Coronavirus Disease 2019 (COVID-19) Guidance for BHDDH and DCYF Congregate Care Settings, Phase II

Updated June 6, 2020

Introduction

The Rhode Island Department of Health (RIDOH), the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH), and the Rhode Island Department of Children, Youth, and Families (DCYF) offers this guidance to residential and congregate care programs.

Congregate care settings are environments in which a number of people reside, meet, or gather in close proximity for either a limited or extended period of time. This guidance is specifically applicable to BHDDH-run and licensed residential settings and group homes, DCYF-licensed residential settings and group homes, and the Rhode Island Training School (RITS), referred to collectively as *congregate care settings* throughout the remainder of this document.[1]

This guidance was developed based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) and in accordance with the Centers for Disease Control and Prevention (CDC). This guidance was developed for use by congregate care settings to prevent and control the spread of COVID-19. Core mitigation strategies include washing hands often, avoiding close contact with people who are sick and practicing physical distancing, covering mouth and nose with a cloth face cover when around others, covering coughs and sneezes, and cleaning and disinfecting frequently touched surfaces. Visit www.health.ri.gov/covid for the latest information.

This document updates the previously issued guidance dated May 11, 2020. This updated guidance is narrower in scope (i.e. BHDDH-run and licensed residential settings and group homes, DCYF-licensed residential settings and group homes, and the RITS), and provides new guidance regarding:

1. Daily egress and return: Allow residents to come and go for specific purposes.
2. Visitation: Allow visitation on-site for therapeutic or program purposes in congregate settings.

Congregate care settings must develop their own plan to address these two updates and submit their plan for approval to their respective regulatory State agency (BHDDH or DCYF) by June 15, 2020. When plans are submitted in conformance with the guidance below, they may be considered provisionally approved and may be implemented pending Department review.

Managing the spread of COVID-19 in congregate care settings presents special challenges. Every facility is different, and you know your facility best. Tailor this guide to your circumstances. The more aggressive you can be in your prevention and intervention measures, the more likely you will be to reduce transmission in your facility. The goals of this document are to help congregate care setting facilities:

- Implement measures to prevent the spread of COVID-19.
- Identify clear steps to take regarding dining and cleaning.
- Implement policies on room isolation and monitoring symptoms of ill residents.

[1] Nursing facilities, assisted living residences, and prisons are out of scope for this guidance.

- Give guidance to staff on how they should be caring for residents with COVID-19.

What is COVID-19 and how does it spread?

- COVID-19 is a respiratory virus. The virus is most likely to spread to people who are in close contact (within about six feet) with an infected person. The virus is in droplets that are sprayed when a person coughs or sneezes, and possibly when they talk. Staying six feet away helps protect you from that spray.
- Scientists don't know how likely people are to become infected with COVID-19 from touching surfaces, but the virus can live on surfaces that people frequently touch (24 hours on paper, two to three days on plastic or steel). The virus can then be spread if someone touches their eyes, nose, or mouth with unwashed hands.
- Scientists now believe that people who have no symptoms can spread the virus. However, people who are experiencing symptoms (coughing or sore throat) are probably more likely to transmit the virus to others.

Who is at higher risk of getting COVID-19 or of having severe illness?

People who are at most risk of severe illness are people age 65 or older and people who have other health conditions, including:

- Lung disease
- Moderate to severe asthma
- Heart disease
- Weakened immune system
- Diabetes
- Kidney disease
- Liver disease
- Cancer

While currently there are no data to suggest pregnant people are more likely to be infected by the virus that causes COVID-19, they should be monitored closely. Pregnant people can get very sick if infected by some viruses. People with regular, close contact with someone who has, or could have, COVID-19 are also at higher risk of getting COVID-19, such as people who live in the same home, caretakers who work in the home, or current sexual partners.

What are the symptoms of COVID-19?

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with any of these symptoms may have COVID-19:

- Temperature of 100° F or 38° C or higher
- Cough
- Shortness of breath or difficulty breathing
- Muscle or body aches
- Chills
- Runny nose or stuffy nose
- Sore throat
- Diarrhea
- Headache
- Recent loss of taste or smell
- Nausea or vomiting
- Fatigue

This list does not include all possible symptoms. CDC will continue to update this list as more is learned about COVID-19. For the most current list of COVID-19 symptoms, visit https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html. People with any of the symptoms above may have COVID-19 and should be considered contagious pending medical advice or evaluation.

What is considered close contact with a confirmed case of COVID-19?

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 six feet of a person who has tested positive for COVID-19 for about 15 minutes or longer, 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.

Who should get tested for COVID-19?

RIDOH recommends that anyone with symptoms of COVID-19 be tested. Some people with COVID-19 only experience one or two mild symptoms. Children have similar symptoms to adults and generally have milder illness. This list of symptoms is not all inclusive.

How can residents get tested for COVID-19?

The facility's medical team should call RIDOH at 401-654-6990 to report a concern and, if appropriate, obtain specimen collection kits from RIDOH's State Health Laboratories (SHL). The facility's medical team obtains a nasopharyngeal (NP) specimen and sends it to RIDOH's SHL. Learn more about testing of congregate care setting residents.

How can congregate care staff members get tested for COVID-19?

- **Call a primary care provider** to discuss your symptoms and get scheduled for a test. Many primary care providers can test their established patients on site. Others are referring patients for testing, by appointment, to other locations such as drive-up testing sites. Your primary care provider will talk with you about the best place for you to get tested. They will also let you know how you can get your test results.
- **Call a Respiratory Clinic**
    - If you don't have a primary care provider, you can call a Respiratory Clinic.
    - Respiratory Clinics are urgent care centers, primary care providers, community health centers, and community-based clinics across the state that are set up to evaluate patients who may have COVID-19. Most Respiratory Clinics are set up to swab patients for testing on-site.
    - You must call a Respiratory Clinic first. Unless you are experiencing a medical emergency, you should not go to any healthcare facility without calling first.
    - The Respiratory Clinic will let you know how to get your test results.
- **Visit the CVS Rapid Testing Site**
    - If you need a test quickly, CVS Health is offering free drive-up rapid testing for eligible individuals at Twin River Casino in Lincoln and at 10 retail pharmacy sites throughout the state.
    - Go online to be pre-screened for testing and to get an appointment. The rapid testing site will not test people who do not have an appointment.
    - You may learn that you do not meet the criteria for a rapid test. You can still be tested through the other methods mentioned above (calling your provider or respiratory clinic for an appointment).
    - When you arrive at the CVS Rapid Testing site, you must stay in your car. Staff will check your registration and tell you what to do. You will be asked to show proof of identity and in-state residence (utility bill, cell phone bill, bank statement, etc.). Government issued ID is not required.
    - The entire process, including getting your results, takes about 30 minutes.
    - If you share your healthcare provider's name and office contact information, CVS will notify your healthcare provider of your COVID-19 test results.

What are best practices to employ at a congregate care setting to prevent an outbreak of COVID-19?

Implement policies and practices that ensure:

- People can stay six feet apart at all times;
- Rapid identification of residents with COVID-19 symptom(s) symptoms;
- Isolation of residents with COVID-19 symptom(s) or confirmed to have COVID-19 from residents who do not have symptoms;
- Frequent hand washing with soap and water among residents and staff;
- Adequate supplies for staff and residents to practice healthy hygiene;
- Sick staff stay home; and
- All staff and residents who are able to do so wear facemasks, including cloth face covers if other types of masks are not available. Masks should not be placed on children younger than age two or on anyone who has trouble breathing, who is unconscious, who is incapacitated, or who is otherwise unable to remove the mask without assistance.

What are some preventive measures congregate care settings can employ to reduce the spread of COVID-19?

Post signage

- Place signs that are visible to all staff, residents, and any visitors to stay home or in their rooms if they are sick. Signs in multiple languages can be found on cdc.gov/coronavirus/2019-ncov/communication/factsheets.html.
- Place *Cover Your Cough* and *Wash your Hands* posters in visible locations around your facility. *Wash Your Hands* posters can be found in multiple languages on cdc.gov/coronavirus/2019-ncov/communication/factsheets.html. *Cover Your Cough* posters can be found in multiple languages at cdc.gov/flu/prevent/actions-prevent-flu.htm
- Place clear signage outside all isolation areas for staff and residents to properly identify these areas to reduce intermingling of symptomatic and asymptomatic individuals.
- Employees and visitors will be screened and will not be permitted in the building if they are exhibiting any symptoms of COVID-19 or meet the description for having close contact with a confirmed case of COVID-19.

Educate staff and residents

- Ensure staff and residents know the symptoms of COVID-19 and how to report any of the symptoms at the first signs of illness.
- Ensure staff and residents are informed about how COVID-19 is likely to be spread among individuals and best practices to try and stop the spread of COVID-19.

Screenings

- All staff, visitors, vendors, and clients shall be screened for exposure risks and/or for active symptoms at all entrances to the facility. Use the *COVID-19 Screening Tool* that is posted on Reopening RI's website.
- For screenings, reduce access to the program site to one single point of entry.
    - Keep a daily log of names and contact information for employees, clients, visitors, and vendors.

A resident who screens positive, should be placed in ***isolation*** (see below), seek medical advice, and if diagnosed with COVID-19 should remain in isolation until they have been symptom free for 72 hours with no fever and without the use of fever-reducing medications, and at least 10 days have passed since the start of symptoms. Staff who screen positive for illness should notify their supervisor immediately, refrain from entering the facility, follow CDC guidance on self-monitoring, and seek medical advice or care. Staff

diagnosed with COVID-19 should follow the Rhode Island guidance for when to end home isolation. Others screening positive should not enter the facility.

Strategies to reduce introduction of illness by staff

- Limit staff working at multiple sites and try to limit staff working across more than one agency.
- Dedicate staff to consistent patterns/schedules and clients/client groups they serve/work with.
- Consider temporary, live-in staff to retain core staffing levels and minimize introduction of disease.
- Consider rental of outdoor portable toilets and sinks for use as dedicated staff facilities.

Strategies to ensure physical distancing

- Each congregate care setting must develop and implement a plan for visitation as described in the last section of this document. **Inform families or caregivers of visitation policies.** Continue to provide alternate ways for residents to stay in touch with their families, such as by phone or video.
- Close common spaces. Suspend all group programming, classes, or any activity that involves groups of residents.
- Review vendor and supply processes; prohibit non-essential vendors from delivering to the facility. Direct vendors to drop supplies outside. Plan for supply shortages.
- Strongly discourage residents from leaving the facility, except for supervised smoking breaks. For smokers, where possible, work with the resident's mental health or primary care provider to secure nicotine replacement therapy (NRT) to help eliminate nicotine withdrawal and the desire to leave their room to smoke.
- Reduce face-to-face interactions with residents. Interact remotely, including by phone, email, intercom, or video if available. Deliver written information by sliding written material under someone's door.
- Limit interaction in common spaces, including hallways, by staggering any required movement of residents.
- Create a staggered bathing schedule to limit the number of people using the facilities at the same time.

Provide adequate supplies for staff and residents to practice healthy hygiene

- Deliver supplies to residents with COVID-19, including fluids, tissues, and plastic bags for the proper disposal of used tissues.
- Stock bathrooms and other sinks consistently with soap and towels.
- Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your facility) at key points within the facility, including registration desks, entrances/exits, and eating areas.
- Put a trash can near the exit *inside* any resident room or area designated for people with COVID-19 to make it easy for staff and residents to discard items.
- Provide training on proper use, proper donning and doffing procedures, and conservation of PPE for staff and residents.
    - Monitor inventory consistently for projection of need.

What are standard facility and environmental operations that can be implemented to prevent the spread of COVID-19?

Dining and meals

- **Close dining rooms**. Deliver meals to resident rooms. If you need additional staff to be able to provide room service, develop a staffing plan.
- If closing shared dining areas is absolutely not possible and there are no other alternatives, stagger eating times and increase space between tables so diners remain six feet apart. If shared dining

areas must be used, ensure proper handwashing and/or the use of hand sanitizer after dining in shared dining areas.
- **Close kitchens to residents**. Develop alternatives to between-meal access depending on your services. If necessary, suspend certain services and communicate to residents that changes are being made to protect them.

Cleaning and disinfecting

Routine and frequent cleaning of surfaces using appropriate cleaning and disinfection methods can help to prevent the spread of COVID-19.

- Clean and disinfect high-touch surfaces regularly, at least once every four hours. Frequently touched surfaces and objects can vary by location. Examples include, but are not limited to, doorknobs, light switches, handrails, kitchen appliances, counters, drawer pulls, tables, sinks, faucet and toilet handles, drinking fountains, elevator buttons, push plates, phones, keys, and remote controls. Dining tables should be cleaned and disinfected after each group eats. Meals should occur with the same groups to limit contacts. Residents should be six feet apart when dining as well.
- Clean by removing any visible dirt and grime before using disinfectants. Disinfectants remove most germs and are most effective on clean surfaces or objects. Coronaviruses are relatively easy to kill with most disinfectants. The Environmental Protection Agency has published a list of disinfectants for use against the virus that causes COVID-19.. When using cleaning and disinfecting products, always read and follow the manufacturer's directions (e.g., application method, contact time, etc.).
- For clothing, towels, linens, and other items that go in the laundry, wash at the warmest possible setting with your usual detergent and then dry completely. Avoid "hugging" laundry before washing it to avoid self-contamination. Do not shake dirty laundry before washing to avoid spreading virus or other dirt and bacteria through the air. Dirty laundry from an ill person can be washed with other people's items.
- Any bathroom used by a resident with COVID-19 should be cleaned and disinfected after each use, ideally, by the person who is sick. If this is not possible, the caregiver should wait as long as possible after use by an ill person to clean and disinfect the high-touch surfaces.

Additional strategies to minimize transmission of COVID-19

Create more space in sleeping arrangements for all residents

- Increase spacing so beds are at least six feet apart and ideally, within separate rooms if possible.
- Put fewer residents within a dorm or unit. Convert common spaces to sleeping areas to spread people out.
- Arrange beds so that individuals lay head-to-toe (or toe-to-toe) or create barriers between beds using items such as foot lockers, dressers, or curtains.
- Avoid housing older adults, people with underlying medical conditions, or people with disabilities in the same room as people with symptoms.
- Where possible, keep elderly residents and people with behavioral health conditions in familiar surroundings and minimize confusion and behavioral challenges.

Isolate ill residents. Keep those with symptoms ofCOVID-19 apart from those who aredo not have symptoms

It is critical to develop and implement plans to isolate (separate) residents with COVID-19 from residents without symptoms.

- If residents share a room and one is ill, separate them. If both residents in a shared room are ill, they can remain in the room together. Strategies to accomplish this separation include:
    - If there are large shared sleeping areas, designate one area for residents who are ill and one area for those without symptoms.
    - If your building has sleeping areas with multiple floors, designate one floor for residents who are ill and one floor for residents without symptoms.
    - If you have multiple buildings, designate one building for residents who are ill and one building for residents without symptoms.
- Prepare to move residents around the building or to different facilities. Facilities must ensure that when moving ill residents with certain conditions and/or concerns, security measures continue to be in place in the new surroundings). (i.e., security measures for Alzheimer/dementia patients that pose a risk for elopement)
- Designate a bathroom for people who are sick and a bathroom for those without symptoms.
- Monitor resident health and at first sign of illness, immediately move resident into an area designated for residents who are ill.
- Residents who are ill can be removed from isolation (separation) from other residents when **all** of the following are true:
    1. It has been **at least** 10 days since the resident's symptoms started.
    2. The resident never had a fever or the resident has not had a fever for the prior three days without use of fever-reducing medications and the resident's symptoms are resolved for the prior three days.

Monitor symptoms of residents and know when to refer for medical care

- Routine outpatient COVID-19 testing of symptomatic persons is recommended but may not be feasible. symptoms of COVID-19 pending medical advice or evaluation
- Seek medical consultation for residents who have symptoms of COVID-19 from the clinical director of the facility or the resident's personal healthcare provider. Many people with COVID-19 can safely be managed outside of a hospital setting. However, if severe symptoms occur (see below), medical care should be sought as they can signal life-threatening illness.
- Residents who are able to self-monitor should monitor their own symptoms. In cases where staff must assist residents in monitoring symptoms, they should do so from six feet away.
- Residents with COVID-19 and who have risk factors for severe illness may require closer monitoring. These risk factors are listed on page two.
- Staff should continuously assess residents with suspected or confirmed COVID-19 for worsening symptoms. Staff should refer residents to the hospital if they have any of the following:
    - Trouble breathing;
    - Persistent pain or pressure in the chest;
    - New confusion or inability to stay awake; and/or
    - Bluish lips or face.

  This list is not all inclusive. If you have any concern about a medical emergency, consult a healthcare provider immediately, or call **9-1-1**.

How can staff safely interact with a resident who has COVID-19?

- All residents with COVID-19 should be isolated immediately and doors should be closed, if assessed as safe for the resident.
- Only people who are providing care for the resident with CLI should enter the room or designated area.

- Assign a separate bathroom, if available. If the bathroom is shared, clean and disinfect after each use. Focus on frequently touched surfaces (door handles, sinks, paper towel dispenser, hand dryer, etc.).

- Each and every time you enter the room with the person who is in isolation, follow these six steps:
    1. Wash your hands.
    2. If wearing a mask outside of the isolation room, take off that mask and store it outside of the isolation room.
    3. Put on a new mask before entering the room and keep it on the entire time you are in the room.
    4. When leaving the room, take off the mask and dispose of it in a trash can that is *inside* the isolation room.
    5. Exit the room and wash hands immediately.
    6. Put your extended wear mask back on.
- Identify and limit the number of staff interacting with isolated residents.
- Maintain physical distancing as much as possible. Complete caregiver tasks from six feet away or more, if possible. Leave food or medication outside a door or six feet away from the ill person.
- If you need to be within six feet of an ill resident, wear a face covering (face covering should cover your nose and mouth) and disposable gloves, as available, when you enter the room where the ill individual is isolated. If possible, you should also wear eye protection, such as goggles or a face mask. When you have physical contact with the ill individual (e.g., helping to the bathroom, bathing, changing clothes) cover your clothing with a gown (washable or disposable), if available. Whenever you leave the ill person's bedroom, carefully remove your gloves, face covering, and gown. Put the disposable items in a trash can, and put the washable items in a plastic bag until the items are ready to be washed. Wash your hands with soap and water for at least 20 seconds.
- Provide a mask or a cloth face covering for the resident who is exhibiting symptoms of COVID-19.
- If no gloves or face coverings are available, limit close contact with the person, and if possible, have the individual cover their mouth with a tissue or cloth. Provide a plastic bag for the direct disposal of the tissue after use.
- Bundle tasks that require close contact to limit encounters with the ill person.
- Older staff (age 65 or older) and those with underlying conditions should ideally not interact with residents who have suspected or confirmed COVID-19, or at least minimize their contact with ill residents.

Help with basic needs

- Make sure you can help the patient/resident adhere to instructions for medication and care and provide support for getting groceries, prescriptions, and other personal needs.

Promote frequent hand washing

- All residents and staff should wash hands often and thoroughly with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available. Do not touch eyes, nose, or mouth with unwashed hands. Always wash hands before and after going into the residents' bedrooms.

Avoid sharing common items

- Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other personal items. After the person uses these items, wash them thoroughly or consider paper plates and disposable utensils.

Monitor yourself

- Staff, caregivers, and others in close contact with the person should monitor their own health for signs or symptoms of COVID-19, such as fever, cough, shortness of breath, muscle or body aches, chills, runny nose or stuffy nose, fatigue, diarrhea, nausea or vomiting, headache, or recent loss of taste or smell. If that occurs, the caregiver will need to be isolated.

How can congregate care settings support a resident's mental health during at this time?

- Some facilities provide mental health services ranging from full-service, on-site services to evaluation of community clients and referral to off-site providers. Have plans in place for patients who regularly receive mental health services.
- If a client or resident must be isolated because of suspected or confirmed COVID-19, consider alternate arrangements, such as video conferencing, for continuity of regular services.
- Implement procedures to identify and update, at least weekly, the mental health resources (for example, providers, pharmacies) that are available.
- Develop daily structures and planned activities to prevent resident boredom, behavioral dysregulation, and isolation. Examples can include use of online learning platforms and schedules, social media, virtual support groups, skills building, community support (cards/letters/companion calls to elders living alone/sewing masks), virtual visits with friends/families, exercise, yard work, and other outdoor activities (hammocks, swings, lawn chairs, bird houses, gardening).
- Review and update provider contracts and emergency medical protocols and procedures, including transporting persons to inpatient mental health facilities, if necessary, and evaluation of clients and residents for other medical needs. (See previous section, Instructions for Staff Caring for Residents with COVID-19).
- When transport of a client or resident is necessary, implement procedures to ensure notification of all receiving facilities before the transport takes place.

What are some considerations for residents who use drugs?

- Be aware that physical distancing recommendations may increase the risk of fatal overdose for residents who use drugs and are now using drugs alone.
- Facility staff should increase safety checks and always carry naloxone.
- Naloxone should be accessible to all residents.
- For information on how to access naloxone, visit preventoverdoseri.org/get-naloxone
- Be aware that residents who use drugs are at risk for withdrawal; they may seek to prevent symptoms by maintaining drug use, and they may seek to exit the facility more often than other residents.
- Support residents to obtain sterile syringes. For information on syringe access, visit preventoverdoseri.org/safer-drug-use-practices.
- Physical distancing means that parks and other places where people typically use drugs may be harder to access safely. As a result, residents might be more likely to use drugs in the facility.
- Work with residents to develop an overdose safety plan, including being aware of changes in tolerance; having someone check on them after they have used; using one drug at a time; and using a little bit at a time.
- Establish bathroom safety protocols, including:
    - Check bathrooms in common spaces for possible overdoses.
    - Ensure bathrooms are accessible by staff in case of emergency. (Consider access by key or entry code if a door opens inward, as entry may be blocked if a resident is supine.)
- Install a sharps container for syringe disposal. More information on where to obtain safer drug use supplies is available at preventoverdoseri.org/safer-drug-use-resources

- Provide residents who use drugs with information about medication-assisted treatment (MAT) for opioid use disorder (OUD). Visit preventoverdoseri.org/mat for more information.

People who use drugs and are in isolation

- Residents who use drugs and are isolated due to COVID-19 are at increased risk of fatal overdose.
- Residents who are isolated might experience withdrawal symptoms.
- Residents who are not currently receiving MAT should consider starting buprenorphine.
- Residents who are currently prescribed methadone should contact their clinic to ask about options for home delivery.
- Residents who are currently prescribed sublingual buprenorphine should contact their provider and pharmacy to ensure ongoing access to medication.
- Residents who are currently prescribed buprenorphine via injection or those receiving naltrexone via injection will need support to transition to an alternative medication.
- To learn more about medications for addiction treatment via telehealth, call BH LINK at 401-414-5465 or visit https://www.bhlink.org/
- Residents who use drugs and are in isolation due to COVID-19 may be most vulnerable to mental health issues such as depression and anxiety. Facilities should have a plan to provide support and referrals consistent with physical distancing practices. Call the BH-LINK 24/7 Hotline at 401-414-5465 for immediate help with a substance use or mental health crisis. For children younger than 18, call Kids' Link RI at 855-543-5465.

What are some considerations for continuity of operations and guidance to staff?

- Staff should continually monitor themselves for symptoms of COVID-19. If they develop symptoms at home, they should not come to work until after the full course of their illness.
- Any staff who develops symptoms of COVID-19 at the facility should leave immediately and return home for the full course of their illness. They should wear a face covering (any well-secured paper or cloth that covers their nose and mouth) and avoid other people as much as possible. They should walk or drive to their destination if they can and should avoid using public transportation.
- If any staff develops COVID-19, they should stay home until all of the following are true:
    - It has been at least 10 days since the staff's symptoms started.
    - The staff member has never had a fever or has not had a fever for three days without the use of fever-reducing medicine such as Tylenol or ibuprofen.
    - The staff's other symptoms have resolved.
- Anticipate and plan for staffing challenges.
    - Develop plans to monitor and respond to absenteeism.
    - Cross-train personnel to perform essential functions so programs can operate even if key staff are absent.
    - Expect additional staffing shortages due to changes in child care needs when day care programs and schools are closed.
    - Consider telecommuting as an option for some staff.
- Review current policies and procedures to minimize exposures to respiratory pathogens such as influenza and COVID-19.
- Review emergency preparedness plans and assess the need for implementing a continuity of operations (COOP) plan in case of an emergency.
- Assess both program needs and workforce capacity to accommodate the potential need for supplies, an increased number of private rooms, and the potential decrease in staffing availability.
- Anticipate and plan for shortages as supply chains are affected; pre-order essentials to maintain adequate reserves.

- Partner organizations during routine operations will be affected similarly. Facility operations may need to adjust to challenges felt in associated programs, organizations, and agencies.
- Also refer to CDC: *Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)*.

Developing plans to allow for resident daily egress and return and visitations

As Rhode Island enters Phase II of the pandemic response, there is a need for updated guidance regarding how residents can minimize health risk to self, other residents, and staff as they leave and return from their congregate care setting and have visitation on-site.

Each congregate care provider should develop a plan for how they will minimize the risk of introducing COVID-19 into their congregate care setting yet allow reasonable egress and return and limited visitation.

Providers must submit plans for each facility to the regulating State agency (i.e. DCYF or BHDDH). When plans are submitted in conformance with the guidance below, they may be considered provisionally approved and may be implemented pending Department review. Regulating agencies may require modifications to plans as they are reviewed. Plans may be submitted beginning June 8, 2020 and must be submitted no later than June 15, 2020. A provider must have a plan on record before resuming resident egress and return and visitation.

- **Daily egress and return** means allowing residents to come and go for specific purposes.

Residents of various group homes periodically have legitimate reasons (e.g., work, interviews, therapeutic, social, professional development, academic achievement, off-site visitation) why they may need to leave and return to a congregate care setting during the same calendar day or overnight.

Elements of a successful plan must include, but are not limited to:

1. Assessment of risk factors of staff and residents of more serious adverse health outcomes if they get COVID-19 (age 65 or older, anyone with co-morbid conditions such as asthma or immunocompromised as previously documented in this guidance);
2. Protocol for reasonable notification to staff of where, when, and purpose of the egress and return, including anticipated transportation needs;
3. Duration and nature of the visit;
4. Protocol for how the resident will wear applicable PPE while away that includes, at a minimum, a cloth facial covering that covers their mouth and nose;
5. Protocol for how the resident will have access to appropriate hand hygiene supplies while away, including alcohol-based hand sanitizers that contain at least 60% alcohol;
6. Protocol for how resident will be able to maintain applicable physical distance while away from other contacts, as they are able, given the constraints of their destination;
7. Protocol for screening and monitoring for symptoms of COVID-19 upon re-entry to their congregate care setting, including taking the temperature of the returning resident regularly, at least daily;
8. Protocol for how the group home will exchange information with applicable State agencies relevant to this pandemic; and
9. Designation of a point of contact at the facility for any outbreak-related issues.

- **Visitation** means allowing for visitation for therapeutic or program purposes in congregate care settings.

Elements of the visitation portion of the plan must include, but are not limited to:

1. Assessment of risk factors of staff and residents of more serious adverse health outcomes if they acquire COVID-19 (age 65 or older, anyone with co-morbid conditions such as asthma or immunocompromised as previously documented in this guidance);
2. Protocol for physical space of the visit that allows all people involved with the visit to maintain a minimum of six feet for the entire visit (unless close contact is required for programmatic purposes);
3. Duration of visit and agreement that visitor and resident will maintain a minimum of six feet separation;
4. Protocol for visitation by appointment with staff or other mechanism so staff are not surprised by visit;
5. Assurance that visitor and resident have appropriate PPE (e.g., at least a cloth facial covering that covers their mouth and nose);
6. Assurance that visitor and resident will have access to appropriate hand hygiene products;
7. Protocol to clean and disinfect any high-touch or shared objects during the visit;
8. Protocol for screening for symptoms of COVID-19 for any visitor at the point of notice of visit, upon arrival for visit, and screening for any recent regular close contact with someone who has, or could have, COVID-19. Visitors who have symptoms are not allowed to visit;
9. Protocol for how the congregate care setting will exchange information with applicable State agencies relevant to this pandemic;
10. The protocol for the number of allowed visitors at each visit must consider social gathering guidance, social distancing guidance, and mitigate risks appropriately; and
11. Where not specified here, plans should follow general guidance from RIDOH and CDC.