Vermont Shelters COVID-19 Guidance

March 9, 2023



DEPARTMENT FOR CHILDREN AND FAMILIES Agency of Human Services



Working Together to Prevent Serious Illness

Vermont's goal is to prevent serious health outcomes due to COVID-19.

This is a shift away from preventing all transmission. While prevention is the ideal, we recognize that facilities and their guests have to balance other needs and resources.

Each local health office has epidemiologists assigned to COVID-19 that will help guide the response.



Updated CDC Guidance November 29, 2022:

Guidance on Management of COVID-19 in Homeless Service Sites

- Everyday and enhanced COVID-19 prevention strategies.
- Recommends adding enhanced COVID-19 prevention strategies when the COVID-19 Community Levels are high or when there are facilityspecific risks.
- No longer routinely recommends quarantine after someone is exposed to a person with COVID-19. Continues to provide considerations for facilities that prefer to continue implementing quarantine protocols.
- Includes an option to end isolation for people with COVID-19 after 7 days with a negative viral test.

COVID-19 Prevention Strategies

- Prevention strategies for everyday operations should be in place at all times, even if <u>COVID-19 Community Levels</u> are low or medium.
- Enhanced prevention strategies should be added to supplement the prevention strategies for everyday operations when <u>COVID-19 Community Levels</u> are high, any time there has been transmission within the facility itself, or based on the assessment of other facility-specific factors that increase risk.

Reducing COVID-19 Transmission in a Facility



Over the past three years we have learned how layering efforts can help reduce transmission of COVID-19.

- Get Vaccinated: Encourage guests to stay <u>up-to-date</u> with vaccinations by posting locations of nearby vaccine clinics and pharmacies
- Wear Masks: Make masks available to guests and staff
- Ventilation: Improve ventilation of indoor common areas by opening windows and/or using fans
- Hand Hygiene: Encourage handwashing and make hand sanitizer available
- Sanitation: Clean high touch areas and make cleaning supplies available in shared bathrooms
- Test: Make tests and screening tools (thermometers) available for guests
- Stay home when sick (staff)

Reducing COVID-19 Transmission in a Facility

Enhanced Strategies: implemented when <u>COVID-19 Community Levels</u> are high, any time there has been transmission within the facility itself, or based on the assessment of other facility-specific factors that increase risk.

- Outdoor activities (*weather permitting*) and halt indoor group activities
- Identify, obtain, and test enhanced ventilation options (HVAC)
- Screening of staff or residents
- Universal masking regardless of vaccination status
- o Add enhanced cleaning and disinfection
- Encourage physical distancing, especially when indoors and if masking isn't possible
- Reduce movement/contact between different areas of facility
- o Deliver meals
- Arrange delivery to continue MAT services

When a guest tests positive for COVID-19

<u>CDC Guidance</u> as of November 29, 2022 **encourages** all staff and guests with a positive test to isolate for up to 10 days since symptoms first appeared or from the date of the positive test (*if asymptomatic*).

Isolation period can be shortened to 7 days if they test negative within 48 hours of ending isolation.

While this is **ideal**, each facility may encounter barriers to reaching this level of restrictions. Some flexibility may be given to mitigate certain challenges and may be discussed with one of the VDH COVID-19 Epidemiologists.



When a guest tests positive for COVID-19



If possible, provide individual isolation space for infected individuals in separate area of facility, or in an alternate housing location such as hotel/motel.



Ask to stay away from communal spaces, e.g. dine alone or with a cohort of other infected individuals.



If individual cannot stay away from communal spaces, encourage mask-wearing around others for up to 10 days.

Support Access to Treatment

Guests with COVID-19 and who are more likely to get very sick should be referred to a provider for evaluation.

- **Effective treatments** can reduce the chances of hospitalization and death.
- Don't delay: Treatment must be started within days after symptoms first develop to be effective.
- Other medications can help manage symptoms.

Risk factors for severe illness include:

- ✓ Age over 50 years, with risk increasing substantially at age \ge 65 years.
- ✓ Not being <u>up-to-date</u> on COVID-19 vaccinations.
- ✓ People with Certain Medical Conditions | CDC

Considerations When Managing Outbreaks

Consider the needs and unique challenges (and opportunities) of each facility when managing cases of COVID-19 within the facility.

Consider ...

- Whether guests have private rooms where they can isolate safely
- How to manage shared spaces or shared sleeping areas
- Vaccination rate of current guest population
- Whether there are other guests with known health conditions that may put them at risk for developing severe illness



Considerations When Managing Outbreaks

Our goal is to avoid placing additional burden on guests that **would not be placed on other Vermonters** where they live and work.

- Some guests may need to continue to go to work, school and/or appointments while they are close contacts
- Individuals who test positive for COVID-19 may feel extremely isolated, placing additional emotional burden on them
- Pausing new arrivals to a facility should be a last resort – use all other mitigation strategies first



Managing Close Contacts

Close contact means being within 6 feet, for a total of 15 minutes or more over a 24-hour period, of someone with COVID-19 while they are contagious.

Individuals can be contagious two days before symptoms begin and until they are recovered. For people who haven't had symptoms, they may be contagious two days before they have a positive test.

<u>CDC Guidance</u>, as of November 29, 2022, **no longer recommends quarantine** for the general public. In shelters, quarantine can be very disruptive to the daily lives of guests.

During **high** <u>COVID-19</u> <u>Community Levels</u>, and the potential for rapid and widespread transmission in a shelter, some facilities may prefer to implement quarantine protocols.

Managing Close Contacts

Facilities should consider strategies that balance, infection control needs, operational needs, and mental health needs of staff and guests.

When considering need for quarantine, options may include:

- Housing: Cohort those requiring quarantine together. Smaller cohort groups minimize continued transmission.
- **Testing**: Serial testing every 3-7 days may be used during cohorted quarantine.
- Movement: Facilities can arrange for a cohorted group to move from their quarantine space but should not mix with other guests or staff not assigned to their cohort and should wear masks.
- Duration: A 10-day quarantine period provides the best protection from transmission but may not be feasible. A close contact can end isolation if they remain asymptomatic and tests negative after 5 days.
- Monitoring: Prioritize symptom check for those more likely to get very sick if unable to monitor for all guests.

How to Manage Staffing Challenges

Conventional Strategies: Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC

- At least 7 days have passed **since symptoms first appeared** if a negative viral test is obtained within 48 hours prior to returning to work (*or 10 days if testing is not performed or if a positive test at day 5-7*), **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications, and
- Symptoms (e.g., cough, shortness of breath) have improved.

For asymptomatic staff with exposure to COVID-19, work exclusion is not necessary, except when staff is:

- Unable to be tested or wear mask as recommended following their exposure;
- Moderately to severely immunocompromised;
- Cares for or works with guests who are moderately to severely immunocompromised;
- Works at a facility experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions

How to Manage Staffing Challenges

Managing staff cases of COVID-19 may depend on the facility's current staffing availability. Each staff and situation may be treated on a case-by-case basis.

Contingency Staffing: <u>Strategies to Mitigate Healthcare Personnel Staffing</u> <u>Shortages | CDC</u>

- At least 5 days have passed *since symptoms first appeared* (day 0), and
- At least 24 hours have passed *since last fever* without the use of feverreducing medications, and
- Symptoms (e.g., cough, shortness of breath) have improved, and
- Able to wear a mask around others through day 10.

Testing and Reporting for COVID-19

Keep COVID-19 Antigen Tests and LAMP tests on hand for testing of close contacts or symptomatic individuals.

Outbreak testing – May use COVID-19 Antigen/LAMP tests if available or reach out to VDH COVID Epi Team for assistance.

Testing at entry – Not to be required, but may be used. Note that LAMP/PCR testing may detect *recent*, but not *current* infections, so are not usually recommended for this purpose.

Facility may consider resulting time when choosing which test is best for their current population.

If a facility is in need of test kits, you may order through the online order form: <u>State of Vermont COVID-19 Over the</u> <u>Counter Antigen & LAMP Test Request Form (office.com)</u>

Reporting COVID-19

Facilities may report cases and outbreaks of COVID-19 by contacting their VDH local health office via phone or email.

Ongoing Support is Available to Shelters



Vermont Department of Health has COVID-19 Epidemiologists in each Local Health Office to help shelters work through responses of cases and/or outbreaks.

VDH draws support from the Office of Economic Opportunity/DCF when working with shelters.

Additional Resources

- AHS.DCFOEOHomelessCOVIDResponse@vermont.gov
- AHS.VDHCOVIDEpiProgram@vermont.gov
- Vermont Department of Health, Local Health Offices <u>https://www.healthvermont.gov/local</u>
- Abby Erwin Community Service Program Officer, Vermont Office of Economic Opportunity, DCF <u>abby.m.erwin@vermont.gov</u>
- Sarah Philips Director of Office of Economic Opportunity, DCF <u>Sarah.Philps@vermont.gov</u>