

DD HCBS Guidance for Operations During the COVID-19 Public Health Emergency

Effective Date: 12/4/2020

Orders of the Governor of the State of Vermont supersede this guidance if there is a conflict.

Background

The guidance below was developed in alignment with DAIL's [guidance](#) to long-term care facilities, which has been based on CMS' most recent guidance, and should be used by agencies to guide operations and service delivery in non-long term care facility settings, based on county positivity rates.

Each agency is unique in its layout, geography, DS HCBS population, and needs. Recognizing the toll that separation has taken on individuals and families and the equally important need to maintain safety, the phases outlined below include recommendations designed to provide for the safety of individuals, providers, and visitors alike, while allowing agencies the flexibility to determine the best implementation strategy for their specific operations.

Additionally, many aspects of COVID-19 and its properties remain unknown. This framework is based on current knowledge and may be revisited from time to time as knowledge of the virus changes.

Easing of restrictions can be conducted through different means based on the structure, staffing, and supplies at a service setting as well as individual's needs and abilities. As agencies continue to operate during this public health emergency, the following core principles, and best practices, which reduce the risk of COVID-19 transmission, should be maintained at all times, throughout each phase.

Core Principles of COVID-19 Infection Prevention

- Screening of all individuals entering a service location for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms;
- Hand hygiene;
- Face covering or mask (covering mouth and nose) – for all staff, all visitors (outdoor or indoor), and as tolerated by individuals during visits or group activities;
- Physical distancing at least six feet between persons;
- Instructional signage throughout public locations in use by agencies and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene);
- Cleaning and disinfecting frequently touched surfaces in the service location often, and designated visitation areas after each visit;

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- Appropriate staff use of Personal Protective Equipment (PPE);
- Limiting the mixing of individuals participating in community activities together and cohorting and assigning of staff as feasible; and
- Individual and staff testing conducted as expected by the State of Vermont, Department of Health.

Phases of Operation

The phases and their accompanying screening requirements, visitation guidance, group activity limits, and testing expectations per the Vermont Department of Health [guidelines](#), are applied to ALL designated agencies, specialized services agencies, and the supportive intermediary service organizations.

The phases mirror those in use by long term care facilities, including DS group homes, and correspond to county incidence (active case/million). Agencies should monitor their county incidence at least every other week. Use this [link](#) to obtain county incidence. County incidence dictate the phase of each agency, but as allowable activities/visitation are implemented, each agency should have policies and procedures which may be more restrictive than these guidelines, as long as they are based on sound clinical judgement and practices. Agencies may also monitor other factors to understand the level of COVID-19 risk, such as the percent of emergent care visits for [COVID-19-like illness](#) and [influenza-like illness](#) in Vermont, as well as at the [national and regional level](#).

| Phase Zero: New COVID-19 infection in any person receiving DS HCBS | |
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| Screening | Screen 100% of all persons entering the service setting Screen 100% of individuals receiving or providing services at least daily Increase monitoring of all ill individuals to at least three times daily |
| Visitation | Compassionate Care only |
| Essential Supports | Personnel providing direct care must be permitted entry (unless excluded due to exposure or symptom screening) per the below guidance Consult with VDH and DAIL to discuss additional situations/details. |
| Trips outside the home | Only medically necessary trips |
| Family-Style Living | Consult with VDH and DAIL to review appropriate infection prevention and control measures tailored to your situation |
| Group activities | Group activities must be suspended during Phase Zero |
| Testing & Quarantine | Test any symptomatic people. Follow advice of VDH and/or the person's primary care provider regarding testing and quarantine of other individuals in the household or who may have been in contact with the case. |

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| Phase One: People receiving DS HCBS in a county with > 800 active COVID-19 cases per 1,000,000 | |
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| Screening | Screen 100% of all persons entering the service setting Screen 100% of individuals receiving or providing services at least daily |
| Visitation | Compassionate Care only within the service setting Outdoor visitation allowed |
| Essential Supports | Non-essential healthcare and contractors also allowed Services should be coordinated to reduce repeated visits |
| Trips outside the home | Only medically necessary trips, which includes essential services delivered outside of the home, including community and employment supports in accordance with the “ Return to Employment Services ” and “ Return to Community Activities ” assessment tools created by DDS. |
| Family-Style Living | Activities permitted with members of the same household |
| Group activities | Group community supports not permitted |
| Testing & Quarantine | Test any symptomatic people. Follow advice of VDH and/or the person’s primary care provider regarding testing and quarantine of other individuals or providers in the household or who may have been in contact with the case. |

| Phase Two: People receiving DS HCBS in a county with < 800 active COVID-19 cases per 1,000,000 | |
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| Screening | Screen 100% of all persons entering the service setting Screen 100% of individuals receiving or providing services at least daily |
| Visitation | Compassionate care visits and visitation according to the Governor’s directives here and assessment of health risk status |
| Essential Supports | Non-essential healthcare and contractors also allowed Services should be coordinated to reduce repeated visits |
| Trips outside the home | Non-medically necessary trips permitted, based on risk of activity with physical distancing, face coverings, cohorting encouraged, according to Governor’s directives and in accordance with the “ Return to Community Activities ” guidance document created by DDSD |
| Family-Style Living | Activities permitted with members of the same household |
| Group activities | Group community supports permitted with physical distancing, face coverings, cohorting encouraged, according to Governor’s directives and in accordance with the “ Return to Community Activities ” guidance document created by DDSD. |
| Testing & Quarantine | Test any symptomatic people. Follow advice of VDH and/or the person’s primary care provider regarding testing and quarantine of other individuals or providers in the household or who may have been in contact with the case. |

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Screening

Active screening involves three components: physical screening, risk assessment, and information.

1. Physical Screening: Recommendations for screening and triage of those entering a service setting, in part, include:

Screen everyone entering the service setting for [symptoms \[cdc.gov\]](#) consistent with COVID- 19.

Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature $\geq 100.4^{\circ}\text{F}$ or subjective fever.

Ask them if they have been advised to self-quarantine because of exposure to someone with COVID-19.

According to the CDC, symptoms may include, but are not limited to the following:

- Fever
- Cough
- Shortness of breath
- Headache
- New loss of taste or smell
- Congestion or runny nose
- Sore throat
- Diarrhea
- Myalgia (muscle aches, body aches)
- Tiredness or fatigue

2. Risk Assessment: The general areas that could be addressed/considered during screening as risk factors include:

- Latest COVID test (not required for visitation)
- History of contact with exposed individuals
- Travel to or from out of state – refer to [ACCD travel guidance](#)

3. Information: The information to communicate to visitors should include the following:

- PPE wear and use
- Hand hygiene expectations
- Where to go and where is off limits in the service setting, and how those are marked
- What to do at the conclusion of the visit and how to exit the setting

4. Entry of Essential Support Staff

Essential support staff are people who provide services that are essential to an individual's health

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and safety, and who must be permitted to come into the service setting as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. **If an individual is eligible for DS HCBS and is living with a shared living provider (SLP) or family member, services that are essential to an individual's health and safety may only be refused if the agency determines that the SLP or family member is able to provide substitute care.** Note that EMS personnel do not need to be screened so they can attend to an emergency without delay. We remind agencies that all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

5. Access to Individuals Receiving DS HCBS

In-person access to individuals receiving DS HCBS may not be limited without reasonable cause. Agency staff and guardians must adhere to the core principles of COVID-19 infection prevention. If in-person access is not advisable, such as the staff or guardian having signs or symptoms of COVID-19 or the service setting being in an active outbreak situation, SLP and family members must, at a minimum, facilitate alternative communication with the agency staff or guardian, such as by phone or through use of other technology.

6. Outdoor Visits

Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. Agencies should continue to create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots. When conducting outdoor visitation, agencies should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). We also recommend reasonable limits on the number of individuals visiting with any one person at the same time.

“Window visits” may occur, following the below guidance, as long as the service setting is able to accommodate this type of visit while ensuring core principles are followed.

- Visits must be arranged and scheduled in advance
- Visitors are screened for symptoms of COVID-19 immediately prior to any visitation. Those with symptoms must be excluded from visitation;
- All agency visitors must be documented and tracked, including maintaining a log of times and dates of all visitors, and their contact information. SLP and family members are also encouraged to document and track visitors.
- Visitors must have completed quarantine following high risk travel according to [ACCD guidance](#) prior to any visits.

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- Visitors must be able to adhere to the core principles (including face coverings/masks) and the SLP, family member and/or agency staff should provide monitoring for those who may have difficulty adhering to core principles
- Individuals will also be encouraged to wear face coverings/masks during visits if they can tolerate them.
- All individuals involved in a visit should use an alcohol-based hand rub/hand sanitizer before and after the visit.
- All individuals involved in a visit are responsible to ensure social distancing of at least six feet between people, and that other infection prevention measures are maintained at all times during the visit.
- Agencies should develop and provide advance notice about location-specific policies and procedures for safe visitation to scheduled visitors.
- Physical contact between the visitor(s) and individuals receiving services, including the passing of items directly to the individual and vice versa, is discouraged.
- Any gifts or items to be delivered to the person should be sanitized prior to being handled.
- Agencies may limit times, dates, and lengths of stays by visitors based on available resources to ensure the proper care and safety of staff and individuals receiving services.
- Homes may place physical barriers or visual reminders/signage to ensure proper distancing during visits.

7. Indoor Visits

When outdoor visits are not feasible, agencies should attempt to accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:

- Prior to starting the visit, the screening questions have been passed by all visitors and individuals at the service setting;
- Visitors must agree to adhere to the core principles and responsible individuals should provide support for those who may have difficulty adhering to core principles;
- Agencies should limit the number of visitors at one time based on the Governor's orders and limit the total number of visitors in a location at one time (based on the size of the building and physical space per ACCD guidelines). Agencies should consider identifying time limitations on visits;

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- Agencies should limit movement in the service location as much as is feasible. For example, visitors should not walk around different halls of the setting. Rather, they should go directly to the place where the visit will occur;
- Visits should be conducted in a designated area, preferably, using entrances and exits that do not require visitors to travel through other use areas. Compassionate care situations may call for a more flexible approach.
- The designated visitor area must be cleaned and disinfected between each visit.
- The designated area should not have its HVAC system, if one is in place, disabled. Effort should be taken to increase area ventilation to the outdoors and air filtration, as feasible in the space.
- Visitors should be directed to a designated visitor bathroom whenever possible within the service location or encouraged not to use the bathrooms. If a bathroom must be used, ensure it is cleaned and disinfected between use.
- Staff should be prepared to end visits if visitors demonstrate an unwillingness or inability to comply with the core principles.
- The county incidence for service location is < 800 active COVID-19 cases per 1,000,000.

Visits should be person-centered; consider the individual's physical, mental, and psychosocial well-being, and support their quality of life. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglas dividers, curtains). Visitors who do not adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave.

8. Personal Protective Equipment

Proper [use of PPE](#), as determined or recommended by CDC, must be maintained throughout all Phases.

PPE Resources:

- [Department of Health PPE Guidance](#)
- [Infection Control Guidance](#)
- [Use of PPE for COVID-19](#)
- [PPE Optimization](#)