

Terms Used

VDH – Vermont Department of Health

HOPR – VDH’s Health Care Outbreak Prevention and Response Team

DAIL – Vermont Department of Disabilities Aging and Independent Living

DLP – DAIL’s Division of Licensing and Protection

DCF – Department of Children and Families

DMH – Department of Mental Health

Healthcare Worker (HCW)/Facility Staff - Any person(s) at the facility providing direct patient care or person(s) not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting. This may include students and trainees, contractual staff, and volunteer personnel. For a more detailed explanation see [CDC guidance](#).

Isolation – The time a person who is positive with COVID-19 must isolate away from others. For more information about isolation, review the [isolation guidance for residents and staff](#) on the VDH website.

Modified Precautions- recommended strategies for close contact residents who are up to date on vaccinations and have not had COVID-19 in the past 90 days. For details, see [VDH guidance](#).

Positive – Person who [meets criteria](#) for COVID-19 disease, including a positive result from a nucleic acid amplification test for SARS-CoV-2 RNA or a SARS-CoV-2 antigen test, or a person who meets probable case definition.

Quarantine – The time period in which a person who has been exposed to COVID-19 but is not yet positive must stay away from others. For more information about quarantine, review the [quarantine guidance for residents and staff](#) on the VDH website.

Resident – Any person, of any age or duration of stay, living in the long-term/congregate care facility at time of exposure.

Transmission-based precautions – refers to [all recommended COVID-19 PPE](#). Additionally, residents for whom transmission-based precautions are indicated should be restricted to their rooms to the extent possible.

Notes for using this checklist

This checklist includes many of the key interventions involved in a response to COVID-19 exposure in a long-term/**congregate** care facility, but it is not entirely comprehensive. Responses are modified according to situation and facility specific details and may be determined in consultation with VDH and state partners. If a facility becomes aware of an exposure during non-business hours, this

document can provide initial guidance until consultation is available on the next business day. The VDH [Long Term Care website](#) is also a good resource to supplement this checklist.

First Priority (enact immediately)

- Exclude positive staff from work.
- Exclude any symptomatic staff from work, even if they have not tested positive.
- Consider point of care antigen tests for symptomatic staff.
- Assess for additional staff requiring work exclusion using the [VDH work exclusion algorithm](#) or the [Guidance for Return to Work Among Health Care Workers During Contingency Staffing](#) algorithm. For more information on contingency staffing see this [CDC link](#).
- If you anticipate a staffing crisis in which your facility will not be able to safely care for your residents, first see this [VDH link](#) on the staffing assistance request process, and then contact DAIL for assistance at AHS.DAILHOPR@vermont.gov.

- Place positive residents, residents that meet criteria for [probable case definition](#), and any suspected (symptomatic) COVID-19 cases on TBP and isolation in their room to the extent that is safe and possible.
- Plan to monitor the condition of the positive residents at least 3 times per day.
- Plan to monitor all residents at least once each shift per [CDC guidance](#).
- Consider point of care tests for symptomatic residents.

- If the positive/suspected positive resident has a roommate, the roommate should be placed on either [quarantine or modified precautions](#) depending on vaccination status.
- Consider moving the roommate to a private room if one is available on the unit. If there is no private room available, or if this would necessitate placing the resident on a currently unexposed unit, **consider consultation with VDH or DAIL prior to moving the roommate.**
- If the above roommate must stay in place, follow strict infection prevention practices between residents and consider enacting other controls that limit ongoing exposure, e.g. bedside

commodes, curtains pulled between beds, & maintaining 6 foot distance between residents.

- When making the decision to move a resident consider: vaccination status, risk of severe COVID-19 disease, mental health effects/physical risk to the resident if moved to an unfamiliar room, risk of further transmission within facility, and available staffing resources. **When possible, discuss situation with VDH before moving residents.**
- If a staff member or visitor tested positive and a distinct group of residents can be defined as having had close contact with the positive case, the close contact residents should be placed on either [quarantine or modified precautions](#), depending on vaccination status.
- If a staff member or visitor tested positive and exposed the whole unit, or a specific group of contacts cannot be defined because there was potential unit-wide exposure, then all of the residents on this unit should be placed on either [quarantine or modified precautions](#), depending on vaccination status, until consulting with VDH.
- If a resident tested positive from an unknown exposure, the entire unit should be placed on either [quarantine or modified precautions](#), depending on vaccination status, until consulting with VDH.
- If a resident tested positive from a known exposure (like a visitor) evaluate for close contacts and place on either [quarantine or modified precautions](#), depending on vaccination status.
- If there are any questions around patient specific versus unit-wide response, it is appropriate to initially consider the entire unit for [quarantine or modified precautions](#) until VDH can be consulted.
- Reporting of all results, positive or negative, PCR/LAMP and antigen, is required within 24 hours via online reporting which is described [here](#). Information on reporting Point of Care testing is [here](#). Staff that test at home should report [here](#).
- You must also notify VDH of positive results via email at ahs.vdhepicovid19program@vermont.gov. If you are notified of a positive case after hours, you can wait to notify VDH until the next day. In situations requiring immediate public health follow-up, an on-call duty officer can be reached 24/7 at 802-863-7240 by selecting option 7 in the menu.
- Notify DAIL HOPR team, which includes DLP leadership, via email at: AHS.DAILHOPR@vermont.gov. Please include immediate regulatory questions in that email.

- Notify families per CMS/DLP requirements.

Notes:**Second Priority (enact as soon as possible)**

- Visitors:** While not recommended, residents who are on isolation, quarantine, or modified precautions can still receive visitors if they so choose. For more information on how to safely allow for visitation, see this [CMS memo](#) and also the visitation guidance [here](#).
- Group activities** and communal dining may continue except for residents on quarantine or isolation. There may be occasions where VDH recommends pausing communal activities on a larger scale when there is uncontrolled transmission.
- Admissions:** If admissions can continue safely, please inform all sending parties (facilities, families, etc.) of the current situation. Consult with VDH if you have questions.
- Discharges:** If discharges occur during response, please inform all receiving parties (facilities, families, etc) of the potential exposure to the discharged person and provide any requisite quarantine guidance for that person when applicable.
- Cohorting:** As much as possible, cease staff floating between units. Attempt to keep staff who worked on affected units during the exposure dedicated to that unit while in response.
- Line List:** Start a Line List of positive staff and residents. If you have already spoken with VDH, they will send a line list template where you can enter this information and submit via secure email. You can also start with this blank [line list template](#).
- Cleaning & Disinfecting:** Ensure that high-touch surfaces and shared equipment throughout the facility are cleaned and disinfected [regularly](#) (e.g., each shift, between patients) [Link here](#).
- Response Testing:** You may work with VDH & DAIL/DLP to develop a testing plan as required by CMS or as recommended by VDH. Testing will include vaccinated and unvaccinated staff and residents and is not recommended sooner than 24 hours since the first possible exposure (typically occurs no more than 3 days following situation notification.)

Notes:

Third Priority (may be ongoing)

- PPE supplies:** Monitor PPE burn rates and assess supply. Maintain at least a 14-day supply of PPE using existing supply channels to the extent possible. If unable to maintain a 14-day supply through existing supply channels and your supply drops below that supply threshold, promptly notify VDH and DAIL and put in an order [here](#). See CDC's [Burn Rate Calculator](#).
- Resident/family education:** Provide information on [COVID-19](#) fundamentals, including routes of transmission, prevention measures, and reportable signs and symptoms.
- Education:** Educate staff on effective hand hygiene and PPE use and **monitor** for compliance. Have staff complete a [training](#) or watch a [video](#).
- Communication:** Ongoing support and guidance with VDH and DAIL/DLP is available throughout the response.

Notes:

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