

Purpose

To protect the health care system, the Health Department issues the following guidance to prevent the spread of COVID-19 within health care settings. This plan will be updated as the response to the pandemic evolves. 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 for High-Hazard Care (see hazard levels below): Adopt a written plan for the periodic PCR testing of health care providers and staff. The plan shall include:

1. who is to be tested;
2. the laboratory to which specimens will be sent;
3. frequency (testing intervals should be determined by the practice and based on transmission risk associated with procedures); and
4. plan for [return to work](#) for those who test positive for COVID-19.

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 provider testing plans, 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 at a minimum of 6 feet to ensure [CDC-recommended social distancing](#).

Providers must have written procedures for disinfection of all common areas. Such procedures must be consistent with [CDC guidelines](#).

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.

Criteria Used to Consider Updates and Alterations to this Guidance

The State uses the following metrics to monitor the impact of COVID-19:

- **Syndromic Surveillance:** Percentage of visits to emergency care with COVID-like illness. Important for tracking possible outbreaks and/or significant rise in COVID-19 case growth in near real time. (*Trigger: Sustained trend up over several days and/or percentage of visits exceeding 4% for multiple consecutive days.*)
- **Viral Growth and Reproductive Rates:** Case growth measured by daily, 3-day, 7-day, and effective reproductive rate (R_t). Indicates whether virus is growing or declining in Vermont. (*Trigger: sustained growth over 5 or more days and/or an R_t exceeding 1.1.*)
- **Percentage of New Positive Tests:** Percent of tests resulting in a new positive case. Provides context for statewide testing and indicates sufficient testing capacity. (*Trigger: 5%*)
- **ICU and Critical Care Beds:** Number of occupied and unoccupied medical surgical and ICU beds (non-surg). Indicates hospital capacity for critically ill COVID-19 patients. (*Trigger: ICU bed utilization in excess of 70%*)
- **New Case Rate:** New cases per 100,000 population per week. (*Trigger: 10/100,000*)
- **Change in New Case Rate:** Percent change in new cases per 100,000 population per week. (*Trigger: 10% increase*)

Facilities can review community spread on the [COVID-19 Active Case Rate Dashboard](#), and [Cumulative COVID-19](#) activity.

The Health Department will notify providers of the necessity to follow issued guidance to ensure the safety of providers and patients if the Department determines that a COVID-19

outbreak has occurred and providers cannot safely care for Vermonters in a way that:

1. limits the exposure of patients and staff to COVID-19;
2. preserves PPE and ventilators; and
3. preserves inpatient hospital capacity.