



Dear Facility Partner,

Thank you for the important role you are playing in both addressing the unique needs of your residents and in helping to protect both your residents and staff from COVID-19.

Partners across Vermont State Government have been proactively reaching out to healthcare facilities and congregate settings to assure that we are all enacting measures recommended by the Centers for Disease Control and Prevention (CDC) to limit the spread of COVID-19. Listed below are several such recommendations.

We would like to take this opportunity to “check-in” with you. Please email William.Fritch@vermont.gov and address each of the bolded categories of recommended interventions below. We ask that you briefly let us know whether you have these types of interventions in place and what concerns or questions you might have.

1. Keep COVID-19 from entering your facility:

- Limit the number of non-essential visitors.
- Exclude sick employees from work. When possible, implement a plan for screening workers and essential volunteers for illness before their shift.
- Implement a universal use of facemask policy for your employees per [CDC guidance](#):
 - Address asymptomatic and pre-symptomatic transmission, implement [source control](#) for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms.
 - [Cloth face coverings](#) are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Facemasks, if available, should be reserved for HCP.
 - For visitors and residents, a cloth face covering may be appropriate. If a visitor or resident arrives to the facility without a cloth face covering, a facemask may be used for source control if supplies are available
 - As part of source control efforts, HCP should wear a facemask or cloth face covering at all times while they are in the healthcare 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. If there are shortages of facemasks, facemasks should be prioritized for HCP and then for residents with symptoms of COVID-19 (as supply allows). [Guidance on extended use and reuse of facemasks](#) is available. **Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.**

Comments:



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2. Identify infections early:

- When possible, implement a plan for screening residents for fever and respiratory symptoms at least once a day
- Notify the Health Department immediately (<24 hours) for: severe respiratory infection causing hospitalization or sudden death, clusters (≥ 3 residents and/or HCP) of respiratory infection, or when individuals with known or suspected COVID-19 are identified.
 - The Health Department can be reached at 802-863-7240 (24/7 number).

Comments:

3. Prevent spread of COVID-19:

- Use [signage](#) to inform residents, workers, volunteers, and visitors about COVID-19.
 - If you are unable to print these materials for your facility, you can reach out to the Health Department to inquire about available print materials.
- Emphasize respiratory [etiquette and hand hygiene](#).
- Implement social distancing measures, maintaining 6' between all persons in your facility to the extent possible.
- Cancel all public or non-essential group activities and events.
- Clean and disinfect all common areas and shared facilities.
 - Clean and disinfect common spaces daily.
 - Give special attention to high-touch surfaces, including, but not limited to, door handles, faucets, toilet handles, light switches, elevator buttons, handrails, countertops, chairs, tables, remote controls, shared electronic equipment, and shared exercise equipment.
 - Ensure staff follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, necessary personal protective equipment, etc.). A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#).
- Workers, contractors (such as barbers, hairdressers, sitters, and housekeepers), and volunteers providing care in multiple homes or facilities can serve as a source of coronavirus transmission between residences in these facilities. These persons should be advised to limit the number of people they interact with who are at higher risk of serious complications from COVID-19. Retain distance of >6 feet when interacting.

Comments:



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4. Assess supply of personal protective equipment (PPE) and initiate measures to optimize supply:

- If possible, have a supply of facemasks to provide to any residents who are identified as ill and isolated or to staff who are screened as ill and excluded.
- If implementing a universal use of facemask policy, assure that you are utilizing appropriate [strategies to optimize your PPE supply](#). These strategies address alternatives when surgical masks are not available.

Comments:

5. Identify and manage severe illness:

- Have a plan for isolating residents with suspected or confirmed COVID-19 from other residents in your facility.
- If ill residents remain in your facility, monitor them frequently to quickly identify residents who require transfer to a higher level of care. Have a very low threshold for reaching out to a healthcare provider with concerns.

Comments: