

TO: Vermont Health Care Providers and Health Care Facilities
FROM: Patsy Kelso, PhD, State Epidemiologist

**Additional Guidance for Long-Term Care Facilities, Correctional Facilities,
and Other Congregate Settings**

Background

The Centers for Disease Control and Prevention has updated their infection control guidance pertaining to COVID-19. Updated guidance can be found [here](#). The Vermont Department of Health is asking long-term care facilities, correctional facilities, and other congregate settings where health care is provided to implement additional measures to protect their staff and clients in accordance with CDC's guidance. This guidance supplements previous Health Advisories:

- March 5, 2020: [Coronavirus Disease 2019 \(COVID-19\) Long-Term Care Facility Advisory](#)
- March 6, 2020: [Vermont Department of Health Laboratory Testing for Novel Coronavirus \(COVID-19\)](#)
- March 20, 2020: [Guidance to Reduce Facility-Based Transmission of COVID-19 in Congregate Care Settings](#)
- April 10, 2020: [Hospital Discharge for COVID-19 Patients](#)

Health Care Personnel (HCP) include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., dietary, environmental services, laundry, engineering and facilities management, and volunteer personnel). Some staff whose job duties do not require PPE (e.g., clerical personnel) should continue to wear their cloth face covering for source control while in the facility.

Requested Actions:

- **Implement universal masking** for all health care personnel in long-term care facilities, correctional facilities, and other congregate settings where health care is provided, regardless of the presence of COVID-19 in the facility. Health care personnel should wear a facemask at all times while they are in the facility. Facilities are encouraged to optimize PPE supply to avoid shortages. Guidance on optimizing PPE supply can be found [here](#). If there are anticipated shortages of facemasks, they should be prioritized for health care personnel and then for symptomatic patients. Cloth face coverings should **not** be worn instead of a respirator or facemask if more than source control is required. Some staff whose job duties do not require PPE (e.g., clerical personnel) should continue to wear their cloth face covering for source control while in the facility.

- **Implement facility-wide testing** (staff as well as residents/patients/inmates) when a COVID-positive case is identified in the facilities described above.
- **Make cohorting plans now.**
 - Identify where the facility can and cannot cohort staff.
 - Determine whether the facility has the capacity to create dedicated COVID-19 units.
 - Determine whether the facility has areas where new admissions can undergo monitoring for 14 days before entering the general population of the facility.
- **Strongly consider** placing residents/patients/inmates who regularly leave and return to the facility (e.g., individuals who are receiving dialysis) in private rooms.
- **Strongly consider** using the Health Department Laboratory for COVID-19 testing whenever possible.
 - The Health Department Laboratory has the capacity to perform this testing and is typically able to provide results within 24-48 hours.
 - Sending specimens directly to the Health Department Laboratory allows Infectious Disease Epidemiology staff at the Health Department to be notified as quickly as possible of any COVID-19 testing and test results, in turn enabling more rapid assistance to be provided to the facility. When specimens are tested at other laboratories, Infectious Disease Epidemiology staff are not always notified, which limits their ability to quickly assist the facility in question.
 - Collection test kits can be requested [here](#). You will be notified of results by fax. You can also access the Health Department Laboratory's web portal to obtain results. To sign up for access to the portal, send an email to: AHS.VDHVTLWPSupport@vermont.gov.
 - As of April 15, 2020, an electronic interface exists between the Health Department Laboratory and the University of Vermont Medical Center's electronic health record system (EPIC). This step improves the timeliness of results reporting and allows for better patient care.
 - To contact Infectious Disease Epidemiology at the Health Department, call 802-863-7240.
 - To contact the Health Department Laboratory, including questions about obtaining collection test kits, call the Lab's COVID-19 customer service line at 802-654-0952.

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or vthan@vermont.gov.

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.