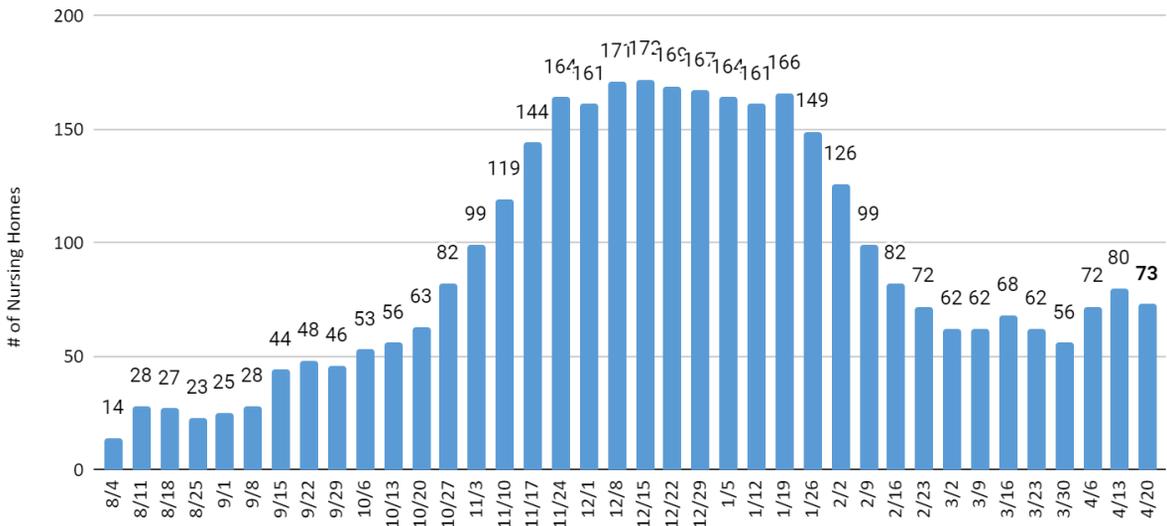


Weekly Nursing Home Data

1

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



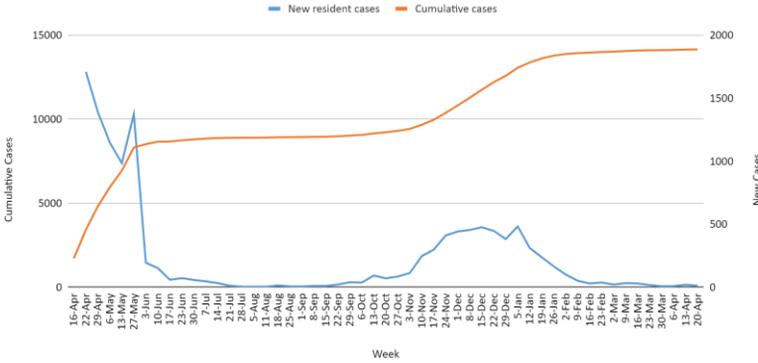
2

Nursing Home Resident Incidence, statewide

April 16, 2020 – April 20, 2021

Resident Census: 18,074

Nursing Home Resident Cases - Connecticut, April 16, 2020- April 20, 2021



Date Reported	New Resident Cases (diagnosed that week)
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
30-March	9
6-April	10
13-April	20
20-April	13

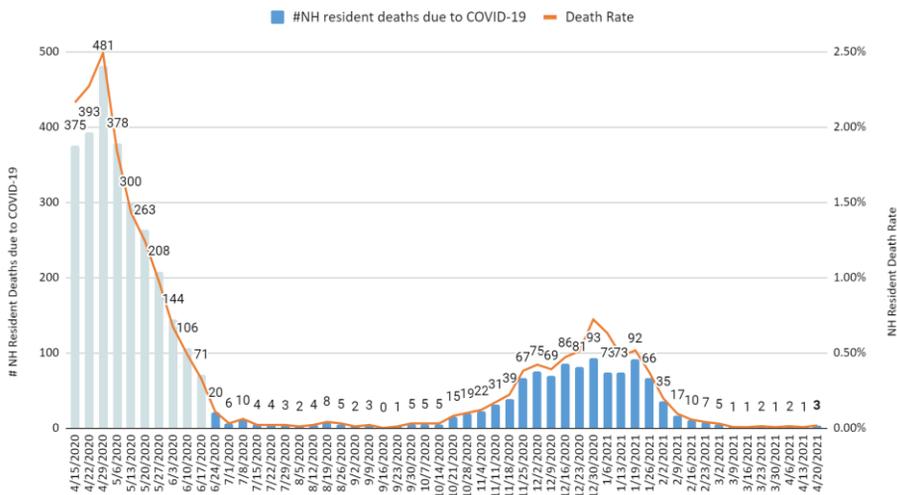
Facility Metrics	#Nursing Homes
New res. cases, last 2 weeks	16 (+1)
No new res. cases, >2 weeks	193

3

Nursing Home Resident Deaths, statewide

April 15, 2020 – April 20, 2021

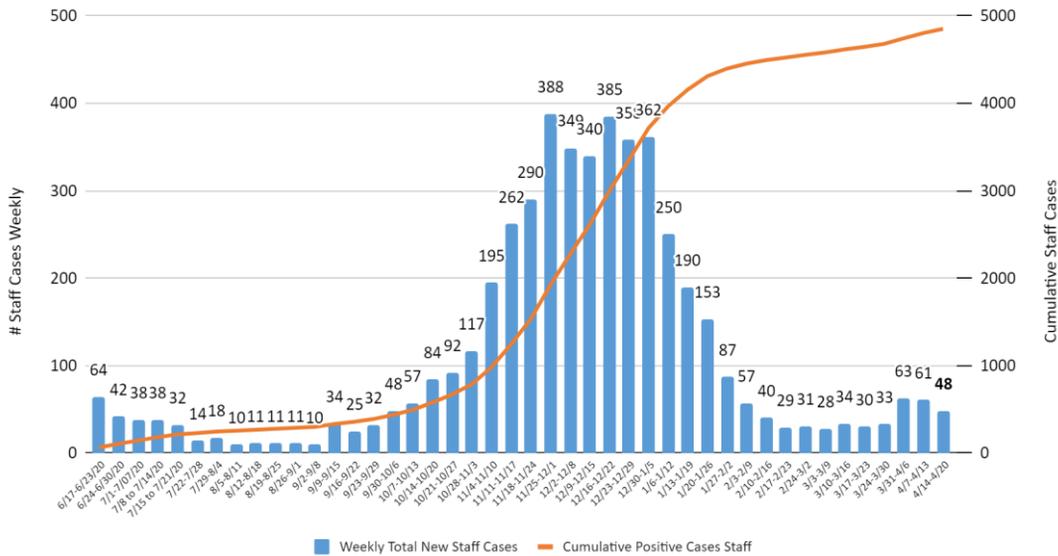
Nursing Home Resident Deaths Due to COVID-19 4/15/2020-4/20/2021



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

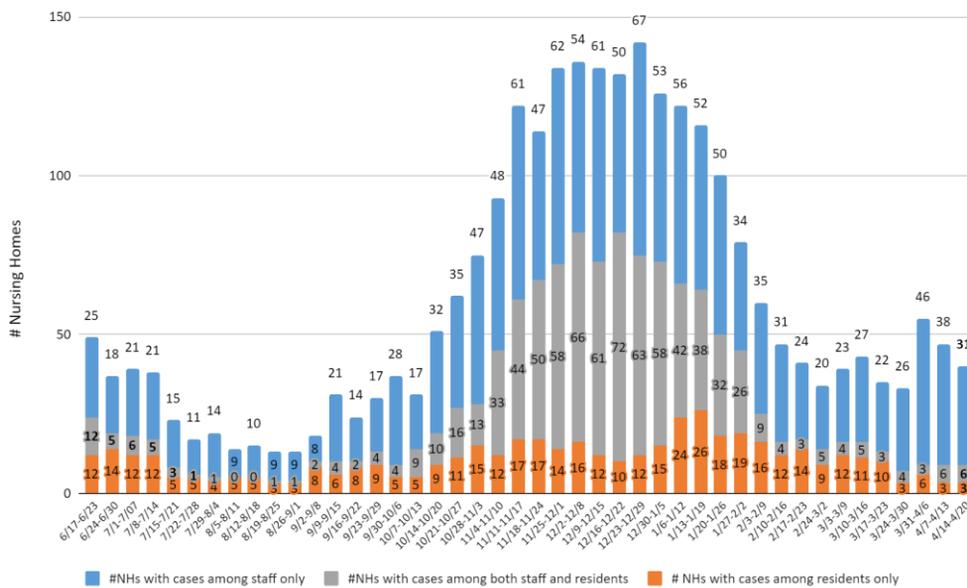
4

New Staff Cases in CT Nursing Homes June 17, 2020–April 20, 2021

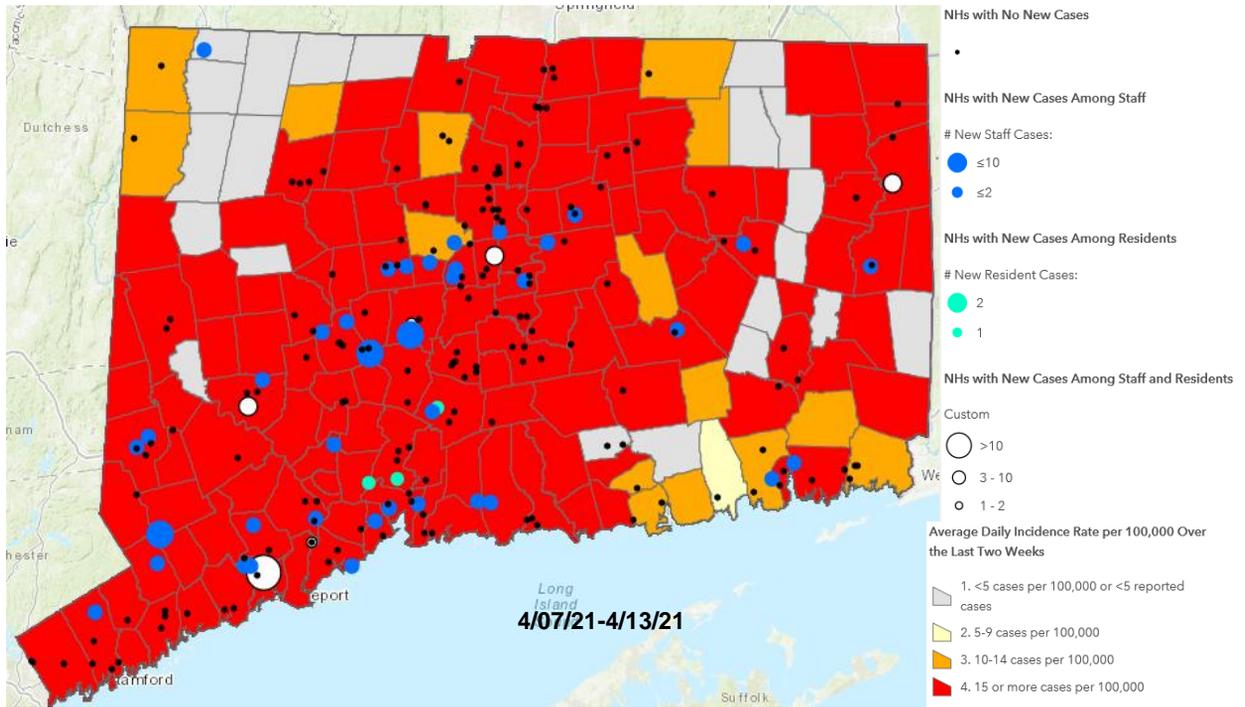


5

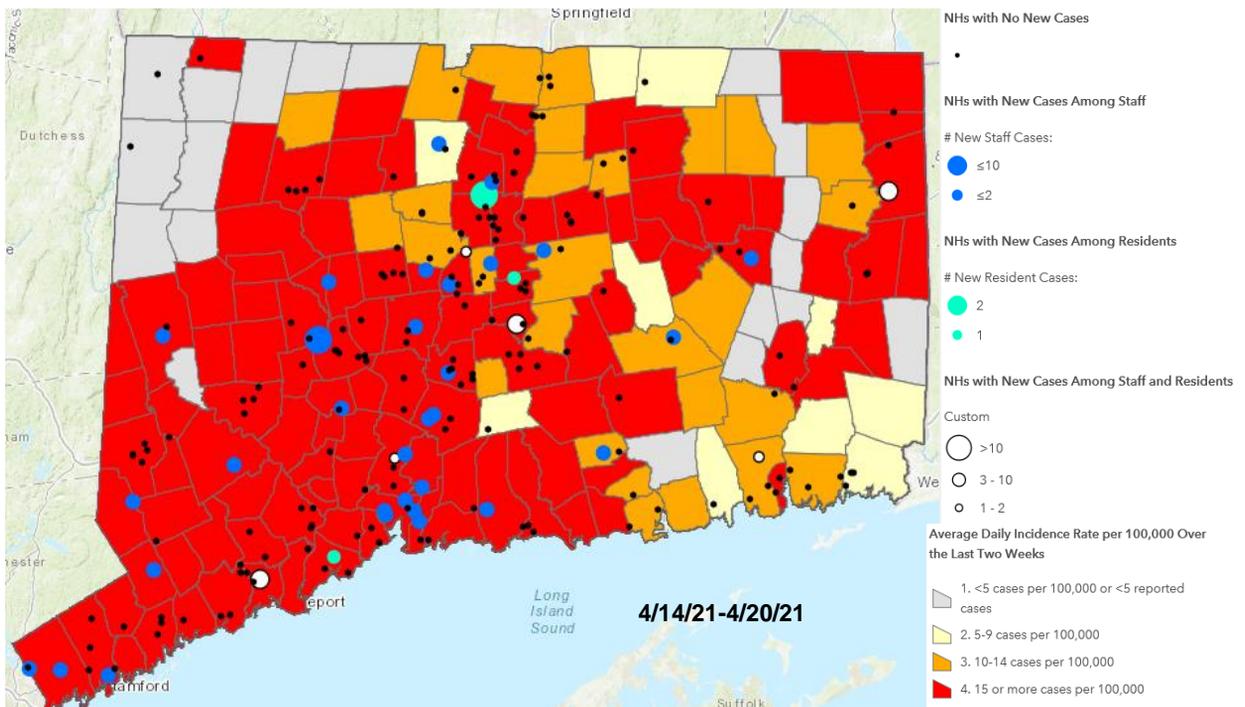
Nursing Homes with Positive Staff or Residents June 17, 2020-April 20, 2021



6



7



8

NHSN Updates/Clarifications

- **Remember to report on Wednesdays at noon.**
 - Reporting period is Wednesday to Tuesday.
 - CMS requires that facilities must submit the data at least once every seven days.
- **Staff Module**
 - **If a staff worked while in their infectious period, regardless if the test was done by your facility, they should be reported to NHSN.**
 - **If a staff person was tested by the facility, regardless if they worked in the facility, they should be reported to NHSN.**

9

NHSN Supplies and PPE Module

- **Conventional**
 - Select this strategy if your facility has returned to using PPE based on the recommended use for infection prevention and control in healthcare settings (specifically, preCOVID-19 pandemic).
 - Example: Discard after each close contact encounter
- **Contingency**
 - Select this strategy if your facility anticipates a shortage and is conserving PPE in order to maintain supply
 - Example: practicing extended use.
- **Crisis**
 - Select this strategy if your facility's PPE supply cannot meet the current needs.
 - Examples:
 - Using PPE beyond the manufacturer-designated shelf life during resident care activities.
 - Implement limited re-use of facemasks with extended use.

10

Shift Coaching Resources

Brown University is working with DPH and 8 CT nursing homes on a pilot of the shift coaching program- I CAN.



The resources are available to all to help roll out your shift coaching programs

Click on links below to learn more!

[Infection Control Amplification in Nursing Centers \(I CAN\):
https://sites.brown.edu/ican/](https://sites.brown.edu/ican/)

Please take advantage of the opportunity for joining and networking with your fellow LTC IPs in CT by joining

[Infection Control Nurses of Connecticut
https://www.infectioncontrolct.org/](https://www.infectioncontrolct.org/)

11

Joint Session: Updated Nursing Home and Assisted Living Testing Guidance

12

Tips of the Week

- Facilities should maintain a record of the vaccination status of patients/residents and HCP
- For nursing homes, the NHSN COVID Vaccination Module can help keep track overall vaccination rates

13

CDC Clarifications: Communal Activities

- Who *should not* participate in communal activities?
 - Vaccinated and unvaccinated **patients/residents with SARS-CoV-2 infection, or in isolation because of suspected COVID-19**, until they have met [criteria to discontinue Transmission-Based Precautions](#).
 - Vaccinated and unvaccinated **patients/residents in quarantine** until they have met criteria for release from quarantine.
- If **all patients/residents participating are fully vaccinated**, they can choose to have **close contact and remove source control**
- If **unvaccinated individuals are present**, all participants should **wear source control** and the unvaccinated individuals should **physically distance** from others

14

CDC Clarifications - Visitation

- Indoor visitation should be **limited solely to compassionate care situations for:**
 - Vaccinated and unvaccinated **residents with SARS-CoV-2 infection** until they have met [criteria to discontinue Transmission-Based Precautions](#).
 - Vaccinated and unvaccinated **residents in [quarantine](#)** until they have met criteria for release from quarantine.
- **During Outbreak Status:** Visitors should be counseled about their potential to be exposed to SARS-CoV-2 in the facility if they are permitted to visit.
- **Fully vaccinated patients/residents** can choose to have close contact and remove source control with **fully vaccinated visitors** *if visitation occurs in a single-person room or alone in a designated visitation room*

15

Routine (non-outbreak) screening testing

- **Fully vaccinated HCP:**
 - May be **exempt from expanded screening testing**.
 - **Viral testing** (molecular or antigen) should be done if HCP is
 - Symptomatic,
 - Has a higher-risk exposure, OR
 - Is working in a facility experiencing an outbreak.
- **Unvaccinated HCP** should **continue expanded screening testing**

16

NEW! Post-Exposure Testing

Asymptomatic HCP with a [higher-risk exposure](#) and patients or residents with prolonged close contact with someone with SARS-CoV-2 infection, *regardless of vaccination status*, should have a series of **two viral tests (molecular or antigen) for SARS-CoV-2 infection**.

- In these situations, **testing is recommended immediately and 5–7 days after exposure**.
- People with SARS-CoV-2 [infection in the last 90 days](#) do not need to be tested if they remain asymptomatic, including those with a known contact.

17

Outbreak Testing – remains the same!

In nursing homes and AL memory care units with an outbreak of SARS-CoV-2: HCP and residents, regardless of vaccination status, should have a viral test every 3-7 days until no new cases are identified for 14 days.

18

What does this mean for my testing program?

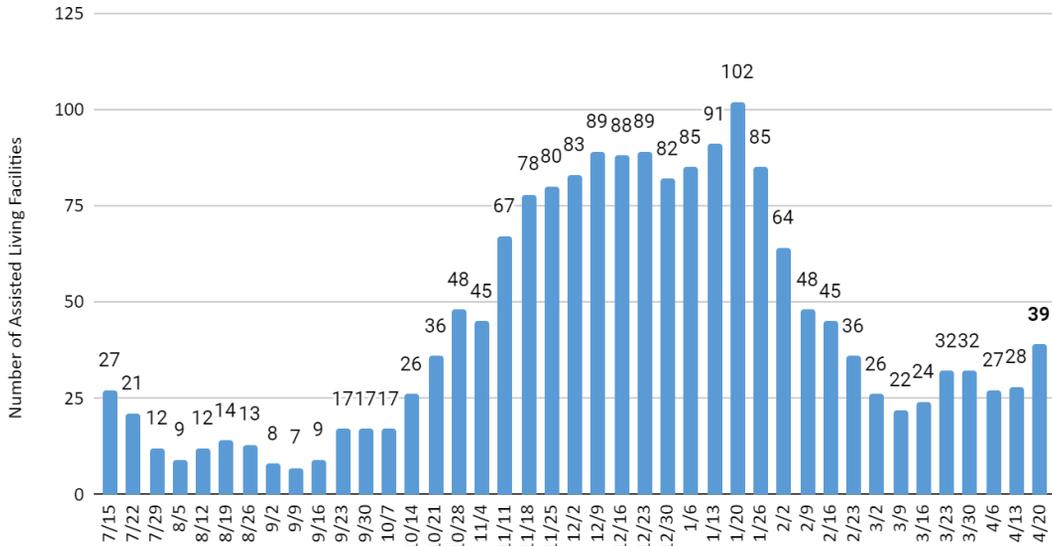
- **When not in outbreak mode:** Test *unvaccinated* staff weekly
- **When in outbreak mode:** continue to test **ALL staff and residents (regardless of vaccination status)** at least weekly (recommended every 3-7 days) until 14 days of no new positives.
- **Anytime:** test (molecular or antigen) staff and residents when...
 - They have **COVID-19 symptoms**, *regardless of vaccination status*
 - They have had a **significant exposure**, *regardless of vaccination status*.
Conduct two tests: immediately and 5-7 days after exposure.
 - **Don't ever test** anyone who is *asymptomatic* and has *recovered from COVID-19 after initial diagnosis in the past 90 days*.

19

Weekly Assisted Living Data

20

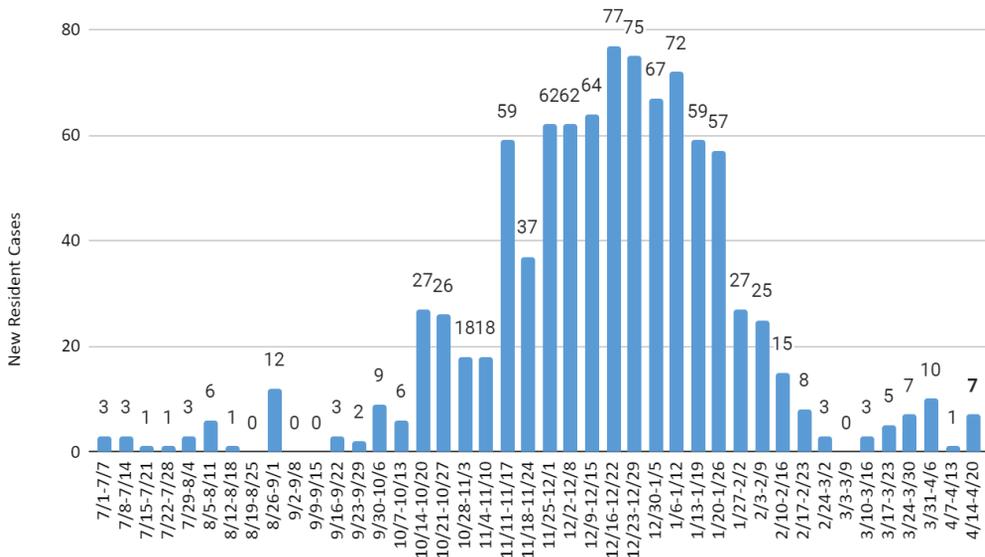
Assisted Living Facilities with Newly-Diagnosed COVID-19 Among Residents AND/OR Staff in the Most Recent 14-day Period



21

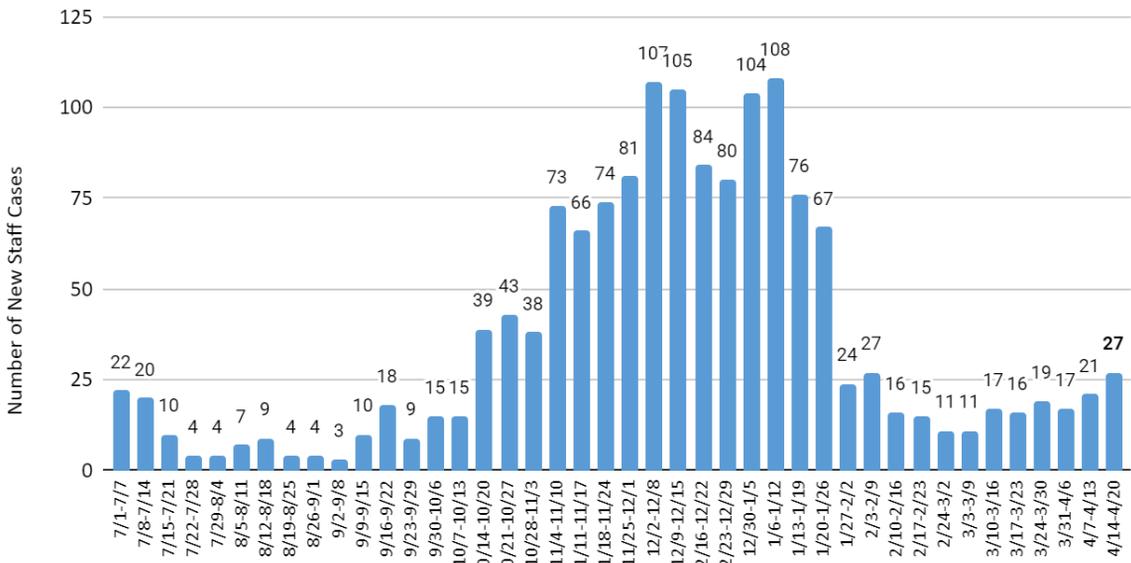
Assisted Living Resident Census: 7,286

New Resident Cases in CT Assisted Living Facilities July 1, 2020-April 20, 2021



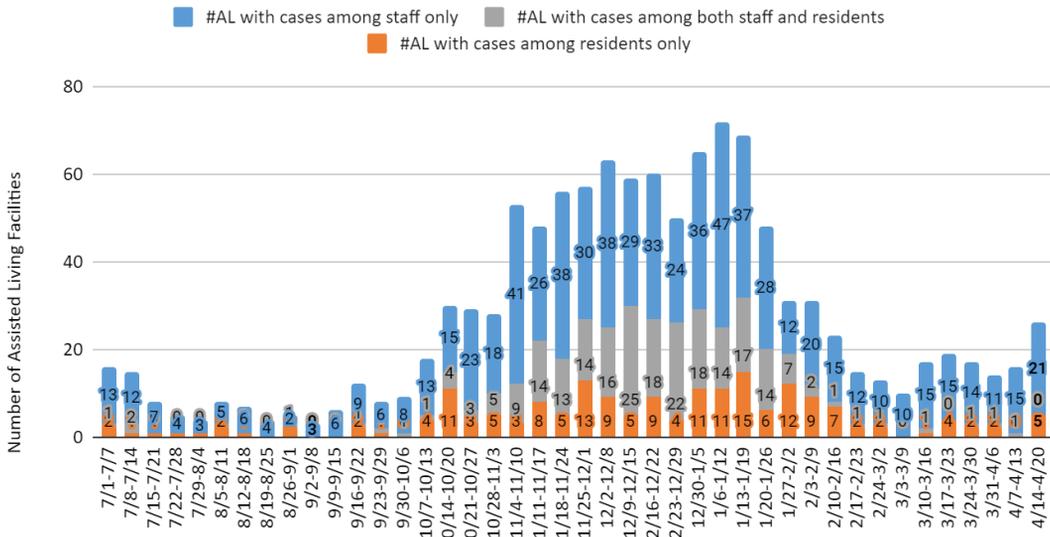
22

New Staff Cases in CT Assisted Living Facilities July 1 2020-April 20, 2021



23

Assisted Living Facilities with Positive Staff or Residents July 1, 2020-April 20, 2021



24