

Residential and Congregate Care Programs

2019 Novel Coronavirus (COVID-19) Guidance

March 20, 2020

Intended Audience: Organizations that operate residential congregate care programs, which includes but is not limited to: group homes and residential treatment programs funded, operated, licensed, and / or regulated by the Department of Early Education and Care (DEEC), Department of Elementary and Secondary Education (DESE), Department of Children and Families (DCF), Department of Transitional Assistance (DTA), Department of Youth Services (DYS), Department of Mental Health (DMH), Department of Public Health (DPH), the Department of Developmental Services (DDS), Massachusetts Commission for the Blind (MCB), and the Massachusetts Rehabilitation Commission (MRC).

This guidance is based on what is currently known about the transmission and severity of Coronavirus Disease 2019 (COVID-19). The Massachusetts Department of Public Health is working closely with the federal Centers for Disease Control and Prevention (CDC) to provide updated information about the novel coronavirus outbreak.

This guidance will be updated as needed and as additional information is available. Please regularly check [mass.gov/2019coronavirus](https://www.mass.gov/2019coronavirus) for updated interim guidance.

Each organization faces specific challenges associated with implementation based on its population, physical space, staffing, etc., and will need to tailor these guidelines accordingly. **This guidance is intended to supplement, not supplant, provisions from regulatory agencies that oversee residential and congregate care programs.** Organizations may develop their own policies, but these policies should be based on current science and facts, not fear, and they should never compromise a client’s or employee’s health.

If the needs of the program exceed current staffing capacity or ability, contact your licensing or funding agency to prioritize service provision and planning.

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Background

What is Coronavirus Disease 2019 (COVID-19) and how does it spread?

- COVID-19 is a respiratory virus. Current symptoms have included mild to severe respiratory illness with fever cough, and difficulty breathing.
- According to CDC the virus is 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 coughs or sneezes.

Who should be most cautious?

- Those considered “high risk” include people over the age of 60, anyone with underlying health conditions or a weakened immune system, and pregnant women.
- Even those not considered "high risk" should take appropriate precautions to limit contact and exposure, as serious illness or death is not limited to those at highest risk. In addition, the healthy well, or those who may have the virus but be asymptomatic, can expose those at high risk to the illness if they don't take proper precautions.

Mitigating the Risk of Spreading COVID-19

Screen all staff, visitors, vendors, and clients

Individuals with any of the conditions below should be restricted from entering the program site:

- Sick with fever (100.3), cough, or sneezing
- Recent international travel (i.e., within the past 14 days) from a [COVID-19-affected geographic area](#)
- Close contact with a person diagnosed with COVID-19 in the past 14 days.

Restrictions on Visitors

- Congregate care programs must follow the guidance issued by their funding and licensing agencies regarding visitation and restrictions of all non-essential personnel
- When visitation guidance is revised by the funding and licensing agencies, the congregate care program should develop and issue communications to all potential visitors, family members, and funding agencies regarding any changes.

Additional Considerations

- If signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat develop while an individual is on-site, the individual should put on a mask and move to an isolated area of the program. Notify the program director immediately.
- Congregate care programs should contact any entities that have staff regularly visiting their programs (e.g., contracted/per diem staffing agencies, attorneys, pharmacy delivery organizations, itinerant provider staff, cleaning agencies, etc.) to review and approve their protocols for identifying and preventing the spread of respiratory diseases, including COVID-19.

Other Precautions

- Reduce access to the program site to one single point of entry.
- Maximize the use of “social distancing”, the practice of keeping at least six feet between individuals at all times.
- If signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat develop after the individual was screened but still on-site, the individual should put on a mask and move to an isolated area of your program. Notify the program director immediately.
- Keep a daily log of names and contact information for employees, clients, visitors, and vendors.
- Congregate care programs should contact any entities that have staff regularly visiting their programs (e.g., contracted/per diem staffing agencies, attorneys, pharmacy delivery organizations, itinerant provider staff, cleaning agencies, etc.) to review and approve their protocols for identifying and preventing the spread of respiratory diseases, including COVID-19.

Precautionary Steps to Keep Residents and Staff Healthy

The precautions that congregate care programs have in place to prevent the spread of germs can help protect against COVID-19. Congregate care programs should increase the frequency of their regular cleaning and disinfection program, including:

- Use [EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 \(the Cause of COVID-19\)](#) to frequently clean high-touch surfaces including elevator buttons, entry and

exit buttons, door handles, faucets, railings, knobs, counters, handrails and grab bars. Clean all rooms with a focus on hard surfaces (including desks, tables, countertops, sinks, and vehicle interiors) with a disinfectant on the EPA list. Use alcohol wipes to clean keyboards, touchscreens, tablets and phones.

- Custodial staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills.
- When a program resident is discharged or leaves the program permanently, their room should be cleaned and disinfected in preparation for the next resident.

[Reminders for Residents, Staff, and Volunteers](#)

- Wash hands often with soap and water for at least 20 seconds. Wash hands before eating, after going to the bathroom (or changing diapers), coughing, or sneezing. If unable to wash, use alcohol-based hand sanitizers with at least 60% alcohol.
- Avoid touching eyes, nose, and mouth.
- Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands). Immediately throw the tissue in the trash.
- Stay away from people who are sick and stay home when you feel sick.

[Facility Protective Measures](#)

- Post signs at the entrance with instructions for hand hygiene and identifying individuals with symptoms of respiratory infection.
- Decisions about when to scale back or cancel activities should be made in consultation with your local public health official(s) and informed by a review of the COVID-19 situation in your community.
- Monitor and manage ill residents, including limiting participation in and transportation to outside activities (such as day programs and jobs).
- Monitor [exposed personnel](#) for fever or signs and symptoms of respiratory illness.
- Implement strict infection control measures.
- Adhere to reporting protocols to public health authorities.
- Train and educate program personnel about preventing the transmission of respiratory pathogens such as COVID-19.
- CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
- Facemasks should be used by people who show symptoms of illness to help prevent the spread of germs.
- Prohibit the size of gatherings in accordance [with issued executive orders](#).

As a reminder, CDC resources can be found here:

- [Infection Control Basics](#)
- [Handwashing: Clean Hands Save Lives](#)
- [How to protect yourself](#)

Cases of COVID-19 in Employees or Residents

Suspected Cases of COVID-19

Any congregate care program serving a resident with suspected COVID-19 should immediately contact a healthcare provider associated with the facility and the Local Board of Health to review the risk assessment and discuss laboratory testing and control measures.

These control measures include the following:

- Provide PPE, such as a face mask, for the resident exhibiting symptoms of COVID-19.
- Isolate the resident in a private room with the door closed.
 - In the event of concerns relative to self-harm, programs will refer to agency suicide prevention measures.
 - Considerations may be necessary in order to provide effective communication access for people with disabilities.
- If you are in the same room as the individual, wear a face mask and stand at least 6 feet away.
- Ask the individual about symptoms of COVID-19 (fever, cough, difficulty breathing). Other symptoms could include: chills, sore throat, headache, muscle aches, abdominal pain, vomiting, and diarrhea.
- If possible, program medical staff should immediately assess the individual using appropriate PPE, if available.
- If the individual requires immediate medical care, call 911 for an ambulance and inform EMS of the individual's symptoms and concern for COVID-19.

Confirmed Cases of COVID-19

Any congregate care program serving a resident with a confirmed case of COVID-19 should immediately contact a healthcare provider associated with the facility and the Local Board of Health to review the risk assessment and discuss laboratory testing and control measures.

- Close off all areas used by the ill person. If the exposed area(s) can be isolated, the remainder of the facility may remain open.
- Open outside doors and window to increase air circulation.
- Schedule a deep clean of impacted areas. Wait as long as practical – if possible, at least 24 hours – to begin cleaning and disinfection to minimize exposure to respiratory droplets.

Close Contact with a Confirmed Case of COVID-19

An employee or resident may have had close contact with an individual who has tested positive for COVID-19 but has not tested positive themselves.

“Close contact” is defined as living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or has been in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, **while that person was symptomatic**. Close contact which occurred **prior** to the development of symptoms is

not considered to be an exposure. Decisions about who had close contact and implementation of legal quarantine are done through the Local Board of Health.

- The employee or resident should self-quarantine for 14 days.
- Those in self-quarantine who have not developed symptoms and are not considered a high risk for transmission of the virus may return to the building once the 14-day quarantine period has ended.
- The facility does not need to be closed.
- The facility does not need to be deep cleaned at this time.
- If the exposed employee or resident subsequently develops symptoms and tests positive for COVID-19, follow the guidelines under *Confirmed Cases*.

Confirmed Employee Case Outside the Congregate Care Program

If an employee tests positive for COVID-19 but has **not** been to the congregate care program while they were symptomatic, no deep cleaning is required.

Follow the CDC [Return to work](#) guidelines to determine when an employee may safely return to the facilities.

Providing Care to Residents

Residential and congregate care programs face unique considerations when a resident is confirmed to have COVID-19 or has had close contact with an ill person.

Determine Location of Care

- Consult the Local Board of Health to review the risk assessment and assess whether the residential setting is appropriate for home care or an alternative appropriate place as determined by the funding agency to ensure the safety of the resident.
 - This includes whether the resident is stable enough to receive care at home, appropriate caregivers are available, and there is a separate bedroom where the resident can recover in without sharing immediate space with others.
 - The resident and other household members must have access to appropriate, recommended personal protective equipment – at minimum, gloves and facemask – and must be capable of adhering to precautions such as hand hygiene.
 - If other household members are at increased risk of complications from COVID-19 infection (such as people >65 years old or who are immunocompromised), home care may not be appropriate.

On-site Care

If the resident will be cared for within the facility:

Limiting Further Spread

- Other household members should stay in another room or be separated from the resident as much as possible.

- Other household members should use a separate bedroom and bathroom, if available.
- Prohibit any visitors who do not have an essential need to be in the home.
- Clean all “high-touch” surfaces within the facility every day.

Resident Care

- Make sure any assigned caregivers understand and can help the resident follow their healthcare provider’s instructions for medications and care.
- Help the resident with basic needs and provide support, as needed, for getting groceries, prescriptions, and other personal needs.
- The resident should wear a facemask around other people. If the resident is not able to wear a facemask (for example, because it causes trouble breathing), the caregiver should wear a mask when in the same room as the resident.
- Avoid sharing household items with the resident. After the resident uses items, wash them thoroughly.
- Follow the guidelines in the **Deep Cleaning** section of this guidance regarding cleaning procedures of a resident’s space.

Additional information can be found in the CDC’s [Implementing Home Care Guidelines](#).

Off-site care

If the resident is not remaining in the facility, follow the [Confirmed Cases](#) guidelines.

Deep Cleaning

A deep clean of a facility may be required if an employee or resident is confirmed to have COVID-19 and was present in the facility while they were symptomatic.

Definitions

Cleaning refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface *after* cleaning, it can further lower the risk of spreading infection.

Timing of deep clean procedures

- Close off the areas used by ill persons.
- Open outside doors and windows to increase air circulation in the area and wait as long as practical before beginning cleaning and disinfection to minimize potential exposure to respiratory droplets. If possible, wait up to 24 hours before beginning cleaning and disinfection.

Personal Protective Equipment

When performing cleaning of any area:

- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
- After cleaning a room or area occupied by ill persons, remove gloves and immediately clean hands.
- Cleaning staff and others should clean hand often – including after removing gloves and any contact with a sick person – by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.

Programs are encouraged to re-educate personnel on [proper use of personal protective equipment \(PPE\)](#) and when to use different types of PPE.

Cleaning Surfaces

- Clean dirty surfaces with detergent or soap and water prior to disinfection.
- Cleaning staff should clean and disinfect all areas – such as offices, bathrooms, and common areas – that have been used by the ill persons. Focus especially on frequently touched surfaces, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

Cleaning Agents

- 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 the manufacturer’s instructions for application and proper ventilation. Never mix household bleach with ammonia or other cleanser.
- A bleach solution can be prepared by mixing 5 tablespoons (1/3 cup) of bleach per gallon of water or 4 teaspoons of bleach per quart of water.
- [Products with EPA-approved emerging viral pathogens icon](#) are expected to be effective against COVID-19 based on data for harder to kill viruses.
- 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.
 - If the items can be laundered, launder items. Otherwise, use products with the EPA-approved emerging viral pathogens claims (examples at [this link](#)) that are suitable for porous surfaces

Linens, Clothing, and Laundry Items

- Do not shake dirty laundry – this prevents the possibility of dispersing the virus through the air.
- Dirty laundry that has been in contact with an ill person **can** be washed with other people’s items.
- Wash items as appropriate in accordance with the manufacturer’s instructions, using the warmest appropriate water setting, and then dry items completely.

- Clean and disinfect hampers or other carts for transporting laundry according to above guidance on cleaning hard or soft surfaces.

Cleaning while a resident is receiving care

There are additional deep clean considerations when a resident with a confirmed or presumed positive case of COVID-19 is being cared for within the facility.

- In a residential facility where an ill person is being housed in isolation, focus on cleaning and disinfecting common areas where staff and any other person providing services may come into contact with ill persons.
- Reduce cleaning and disinfection of bedrooms and bathrooms used by the ill persons to an **as needed** level to reduce contact.
- If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill person. If this is not possible, the caregiver should wait as long as practical after use by an ill person to clean and disinfect the high-touch surfaces.
- In areas where ill persons have visited or used, continue cleaning and disinfection as provided in this guidance.

For further information on deep cleaning in a residential facility where an ill person is residing, please see CDC's [Clean & Disinfect](#) guidance.

Monitoring staff emotional health

Emotional reactions to stressful situations such as new viruses are expected. Remind staff that feeling sad, anxious, overwhelmed, having trouble sleeping, or other symptoms of distress are normal.

If symptoms become worse, last longer than a month, or if they struggle to participate in their usual daily activities, have them reach out for support and help.

Emotional health resources

The national Disaster Distress Helpline is available with 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns. Calls (1-800-985-5990) and texts (text TalkWithUs to 66746) are answered by trained counselors who will listen to your concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support.