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

Effective Date:
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Contents

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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 rates increase, COVID19 cases drop, and restrictions loosen up, LTCFs must remain vigilant to protect residents. No vaccine is 100% effective and there are variants of concern circulating in Vermont that have shown increased transmissibility. The following core principles and best practices, which reduce the risk of COVID-19 transmission, should be maintained at all times.

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

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms.

- Hand hygiene.

- Face covering or mask (covering mouth and nose, including for fully vaccinated staff) and physical distancing at least six feet between persons, in accordance with CDC guidance; Fully vaccinated HCP can gather with other fully vaccinated staff without physical distancing or source control for dining, meetings, or in break areas as outlined in CDC guidance above. Fully vaccinated residents may gather without source control or physical distancing as long as there are no unvaccinated residents present.

- 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 fully vaccinated staff;

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

• 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 surveillance testing of unvaccinated staff according to this Health Alert (HAN). Routine staff surveillance testing of unvaccinated staff (based on county positivity rates) is *required* for skilled nursing facilities, and *recommended* for other long term care facilities. Use this link to obtain county positivity rates. 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, *vaccinated or unvaccinated,* 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.

Residents who have signs or symptoms of COVID-19, *vaccinated or not vaccinated,* 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, all staff and residents should be tested, regardless of vaccination status, and all staff and residents that test negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.

In other long term care facilities, consult with VDH to develop a staff and resident testing plan based on exposure risk.

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. Electronic reporting to the Department of Health is preferred and options for reporting can be found here.

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 keeping with current CDC recommendations, staff and residents who have recovered from COVID-19 (previously tested positive) and are asymptomatic do not need to be retested for COVID-19 within 90 days after symptom onset or date of specimen collection for persons remaining asymptomatic.

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 14-day quarantine by the CDC with some exceptions:
  - The new admission is fully vaccinated.
  - 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.
- At this time per the CDC, fully vaccinated residents who meet the definition of close contact exposure to a known case of SARS-CoV-2 are still recommended for quarantine, with an option to test out on or after day 7.
- 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.)

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.

Trips Outside of the Facility

Non-medically necessary trips outside of the facility are permitted. Fully vaccinated residents do not need to quarantine upon return unless they had a known exposure.

Residents taking social excursions outside the facility should be educated about potential risks of public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces. They should be encouraged and assisted with adherence to all recommended infection prevention and control measures, including source control, physical distancing, and hand hygiene. If they are visiting friends or family in their homes, they should follow the source control and physical distancing recommendations for visiting with others in private settings as described in the Interim Public Health Recommendations for Fully

Vaccinated People.

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. Keep in mind that while some restrictions have loosened, close contact between even a fully vaccinated resident and a COVID+ visitor can still result in the need to quarantine.

- Visitors are screened for symptoms of COVID-19 immediately prior to any visitation with staff or residents of a facility. Those with symptoms must be excluded from visitation.
- All visitations should be documented and tracked, including maintaining a log of times and dates of all visitors, and their contact information.
- Visitors must be able to adhere to the core principles (above), except in the scenarios described below (in Physical Touch section)
- Unvaccinated residents should also be encouraged to wear facemasks or cloth face coverings during visits if they can tolerate them; see exceptions laid out in these CDC recommendations.
- 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), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:
    - Unvaccinated residents, if the facility's COVID-19 county positivity rate is greater than 10% and less than 70% of the residents in the facility are fully vaccinated;

  - Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or
  - Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine;
  - Pending first round of unit/facility wide testing during response.
- 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.
- Compassionate care visits are always allowed, and ideally comply with all the above; however, flexibility may be offered to ease hardship on these residents and their families.
- Facilities might need to limit the total number of visitors in the facility at one time to maintain recommended infection control precautions, or number of visitors per patient/resident at once to maintain requisite physical distancing. **Scheduling visits in advance and limiting the duration of visits is *not required.* Facilities might consider this approach *if necessary* to help ensure all residents are able to receive visitors**.

Physical Touch

If a resident is fully vaccinated they can choose to have close contact (including touch) with their visitor in accordance with the CDC's Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination. If both parties are fully vaccinated, they may choose to forego source control. A fully vaccinated resident may choose to have close contact, including touch, with their unvaccinated visitor(s), however we recommend both resident and visitor wear well-fitting source control. For unvaccinated residents receiving visitors, CDC continues to *recommend* physical distancing and wearing well-fitting source control.

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.

NOTE: Current CDC recommendations state that there are limited data on vaccine protection in people who are severely immunocompromised, and that healthcare facilities should continue to follow the infection prevention and control recommendations for unvaccinated individuals (e.g., quarantine, testing) when caring for fully vaccinated individuals with a severely

immunocompromising condition. See introduction section in above link for examples of severely immunocompromising conditions.

Indoor Visitation during an Outbreak

An outbreak exists when a new facility onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff). This guidance is intended to describe how visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility. NOTE: VDH uses an outbreak definition different than the one above. The definition above is from CMS and would not automatically result in VDH declaring an outbreak at a facility.

When a new case of COVID-19 is identified among residents or staff in a skilled nursing facility, the facility should immediately begin outbreak testing and suspend all visitation (except compassionate care and end-of-life visits), until at least one round of facility-wide testing is completed. Decisions on resuming visitation will be based on CMS guidance and made in consultation with VDH.

NOTE: In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention.

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 vaccinated. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems, as described below.

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 CDC has provided additional guidance on activities and dining based on resident vaccination status. The following link provides more information on the need for source control and distancing during these activities: Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination.

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 without reasonable cause. Representatives of the Office of the Ombudsman should adhere to the core principles of COVID-19 infection prevention. If in-person access is not advisable, such as the Ombudsman or Advocate having signs or symptoms of COVID-19 or the facility being in an active outbreak situation, 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 - within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period with someone with SARS-CoV-2 infection.

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).

Fully vaccinated - greater than or equal to 2 weeks following receipt of the second dose in a 2-dose series, **or** greater than or equal to 2 weeks following receipt of one dose of a single-dose vaccine.

Unvaccinated - refers to a person who does not fit the definition of "fully vaccinated," including people whose vaccination status is not known, for the purposes of this guidance.