

**TO:** Vermont Health Care Providers  
**FROM:** Mark Levine, MD, Commissioner of Health

## **Guidance to Reduce Facility-Based Transmission of COVID-19 in Congregate Care Settings**

This guidance applies to state-licensed nursing homes, assisted living residences, intermediate care facilities for people with intellectual disability, state therapeutic community residences, Level III and Level IV residential care homes, the Vermont Psychiatric Care Hospital, and Middlesex Therapeutic Living Community. (Please note that separate guidance to residential programs serving children and youth is distributed separately by the Department for Children and Families and the Department of Mental Health.)

This advisory supplements and updates the previous Health Advisory regarding Long-Term Care Facilities issued on March 5, 2020. This new advisory includes:

- Additional information about the risk ill health care personnel and visitors pose to residents of these facilities
- Prohibition of visitor access to these facilities, with two exceptions: medically necessary personnel and visitors to residents receiving end-of-life care.
- Additional and tiered actions that facilities should take depending on whether COVID-19 has been identified in their community or in their facility.

### **BACKGROUND**

- Because of the residents served by long term care facilities (e.g., older adults, some with underlying chronic medical conditions) and because of the congregate nature of such facilities, populations in these facilities are at the highest risk of being affected by COVID-19.
- Also, if infected by the COVID-19 etiologic agent (SARS-CoV-2 virus), resident populations at these facilities are at increased risk of serious illness.

### **REQUESTED ACTIONS**

**Prohibit (or for certain types of facilities, restrict) visitor access to reduce facility-based transmission.** As part of Executive Order No. 01-20, Governor Phil Scott ordered that visitors be excluded from entering congregate care settings.

- **EXCEPTIONS** – Medically necessary personnel are allowed entry. Visitors to residents receiving end-of-life care are allowed entry. Visitors should frequently perform hand hygiene and limit their movement and interactions with others in the facility.
- The Governor's order excluding visitors applies to state-licensed nursing homes, assisted living residences, intermediate care facilities for people with intellectual disability, Level III residential care homes, the Vermont Psychiatric Care Hospital, and the Middlesex Therapeutic Living Community. As of this date therapeutic community residences and Level IV residential care homes are advised to restrict (rather than exclude) visitors.

- **Advise families.** Send letters or emails to families advising them to use alternative methods for visitation (e.g., telephone/video calls) during the next several months.
- **Post signs** at the entrances to the facility instructing visitors that they will not be allowed entry for the protection of residents and staff.

**Educate and train health care personnel and volunteers.**

- Review CDC's [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings.](#)
- Educate and train health care personnel and volunteers:
  - Reinforce sick leave policies. Remind personnel not to report to work when ill.
  - Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of personal protective equipment (PPE). Have health care personnel demonstrate competency with putting on and removing PPE.
- Educate both facility-based and consultant personnel (e.g., wound care, podiatry) and volunteers.
- Educate residents and families regarding:
  - COVID-19
  - Actions the facility is taking to protect residents and visitors
  - Actions residents can take to protect themselves in the facility

**Make infection prevention and control supplies available, and encourage appropriate use by residents and staff:**

- Hand hygiene supplies: Put alcohol-based hand sanitizer with 60–95% alcohol:
  - in every resident room (ideally both inside and outside of the room)
  - other resident care and common areas (e.g., outside dining hall, in therapy gym)
  - Ensure sinks are well-stocked with soap and paper towels for handwashing.
- Tissues and face masks:
  - make available for individuals who are coughing.
- Personal Protective Equipment (PPE):
  - Make available in areas where resident care is provided.
  - Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room.

**To request PPE** – The Health Department of has migrated its COVID-19 PPE Resource Request Form to a new location. You can now order your PPE at the link below. The new form is:  
<https://forms.office.com/Pages/ResponsePage.aspx?id=O5O0IK26PEOcAnDtzHVZxnYHsES1qh9Hs2EGYmwc2tBURDVPDSDJDS1hUTzdJMF1xVDZHQ1JHS1cxViQIQCN0PWcu>

- Facilities should have supplies of:
  - face masks
  - respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested health care personnel)
  - gowns
  - gloves
  - eye protection (i.e., face shield or goggles)
  
- Environmental cleaning and disinfection:
  - Make sure that EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.
  - Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

**Evaluate and manage health care personnel with symptoms of respiratory illness.**

- Routinely ask health care personnel (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection.
  - If health care personnel develop fever or symptoms of respiratory infection, they should immediately put on a face mask, inform their supervisor, and leave the workplace.
  - Remind health care personnel to stay home when they are ill.
  - Implement non-punitive sick leave policies that allow ill health care personnel to stay home.
  - Consult occupational health on decisions about further evaluation and return to work.
  - Develop (or review existing) plans to mitigate staffing shortages

**Evaluate and manage residents with symptoms of respiratory infection**

- Assess residents for fever and symptoms and signs of respiratory infection:
  - upon admission
  - during their stay in the facility.
- Ask residents to report subjective fever or symptoms of respiratory infection.
- Implement appropriate infection prevention practices for symptomatic residents:
  - If a resident develops, or there is an increase in cases reported in the community of, new-onset respiratory symptoms, begin active monitoring of all residents and health care personnel in the facility.
  - Notify the Health Department (802-863-7240) about residents with severe respiratory infection and clusters of respiratory infection.

- When caring for residents with undiagnosed respiratory infections, use Standard, Contact, and Droplet Precautions with eye protection unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).
  - Restrict residents with respiratory infection to their rooms. If they leave the room, residents should wear a face mask (if tolerated) or use tissues to cover their mouth and nose.
  - Continue to assess the need for Transmission-Based Precautions as more information about the resident's suspected diagnosis becomes available.
- If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community:
    - Residents with known or suspected COVID-19 should ideally be placed in a private room with their own bathroom. Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario.
    - Notify the Health Department immediately and follow the [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#), which includes detailed information regarding recommended PPE.
    - If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the facility should consider transferring the resident to another facility, if such a facility exists and is available. Please note that in the height of an epidemic or pandemic, the current facility will be expected to provide the best care that it can under the prevailing circumstances.
    - Appropriate PPE should be used by health care personnel when coming in contact with the resident.
    - Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transport or transfer.
    - While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others.

#### **Additional Measures**

- Minimize group activities inside or outside the facility.
- Develop criteria for halting group activities and communal dining, closing units or the entire facility to new admissions, and restricting visitation.
- Create a plan for grouping or 'cohorting' residents with symptoms of respiratory infection in specific areas or units and dedicating specific health care personnel to work only in affected areas or units.

#### **Additional Resources**

- [Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes](#)
- [COVID-19 Hospital Preparedness Checklist](#), including long-term acute care hospitals
- [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#)

-----  
If you have any questions, please contact the HAN Coordinator at 802-859-5900 or [vthan@vermont.gov](mailto:vthan@vermont.gov)

**HAN Message Type Definitions**

*Health Alert:* Conveys the highest level of importance; warrants immediate action or attention.

*Health Advisory:* Provides important information for a specific incident or situation may not require immediate action.

*Health Update:* Provides updated information regarding an incident or situation; unlikely to require immediate action.

*Info Service Message:* Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.