Congregate Living Facilities: Interim Guidance for Administrators

PLAN, PREPARE, AND RESPOND TO CORONAVIRUS DISEASE 2019 (COVID-19)

UPDATED 03/10/2020

Background
This interim guidance is based on what is currently known about the transmission and severity of Coronavirus Disease 2019 (COVID-19).

This guidance will be updated as needed and as additional information is available. Please regularly check MDH: Coronavirus Disease 2019 (COVID-19) (www.health.state.mn.us/diseases/coronavirus/index.html) for updated interim guidance.

COVID-19 is thought to spread mainly from person-to-person, between people who are in close contact with each other (within about 6 feet). Spread is from respiratory droplets produced when an infected person cough or sneezes. It may also spread from contact with contaminated surfaces or objects. This is not thought to be the main way the virus spreads, but the virus could spread that way if a person touches a surface or object with the virus on it and then touches their own mouth, nose, or eyes.

COVID-19 appears to cause more serious illness in older persons and those with underlying health conditions. Therefore, directors of congregate living facilities play an important role in preparing to respond to COVID-19 if the virus becomes prevalent in their communities.

The recommendations provided in this document apply to congregate living facilities such as shelters, group homes, and residential treatment facilities.

Steps to Take Right Now
The general strategies MDH recommends to prevent the spread of COVID-19 in congregate living facilities are similar to strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like common colds and influenza. Build on your everyday practices to implement these strategies:

- Hand hygiene
- Respiratory etiquette (covering coughs and sneezes)
- Routine environmental surface cleaning
- Staying home when ill (for staff and volunteers)

Organizational Preparedness
These preparedness steps may help protect your facility while minimizing disruption to your important services.

- Develop or review business continuity plans for how to keep critical services going if staffing levels drop due to illness or taking care of ill family members or friends or children that may be temporarily out of child care or school settings.
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- Be prepared to change your practices as needed to maintain critical operations. You may wish to refer to CDC: Interim Guidance for Businesses and Employers (www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html) to plan and respond to COVID-19.

- Develop or review existing protocols on infection control and response to infectious disease.

- Develop plans to monitor staff absenteeism in the facility.

- Cross-train personnel to perform essential functions so the facility is able to operate even if key staff are absent.

- Develop a procedure for performing simple symptom screening of clients.

- Develop a plan that could be implemented in your facility to separate ill clients from well clients at all times, including during meal times. This plan may include placing an ill client in single-occupancy room with a closed door, designating a separate area in the facility for ill clients where the spacing of beds is at least 6 feet apart, and keeping ill clients out of congregate dining areas by bringing them meals.

- Develop a procedure for referring clients with severe symptoms to a designated health care provider.

- Ensure an adequate inventory of supplies including:
  - Soap, paper towels, alcohol-based hand sanitizer containing at least 60% ethanol or isopropanol, hand wipes, and tissues
  - Cleaning supplies, large and small garbage bags, and other waste disposal supplies.
  - Disinfectant (e.g., bleach, other household disinfectants).
  - Personal protective equipment, including gloves and surgical masks (to be used by individuals with symptoms).

- If your facility provides care to clients:
  - Thermometers and thermometer covers. (Approximately one thermometer for every 10 ill clients should be adequate; clean between uses per product instructions.)
  - Medications used to bring fevers down, such as acetaminophen (Tylenol) or aspirin (adults over 18 only).
  - Extra fluids and foods; juices, Gatorade® or Gatorade® instant mix (powder), Pedialyte, instant soups, Jello®, teas, etc.

Preparing and Educating Staff, Volunteers, and Clients

- Managers should ensure that all staff and volunteers, including custodians and food handlers, are familiar with COVID 19 symptoms, transmission, and prevention measures. Staff and volunteers should be taught habits that will help prevent spread of illness and encouraged to model hand and respiratory hygiene including:
  - Frequent handwashing with soap and water for at least 20 seconds or with alcohol-based hand sanitizer if hands are not visibly soiled with food, dirt, grease, etc.
  - Coughing or sneezing into a tissue or sleeve if a tissue is not available and cleaning hands afterwards
▪ Avoiding touching one’s mouth, nose, or eyes.

▪ During times of COVID-19 circulation in the community, ensure sick leave and other absence policies are flexible and non-punitive in order to allow employees or volunteers to stay home if they have symptoms of acute respiratory illness or if they need to care for a sick family member. Make sure your employees or volunteers are aware of these policies. Do not require a health care providers’ note to validate illness or return to work, as health care provider offices and medical facilities may be extremely busy and not able to provide this documentation.

▪ If employees, volunteers, or visitors become ill with respiratory symptoms while at the facility, they should be separated from others and sent home as soon as possible. Make sure your employees, volunteers, and visitors are aware of these policies. Sick persons should cover their noses and mouths with a tissue when coughing or sneezing (or cough into elbow or shoulder if tissues not available) and perform hand hygiene immediately after.

▪ Employees, volunteers, or visitors with symptoms of acute respiratory illness should stay out and not return until they are free of fever (oral thermometer temperature of 100.4 degrees F/37.8 degrees C or greater), signs of a fever, and any other concerning symptoms for at least 24 hours, without use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).

Preparing the Facility

▪ Post signs throughout encouraging hand hygiene, respiratory etiquette (cover your cough and sneeze), and avoiding touching your face with unwashed hands. Post materials in the languages used by the populations you serve. Print materials are available on [MDH: Hand Hygiene Print Materials](www.health.state.mn.us/people/handhygiene/materials.html). Handwashing posters are also available on [CDC: Posters | Handwashing](www.cdc.gov/handwashing/posters.html).

▪ Place alcohol-based hand sanitizer at all entry points and key points in facility as possible. If not possible, use signs directing to the nearest sink to wash hands with soap and water. Assist clients or others with physical difficulty in performing hand hygiene as possible, and ensure the assisting person performs hand hygiene themselves after assisting.

▪ Ensure that soap and disposable paper towels and running water are available in bathrooms and that toilets are in good working order.

▪ Place waste baskets throughout the facility and regularly dispose of waste products and empty waste baskets. Use disposable liners in wastebaskets if possible. Use no-touch disposal receptacles if possible.

▪ Routinely clean all frequently touched surfaces such as doorknobs, handrails, bathroom fixtures (sink handles, toilets), countertops, work stations, tables, chairs, and elevator buttons. Use the cleaning agents that are usually used in these areas and follow the directions on the labels. Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees frequently. Staff and volunteers should wash hands, preferably with soap and water or, alternatively, with alcohol-based hand sanitizer after cleaning activities.

▪ Clean all shared equipment after each use.

▪ Post signs instructing clients to notify the staff if they have symptoms of acute respiratory illness.
Additional Steps to Take if COVID-19 becomes Widespread in your Community

▪ Check MDH: Coronavirus Disease 2019 (COVID-19) (www.health.state.mn.us/diseases/coronavirus/index.html) and news sources for new developments concerning potential spread of COVID-19 in Minnesota. Local conditions will influence the recommendations that MDH and local public health may make regarding community-level strategies to lessen the impact of COVID-19.

▪ If a person confirmed to have COVID-19 infection spent time in your facility, MDH will work with you to develop response steps.

▪ Social distancing and restrictions on gatherings will be recommended during times of COVID-19 circulation in the community. In those circumstances, the recommendations will include cancelling meetings, gatherings, or events and limiting the presence of non-essential persons in your facility. Recommendations may also include, in some circumstances, ensuring persons keep a distance of 6 feet between themselves and others.

▪ Follow MDH guidance for when to seek medical attention or for reporting potential outbreaks. Such guidance will be posted on MDH: Coronavirus Disease 2019 (COVID-19) (www.health.state.mn.us/diseases/coronavirus/index.html) if COVID-19 becomes widespread in the community. If you have additional questions, you can contact MDH at 651-201-5414 or toll-free 1-877-676-5414.

Other Guidance to Review

▪ You may also wish to review CDC: Coronavirus 2019 (COVID-19) (www.cdc.gov/coronavirus/2019-ncov/index.html) for additional updates and guidance.

▪ In particular, if your facility provides health care, please refer to CDC: Information for Healthcare Professionals (www.cdc.gov/coronavirus/2019-ncov/hcp/index.html).