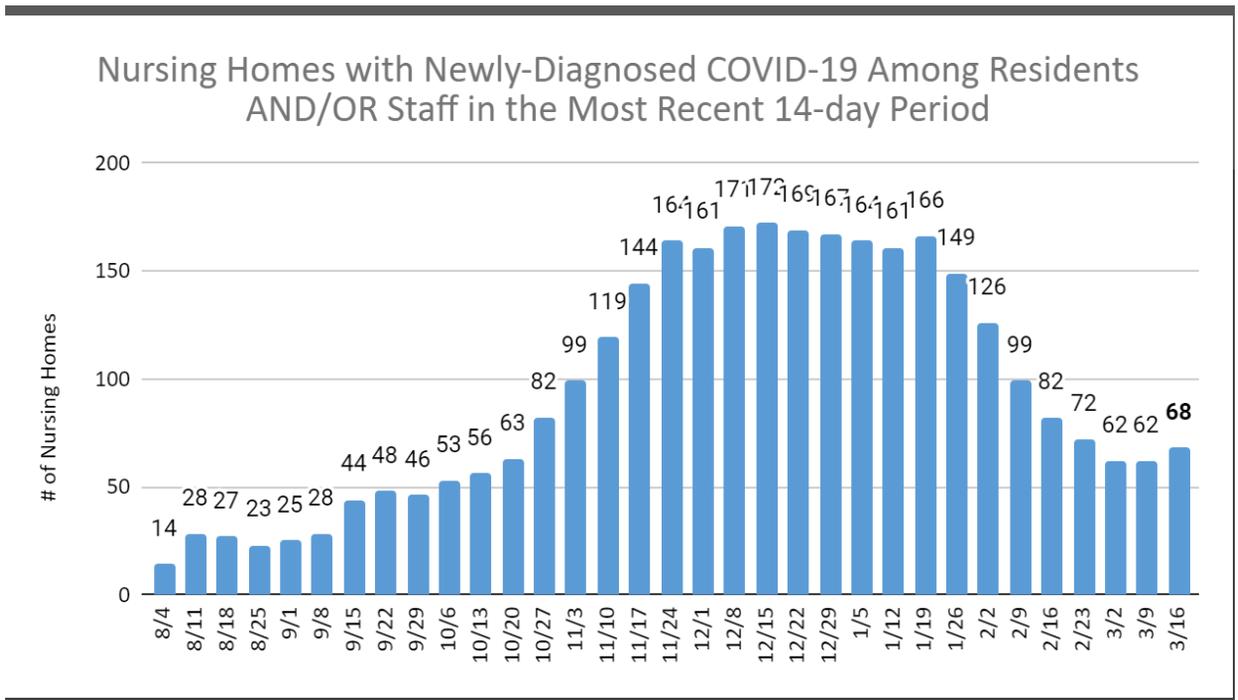


Nursing Homes

1



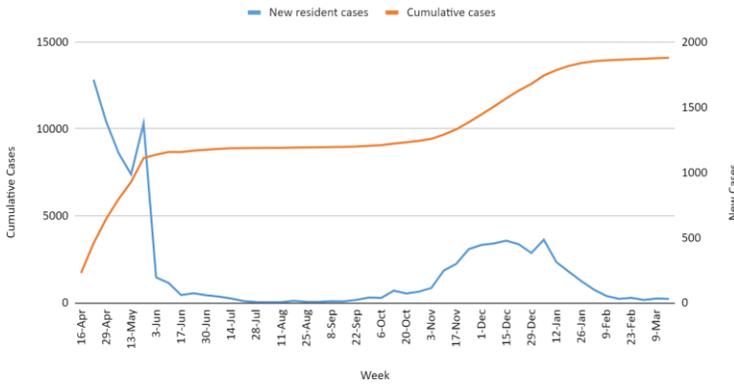
2

Nursing Home Resident Incidence, statewide

April 16, 2020 – March 16, 2021

Resident Census: 17,864

Nursing Home Resident Cases - Connecticut, April 16, 2020- March 16, 2021



Date Reported	New Resident Cases (diagnosed that week)
15-Dec	476
22-Dec	448
29-Dec	382
5-Jan	483
12-Jan	321
19-Jan	238
26-Jan	166
2-Feb	101
9-Feb	52
16-Feb	30
23-Feb	38
2-March	22
9-March	33
16-March	30

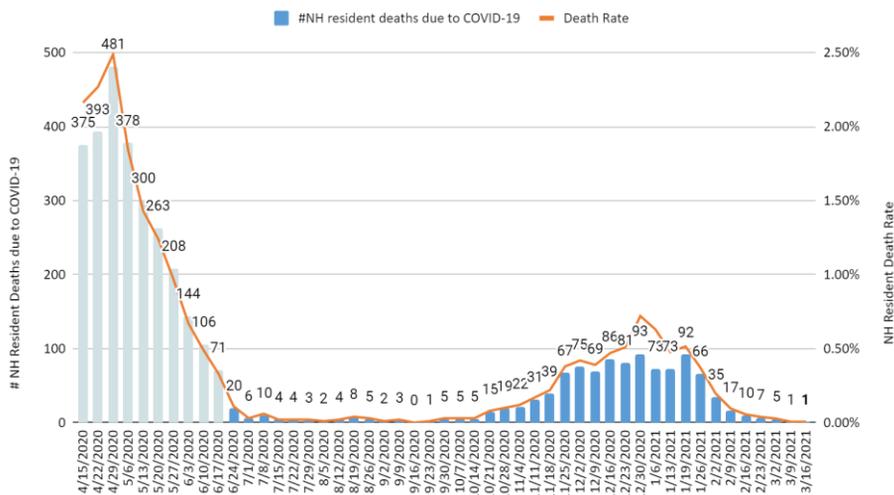
Facility Metrics	#Nursing Homes
New res. cases, last 2 weeks	24 (no change)
No new res. cases, >2 weeks	185

3

Nursing Home Resident Deaths, statewide

April 15, 2020 – March 16, 2021

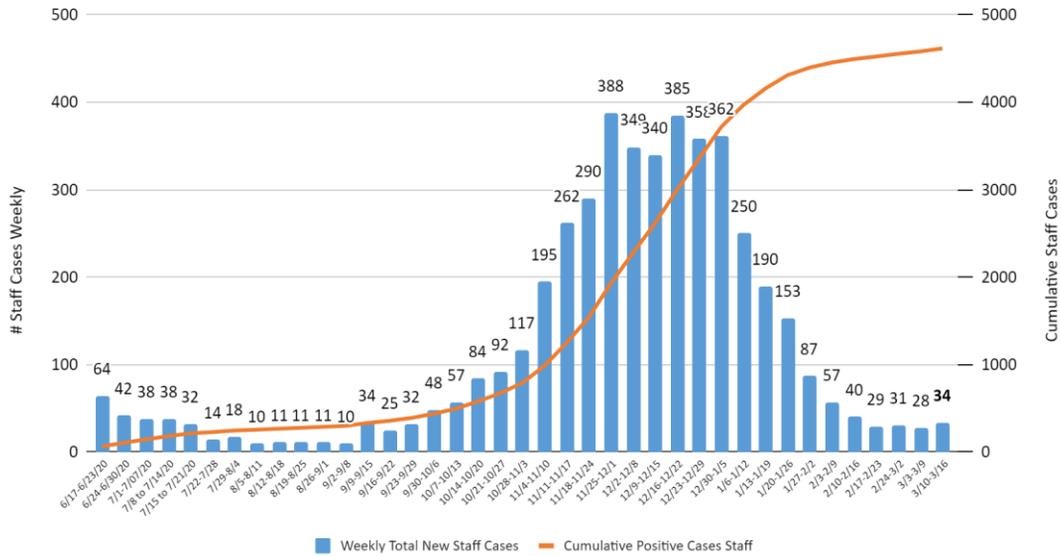
Nursing Home Resident Deaths Due to COVID-19 4/15/2020-3/16/2021



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

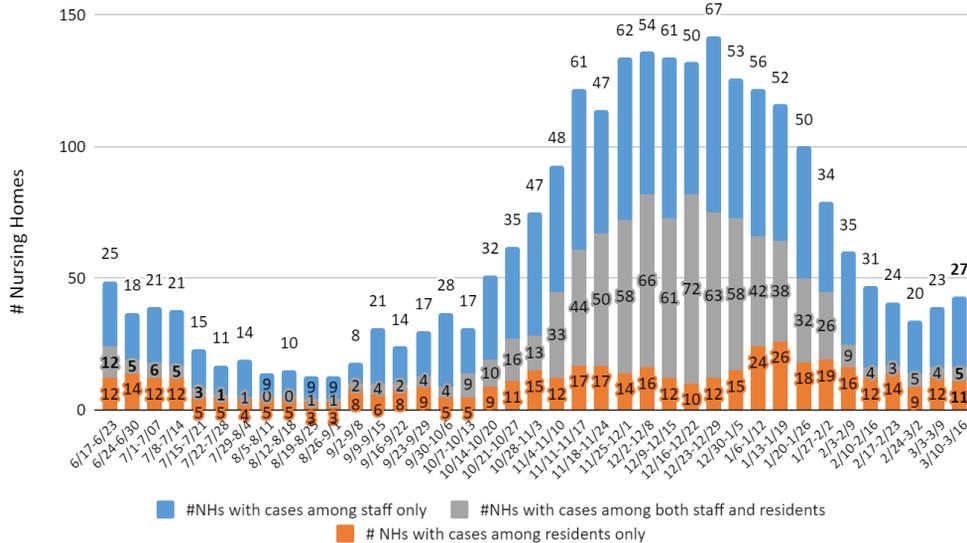
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New Staff Cases in CT Nursing Homes June 17, 2020–March 16, 2021



5

Nursing Homes with Positive Staff or Residents June 17, 2020–March 16, 2021



6

Nursing Home Visitation Algorithm

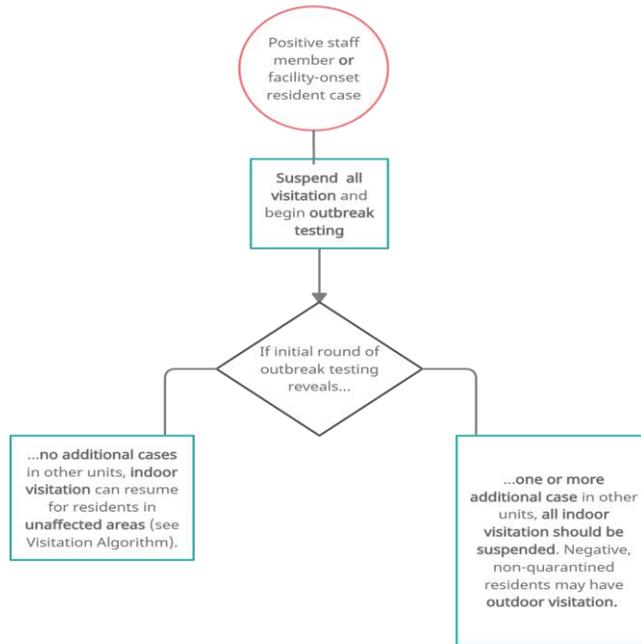
7

Definitions

- Outbreak testing trigger = a **nursing home-onset resident case** OR **staff case with presence in the facility during infectious period**
- Affected unit = any unit where either a COVID-positive resident resided at time of COVID-19 onset **or** where a COVID-positive staff member worked during their infectious period
 - If the positive staff member worked on multiple units while infectious, any unit the staff member worked on during their infectious period is an affected unit.
- Unaffected unit = any unit with no COVID-19 cases (staff or resident) identified after initial round of outbreak testing

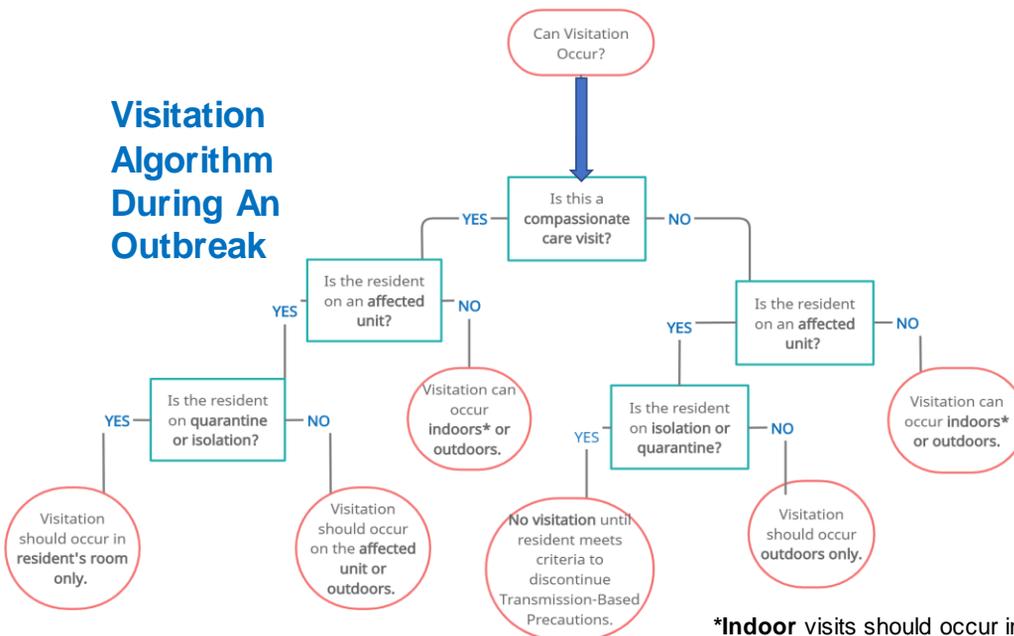
8

Outbreak Testing Flowsheet



9

Visitation Algorithm During An Outbreak



***Indoor** visits should occur in a designated visitation area or in the resident's room with no roommate present when possible

10

Joint Session

- Confirmatory PCR Testing at SPHL after Antigen Testing
- Operation Matchmaker Updates
- Tip of the Week

11

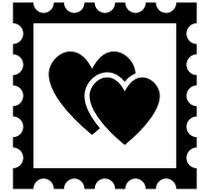
Submit Specimens for Confirmatory PCR after Antigen Testing to State Public Health Laboratory

- LTCFs can now submit specimens for PCR confirmation at CT SPHL when clinical picture is inconsistent with antigen results:
 - **Positive** antigen result for **asymptomatic** staff and/or resident
 - **Negative** antigen test results for **symptomatic** staff and/or resident
- Collect confirmatory specimen ASAP after antigen test, <48 hours max, and submit ASAP.
- Why submit to SPHL?
 - SPHL can provide confirmatory PCR results in <48 hours, M-F (submit early on Fridays).
 - Help CT DPH collect specimens for genomic sequencing.
- SARS-CoV-2 PCR results will be reported to the submitting facility – fax on file with SPHL
 - *Federal regulations do not authorize SPHL to report variant identification to submitting facilities.*
 - Genomic sequencing results are for public health surveillance only.
- How do I submit a confirmatory specimen to SPHL?
 - Label specimens correctly with patient identifying information
 - A [COVID-19 Clinical Test Requisition Form](#) is required for each specimen.
 - Transport specimen to state public health lab (transport COLD – with ice pack)

12

Operation Matchmaker: Preparing for Your Catch-up Clinic

- **Who is your match?**
 - NH: Griffin is my testing Care Partner -->Griffin
 - NH: Hartford Healthcare is my testing Care Partner --> Hartford Healthcare
 - NH: Another testing Care Partner --> Nutmeg/National Guard
 - AL: No affiliated NH --> Nutmeg/National Guard
 - AL: Affiliated NH --> Nutmeg/NG. EMAIL CAROLINE.WADMAN@CT.GOV IF OTHER PLANS.
- **What do we need to prepare to communicate with my match?**
 - #unvaccinated staff & residents consented to be vaccinated with J&J
 - #partially vaccinated staff & residents needing Pfizer dose #2
 - Ask if they can provide 2nd dose Moderna, if needed.
- **What do we need to do on vaccination day?**
 - Provide staff to bring vaccinator (and other person) to vaccination area(s), verify staff/resident identity, and conduct post-vaccination observation.
 - Be flexible! Vaccination team's goal is to vaccinate multiple facilities each day. Arrival times may be unpredictable. If team is unable to make it that day, they will let you know.
- **Please continue to report *unvaccinated* and *partially vaccinated* staff and residents each Friday**



13

Preparing to Observe for Anaphylaxis Post-Vaccination

- Know who will need 15 v. 30 min observation
 - 30 min: Persons with...
 - *An immediate allergic reaction of any severity* to a vaccine or injectable therapy
 - A history of anaphylaxis (due to any cause)
 - 15 min: All other persons

- Train staff to:
 - Recognize anaphylaxis
 - Respond to anaphylaxis

Should be available at all sites	If feasible, include at sites (not required)
Ephinephrine (e.g., prefilled syringe or autoinjector)*	Pulse oximeter
H1 antihistamine (e.g., diphenhydramine, cetirizine)†	Oxygen
Blood pressure monitor†	Bronchodilator (e.g., albuterol)
Timing device to assess pulse	H2 antihistamine (e.g., famotidine, cimetidine)
	Intravenous fluids
	Intubation kit
	Adult-sized pocket mask with one-way valve (also known as cardiopulmonary resuscitation (CPR) mask)

[Vaccine Administration: Interim Considerations: Preparing for the Potential Management of Anaphylaxis at COVID-19 Vaccination Sites Summary \(cdc.gov\)](#)

14

Recognizing and Responding to Anaphylaxis

How to recognize anaphylaxis

Healthcare personnel should consider anaphylaxis when patients present with generalized signs or symptoms such as **hives, serious or life-threatening symptoms** (e.g., hypotension, respiratory distress, or significant swelling of the tongue or lips), or **symptoms that involve more than one body system**.



Respiratory:

- sensation of throat closing
- stridor (high-pitched sound while breathing)
- shortness of breath
- wheeze, cough



Gastrointestinal:

- nausea
- vomiting
- diarrhea
- abdominal pain



Cardiovascular:

- dizziness
- fainting
- tachycardia (abnormally fast heart rate)
- hypotension (abnormally low blood pressure)



Skin/mucosal:

- generalized hives
- itching
- swelling of lips, face, or throat



Neurological:

- agitation
- convulsions
- acute change in mental status
- sense of impending doom (a feeling that something bad is about to happen)

[Recognizing and Responding to Anaphylaxis \(cdc.gov\)](https://www.cdc.gov/od/oc/ohrt/recognizing-and-responding-to-anaphylaxis)

15

Tip of the Week: Risk assessment for residents returning after LOA



Regardless of vaccination status, all residents returning after a LOA (for any reason) should have a **risk assessment**. **Work with your IP on a risk assessment protocol. DPH recommends including:**

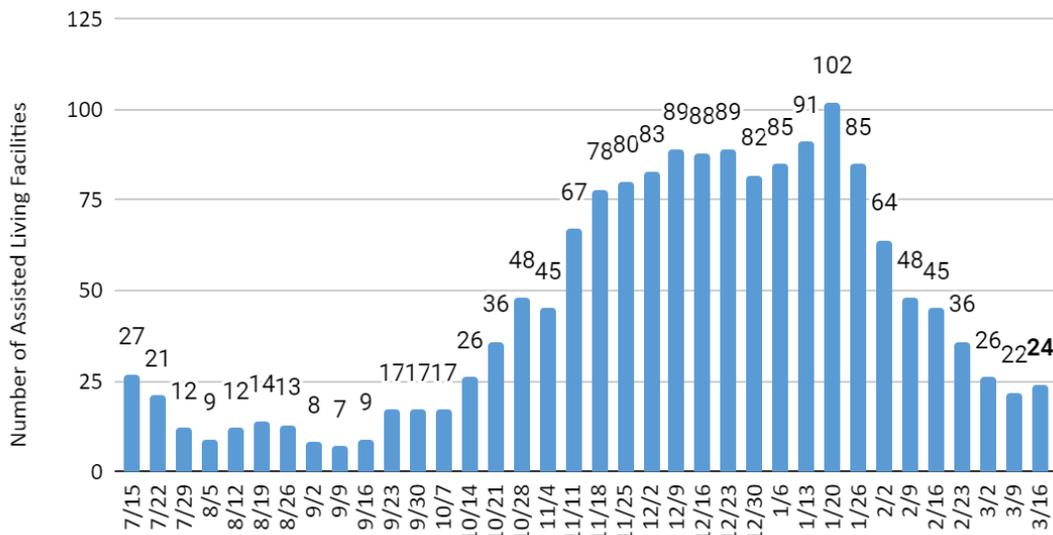
- If **fully vaccinated**, has the resident **had any known close contact exposure** to someone infectious with SARS CoV-2? No: DO NOT QUARANTINE. Yes: QUARANTINE.
- If **unvaccinated**, has the resident had any known exposure to someone infectious with SARS CoV-2? Yes: QUARANTINE. NO: *Further risk assessment of potential exposure*
- The need for or duration of quarantine is determined on the **facility assessment of risk** of the encounter. Consider during Risk Assessment: What type of LOA?
 - Small home visit with vaccinated family/friends: *likely low risk*
 - Shopping while wearing a mask: *Likely low risk*
 - Large gathering- wedding or other event attended by a mix of vaccinated and unvaccinated persons: *likely moderate to high risk*
 - Hospital or medical appointment or procedure visit where there is concern regarding possible transmission of SARS-CoV-2. *Likely low to moderate risk*

16

Assisted Living Communities

17

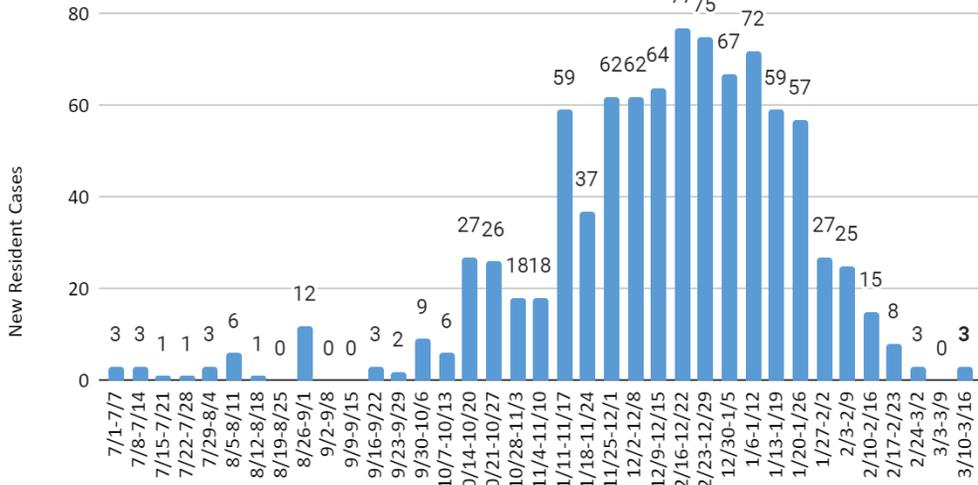
Assisted Living Facilities with Newly-Diagnosed COVID-19 Among Residents AND/OR Staff in the Most Recent 14-day Period



18

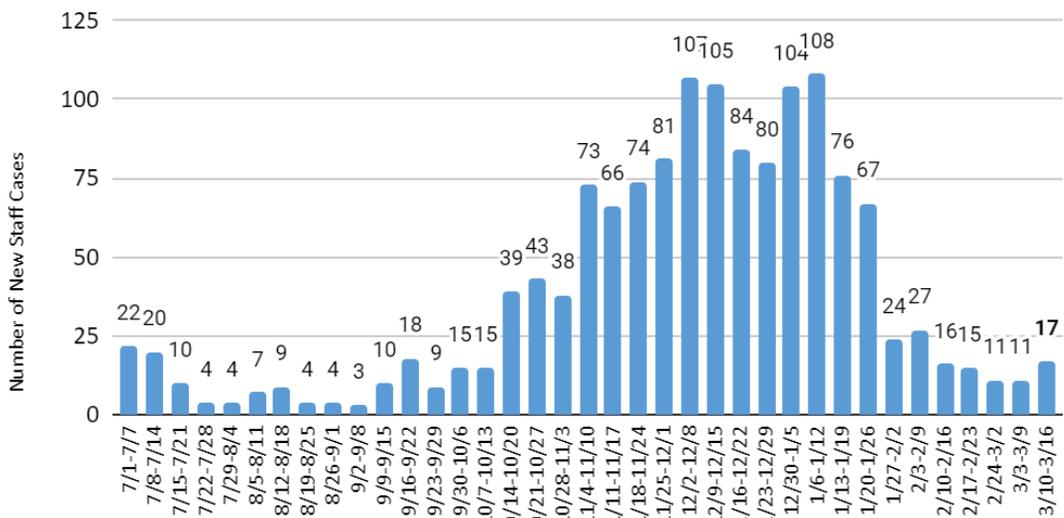
Assisted Living Resident Census: 7,171

New Resident Cases in CT Assisted Living Facilities July 1, 2020-March 16, 2021



19

New Staff Cases in CT Assisted Living Facilities July 1 2020-March 16, 2021



20

Assisted Living Facilities with Positive Staff or Residents July 1, 2020-March 16, 2021

