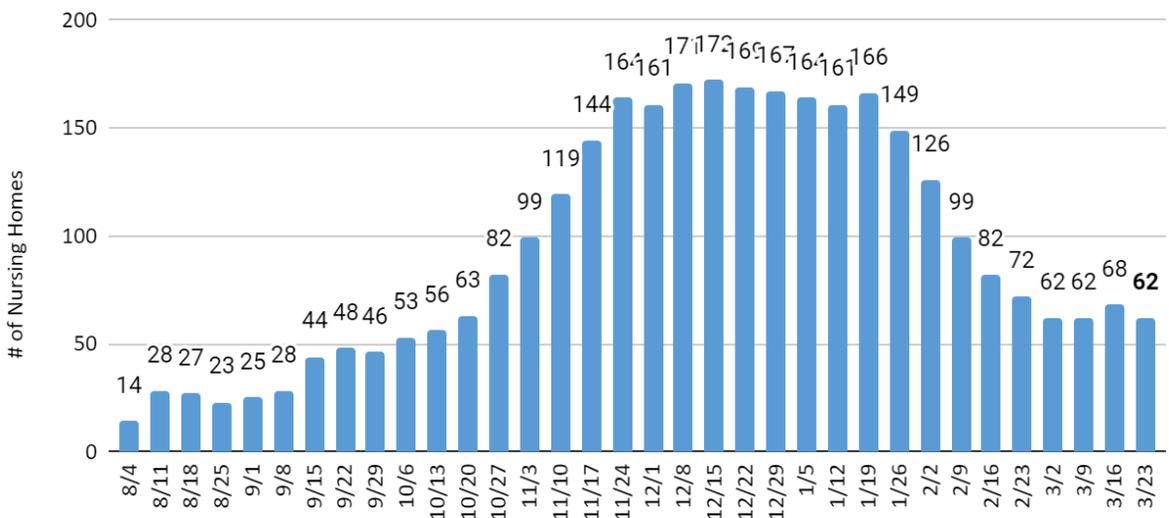


# Nursing Homes

1

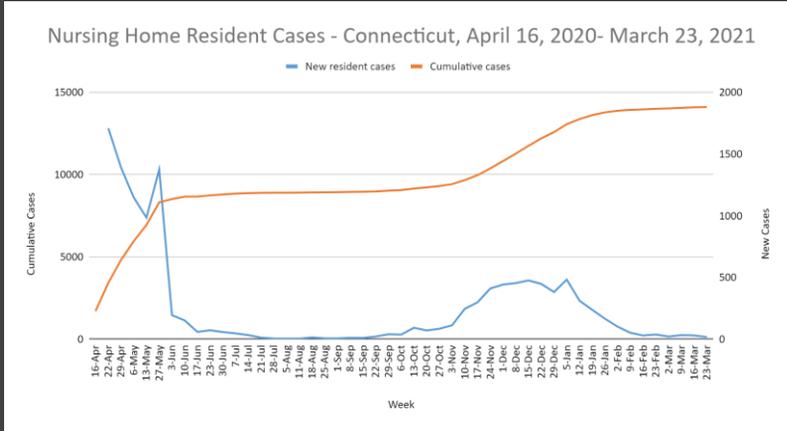
Nursing Homes with Newly-Diagnosed COVID-19 Among Residents AND/OR Staff in the Most Recent 14-day Period



2

## Nursing Home Resident Incidence, statewide April 16, 2020 – March 23, 2021

**Resident Census: 17,870**



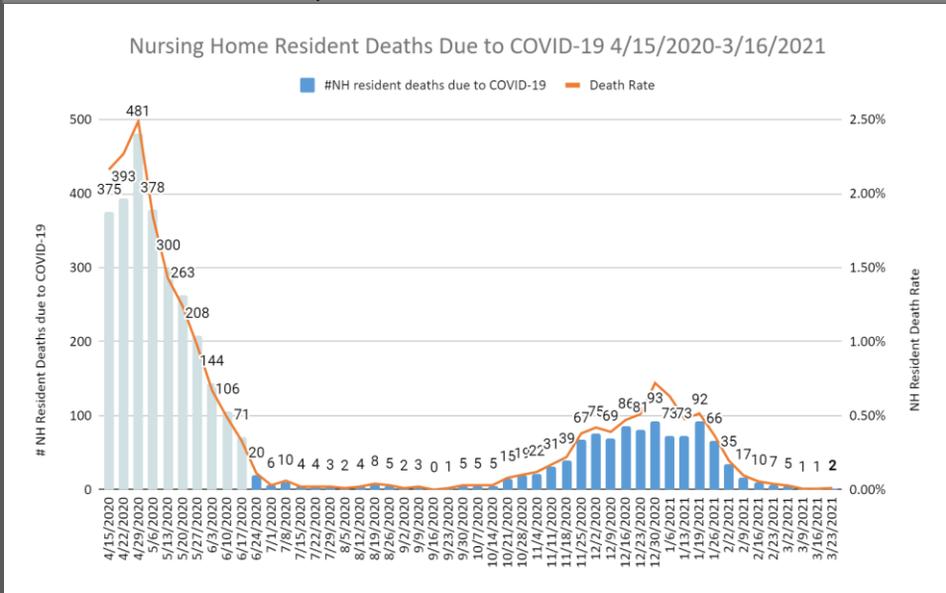
Date Reported	New Resident Cases (diagnosed that week)
22-Dec	448
29-Dec	382
5-Jan	483
12-Jan	321
19-Jan	238
26-Jan	166
2-Feb	101
9-Feb	52
16-Feb	30
23-Feb	38
2-March	22
9-March	33
16-March	30
23-March	18

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

3

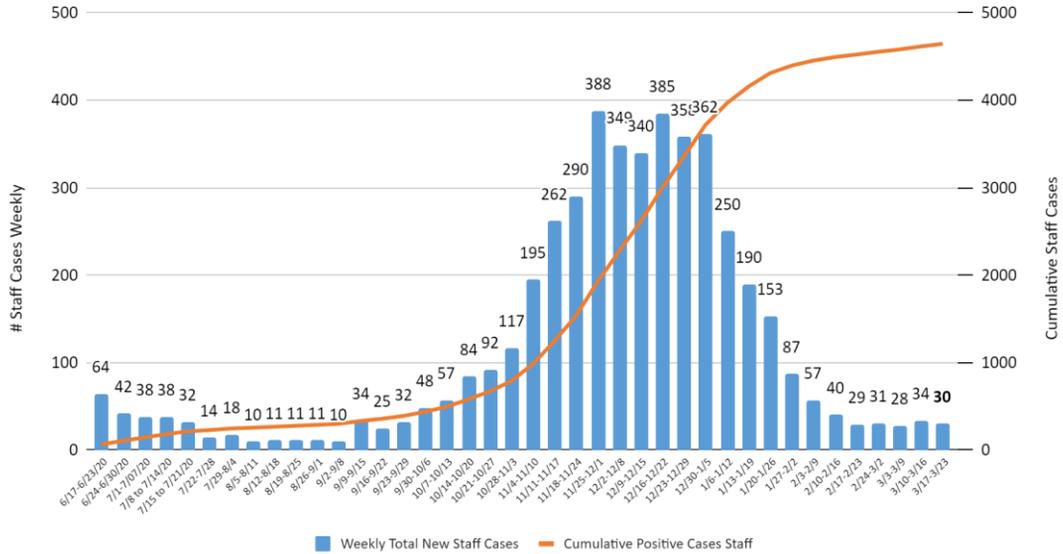
## Nursing Home Resident Deaths, statewide April 15, 2020 – March 23, 2021



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

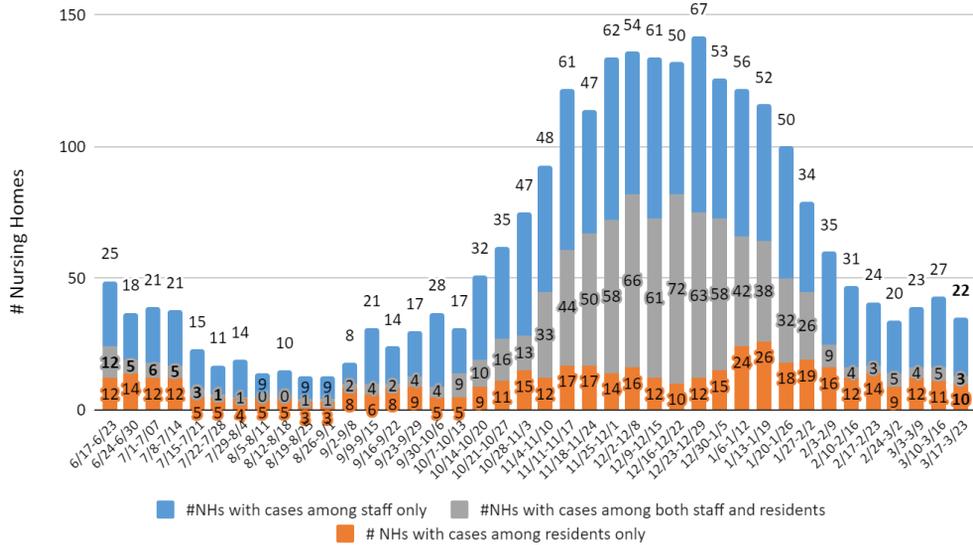
4

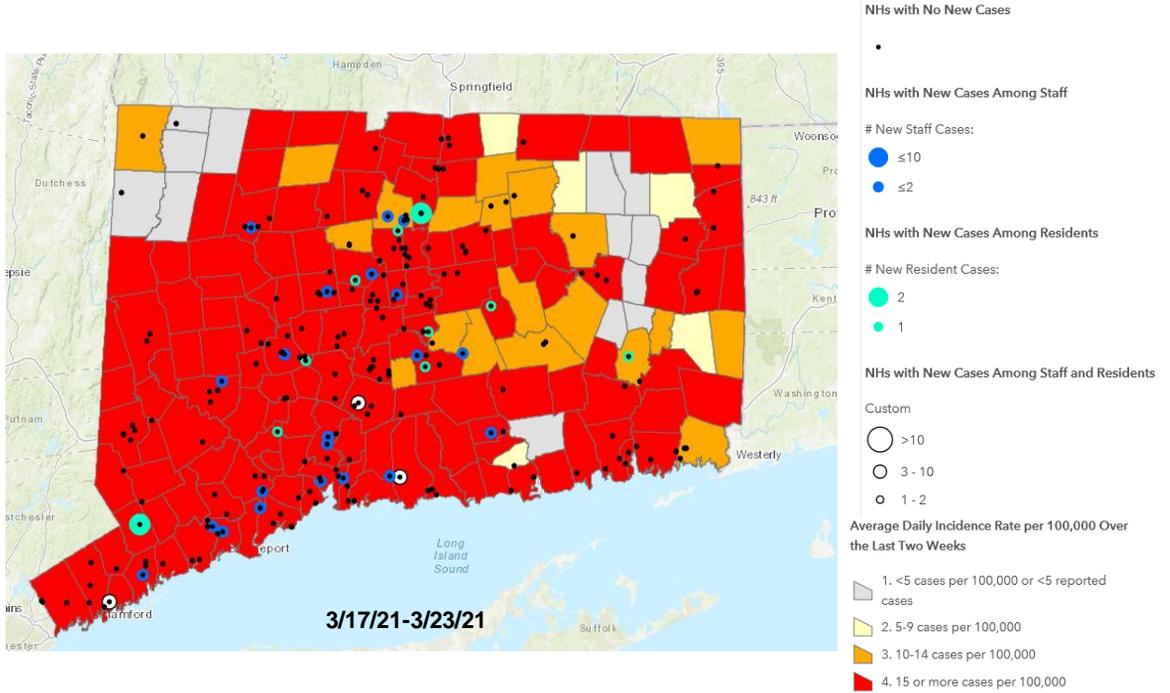
### New Staff Cases in CT Nursing Homes June 17, 2020–March 23, 2021



5

### Nursing Homes with Positive Staff or Residents June 17, 2020–March 23, 2021





7

# Nursing Home Visitation Algorithm

Prepared by the Connecticut Department of Public Health  
 For illustration purposes only  
 Update: March 26, 2021



Connecticut Department of Public Health  
 Keeping Connecticut Healthy



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# Definitions

## Outbreak testing trigger:

- Resident case with nursing home-onset OR
- Staff case with that staff being present in the facility during their infectious period

Outbreak testing *must* continue until 14 days from most recent positive case among staff and residents.

**Affected unit** = any unit where there could be undetected asymptomatic spread.

- Unit where a COVID-positive resident resided at time of COVID-19 onset OR
- Unit 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.

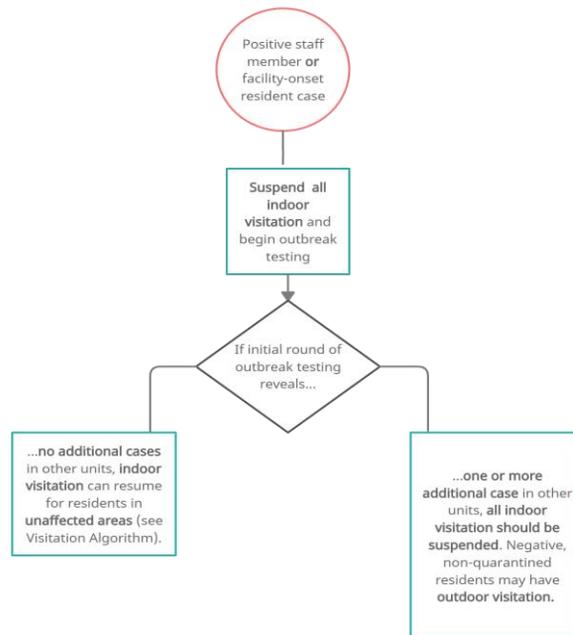
**Unaffected unit** = any unit with no COVID-19 cases (staff or resident) identified during initial round of outbreak testing

Facility leadership should read full details in CMS and CDC guidance

- CMS Visitation Guidance: [QSO-20-39-NH Revised](#)
- CDC IPC Guidance in response to COVID-19 Vaccination: [Infection Control After Vaccination](#)

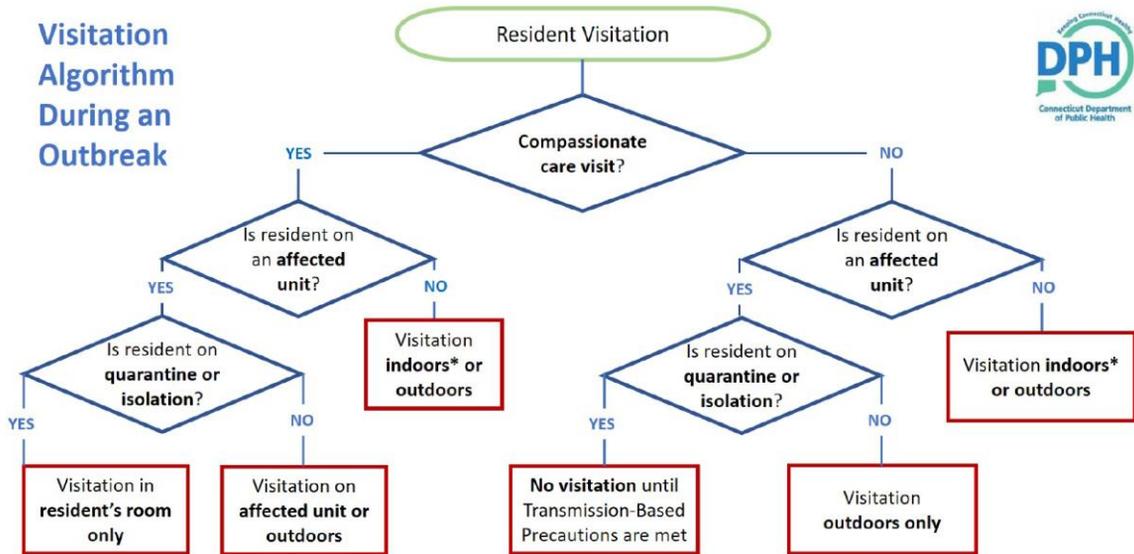
Prepared by the Connecticut Department of Public Health  
March 26, 2021  
For illustration purposes only

## Initiating Outbreak Testing



Prepared by the Connecticut Department of Public Health  
March 26, 2021  
For illustration purposes only

## 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.

CMS Visitation Guidance: [CSO 20-39-NH Revised](#)  
 CDC IPC Guidance in response to COVID-19 Vaccination: [Infection Control After Vaccination](#)

Connecticut Department of Public Health  
 March 26, 2021  
 For illustrative purposes only.

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## Joint Session

- Operation Matchmaker
- Tip of the week

12

## Operation Matchmaker – What to Expect

1. Vaccination doesn't need to occur in individual rooms. **Vaccinating in a common area with physical distancing and mask wearing** will expedite the catch-up clinics and facilitate observation.
2. **Start asking staff members NOW about getting a J&J vaccine** and have that number ready when vaccinator calls.
3. **Once "catch-up" roster is set (typically day before catch-up clinic), it cannot be altered.**
4. **Long-term Vaccination Partners**
  - **If you did not report vaccination needs on March 12 and 19, you are not in the "catch-up" program.** Vaccines should be available through Long-Term Care Pharmacies soon.
  - **Anyone missed by the "catch-up" clinics** can be vaccinated through long-term care pharmacies, who should be ready to vaccinated in a couple of weeks.

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## Tip of the Week

- Read the updated [Interim Infection Prevention and Control Recommendation to Prevent SARS-CoV-2 Spread in Nursing homes](#)
- CDC defines **healthcare settings**: Places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.
- DPH recommends nursing homes and memory care units in ALSAs follow the healthcare/nursing home guidance.
- When ALSA services are not provided, ALF residents should follow public health recommendations for the general public. For public health recommendations for fully vaccinated people who are exposed: [Interim Public Health Recommendations for Fully Vaccinated People | CDC](#)
- This week's tips of the week are recommendations for nursing homes and memory care units in ALFs.

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## Leaving the Facility

In most circumstances, quarantine is not recommended for residents who leave the facility for < 24 hours (e.g., for medical appointments, community outings with family or friends) and **do not** have close contact with someone with SARS-CoV-2 infection.

- Facilities might consider quarantining residents who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended IPC measures.
- Residents who leave the facility for 24 hours or longer should generally be managed as new admissions or readmissions.
- Facility leadership should read full details in CDC guidance: CDC IPC Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes: [New Admissions and Residents who Leave the Facility](#)

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## New Admissions and Readmissions

Perform a risk assessment

Considerations for the risk assessment should include (but not be limited to):

- **Fully vaccinated** residents with **no known close contact exposure** do not need to quarantine.
- Residents **within** 3 months of recovery from a SARS-CoV-2 infection do not need to quarantine.
- If not in 2 categories above: further risk assessment could evaluate
  - [Community Transmission Rates](#) (*not* the same as county test positivity rate!)
  - Whether the resident had close contact with someone with COVID-19.
  - Consistent adherence to IPC practices in healthcare settings, during transportation or in the community prior to admission.

Facility leadership should read full details in CDC guidance

CDC IPC Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes: [New Admissions and Residents who leave the Facility](#)

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## Communal Activities and Dining

Communal activities and dining may occur if residents are adhering to the core principles of COVID-19 infection prevention.

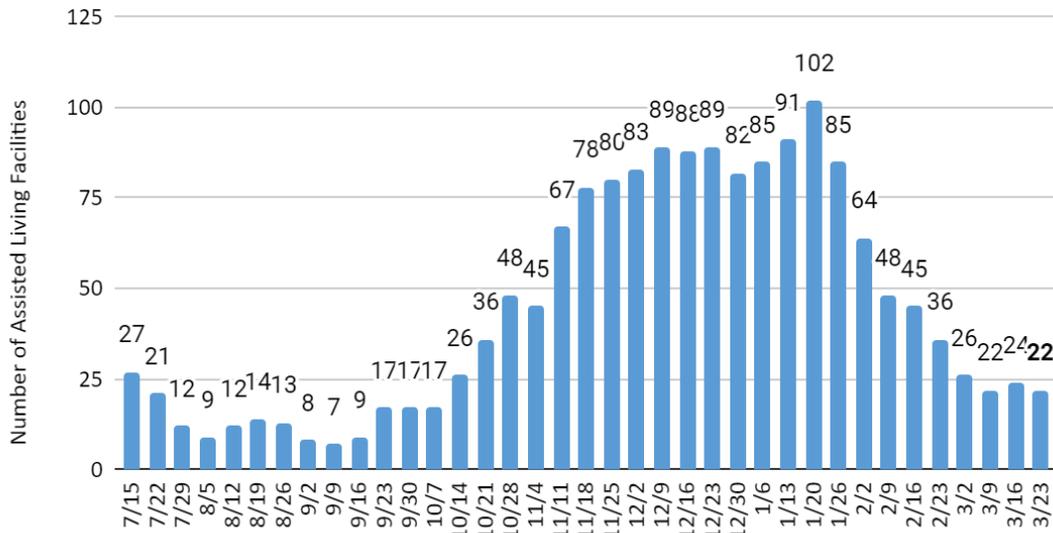
- Communal Dining/Activities can be made available to **any resident not in quarantine or isolation.**
- Social distancing among residents, appropriate hand hygiene, and use of a face covering (except while eating) should be always observed.
  - For example: residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person).
- Facilities should consider additional limitations based on status of COVID-19 infections in the facility
  - Resident from affected unit who are not on quarantine should not participate in the same activities as residents in the unaffected units

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## Assisted Living Communities

18

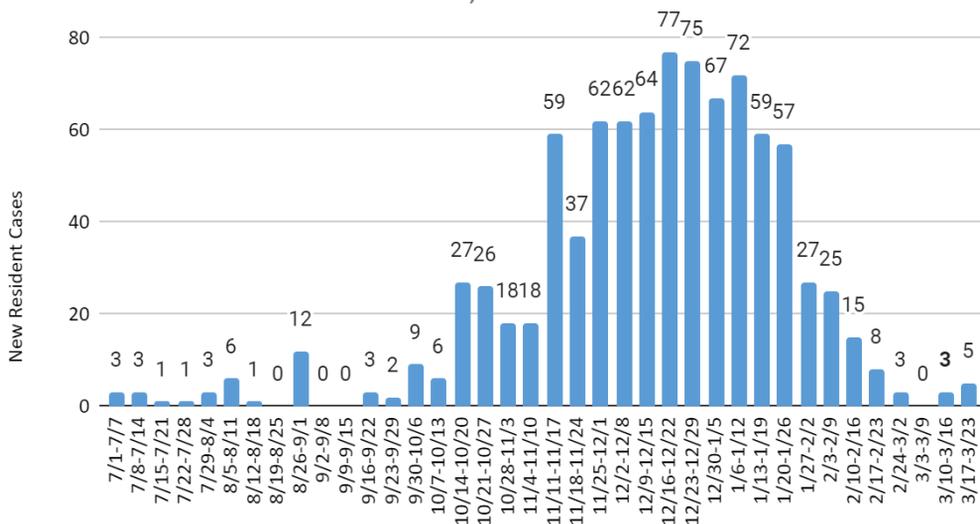
### Assisted Living Facilities with Newly-Diagnosed COVID-19 Among Residents AND/OR Staff in the Most Recent 14-day Period



19

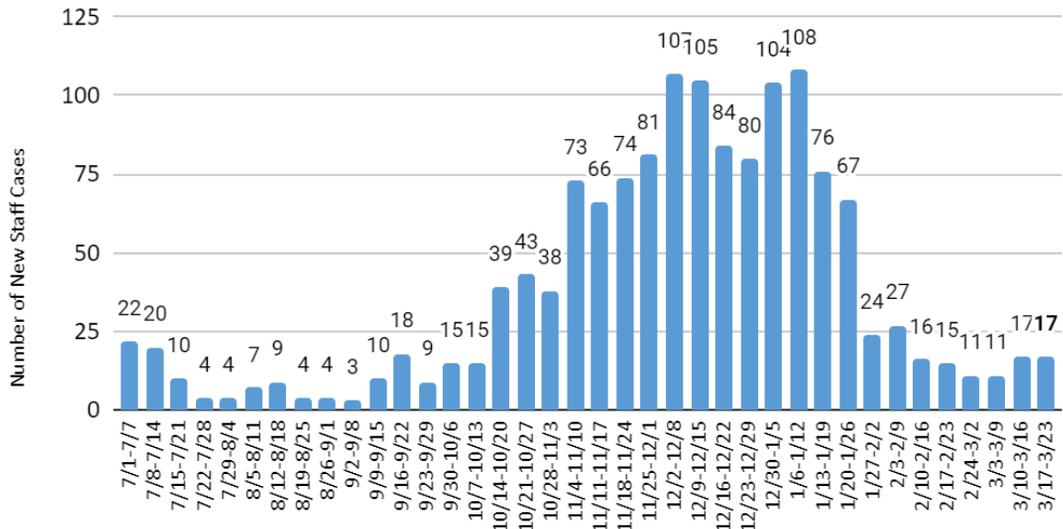
### Assisted Living Resident Census: 7,184

#### New Resident Cases in CT Assisted Living Facilities July 1, 2020-March 23, 2021



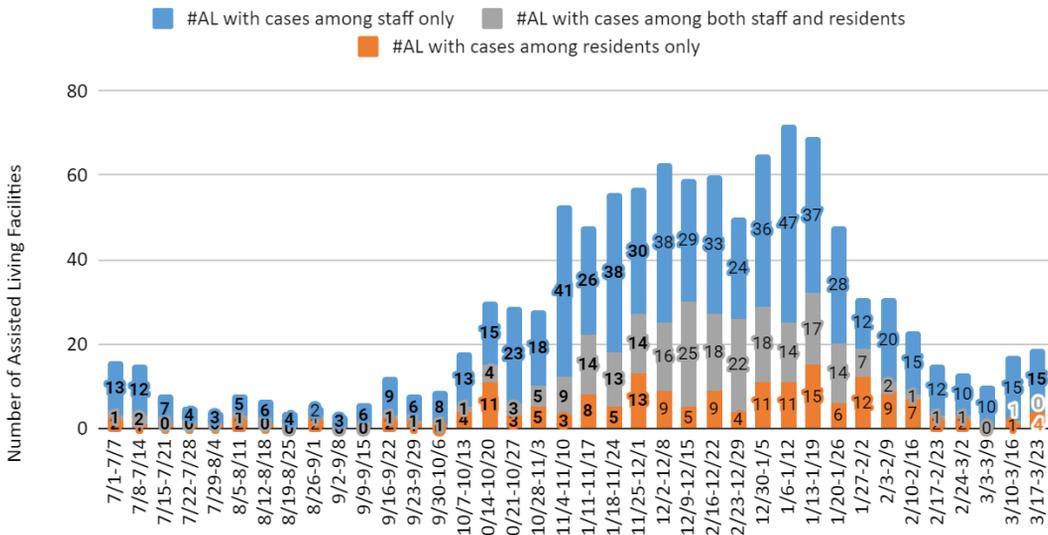
20

### New Staff Cases in CT Assisted Living Facilities July 1 2020-March 23, 2021



21

### Assisted Living Facilities with Positive Staff or Residents July 1, 2020-March 23, 2021



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