

Background

On March 13th, Governor Scott issued an executive order declaring a state of emergency. Designated and Specialized Service Agencies have responded to the public health emergency with great creativity and effectiveness to continue services with precautions and necessary physical distancing, often with the use of new technologies.

Due to the significant steps that the state has taken to ensure physical distancing, Vermont has averted a surge. We now anticipate a more prolonged period of COVID-19 infection with periodic and unpredictable “hot spots” occurring. Congregate living arrangements are particularly susceptible to outbreaks. Accordingly, all communities in Vermont must remain vigilant as we continue to combat the virus.

Agencies assume that increasing access to face-to-face care will not be a linear process, but a movement back and forth between phases as further breakouts occur. It is important to note that as COVID-19 ebbs and flows, the Vermont Department of Health (VDH) may recommend a return to a stricter set of standards. Vermont Care Partners and its network agencies will continue to coordinate with VDH, the Vermont Department of Mental Health (DMH), the Vermont Department of Disabilities, Aging, and Independent Living (DAIL), and the broader community, to effectuate this guidance and adapt it as necessary based on emerging conditions and community-specific factors.

VCP and its network agencies clearly recognize the need for a flexible approach which will be impacted by surges, the availability of PPE, real-time testing, and tracking. It is important to reiterate that agencies have continued to provide services over the duration of the pandemic. The following guidelines for consideration are offered to enable in-person services and supports (i.e. supported employment) as well as choice in method of access, when appropriate (face to face supports etc.) for the people we serve. Agencies will follow the most up to date versions of all required guidelines, including but not limited to [Centers for Disease Control \(CDC\)](#), [Vermont Department of Health \(VDH\)](#), guidelines, including: [Guidance for Direct Service Providers, Caregivers, Parents, and People with Developmental and Behavioral Disorders and People with Developmental and Behavioral Disorders](#), and this guidance document may be modified in the future as new guidance is released. Agencies will develop their own specific guidelines and standards to augment the following system-wide guidelines for consideration.

While following best practices for containment of COVID-19, consideration shall be given to person-centered practices that allow for a range of abilities that could impact an individual’s ability to comply with hygiene protocols. Individuals working with their team shall determine how to provide supports (i.e. for handwashing, face covering usage etc.). This will be done in a manner that conforms to accepted hygiene practices to the extent practicable based on the individual’s unique circumstances while at the same time not significantly restricting an individual’s access to services that might otherwise be available. Individuals will also help define what level of direct services and telehealth services would be most supportive for them.

In the months of providing telehealth services for the range of people that agencies support, it is apparent that for some this transition has been positive and indeed is a viable service, while for others a more traditional face to face service is essential.

Process for Increasing Face-to-Face Contact with a Focus on Safety and Well-Being for All

Agencies have been and are continuing to provide “essential” in-person services such as:

- residential services,
- short-term crisis programming,
- necessary medical and nursing services.
- Transportation to appointments.
- Assistance with daily living.
- Delivery of meals, groceries and supplies.

When appropriate, services have been and may continue to be provided remotely through phone and telehealth.

On June 17, 2020, Governor Scott announced easing of restrictions for “older and vulnerable Vermonters” along with continued emphasis on precautions:

- Continue to follow all CDC and VDH guidance, including keeping six feet apart, frequently washing hands with soap and water, avoiding others when sick, and more.
- Avoid high risk areas (positive rate, trend in case rates, outbreaks).
- Whenever possible, choose outdoor activities and keep indoor contact brief.
- Minimize face to face contact while talking or while doing activities that require exertion.
- Watch the size of the room and the number of people in the room

Easing of restrictions means that agencies may begin to provide in-person services that had previously been suspended, or deemed “non-essential”. In-person services that had previously been suspended will increase on a gradual and cautious timeline, in alignment with state and federal guidance and choice by the people we serve.

Agencies will utilize AHS' Re-Start Guidance for Home-Based Service Delivery and other State guidance when determining the best timing for moving forward with increasing non-urgent care on a face-to-face basis. The assessment will be based on statewide and local factors including access to testing and inventories of PPE, supplies and medicines, which must be sufficient to support safe and effective health care delivery, and input on the best delivery modality from the person being served. Agencies must also simultaneously be prepared to address unexpected outbreaks of COVID-19.

Governor Scott's [Work Smart and Stay Safe](#) initiative lays out how businesses can return to work. This resource is designed to be a one-stop portal of tools needed to comply with the Work Smart and Stay Safe initiative.

1. [Read the memo](#) to determine if you can reopen.
2. **Follow the health and safety protocols** included in the memo.
3. **Train your employees** using [VOSHA online training](#).
4. **Create a health screening tool** using the state's [pre-screening procedures](#) and [pre-screening health survey](#) as a model.
5. [Post signage](#) around your workplace to remind employees and visitors to practice proper hygiene and screen themselves.
6. **Be ready for a case of COVID-19** at your workplace by preparing to respond.
7. [Adopt or create a sector-specific reopening and training plan](#).

VERMONT CARE PARTNERS GUIDELINES FOR CONSIDERATION

The following are guidelines to be considered by all agencies. Person-centered care and agency specific populations may make implementation of some recommendations difficult. In such cases, assessments will be made and alternative solutions implemented.

COVID-19 GUIDELINE PRINCIPLES

- *Person-Centered* – follow person-centered practices which are the core of our services and supports.
- *Safety Focused* – prioritize safety for both staff and individuals and families while caring for the people we serve.
- *Health Conscious* – be aware of COVID-19 symptoms, protecting yourself, and protecting our community.
- *Mindful Communication* – with staff/contactors, the people we serve, and the community.
 - Be compassionate in managing expectations related to the many changes resulting from COVID-19.
 - Provide reassurance and affirmation of safety.

- *Effective Implementation* – with staff/contactors, the people we serve, and the community.
 - Be aware of necessary building safety related to physical distancing and the need to properly disinfect areas used so they can be ready for next use.
 - Practice all process changes and directives as they are communicated.
- *Focused Outreach* – ask for help, ask if someone needs help; the new normal is new for all of us.

COVID-19 RISK WITHIN AGENCIES

The CDC has broken down exposure risk into 4 categories. Very High, High, Medium and Low. Staff at agencies would generally fall under the risk levels of High, Medium and Low. There is a risk of High exposure only for staff working with known or suspected COVID-19 positive clients. The Very High category as defined by the CDC does not apply to agency work at this time.

Very High - Healthcare workers (e.g., doctors, nurses, dentists, paramedics, EMTs) performing or present for aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, CPR, some dental procedures and exams, invasive specimen collection) on known or suspected COVID-19 patients. Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients. Morgue workers performing autopsies on the bodies of people who are known to have, or suspected of having COVID-19 at the time of their death.

High – In-person care of a known or suspected COVID-19 positive person being served. Transport of a known or suspected COVID-19 positive client in an enclosed vehicle. Additionally, supporting a COVID-19 positive person at a state sponsored COVID-19 recovery site.

Medium –Jobs that require frequent (i.e., more than a few minutes) and/or close (i.e., within 6 feet) contact with people who may be infected but are not known or suspected COVID-19 patients. The majority of agency jobs fall under this category.

Low - Jobs that do not require contact with people known to be or suspected of being positive for COVID-19, nor frequent close contact with (within 6 feet) of the general public. Staff in this category have minimal occupational contact with the public and other coworkers.

GENERAL AGENCY – BROAD WORKPLACE GUIDANCE FOR AGENCY CONSIDERATION

Staff/Contractor and Visitor Health:

1. Contractors and staff should not report to work or remain at work if showing symptoms of COVID-19, have been in contact with someone with COVID-19 in the last 14 days, or have been tested and are awaiting results. Refer to the [VDH website](#) for up-to-date testing and quarantine guidelines.

2. Contractors and staff (including community support workers, take a health pre-screening survey each day before work. Thermometers will be provided when available.
 - a. Have they been in close contact with a person who has COVID-19?
 - b. Do they have a temperature?
 - c. Do they feel unwell with any symptoms consistent with COVID-19? This includes cough, fever, shortness of breath, chills, fatigue, muscle pain or body aches, headache, sore throat, loss of taste or smell, congestion or runny nose, nausea, vomiting or diarrhea.
3. All visitors will complete a health pre-screening survey prior to spending time in agency buildings.
4. Home providers will inform agencies if they or anyone in their home are sick or symptomatic.

If a staff/contractor has had direct exposure (less than 6 feet away for 15 minutes or more), to a person that is being tested for COVID-19 due to symptoms, they should not come to work until the status of the person with whom they had contact is determined to be negative. If the test results are:

- **Positive** for COVID-19, then continue to quarantine for 14 days.
 - **Negative** for COVID-19, then complete [self-observation](#).
5. Signs must be posted at all entrances to buildings clearly indicating that no one may enter if they have symptoms of COVID-19.
 6. Agencies will provide soap and water or hand sanitizer during duration of work, and frequent handwashing or hand sanitization is required, including before entering, and leaving, work locations.
 7. For all staff/contractors, regardless of specific exposure risks:
 - Practice good and frequent hand hygiene
 - Follow good cough/sneeze etiquette
 - Avoid touching the eyes, nose, or mouth with unwashed hands
 - Avoid close contact with people who are sick
 - Use hand sanitizer when you can't use soap and water

Physical Distancing

1. Continue to use technology to reduce face-to-face encounters when necessary and/or when preferred.
2. All staff should diligently practice physical distancing of 6 feet while at work unless noted. (example: specific situations when working with a person in a residential program).

3. In accordance with the current mandatory health and safety requirements found on the [ACCD website](#), staff congregation must be limited including physical distancing parameters, and all common areas in main buildings, such as break rooms and cafeterias, must limit number of personnel. Signage will be employed highlighting room limitations.
4. Waiting rooms, if used, will be spaced to require a minimum of six-foot physical distancing.
5. Agencies should follow the current ACCD guidance on using of vehicles when conducting work. As of 6/30/20, no more than three (3) people shall occupy one vehicle when conducting work, and occupants shall wear face coverings while riding together unless the person needs 2:1 support. Vehicles be disinfected between transporting person served following CDC Cleaning & Disinfecting Transport Vehicles guidelines.
6. Face coverings are an important tool in protection from the spread of COVID-19 virus. They protect others from you. Any person could be COVID-19 positive and asymptomatic.
 - Staff/contractors must wear face coverings over their nose and mouth when in the presence of others unless it does not meet the needs of the person being served. If staff are unable to comply with this requirement, they may not serve individuals in person.
 - In the case of front office / greeting staff, a glass door barrier is acceptable in lieu of a face covering.
 - Visitors to all locations must wear face coverings unless they are unable to do so. For those who are unable to wear face coverings, alternate accommodations will be made. If individuals do not own a face covering, they will be available at front office locations, assuming availability (See section on PPE).

Building Maintenance

1. All common spaces and equipment (including bathrooms, frequently touched surfaces and doors, tools and equipment, and vehicles) must be cleaned and disinfected regularly as directed by site specific governing guidelines.
2. For some office spaces, it may be necessary to create “sneeze guards” or other protection depending on the numbers of persons occupying the space.
3. When working inside, open doors and windows to promote air flow to the greatest extent possible.
4. Ventilation patterns and air change rates can assist in lessening contamination. If necessary, heating and air conditioning systems may be evaluated and will be used as deemed safe and appropriate. Site and system specific directive will be provided.
5. Identify and manage flow of traffic at building locations to enable physical distancing. This could include staggering the number of people in an office space at one time.

Personal Protective Equipment (PPE)

PPE and medical supplies will be maintained through a defined system at each agency assuming availability. PPE will be available based on availability in all buildings and programs as appropriate for staff/contractor risk level. All staff/contractors who may need to utilize full PPE (high-risk) will complete agency PPE training as directed by their agency-specific point person.

If agencies are unable to source PPE through other supply channels, they may submit a request through the State stockpile [PPE Request Form link](#). The State stockpile of PPE is intended to augment, but not replace private sourcing of materials. Vermont Emergency Management maintains a webpage with a list of suppliers with known availability for items such as hand sanitizer and PPE; consult this frequently for updates: <https://vem.vermont.gov/ppe>. Agencies may also purchase PPE through other channels known to them.

For specifics on PPE guidance by setting please refer to:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/SOV-Personal-Protective-Equipment-Guidance.pdf>

Staff Training

Staff will complete any COVID-19 required trainings. These trainings may include: VOSHA trainings, CDC trainings, specific governing or licensing body trainings, or internal trainings. Any new trainings required will be communicated to staff on an as needed basis.

COVID-19 Testing prior to Hospital Discharge

COVID-19 testing should be done prior to placements into residential settings for individuals discharged from a hospital and other congregate health care facilities. Best practice guidelines from VDH related to isolation for 14 days after transition should be followed to ensure a safe entry into a residential setting. Refer to the [VDH website](#) for up-to-date testing and quarantine guidelines.

Agencies will collaborate regionally to identify testing locations and will follow VDH advisories regarding location of testing sites and collection of specimens when testing is required for individuals already in our care.

[Dedicated transportation is available for people who are suspected COVID-19 positive. Adult Day Centers may refer to the AHS Transportation for Individuals with Confirmed or Suspected COVID-19 Guide if a person at the center develops symptoms and needs to be transported to a testing or recovery site.](#)

COVID-19 RESOURCES AND GUIDANCE FOR CONSIDERATION

The Vermont Department of Health has public health nurses available to answer health related questions from 8:00 AM to 3:00 PM Monday through Friday. Call **802-863-7240**.

Additional Resources:

- [Centers for Disease Control](#)
- [Occupational Safety and Health Administration](#)
- [Vermont Department of Health](#)
- [Adult Residential: VDH](#)
- [Vermont Department of Children and Families](#)
- [Gubernatorial Guidelines](#)
- [Vermont Agency of Education](#)
- [Vermont Department of Mental Health](#)
- [Vermont Department of Disabilities, Aging and Independent Living](#)
- [Vermont Department of Labor](#)
- [Guidance for Afterschool, Summer and Childcare Programs](#)
- [Department of Health Mental Health Residential Guide](#)
- [Agency of Commerce and Community Development Guidance](#)
- [VOSHA Training: Protecting the Safety and Health of Workers Coronavirus Disease 2019 \(COVID-19\)](#)