



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 CMS 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 / Facility Licensing Investigations Section (FLIS): 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.



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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.