Long Term Care Guidance for Operations During COVID-19 Health Emergency

Revised Date: 04/05/2022

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Introduction

Vermont guidance to skilled nursing facilities and other long term care facilities incorporates the newest information from CMS and CDC, including CMS revised memos to nursing homes (QSO-20-38-NH) and (QSO-20-39-NH). Please refer to www.cdc.gov and Policy & Memos to States and Regions | CMS for details not found in this document.

The Vermont Department of Health (VDH) continues to assist long term care facilities (LTCFs) in their response to COVID19 exposures. In the event of a positive COVID19 test result, please refer to The Long-Term Care Facility Checklist for initial and ongoing steps, and also information for the necessary notification of VDH and DAIL.

In general, the *requirements* that are still in place for long term care facilities are put forth by CMS, and are largely limited to licensed skilled nursing facilities, while CDC and VDH make *recommendations* for infection prevention and control for long term care facilities overall.

Even as staff and resident vaccination and booster rates increase, COVID19 cases drop, and restrictions loosen up, LTCFs must remain vigilant to protect residents. No vaccine is 100% effective and the following core principles and best practices can reduce the risk of COVID-19 transmission, and should be maintained at all times.

Core Principles of COVID-19 Infection Prevention for staff, residents, and visitors

- Facilities should screen all who enter, for the following visitation exclusions (does not have to be active screening done by or supervised/reviewed by facility staff). Entry should not be permitted for visitors who have a positive viral test for COVID-19 (and have not met the criteria used for **residents** to discontinue isolation/transmission-based-precautions), symptoms of COVID-19, or currently meet the criteria for quarantine used for residents of a long term facility. Please note that at this time, the criteria for residents to end quarantine/isolation is **not the same** as the community criteria. See this link for the information about current criteria for residents of LTCF's to discontinue quarantine/isolation. A facility may decide on a case-by-case basis whether to allow the entry of visitors with a known ongoing household exposure or other higher risk situations who are not required to quarantine due to vaccination status.
- Hand hygiene.
- Face covering or mask (covering mouth and nose, including for staff who are up-to-date with all recommended COVID-19 vaccine doses) and physical distancing at least six feet between persons, in accordance with CDC guidance;

• Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, and infection control precautions.

• Appropriate staff use of Personal Protective Equipment (PPE), including for up-to-date staff;

• Cleaning and disinfecting frequently touched surfaces in the facility often, and designated visitation areas after each visit.

• Effective cohorting of residents to the extent possible when facility structure and staffing can accommodate, while also maintaining resident rights (e.g. separate areas dedicated to COVID-19 care)

• Resident and staff testing conducted as required by CMS or as recommended by the State of Vermont.

COVID19 Testing

Routine Surveillance Testing

The Vermont Department of Health recommends routine weekly surveillance testing of long-term care facility staff according to this HAN. Routine staff surveillance testing based on level of community transmission is *required* for skilled nursing facilities and *recommended* for other long term care facilities. CMS requires routine testing of non-up-to-date staff to be conducted weekly for counties with moderate transmission, and twice per week for counties with substantial or high transmission.

CMS guidance uses CDC's level of community transmission (COVID-19 Data Tracker) to determine the frequency of routine surveillance testing of non-up-to-date staff. You can find your county's community transmission level here. This is not to be confused with CDC's COVID-19 community levels which do not apply to healthcare workers or CMS facilities with respect to infection prevention and control guidance.

With rapidly changing guidance from CMS and CDC, **VDH guidance may change**. Please refer to this site for updated HANs which may supersede this information.

Testing of Staff and Residents with COVID-19 Symptoms or Signs

Staff with symptoms or signs of COVID-19, *regardless of vaccination status,* are required to be tested *immediately* and are expected to be restricted from the facility pending the results of COVID-19 testing. If COVID-19 is confirmed, staff should follow Centers for Disease Control and Prevention (CDC) guidelines "Criteria for Return to Work for Healthcare Personnel with SARS-CoV2 Infection." Staff who do not test positive for COVID-19 but have symptoms should follow

facility policies to determine when they can return to work. Staff who work infrequently at the facility should ideally be tested within the three days prior to their shift (including the day of the shift).

Residents who have signs or symptoms of COVID-19, *regardless of vaccination status,* are required to be tested *immediately*. While test results are pending, residents with signs or symptoms should be placed on transmission-based precautions (TBP). Once test results are obtained, the facility must take the appropriate actions based on the results.

Outbreak/Response Testing

In Skilled Nursing Facilities, following the identification of a positive staff or resident, revised CMS guidance now allows for a more targeted approach instead of broad, facility wide testing, when appropriate to the circumstances. **Please note that the local public health authority (VDH) maintains the right to call for a broader approach than what CMS indicates.**

When there is a newly identified COVID-19 positive staff or resident in a facility that can identify close contacts:

1. The facility is to test all **staff**, regardless of vaccination status, that had a **higher-risk exposure** with a COVID-19 positive individual (see definitions section for definition of "higher-risk exposure");

2. The facility is to test all **residents**, regardless of vaccination status, that had **close contact** with a COVID-19 positive individual (see definitions section for definition of "close contact").

When there is a newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts:

1. The facility is to test all **staff**, regardless of vaccination status, facility-wide **or** at a group level if staff are assigned to a specific location where the new case occurred (e.g. unit, floor, or other specific area(s) of the facility);

2. The facility is to test all **residents**, regardless of vaccination status, facility-wide **or** at a group level (e.g. unit, floor, or other specific area(s) of the facility).

*Staff and residents that test negative should be retested according to CDC recommendations. The testing plan for staff and residents will be established by VDH during the outbreak investigation.

Testing of Staff with a Higher-Risk Exposure and Residents who had a Close Contact

For information on testing staff with a higher-risk exposure to COVID-19 and residents who had close contact with a COVID-19 positive individual, when the facility is not in an outbreak status,

see the CDC's "Interim Infection Prevention and Control Recommendations to Prevent SARSCoV-2 Spread in Nursing Homes" and "Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2." Examples may include exposures from a visitor, while on a leave of absence, or during care of a resident on the COVID-19 unit.

Documentation and Reporting of COVID-19 Test Results

Any positive COVID-19 test results need to be reported to the Vermont Department of Health immediately.

Any facilities using Point of Care testing devices through a CLIA certificate of waiver are required by federal CLIA regulations to **report all results** to the Vermont Department of Health, **using the instructions on the lab results reporting page.** All COVID-19 results (positive, negative, etc.) are required to be reported to the Vermont Department of Health within 24 hours of test report completion. You may find more information on how to report point of care results here. Electronic reporting to the Department of Health is preferred.

Refusal of Testing

Facilities must have procedures in place to address staff who refuse testing. Procedures should ensure that staff who have signs or symptoms of COVID-19 and refuse testing are prohibited from entering the building until the return to work criteria are met. If outbreak testing has been triggered and a staff member refuses testing, the staff member should be restricted from the building until the procedures for outbreak testing have been completed.

Facilities must also have procedures in place to address residents who refuse testing. In discussing testing with residents, staff should use person-centered approaches when explaining the importance of testing for COVID-19. Procedures should ensure that residents who have signs or symptoms of COVID-19 and refuse testing are placed on transmission-based precautions (TBP) until the criteria for discontinuing TBP have been met. If outbreak testing has been triggered and an asymptomatic resident refuses testing, then the facility should be vigilant with the core principles listed above, regarding this resident.

Other Testing Considerations

In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT, such as a PCR or LAMP test) is recommended. This is because some people may remain NAAT positive but not be infectious during this period. Facilities should continue to monitor the CDC LTC webpage and FAQs for the latest information.

New Admissions

- It is not required to be vaccinated for COVID-19 prior to admission to a long-term care facility.
- It is not required to have a negative COVID-19 test to be admitted to a long-term care facility.
- See below for quarantine guidance for new admissions.

Quarantine

- New facility admissions are generally recommended for quarantine by the CDC with some exceptions:
  - The new admission is up-to-date with all recommended COVID-19 vaccine doses.
  - The new admission is within 90 days of a PCR confirmed SARS-CoV-2 infection.
  - The facility is in an area with minimal to no community transmission and may elect utilization of a risk-based approach for determining whether the resident requires quarantine upon admission.
- Quarantined residents should not participate in communal dining, group activities, or non-medically essential services like salon services for the duration of their quarantine.
- Quarantined residents may be able to safely participate in outdoor visitation, if visitation can be accommodated while maintaining quarantine (e.g. without coming in close contact with other residents/staff, outdoor visits via an entrance directly to the quarantine area, or window visits.)
- CDC recommends that newly-admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests for SARS-COV-2 infection; immediately and, if negative, again 5-7 days after their admission.
- See the CDC's guidance for Managing Residents with Close Contact for additional details regarding quarantine duration and restrictions, and VDH's Long Term Care Quarantine and Isolation guidance for state-specific information.

Entry of Health Care Workers and Other Providers of Services

Health care workers who are not employees of the facility but provide direct care to the facility's residents, must be permitted to come into the facility provided 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. In addition to health care workers, personnel educating and assisting in resident transitions to the community should be permitted entry consistent with this guidance.

Trips Outside of the Facility

Facilities must permit residents to leave the facility as they choose. Should a resident choose to leave, the facility should remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices including wearing a face covering or mask, physical distancing, and hand hygiene and to encourage those around them to do the same. Refer to the Quarantine section above regarding recommended testing for those who are gone from the facility for over 24 hours.

If the resident or family member reports possible close contact to an individual with COVID-19 while outside of the nursing home, test the resident for COVID-19, regardless of vaccination status. Place the resident on Transmission-Based Precautions and quarantine.

Visitation

Please refer to this CMS document regarding visitation. It is important that each facility develop visitation policies that consider both the impact of resident isolation and the importance of the core principles of COVID19 infection prevention. Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations. While previously acceptable during the PHE, facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.

- Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents. Facilities should ensure that physical distancing can still be maintained during peak times of visitation (e.g., lunch time, after business hours, etc.). Also, facilities should avoid large gatherings (e.g., parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.
- If the nursing home's county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times during visits.
- While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors if they so choose. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents who are on TBP or quarantine,

visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident.

- Visitors must be able to adhere to the core principles (above), except in the scenarios described below (in Physical Touch section).
- Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the designated visitation area or resident room.
- While visitor testing and vaccination can help prevent the spread of COVID-19, **visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.**
- Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practical even when the resident and visitor are fully vaccinated against COVID-19. Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots.
- When outdoor visits are not feasible, facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status).
- Physical distancing should be maintained at all times, particularly from other residents/visitors not part of their group, except in the scenarios described under Physical Touch.
- Staff should be prepared to end visits if visitors demonstrate an unwillingness or inability to comply with the core principles.

Physical Touch

Residents, regardless of vaccination status, can choose not to wear face coverings or masks when other residents are not present, and have close contact (including touch) with their visitor.

Residents (or their representative) and their visitors, who are not up-to-date with all recommended COVID-19 vaccine doses, should be advised of the risks of physical contact prior to the visit.

Using a person/resident-centered approach, facilities can decide when physical touch is allowable during visits, on a case-by-case basis, when the resident is not able to communicate their choice, in consultation with the resident’s legally responsible party.

Indoor Visitation during an Outbreak Investigation

An outbreak investigation is initiated when a new nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff). To swiftly detect cases, we remind facilities to adhere to CMS regulations and CMS, CDC, & VDH guidance for COVID-19 testing, including routine staff testing, testing of individuals with symptoms, and outbreak testing.

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing in accordance with CMS QSO 20-38-NH REVISED and CDC guidelines.

While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention. If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits, regardless of vaccination status, and visits should ideally occur in the resident's room. Visitors should be directed to travel directly to the resident's room or designated visitation area. Facilities should contact the Vermont Department of Health at AHS.VDHEPICOVID19Program@vermont.gov for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation.

Visitor Testing and Vaccination

We encourage visitors to become vaccinated when they have the opportunity. While visitor testing and vaccination can help prevent the spread of COVID-19, **visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.** However, there may be additional allowances (e.g. physical touch without masking) for visitors who are up-to-date. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems, as described below.

While not required, facilities in counties with substantial or high levels of community transmission can consider offering testing to visitors, if feasible. State-supplied antigen kits are not to be used for this purpose. If facilities do not offer testing, they should encourage visitors to be tested on their own before coming to the facility (e.g., within 2–3 days).

Communal Activities and Dining

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining should be occurring (for those not in quarantine, or in isolation with suspected or confirmed COVID-19 status). Additionally, group activities should also be occurring. Facilities may be able to offer a variety of activities while also taking necessary precautions.

The safest approach is for everyone, regardless of vaccination status, to wear a face covering or mask while in communal areas of the facility; however, exceptions may be made following CDC guidance. For more information, see the Implement Source Control section of the CDC guidance "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic."

Resources

Accessing PCR Tests

The Vermont Agency of Human Services has established a contract with CIC Health to assist long-term care facilities in accessing reliable PCR testing through the Broad Institute. Facilities can contact surveyandcertification@vermont.gov to arrange for testing under the State's agreement.

Accessing Antigen Tests

Some long-term care facilities have received antigen testing equipment and/or supplies directly from the federal government. These supplies may be used. Facilities that have not received a federal allocation, or that need additional antigen testing capacity, will receive Abbott BinaxNOW™ COVID-19 antigen tests from the Health Department. Questions may be sent to ahs.binaxnowtesting@vermont.gov.

Personal Protective Equipment

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

PPE Resources:

- Infection Control Guidance
- Use of PPE for COVID-19
- PPE Optimization

Access to the Long-Term Care Ombudsman and/or Disability Rights Vermont

In-person access to residents may not be limited. Representatives of the Office of the Ombudsman and Protection and Advocacy Programs should adhere to the core principles of COVID-19 infection prevention. If an ombudsman or advocate is planning to visit a resident who is in TBP or quarantine, or an unvaccinated resident in a nursing home in a county where the level of community transmission is substantial or high in the past 7 days, the resident and ombudsman/advocate should be made aware of the potential risk of visiting, and the visit should take place in the resident's room. If the resident or the Ombudsman/advocate program requests alternative communication in lieu of an in person visit, facilities must, at a minimum, facilitate alternative resident communication with the ombudsman and/or advocate, such as by phone or through use of other technology.

Definitions

"**Close contact**" refers to someone who has been within 6 feet of a COVID-19 positive person for a cumulative total of 15 minutes or more over a 24-hour period.

Facility staff - includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions. For the purpose of testing "individuals providing services under arrangement and volunteers," facilities should prioritize those individuals who are regularly in the facility (e.g., weekly) and have contact with residents or staff. We note that the facility may have a provision under its arrangement with a vendor or volunteer that requires them to be tested from another source (e.g., their employer or on their own).

"**Higher-risk exposure**" refers to exposure of an individual's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if present in the room for an aerosol-generating procedure. This can occur when staff do not wear adequate personal protective equipment during care or interaction with an individual. For more information, see CDC's "Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARSCoV-2."

"**Level of community transmission**" refers to facility's county level of COVID-19 transmission. This metric uses two indicators for categorization (1. Total number of new cases per 100,000 persons within the last 7 days and 2. Percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) during the last 7 days), which can be found on the Centers for Disease Control and Prevention (CDC) COVID-19 Integrated County View site at https://covid.cdc.gov/covid-data-tracker/#county-view

"Up-to-Date" means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.