



HCRS Residential COVID-19 Protocols

Revised: 2/10/22

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

COVID-19 Vaccination:

Effective December 1, 2021, all HCRS staff are required to have received their final dose of vaccine against COVID-19. As of December 15, all staff are fully vaccinated (at least 2 weeks from their final dose) and any new hires must be fully vaccinated before their starting date. This difficult decision was made in order to protect the health and safety of the entire HCRS community.

Residents are not required to be vaccinated at any of our Residential homes. Specific protocols are outlined below to help ensure that COVID-19 is not brought into one of the homes by staff, residents, or guests.

Infection Control:

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

- Daily 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
- As of 12/21/21, all staff are required to wear a KF94, KN95, or N95 (for those who have been fit tested) face mask and are strongly encouraged to use eye protection.
- As of 12/21/21, all clients are strongly encouraged to wear masks in common areas and to limit community outings
- 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 Residential Staff COVID Protocol Quick Reference Guide (see below).

- 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.

As of 12/21/21, all staff will wear a KN95 or N95 (for those who have been fit tested) face mask (covering mouth and nose) and maintain 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 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. HCRS will cover the employee’s time and mileage expense for those who opt to get tested outside of HCRS’ weekly testing.

Based on the recommendation of the CDC, HCRS strongly recommends the use of eye protection for all residential staff. 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.

If Staff Have Symptoms
<p>Staff member should remain at home, contact their supervisor, the House, and the COVID Line.</p> <ul style="list-style-type: none"> • Staff will be reminded to contact their health care provider for a medical evaluation or recommendations. • The health care provider may refer the staff member for COVID testing. • Staff will be directed to isolate at home until they’ve been fever-free for at least 24 hours without the use of fever reducing medication, AND they’ve been free of symptoms for <u>at least</u> 24 hours, AND their supervisor clears them to return to their worksite. • If testing is not recommended by a health care provider, or the staff person chooses not to be tested, they will follow the same protocol above. • If COVID test comes back positive, see next section. • During Business Hours - Coordinator completes COVID Worksheet • Outside of Business Hours - House alerts Manager on Call who completes COVID worksheet

When Staff Test Positive for COVID-19

- The staff member will immediately go into isolation at home.
- Staff member contacts the House, their supervisor, and the HCRS COVID Line.
- If the staff member tested positive with an antigen test, they will get a follow-up PCR test within one week to confirm results.

Preferred Scenario

- **If symptomatic:** Staff member isolates at home until it's been 10 days since their positive test or the start of symptoms, whichever came first, **AND**, they've been fever-free for at least 24 hours without the use of fever-reducing medication, **AND** their symptoms have improved, **AND** their supervisor clears them to return to their worksite.
- **If asymptomatic:** Staff member isolates at home until 10 days have passed since their positive test **AND** they've been cleared to return by their supervisor.

Contingency or Crisis Staffing Situations:

- When HCRS is experiencing critical staffing situations that impact our ability to maintain operations, the following protocols may be implemented based on CDC guidelines:
 - **Contingency Staffing Levels:** The staff person with COVID may return to work after Day 5 as long as they have no symptoms or symptoms are improving.
 - **Crisis Level Staffing:** The staff person with COVID may return to work at any time, in this crisis situation.

Completion of COVID Worksheet

- **During Business Hours:** Coordinator completes COVID Worksheet
- **Outside of Business Hours:** House alerts Manager on Call who completes COVID Worksheet

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test [†] , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 [‡] and 5-7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5-7	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



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cdc.gov/coronavirus

When a Staff Member has a Possible Exposure Including a Household Member who Tests Positive for COVID-19

- If the staff member has symptoms, they will follow the process outlined above.
- If the staff member is asymptomatic and not boosted, they may be asked to quarantine at home or monitor with antigen tests.
- If the staff member is asymptomatic and boosted, they do not need to quarantine but may be asked to monitor with antigen tests, if available.
- If asked to quarantine, the staff member will generally be required to remain at home for a certain period of time, and a negative COVID test may be required at the end of that time period if isolation in the home was not possible.
- As outlined for staff who test positive above, the staff member with a positive household member may be required to return to work sooner, if required for sustaining HCRS operations.

Tips for Managing a Positive COVID Case in Your Home

Guidance from the World Health Organization:

1. Identify one member of the household to be the caregiver, as needed
2. Prepare a separate room or isolation space; encourage person with COVID-19 to stay in the isolation space and out of common areas; use separate restroom, if available
3. Open windows when you can
4. Keep visitors away
5. Everyone in the household should wear a medical grade mask when it’s absolutely necessary to be in the same room
6. Wash hands frequently
7. Disinfect frequently touched surfaces twice a day at a minimum

Use of Antigen Tests to estimate infectiousness

Antigen tests, unlike PCR COVID tests, require a lot of virus protein to turn positive. This means they are less specific in determining the onset of infection. However, antigen tests do offer an estimation of the period of time when an infected person is most likely to spread COVID-19 to others.

First and foremost, seek medical consultation to determine next steps after exposure or symptom onset.

In certain instances, HCRS may require a PCR and/or antigen test. If an antigen test is required by HCRS, you can seek reimbursement for the cost of the test kit through submission of an expense report.

COVID Tests

PCR or LAMP Tests	Antigen Tests
<p>The PCR test, the “gold standard” of COVID-19 detection, can detect relatively small viral pieces with accuracy. People usually get swabbed at a collection site or the doctor’s office. The swab is then put into a tube that’s sent to an off-site lab for processing.</p> <p>However, these tests are so sensitive that people who have had coronavirus can test positive for weeks after they’re no longer infectious, he said.</p>	<p>The antigen test kits offer faster feedback and can be done entirely at home, but they are less accurate than the PCR. People generally need to have a lot more virus in their nose to get a positive result using that method. Each test kit looks a little different and comes with slightly different instructions.</p> <p>Antigen tests are recommended in the following circumstances:</p> <ul style="list-style-type: none"> • You have been confirmed positive for COVID-19 and are seeking to discontinue isolation in advance of the 10 day isolation period—consider taking an antigen test beginning on day 4 (4 days post positive test or

<p>Another at-home test, known as LAMP, gives people the same accuracy as PCR but without having to send the nasal swabs off-site. The kits, which retail at \$75-plus apiece, are even more complicated than the antigen test kits.</p> <p>The LAMP tests the state health department distributed to people over the holidays, for example, came with a battery-operated detector and a tube that has to snap into place for an accurate reading.</p>	<p>symptom onset, whichever came first), and continue testing every 24-48 hours until the test appears negative. Note that even a faint line on most tests indicates a positive result.</p> <ul style="list-style-type: none"> • Students enrolled in the Test-To-Stay programs at their local school: students identified as close contacts test each day using an antigen test in order to continue with in-person learning. • You are experiencing COVID-19 symptoms and suspect COVID-19—follow the instructions on the at home antigen test, most test kits require you to take both tests-24-48 hours apart—and seek guidance from a medical professional for further PCR testing • You have been identified as a close contact to someone infected with COVID-19—quarantine as directed by medical professionals or the Vermont Department of Health. If quarantine is not indicated, you may consider using a rapid antigen test daily before going to work or out in the community
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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:

General Requirements

- 14 day quarantine for non-fully vaccinated 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).
- Fully vaccinated individuals are not required to quarantine, unless they have a confirmed close contact with a person confirmed to have COVID within the past 14 days.
- Negative PCR COVID test is required.
- Additional quarantine is not required if individual has already completed a 14 day quarantine in an HCRS residential facility and is now 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 whether self-quarantine, isolation, or maintaining social distancing is indicated.

- 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.
- 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.

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).
- HCRS will arrange for facility wide testing.
- 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.
15. Resident who tested positive will isolate for a full 10 days per DAHL and VDH guidelines.
16. If a resident is unable to isolate and is asymptomatic, antigen tests may be considered to end isolation earlier in order to support mental well-being. This requires the approval of the Emergency Clinical Decision Making Team, including the Residential Assistant Director and Nurse Manager.
17. If asymptomatic and resident cannot maintain quarantine, resident will test on day 4 & 5, or if mildly symptomatic, on day 6 & 7.
18. If two antigen tests are both negative, the resident may end isolation and wear a mask around others until 10 days from positive test or first day of symptoms.
19. If either test is positive, the resident must isolate for the full 10 days with no further testing required.

Resident Care for a Possible Exposure:

Regardless of vaccination or booster status, resident will quarantine with a PCR test out on day 7. If they choose not to be tested, they will quarantine for the full 14 days.

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.
6. Van must be sanitized after use.

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