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RECOMMENDATIONS TO PREVENT AND RESPOND TO COVID-19 IN GROUP HOMES/RESIDENTIAL CARE SETTINGS

This guidance is to provide recommendations to programs that provide residential services in community settings. These facilities have clients living in a shared living space and may have health conditions that make them vulnerable to disease, therefore this guidance is modeled closely after the Centers for Disease Control and Prevention (CDC) guidance on Long Term Care. Strategies may be based on feasibility given the unique space and needs of the setting. Providers are encouraged to think creatively about all opportunities to increase the physical space between individuals and limit interactions in large group settings.

This document is to provide recommendations only. Each situation is unique and may require alternative considerations to provide for the health and safety of individuals within the setting.

Daily Prevention Measures

Recommendations to prevent COVID-19 in Group Homes and other residential care settings include:

- Post visual alerts (e.g., signs, posters) in strategic places (e.g., bathrooms, break areas, kitchens, etc.) to provide instructions about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include wearing a cloth face covering or facemask for source control, and how and when to perform hand hygiene.
- Social/Physical Distancing
    - All residents and staff should maintain a distance of at least 6 feet from each other in the residential setting and outside, unless providing essential personal care.
    - Provide education to residents, staff, and volunteers to monitor their distance from others.
    - Rearranging furniture and creating visual cues (ex: tape on the floor) has proven to be helpful.
- All staff should wear face masks. Face masks are preferred over cloth face coverings for all staff because they offer both source control and protection for the wearer against exposure to splashes and sprays of infectious materials from others.
    - Staff should remove their facemasks and put on a cloth face covering when leaving the facility at the end of their shift (cloth face coverings are recommended for all people when outside the home).
    - If staff must touch or adjust their facemask or cloth face covering, hand hygiene should be performed immediately before and after touching.
    - In the event that facemasks are not available or in ample supply, cloth facemasks may be used with additional precaution by staff.
- Mask donning and doffing training should be provided. Mask use with hand hygiene should be monitored.
    - If mask shortage, staff can be given 5 masks to use on a daily rotation basis, storing masks in individual paper bags with names on them. Please see NDDoH reuse guidance.
- If tolerated, residents should be encouraged to wear cloth face coverings when there are others present or if staff are providing direct care.

- Review training with staff for isolation protocols, donning and doffing of personal protective equipment (PPE), hand hygiene, and cough etiquette.
- Screen staff at beginning of every shift for fever, symptoms and risk of COVID-19.
    - Actively take their temperature and document symptoms and ask that staff also regularly monitor themselves for fever and other symptoms.
    - If staff develop symptoms while at work, they should immediately put on a face mask (if not wearing one under universal masking), inform their supervisor, and leave the workplace.
    - Staff who work in multiple locations may pose higher risk and should be asked about exposure to facilities with recognized COVID-19 cases.
- Consider staffing models where staff only work at one home or as few as possible, instead of rotating among many homes.
- Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill staff to stay home. Remind staff not to report to work when ill.
- Consider limiting visitors, nonessential staff, and volunteers.
    - If visitors do come in, screen visitors for fever and other symptoms before they enter the facility. If fever or COVID-19 symptoms are present, the visitor should not be allowed entry into the facility.
- To address asymptomatic and presymptomatic transmission and to help prevent transmission from infected individuals who may or may not have symptoms of COVID-19, cloth face coverings should be considered (if tolerated) and worn for all visitors during duration of time in the facility, regardless of symptoms.
    - Cloth face coverings are not considered PPE because their capability to protect staff is unknown. **Staff should wear facemasks rather than cloth face coverings, if at all possible**.
    - Visitors
        - Essential visitors should be, ideally, wearing their own cloth face covering. If not, they should be offered a cloth face covering or facemask (as supplies allow).
        - They should be instructed that if they touch or adjust their cloth face covering, they should perform hand hygiene immediately.
        - Cloth face coverings should not be placed on young children under age 2 or anyone who has trouble breathing.
    - Residents
        - **Cloth face coverings should not be placed on anyone who has trouble breathing or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance**.
        - Residents may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., staff, visitors) enter the room.
        - Implement a laundering process for the residents' cloth masks.
- Encourage residents to stay in the facility.
    - Residents going to the Emergency Room or Clinic:
        - Residents should wear a mask if tolerated.
        - Assess resident twice a day for 7 days for fever and new onset of symptoms.
- Limit and monitor entry points to the facility.
- Screen residents for symptoms and fever, at least daily.
    - Residents with a temp ≥100.0 F (people 70 or immunocompromised may have fever at 99.6 F) or repeated low-grade temps (>99 F) or symptoms should be placed in a single room, if possible, and placed in droplet precautions using personal protective equipment (PPE) including

gown, gloves, and facemask with face shield or goggles for eye protection pending further evaluation. These residents should be prioritized for testing.
    - Dedicate equipment to these residents and disinfect between use.
    - Residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19
    - Document daily screening results.
- Put alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas and make sure sinks are well-stocked with soap and paper towels for handwashing.
- Make tissues and face masks available for coughing people. Consider designating staff to steward those supplies and encourage appropriate use by residents and staff.
- Notify the NDDoH at 1-888-391-3430 about any residents with severe respiratory infection or if the facility identifies more than 2 cases of respiratory illness among residents and/or staff within 72 hours of each other.
    - These situations should prompt further investigation and testing for COVID-19.
- When a resident or staff with suspected or confirmed COVID-19 is identified, facilities should be instructed to notify the NDDoH immediately at 1-888-391-3430 and made aware that they reside in a group home or other residential care setting.
- If a resident needs to leave the facility for routine medical care, advise them to wear their own cloth face covering or face mask (if cloth face covering is unavailable), regardless of symptoms when outside of the facility.
- Ensure all residents are up-to-date for routine immunizations, including influenza and pneumococcal vaccines.

Day-to-Day Operations

- A copy of the agency pandemic plan should be made available to all residents, resident teams and staff.
- Suspend communal dining unless physical distancing is possible.
    - May stagger mealtimes and clean all surfaces between seatings.
    - May serve resident meals in their rooms if this is not feasible.
- Only allow one person and one staff person to use the kitchen at a time and clean and disinfect after each use.
- Do not utilize shared food containers in dining areas (ex: water pitchers, salt and pepper shakers, etc.).
    - Consider the use of disposable dinnerware in settings with multiple housemates.
- Dispense snacks directly to residents or use pre-packaged food.
- Encourage residents to remain in their room as much as possible.
- If utilizing shared rooms, residents should keep as far apart as possible from each other (ex: “head to foot” or “foot to foot” placement of beds, maintaining the 6 feet apart placement as much as possible).
- Encourage residents to leave the residence only for urgent appointments or individual activities such as going for a walk or a drive. These activities should only be performed one-on-one with a staff person.
- Arrange for delivery of medications.
- Create a schedule for residents to use common spaces in shifts, to maintain physical distancing.
- Reconfigure common areas so seating ensures physical distancing.

- Cancel or alter group activities to better practice social distances.
- Residents may utilize the yard and/or outdoor space immediately surrounding the residence or other outside locations if physical distancing can be maintained. Explore alternative methods to meet individualized needs (e.g. telemedicine, phone calls with family, ordering groceries/supplies). Modify recreation/leisure activities and incorporate meaningful activities within the day for residents to stay engaged while following the recommended guidelines.
- Residents should not share personal items with others. This includes but is not limited to: Phones, computers, remote controls, toys, drinks, bed linen, washcloths, towels, toothbrushes, unwashed eating utensils, straws, etc.
- Personal items should be kept separately for each resident.
- If items must be shared, ensure proper cleaning between use (See cleaning below).
- Isolation, social distancing, and other stressful events of a disease outbreak may increase risk of adverse mental health outcomes, help support residents in managing stress and anxiety during this time.
    - https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html
    - https://www.behavioralhealth.nd.gov/covid-19

Cleaning

- Clean and disinfect high touch surfaces twice a day or more in common areas (ex: tables, doorknobs, light switches, phones, tablets, touch screens, remote controls, keyboards, handles, desks, toilets, sinks, etc.).
- Read and follow the product label for health and safety information about the products.
- Visit the Center for Disease Control and Prevention (CDC) for more information about cleaning and disinfecting.

Symptomatic Staff

- All staff who have symptoms that coincide with COVID-19 or have been exposed to someone with suspected or confirmed COVID-19 should self-isolate and should not come to work. They should report their symptoms to their supervisor and contact their primary care provider for COVID-19 testing. If at all possible, close contacts should not return to work until they are either cleared by the NDDoH to return to work or they have a negative COVID-19 result and follow the facilities guidelines for returning to work after illness. Cases of COVID-19 cannot return to work.
- Staff who feel unwell while at work should report to their manager immediately, separate themselves from others, go home and contact their primary care provider. They should inform their primary care provider they work in a group home or residential care setting.
- If a staff member tests positive for COVID-19 they should follow NDDoH guidelines for returning to work. In the event of a positive test the NDDoH will work with the facility, staff and residents to begin additional safety measures and will provide situation-specific guidance.
- If at all possible, a test-based strategy for return to work is ideal. Using this strategy staff members who have screen positive for COVID-19 would need two negative COVID-19 tests at least 24 hours apart before returning to work. This strategy shows an abundance of caution to ensure that the staff member is no longer infectious, however due to short staffing and the importance of round the clock care to residents this may not be a possibility.

Symptomatic Residents

- If a resident reports or displays any symptoms of COVID-19 or they have been exposed to a suspected or confirmed case, they should be isolated immediately. Their primary care provider should be contacted and made aware the patient resides in a group home or other residential care setting.
- The resident should immediately isolate in a room with a door that can be closed, as much as possible, to separate unwell residents who have symptoms or are being tested for COVID-19 from those who are healthy for 14 days. If not possible, other solutions or alternate locations may need to be explored to reduce exposure to others in the home.
    - If the facility is not well-suited to accomplish needed quarantine or isolation of residents, provider will work with ND Rapid Response Regional Coordinator and NDDHS staff to develop a transfer plan that is consistent with the state's Vulnerable Patients and Populations Plan (VP3) and person-centered practice.
- If possible, provide all meals, medications and personal cares in the resident's room.
- If a private room is not possible and will be shared by well and unwell residents, make sure the room has adequate air flow (ex: open windows as security protocols and weather permits), and that the resident can be kept 12 feet away from others, and wears a surgical/procedure mask if they are able.
- A private bathroom should be used. If that is not possible, consider developing a schedule for use with the unwell person going last, followed by a thorough cleaning of the bathroom.
- Provide recreation/leisure/entertainment activities in their room.
- Consider utilizing alternate care locations if needed.
- If a resident requires quarantine or isolation and has difficulties complying, the team should consider non-restrictive measures, while balancing health and welfare of that individual and everyone else in the home.
- If there is a known COVID-19 case in your facility it is recommended you have your direct care staff add face shields to their PPE, disinfecting when visibly dirty or end of day. These should be dedicated to the employee. If face shields are not available, use eye googles. Personal eyeglasses do not replace eye protection.

Contact to a Case of COVID-19:

- A close contact to a case of COVID-19 should be placed in a private room and put in contact precautions as noted above. This includes contacts to cases in another healthcare setting (hospital, clinic, etc.) or in the community.
    - Assess the resident twice a day for respiratory symptoms and fever.
    - If a resident becomes symptomatic, then he/she should be put in droplet precautions and tested for COVID-19.
    - Increase monitoring of residents for worsening of symptoms.
    - Keep the door to the resident room closed, as much as possible.
        - Attempts should be made to have these residents cohorted with dedicated staff.
    - Close contacts may be removed from quarantine after 14 days from last contact with a case.

Our facility has identified resident(s) who is/are confirmed case(s):

- Consider having pregnant or immunocompromised staff assigned to other areas in the facility.

- If the resident is having mild symptoms, you can keep them in your facility as long as their clinical care needs can be met.
- Place in private room or cohort COVID-19 positive residents together, ideally placed 12 feet apart.
    - Staff should have been fit tested for use of N95 masks and perform self-seal checks **each** time mask is donned.
    - The same mask and eye protection can be used for multiple residents that are cohorted, but gown and gloves should be changed between residents and hand hygiene performed. Mask should be discarded at the end of each shift or before if soiled/contaminated.
    - Please do not discard N95 masks. There are several processes available to decontaminate the masks and a number of hospitals have this capability. The CDC recommends that users store used N95 masks in a breathable container, that is well marked (to prevent accidental use), and according to the manufacturer's recommendations for temperature and moisture.
    - Cloth face coverings should NOT be worn in place of face masks or N95 respirators.
    - If N95 masks are not available or HCP are not fit tested, a surgical mask and face shield can be worn.
    - Additional PPE may be ordered at hanassets.nd.gov.
- Keep the door to the resident room closed, as much as possible.
- Dedicate equipment to these residents and disinfect between use.
- A log should be kept of all staff going in and out of room.
- Increase monitoring for worsening of symptoms.
- Monitor staff for proper use of PPE and hand hygiene.
- Have dedicated staff care for the resident(s).
- Staff should organize their work and take on the duties of environmental cleaning to decrease number of staff entering the room, living space or apartment.
    - Environmental staff are usually not fit tested for N95 masks.
- If staff from this unit are working with residents other than COVID-19 confirmed or suspected residents, separate masks should be used for working with residents who are not suspect or COVID-19 positive.
- Masks used with these residents should be discarded if resident is receiving nebulizer or other aerosolized therapy, after each treatment.
- Disinfect face shields after each use adhering to contact time.
- Provide notification to resident's families/guardians when there is a case of COVID-19 identified in your facility.
- Testing of staff and residents may be recommended once there has been a case identified or documented spread among staff or residents.

For additional resources and or guidance please consult the DD operational health guidance: https://www.nd.gov/dhs/info/covid-19/docs/guidance-covid-19-dd-operational-health-guidance.pdf

For facilities that need additional PPE, items can be ordered from: http://hanassets.nd.gov/.