

## If you need to report COVID-19 cases or have questions regarding the prevention or management of COVID-19 in your facility, please contact:

- Vermont Department of Health's COVID-19 Epidemiology Program  
[AHS.VDHEpiCOVID19Program@Vermont.gov](mailto:AHS.VDHEpiCOVID19Program@Vermont.gov)  
802-863-7240, option 2
- A COVID-19 Epidemiologist at your Office of Local Health  
[Local Health Offices | Vermont Department of Health \(healthvermont.gov\)](#)
- Dr. Kelley Klein, Medical Director with the Vermont Department of Mental Health  
[Kelley.Klein@partner.vermont.gov](mailto:Kelley.Klein@partner.vermont.gov)  
607-287-0551

For current guidance for infection prevention and control for COVID-19, please refer to the [CDC Infection Prevention and Control Recommendations for Healthcare Personnel](#).

Recommended COVID-19 mitigation strategies include encouraging staff and residents to stay [up-to-date](#) with vaccinations, the use of therapeutics when indicated, improved ventilation in facilities, and testing patients/residents and staff who are symptomatic or who have had a known exposure to COVID-19 infection. Masks should be worn by patients/residents and staff:

- who are infected with, or presenting symptoms of, COVID-19;
- who were a recent close contact of an someone infected with COVID-19.

Facilities should consider enhanced precautions when experiencing outbreaks or when there are elevated levels of COVID-19 or other infectious respiratory diseases in the surrounding community. Facilities are encouraged to refer to [hospitalization levels](#) and the [Vermont Department of Health's Weekly COVID-19 Surveillance Report](#) when considering use of source control.

The Health Department will be monitoring hospitalizations and other indicators and may periodically make additional recommendations to facilities in Vermont, especially when other respiratory viruses are circulating. The Health Department's COVID-19 Epidemiology Program and Local Health staff are available to advise facilities during outbreaks and other situations of concern.

Some people are more likely to get very sick from COVID-19. If someone with COVID-19 is age 50 or older or [has a medical condition](#) that may put them at risk, health care providers should discuss treatment as soon as there is a positive test result.

## Testing

Antigen tests are sensitive and specific to test *current* infection especially in those experiencing symptoms. NAAT tests (PCR and LAMP) are highly sensitive but may produce a false positive result for anyone who had a COVID-19 infection in the past 90 days, as past recent infections could lead to a positive test result due to a recent, but currently inactive, infection.

# COVID-19 in Mental Health Inpatient and Congregate Settings

In most cases, antigen tests are the preferred way to determine currently active, infectious illness. **Testing is recommended for anyone showing symptoms of COVID-19.** If an initial antigen test is negative but symptoms are present, it is recommended that facilities:

- Repeat antigen test 48 hours after previous test; if still negative, administer another antigen test 48 hours after that. Encourage patient to wear a mask while indoors.
- A negative PCR or LAMP test does not need to be followed up with additional testing. Other causes of symptoms should be considered.

**If an asymptomatic person was exposed to anyone with a known COVID-19 infection:**

- Antigen test at Day 1 (at least 24 hours after exposure), and again at Day 3 (or 48 hours after previous test) and Day 5 (48 hours after second test) if individual continues to test negative. Encourage patient to wear a mask until three negative tests, or for 10 days if testing is refused. Or:
- A NAAT (PCR or LAMP) test at Day 5. A negative NAAT test does not need to be followed by additional tests.

**If widespread exposure is suspected,** consider providing antigen testing to those who may have had close contact at Days 1, 3 and 5 post-exposure.

**If a patient refuses a COVID test,** assess individual and cohort risk levels to accommodate placement.

## Admissions

COVID-19 cases should not lead to restrictions on admission, even in the event of an outbreak. Facilities that are considering any holds or delays on admissions should consult the Department of Mental Health's Medical Director and the Vermont Department of Health before initiating any restrictions. All new admissions should be offered COVID-19 vaccine if they are not [up to date](#).

**Testing should not be required for admission.** Facilities may test at their discretion, but a positive test should not prevent or delay admission as the purpose is to inform infection prevention and to guide individual care.

Testing for active infection is recommended for admission of residents who are showing symptoms of COVID-19, or who have a known exposure to a COVID-19 infection in the previous 14 days. New admissions who test positive should be admitted to the unit, using facility infection prevention and control strategies for isolation.

There is no prohibition on discharges. However, if facilities are planning to discharge any residents who are infected with COVID-19, or during an outbreak, please communicate the risk exposure to the receiving facility so that the discharging individual can be received with appropriate precautions in place.

## Isolation and Strategies for COVID-19 Infection Prevention

Facilities are recommended to isolate individuals with confirmed COVID-19 infection for five days, to the extent that this would not be counter-indicated by other clinical or psychiatric needs. Individuals should be encouraged to continue to wear a mask for days six through ten, but this does not need to be a requirement.

At the facility's discretion, isolation may be extended to ten days for symptomatic individuals who are not compliant with masking or other protective behaviors.

If infected patients cannot be isolated from non-infected populations, it is preferable to cohort them with individuals at lower expected risk of severe COVID-19 outcomes.

**In youth facilities where residents also receive schooling within the psychiatric setting, Vermont school isolation standards should be followed.** A negative COVID-19 test should not be a prerequisite for attendance in class and other education settings; existing and general school sick policies should guide attendance decisions.