



**Special Communication to City of Burlington
Emergency Operations Center and Mayor
Regarding COVID-19**

To: Mayor Weinberger, Brian Lowe, Luke McGowan
From: Meagan Tuttle, Kayla Donohue of City Analytics Team
RE: Updated Recommendations for Nursing Homes, Adult Daycare, Senior Care Providers
Date: March 20, 2020, 2:00pm
Updated: **March 30, to review link applicability**

Key Messages:

According to CDC:

- Facilities with confirmed cases should be isolating infected/suspected infected patients in separate, well-ventilated triage areas or private rooms with a closed door and private bathroom if possible. Facilities should begin implementing engineering controls including physical barriers and curtains between patients facility-wide.
- Restrict resident access for all others to their rooms except for medically necessary purposes, and when they leave rooms residents should wear facemasks, perform hand hygiene, limit movement around the facility, and maintain 6ft distance from others.
- Implement universal use of facemasks for HCPs while in the facility, limit HCP contact with infected patients and limit the number of staff providing care to infected patients; prioritize respirators, AIIRs for aerosol-generating procedures, and begin implementing [PPE Optimization Strategies](#).
- All facilities should be actively monitoring all residents and HCP for fever and respiratory symptoms and continue routine cleaning and disinfection. According to the CDC: **nursing homes should assume it could already be in their community**, and move to restrict all visitors and unnecessary HCP from the facility; cancel group activities and communal dining; and implement active screening of residents and HCP for fever and respiratory symptoms.

Other Updates:

- Minnesota Dept of Public Health has announced that due to testing shortage, the state is prioritizing testing on hospitalized patients, healthcare workers, and congregate living settings including long-term care. At this time, we cannot find any guidance instructing testing on all residents of LTCF where an outbreak (3+ cases) has occurred.
- King County Public Health implemented a survey, monitoring, and follow-up system with facilities in response to multiple outbreaks at facilities to verify that infection control strategies were being followed and adequate PPE were available for HCPs. See CDC investigation summary linked below.

Important Note Regarding this Document: *The coronavirus pandemic, and local, state and federal guidance/orders regarding this pandemic, are rapidly evolving. Information contained in this memo is presumed to be accurate and reflective of the situation as of the date and time noted above. Information in this memo is offered as review of actions, events, case studies, and data based on specific requests of and research by the Analytics Team. The original audience for this document was the Mayor and members of the City's Emergency Operations Center. These resources are being made available in the event that they may be informative for other Vermont communities.*

Key Resource links

- [Interim Infection Prevention & Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease in Healthcare settings](#)
- [CDC Guidance for Infection Prevention and Control in Nursing Homes](#)
- [Coronavirus Disease 2019 \(COVID-19\) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings \(from CDC\)](#)
- [CDC Interim Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19](#)
- [Gov Scott Executive Order on COVID-19 Restrictions](#)

Summary of CDC Report of Investigation on King County Outbreak

[CDC Report](#) and Public Health Officer for [Seattle King Co.](#) :

- Limitations in effective control and prevention within facilities, lax usage of PPE, delay in linking patient symptoms to COVID-19, testing limitations, and spread of virus from facility-to-facility by healthcare providers working in multiple facilities (including physical therapists, aids, etc) have led to inter- and intra-facility spread.
- As a result of reports of outbreak at multiple facilities, King Co. Set up a response effort:
 - sent a survey to 100 long-term care facilities requesting info about known COVID-19 clusters, or clusters of respiratory illness among residents/staff.
 - began monitoring databases of emergency medical transfers to acute care facilities, and reviewed daily for evidence of COVID-19, influenza.
 - facilities with evidence were then contacted about their infection control strategies and availability of PPE
 - Long term care facilities were prioritized for risk for COVID-19 introduction and spread, and highest priority facilities were visited by response personnel for provision of on-site testing and infection control assessment, support and training.

Summary of CDC Elevated Mitigation Strategies

CDC Guidance and state-level action are now recommending/requiring extensive visitor restrictions, active monitoring of staff and residents, and canceling group gatherings for all Assisted Living, Senior Living, and Adult Day Programs. It is **recommended that these strategies be employed by facilities even in locations without confirmed cases in the community or facility.**

- By Executive Order of Gov. Scott, facilities must restrict all visitation except for certain compassionate care situations, such as end of life situations. Arrange for alternate means for family members to communicate (e.g., staff assist with phone calls or videoconferences with visitors).
 - According to CDC, exceptions for end-of-life family visits need to be considered, with limited access of visitors to other areas or people in the facility and these patients should be in a different area to ensure other clients are not exposed to outside guests.
- Restrict all volunteers and non-essential health personnel (HCP) (I.e. barbers)
- Cancel all group activities and communal dining

Important Note Regarding this Document: The coronavirus pandemic, and local, state and federal guidance/orders regarding this pandemic, are rapidly evolving. Information contained in this memo is presumed to be accurate and reflective of the situation as of the date and time noted above. Information in this memo is offered as review of actions, events, case studies, and data based on specific requests of and research by the Analytics Team. The original audience for this document was the Mayor and members of the City's Emergency Operations Center. These resources are being made available in the event that they may be informative for other Vermont communities.

- Implement active screening of residents and HCP for fever and respiratory symptoms. Daily upon arrival temperature and respiratory symptom screening of all attendees, staff.
- **Perform routine environmental cleaning.**
- Staff should wear masks and wash hands thoroughly before entering and after exit of room of inhabitants
- Consider suspension of new admissions to facilities
- Short-term closures as needed (e.g., if cases in staff, residents or clients who live elsewhere) for cleaning and contact tracing
- Longer-term closure or quarantine of facility until situation resolved.

CDC Cleaning and Disinfection Guidance

- Routine Cleaning and Disinfection
 - COVID-19 is believed to be spread through respiratory droplets
 - Evidence suggests it may be viable on many surfaces for hours or days
 - Clean and disinfect high-touch surfaces daily (e.g. desks, tables, hard-back chairs, doorknobs, light switches, handles, sinks, etc.)
 - For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective
 - Do not shake laundry or linens to minimize dispersing the virus through the air
 - Always wear gloves while cleaning and wash your hands immediately after removing the gloves
- Cleaning and Disinfection After a Person with Suspected or Confirmed COVID-19 has Been in the Facility
 - Close off areas used by the ill person for as long as possible before cleaning and disinfecting
 - Open outside doors and windows if possible to circulate air; wait up to 24 hours if possible to begin cleaning and disinfection
 - Cleaning staff should clean and disinfect all areas used by the individual, focused specifically on high-touch areas
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
 - Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water

Important Note Regarding this Document: *The coronavirus pandemic, and local, state and federal guidance/orders regarding this pandemic, are rapidly evolving. Information contained in this memo is presumed to be accurate and reflective of the situation as of the date and time noted above. Information in this memo is offered as review of actions, events, case studies, and data based on specific requests of and research by the Analytics Team. The original audience for this document was the Mayor and members of the City's Emergency Operations Center. These resources are being made available in the event that they may be informative for other Vermont communities.*

- [Products with EPA-approved emerging viral pathogens](#) are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
- If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
- Otherwise, use products with the [EPA-approved emerging viral pathogens claims that are suitable for porous surfaces](#)

Important Note Regarding this Document: *The coronavirus pandemic, and local, state and federal guidance/orders regarding this pandemic, are rapidly evolving. Information contained in this memo is presumed to be accurate and reflective of the situation as of the date and time noted above. Information in this memo is offered as review of actions, events, case studies, and data based on specific requests of and research by the Analytics Team. The original audience for this document was the Mayor and members of the City's Emergency Operations Center. These resources are being made available in the event that they may be informative for other Vermont communities.*