Purpose

To protect patients, providers, and staff of the health care system, the Health Department issues the following guidance to prevent the spread of COVID-19 within health care settings. The guidance applies to licensed health care providers under Title 26 of the Vermont Statutes Annotated, though excludes dentistry and dental hygiene, whose practice is subject to sector-specific guidance.

Patient Precautions

All patients must be screened for COVID-19 symptoms prior to entering a health care facility or receiving health care services of any type.

All people must wear masks or facial coverings, provided by the patient or by the facility, when in public areas and treatment rooms except when patient examination makes wearing a mask or facial covering impossible.

Outpatient pre-procedure testing (with SARS-CoV-2 PCR) of asymptomatic patients:

- **Providers shall provide pre-procedure testing** for high-risk procedures including surgery requiring instrumentation of the airway (e.g., those requiring general anesthesia such as intubation, extubation, manipulation of the respiratory epithelium).

- Providers shall **consider utilizing pre-procedure testing** for procedures that carry a high risk of cardiopulmonary arrest and the need for intubation (i.e., cardiac catheterization).

- **Pre-procedure testing is not recommended** for procedures typically requiring regional or other forms of anesthesia such as conscious sedation (with the provision to escalate to airborne precautions (N95, face shield) if having to transition or divert to general anesthesia via endotracheal tube). Pre-procedure testing should also not be utilized for interventional radiology procedures, exercise treadmill testing, and other procedures not requiring airway instrumentation.

Inpatient pre-procedure testing (with SARS-CoV-2 PCR) of asymptomatic patients (in addition to the guidance listed above):

- Providers may choose to test patients scheduled for a procedure at the provider’s discretion.

If pre-procedure testing is utilized, testing should take place no more than 7 days prior to the procedure. Patients must then socially isolate until the test and the procedure. SARS-CoV-2 PCR assay results should be communicated to the patient by the provider prior to the procedure.
Provider Precautions

Providers adhere to social distancing and relevant Vermont Department of Health and Centers for Disease Control and Prevention (CDC) guidelines regarding infection control and prevention to maintain a safe environment for patients and staff.

Screening of Staff and Visitors: Adopt a written process to screen all staff and essential visitors for COVID-related symptoms prior to entering facility. Symptomatic staff and visitors should be excluded from the facility and referred to their primary care providers for assessment and testing as appropriate.

Provider Testing Plan: Adopt a written plan for the periodic PCR testing of health care providers and staff. The plan shall include:

1. Monthly PCR testing for 25% of patient-facing health care providers and staff;
2. The laboratory to which specimens will be sent; and
3. Plan for return to work for those who test positive for COVID-19, following the criteria for returning to work. ¹

Providers and staff who have had a positive PCR result within the previous 90 days should not be retested. These providers and staff must still quarantine if possibly exposed (even within 90 days of a positive PCR) due to the possibility of re-infection. Providers and staff who have a positive PCR result greater than 90 days previously should be included in testing.

Health care providers and staff who have been vaccinated should continue to be included in testing.

Personal Protective Equipment

Personal Protective Equipment (PPE) and supplies must be worn to ensure staff and patient safety for all providers providing medium and high-risk care. This may require surgical, N95, KN95, or other equivalent masks and eye protection goggles or face shields. Providers must adhere to CDC’s Standard and Transmission-Based Precautions.

Only individuals who are essential to conducting the surgery or procedure shall be in the surgery or procedure suite or other patient care areas.

Care Hazard Levels

For the purposes of utilizing appropriate PPE, there are risk levels described below. Examples are given by license type, but it is the obligation of the provider to determine the risk category their practice occupies. In addition, if a provider performs a procedure that has a greater opportunity for infection, that provider must apply appropriate mitigation methods (PPE, provider testing etc.). For example, the care provided by licensed midwives may be low hazard when meeting with clients, but high hazard when

attending a birth. When in doubt, the provider should take more stringent precautions.

**Low Hazard**: This includes care provided without physical contact (e.g., Licensed Alcohol & Drug Abuse Counselors, Allied Mental Health, Dieticians, Pharmacists, Psychoanalysts, Psychologists, Social Workers, and Nursing Home Administrators).

**Medium Hazard**: This includes care provided with physical contact, but that may not necessarily expose a patient, provider or staff to virus-containing effluvia, (e.g. Acupuncturists, Chiropractic, Applied Behavior Analysts, Midwives, Occupational Therapists, Physical Therapists, Radiologic Technology, Opticians, Optometrists).

**High Hazard**: This includes care that is likely to expose a patient, provider, and staff to COVID-19, (e.g. Physicians, Physician Assistants, Nurses, Naturopaths, and Doctors of Osteopathy).

**Facility and Practice Precautions**

Waiting room chairs must be spaced to ensure [CDC-recommended social distancing](https://www.cdc.gov). Providers must have written procedures for disinfection of all common areas. Such procedures must be consistent with [CDC guidelines](https://www.cdc.gov).

Providers must have signage to emphasize social restrictions (distancing, coughing etiquette, wearing of mouth and nose coverings, hand hygiene) and make hand sanitizer available to all patients, visitors, and staff.

Providers shall continue to offer alternative care delivery models, including telemedicine, when appropriate.

**Available Personal Protection Equipment**: Each clinic will be responsible to ensure that it has adequate supplies of PPE, through its own suppliers, to comply with these and future guidelines. Providers will not rely on State sources or State supply chain for PPE for non-emergent situations.

**Surge Capacity**: When providing non-emergent care, hospitals must have a plan to promptly expand their critical care/inpatient capacity to handle a local surge of COVID-19 patients in their community.