Date: May 24, 2021

Department: Office of the Commissioner

Subject: Emergency Preparedness Program and Plan, Recovery Phase II – Report of supplies and equipment and major actions taken

Author: Thomas J. Saadi

Pursuant to the requirements of the Recovery Phase of the DVA Emergency Preparedness Program and Plan, attached hereto are the reports of each DVA functional area addressing:

(1) Shortages and breakages of equipment and supplies: and

(2) Major COVID-19 related actions taken.

I have reviewed each report and have confirmed that any supply and equipment shortage damage and/or losses were minimal and did not negatively impact DVA operations and that any such supply and equipment shortages, damage and/or losses have been addressed.

Based on my review of the attached reports and the DVA “Re-open” plan of 2020 as updated pursuant to Governor Lamont’s “Getting back to our new normal” email Directive of May 13, 2021, the DVA is at 100% of internal and public facing regular operations with the exception of the Office of Advocacy and Assistance (OA&A), which remains in major telework mode due to the OA&A district offices being co-located with municipal and federal offices requiring DVA staff to follow the limited office accessibility of those locations.

The DVA is prepared to respond to a COVID-19 resurgence and other subsequent health emergencies should the need arise.

Attachments:

1. Recovery Phase Reports
2. Governor Lamont Email Directive (May 13, 2021)
3. Commissioner Saadi Comments Re: Governor Lamont Email (May 14, 2021)
Attachment 1 - Recovery Phase II Reports

1. Advocacy & Assistance
2. Intergovernmental and Community Affairs
3. Operations, Planning and IT
4. Fiscal & Procurement Services
5. Food & Nutrition Services
6. Healthcare Center & Veterans Outpatient Clinic
7. Legal/Staff Attorney
8. Physical Plant
9. Residential Programs & Services
10. Safety & Security
Date: May 21, 2021

Department: Office of Advocacy and Assistance (OA&A)


Author: Ryan McKenna, Manager

I. Report of any shortages and breakages of equipment and supplies:
   A. OA&A did not experience any shortages or breakages of equipment and supplies since the start of the Emergency Preparedness Program and Plan and throughout the pandemic.
   
   B. Two laptops (of the 14 issued) were phased out for newer assets during this period due to the lifecycle of the assets…not COVID-19 related.
   
   C. OA&A was able to secure seven additional laptops at the start of the pandemic for the admin staff for the shift to telework (Seven VSOs had laptops prior to the pandemic).

II. Major COVID-19 related actions taken:
   A. OA&A operations shifted from traditional brick and mortar presence to an all virtual/remote posture utilizing state-issued laptops, phones and hotspots to accomplish the mission.
   
   B. All communication with clients was conducted virtually; telephone, video conference, email etc.
   
   C. All outreach style events shifted to a virtual environment to include monthly Town Hall style events with each month highlighting a different program or provider.
   
   D. Each of the five congressional district offices is embedded within a “host” agency and subject to re-opening based on the additional guidance of the host agency.
   
   E. OA&A staff will hold office hours/town hall style meetings in open space as necessary.
   
   F. OA&A/DVA stand ready to adjust to the host agency’s requirements for a successful reopen.
G. Cemetery operations at CT State Veterans Cemetery continued throughout pandemic both on the admin side (scheduling, processing) as well as funeral services.

i. Military Honors was temporarily suspended at the start of the pandemic (Per Secretary of Defense) but resumed a few weeks later and has continued without interruption.

ii. A portable toilet was placed at the cemetery for the first few weeks of the pandemic due to the limited DVA staff and not having the ability to thoroughly clean the public restroom attached the outside of the admin building.
I. Report of any shortages and breakages of equipment and supplies:

Refurbished laptop that was received in prior year had to be replaced with new due to failure.

II. Major COVID-19 related actions taken:

Individual volunteers continue to be prohibited from working indoors within the HCC. Various volunteers have returned on a limited basis (holiday preparation, outdoor gardening). Large groups are allowed back, however have not yet scheduled their “Days of Giving” due to the mandates within their own organizations.

Will continue to monitor State mandates.
Date: 05/23/2021

Department: Operations, Planning, and IT Branch

Subject: Emergency Preparedness Program and Plan, Recovery Phase-Report of supplies and equipment and major actions taken

Author: Joseph D. Danao II, Director of Planning and Operations

I. Report of any shortages and breakages of equipment and supplies:

The Operations, Planning and IT Branch has had no supply issues with PPE or needed cleaning and sanitizing materials.

II. Major Covid-19 related actions taken:

The Operations Branch:

A. Continued to schedule and facilitate the regular COVID-19 Mitigation and Operations Huddle, which was held daily during the onset of the pandemic, then moved to three days a week, then two days a week, and in the next phase, one day a week. This meeting is held on the Teams platform and regularly attended by 20 to 25 staff members. Staff attending include all agency leadership, special staff to the Commissioner, branch managers and any staff wishing to attend. Each branch manager gives a report on their function area. In addition to these reports, the Commissioner receives a mandatory report from the Veteran Outpatient Clinic, Recreation Workgroup, and Infectious Disease Control. Since the beginning of the planning phase in February 2020 of the Emergency Preparedness Program and Plan in response to COVID-19, the Conn. DVA has held more than 120 huddles. This huddle has provided critical information across staff levels regarding updates from the World Health Organization, Centers of Disease Control, Centers for Medicare & Medicaid Services, Federal VA, State DPH, DEMHS, and Governor’s Office via Executive Orders. This huddle fulfills its purpose of maintaining Common Operating Picture and Situational Awareness across all levels of staff using the National Incident Management System model has saved lives throughout the Execution Phases of the COVID-19 operation.

B. Continued to maintain situational awareness and common operating picture (SA/COP) for all staff members, branch managers, and special staff as necessary. SA/COP was maintained by “walking and talking” around as appropriate and when allowed given COVID-19 restrictions. During the execution phase, attended the Personnel Status Meetings (PERSTAT) with Commissioner Saadi, Residential and Healthcare Center Directors. PERSTATS tracked on a daily basis accountability for resident and patient
medical status when related to COVID-19 or when evacuated off campus for medical or personal reasons. PERSTATs covered the status of vaccinations, test kit counts, and staff COVID-19 positive results and related return-to-work status.

C. Worked the operational environment on behalf of the Commissioner during his periods of unavailability due to schedule conflicts. All meetings were conducted as scheduled and the compilation of data was accurate and reliable.

D. Maintained communications flow with branch managers and property lease holders throughout the last phase. Answering inquiries to facility status and processing Facility Use Requests.

E. Directly supported personnel in the Facilities Branch, IT, and Planning.

F. Maintained critical liaison with federal, state, and local agencies nearly 24/7 to ensure the most updated information related to the COVID-19 pandemic was available and guidance followed at the DVA. Monitored social media contacts and attended more than three trainings a week to also ensure the most updated information was available for the Commissioner’s decision making.

Planning Branch:

A. The Planning Branch continued to plan and execute multiple projects simultaneously directly related to COVID-19 and the Environment of Care for Veteran Residents.

B. Completed A-Wing renovation to establish a compliant Quarantine and Isolation Wing for those awaiting COVID-19 test results, symptomatic residents, or testing positive for COVID-19.

C. Completed the D-Wing renovation to establish semi-private living spaces for residents who previously could have been housed up to four in a room without a divider and now two to a room with a T wall divider. This configuration establishes social distancing in the bed environment, a deep cleaned/painted space and improved ventilation.

D. Quality of Life Upgrades to the common areas of the residential living spaces. These upgrades included painting and deep cleaning in accordance with CDC recommendations for COVID-19 mitigation.

E. Assisted in planning five ribbon cutting events for facility projects completed during the COVID-19 Pandemic.

Information Technology:

A. During this phase of the COVID-19 response, the IT team continued to respond to multiple requests for services from staff members and residents.

B. Continued to support Telehealth IT requirements for residents.

C. Continued to refresh IT desktop equipment for all staff members.
D. Began work on a WiFi platform upgrade to increase signal strength and reach.

E. Posted numerous updates to the Connecticut DVA Website in a designated special area to keep Veterans, Staff and their families informed on COVID-19 status at the DVA, https://portal.ct.gov/DVA/Pages/DVA-COVID-19-Updates
Date: May 20, 2021

Department: Fiscal Services


Author: Briana Mitchell, Fiscal Administrative Manager (FAM1)

I. Report of any shortages and breakages of equipment and supplies:
   Lower levels of large and extra-large gloves due to difficulty in obtaining from suppliers.

II. Major COVID-19 related actions taken:
   A. The Fiscal Department was proactive in the planning and execution of fiscal operations during the COVID-19 health crisis. Warehouse and mailroom staff remained at essential status to ensure continuity of supplies distribution.
   
   B. Fiscal administrative staff works remotely and in the office to conduct a combination of various complex and voluminous fiscal administrative functions.
   
   C. The supply and inventory levels of personal protective equipment (PPE) have been monitored on a daily basis with coordinated efforts between facilities, central supply room, and fiscal supervisor.
   
   D. Fiscal administrative staff works with all departments for tracking of all COVID-19 related expenditures, which include overtime, PPE, cleaning supplies, and supplemental staffing needs.
   
   E. As the Fiscal Department moves toward the next recovery phase, all fiscal administrative staff are rotating work in the office for a minimum of 50% coverage (or more) as business needs require. All staff are required to wear masks while interacting or co-occupying office space with other staff.
   
   F. Fiscal procurement is working to maintain 60-90-day PPE supply to avoid shortages.
Date: May 10, 2021

Department: Food and Nutrition Services


Author: Paul Lapierre, Manager

I. Report of any shortages and breakages of equipment and supplies:

   A. No shortages or breakages in Food Services equipment or supplies during COVID-19.

   B. Supplies needed for facilitating meal service to the Health care Center and Residential Facility have been available and substitutions offered when original items have been shorted by vendors.

II. Major COVID-19 related actions taken:

   • Social Distancing meal service guidelines.
     ○ Table arrangements
     ○ Floor signs posted
     ○ One person at a time through the serving line
   • Meal distribution plan created.
   • Self-service salad bar was closed.
   • No buffet style meal service.
   • Condiment PCs are being used.
   • No reusable food and drink containers.
   • Breads, muffins and pastries and other similar items pre-wrapped.
   • No meal selections or services eliminated.
   • COVID-19 Isolation Unit delivery plan.
   • Employee schedule adjustment to three 12.5 hour shifts.
Date: May 17, 2021

Department: Healthcare Center


Author: Laura L. Nelson, Healthcare Center Administrator

I. Report of any shortages and breakages of equipment and supplies:

The HCC did not experience any shortages or breakages of equipment or supplies. Throughout the pandemic and currently there is ample PPE and medical supplies to meet the healthcare needs of the Veteran Patients.

II. Major COVID-19 related actions taken:

A. Veteran Patient Related:

- 81 of 82 Veteran patients received the COVID-19 vaccine.
- Point prevalence testing conducted per protocol during outbreak mode.
- Other testing performed when a patient exhibits signs or symptoms of COVID-19.
- Daily screenings of every patient conducted.
- Antigen testing supplementing PCR testing.
- Reduced smoking from six times per day to two per day.
- Expanded contact tracing to include security interview.
- Enhanced infection control protocols and monitoring (shift coaches appointed 24/7).
- Building secured to prohibit uncontrolled entry.
- Room service in lieu of communal dining maintained.
- COVID-19 Isolation Unit stocked and available.
- Medical Director consulted for all COVID-19 draft policy matters.
- Veteran Patients maintain masking (if able).
- Daily HCC huddles Monday through Friday with weekend oversight by Director of Nurses and Administrator.
- Interdisciplinary team care conferences conducted remotely.
- All medical appointments resumed with strict adherence to infection control best practices.
- Telemedicine remains in place.
- Telephonic support groups in place for identified Veterans.
B. Visitation/Communication:

- Supportive 1:1 visits maintained for those Veterans identified as benefitting from private meetings
- Digital visits expanded.
- Cells phones purchased and made available for Veteran use.
- Compassionate care visits ongoing for end-of-life Veterans.
- Indoor visits resumed by appointment and with supervision when necessary.
- Outdoor visits continue (preferred visitation method for in-person visits).
- Monthly newsletter to Veterans.
- Promoted DVA information by sharing Commissioner’s updates.
- Maintained family/visitor confidence by making routine additional phone calls from the Social Workers.
- Expanded outdoor visitation sites established.

C. Physical Medicine and Rehabilitation and Recreation Adjustments:

- Group therapy sessions converted to single patient sessions.
- Maximum of three Veteran patients in the gym, socially distanced and masked.
- COVID-19 patients seen in their rooms for infection control purposes.
- One recreation professional per unit (designated).
- Individual and small group activities on the units, no large group events.
- Digital live entertainment available (very well received by Veterans).
- Volunteers re-introduced for outdoor small group events.
- Special programs adapted for Veterans (pizza party, Memorial Service, Quilts of Valor).
- 1:1 visits.
- Virtual music therapy.
- Virtual pet therapy.
- Transitioned from in-person volunteers to 1:1 phone calls from volunteers to Veterans.
- “Daily Bread” readings for spiritual support.
- Horticultural expansion programming.
- Enhanced outdoor recreation space.
- Planters on each patio for Veteran enjoyment (Veteran selected and planted).
- Tai Chi and exercise program to program health and wellbeing.
- Sensory outdoor visits.

D. Cardiopulmonary Department:

- All previous COVID-19 protocols remain in place including:
  - Discontinued aerosol respiratory treatments of treatments to COVID-19 positive patients.
  - Revised policies on Cpap and Bipap for COVID-19 positive patients.
  - Respiratory treatments were converted to meter dosed inhaler (MDI) when possible.
  - All respiratory staff wear N95 masks during treatment for all patients.
  - Dedicated therapists when possible.
E. Personnel Related Matters:

- 64% of HCC staff are vaccinated against COVID-19.
- Continued education and opportunities for unvaccinated staff.
- Screening at the start of each shift in place.
- Weekly testing for COVID-19.
- Daily HCC operational huddles.
- Expanded and enhanced infection control protocols and surveillance.
- Shift coaches implemented.
- N95 fit testing renewed.
- Plexiglass barriers in place in identified areas.
- Veteran Vocational & Therapeutic Program (VVTP) participants suspended.
- PERSTAT meetings as scheduled by the DVA Commissioner.
- COVID-19 huddles as scheduled by the DVA Commissioner.
- Staff education ongoing.
- Increased CDC/DPH signage throughout the building.

F. Veteran Outpatient Clinic (VOC):

- Dedicated staff.
- Proper distancing in waiting area (corridor and waiting room).
- Increased cleaning.
- “Clean-cup, dirty-cup” for pens in reception area.
- Weekly campus huddles/meetings.
- Enhanced communication with CSR and Infection Control Director.
- Monthly wellness checks.
- Monthly Point Prevalence testing.
- 2X monthly testing for VVTP workers.
- Contract tracing when indicated.
- Masking always.
- Continued availability with the WHVA for testing.
- B-Wing dayroom identified area for testing.
- Vaccinations to all VVTP workers.
- 99% of Residential Facility (RF) Veterans vaccinated.
- Ongoing support for healthcare needs.
- APRN support available to all RF Veterans Monday through Friday 7 am-3 pm.
Date: 5/18/2021

Department: Legal


Author: Jane A. Siegel, Staff Attorney

I. Report of any shortages and breakages of equipment and supplies:

None.

II. Major COVID-19 related actions taken:

Review federal, state, and local guidance and directives, draft mitigation protocols, procedures, screening forms, etc.
I. Report of any shortages and breakages of equipment and supplies:

A. The Facilities Management Branch has had no supply issues with PPE or needed cleaning and sanitizing materials.

B. During the COVID-19 pandemic second wave, this branch received four (Temporary) custodian positions as of 1-29-2021. As of December 2020, one Skilled Maintainer had been out on worker’s compensation from the physical plant. One custodian has been out on worker’s compensation since fall of 2019, one lead custodian retired on February 1, 2021, and a custodian transferred to another state department on February 26, 2021. All Building Services VVTP participants were stationed to work in the Residential Facility which also reduced the number of cleaning hours in the HCC. Overtime is used to cover gaps as even with 3 additional (Temp) custodians, the number of hours worked in the HCC are down.

C. The CT DVA purchased two used nine-ton dump trucks from DOT in 2020. Both trucks have failed in 2021 and are not worth repairing. These were used for snow removal, and we are now down these two trucks plus our box truck.

D. One walk-behind floor washing and scrubbing machine has failed and is not worth fixing.

E. Boilers #2 and #3 were condemned in 2020 and both have been abated and removed.

II. Major COVID-19 related actions taken:

A. All Physical Plant and Building Services personnel under the PFE1 were deemed essential and required to report to work. This has remained the same.

B. Facilities Management Branch employees were asked to volunteer for overtime assignments. This included isolation area setup, twice daily wipe downs and sanitizing, COVID-19 Isolation Unit cleaning and sanitizing in both the Residential Facility and HCC. Completing these tasks with the required and provided PPE. This was adjusted as
needed during the second wave by monitoring COVID-19 testing results, known positive notifications and contact tracing. Overtime was conducted and coded per agency guidelines.

C. Physical Plant and custodial employees were instructed to self-screen before reporting to work and follow all screening requirements on DVA properties as directed. This has remained the same.

D. Physical Plant and custodial employees were fit tested for N95 masks.

E. Transportation drivers conducted shopping trips first utilizing vans and then buses as restrictions eased. Masking and distancing rules followed. Sanitizing buses and vans between trips and at end of shifts. This remained the same.

F. Transportation drivers began regular routes as restrictions were eased. Trips and special outings are beginning to be planned.

G. A 20-foot storage container was put in place of an outdoor tent. Heading into winter a tent would not support snow weight and high winds. Container was removed May 2021.

H. PFE-1, BS-2 were on mitigation calls. Listening and participating in the reports daily then three days a week. Supervisors passed info down to employees for safety and new guidelines learned through meetings. This remained the same, and we are now down to one meeting per week.

I. HCC custodial employees were kept at the HCC and were not assigned between other buildings. This was to avoid the possibility of cross contamination between our two living areas. This has remained the same.

J. During mitigation reports, the use of work orders was stressed for special cleanings and all other repairs needed. Work orders were prioritized and assigned with safety and following directives and orders for our Campus. This has remained the same.

K. The custodian in the Residential Facility is cleaning the VOC, Building 2 security area, House 10, Building 50 and overseeing VVTP workers in the Residential Facility under the BS-2. This has remained the same with one (Temp) custodian to assist, who was added on January 29, 2021. This temporary custodian also assists the maintainers with other efforts.

L. Physical Plant and Building Services employees are responding to COVID-19 and non-COVID-19 emergencies 24 hours a day. This has remained the same.

M. Physical Plant employees working to get materials and build out an isolation area in our A-Wing of the Residential Facility. This was completed in December 2020.

N. BS-2 scheduled a flooring project in B-Upper of the HCC while our HCC isolation area was vacant and safe to work in. B-Upper nurse station floor was completed with vinyl plank flooring.

O. Physical Plant and Building Services were notified of available COVID-19 testing at the New Haven CVS site. Per DPH guidelines testing began weekly at the DVA campus and is ongoing.
P. Facilities Management Branch is working with the Fiscal Department on COVID-19 purchasing related to the virus. Hours of overtime are being coded for COVID-19 and our branch is working with the Payroll Department for reported hours and forwarding them to the Fiscal Department. This is ongoing at this time.

Q. The physical Plant is working with the ADA contractors to keep the project on schedule. Working together the contractors are notified and updated on COVID-19 requirements and directives being followed on the DVA Campus. Project was completed in April 2021.

R. Completed D-Wing renovation, converting the rooms in the wing to semi-private living quarters. Completed December 2020. This reduced room and wing populations to mitigate possible spread or outbreaks of COVID-19.

S. Completed H-Wing renovation, converting the rooms in the wing to semi-private living quarters. Completed May 2021. This continues to reduce room and wing occupation.

T. HCC ERUs have had major repairs since the fall of 2020. These units are a critical need for fresh air in the Healthcare center.

U. HCC and Residential Facility air handler filter changes are ongoing. Multiple filter change materials have already been purchased.

V. PPE storage areas are in place and monitored for security.

W. Staff worked to install plexiglass where requested, and some areas purchased premade dividers.
I. Report of any shortages and breakages of equipment and supplies:

A. DVA Residential Facility did not experience any significant shortages or breakages of equipment or supplies. PPE was plentiful for residents and staff. Staff workstations were improved by placing rolling plexiglass as safety barriers; for some staff plexiglass was hung from the ceiling.

B. Recommendation made to look at the ventilation systems that were installed in A-Wing (designated Isolation Wing). The systems make a significant amount of noise. Suggestion made to see if there is a way to improve ventilation in windows of the buses also.

II. Major COVID-19 related actions taken:

A. There was no significant interruption to the services provided to our Veteran Residents overall. We were able to continue admissions to the facility throughout the second wave. Social Work staff provided ongoing support via phone, in conference room, and office following proper precautionary measures. Able to provide the necessary ongoing social work support to residents that included successful discharges.

B. Vocational Services support was provided without interruption. Residents were provided the ongoing services to meet as needed. Technology improvements have supported needs of the Staff and Veterans. Improvement of the virtual options as well as services.

C. ITP resident participation increased (good engagement with residents with their care plans) provided via Teams; resident’s adaptability to virtual platforms was very good.

D. Telehealth was very positive and residents very adaptive to this available service.

E. Adjustments made to recreational programming such as adapted paper bingo.
F. Wearing of masks was a challenge at times; needed constant reminders. Reminders to keep the physical space and distancing. Much support provided for independent leisure activities and materials.

G. A-Wing Isolation Unit was completed in December 2020, adding more spacing in D-Wing for residents. Policy and protocols were modified throughout based on DPH and CDC guidelines.

H. ADA work was completed in March 2021.

I. CAN provided great support throughout until April 2021

J. VVTP support to the Facility.

K. National Guard support very helpful with daily resident screening.

L. Point Prevalence Testing for residents very positive and residents very cooperative.

M. Ongoing testing of staff every Thursday helpful and positive.

N. Communication with staff overall positive. SW staff felt left out of the daily communication spreadsheet of the isolation wing.

O. Staff and majority of residents were vaccinated by end of January 2021.

P. Recommendation for special compensation for direct hero care.
Date: 5/5/2021

Department: Department of Safety and Security


Author: Stephen Scatena, Director

I. Report of any shortages and breakages of equipment and supplies:

Security did not experience any shortages or breakages of equipment. Security maintained adequate supply of PPE and equipment throughout the COVID-19 pandemic.

II. Major COVID-19 related actions taken:

A. Security has made dozens of supply runs throughout campus bringing items from CSR to the VOC, Residential, and other areas.

B. Contact tracing conducted of employees who tested COVID-19 positive or presumptive positive. Total of 53 completed.

C. Performed frequent rounds of Building 5 CSR supply area where most DVA PPE and HCC supplies are located. More locks and security patrols are implemented to ensure safety of these items.

D. Two internal agency investigations have been performed into any alleged misuse or reported violations of PPE by staff.

E. Seven Standard investigations have been performed into any residential PPE violation.

F. Officers have responded to 39 COVID-19 related medical calls for service.

G. Officers assisted in taking temperatures for self-screening prior to the beginning of their shifts.

H. Security Team attended weekly COVID-19 Mitigation Teams and Operation Huddles with other DVA departments; Two to three times per week, 0930 hours to 1000 hours.

I. Security patrol vehicles cleaned by officers daily.
J. Security Gatehouse cleaned by officers and custodians daily.
K. Ensured Gatehouse Officers are stocked and provided with necessary PPE to continue daily operations.

L. Gatehouse Officers have performed daily pre-screenings for all drivers and passengers of vehicles that fit the criteria (anyone who isn’t a staff or resident).

M. Conferred with RHPD & RHFD for COVID-19 Medical Responses from Rocky Hill Volunteer Ambulance & Aetna Ambulances.

N. Officers and security staff have been tested for COVID-19 on a weekly basis.
Dear fellow state employees:

Thank you for everything you have done throughout this last year to ensure that the state has been able to continue providing services to Connecticut residents and businesses throughout the pandemic. The past 15 months have tested our state in ways we never could have imagined, but your dedication has helped Connecticut mount one of the most comprehensive and effective responses in the nation to the risks and impacts of COVID-19.

Fortunately, our efforts are helping us prevail against this virus, with rapidly declining cases and hospitalizations and the highest percentage of the eligible population fully vaccinated in the nation. As a result, next week on May 19 all remaining business restrictions will be lifted, with the exception of the requirement to wear a mask indoors. In line with businesses across the state, it is time for us to plan for our new normal working environment. There are two key dates coming up:

- **June 1**: By June 1, all customer facing services will have resumed “normal business operations.” This means that those agencies that traditionally provide in-person services will do so in the same way they did prior to the pandemic, with the exception of wearing face coverings where required and limiting crowds in waiting areas. These agencies should also continue to utilize new approaches that proved effective and popular during the pandemic, such as enabling residents to make appointments in advance. Most of our customer-facing offices have already been open for months and have received a lot of great feedback on new online services and appointment strategies that have helped cut down on lines and waits, so this should bring minimal changes in most cases.

- **July 1**: By July 1, we will continue with the pre-COVID-19 interim telework guidelines, which allows eligible employees, in the covered bargaining units and others including managers, to work from home up to 50% of the time with manager approval. Agency heads will work to stagger teleworking schedules to keep the number of people in the office reduced to support distancing, but with low levels of community spread and use of masks in common areas or where distancing is not possible, we are confident it is safe to return to the office. As we move forward, the state will continue discussions with the unions in an effort to finalize the telework guidelines that contemplates the considerable experience gained during this challenging period.
We know that you’ll have questions, and we’re working closely with each agency’s leadership to ensure that policies are in place to keep state employees safe and healthy.

I’m sure some people will receive this news with some concern after more than a year of working from home and taking extreme precautions to keep ourselves and our families safe. I can assure you that there is nothing more effective for building confidence than getting vaccinated, as all three of the authorized vaccines have proven remarkably safe and effective at preventing COVID infection and illness. If you still need your vaccine or are looking for the latest information about the COVID-19 vaccine in Connecticut, please visit ct.gov/covidvaccine.

It was important to me to share these dates with you now so that you have time to prepare and can make any arrangements necessary to be back at the office with your colleagues as Connecticut gets back to business.

Thank you again for all that you do, and I look forward to seeing you back in the office soon.

Sincerely,

Ned Lamont
Governor
Dear DVA Team:

Thank you for your continued hard work in support of our Veterans at our Rocky Hill Campus and across the State.

I fully support Governor Lamont’s directives regarding normalization of customer facing operations and telework guidelines in light of the great progress CT has made in battling the COVID-19 pandemic. Also know that I certainly realize that most of you have been engaged in your customer facing regular operations throughout the pandemic as we are among a few agencies engaged in a 24/7 provision of direct care services. As such, the June and July dates regarding customer facing operations and telework guidelines impact a small number of DVA staff. As the DVA has maintained a high level of operational access by the public to programs and services, these changes will minimally impact our overall operations as the DVA is already open for visitors, various volunteer and tenant organizational operations on Campus, except within limited areas based on DPH and other regulatory directives.

I have informed managers who have staff which are impacted by the June 1st changes that the DVA will fully implement Governor Lamont’s directives for normalization of all public facing customer services. With regards to teleworking, the majority of DVA staff within that category are already working in the office more than 50% of the time, with that percentage increasing consistent with public health guidelines.

Please note that the new CDC guidelines regarding face masks do not change any DVA COVID-19 mitigation protocols. All masking requirements remain in place in all buildings by all persons (vaccinated or unvaccinated) at the DVA until further notice pursuant to nursing home, congregate living and healthcare facility regulations and rules at the state and federal levels. That said, there will be adjustments to the DVA protocols forthcoming in the next several weeks.

Finally, I strongly encourage all staff members who have not been vaccinated to get vaccinated as soon as possible. Being vaccinated increases your safety, that of your family and of course, the safety of the Veterans for whom we care.
Keep up the great work!

Thank you,
Thomas J. Saadi, Esq.
Commissioner (MAJ, JA, USAR)
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