



HCRS Residential COVID-19 Protocols

Revised: 10/18/21

This document outlines HCRS' Protocols for reducing the risk of introduction or transmission of COVID-19 in the HCRS Residential Services facilities.

Infection Control:

All Facilities will maintain the following consistent with the HCRS COVID-19 Protocols:

- Daily temperature and COVID-19 symptom screening of residents and individuals entering the facility or visiting with residents in or outside of the building.
- Hand-sanitizing or hand washing on entry will be encouraged
- Physical distancing of 6 feet or more for unvaccinated staff or residents
- Frequent handwashing/hand-sanitizing by staff and residents
- Frequent disinfection of shared touch surfaces in the residences
- Masking by staff when in a vehicle with any residents or with unvaccinated staff
- Masking by staff when in shared resident spaces
- Isolation and testing of presumptive positive resident
- Any symptomatic staff member or visitor will be denied entry to the facility pending review by the RN, Team Leader, or coordinator
- All staff will follow the HCRS policies and procedures for infection control outlined on the HCRS Quarantine & Isolation Protocol graphic.
- As of October 11, 2021, Residential staff who are required to quarantine due to a COVID-19 exposure, may get tested after 7 days and end quarantine if their test results come back negative.

Medical face mask (covering mouth and nose, including for fully vaccinated staff) and physical distancing of at least six feet between persons whenever possible in proximity to residents, in accordance with CDC guidance;

Effective November 1, 2021, all staff, regardless of vaccination status, will receive a COVID-19 PCR test on a weekly basis. Staff are encouraged to be tested as part of the residential home's weekly testing process conducted on either Tuesday and Wednesday each week (depending on location), however, they may also obtain a PCR test outside of HCRS. Those who obtain an outside test, must provide a copy of their negative test result to Linda Simoneaux prior to Tuesday at 9:00 am, every week.

Based on the recommendation of the CDC, HCRS will support the use of eye protection for all residential staff who choose to wear a face shield. Residential staff can connect with their Program Coordinator to obtain this PPE.

Infection Control PPE:

PPE is on site and available. Staff are trained to proper use of gloves, masks and other PPE. Nursing staff will provide additional instruction to Residential staff regarding specific use of PPE as needed.

Clinical Decision Making

HCRS has a Clinical Emergency Decision Making Team made up of the Adult Services Division Director, Nurse Manager, and Medical Director. The Residential Services Coordinators may consult with this team as needed. The Adult Services' Assistant Director joins this team when any emergency clinical decisions related to COVID-19 need to be made involving the residential facilities.

Each Residential facility will have a House Specific COVID-19 Action Plan that details the actions taken in each house in case a resident tests positive or presumptive positive for COVID-19. House plans may be adapted as needed in consultation with any or all of the following: the Nurse Manager, Residential Coordinator, Team Leader, Clinical Emergency Decision Making Team, Residential Services Manager.

Admission:

- 14 day quarantine for admissions from community or hospital (14 day quarantine from hospital admission may be reduced or waived if quarantine was completed inpatient, individual has a negative COVID-19 test, and there are no active cases on inpatient unit, as determined by the Clinical Decision Making Team and admitting program)
- Negative COVID test is required if admitting from Hospital or community unless individual is fully vaccinated
- Additional quarantine is not required if quarantine is completed in an HCRS residential facility and resident is transferring to another HCRS home.

Upon Admission from Inpatient or other Residential Program

Residential Nurse will complete a nurse to nurse; nurse will determine in consultation with Coordinator self-quarantine, isolation, or maintaining social distancing is indicated.

- Individual will receive a COVID-19 PCR test prior to admission.
- A negative COVID-19 test with no known exposure to COVID-19 will be considered for social distancing.
- No known exposure and no known symptoms will be considered for social distancing.
- An exposure risk will require self-quarantine and symptoms will be considered for self isolation.

Upon Admission from the Home/Community

- Residential Nurse will complete a COVID-19 assessment in consultation with Residential Coordinator to determine if self-quarantine or maintaining social distancing is indicated.
 - An attestation of no known exposure, no symptoms, and practicing Good Health Guidelines for COVID-19 will be considered for social distancing.
 - Individual will receive a COVID-19 PCR test prior to admission.
 - A negative COVID-19 test in the last 48 hours, with no known exposure, will be considered for social distancing.
 - Confirmed COVID 19 close contact exposure will be considered for self-quarantine, while symptoms will be considered for self-isolation.
 - If a new resident is fully vaccinated, they do not need to quarantine unless they have a confirmed close contact with a person who is confirmed positive with COVID-19 within the past 14 days.

Testing:

- In the event that a resident in a Residential House has COVID-19 symptoms, staff will contact the Nurse Manager, Residential Nurse, and the Program Coordinator, and the resident will immediately isolate.
- In the event that a staff in a Residential House has COVID-19 symptoms, staff will contact the HCRS Covid 19 line at (802) 886-4561 (goes to HR staff at ext. 2181) or email HRCOVID19@hcrs.org and will immediately isolate at home.
- The Nurse Manager or HR will follow up with the staff or resident and will make a recommendation for testing or recommend consult with the PCP.
- Resources for testing such as COVID-19 Line, Local Urgent Care Lines, and PCP offices will be shared by the designated staff when consulting with the employee. Staff may also consult HR or supervisor, per HCRS COVID-19 testing protocol.
- Nursing will assist in coordinating tests for a resident.

Positive COVID-19 Test:

- In the event of a new positive COVID-19 case in a residential facility, the Emergency Clinical Decision-Making Team will be contacted and a designee will immediately contact VDH and DAIL (DLP).
- VDH will arrange for facility wide testing.
- The Facility will go to Phase Zero operations until consultation with VDH. HCRS may choose to remain in Phase Zero operations until there are no new onset COVID-19 cases for fourteen days (14 days) and no active cases, unless other directed by VDH..
- Per VDH and DAIL Document: " *Long Term Care Facilities Re-Start Plan*" [7/14/2020] "A 'new onset COVID-19 case' refers to COVID-19 cases that originated in the long-term care facility, and *not* cases of admitted individuals with a known COVID-19 positive status, or those individuals who tested COVID-19 positive during their admission or re-admission quarantine."

Resident Care if COVID-19 Positive or Suspected Positive:

1. Coordinator and Nurse will be notified of resident reported or observed symptoms.
2. Clinical Emergency Decision Making Team will be notified.
3. Resident will be isolated. Resident may be housed in their usual room unless there is an unoccupied established isolation room
4. A designated staff will work with ill residents, when staffing allows, and other staff will support the other residents.
5. If COVID-19 is suspected or confirmed, staff will use Standard Precautions, Droplet and Contact Precautions when providing care.
6. PPE supplies will be kept just outside of isolation room. Nursing staff will provide guidance on proper use and disposal of PPE. Gloves and masks will be used when providing direct care. Gowns will be used if clothing may come in contact with surfaces or resident, such as when close to client, or cleaning or changing linens. Staff will use N95 masks for confirmed COVID-19 positive residents.
7. Resident will have sole use of designated bathroom whenever possible. If there are multiple residents with illness, and private bathrooms are not available for each, Nurse Manager may approve isolated residents sharing a designated bathroom
8. Disposable dishware will be used.
9. Staff will deliver meals and meds to isolation room, placing these on a table immediately outside the room and will observe that resident takes the meal / medications. Staff will remain at 6 foot minimal distance whenever possible when providing meal and medications.
10. Staff will utilize phones for general check-ins outside of meal and med times
11. Resident will have phone and other personal electronics devices available for use in their room.
12. If a section of the residence cannot be designated for exclusive use for isolation, other residents will be instructed to allow adequate (at least 6 feet) distance from the areas that are used by the isolated individual/s and from the individual/s themselves
13. Resident will be assisted to consult PCP as soon as possible. Nursing staff will consult PCP if resident declines or defers.
14. Staff will monitor all residents and staff for signs and symptoms of illness

Transporting Residents (as of 3/19/21):

1. Windows will be cracked or wide open.
2. If all residents are vaccinated, residents do not need to wear masks.
3. If one or more residents are unvaccinated, vans will be utilized at 50% passenger capacity. If 50% is not a whole number, such as 3.5 people, number must be rounded down.
4. All people in the van will be masked with surgical masks, unless all residents are vaccinated.
5. If all residents are vaccinated, they may choose to not wear masks. Staff must wear masks regardless of their vaccination status.
6. Van must be sanitized after use.

HCRS Residential Reintegration Phases and Movement Between Phases:

DAIL and CMS have stopped use of phases related to county positivity rates.

HCRS Phase Zero operations will be immediately implemented if there is an outbreak in a facility.

If there are significant non-Covid illnesses or significant community spread without a Covid event in a facility, Phase Zero may be implemented as a preventive measure.

Phase 0-

Purpose: To reduce risk of transmission of COVID -19 within residential programs in the event of an outbreak or resident with a positive case.

Phase Zero: Facilities with new COVID-19 infection in any healthcare personnel (HCP) or any nursing home-onset COVID-19 infection in a resident “new onset COVID-19 case’ refers to COVID-19 cases that originated in the long-term care facility, and <i>not</i> cases of admitted individuals with a known COVID-19 positive status, or those individuals who tested COVID-19 positive during their admission or re-admission quarantine.”	
Symptom screening	Screen 100% of all persons entering the facility. Screen 100% of residents at least daily.
Admissions	Hold admissions, may take referrals
House Specific Plan	Follow COVID-19 Positive Resident Isolation plan, Follow Occupancy and Infection Control protocols, Follow VDH recommendation for facility wide testing Test symptomatic staff or residents
Staffing	Adjust staffing patterns to reduce contact when staffing matrix allows, Staff who can work off site will work remotely
Visitation	Compassionate Care only
Non-essential personnel	Personnel providing direct care to residents must be permitted entry (unless excluded due to exposure or symptom screening) per the below guidance. Consult with VDH and DAIL to discuss additional situations/details.
Trips outside the facility	Only medically necessary trips outside the facility
Communal Dining	Consult with VDH and DAIL to review appropriate infection prevention and control measures
Group activities	Consult with VDH and DAIL to review appropriate infection prevention and control measures

1. Initiate Isolation Plan
2. Staff whose responsibilities allow will work remotely or outside of the building.
3. Visitation will be prohibited.
4. Staff will work at one site.
5. Admissions will be held.
6. Referrals can still be made with engagement via phone or telemedicine.

Reference:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Considerations-for-Returning-Residents-Long-Term-Care.pdf>

Items in Resource folder for Residential Specific COVID -19 Forms and resources:

Residential Health and Safety screening checklist

Visitors Log

Considerations for returning residents PDF

PPE Don and Doff PDF and PPE Guide

Considerations for Resident Community Outings PDF

Res Non-isolative Quarantine plans

House Specific Plans

House assessments