Background for Long-Term Care Residential Facilities COVID-19 Re-Start Plan

On March 13, 2020, Governor Scott issued an Executive Order prohibiting most visitation at nursing homes and other residential care facilities in Vermont, recognizing the particularly vulnerable, congregate populations at such facilities.

On May 18, 2020, the Centers for Medicare and Medicaid Services (CMS) issued a guidance memo to assist states in developing nursing home reopening plans. In response to this memo, the Department of Disabilities, Aging and Independent Living (DAIL), in consultation with the Vermont Department of Health (VDH) and a working group representing nursing homes and residential care homes, developed guidance to establish a pathway to ease restrictions on visitation and congregate activities in long-term care and residential facilities across the state.

The guidance below suggests a general framework that nursing homes and other residential settings should utilize in determining how to facilitate safe visitation and congregation of residents at their facilities; essentially re-starting more traditional visitation and activities. Each facility is unique in its layout, geography, resident population, and needs. Therefore, the phases outlined below include recommendations designed to provide for the safety of residents, staff, and visitors alike, while allowing facilities the flexibility to determine the best implementation strategy for their specific operations.

Activities outlined in each phase are the maximum allowable for facilities in that phase. Facilities can choose to implement the activities outlined in each phase as they see most appropriate for the safety and wellbeing of their staff and residents.

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.

PHASES OF RE-STARTING

Re-start guidance has been developed, in accordance with CMS guidelines, to operate in Phases. These Phases allow for movement towards a gradual reduction of restrictions and enable facilities to fall back to earlier Phases should spread of the virus call for the re-
introduction of restrictions to support the health and safety of residents. The Phase a given facility is in will depend on infection rates in the state and surrounding community, and the actions being taken within facilities themselves. Movement between Phases will be guided by the state of wellness in the facility and surrounding local community. Facilities may move between Phases, causing changes in visitation and allowable activities.

**Phases are informed not only by the stage of readiness of a facility but by the level of virus within the state. Changes within the surrounding local community or the facility itself can impact the Phase a facility is in, so facilities may and will move between Phases, causing changes in visitation policies and allowable activities.**

Before a facility can enter Phase 2 of its re-start, Vermont must be and have been in at least Phase 2 of the statewide reopening process for 14 days. Each phase identifies the maximum allowances for activities in that phase. Facilities may choose to implement fewer allowable activities than are outlined in a particular Phase. Vermont, as of June 8, 2020, is in Phase 3.

**Application of Requirements**

The Phases and their accompanying screening requirements, visitation guidance and congregate activity limits are applied to ALL long-term care residential facilities, which include nursing homes (also known as skilled nursing facilities), residential care homes, assisted living residences, therapeutic community residences, the home for the terminally ill and the intermediate care facility for individuals with intellectual disabilities.

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.

**TESTING REQUIREMENTS AND PHASES**

**Symptomatic Residents and Staff**

For ALL long-term care residential facilities, testing of symptomatic residents and staff is **REQUIRED** and best practice infection prevention and control strategies, as directed by the [CDC](https://www.cdc.gov), CMS, and the [Vermont Department of Health](https://state.vt.us/health/) should be implemented and practiced.

**Nursing Homes and ICF/IID**

For Nursing Homes and the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) adherence to the Testing Strategy is **REQUIRED** in order to move between the Phases and to ease restrictions on visitation and congregate activities. The Testing Strategy is fully outlined later in this document.
Residential Care Homes (including Enhanced Residential Care), Assisted Living, Therapeutic Community Residences, Home for the Terminally Ill

For all other long-term care residential facilities (residential care homes, assisted living, therapeutic community residences, Home for the Terminally Ill) adherence to the Testing Strategy to move between the Phases is **OPTIONAL**.

**Enhanced Interventions to Prevent SARS-CoV-2 Transmission in Vermont Skilled Nursing Facilities**

Skilled Nursing Facilities that have chosen to enroll in the Enhanced Interventions Protocol shall maintain their commitment and participation as outlined by the Vermont Department of Health (VDH). Skilled Nursing Facilities who are interested in participating in the Enhanced Interventions, should contact the Vermont Department of Health, COVID19.HealthCareContactTracing@vermont.gov.

Additional testing as part of the Enhanced Intervention protocol, beyond the reopening guidance, includes:

- sequential testing of new admissions on day 0, 3, 7, 10, 13;
- sequential testing of all negative cohort residents and staff following a new onset staff/resident on days 0, 3, 7, weekly until no new positives for 14 days; and
- testing of residents frequently leaving the facility, such as for dialysis or clinic visits, every 3-4 days.
Phases of the Long-Term Care Facility COVID-19 Re-Start Plan

The Re-Start Plan uses four Phases to define reopening activities, including Phase 0.

Phase 0 is the baseline, most restrictive Phase, and would be used if there are current COVID-19 cases spreading within a facility, to achieve mitigation of COVID-19 transmission, regardless of community transmission.

Beyond Phase 0, facilities may progress through stages of re-starting in Phases 1, 2, and 3. If the Health Department determines that COVID-19 transmission risk in the community is sufficient to threaten the re-opening of long-term care residential facilities, DAIL may recommend facilities revert to an earlier phase.

A “new onset COVID-19 case” 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.

Facilities with COVID-19 positive cases who were admitted with a known positive status or who became positive during their quarantine do not need to return to Phase Zero if the facility is practicing effective Transmission-Based Precautions to prevent the transmission of COVID-19 to other residents and staff. In instances in which effective infection prevention and control measures are taking place, the facility may still advance through the phases of reopening without resetting their “no new onset cases” time period.

<table>
<thead>
<tr>
<th>Phase Zero: Facilities with new onset COVID-19 positive residents or staff within the last 14 days</th>
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<tbody>
<tr>
<td><strong>Symptom screening</strong></td>
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<td><strong>Visitation</strong></td>
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<td><strong>Non-essential personnel</strong></td>
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<td><strong>Trips outside the facility</strong></td>
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<td><strong>Communal Dining</strong></td>
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<td><strong>Group activities</strong></td>
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### Phase One: Facilities with no new onset COVID-19 positive residents or staff for at least 14 days

| **Symptom screening** | Screen 100% of all persons entering the facility.  
Screen 100% of residents at least daily |
|-----------------------|-------------------------------------------------------------------------------------------------|
| **Visitation**        | Compassionate Care only within the facility.  
Outdoor visitation with up to 2 visitors following this guidance |
| **Non-essential personnel** | No non-essential personnel |
| **Trips outside the facility** | Only medically necessary trips outside the facility |
| **Communal Dining**   | No communal dining |
| **Group activities**  | No group activities |

### Phase Two: Facilities with no new onset COVID-19 positive residents or staff for at least 28 days, and no substantial local community spread

| **Symptom screening** | Screen 100% of all persons entering the facility.  
Screen 100% of residents at least daily |
|-----------------------|-------------------------------------------------------------------------------------------------|
| **Visitation**        | Compassionate Care only within the facility.  
Outdoor visitation with up to 4 visitors following this guidance |
| **Non-essential personnel** | Non-essential healthcare and contractors allowed as determined necessary by the facility.  
Services should be coordinated among residents to reduce repeated visits. |
| **Trips outside the facility** | Some non-medically necessary trips permitted, based on risk of activity |
| **Communal Dining**   | Communal dining permitted with physical distancing, cohorting required |
| **Group activities**  | Group activities permitted with physical distancing, up to 10 residents, cohorting encouraged.  
Outside activities are preferred over indoor activities. |

### Phase Three: Facilities with no new onset COVID-19 positive residents or staff for at least 42 days, and no substantial local community spread

| **Symptom screening** | Screen 100% of all persons entering the facility.  
Screen 100% of residents at least daily |
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<tr>
<td><strong>Visitation</strong></td>
<td>Visitors allowed with social distancing and masks (as tolerated).</td>
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</table>
| **Non-essential personnel** | Non-essential healthcare and contractors allowed as determined necessary by the facility.  
Services should be coordinated among residents to reduce repeated visits. |
| **Trips outside the facility** | Some non-medically necessary trips permitted, based on risk of activity |
| **Communal Dining**   | Communal dining permitted with physical distancing, cohorting required |
| **Group activities**  | Group activities permitted, including outings, with physical distancing, cohorting encouraged |

**VERMONT**
Alterations to the Re-Start Plan
Vermont State Officials from DAIL and VDH will collaborate to address any revisions to the re-start plan based on ever-increasing knowledge of the virus. As facilities work through the re-start Phases, if changes are identified to better meet the needs of residents, DAIL and VDH will meet to recommend revisions.

Facility Self-Certification of Phases
A facility shall notify DAIL’s Division of Licensing and Protection as it enters each Phase. Each facility shall have documentation and policies regarding movement between Phases, which shall be readily available per request of DAIL or VDH. Notifications of Phase movement shall be made to surveyandcertification@vermont.gov.

If you have conducted facility-wide testing for COVID-19 before the publication of this guidance, consult with the Department of Health to determine whether that satisfies the baseline testing requirement.

New Admissions
New facility admissions are not be eligible for visitation, communal dining, group activities, or non-medically essential services like salon services for at least 14 days due to quarantine requirements.

Personal Protective Equipment
Proper use of PPE, as determined or recommended by CDC and CMS guidelines, must be maintained throughout all Phases.

PPE Resources:
- Department of Health PPE Guidance
- Infection Control Guidance
- Use of PPE for COVID-19
- PPE Optimization

Community Phases
State-based criteria are used to determine the level of COVID-19 infection transmission in Vermont (for example, a decline in the number of new cases, hospitalizations, or deaths (with exceptions for temporary outliers)). A critical part of facilities being able to expand visitation and congregate activities, is the infection phase of the state and the local community surrounding the facility. Community phases refer to the phase that Vermont is in as part of Restart Vermont. As of June 8, 2020, Vermont has reached Phase 3.

Facilities should continue to consider this information as they progress through each Phase. In addition to facility location, other considerations include the following: where staff live, where residents travel to for appointments, and where visitors come from.

**Testing Requirements for Nursing Homes and the ICF/IID**

Facility-wide testing aims at early detection and isolating new cases to prevent COVID-19 from entering and spreading in a facility. Molecular testing (e.g., PCR) is preferred. The test used should be able to detect SARS-CoV-2 virus with greater than 95% sensitivity, greater than 90% specificity, with results obtained in a timely manner. Serology (antibody) testing should not be used to inform diagnosis or patient care or cohorting decisions.

Facilities will need to determine a process that captures which residents and staff were tested or were unable to be tested and the results from each test. A template tracking tool (e.g., line list) is available from the Vermont Department of Health upon request.

Testing requirements for each Phase are outlined below.
# Testing Requirements per Phase

<table>
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<tr>
<th>Phase Zero: Facilities with new onset COVID-19 positive residents or staff within the last 14 days</th>
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| **Required Testing** | 1. New admissions - upon admission  
2. Symptomatic residents or staff - consider even mild symptoms |
| **Facility Wide Testing** | Immediately following detected positive COVID-19 case in a resident or staff |
| **Considerations regarding facility wide testing process** | Continue repeat viral testing of all previously negative residents and staff, every 3 days to 7 days, until the testing identifies no new cases of COVID-19 infection among residents or health care providers (HCP) for a period of at least 14 days since the most recent positive result, in alignment with CDC recommendation ([https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html)). If facilities are participating in the SNF Enhanced Interventions, repeat testing of the negative cohort will take place on day 3, day 7, and weekly until there are no newly identified positives for 14 days. |

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<tr>
<th>Phase One: Facilities with no new onset COVID-19 positive residents or staff for at least 14 days</th>
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| **Required Testing** | 1. New admissions - upon admission  
2. Symptomatic residents or staff - consider even mild symptoms  
3. Direct health care personnel - weekly tests |
| **Facility Wide Testing** | Immediately following detected positive COVID-19 case in a resident or staff, but not required to enter Phase One |

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<th>Phase Two: Facilities with no new onset COVID-19 positive residents or staff for at least 28 days, and no substantial local community spread</th>
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</table>
| **Required Testing** | 1. New admissions - upon admission  
2. Symptomatic residents or staff - consider even mild symptoms  
3. Direct health care personnel - ongoing, bi-weekly tests (every other week) |
| **Facility Wide Testing** | Baseline testing of all staff and all residents in the facility will be required prior to entering Phase Two for the first time. Facility-wide, baseline testing includes all residents and all staff of a facility. |

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<tr>
<th>Phase Three: Facilities with no new onset COVID-19 positive residents or staff for at least 42 days, and no substantial local community spread</th>
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| **Required Testing** | 1. New admissions - upon admission  
2. Symptomatic residents or staff - consider even mild symptoms |
| **Optional Testing** | Direct health care personnel - ongoing, bi-weekly |
| **Facility Wide Testing** | Immediately following detected positive COVID-19 case in a resident or staff |
Testing for All Other Residential Facilities
Other Residential Facilities have the option, but will not be required, to follow the testing framework outlined for skilled nursing facilities above to move between Phases of re-opening.

For all facilities, facility-wide testing will be recommended following a new onset COVID-19 case in a staff or resident. Staff and residents should be tested when experiencing any COVID-19 symptoms. ALL facilities should consider facility-wide testing under the following circumstances:
  • when there is substantial community spread; or
  • when any residents or staff are confirmed by laboratory testing to have COVID-19.

Testing Refusals or Altered Ability to Make a Decision About Testing
Facilities should develop a procedure for addressing residents or staff that decline or are unable to be tested. If a resident or staff member refuses to be tested, the facility should:
  1. Educate the refusing individual on the importance of testing in providing protection to other facility residents and facility staff.
  2. Answer any questions posed by the refusing individual.
  3. Address any concerns about testing raised by the refusing individual.
  4. Have a plan in place for how to handle staff who refuse to be tested. This may require consultation with employment law experts and/or Human Resources personnel.

Timeline and Testing Guidance
Facility-wide testing is expected to take place July – September of 2020 for facilities entering Phase 2 for the first time. There is limited laboratory capacity, and outbreaks will be prioritized over facility-wide baseline testing of more than 6,000 Skilled Nursing Facility staff and residents. Flexibility of scheduling is appreciated as we work towards reopening facilities safely. The Department of Disabilities, Aging and Independent Living and the Department of Health will provide initial support and guidance on how facilities can conduct facility-wide testing. Facilities should make a long-term testing plan to support ongoing testing of staff.

Contact Information
To self-certify a facility’s phase and regulatory questions related to this long-term care facility re-start plan, contact: surveyandcertification@vermont.gov.

To schedule a skilled nursing facility’s baseline facility-wide test, to enroll in the Enhanced Interventions to Prevent SARS-CoV-2, contact:
COVID19.HealthCareContactTracing@vermont.gov.