

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH  
Acting Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### HEALTHCARE QUALITY AND SAFETY BRANCH

## BLAST FAX 2021-14

**TO:** Nursing Homes, Assisted Living and Managed Residential Communities, Home Health Agencies, Hospice Agencies, and Nursing Home Testing Care Partners

**FROM:** Acting Commissioner Deidre S. Gifford, MD, MPH 

**CC:** Deputy Commissioner Heather Aaron, MPH, LNHA  
Adelita Orefice, MPM, JD, CHC, Senior Advisor to the Commissioner  
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch  
Donna Ortelle, Section Chief, Facility Licensing and Investigations Section  
Vivian Leung, MD, Healthcare Associated Infections Program

**DATE:** April 30, 2021

**SUBJECT:** Nursing Home and Managed Residential Care/Assisted Living COVID-19 Testing

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Pursuant to Section 4 of Executive Order 7AAA, renewed by Executive Order 11, Private and Municipal Nursing Home Facilities, Managed Residential Communities, and Assisted Living Services Agencies (collectively, "Facilities") staff and resident "testing shall be performed in accordance with the most recent guidance issued by the Department of Public Health (DPH), as such guidance may be revised from time to time." This Blast Fax (2021-14) rescinds and replaces testing guidance issued by DPH on October 23, 2020, in Blast Fax 2020-101 titled "Care Partner Testing" (attached for easy reference).

#### Definitions.

"Fully vaccinated" refers to a person is  $\geq 2$  weeks following receipt of the second dose of COVID-19 vaccine in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose COVID-19 vaccine.



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“Unvaccinated” refers to a person who does not fit the definition of “fully vaccinated,” including people whose vaccination status is not known, for the purpose of this guidance.

**DPH Testing Guidance.** Effective May 1, 2021, Facilities shall test according to the following schedule:

Surveillance/Routine Testing. Absent an outbreak of COVID-19, Facilities shall conduct COVID-19 surveillance testing by testing all unvaccinated staff weekly. The Department does not recommend Facilities test asymptomatic residents as part of the Facility’s Surveillance/Routine testing program unless the resident leaves the Facility routinely.

Outbreak Testing. Facilities should test all staff and residents, regardless of vaccination status, immediately upon identification of a single new case of COVID-19 infection in any staff or residents. Facilities should retest at least weekly all staff and residents that tested negative until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.

Testing of Staff and Residents with COVID-19 Symptoms or Signs. Staff and residents with symptoms or signs of COVID-19 must be tested immediately, *regardless of their vaccination status*. Staff should be restricted from the Facility pending the results of the COVID-19 testing. Residents should be appropriately cohorted.

Testing of Staff and Residents with an Exposure. See CDC’s *Updated Healthcare Infections Prevention and Control Recommendations in Response to COVID-19 Vaccination*. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

NOTE: Individuals who have recovered from COVID-19 infection should not be tested for SARS-CoV-2 during the 90 days after initial infection onset *as long as they remain asymptomatic*.

**CMS Testing Guidance for Nursing Homes.** In addition to the state’s testing requirements, CMS has revised [QSO-20-38-NH](#) setting forth CMS’s COVID-19 staff and resident testing requirements. [QSO-20-38-NH](#), which applies only to Nursing Homes, preempts state guidance when the federal requirement is more stringent than the state requirement. For example, CMS requires twice-weekly surveillance testing when the county positivity rate is greater than 10%, while the state currently requires only weekly surveillance testing. Nursing homes are subject to more stringent requirements of [QSO-20-38-NH](#) as applicable. Noncompliance related to these CMS requirements will be cited at tag F886.

**Implementation Period.** Facilities should coordinate these revised testing guidelines with their assigned Care Partners (for Nursing Homes) or contracted testing partners (for Managed Residential Care and Assisted Living Service Agencies). The Department expects Facilities to make a good faith effort to implement these revised guidelines as soon as possible, but no later than May 15, 2021.

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### HEALTHCARE QUALITY AND SAFETY BRANCH

## BLAST FAX 2020-101

**TO:** Nursing Homes, Assisted Living and Managed Residential Communities, Home Health Agencies, Hospice Agencies, and Nursing Home Testing Care Partners

**FROM:** Acting Commissioner Deidre S. Gifford, MD, MPH

**CC:** Deputy Commissioner Heather Aaron, MPH, LNHA  
Adelita Orefice, MPM, JD, CHC, Senior Advisor to the Commissioner  
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch  
Donna Ortelle, Section Chief, Facility Licensing and Investigations Section  
Vivian Leung, MD, Healthcare Associated Infections Program

**DATE:** October 23, 2020

**SUBJECT:** Care Partner Testing

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The incidence of COVID-19 continues to rise throughout the nation and has begun increasing in various Connecticut communities over the last few weeks. In response, the Department is requiring weekly STAFF testing for ALL nursing homes, assisted living services agencies, and managed residential communities across the state. Weekly testing of all staff should commence no later than the week of November 1, 2020 and should continue until further notice.

If a facility is experiencing an outbreak, defined as at least one new facility-onset case of COVID-19 among residents or at least one new case of COVID-19 among staff, the facility should test all staff and residents weekly. If there is no new facility-onset cases of COVID-19 among staff or residents for a period of 14 days, weekly resident testing may stop, however, weekly staff testing shall continue.



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