

# Congregate Living Facility Guidance for Prevention and Management of COVID-19

Preliminary Guidance for Homeless Shelters, Behavioral Health Residential Facilities

Updated: March 11, 2020

This guidance was developed by Contra Costa Health Services (CCHS) for use by providers and staff serving people experiencing homelessness and other providers/staff working in residential care facility programs. The purpose of this document is to assist in preparing your facility, staff, and residents for possible cases of COVID-19. These recommendations will be posted online at [cchealth.org/coronavirus](http://cchealth.org/coronavirus) and updated as new information becomes available.

**BACKGROUND:** COVID-19 is a new respiratory infection caused by the SARS-CoV-2 virus. Illness severity ranges from asymptomatic to life-threatening. The most common signs and symptoms of infection include fever, cough, and difficulty breathing. Based on the limited available data, older adults and those with chronic medical conditions are at highest risk for severe illness.

At present, there is no vaccine to prevent COVID-19 and no antiviral medication that can be used after exposure. Thus, prevention and control efforts must rely on other measures.

COVID-19 may be introduced into a shelter and/or congregate living facility by newly admitted residents, staff, or visitors. Spread can occur between and among residents, healthcare personnel, staff and visitors. Spread is thought to mostly occur through respiratory droplets in the air or on surfaces.

## GENERAL MEASURES THAT CAN BE IMPLEMENTED NOW

- **Educate staff and residents** on the novel coronavirus, symptoms, how it is spread, and preventive measures that can reduce the spread of viruses like COVID-19
- **Gather and/or procure necessary cleaning supplies**, personal protective equipment, and signage
- **Increase frequency of facility cleanings**
- **Perform daily active monitoring** for residents in the facility who may have fever and respiratory symptoms.
- **Identify private rooms** or create spaces that can be used to isolate individuals who may be sick
- **Plan for employee absences and ways to keep essential services operational**, including food service.
- **Stay up to date** with local and state COVID-19 activity and developments

## **EDUCATE STAFF AND RESIDENTS**

### Hand Hygiene and Respiratory/Cough Etiquette

Staff should review and follow recommendations for hand hygiene before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).

- For more information about hand hygiene, procedures, and recommendations please view the following link: <https://www.cdc.gov/handwashing/when-how-handwashing.html>
- Staff should encourage more frequent handwashing and/or use of alcohol-based hand sanitizer when in group settings or when water is not available.
- Place hand sanitizer at front desks, inside and outside residents' rooms, in staff offices; have sinks available with soap and paper towels for hand washing.
- Coughing should be done in a tissue and/or the curve of the elbow.

### Signage

- Posting signs encouraging hand hygiene and respiratory etiquette in all common areas around your facility is a great way to spread information, and to teach or remind staff and clients how to practice good hygiene. Hand hygiene signage written in multiple translations is available for download at <https://www.cdc.gov/handwashing/posters.html>
- Signs should be posted at:
  - Entrances and exits
  - Communal gathering areas
  - Dining areas
  - Bathrooms
  - Staff lounges
  - Dormitories or sleeping areas

### Personal Protective Equipment (PPE)

Staff should use Personal Protective Equipment (PPE) and be trained to use Standard Precautions when cleaning and decontaminating.

- Post signs on the door or wall outside of the resident room that clearly describe the type of required PPE.
- Make PPE, including facemasks and gloves, available immediately outside of the resident spaces.

Position a trash can near the exit inside any resident room to make it easy for staff and consumers to discard PPE.

## **FACILITY SANITATION**

### Cleaning and Disinfecting Shelters and Other Residential Programs

To reduce the spread of infectious diseases at your facility, provide basic hygiene supplies (refer to next section) to staff and residents, clean and decontaminate regularly, and post information on how to reduce transmission. This will reduce the spread of diseases through the air and through droplets, and will also reduce diseases spread through contact, like COVID-19.

- Clean and sanitize frequently touched surfaces several times per day. Pay special attention to doorknobs, light switches, elevator buttons, public phones, banisters, tabletops, handrails/bedrails, toys, faucets, copy machines, etc.
- Wash surfaces with a general household cleaner to remove germs. Rinse with water and follow with an EPA-registered disinfectant to kill germs. Read the label to make sure it states that EPA has approved the product for effectiveness against Novel Coronavirus SARS-CoV-2. EPA-registered products can be found at [https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list\\_03-03-2020.pdf](https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf)
- If a surface is not visibly dirty, you can clean it with an EPA-registered product that both cleans (removes germs) and disinfects (kills germs) instead. Be sure to read the label directions carefully, as there may be a separate procedure for using the product as a cleaner or as a disinfectant. An EPA-registered disinfection usually requires the product to remain on the surface for a certain period (e.g., letting it stand for 3 to 5 minutes) to kill germs.
- Staff and/or residents performing the cleaning and disinfecting should use disposable gloves each time they perform the cleaning procedures.
- Use damp cloth cleaning methods. Dry dusting or sweeping can cause airborne viruses to spread.
- Change mop heads, rags, and similar items used for cleaning and disinfecting frequently.
- Clean, disinfect, and dry equipment used for cleaning after each use.
- Items such as dishes, linens, or eating utensils do not need to be cleaned separately, but it is important to note these items should not be shared or used by others.
- All trash cans should have plastic liners.
- Empty trash receptacles frequently throughout the day.

#### Supplies Needed:

- Hand sanitizer (with at least 60% alcohol) should be located at:
  - All entrances and exits
  - Front desks
  - Staff offices
  - Kitchen
  - Dining areas
  - Public phones
  - Computer stations
  - Elevators
  - Community/multi-purpose rooms

- Dormitory or sleeping areas
- Liquid hand soap
- Paper hand towels
- Facial tissues– place at entrances and community areas
- Disposable surgical masks for residents who are coughing or sneezing:
- Plastic-lined wastebaskets (for used tissues and masks) with closing lids
- Gloves in a variety of sizes
- Alcohol wipes
- EPA certified cleaning and disinfecting products

Consider setting up "hygiene stations" in designated areas with hand sanitizer, tissues, masks, a garbage can and educational signs. None of these supplies will prevent infection by simply being in your facility, so train staff to use them regularly and to teach residents how to effectively use them too.

## **MONITORING AND SCREENING FOR SYMPTOMS**

Preventing the spread of illness at each site is very important, but with new residents coming and going all the time sick residents will inevitably enter program sites. Sites need to be able to **identify** sick residents, **isolate** them from other residents and staff members and work with appropriate medical staff.

### Monitoring

Active surveillance should be performed daily to help identify residents showing signs of respiratory illness. Surveillance activities include, but are not limited to:

- Checking in daily with all residents for fever, new cough, or new shortness of breath.
- Watching for trends in your facility regarding residents with fevers and respiratory symptoms.

### Screening and Identification

Implement routine screening procedures to help identify potentially ill clients. Monitoring for these symptoms can be accomplished through a combination of self-screening and screening questionnaires administered by general staff, with a follow-up done by a medical professional.

***Remember, having symptoms is NOT a reason to exit a client from your facility or services.***

**Self-screening** refers to residents identifying themselves as having symptoms. The following activities may encourage self-screening among residents:

- Post signs with general symptoms near the entrance of your site and in other key locations, such as bathrooms.
- Post signs with instructions to notify staff if clients are feeling unwell.
- Remind clients upon check-in and at community meetings of common symptoms of infectious diseases, and how they should notify staff.

- When residents tell staff that they are feeling ill, have staff record the residents' names, symptoms, and room/bed numbers so they can be followed up with later by a supervisor, counselor, clinician, or case manager. (unless the situation is urgent and needs immediate medical attention). If a resident is coughing or sneezing, give resident a mask immediately.

**Screening questionnaire** is a simple survey that helps to quickly identify if a resident may be sick. The following screening questions should be asked at intake and daily:

- Do you have a cough that is more than your normal cough?
- Do you feel like you've been having fevers or chills?
- Do you have any shortness of breath or breathing difficulties beyond your normal state?

If resident reports a fever or answers positively to any two of the three the questions, staff should note resident name, symptoms, and room/bed number so they can be followed up with later by designated staff members, such as floor supervisors AND consult with medical personnel. If after hours, call:

- CCHP Advice Nurse (877) 661-6230, option 1
- Blue Cross (800) 224-0336, option 2 (if Blue Cross Medi-Cal)
- Kaiser (866) 454-8855 (if Kaiser Medi-Cal)

If a resident is coughing or sneezing, give resident a mask immediately. *Staff may want to have temporal thermometers to help residents self-screen for fever. Remember to clean thermometer with alcohol wipes after every use.*

## **CARE FOR SYMPTOMATIC RESIDENTS**

If a resident develops symptoms including fever, cough or shortness of breath, *and has reason to believe they may have been exposed to COVID-19*, they should call their health care provider before seeking care, unless they are in a medical emergency. Contra Costa Health Services will work with staff and resident to determine if testing for COVID-19 is necessary.

- **Isolate** the resident in a single, private room or comfortable place with as much distance as possible from the rest of the congregate facility.
  - The ill resident should remain in isolation as determined by the Health Department. The resident should not participate in group activities, including group dining, use of common areas, and/or receiving visitors until cleared to do so by CCHS.
  - If a single, private room is not available, separation of the beds in the area should at least 6 feet apart or head-to toe with beds 3 feet apart.
  - If a client refuses to wear a surgical mask, practice social distancing with the client and have staff members wear masks when interacting with the ill client.
  - Allow them to rest, drink plenty of fluids, and have easy access to tissues and hand sanitizer.

- If resident must leave their room for any reason, have them wear a surgical facemask.
- **Staff should implement standard, contact, and airborne precautions.**
  - Wearing gloves if hand contact with blood, body fluids, respiratory secretions or potentially contaminated surfaces is expected.
  - Wearing a mask if respiratory secretions are expected to contact mouth and nose.
  - Changing gloves after each encounter and wash hands or use alcohol hand sanitizer immediately after removing gloves.
  - Washing hands with soap and water when hands are visibly dirty or contaminated with respiratory secretions.
- **H3 Homeless Programs: Contact CCHS Health Care for the Homeless to consult if you have questions M-F 830-4 in this order:**
  - 1) Call Sue Dickerson (925)849-7808 (cell) 2) Respite shelter (925)646-5018 3) Dr. Mega (925)494-8481; after hours please call the CCHP advice nurse number at 877-661-6230.
- **Behavioral Health Residential Programs:** for Adult System of Care including Board & Care facilities, Crisis Residential programs, and MHRCs call Jane Yoo (office: 925-957-1117, cell: 925-812-6043); for Children's System of Care, including Short Term Residential Treatment Programs call Gerold Loenicker (office: 925-957-5124, cell: 925-381-7263); for AOD programs call Fatima Matal Sol (925-348-3279)

Once a resident has been identified as having symptoms and has been isolated from other people at the site, the resident may need to be transferred to the appropriate medical facility or isolation site, particularly if they get sicker or cannot be effectively isolated from others. This should be decided with the appropriate CCHS medical personnel.

## WHAT TO DO AFTER COVID-19 INFECTION IS CONFIRMED

When a resident who has tested positive has stayed or remains at your facility, staff need to determine who else among staff and residents might have been exposed to the virus. In consultation with Contra Costa Health Services (CCHS) COVID-19 Clinical Consultation Center, the following actions may be required:

- Restriction of admissions to the facility with symptomatic residents.
- Cancellation of group activities; all meals to be served in resident rooms.
- Restriction of all visitors, including children.
- Recording a log of all persons who care for or enter the room or care area of the ill resident.
- Monitoring and isolation of resident(s) who were in contact with the case
- Maintenance of strict isolation of ill resident with standard, contact, and airborne precautions.

- Minimization of the number of staff providing care for positive COVID-19.
- In case of children/youth involved with Child Welfare or Probation, please notify Social Worker or Probation Officer, as well as Intensive Care Coordinator and/or treatment coordinator.

**Additional control measures and duration of implementation will be determined in consultation with Contra Costa Public Health staff.**

## **ADDITIONAL RESOURCES**

### Center for Disease Control

- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- [Preventing COVID-19 Spread in Communities](#)
- [Coronavirus Disease 2019 Interim Guidance for Homeless Shelters](#)
- [Coronavirus Disease 2019 \(COVID-19\) Print Resources \(handouts and posters\)](#)

### Department of Housing and Urban Development

- [Preventing and Managing the Spread of Infectious Disease for People Experiencing Homelessness \(PDF\)](#)
- [Preventing and Managing the Spread of Infectious Disease within Shelters \(PDF\)](#)
- [Preventing and Managing the Spread of Infectious Disease within Encampments \(PDF\)](#)

### National Healthcare for the Homeless

- [Pandemic Influenza Guidance for Homeless Shelters and Homeless Service Providers](#)

### California Department of Public Health

- <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

### Contra Costa Health Services

- <https://cchealth.org/coronavirus/>
- [Guidance from Contra Costa Health Services for Persons at Higher-Risk from COVID-19](#)
- [Healthcare for the Homeless](#)
- [Health, Housing, and Homeless Services](#)
- [Behavioral Health Services](#)