



STATE OF CONNECTICUT
DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF THE COMMISSIONER
287 West Street
Rocky Hill, Connecticut 06067



HEALTH AND SAFETY PROTOCOLS TO
MITIGATE RISK OF EXPOSURE TO COVID-19

UPDATED: MAY 25, 2023

EFFECTIVE DATE: MAY 25, 2023

In response to the COVID-19 health pandemic and pursuant to Regulations of Connecticut State Agencies Section 27-1021(d)-151, the Connecticut Department of Veterans Affairs (DVA) initiated in early March 2020, a broad range of COVID-19 mitigation protocols to mitigate the risk of exposure of Veterans and Staff to COVID-19. These protocols have been aggregated into an omnibus protocol that has been continually modified and updated based on the contemporaneous public health circumstances and consistent with directives and guidance from the Centers for Medicare & Medicaid Services (CMS), State of Connecticut Department of Public Health (DPH), Office of the Governor, Centers for Disease Control (CDC) and the Federal VA (collectively referred to as “Governing Authorities”).

Following the end of the Federal and State Declaration of Public Emergency on May 11, 2023, these protocols are being further modified and updated herein to re-implement more pre-pandemic operations and procedures. The following updated protocols are being issued as ongoing regular DVA policies and procedures as infection prevention and control measures to continue to mitigate the risk of exposure to COVID-19, and only those protocols listed herein will remain a part of DVA regular operations going forward.

UNLESS SPECIFICALLY MODIFIED HEREIN, ALL PRE-PANDEMIC OR CURRENT POLICIES AND PROCEDURES ARE IN FULL FORCE AND EFFECT.

The following protocols and appendices are effective as of the above date are being issued in lieu of and replace all prior versions

I. HEALTHCARE CENTER (HCC)

A. TRAVEL FOR HCC PATIENTS

1. All Veteran Patients returning from travel, whether approved leisure travel or for medical appointments, are subject to a risk assessment upon return.
2. All Veteran Patients returning from travel shall follow the current COVID-19 protocols for protective isolation and testing at the time of their return.

B. HCC VISITATION FOR VETERAN PATIENTS

1. All visits with Veteran Patients will be conducted in accordance with CMS and DPH guidance and directives and follow a patient-centered approach. The HCC has established safe visitation procedures, which may be updated from time to time, and are attached hereto to these protocols as Appendix E.
2. All visitors are required to follow the procedures in these protocols. Any visitor who refuses to comply with these procedures will have the visit terminated and will be ordered to leave the DVA Campus.

C. ADMISSIONS TO HCC AND TOURS

1. All new admissions require a negative COVID-19 test completed 24-48 hours prior to admission and are subject to the isolation and testing protocol in place at the time of admission.
2. As a member of the admissions committee, the Infection Control Nurse shall monitor the status of communicable infections, including COVID-19, to determine best placement, including the need for isolation and/or cohorting of patients
3. Individuals requesting tours of the HCC will follow all current visitor requirements including masking and COVID-19 screening if indicated. All tours must be scheduled in advance with the Director of Admissions. No “walk-in” tours are permitted.

D. COVID-19 AND INFECTIOUS DISEASE ISOLATION AND RECOVERY PROCEDURES

1. The HCC medical staff has established isolation and recovery procedures pursuant with CDC, CMS and State DPH guidance for Veteran Patients.
2. HCC COVID-19 and Infectious Disease Isolation and Recovery Procedures, which may be updated from time to time, are attached hereto as an appendix to these protocols as Appendix C.

E. COMMUNAL DINING AND RECREATIONAL ACTIVITIES

1. Masking may be required as recommended by the Infection Control Committee. Based on specific circumstances for indoor communal dining and group activities.
2. All core principles of COVID-19 infection control will be practiced and CMS guidance and directives for masks and social distancing for communal dining and group activities will be followed.

II. RESIDENTIAL PROGRAMS AND SERVICES

A. VETERAN RESIDENT TRAVEL AND SCREENING

1. All Veteran Residents returning from off-Campus travel are subject to screening for COVID-19 if clinically indicated. Based on screening and risk assessment, Veteran Residents may be directed to test and/or isolate, which may include self-isolation or placement in the Isolation Unit, if clinically indicated. All Veteran Residents returning from travel must continue to self-monitor for signs and symptoms of COVID-19 and report any changes to the VOC.
2. While off Campus, Veteran Residents are to follow all current CDC recommendations for hygiene and everyday preventative actions where applicable. When at community events, Veteran Residents must comply with the hosting facility's COVID-19 protocols if applicable.
3. Veteran Residents are to receive ongoing education by the DVA Residential Staff on best practices and following the COVID-19 mitigation directives and guidance from federal and state authorities as appropriate.

B. COVID-19 AND INFECTIOUS DISEASE ISOLATION AND RECOVERY UNIT

1. The DVA established a COVID-19 and Infectious Disease Isolation and Recovery Unit (Isolation Unit) in the Residential Facility in 2020. This Isolation Unit includes a self-contained HVAC system and lavatory. The Isolation Unit is for those Veteran Residents identified by the VOC or otherwise clinically indicated pursuant to Residential Isolation Procedures as requiring isolation. DVA clinical staff will take appropriate measures regarding referral for hospitalization if necessary.
2. Residential Isolation Procedures, which may be updated from time to time, are attached hereto as an appendix to these protocols as Appendix A.

C. ADMISSIONS TO RESIDENTIAL FACILITY

1. All new admissions are required to have a negative COVID-19 test within 48 hours prior to the date of admission. Exceptions may be made on a case-by-case basis for those new admissions with extenuating circumstances and are unable to provide proof of a negative test within the required timeframe. All such exceptions are subject to approval by the Commissioner.
2. New admissions are subject to COVID-19 testing and protective isolation pursuant to Residential Isolation Procedures (Appendix A).

III. MEAL SERVICE IN MAIN DINING ROOM (MDR)

- A. Throughout the pandemic, DVA Food Services, in coordination with Residential Programs and Services, have implemented procedures in the Main Dining Room to mitigate the spread of COVID-19, which are subject to change based on current COVID-19 circumstances as directed by the Commissioner.

- B. These procedures, which may be updated from time to time, are attached hereto as an appendix to these protocols as Appendix B.

IV. VISITORS TO CAMPUS

- A. The DVA Campus is open to visitors, however, visitors are subject to requirements that are in place at the time of their visit on Campus, which may be dependent on the function area.
- B. Visitors are asked to reschedule their visit to the DVA Campus if they are sick, have been exposed to COVID-19 or other infectious diseases, or have any signs or symptoms of COVID-19.
- C. All volunteers and interns must follow all applicable COVID-19 mitigation protocols and requirements in place at the time of their participation while on the DVA Campus, which is specific to the function area.

V. FACE MASKS AND HYGIENE

A. MASKS ON CAMPUS

- 1. Masks are not required on the DVA Campus except as may be required in the HCC and the Veteran Outpatient Clinic (VOC) pursuant to CMS, DPH and CDC guidance and recommendations, which requirements may be dependent upon current infection status.
- 2. HCC and VOC source control/masking requirements are attached hereto as Appendix H.
- 3. Individuals are required to follow CDC recommendations for the wearing of masks around others following an exposure or confirmed positive case of COVID-19.

B. OTHER HYGIENIC MEASURES

- 1. The DVA has instructed all Veteran Residents, Patients and Staff to follow all applicable updated CDC and CT DPH guidance to help prevent the spread of COVID-19. The information is regularly disseminated to Veterans and Staff and is posted around Campus as appropriate.
- 2. The DVA Staff will continue to utilize appropriate levels of PPE in accordance with the latest guidance and directives and best practices taking into account all pertinent circumstances.

VI. SCREENING AND TESTING OF VETERAN RESIDENTS, PATIENTS AND STAFF

A. SCREENING OF STAFF:

- 1. All HCC Staff shall follow all CMS and DPH guidance for screening of skilled-nursing facility staff. This includes staff who are from different function areas but assigned to work in the HCC. The HCC screening procedures, which may be updated from time to time, are attached hereto as an appendix to these protocols as Appendix D.

2. Prior to their shifts, all other DVA Staff are required to self-monitor for any signs or symptoms of COVID-19. Staff must immediately report any signs or symptoms to a supervisor.
3. All Staff may be subject to additional screening procedures, which may include the reimplementation of screening forms when directed by the Commissioner. All staff may also be subject to additional screening when clinically indicated based on the individual's particular circumstances or as directed by the Commissioner based on current COVID-19 circumstances.

B. SCREENING OF VETERANS

1. Residential VVTP are required to self-monitor for any signs or symptoms of COVID-19. VVTP Participants must immediately report any signs or symptoms to Residential Staff.
2. All Veteran Patients at the HCC are subject to screening and testing in accordance with CMS and DPH guidance or at the recommendation of their physician or Infection Control Committee.
3. All Veteran Residents shall be screened at the direction of the Commissioner by a HCP for symptoms and risk factors for COVID-19, contacts directly and indirectly with PUIs, and body temperature check. These screenings may be done as part of a wellness screening procedure of Veteran Residents as directed by the Commissioner.
4. All Veteran Residents are subject to additional screening by Residential Staff or a HCP on a case-by-case basis in accordance with Federal and State guidance and directives, which shall include a full screening with body temperature check.
5. All Veteran Residents and Patients showing signs or risk factors for COVID-19 will be tested in accordance with CDC and State DPH guidance and are subject to isolation as deemed appropriate based on testing and best practices in accordance with isolation procedures.

C. COVID-19 TESTING OF VETERANS AND STAFF

1. All Veteran Residents, Veteran Patients and Staff are subject to COVID-19 testing as clinically indicated based on a focused-testing approach in lieu of broad-based testing as consistent with CMS and DPH and other federal and state clinical guidance. Additional testing may be required based on the individual's particular circumstances or as further directed by the Commissioner or HCC Administration based on current COVID-19 circumstances.
2. DVA Staff who refuse a clinically indicated COVID-19 test or as otherwise required in the DVA-issued COVID-19 Return to Work Memoranda or as directed by the Commissioner or HCC Administration will be placed on unpaid leave until such time the employee is cleared to return to work pursuant to Office of Policy and Management Memorandum dated June 18, 2020, regarding Mandatory COVID-19 Testing.

3. HCC has implemented additional procedures for HCC Staff and Veteran Patients who may refuse testing, which procedures, which may be updated from time to time, are attached hereto as an appendix to these protocols as Appendix G.
4. Refusal of testing by Veteran Residents is a major disciplinary violation and grounds for imposition of discipline up to and including involuntary discharge from the DVA Residential Program. If the Veteran Resident presents a health or safety risk to others, the involuntary discharge may result in the immediate removal without a pre-removal appeal and will result in notification to State health officials of the Veteran Resident's departure from the DVA Campus.

D. CONTACT TRACING

1. The DVA has implemented and updates as necessary internal procedures, based on Federal and State guidance and directives to conduct contact tracing to the greatest extent possible.
2. All staff shall follow CDC and State DPH guidance related to responding to suspected cases and confirmed cases of COVID-19.

VII. APPENDICES TO PROTOCOLS

- A. Divisions within the DVA shall develop, as appropriate, written procedures to implement and support the Health and Safety Protocols to Mitigate Risk of Exposure to COVID-19. These procedures shall be issued as appendices to these protocols and are incorporated herein by reference.
- B. Any such procedure may be updated separately without issuing an update to these protocols in order to allow flexibility and timely adjustments at the operational level.

VIII. ENFORCEMENT

- A. Pursuant to DVA Regulations Sections 27-1021(d)-52 and 204, any violation of these protocols by a Veteran Resident or Veteran Patient determined by the Commissioner to constitute an increased health or safety threat or danger or which unreasonably interferes with the implementation of these COVID-19 mitigation measures shall be subject to disciplinary proceedings up to and including involuntary discharge. If the violation constitutes an ongoing danger to health or safety, the Commissioner may waive the formal appeal process if supported by a good faith articulation.

IX. PROTOCOLS TO REMAIN IN EFFECT GOING FORWARD

- A. These COVID-19 mitigation protocols are infection control and preventative measures and will remain in effect as a part of DVA regular operations going forward.
- B. These protocols are subject to ongoing review and may be updated consistent with further directives and guidance from Federal, State and healthcare officials and clinical best practices.

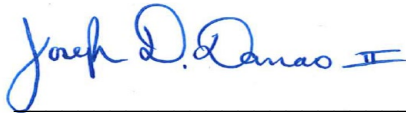
C. These protocols may be subject to temporary modifications by directive of the Commissioner based on current COVID-19 circumstances. Such directives will be distributed electronically and may also be posted around Campus or delivered via hard copy as deemed appropriate.

X. SEVERABILITY

A. The provisions of these protocols are severable and shall not affect the validity or enforceability of other provisions herein.

B. If any provision or portion thereof within these protocols is found to be invalid or unenforceable, then all remaining provisions shall remain in full force and effect.

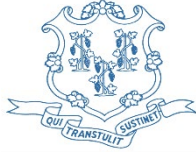
Issued:



Joseph D. Danao II
Acting Commissioner

May 25, 2023

Date



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**Appendices to Health and Safety Protocols
to Mitigate Risk of Exposure to COVID-19**

Appendix A: COVID-19 Residential Isolation Procedures

Appendix B: COVID-19 Main Dining Room and Meal Procedures

Appendix C: HCC COVID-19 and Infectious Disease Isolation and Recovery Procedures

Appendix D: HCC COVID-19 Screening Process for Staff

Appendix E: HCC COVID-19 Mitigation Visitation Procedures

Appendix F: HCC COVID-19 Vaccine Procedures

Appendix G: HCC COVID-19 Refusal of Testing Procedures

Appendix H: HCC and VOC Source Control/Masking Requirements



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APPENDIX A

COVID-19 RESIDENTIAL ISOLATION PROCEDURES
Update Effective: May 25, 2023

Section 1. INTRODUCTION

These updated procedures are issued to enumerate protocols for isolation of Veteran Residents who are COVID-19 positive, new admissions, those returning from treatment and admission at community-based healthcare facility, identified pursuant to contact tracing, or other circumstances deemed to increase risk of exposure to COVID-19 or otherwise clinically indicated.

Section 2. NEW ADMISSIONS

- A. All new admissions are required to have a negative PCR COVID-19 test prior to admission and are subject to additional COVID-19 testing and protective isolation, self-isolation or self-monitoring for a period of time not to exceed 10 days as clinically indicated.
- B. This may include protective insolation in the Residential Isolation unit or self-isolation or self-monitoring in their rooms as clinically indicated based on particular circumstances. However, new admissions are not automatically required to be placed in the Residential Isolation Unit or self-isolation unless clinically indicated.
- C. Any Veteran placed in the Residential Facility Isolation Unit or directed to self-isolate shall remain in such status until cleared by the VOC for release consistent with CDC and DPH guidance including negative COVID-19 testing as indicated herein.
- D. All new admissions shall be tested for COVID-19 between days three and five of residency or as close to thereafter.
- E. Veterans who are placed in the Isolation unit or self-isolation will be released from the Isolation Unit or self-isolation only if test conducted by the DVA is negative and the Veteran Resident is asymptomatic for COVID-19. If the Veteran Resident tests positive, the Veteran Resident shall remain in the Isolation Unit until cleared as enumerated in Section 4 herein.

Section 3. VETERAN RESIDENTS RETURNING TO CAMPUS FOLLOWING CARE AT A COMMUNITY-BASED HEALTHCARE FACILITY

- A. All Veteran Residents returning to Campus following receiving care at a community-based healthcare facility are required to self-monitor for any signs or symptoms of COVID-19 and report any changes to the VOC.
- B. Veteran Residents returning from receiving care at a community-based healthcare facility are not automatically required to be placed in the Residential Isolation Unit or self-isolation unless clinically indicated.

Section 4. VETERAN RESIDENTS WHO ARE COVID-19 POSITIVE OR SHOWING SIGNS AND SYMPTOMS OF COVID-19

- A. Veteran Residents showing signs and symptoms of COVID-19 shall be placed in self-isolation or appropriate zone of the Residential Facility Isolation Unit as clinically indicated for no less than five days and must remain in isolation until cleared by the VOC for release. They will be tested on day one and again on day five. Provided both tests are negative, and symptoms are improving, they may be released on day 6 if there is no fever and they are clinically cleared by the VOC.
- B. Veteran Residents who are COVID-19 positive are to remain in the Isolation Unit for no less than five and up to ten days as clinically indicated. Veteran Residents who are asymptomatic may be released on day 6 without proof of a negative test after being cleared by the VOC. Symptomatic Veteran Residents with significantly improved symptoms who are free of fever may be released on day 11 without proof of a negative test after being cleared by the VOC. (Negative COVID test is not required as said Veterans are likely to test positive even though they are no longer contagious based on CDC guidance.

Section 5. VETERAN RESIDENTS WITH CLOSE CONTACT TO SOMEONE WHO HAS TESTED POSITIVE FOR COVID-19

- A. Definition of Close Contact: “Close contact” means being within 6 feet of COVID-19 positive person for a cumulative total of 15 minutes or more over a 24-hour period, starting from 2 days before illness onset (or, for asymptomatic patients, two days prior to test specimen collection) until the time the patient is isolated.
- B. All Veteran Residents who are identified as exposed to COVID-19 with a close contact are required to take precautions and wear a high-quality well-fitting mask around others for 10 days after exposure while in the Residential Facility or other DVA building. Veteran Residents are also recommended to wear a mask around others while indoors in public for 10 days after exposure.
- C. Said Veteran Residents are required to be tested on day 1 (first full day after exposure) and again on day 6 (five full days after last exposure). If negative, Veteran is to continue to take precautions and wear a mask through 10 days after exposure. Any Veteran testing positive is required to be placed in the Residential Isolation Unit until cleared by the VOC pursuant to Section 4 herein.

Section 6. SELF-ISOLATING VETERANS

- A. Veteran Residents who are clinically indicated to require self-isolation, are subject to COVID-19 testing and protective self-isolation in their own rooms for no less than 5 days. Said Veteran Residents must remain in self-isolation in their rooms until cleared by the VOC for release.
- B. Veteran Residents who are self-isolating will be tested on day one and again between days five to seven. If both tests are negative and the Veteran Resident remains asymptomatic, the Veteran Resident may be released from self-isolation after being cleared by the VOC.
- C. Self-isolating Veteran Residents may access the MDR to obtain their meals only. They are not to stay or eat their meals in the MDR. They must get their meals and immediately return to their rooms with their meals. They may access the lavatory only on their assigned wing but may not otherwise leave their assigned rooms, absent a specific directive from the Director of Residential Programs and Services, until cleared by the VOC and released from self-isolation as indicated herein.
- D. If at any time the Veteran Resident tests positive, the Veteran Resident will be relocated to the Isolation Unit and remain there until the Veteran Resident is cleared based on negative testing enumerated in Section 4 herein.
- E. The self-isolation provisions in this section shall also apply to Veteran Residents who are not identified as close sustained contact tracers but whom, out of an abundance of caution are designated for monitoring due to moderate level contact with a COVID-19 positive person.

Section 7. VVTP PARTICIPANTS

- A. Any Veteran Resident in the Veteran Vocational Therapeutic Program (VVTP) is not permitted to participate in the VVTP assignments while in isolation.
- B. This applies to VVTP participants in self-isolation or the Isolation Unit

Section 8. OTHER ISOLATION PROCEDURES

- A. Meals, medication, and hydration are provided to Veterans in the Isolation Unit and each Veteran is regularly monitored.
- B. The DVA Facilities Staff has implemented disinfection methods and products and utilize PPE as needed for cleaning of the Isolation Unit.
- C. Those Veterans in the Isolation Unit without a mobile phone, smart device or laptop computer will be provided with a phone and smart tablet based on availability.
- D. All staff entering the COVID-19 Isolation Unit or having face-to-face interactions with Veteran Residents in isolation shall wear appropriate PPE.
- E. Any Veteran Resident in isolation requiring a higher level of care with will be discharged to an acute care facility.

Section 9. FAILURE TO FOLLOW ISOLATION PROCEDURES IS A MAJOR VIOLATION OF DVA RULES

- A. Veteran Residents may be directed by DVA Staff to self-isolate in their rooms or to isolate in the Isolation Unit according to the protocols and appendix herein and dependent upon the particular circumstances.
- B. Failure to remain in isolation as directed by DVA Staff is a major disciplinary violation and grounds for imposition of discipline up to and including involuntary discharge from the DVA Residential Program. If the Veteran Resident presents a health or safety risk to others, the involuntary discharge may result in the immediate removal without a pre-removal appeal and will result in notification to State health officials of the Veteran Resident’s departure from the DVA Campus.

Section 10. EXCEPTIONS

- A. These Residential Isolation Procedures are to be followed to reduce the risk of exposure to COVID-19 for Veteran Residents and Staff.
- B. Exceptions may not be made unless there are mitigating circumstances to support a request for an exception. In such instances, a Veteran Resident may be released from isolation prior to the expiration of the isolation period if cleared by the VOC sooner based on COVID-19 testing and clinical best practices, which exceptions are subject to the approval of the Commissioner. Furthermore, additional testing of Veteran Residents may be required based on particular circumstances.

Section 11. REVIEW AND UPDATES

These procedures are subject to continual review and updates per state and federal guidance and directives and are implemented for the health, safety and welfare of Veteran Residents and Staff.

Issued:



Lesbia Nieves
Director, Residential Programs and Services

May 25, 2023
Date

Approved:



Joseph D. Danao II, Acting Commissioner

May 25, 2023
Date



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APPENDIX B

COVID-19 MAIN DINING ROOM (MDR) AND MEAL PROCEDURES
Update Effective: May 25, 2023

Section 1. INTRODUCTION

The Director of Food and Nutrition Services has coordinated the structure the Main Dining Room setup and meal service process for Veteran Residents in compliance with DVA COVID-19 Mitigation Protocols, CDC and DPH guidance to minimize the risk of exposure to COVID-19. These procedures have been continually updated based on applicable federal and state guidance. The following procedures are currently in effect.

Section 2. MDR PHYSICAL SETUP AND PROCEDURES

A. Physical Setup:

1. As may be directed by the Commissioner based on current COVID-19 circumstances, the physical set up of the MDR may include any of the following: spacing of tables, number of chairs per table limited, physical distancing, floor markers to be followed, one Veteran allowed in meal line at a time, masking, and other applicable protocols as directed by the Commissioner.
2. Plexiglas shields shall remain in place to afford staff appropriate protection.

B. Meal Procedures:

1. The MDR will be closed for one hour after each meal service for cleaning and sanitization.
2. Veteran Residents may access the MDR for coffee and beverages in between meals provided it is not during cleaning and sanitization periods.

Section 3. SALAD BAR

- A. The MDR Salad bar is subject to temporary closure as directed by the Commissioner based on current COVID-19 or other infectious diseases circumstances. During such times, Veteran Residents will be notified, and salad will be provided in the food line.
- B. When open, the salad bar will operate in accordance with CDC and DPH guidance and recommendations for hygiene.

Section 4. MEALS FOR ISOLATION UNIT

- A. Veteran Outpatient Clinic (VOC) or Residential staff will notify Food Service staff when a Veteran Resident has been admitted into the Isolation Unit. Food Service staff will prepare meals according to VOC request as follows:
 - a. Hot Meal in a Clam Shell To-Go Container
 - b. Bagged Cold Lunch
 - c. Full Liquid Diet
- B. Meals are prepared by Food Services staff with disposable trays and packaging material. A meal cart can be used if multiple meals are to be delivered.
- C. Food Service staff will assemble the meal cart and deliver the cart to the Isolation Unit. Residential staff will distribute the meals thereafter.

Section 4. REVIEW AND UPDATES

These procedures are subject to continual review and updates per state and federal guidance and directives and are implemented for the health, safety and welfare of Veteran Residents and Staff.

Issued:



Paul Lapierre
Director of Food and Nutrition Services

May 25, 2023
Date

Approved:



Joseph D. Danao II
Acting Commissioner

May 25, 2023
Date



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APPENDIX C

HCC COVID-19 AND INFECTIOUS DISEASE ISOLATION AND RECOVERY PROCEDURES

Update Effective: May 25, 2023

1. The Healthcare Center (HCC) has established isolation procedures for Veteran Patients with a confirmed positive COVID-19 test. Confirmed positive refers to a Veteran Patient who has been confirmed via test results to be COVID-19 positive.
2. Persons under investigation (PUIs) for COVID-19 are subject to isolation until test results are available. PUI is defined as a Veteran Patient who is symptomatic following CDC guidance and direction from the attending physician or medical director and is awaiting laboratory test results.
3. Isolation and recovery shall take place on the Veteran’s current unit when possible, or in a private room on another unit if necessary
4. Designated staff assigned to COVID-19 patients shall utilize all recommended personal protective equipment (PPE). ALL required care shall be rendered to the patient as outlined in the patient’s interdisciplinary and patient centered plan of care.
5. Staff shall continue to follow established procedures for disinfecting and cleaning of the Isolation Unit and rooms of Veteran Patients who test COVID-19 positive.
6. Meals will be delivered to the Veteran Patients patient in their rooms and cleaning and disinfecting methods and products will be utilized with proper PPE as needed.
7. Any Veteran Patient requiring a higher level of care will be discharged to an acute care setting.
8. The duration of each Veteran Patient’s stay in isolation shall be reviewed on a case-by-case basis following CDC and State DPH guidance in conjunction with assessment by the attending physician or medical director.
9. These procedures are subject to continual review and updates according to CDC, CMS and State DPH guidance.

Issued:

 Laura Nelson
 HCC Administrator

May 25, 2023
 Date

Approved:

 Joseph D. Danao II, Acting Commissioner

May 25, 2023
 Date



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APPENDIX D

HCC COVID-19 SCREENING PROCESS FOR STAFF

Update Effective: May 25, 2023

1. Consistent with CDC recommendations for infection prevention and control, the Healthcare Center (HCC) has established a screening process and procedures for all staff, which may including antigen testing.
2. Prior to each shift and on an ongoing basis, all employees are required to self-monitor for signs and symptoms of COVID-19.
3. An employee with a sign or symptom requires further review by a Supervisor on duty who shall contact DN1 or DN2 to review the circumstances.
4. Employees who have a sign or symptom that would be considered minor and feel they are well enough to work are permitted to work under the following conditions only:
 - a. Prior to the employee's shift, the employee must complete HCC Screening Form and notify the supervisor on duty.
 - b. Further review and evaluation of employee's sign or symptom will be conducted. Supervisor on duty is to obtain additional information from the employee regarding the sign or symptom.
 - c. Employee tests negative for COVID pursuant to an antigen test. Employee who refuses testing is prohibited from working and not permitted to work until return-to-work criteria are met in accordance with the HCC Refusal of Testing Procedures.
 - d. Employees who test positive will be sent home and advised to isolate.
 - e. Employees who test negative may work only after a determination is made that COVID-19 is ruled out and the sign or symptom is attributed to a condition other than COVID-19. The supervisor on duty provides a review of the information and negative antigen test result, and this determination is to be made by DN1 or DN2 after consultation with the Medical Director.
 - f. This determination will be documented on the employee's screening form by the supervisor on duty.
5. Employees who have a fever or other signs or symptoms that are not considered minor are not permitted to work. Those employees may not return to work until the employee receives a negative COVID-19 test result and clinical clearance by the HCC.

6. Employees who call out sick with COVID-19 signs or symptoms may return only with a negative COVID-19 test result and clinical clearance by the HCC.
7. Employees with a known exposure are required to notify their supervisor prior to their shift and are required to follow all CMS, DPH and CDC guidance for HCP exposure to COVID-19. Additional screening and testing may be required per the Infection Control Committee.
8. These procedures are subject to continual review and updates according to CDC, CMS and State DPH guidance.

Issued:



Laura Nelson
HCC Administrator

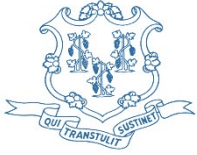
May 25, 2023
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Approved:



Joseph D. Danao II
Acting Commissioner

May 25, 2023
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APPENDIX E

HCC COVID-19 MITIGATION VISITATION PROCEDURES
Update Effective: May 25, 2023

Section 1. INTRODUCTION

These updated visitation procedures replace all prior versions of visitation protocols and procedures. These procedures are issued consistent with directives and guidance from CMS, the Connecticut Department of Public Health, and CDC.

Visits with Veteran Patients are allowed at all times while adhering to core principals of infection prevention and control. The HCC follows a patient-focused and safety adherence approach in facilitating the visits, which includes consideration of the clinical status (e.g. psychosocial, mental, and emotional) of the Veteran Patient, and all visits will occur in a manner that does not place Veteran Patients at risk. Veteran Patients are permitted to receive visitors of the Veteran Patient's choosing.

CMS Nursing Home Visitation guidance has been revised, and this update is being issued pursuant to CMS QSO-20-39-NH revised 5/8/2023. The following procedures are effective as of the above date for visits with Veteran Patients:

Section 2. ALL VISITS

- A. All visits will be conducted while adhering to the core principles of COVID-19 prevention. All visits are at the discretion of the Veteran Patient; Veteran Patients may deny or withdraw consent for a visit at any time.
- B. Visitors are encouraged stay up-to-date with their COVID-19 vaccinations, and the HCC will attempt to educate visitors about becoming vaccinated.
- C. All visitors are required to self-monitor for signs and symptoms of COVID-19. The HCC will maintain signage throughout the HCC to inform visitors of signs and symptoms. Any visitors who have symptoms consistent with COVID-19 or have confirmed COVID-19 are asked to reschedule their visit and may not enter the facility. Visitors who have had close contact with someone with COVID-19 are asked to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance.
- D. Visitors may be subject to additional screening based on particular circumstances or information received by the facility, which may include, the completion of a screening form and/or a voluntary antigen test.
- E. Visitors must adhere to the PPE requirements at the time of their visit, which is posted at the front entrance.

- F. Per CDC recommendations, subjected to limited exception herein, visitors must wear masks at all times when:
1. When the HCC is experiencing an outbreak; and
 2. If the COVID-19 hospitalization levels are high.
- Masking may be removed following an outbreak when no Veteran Patients or staff have tested positive for COVID-19 for 14 days. In such instances, masking will be optional.
- G. Pursuant to CMS Nursing Home Visitation QSO-20-39-NH, Revised 5/8/2023 visitors and Veteran Patients may choose to not wear masks and have close contact when they are alone in the Veteran Patient's room. However, this exception does not apply during an outbreak, and visitors may not remove their masks during an outbreak, even if they are alone in the Veteran Patient's room.
- H. Effective cohorting of Veteran Patients shall be observed, and all principles of infectious disease control shall be followed, including but not limited to, hand hygiene, maintaining physical distance, not touching face, and wearing of PPE as indicated.
- I. The HCC will comply with all disability laws in facilitating visits. For example, if communicating with individuals who are deaf or hard of hearing, clear masks or masks with a clear panel are recommended. Face coverings should not be placed on anyone who has trouble breathing or is unable to wear a mask due to a disability, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- J. Visitation education guidelines shall be provided to visitors. All visitors must be able to follow all visitation procedures and directives of the HCC staff for visitation, including but not limited to, wearing a well-fitting face mask properly when indicated by the HCC. Any visitor who is unable to or refuses to do so will have their visit terminated and will be required to leave the Campus immediately.
- K. All visits may be suspended at the determination of the Commissioner for the health, safety and welfare of Veteran Patients and Staff. The Commissioner will not make this determination without considering the importance of visitation and considering all other options.
- L. Compassionate care visits are allowed at all times. In the event of rare particular circumstances that would limit visitation for a Veteran Patient, i.e. severely immunocompromised and number of visitors the Veteran Patient is exposed to should be limited, compassionate care visits are still allowed.
- M. Visits with a Veteran Patient's primary and secondary essential support persons as designated by the Veteran Patient shall be allowed at all such times as enumerated in and required by Public Act 21-71.

Section 3. **INDOOR VISITS**

- A. Veteran Patients who are in transmission-based precautions (TBP) or quarantine may still participate in visits in the Veteran Patient's room only. The visitor and Veteran Patient, if tolerated, must wear a well-fitting mask, and visitor must adhere to core principles of infection prevention, including but not limited to the proper wearing of all required PPE and a minimum 6 ft. physical distancing. As a visit while the Veteran Patient is in TBP or quarantine is not recommended, the HCC will inform

the visitor of the potential risk and precautions necessary to visit with the Veteran Patient before the visit. These visits are strongly discouraged, and it is recommended to visit after the Veteran Patient is no longer in TBP or quarantine.

- B. If an ombudsman or representative of a Protection & Advocacy Program (P&A) is planning to visit a Veteran Patient who is on TBP or quarantine, the Veteran Patient and the ombudsman or P&A representative will be made aware of the potential risk of visiting, and the visit will take place in the Veteran Patient's room. The HCC will facilitate alternative communication if requested.
- C. Hand hygiene is to be followed upon entry into the HCC and exit therefrom.
- D. Proper signage will be displayed in the HCC and all visitors must adhere to strict compliance with all directives for visits.
- E. Cleaning and disinfection of high-frequency touched surfaces in the facility shall be conducted as appropriate.
- F. While it is safer for visitors not to enter the HCC during an outbreak, visits may be permitted under the following conditions:
 - 1. The HCC will make visitors aware of the potential risk of visiting during an outbreak ; and encourage the visit to take place when the HCC is no longer in an outbreak;
 - 2. Masks must be worn by at all times.

Section 5. EXCEPTIONS

Exceptions to these visitation procedures are authorized by the HCC Administrator when based on verified extenuating special circumstances such as compassionate care visits and visits required under federal disability rights law. All other exceptions for families with special needs individuals or for other circumstances which are deemed necessary for the health, safety and welfare of Veteran Patients are subject to prior to authorization by the HCC Administrator or designee.

Section 6. REVIEW AND UPDATES

These procedures are subject to continual review and updates per state and federal guidance and directives and are implemented for the health, safety and welfare of Veteran Patients and Staff.

Issued:



Laura Nelson
HCC Administrator

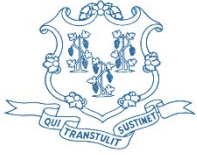
May 25, 2023
Date

Approved:



Joseph D. Danao II
Acting Commissioner

May 25, 2023
Date



STATE OF CONNECTICUT
DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF THE COMMISSIONER
287 West Street
Rocky Hill, Connecticut 06067



APPENDIX F

HCC COVID-19 VACCINE PROCEDURES

Update Effective: August 4, 2023

Section 1. INTRODUCTION

As COVID-19 vaccines have been clinically demonstrated to be safe and effective at preventing or minimizing most COVID-19 symptoms, these procedures are issued to provide guidelines and help facilitate the administration, education, and availability of the COVID-19 vaccines and boosters to HCC Staff and Veteran Patients. The Department of Veterans Affairs (DVA) strongly encourages all DVA Staff and Veterans to receive all clinically recommended doses of a COVID-19 vaccine and booster, to reduce the risk of illness and mitigate the transmission of COVID-19. As the DVA John L. Levitow Healthcare Center (HCC) is a skilled nursing facility with a high-risk population, all HCC Staff are required to follow all applicable guidance and directives by the Centers for Medicare and Medicaid Services (CMS) and the Connecticut Department of Public Health (DPH).

These procedures are issued consistent with directives and guidance from CDC, CMS and DPH. These procedures apply to Veteran Patients (who may act independently, through a conservator or other responsible party) and all HCC Staff and those other DVA Staff who are assigned to and/or enter the HCC in the regular performance of their duties.

CMS has issued a final rule regarding COVID-19 and long-term care facilities. The final rule withdraws the COVID-19 vaccine requirement for HCC Staff. See 88 CFR 36484. The final rule was published on June 5, 2023 and is effective August 4, 2023.

Section 2. AVAILABILITY OF COVID-19 VACCINE AND BOOSTER

- A. Whenever the COVID-19 vaccine and/or booster is available to the HCC, it will be offered to each eligible Veteran Patient unless the immunization is medically contraindicated.
- B. The vaccine and/or booster may also be offered to HCC Staff based on the availability of the vaccine/booster and clinical staff. If the vaccine and/or booster is unavailable in the HCC, the HCC will provide information to HCC Staff on additional vaccination/booster opportunities, and the HCC will continue to make efforts to have the vaccine/booster available in the HCC.

Section 3. EDUCATION ON THE COVID-19 VACCINE

- A. Before offered a COVID-19 vaccine and/or booster, Veteran Patients and HCC Staff will be provided with education regarding the benefits, risks, and potential side effects associated with the vaccine and/or booster. Information provided must include common reactions, such as aches or fever, and rare reactions such as anaphylaxis.

- B. A copy of the FDA COVID-19 Emergency Use Authorization (EAU) Fact Sheet or FDA Fact Sheet for Full Authorization if applicable (Vaccine Information Sheets) must be provided before being offered the vaccine/booster. The Vaccine Information Sheets provided will be vaccine/booster specific and will include vaccine/booster specific information to help make an informed decision about the vaccine/booster.
- C. If the COVID-19 vaccine requires multiple doses, the Veteran Patient or HCC Staff will be provided with current information regarding those additional doses, including any change in the benefits or risk and potential side effects associated with the vaccine before consent is requested for the administration of any additional doses.
- D. Veteran Patients have the opportunity to accept, refuse, or change their decision about a COVID-19 vaccine and/or booster at any time.

Section 4. **ADMINISTRATION OF COVID-19 VACCINE OR BOOSTER**

- A. The DVA Pharmacy has been approved by the DPH to be an authorized COVID-19 vaccine/booster provider.
- B. Administration of the vaccine/booster to Veteran Patients and HCC Staff will be done in accordance with CDC, CMS, ACIP (Advisory Committee on Immunization Practices), FDA and manufacturer's guidance. All educational forms will be provided, and consent forms required.
- C. The HCC will follow all infection prevention and control measures and recommendations when preparing and administering vaccines and will monitor all recipients for adverse reactions.

Section 5. **DOCUMENTATION AND REPORTING**

- A. Veteran Patients' medical records include the following:
 - 1. That the Veteran Patient was provided education regarding the benefits and potential risks associated with the COVID-19 vaccine and/or booster;
 - 2. Each dose of the COVID-19 vaccine and booster administered;
 - 3. If the Veteran patient did not receive the COVID-19 vaccine and/or booster due to medical contraindications or refusal.
- B. The HCC maintains documentation on HCC Staff including the following:
 - 1. That HCC Staff were provided education regarding the benefits and potential risks associated with the COVID-19 vaccine and booster;
 - 2. That HCC Staff were offered the COVID-19 vaccine and/or booster or information on obtaining the vaccine and/or booster;
 - 3. The HCC Staff who had received approved medical or religious exemptions from the mandatory vaccination requirement.

4. The COVID-19 vaccine status (including booster as applicable) of HCC Staff and related information as indicated by NHSN.
- C. The HCC maintains records of the COVID-19 vaccine status, including booster, of HCC Staff and Veteran Patients, including total numbers of Veteran Patients and Staff, the numbers vaccinated and boosted, the numbers of each dose received, any vaccination adverse events, and any therapeutics administered to Veteran Patients for the treatment of COVID-19.
- D. HCC Staff who received a previous COVID-19 immunization outside of the HCC are to provide documentation to the HCC to confirm vaccination status, including booster as applicable.
- E. Any adverse events for COVID-19 vaccines/boosters will be reported to the Vaccine Adverse Event Reporting System. Any revised safety reporting requirements will also be followed.
- F. The HCC will continue to follow all National Healthcare Safety Network (NHSN) reporting requirements for COVID-19.

Section 6. **HCC STAFF REQUIREMENTS**

- A. HCC Staff (which includes those other DVA Staff assigned to the HCC) are required to follow all CMS, DPH and CDC guidance and directives for staff in a nursing home facility regarding vaccine, screening, testing, and wearing of appropriate PPE. Additional testing, screening or enhanced PPE may be further directed by HCC Administration, Infection Control Nurse or Medical Director based on relevant circumstances.
- B. Although HCC Staff are no longer required to receive the COVID-19 vaccination, staff continue to be required to provide documentation as to their vaccination status. The following are the only acceptable proofs of vaccination for HCC Staff:
 1. CDC COVID-19 Vaccination Record Card or photo of the Vaccination Record Card;
 2. Documentation from a health care provider or electronic health care records;
 3. State Immunization Information record; or
 4. Other documentation prescribed by the Commissioner of Public Health.
- C. If the COVID-19 hospital admission rates are high, unvaccinated staff are subject to weekly testing in the HCC.

Section 7. **ADDITIONAL REQUIREMENTS**

The Commissioner will also continue to closely monitor current circumstances regarding COVID-19 and may implement more stringent requirements if clinically appropriate.

Section 8. **REVIEW AND UPDATES**

These procedures are subject to review and updates per state and federal guidance and directives and are implemented for the health, safety and welfare of Veteran Patients and Staff.

Issued:



Laura Nelson
HCC Administrator

August 4, 2023
Date

Approved:



Ronald P. Welch
Commissioner

August 4, 2023
Date



STATE OF CONNECTICUT
DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF THE COMMISSIONER
287 West Street
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APPENDIX G

HCC COVID-19 REFUSAL OF TESTING PROCEDURES

Update Effective: May 25, 2023

Section 1. INTRODUCTION

As COVID-19 testing had been clinically tested as an effective and necessary step to prevent, contain or further spread COVID-19, testing has been an integral part of the DVA's COVID-19 mitigation protocols. Testing at the HCC is further done in accordance with CDC, DPH and CMS guidance and directives. Testing is of the utmost importance, and such, these procedures apply to those situations where testing is required or recommended based on based practices, yet the person requested to be tested has refused.

These procedures apply to Veteran Patients (who may act independently, through a conservator or other responsible party) and all HCC Staff, VOC Staff, and those other DVA Staff who are assigned to and/or enter the HCC in the regular performance of their duties (hereinafter referred to as "HCC Staff).

The following is effective as of the date written above.

Section 2. REFUSAL OF TESTING BY HCC STAFF

- A. HCC Staff are required to be tested based on clinical best practices and CDC, DPH and CMS guidance and directives. Testing shall be performed for any one or combination of the following circumstances and is deemed mandatory testing:
1. Staff exhibiting signs or symptoms of COVID-19;
 2. Point Prevalence Testing based on "Outbreak" testing pursuant to CDC, DPH, CMS or agency requirements;
 3. Contact trace based testing;
 4. Additional testing as may be required by federal, or state authorities based on current guidance and circumstances;
 5. Testing as may be clinically directed by the Infection Control Committee and/or Medical Director;
 6. Testing as may be required in the DVA-issued Return to Work Memorandum for HCC Staff.

- B. Any HCC Staff member who refuses testing will be restricted from working in the HCC and placed on unpaid administrative leave until the conditions or requirements for testing have been completed. Staff who refuse testing will be restricted from entering the HCC and may not return to work until further evaluation by the HR Administrator on meeting return-to-work criteria, which is subject to further review by the Commissioner. Staff may be placed on leave without pay under DAS Memorandum dated June 18, 2020 regarding Mandatory COVID-19 Testing.

Section 3. REFUSAL OF TESTING BY VETERAN PATIENTS

- A. Veteran Patients may exercise their rights under 42 CFR § 5831.10(c)(6) to decline COVID-19 testing.
- B. For those Veteran Patients who refuse, HCC Staff will take a patient-centered approach to discuss the importance of testing.
- C. If a Veteran Patient continues to refuse and the Veteran Patient has signs or symptoms, the Veteran Patient will be placed on Transmission Based Precaution (TBP) until the criteria have been met to discontinue TBP.
- D. If outbreak testing has been triggered and an asymptomatic Veteran Patient refuses, the HCC will exercise extreme vigilance until the procedures for outbreak testing have been completed, including additional monitoring to ensure the Veteran Patient maintains appropriate distance from other Veteran Patients, properly wears a well-fitting mask, practice effective hand hygiene and other precautionary measures.

Section 4. REVIEW AND UPDATES

These procedures are subject to continual review and updates per state and federal guidance and directives and are implemented for the health, safety and welfare of Veteran Patients and Staff.

Issued:



Laura Nelson
HCC Administrator

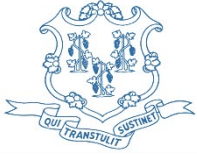
May 25, 2023
Date

Approved:



Joseph D. Danao II
Acting Commissioner

May 25, 2023
Date



STATE OF CONNECTICUT
DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF THE COMMISSIONER
 287 West Street
 Rocky Hill, Connecticut 06067




APPENDIX H

HCC AND VOC SOURCE CONTROL/MASKING REQUIREMENTS
Effective: May 25, 2023

1. Source Control is defined as the the use of respirators or well-fitting masks to cover a person’s mouth and nose. Source control requirements are determined by DPH, CMS, and CDC guidance, directives and recommendations and as may be further directed by the Commissioner, Infection Control Committee or Medical Director.
2. Source control requirements may change due to specific circumstances related to Veteran Patients or Staff and all persons entering the HCC are required to follow the requirements at a given time.
3. Universal masking requirements, which refers to all person entering the HCC, will be indicated by signage on the HCC front door entrance.
4. Universal masking is not required in the HCC unless one of the following circumstances apply:
 - a. When COVID-19 hospitalization levels are high.
 - b. During an outbreak.
5. HCC Staff are further required to wear source control under the following circumstances:
 - a. HCC Staff must wear surgical grade masks for face-to-face patient encounters during care.
 - b. HCC Staff must wear N95s when on a unit or area of the HCC that is experiencing an outbreak.
 Note: Source control may be discontinued on a unit or area of the HCC that is experiencing an outbreak once the outbreak is over, i.e., no new cases of COVID-19 have been identified for 14 days.
6. Masks are available at all times for staff if they wish to mask more than the required source control.
7. Additional source control may be required based on an individual’s circumstances, i.e., exposure or infection status.
8. VOC Staff are required to wear masks during face-to-face interactions with Veteran Residents. When a Veteran Resident is symptomatic, source control is required for both VOC Staff and the Veteran Resident.
9. These procedures are subject to review and updates per state and federal guidance and directives and are implemented for the health, safety and welfare of Veterans and Staff.

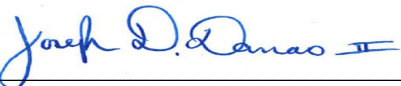
Issued:



 Laura Nelson , HCC Administrator
 HCC Administrator

May 25, 2023
 Date

Approved:



 Joseph D. Danao II, Acting Commissioner

May 25, 2023
 Date