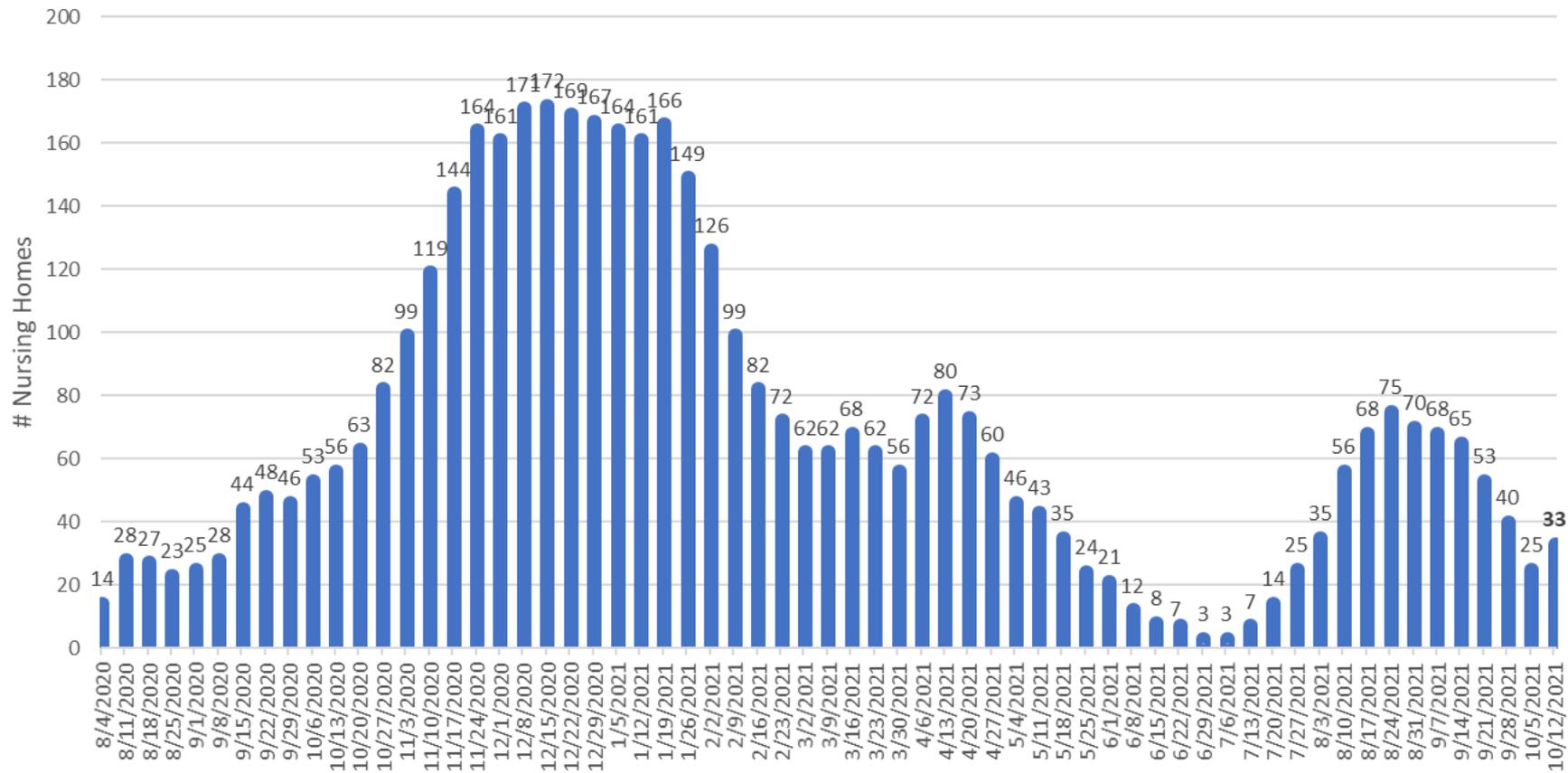


Nursing Homes with Newly-Diagnosed COVID-19 Among Residents AND/OR Staff in the Most Recent 14-day Period

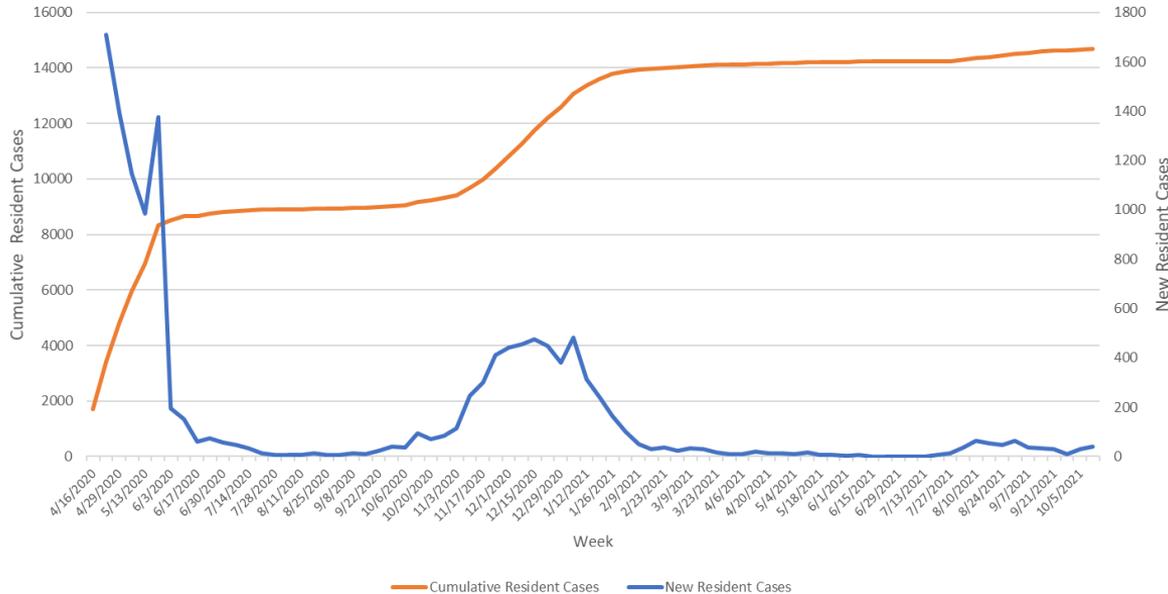


Nursing Home Resident Incidence, statewide

April 16, 2020 – October 12, 2021

Resident Census: 18,849

Nursing Home Resident Cases - Connecticut, April 16, 2020- October 12, 2021



Date Reported	New Resident Cases (diagnosed that week)
13-July	0
20-July	6
27-July	14
3-Aug	36
10-Aug	65
17-Aug	53
24-Aug	48
31-Aug	63
7-Sep	36
14-Sep	35
21-Sep	30
28-Sep	11
5-Oct	29
12-Oct	42

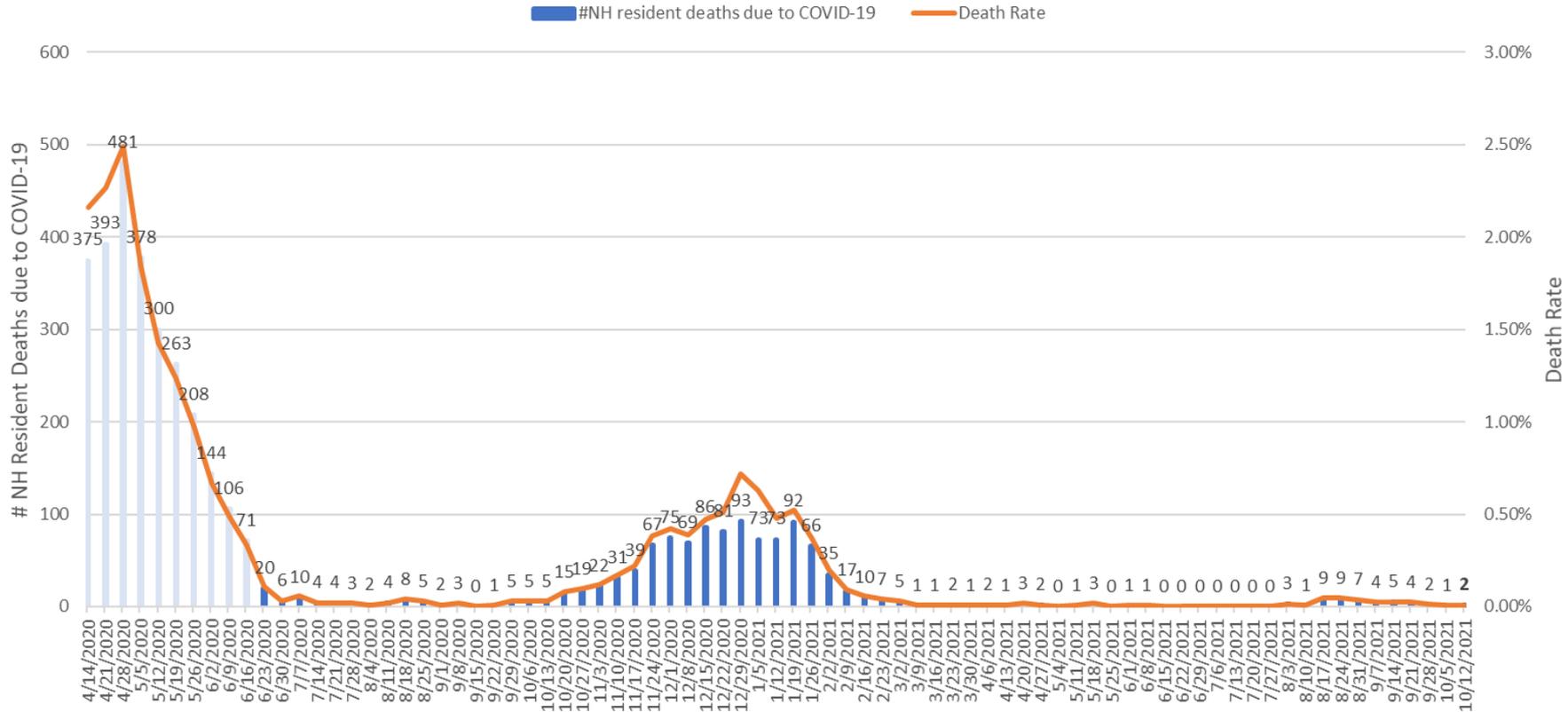
Facility Metrics	#Nursing Homes
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New res. cases, last 2 weeks	13 (+1)
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No new res. cases, >2 weeks	195
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Nursing Home Resident Deaths Associated to COVID-19

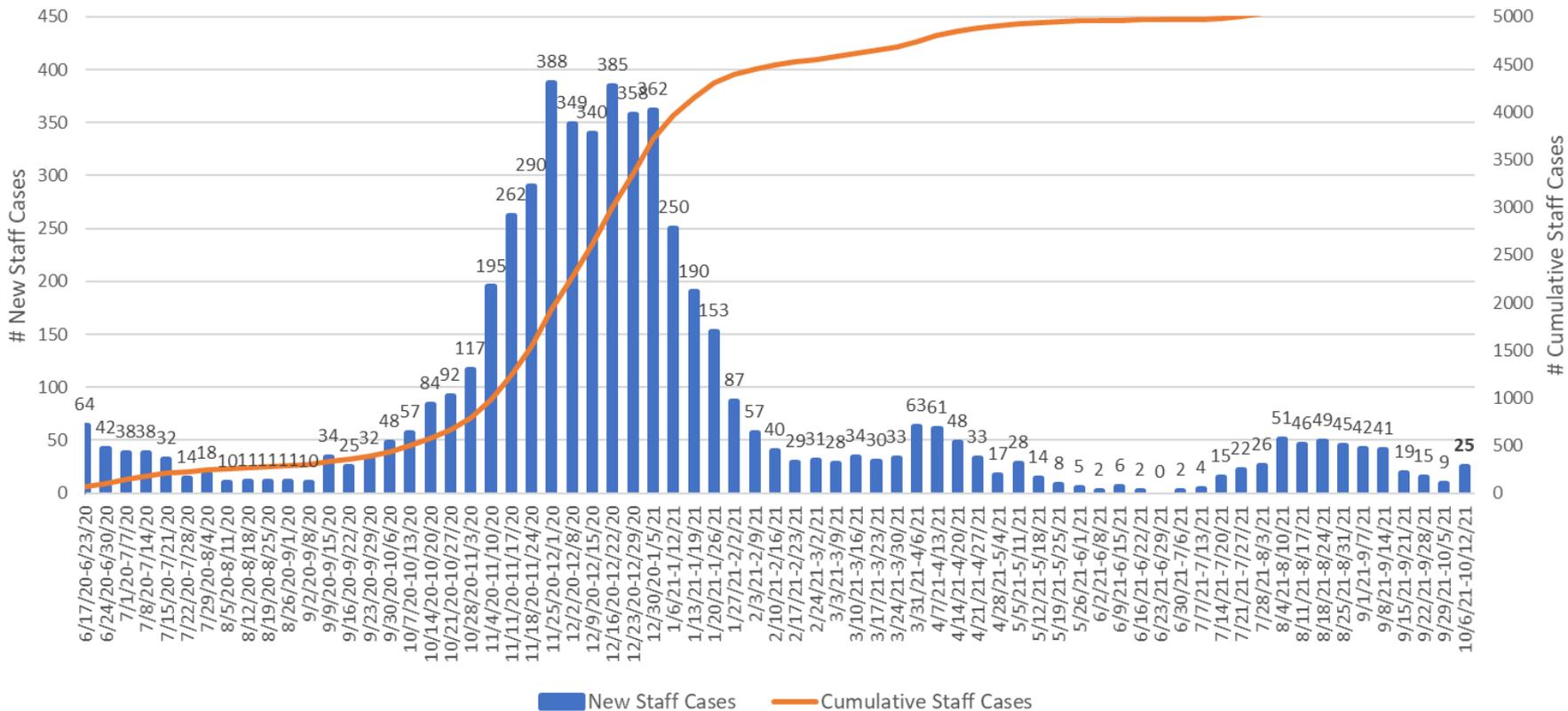
4/15/2020-10/12/2021



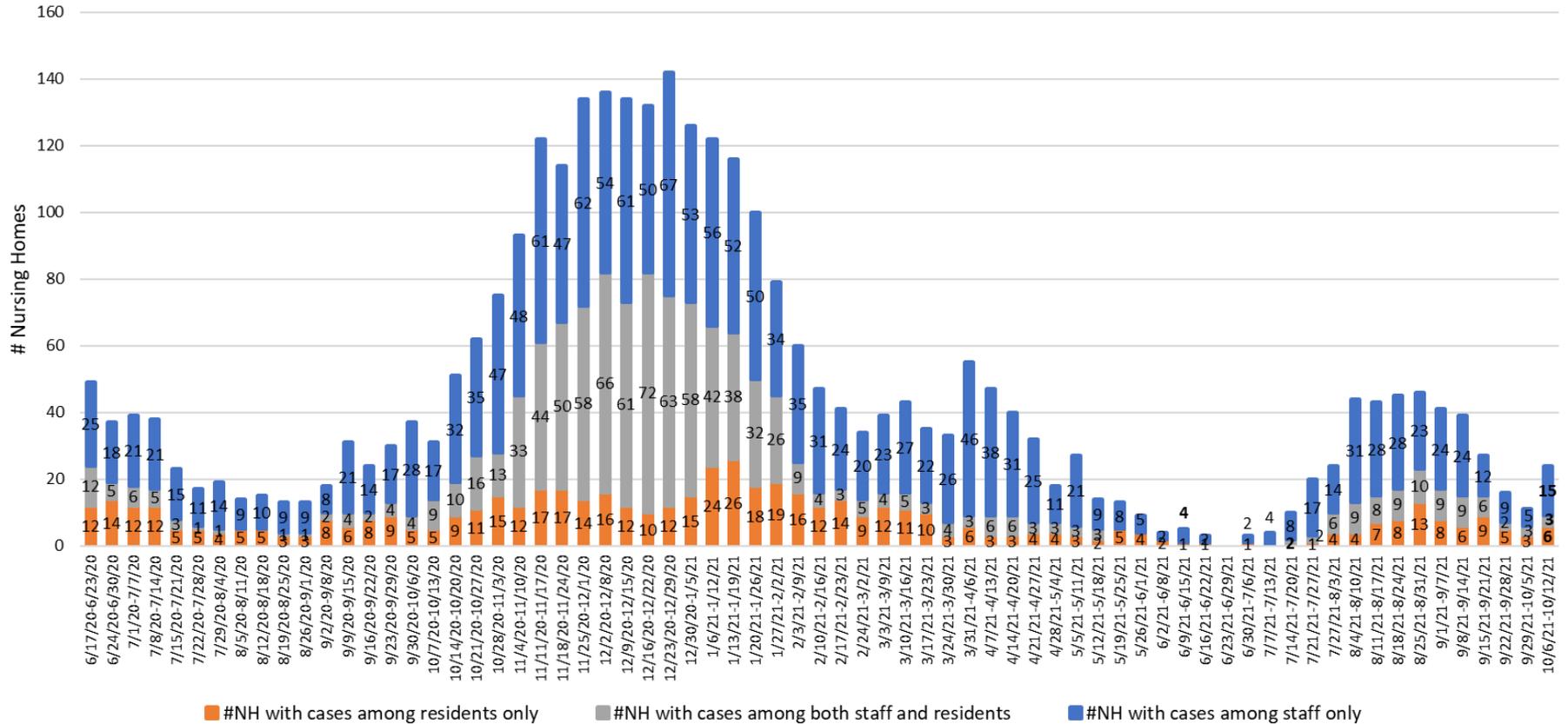
Note: Light blue= OCME lab-confirmed and suspected deaths due to COVID-19, Darker blue= NHSN data

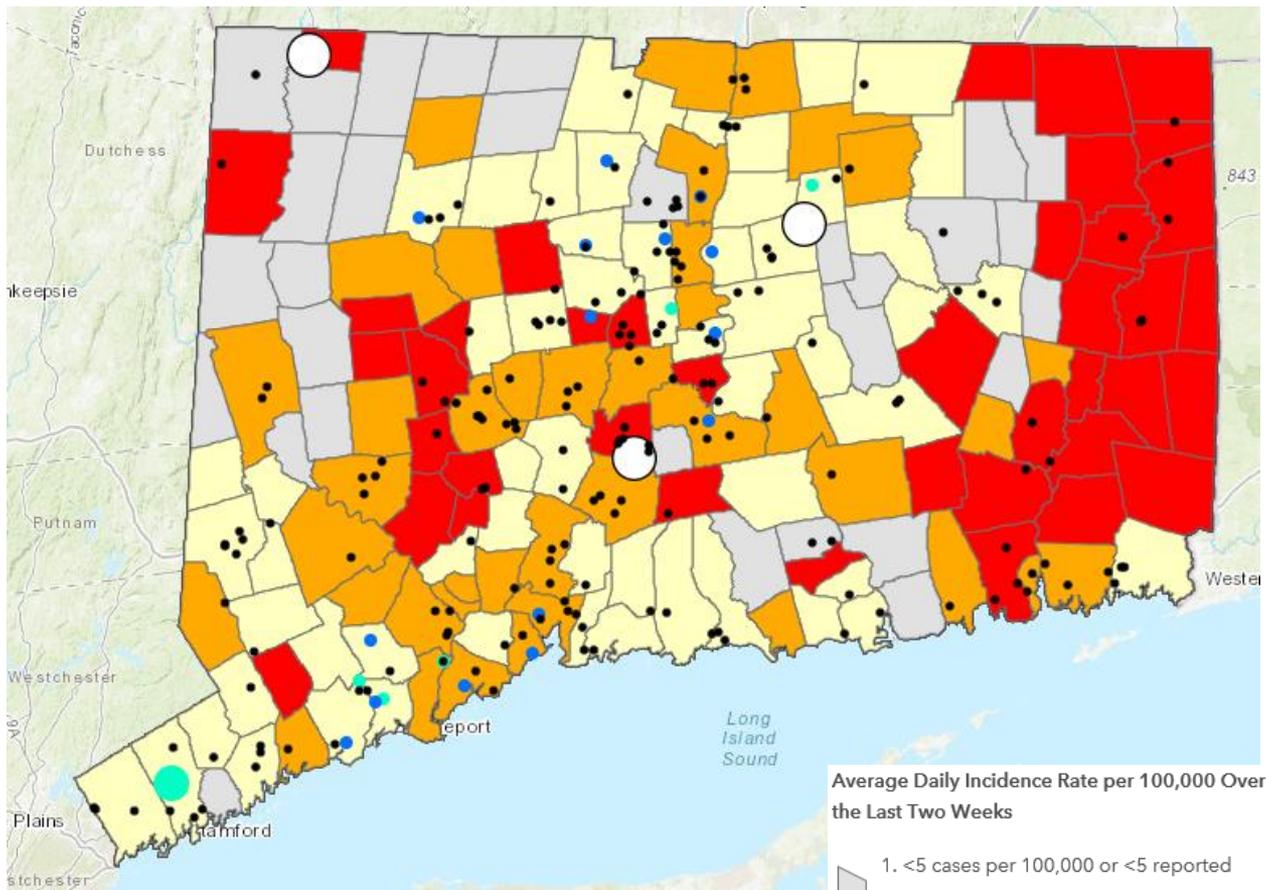
Staff Cases in Connecticut Nursing Homes

June 17, 2020–October 12, 2021



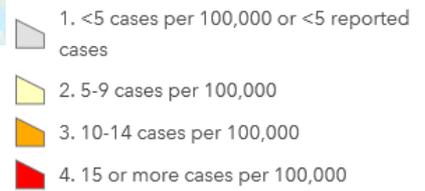
Nursing Homes with Positive Staff or Residents June 17, 2020-October 12, 2021





10/6/21-10/12/21

Average Daily Incidence Rate per 100,000 Over the Last Two Weeks



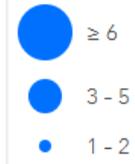
Legend

NHs with No New Cases



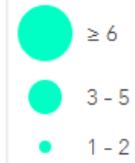
NHs with New Cases Among Staff

New Staff Cases:



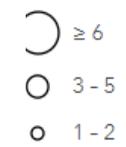
NHs with New Cases Among Residents

New Resident Cases:



IHs with New Cases Among Staff and Residents

Custom



Nursing Home STAFF Coverage

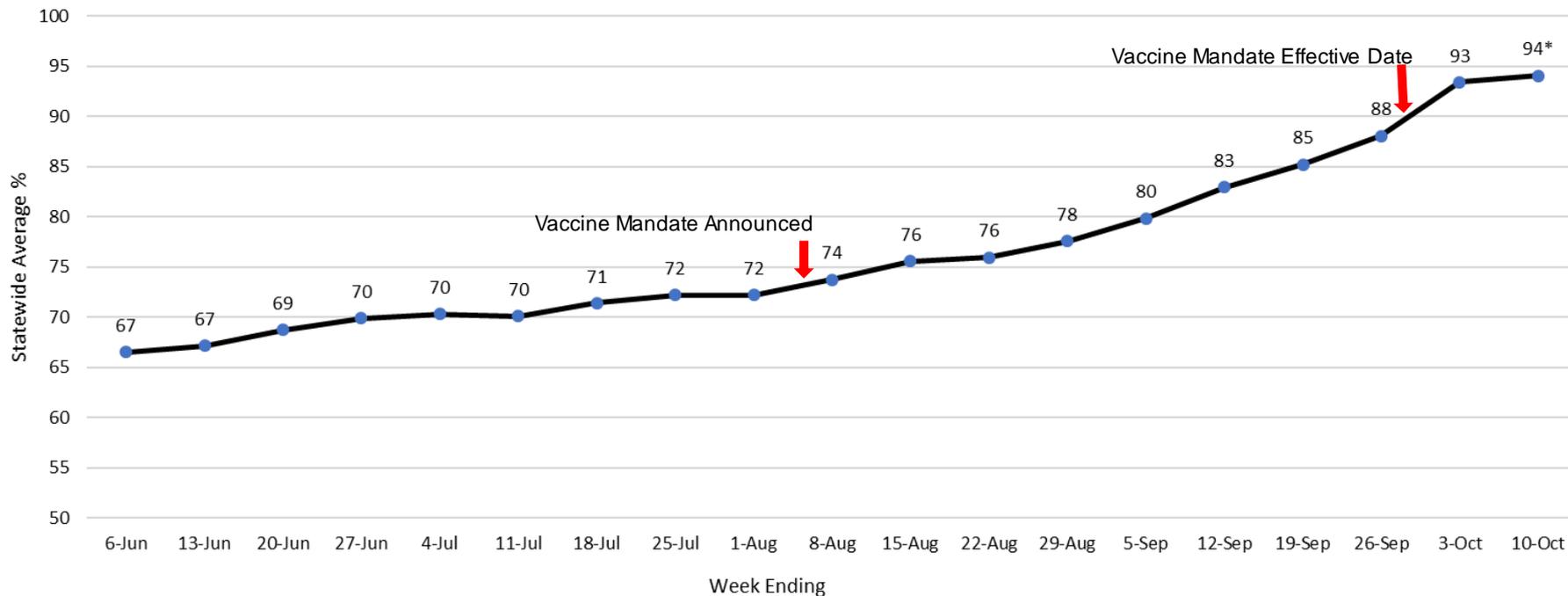
NHSN data, as of 10/3/2021

Staff Vaccination Rates (196 NHs reported)

- Average 94%
- Median 96%
- Range 77-100%

NHSN Staff Definition: HCP are defined as those who were **eligible to have worked** at this healthcare facility for **at least 1 day** during the week of data collection, regardless of clinical responsibility or patient contact [defined by CMS as individuals who work in the facility on a regular (weekly) basis]. HCP eligible to have worked include employees (staff on facility payroll), licensed independent practitioners (physicians, advanced practice nurses, & physician assistants), adult students/trainees & volunteers, and other contract personnel who are scheduled to work in the facility at least one day every week. For more information, please see [here](#).

Average of Percentage of staff who have received a completed vaccination course against SARS-CoV-2, Statewide, June-October 2021



*Incomplete vaccination data for the week. Facilities have until Sunday midnight to report for week ending October 17th.

Recent COVID-19 Outbreaks in CT Nursing Homes: Lessons Learned

- **Source Control**
 - Asymptomatic positive (vaccinated and unvaccinated) staff have contributed to spread of COVID-19
 - Source control use among staff and/or visitors needs auditing
 - Staff mingling have contributed to outbreaks
- **Facility Design**
 - Shared bathroom among residents
 - Consider moving fully vaccinated/exposed roommate if they share a bathroom with an infected roommate.
- **Screening of visitors**
 - Mask visitors in common areas
 - Screen upon entry, document responses

Tip of the week: Staff Breaks

If all staff present are vaccinated

- Staff may remove masks in non-client-facing areas
- HOWEVER – fully-vaccinated staff are still encouraged to maintain social distance

If an unvaccinated staff is present

- All staff should wear mask when not eating or drinking
- Unvaccinated staff should remain at least 6 feet away from others

All staff regardless of vaccination status should

- Wear mask when not eating or drinking
- Store reused N95 or goggles/face shield in separate paper bags during breaks
- Stagger breaks to limit number of persons in break room
- Take breaks outdoors whenever possible

****If facility is experiencing a COVID-19 outbreak masks and social distancing should be encouraged at all times until the outbreak is under control****

Hospital Discharges to Post-Acute Care

Hospitalized patients should be discharged from acute care whenever clinically indicated, regardless of COVID-19 status.

- **Individuals without COVID-19 infection or unknown status should be discharged from acute care when they are clinically ready.** Discharge should not be held due to a pending SARS-CoV-2 test, as receiving PAC providers should now have quarantine policies in place based on COVID-19 vaccination status.
- Meeting criteria for [discontinuation of isolation precautions](#) is not a prerequisite for discharge from a hospital. **PAC providers should be equipped to safely care for individuals with active COVID-19 who are ready for discharge from acute care.**

Basic principles of COVID-19 infectious status apply for decisions on PAC isolation or quarantine:

- Individuals with confirmed SARS-CoV-2 infection, regardless of vaccination status, require isolation until they meet criteria for discontinuation of isolation precautions.
- Fully vaccinated individuals and individuals within 90 days of a SARS-CoV-2 infection do not need to be placed in quarantine.
- Unvaccinated individuals whose COVID status is otherwise unknown (even with a negative SARS-CoV-2 result) could require quarantine.

A risk-based approach can be used to determine which unvaccinated residents require quarantine upon admission. Factors to consider for a risk assessment could include (but not be limited to): whether the resident had close contact with someone with SARS-CoV-2 during the 14 days prior to admission, prevalence of COVID-19 in the community/setting prior to admission, and adherence to infection control measures in the community/setting prior to admission (including during transportation)

Guidance for Use of Expired SARS-CoV-2 Tests

- To address the concern about SARS-CoV-2 testing reagents and swab supply shortages during the COVID-19 public health emergency, **CMS allows laboratories and testing sites to use expired SARS-CoV-2 test kits, reagents, and swabs**—unless doing so deviates from the test manufacturer’s authorized instructions for use.
- CLIA Interpretive Guidelines state that **“when in-date reagents are unavailable, it may become necessary to frame written policies for their temporary use beyond their expiration dates until non-expired supplies become available. Under no circumstances, however, should a laboratory adopt policies that would allow for the regular use of expired reagents.”**
- According to these guidelines, laboratories and testing sites **may use expired supplies until non-expired supplies become available, provided that there are policies and procedures in place to ensure that reagents are performing as expected. For example, any expired supplies must pass quality control tests with each assay run.**

[CMS Guidance for the Use of Expired SARS-CoV-2 Tests \(cdc.gov\)](https://www.cdc.gov/ncidod/dlnd/COVID-19/testing-guidance-for-expired-reagents-and-swabs)