admissions and 44 discharges.
- The Department is close to releasing the name of an additional COVID Recovery Facility in southeast Connecticut for an additional 30 beds.
- The Department will be releasing guidance on transferring residents to a COVID Recovery Facility.