VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF HEALTH
DEPARTMENT OF DISABILITIES,
AGING & INDEPENDENT LIVING

DOCUMENT: Long Term Care Facilities Re-Start Guidance Follow-up Questions

Date: July 29, 2020

1) As a facility with a capacity of 10 residents, I need guidance for the following:

- what is the required inventory of PPE I need on hand?

There is no current requirement for a specific inventory of PPE. It is recommended that each facility have enough PPE on hand to meet the needs of the current residents, any anticipated residents that will need quarantine, and to continue to care for a resident at the home should they test positive for COVID-19, but not require hospitalization.

- testing for COVID-19.... As I understand it, as we are not required to test to move in and out of phases but if a trip to PCP resulted in a positive case, I would isolate and contact DAIL and VDH and they would come in at that point and provide testing for the facility and also remove the resident to a secure facility; Is this still true?

If there is a new onset positive staff or resident at a LTCF, the facility should contact DAIL and VDH to report this. VDH will assign a public health nurse as the primary point of contact to the facility and schedule a meeting to assess risk of transmission to the facility. If there was an exposure, VDH and the facility would discuss and plan for facility-wide testing. In response to a positive staff or resident and facility exposure, VDH will prioritize resources for consultation and assistance with specimen collection and laboratory testing, if needed. As the surge sites have been taken down for the time being, there is not currently a state-wide option for moving a COVID positive resident to an alternate, secure site if they don't require hospitalization.

- what if a resident wants to spend a few nights at a private camp? 14-day quarantine applies upon return?

Use the VDH "risk of activity" linked in the document in the first Phase 2 table, to determine how to evaluate risk and how to decide on proper precautions upon return to the facility.

Also provided here:
https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Considerations-for-Returning-Residents-Long-Term-Care.pdf

While the decision about whether trips like these will result in quarantine being enacted is left to the facility, from our perspective, it would be reasonable to enact quarantine upon return, following multiple days out of the facility around other people.

2) Regarding the "universal masking" phrase in this statement *"All residents, visitors, staff and non-essential healthcare personnel and contractors must utilize appropriate infection control measures, including hand hygiene, universal masking, and physical distancing"*… are visitors and residents allowed to wear face coverings (instead of masks)?

   Face masks are preferred for HCP, but face coverings are acceptable for residents and visitors. Per the CDC *recommendations*:

   "Health Care Providers (HCP) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required.

   Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility….Visitors, if permitted into the facility, should wear a cloth face covering while in the facility."

3) Does this re-start guidance apply to all RCH's and TCR's, or only those RCH's and TCR's that are long-term in nature? It doesn't mention if DMH was involved the development of these guidelines, so I wanted to see if this supersedes the guidance on the VDH website.

   The Re-Start guidance applies to all nursing homes, residential care homes, assisted living residences and therapeutic community residences licensed by The Division of Licensing and Protection but we understand that there are some unique considerations for mental health residential settings. Use this link to see those considerations: Preparing for COVID-19 in Mental Health Residential Settings

4) Regarding the section on New Admissions, wondering how we could apply this to our crisis diversion program, where the length of stay is usually less than 7 days, but is licensed as a TCR. Participation in therapeutic groups is an essential part of the treatment, and there are times when we would consider certain visits therapeutic, but we wouldn't be able to wait 14 days for new admissions. Is it ok for our policy to have exceptions for residential programs that are for short-term treatment and stabilization of individuals who are in mental health crisis?

   We know TCR's vary greatly in their services and populations. We ask that you take your program, your residents, and the specific risk the new admission poses into consideration. Their practices and habits prior to admission should be taken into account when deciding whether to allow integration into the group/communal dining/activities that may put others at risk.

5) I want to make sure that I am correct in my understanding – are private and public guardians considered essential visitors?

   This would depend on the activity required by the guardian. Some activities can be performed remotely, some may require in-person visitation. If so, guardians may, under some circumstances, be considered essential if the activity is essential.

6) Will this be shared with DCF or Family Services Division to have consistency with the Children/Youth Residential Programs?

   Although licensing for Children's programs is handled separately and therefore guidance may be distinct, we can certainly share this document with DCF to ensure that they are aware of our current standards for the majority of licensed residential facilities.

7) We are wondering if Residential Care Homes are required to have written policies and procedures when moving from one phase to another?

   Yes. Residential Care Homes should have written policies to guide them through the transition from one phase to another.

8) Is the phase your facility is in just for internal purposes, and not to be shared with the community (aka surrounding town/area)?

There is no requirement that information on the Phase that you are in must be shared with the community as a whole, however, the community may need education as to what activities are allowed in your facility, and facility-specific information on Phases could be requested from the State.

9) How will facilities get tests sent to them? How will the specimens get to the lab?

Skilled Nursing Facilities that require baseline facility-wide testing to move into either Phase 2 or Phase 3 that do not have an existing relationship with a lab will receive test kits directly from Broad, a laboratory that VDH is partnering with, via mail. Broad will assign an ordering provider and facilities will be able to access results through their online portal. The SNFs will be responsible for specimen collection and then will need to mail the specimens back to Broad directly. The kits will come with detailed instructions. SNFs will have until August 15th to complete specimen collection.

Facilities in which testing is optional should consider the resources available in their community, so acquisition of kits may look different on a facility-by-facility bases. VDH and DAIL are not requiring any one specific approach to kit acquisition, nor that it occur at all for those facilities in which testing is optional.

10) Can family members drive residents to their medical appointments? And are outings to family homes acceptable in phase 2/3?

Discretion is given to administrators as to allowing family members to drive residents to medical appointments. Administrators must be confident that a family member will adhere to facility policy for such an activity. You can utilize the risk assessment document to help make that decision:

https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Considerations-for-Returning-Residents-Long-Term-Care.pdf

11) Can you clarify the definition of new onset of covid-19 case in a staff person?

"New onset COVID-19 case" for residents refers to COVID-19 cases that originated in the long-term care facility, and not cases of admitted individuals with a known COVID-19 positive status, or those individuals who tested COVID-19 positive during their admission or re-admission quarantine (if appropriate infection control measures, like transmission-based precautions, enacted during that quarantine). For staff, "new onset COVID-19 case" would refer to a new case who worked at the long-term care facility while infectious.

12) In an ALF while dining, what is the physical distancing requirement? Is it 50% or actually 6 feet?

A six-foot distance is recommended between residents during communal dining or in congregate activities. Facilities may need to explore different configurations of dining rooms and mealtimes to accommodate physical distancing. Cohorting of residents who are roommates or are otherwise in close contact with one other is strongly recommended when 6 feet of distance between residents is not possible.

13) How would you define a "substantial" community spread? Do you mean cluster outbreak? How will we know if there is a substantial spread?

We have not defined what we would consider substantial community spread, nor have we provided specific thresholds for facilities to consider. In the Re-Start Plan, we allow room to suggest that a facility revert to earlier Phases based on community spread, but again, that is not explicitly defined in the document. We do not anticipate establishing such definitions or thresholds. We advocated to include language to allow facilities the flexibility to make facility-level decisions based on their community-level situational awareness. Both VDH and ACCD post some county level data that you can consider in this work, but beyond that, these more local decisions are left to the facility.

14) How do assisted living communities get access to baseline testing?

There are a few avenues to access baseline testing. Exploring local options is a more sustainable approach to ensure capacity statewide and the ability to respond to outbreaks rapidly. VDH recommends discussing options with your local hospitals, pharmacies, other area providers, and private labs, such as Broad.

15) Do we need a Covid19 test at admission if we are not a nursing home or skilled facility?

In the Health Alert issued April 10, 2020, VDH requested that patients being discharged from the hospital to a long-term care facility be tested for SARS-CoV-2. These recommendations do not address admissions to a long-term care or assisted living facility from other settings, including the community. Note that these testing recommendations are under review and may be revised in the future. The July 24th HAN recommends not to retest for SARS-CoV-2 infection within 3 months of symptom onset for the initial SARS-CoV-2 infection if the person is now asymptomatic.

16) Do we need to have a document to capture moving between phases?

Yes, documentation is required.

17) If a residence is in phase 3, can they drive people in vans with multiple residents in a van?

Congregate activities are allowed in Phase 3, but only with proper physical distancing. This may or may not be achievable in a van with multiple residents. Disinfection guidance for use of cars and vans is posted on the VDH website.

18) If families take a resident out of the facility for multiple days, should they be treated similarly to a new admission at their return?

Most likely, yes. Review the risk assessment and reach out to your local public health nurse to discuss specific situations.

19) We would like to confirm policy on allowing out of state visitors for end of life patients that are coming from quarantine required areas. Can any exception be made?

We advise that you make decisions on a case by case basis, taking the delicate end-of-life needs into consideration for both the resident and the family, and taking precautions using PPE and infection control measures to protect other residents of the facility when allowing compassionate care visits.

20) If facility wide testing happens (residents) in one day, will the tests be stored safely at the lab until the testing is able to be completed? (I don't want to have to retest).

That is the expectation. Test kits will come with specific instructions to address proper storage and transport of specimen collection kits.

21) Per the state Quarantine guideline: Test or refer for testing asymptomatic patients on day 7 or later of quarantine if they would like to end their quarantine period early based on a negative test result. Would this apply to new admission for ALR.

No. The option to test out of quarantine on or after day 7 does not apply to new admissions to nursing home, assisted living residence, or residential care home residents per VDH. ACCD also excludes personnel working in "congregate care settings" from testing out of quarantine via this option.

22) Is testing optional in order to move through the phases?

The facility wide testing and ongoing staff testing is REQUIRED for Nursing Homes and the ICF/IID to enter into phase 2 or 3 for the first time. It is optional for the other provider types.

23) Why would a new admission not test out after 7 days of quarantine?

Long-term care facilities serve higher risk populations and therefore should follow more conservative infection control approaches to prevent the spread of COVID-19. We are still learning a lot about COVID-19 and do not fully understand the implication of testing out of quarantine after 7 days, specifically in a higher risk population. Additionally, CDC recommends a full 14 days of quarantine for all new admissions in long-term care settings.

24) If a staff returns from a trip, they can quarantine and test after 7 days, but a resident/new admission is not treated the same way, even after an initial negative test prior to admission!

Long-term care facility staff are also exempt from testing out of quarantine after 7 days. Staff at congregate care sites serve a higher risk population and therefore must follow more stringent infection prevention guidance. Staff should be quarantining for a full 14 days and should not have the option to test out of quarantine. This is established in ACCD's COVID-19 guidance for employers.

25) How do we go about getting testing kits? Do we need provider orders to collect? And how do we get them to the lab?

Please see answer to question 9.

26) If a LTCF did facility wide testing 2 months ago, due to a positive staff member, would that count as facility wide testing? If not, how far back can we go to have facility wide testing count?

Yes, if facility-wide testing was ever complete, it will sufficiently fulfill Re-Start testing requirements. Please consult VDH directly to ensure that they would agree that your testing was sufficient to address baseline assessment standards.

27) We have received the same question from multiple facilities about the July 24th HAN: Duration of Isolation and Precautions for Adults with COVID-19: we have received the question: Does this mean people admitted from hospitals to licensed facilities only need to quarantine 10 days?

The information included in this HAN refers to isolation, which is applied after a person has been found to be positive and is enacted until they are no longer infectious. Quarantine is when you are still unsure if they have COVID-19 and you're monitoring to see if they become sick. Quarantine upon admission to a facility should still be 14 days.