

## Nursing Home Testing Data: Reporting Period 11/20/2020 to 12/3/2020

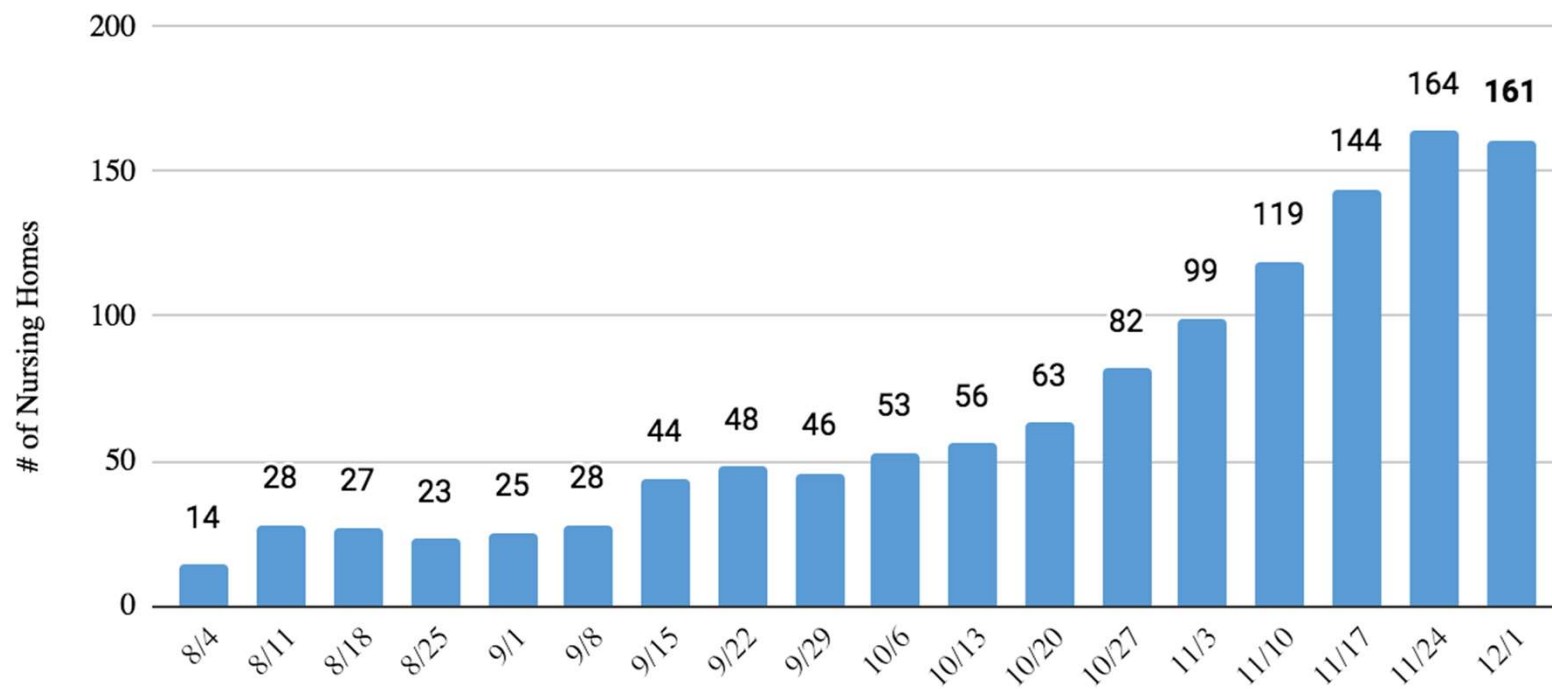
Testing through the state-supported network (Care Partners):

Testing Volume	Total	Staff	Residents
Care Partner Testing past week	41,749	28,649	13,100
Cumulative Care Partner Testing to Date	606,961	435,113	171,848
Cumulative Care Partner Positivity		0.35%	0.86%

Nursing Home Self-Reported Data through NHSN

Nursing Home Reports	Number	%
NHs with NO new positive Residents or Staff for most recent 14-day period	50	23.7%
NHs WITH new positive Residents/Staff in most recent 14-day period	161	76.3%
Total	211	100%
New Resident cases in the past week	443	
New Staff cases in the past week	388	
Total new cases combined	833	

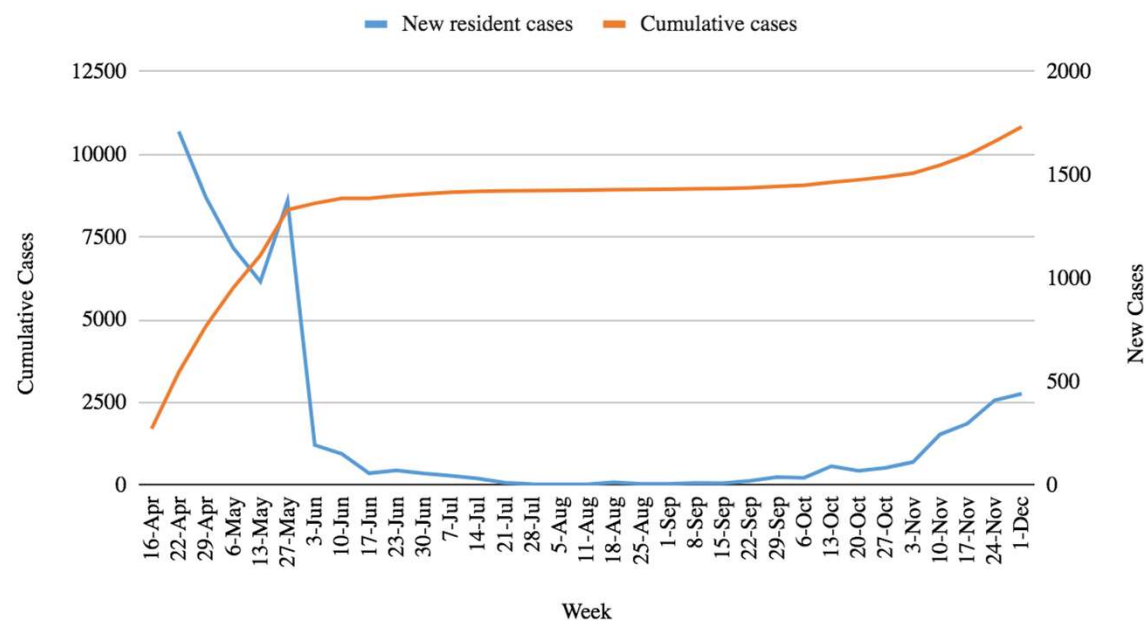
## Nursing Homes with Newly-Diagnosed COVID-19 Among Residents AND/OR Staff in the Most Recent 14-day Period



# Nursing Home Resident Incidence, statewide

April 16 – December 1, 2020

Nursing Home Resident Cases - Connecticut, April 16-December 1, 2020

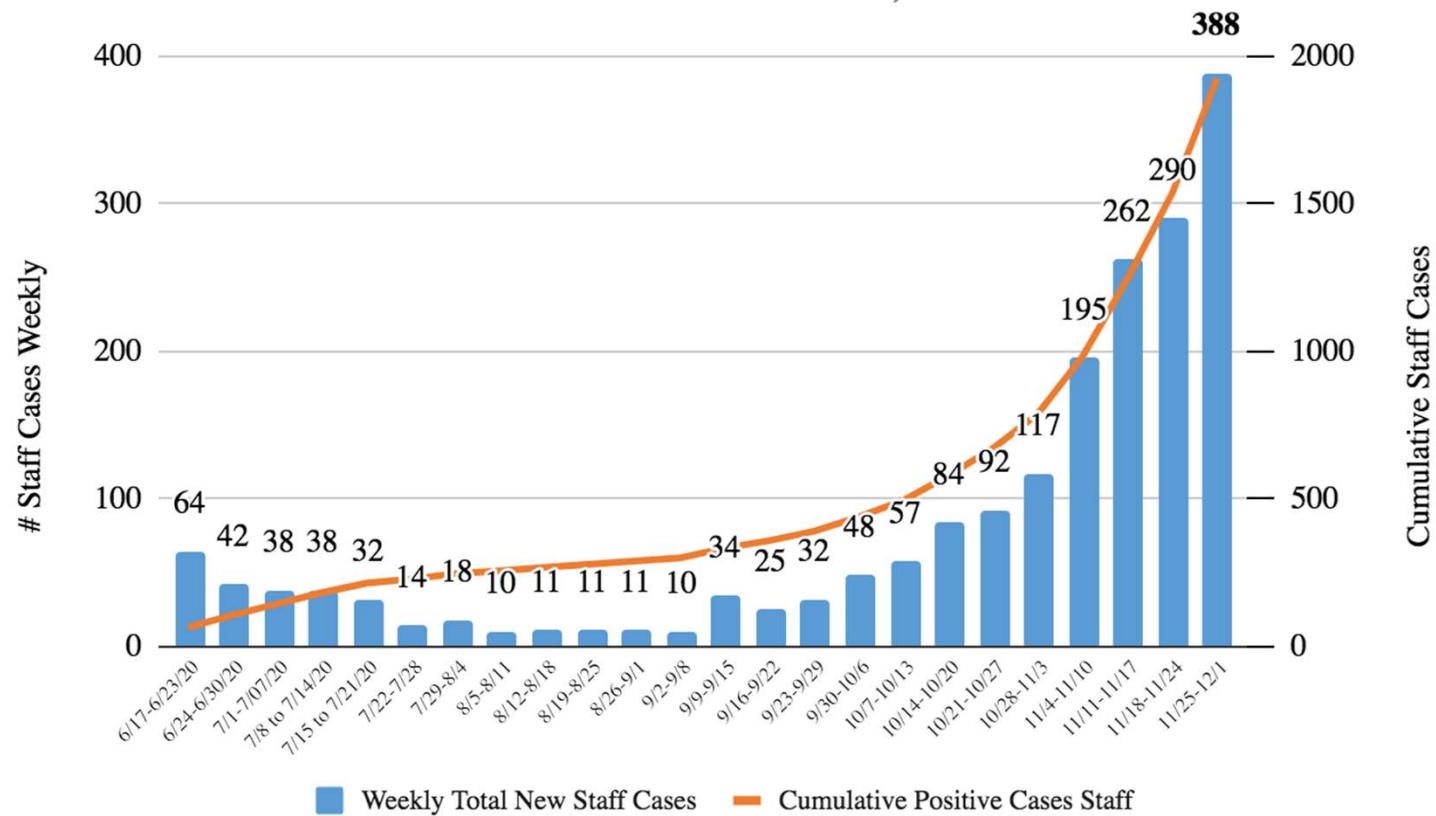


Date Reported	New Resident Cases (diagnosed that week)
1-Sep	7
8-Sep	12
15-Sep	11
22-Sep	22
29-Sep	40
6-Oct	37
13-Oct	93
20-Oct	71
27-Oct	85
3-Nov	113
10-Nov	247
17-Nov	299
24-Nov	411
1-Dec	443

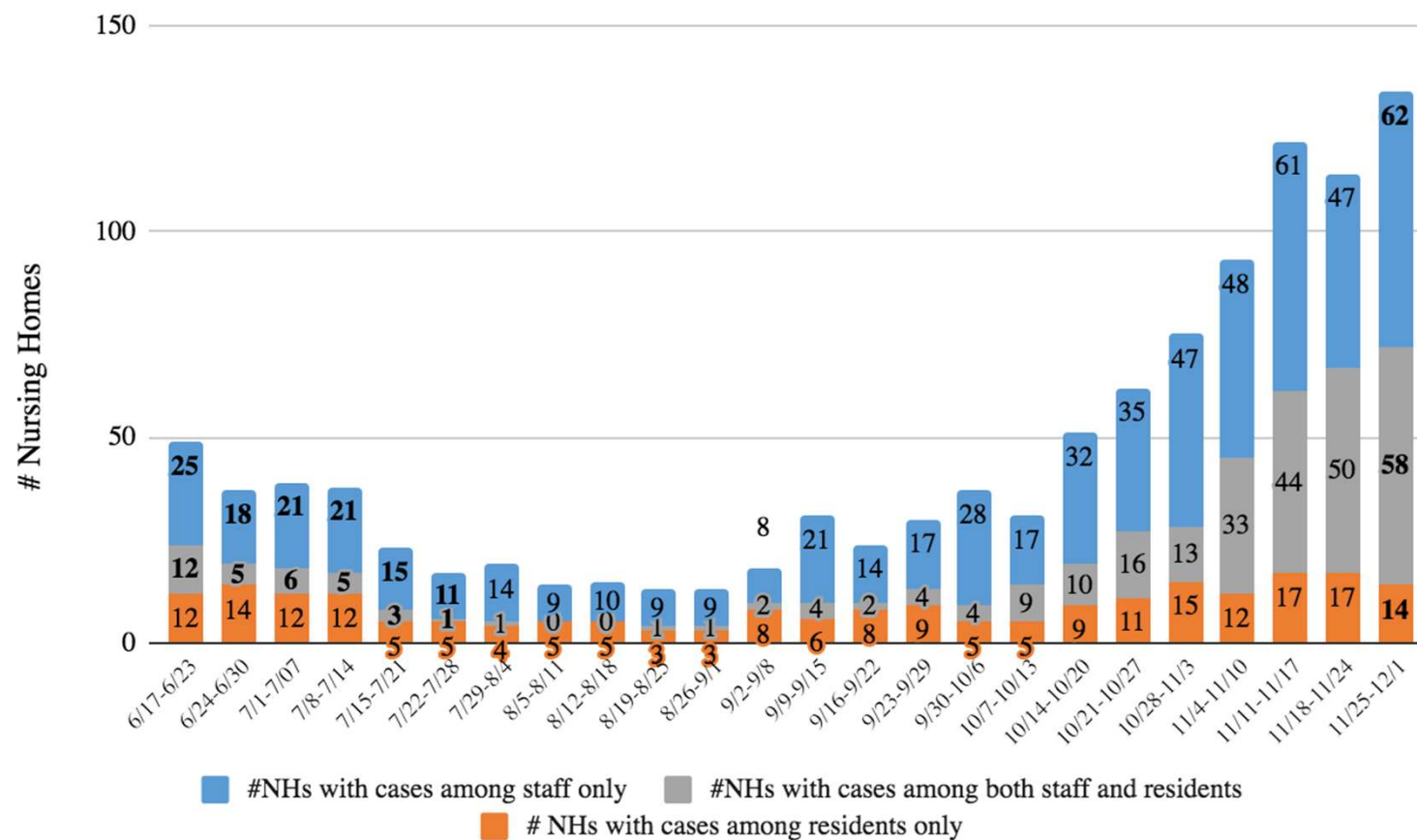
  

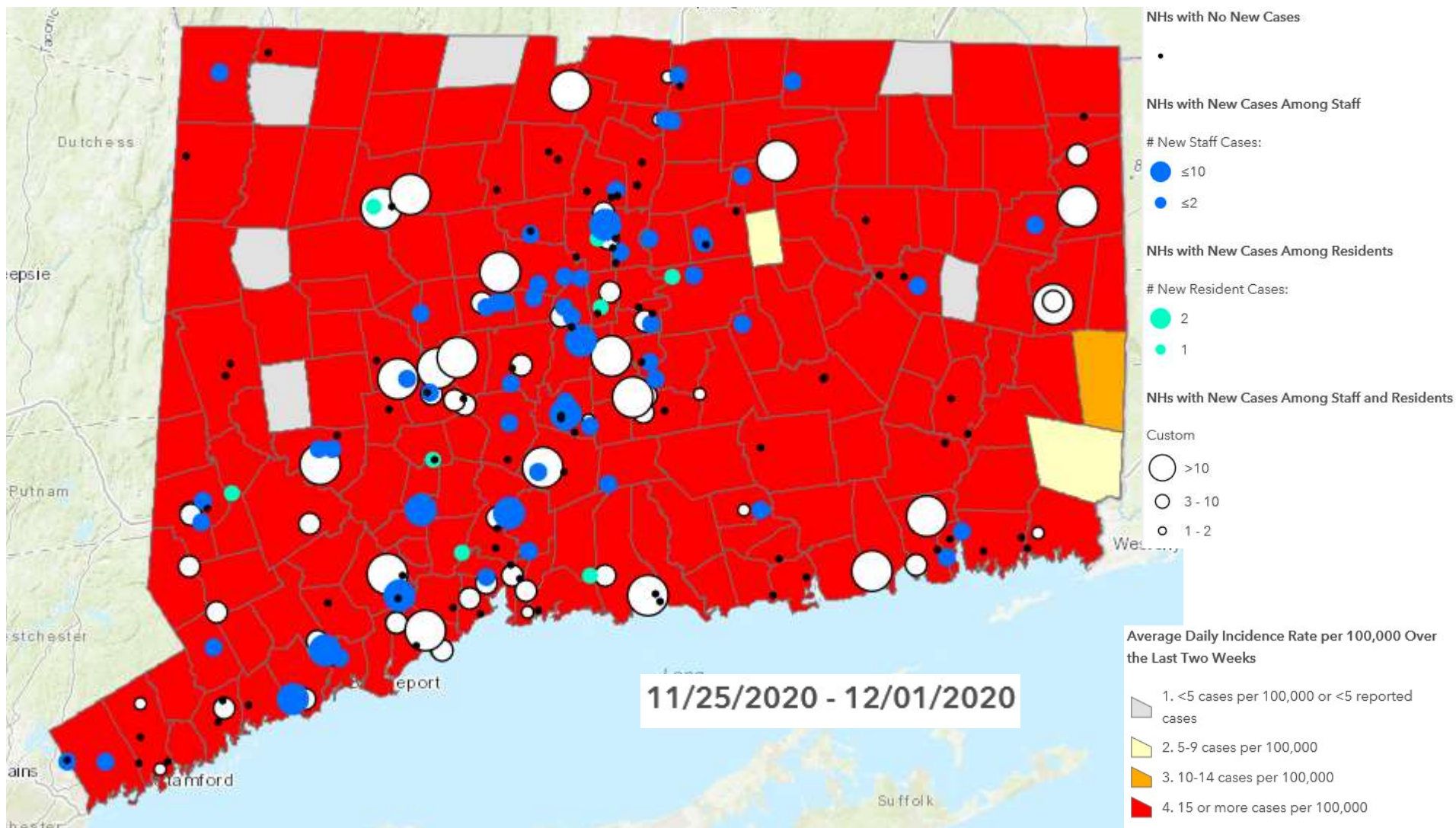
Facility Metrics	#Nursing Homes
New res. cases, last 2 weeks	89
No new res. cases, >2 weeks	122

## New Staff Cases in CT Nursing Homes June 17–December 1, 2020

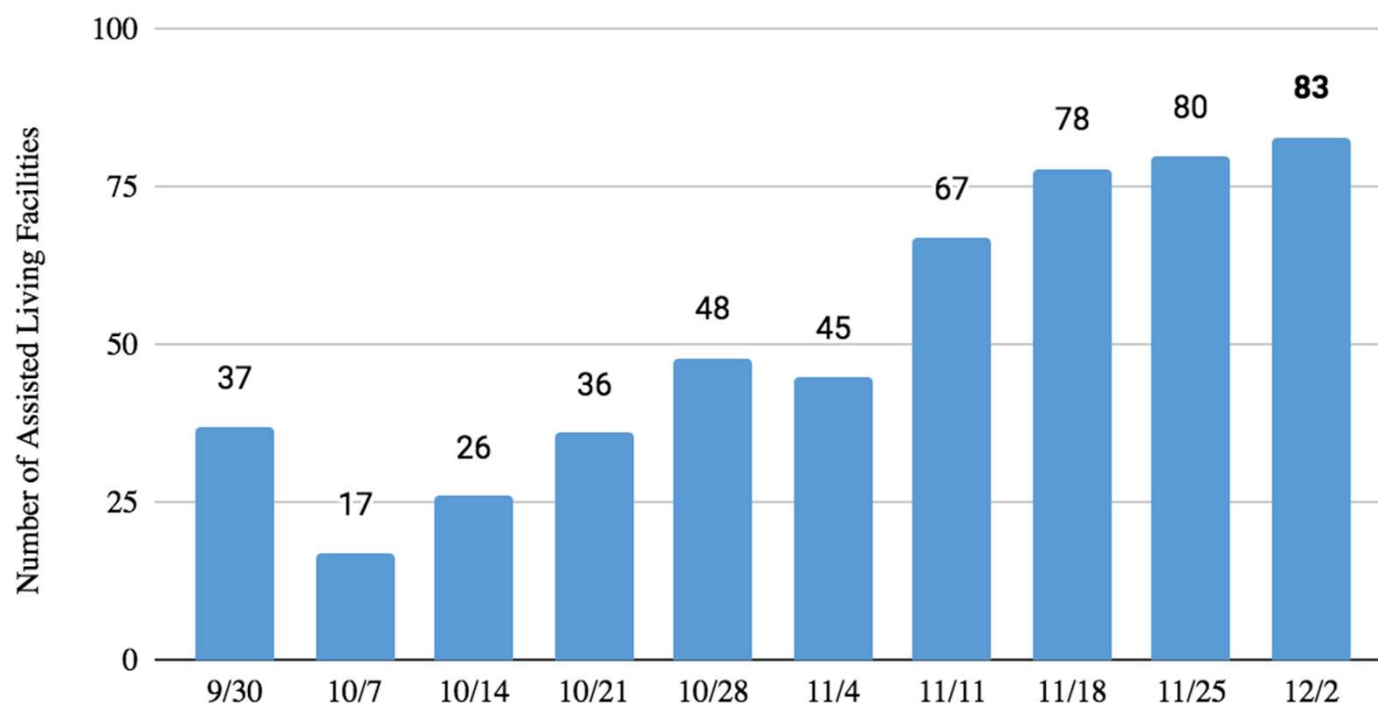


## Nursing Homes with Positive Staff or Residents June 17-December 1, 2020

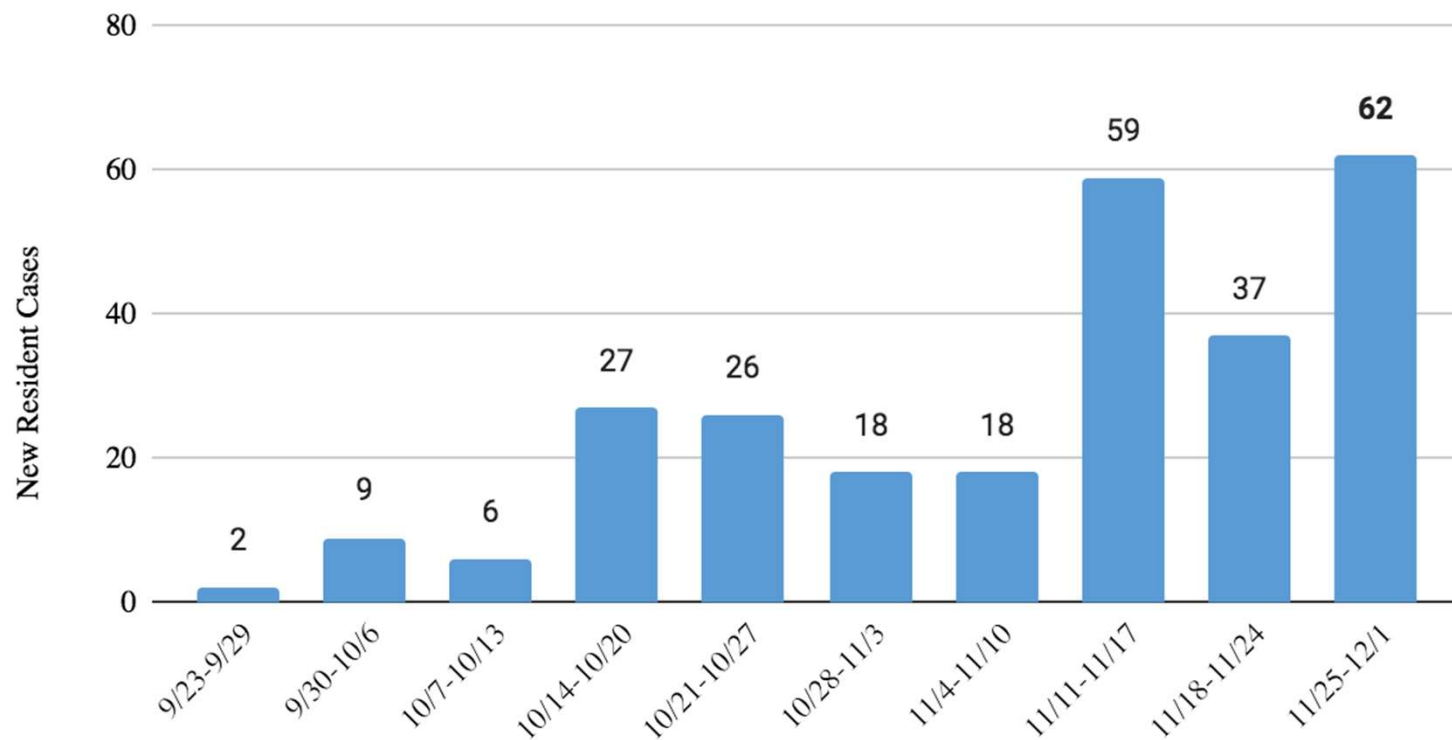




### Assisted Living Facilities with Newly-Diagnosed COVID-19 Among Residents AND/OR Staff in the Most Recent 14-day Period

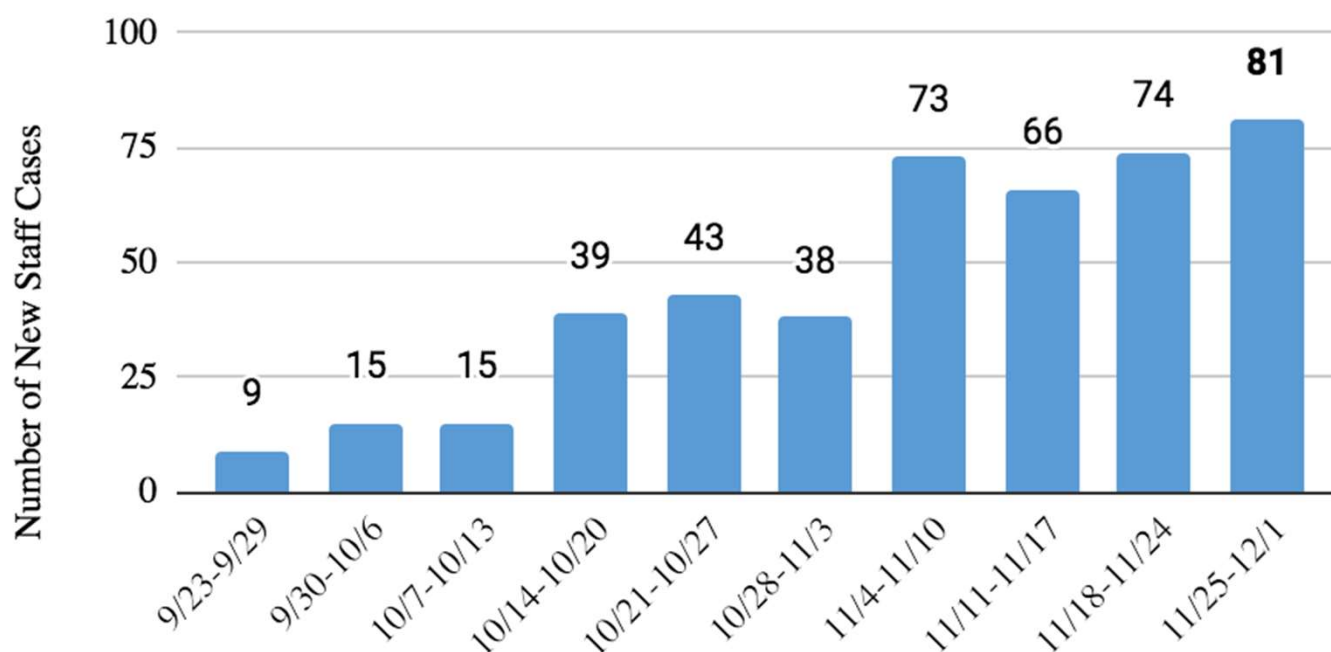


## New Resident Cases in CT Assisted Living Facilities September 23-December 1, 2020

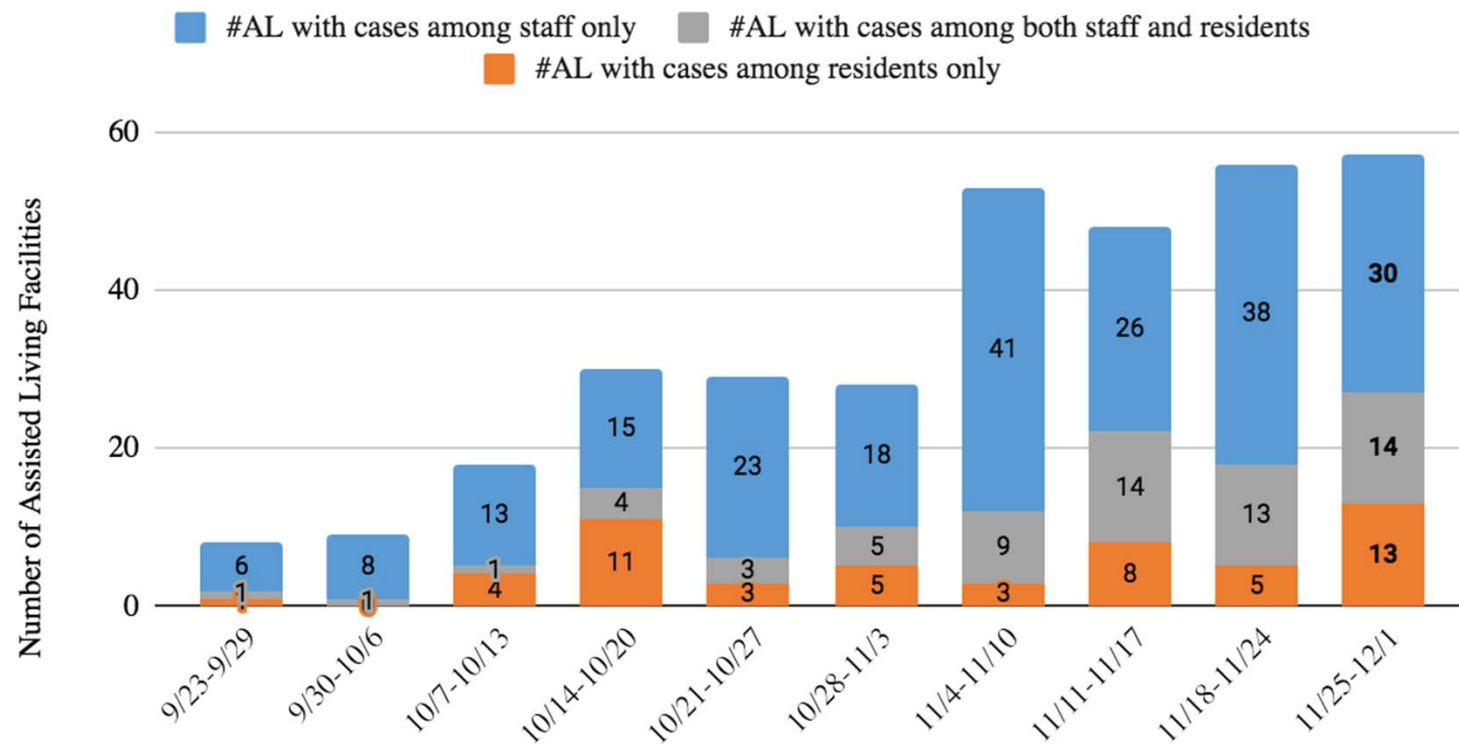




## New Staff Cases in CT Assisted Living Facilities September 23-December 1, 2020



## Assisted Living Facilities with Positive Staff or Residents September 23-December 1, 2020



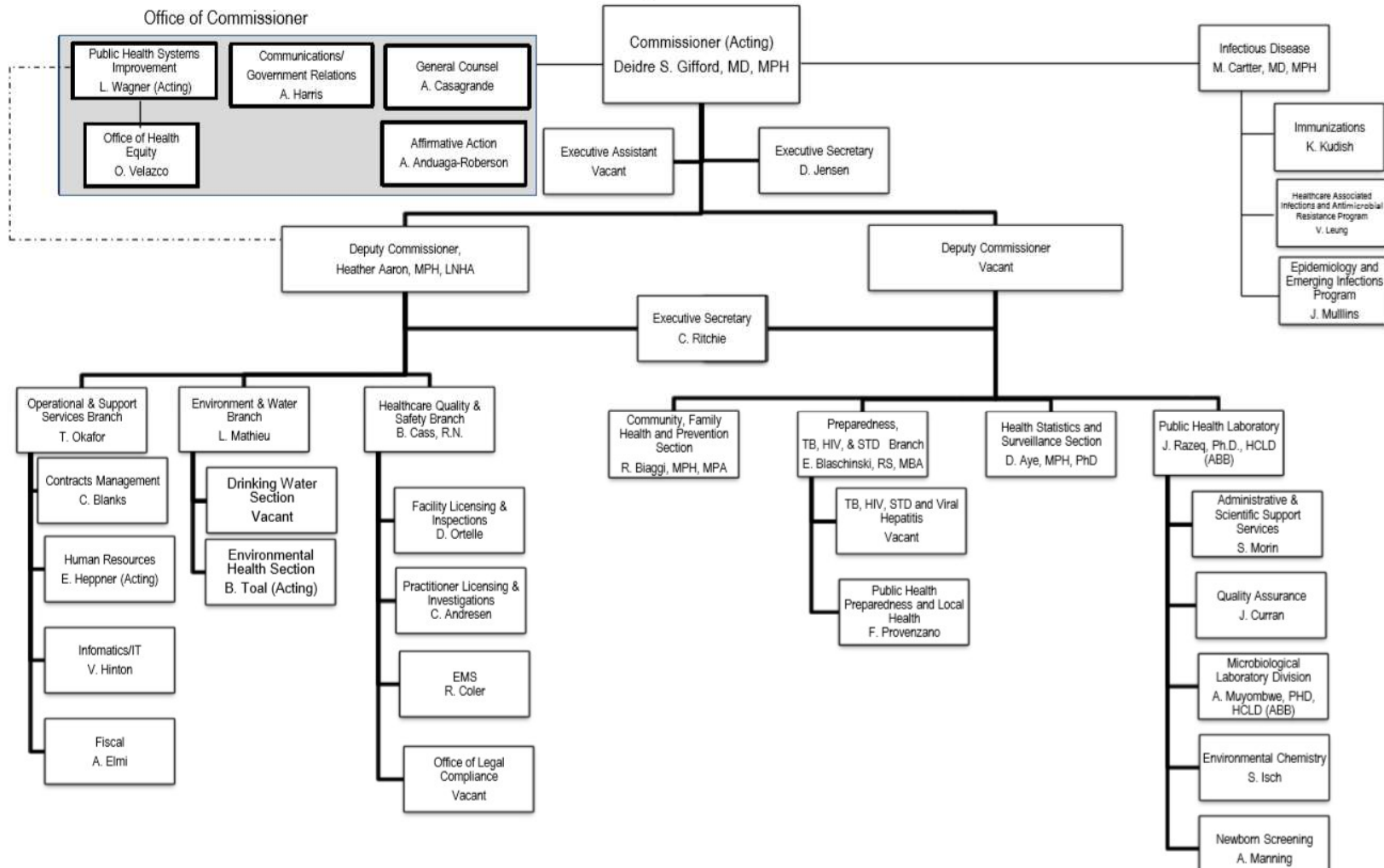
# Weekly Tips

## **Staff Cohorting on COVID positive units**

- Dedicate staff to work only on COVID positive units
- Provide break room/staff lounge/restroom within COVID unit (may use empty patient room). Stagger breaks to limit number of staff in break room, maintain social distancing, especially while eating or drinking
- Provide separate nurse's station within COVID unit
- Use alternate exit for staff to leave unit at end of shift
- Provide area to store re-usable PPE- N95/Face-shields, goggles-on COVID unit
- Limit ancillary staff entry onto COVID unit, deliver trays, laundry, etc. outside of unit for staff to distribute

# Connecticut Department of Public Health

Updated: 5-13-20





# Infectious Diseases Section



**Surveillance, Detection and Response**



**Prevention and Intervention**



**Communications, Coordination, and Partnerships**



## CT Department of Public Health COVID-19 Response Support Summary for Long Term Care Facilities



### On-Going Response – All Facilities

#### INFECTION CONTROL MONITORING

- Approximately 20% of all facilities receive targeted Infection Control Surveys each week.
- Over 3000 Infection Control Surveys conducted in nursing homes and assisted living facilities through December 1, 2020.
- Per Diem nurses provide onsite monitoring and consultation.

#### INFECTION CONTROL GUIDANCE AND COMMUNICATIONS

- Weekly conference calls with nursing home and assisted living facilities.
- Infection control guidance (written, onsite consultation and phone consultations).
- Consistent communication via [DPH Facilities blast fax](#) and [Infectious Diseases Section memos](#).
- Hosted Staffing Summit in the fall to give facilities an opportunity to share staffing ideas.
- 49 CDC TeleICARs: in depth infection control assessment consultations for COVID-naïve facilities.
- Dedicated email addresses for Q&A: Healthcare Associated Infections Program (HAI): [dph.haiar@ct.gov](mailto:dph.haiar@ct.gov) / Facility Licensing Investigations Section ( FLIS): [commctr2@ct.gov](mailto:commctr2@ct.gov).
- Healthcare Facility Outbreak Toolkit being released later in December 2020.

#### TESTING

- [As of November 1, 2020 all facilities must test all staff at least weekly.](#)
  - Nursing homes in high positivity counties must test all staff twice a week per [CMS guidance](#).
  - All residents must be tested at least weekly to control an outbreak.
  - Individuals who tested positive within past 90 days are not tested again.
- Weekly testing provided through state-funded testing vendors (Care Partners). Over 630,000 tests conducted by Care Partners through December 1, 2020.
- Facilities using antigen test kits to supplement weekly PCR tests.
  - Antigen machines initially provided by federal government.
  - State distributing BinaxNOW cards to all nursing homes (4X licensed bed capacity, distribution scheduled for December 7 to 18, 2020).
- [Point Prevalence Survey](#) testing of all nursing home residents December 1 to 15, 2020.

#### PERSONAL PROTECTIVE EQUIPMENT (PPE) SUPPLY

- Weekly PPE distributions occurred through August 31, 2020. To date 33,582,172 pieces of PPE have been distributed.
- Daily monitoring of PPE levels. Emergency PPE support via online ordering portal with a 12 to 24-hour turn-around.
- Distribution of N-95s, disposable gowns and surgical masks scheduled for December 14 to 18, 2020.
- [Commissioner's Order](#) requiring nursing home to maintain a reserve stockpile of PPE for use during an outbreak equal to amount needed to manage an outbreak of 20% of average daily census for 30 days.

#### STAFFING

- [Temporary Nurse Aide \(TNA\)](#) classification was developed. Almost 400 individuals certified as TNAs as of December 8, 2020.
- Facilities may procure a contract with a staffing agency for support during shortages.
- [Connect to Care Jobs](#) is an online portal connecting individuals who would like to work in long-term care with facilities. Initial access has been given to nursing homes. Adding Assisted Living and Residential Care Homes later in December.
- Facilities have access to the [Long-Term Care – Mutual Aid Plan](#) website, which provides logistical support for facilities during emergency situations, activates the Medical Reserve Corp for critical staffing needs and provides a list of staffing agencies.

#### ON-GOING TREND ASSESSMENTS AND GAP ANALYSIS

- HAI and FLIS jointly monitor DPH response activity to identify and fill response gaps.
- HAI analyzes case and outbreak data to inform targeted infection prevention strategies.
- Weekly trend analysis and gap assessments
- Weekly public reporting of outbreaks is posted on the DPH webpage.



## CT Department of Public Health COVID-19 Response Support Summary for Long Term Care Facilities



### Targeted Response – Facilities in Outbreak

#### ON-GOING CASE MONITORING

- Facilities report COVID case counts daily. A single staff case or a facility-onset resident case triggers an outbreak response.
- Outbreak testing until 14 days without new-onset staff or facility-onset resident case.
- Healthcare Associated Infections Section (HAI) and Facility Licensing Investigations Section (FLIS) jointly monitor case reports.
- Outbreaks close after 28 days without new-onset staff or facility-onset resident case.

#### TWICE-DAILY OUTBREAK RESPONSE MEETINGS

- HAI and FLIS staff meet twice daily to discuss ongoing outbreaks.
- Identify concerning outbreaks and facilities in need of assistance.
- Coordinate DPH support (Rapid Response Team Visit, PPE, transfers to COVID Recovery Facilities, Rapid Response Testing and CARRT).

#### OUTBREAK ASSESSMENT WITH FACILITY

- Discuss facility's plan to respond to the outbreak (PPE, testing, cohorting, staffing).
- Assess immediate unmet needs (PPE, testing, cohorting, staffing)
- Review contact tracing and case investigation.
- Follow-up calls when cases surge.
- All residents (who haven't tested positive in past 90 days) must be tested at least weekly.

#### RAPID RESPONSE TEAM VISITS

- DPH's HAI and FLIS nurses deployed as needed to facilities having difficulty managing an outbreak.
- Onsite infection control consultation and needs assessment.
- Cohorting recommendations (including use of COVID Recovery Facilities).
- These visits are in place to support the facility in a consultative role. They are not considered regulatory.

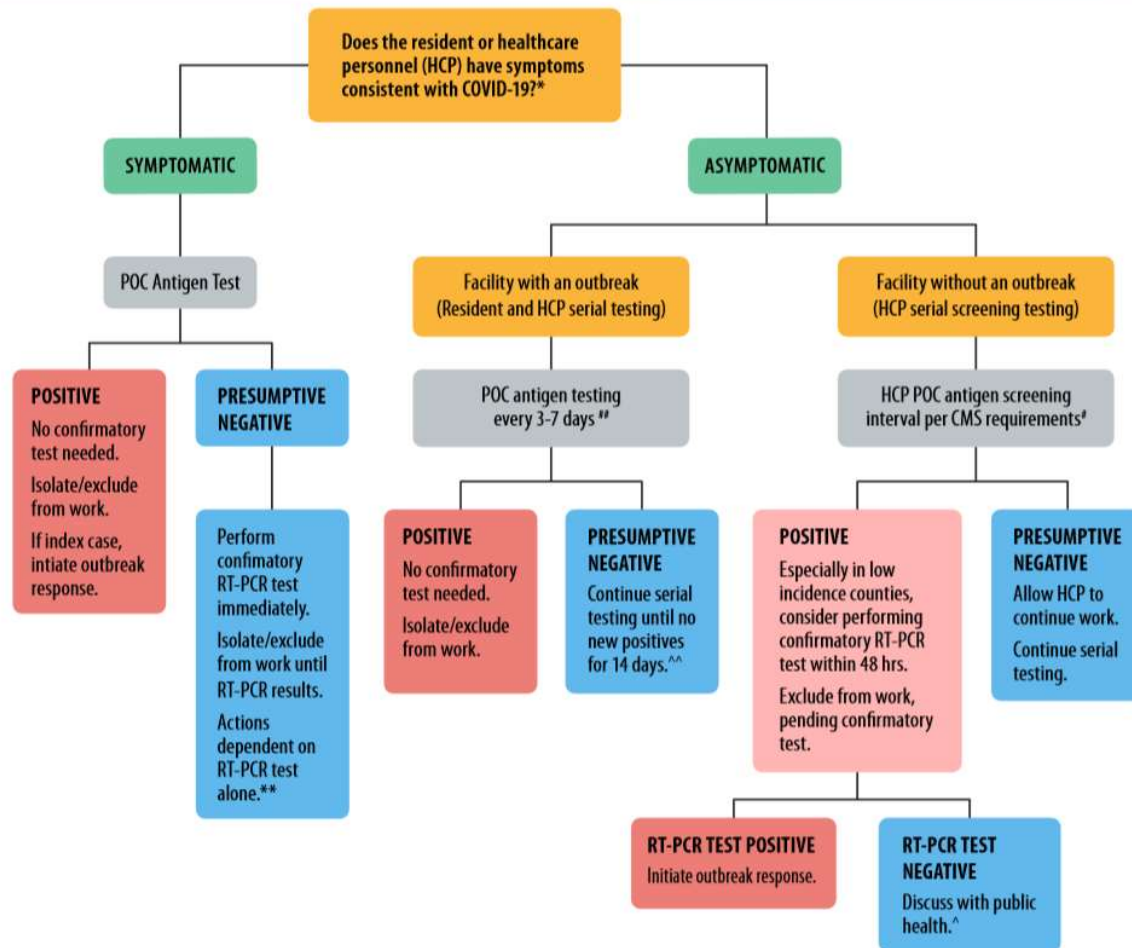
#### COVID RECOVERY FACILITIES (CRFs)

- Four (4) CRFs mobilized; total bed capacity of 334. Expansion of 30 to 60 beds in Southeastern Connecticut by end of December.
- Transfers of infectious residents to CRFs to help manage cohorting and/or staffing challenges during an outbreak. Also used as a step-down level of care for nursing home patients to help decompress hospital patient volume.
- [Discharge guidance](#) sent to hospitals and nursing homes.
- Expected average length of stay 12 to 14 days depending on onset of infection.

#### COVID ANALYSIS RAPID RESPONSE TEAM (CARRT) TESTING

- Mobile antigen testing services for facilities experiencing an outbreak.
- Rapid testing to help with resident cohorting.
- Testing results reported immediately to DPH to help determine next steps for ongoing outbreak response.

## CONSIDERATIONS FOR INTERPRETING ANTIGEN TEST RESULTS IN NURSING HOMES





## Additional Support

- Project ECHO (Weitzman Institute)
- Training modules for contracted services
- “Shift Coaches”: monitoring hand hygiene, source control, PPE use
- Feedback to federal partners: CDC, CMS, OASH
- Information sharing with counterparts in other states
- Hospital engagement
- Collaboration with Yale School of Public Health: surveillance, data analysis, development of public health recommendations