Coronavirus Disease 2019 (COVID-19) Guidance for Congregate Settings

Updated August 5, 2020

Introduction

The Rhode Island Department of Health (RIDOH) and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) offers this guidance to licensed Developmental Disability Organizations (DDOs) and Behavioral Health Organizations (BHOs) that operate residential and congregate care programs. 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).

Congregate 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. These settings include homeless shelters, assisted living facilities, group homes, prisons, detention centers, schools, and workplaces. This guidance was developed for use by congregate settings to prevent and control the spread of COVID-19. Visit www.health.ri.gov/covid for the latest information.

Managing the spread of COVID-19 in congregate 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 setting facilities:

- Implement measures to prevent the spread of existing Corona-like illness (CLI) and COVID-19.
- Identify clear steps to take regarding dining and cleaning.
- Implement policies on room isolation and monitoring symptoms of ill residents.
- Give guidance to staff on how they should be caring for residents with CLI and 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 six feet) with an infected person or person who carried the virus. The virus is spread via respiratory droplets that are sprayed when a person talks, exhales, coughs or sneezes. Staying six feet away helps protect you from these respiratory droplets.
- 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 that have virus on them.
- 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
- A weakened immune system
- Diabetes
- Kidney disease
- Liver disease
- Cancer

Individuals who are pregnant should be monitored closely for COVID-19 and testing upon admission for parturition is recommended.

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 is the definition of CLI and what are the symptoms?

For the most current list of symptoms, visit RIDOH's COVID-19 disease page**.** People with CLI should be considered contagious.

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 COVID19.

Who should get tested for COVID-19?

For the most current recommendations on who should be tested for COVID-19, visit RIDOH's COVID-19 testing web page.

How can residents get tested for COVID-19?

The facility's medical team should call RIDOH at 401-222-2577 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-living residents.

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

Learn more about testing for staff members at congregate-care settings.

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

All individuals in public or in an establishment shall be required to maintain physical distancing at all times, to the extent feasible. When physical distancing is not feasible, individuals should minimize the time of exposure to the extent possible. Physical distancing, also known as social distancing, involves:

- Staying at least six feet (two meters) from people outside the same household unless separated by a physical barrier that prevents individuals from having direct contact and contact with any droplets from another individual's coughing, sneezing or talking;
- Not gathering in groups;
- Staying out of crowded places; and
- avoiding mass gatherings.

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

Post signage

- Place signs visible to all staff, residents, and any visitors to stay home or in their rooms if they are sick. Signs in multiple languages are available online..
- Place *Cover Your Cough* and *Wash your Hands* posters in visible locations around your facility.
- Place clear signage outside all isolation areas for staff and residents to properly identify these areas to reduce intermingling of symptomatic and non-symptomatic individuals.

Educate staff and residents

- Ensure staff and residents know the symptoms of CLI and how to report CLI at the first signs of illness.
- 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.

Screenings

- Each covered entity (other than an individual who is not acting as a sole proprietorship) shall implement and ensure compliance with screening of all individuals entering its establishment at any time for any reason. Screening shall include, at a minimum:
    - Visual assessment, self-screening, or a written questionnaire, or a combination of any of these screening methods regarding COVID-19 symptoms and contact in the last 14 days with other individuals who are COVID-19 positive or who have COVID-19 symptoms; and
    - Notices at all entrances to an establishment notifying all individuals entering must be screened or self-screened, and to not enter if they are COVID-19 positive, have COVID-19 symptoms, or have had close contact in the last 14 days with an individual who at the time had COVID-19. Samples of screening criteria for entrants can be found, in English and Spanish, at http://www.ReopeningRI.com.
    - If an individual is identified as exhibiting multiple symptoms of COVID-19 or COVID-19 positive, the covered entity shall deny access to that individual unless the establishment is a:
        - Cooling center;
        - Healthcare facility with other access requirements or limitations; or
        - Multi-unit residential establishment.

Answers to Frequently Asked questions about Rhode Island COVID-19 Testing are available on RIDOH's website.

Rhode Island Quarantine and Isolation Guidance by Population is available on RIDOH's website.

Additional considerations

Reduce staff movement within the facility

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

Reduce resident movement within the facility

- Eliminate visitors or restrict visits only to essential visitors. **Inform families or caregivers.** 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.
- 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 CLI, 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 CLI to make it easy for staff and residents to discard items.
- Provide training on proper use 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, stagger eating times and increase space between tables so diners remain six feet apart.
- **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.

Environmental Controls

- Ensure the relative humidity in your facility is between 40-60%.
- Ensure adequate air exchanges with your heating and ventilation system
- Change air filters as recommended
- Optimize out door ventilation as needed

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 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.
- 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 at https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2. When using cleaning and disinfecting products, always read and follow the manufacturer's directions (e.g., application method, contact time).
- 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 CLI should be cleaned and disinfected after each use, ideally, by the person with CLI. 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.

What can congregate settings do to address resident rooming, isolation, and monitoring of CLI symptoms?

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 CLI apart from those who are not ill.

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

- If residents share a room and one has CLI, separate them. If both residents in a shared room have CLI, they can remain in the room together, if separation is not possible. Strategies to accomplish this separation include:

- If there are large shared sleeping areas, designate one area for residents with CLI and one area for those without symptoms.
- If your building has sleeping areas with multiple floors, designate one floor for residents with CLI and one floor for residents with symptoms.
- If you have multiple buildings, designate one building for residents with CLI and one building for residents without symptoms.

- Prepare to move residents around the building or to different facilities.
- Designate a bathroom for people with CLI 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 with CLI.
- Residents with CLI 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 24 hours without use of fever-reducing medications and the resident's symptoms are improving.
- View more detailed guidance on *Quarantine and Isolation by Population* on RIDOH's website.

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. If a resident has CLI, the resident should be assumed to have COVID-19.
- Seek medical consultation for residents with CLI from the clinical director of the facility or the resident's personal healthcare provider. Many people with CLI 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 CLI and who have risk factors for severe illness may require closer monitoring. These risk factors are listed on page 1.
- Staff should continuously assess whether residents develop more severe illness. 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 care for residents with CLI?

With guidance from the medical provider and/or RIDOH while caring for a suspected or confirmed case of COVID-19, assess whether the setting is appropriate for receiving care/support at home or if an alternative appropriate place is needed to ensure the safety of the individual and the safety of others in the setting.

- Is the individual stable enough to receive supports/care at home, are appropriate caregivers available, and is there a separate bedroom where the individual can recover without sharing immediate space with others living in the home?
- Review any unique needs the resident has and determine whether they can quarantine in their bedroom or whether they will need a larger area.
- Encourage use of dedicated bathrooms and restrict, where possible, shared bathrooms.
- 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 older than 65 or who are immunocompromised), receiving supports/care at home may not be appropriate.

If the current residence is determined not to be the appropriate setting for any of the reasons above or other indicating factors and you need assistance in accessing alternative settings/support, contact your facility's clinical administrator.

How can staff safely interact with a resident who has CLI?

- All residents with CLI should be isolated immediately and doors should be closed, if assessed as safe for the resident.
- 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 social distancing as much as possible. Complete caregiver tasks from six feet away or more. 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 (any well-secured paper or cloth that covers 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 some sort of eye protection. 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 (older than 50) and those with underlying conditions should ideally not interact with residents who have CLI, 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.

Limit the resident with CLI to one room

- 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.).

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 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 the ill individual's symptoms

- If they are getting sicker, notify someone at the facility or **call** their healthcare provider to arrange to have them seen. Make sure the provider is aware the person has, or may have, COVID-19 so that they can put appropriate infection-control measures in place.

Monitor yourself

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

How can congregate 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 plans for patients who regularly receive mental health services.
- If a client or resident must be isolated because of CLI or confirmed COVID-19, consider alternative 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 CLI).
- 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 social 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.
- Social 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 CLI 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 CLI 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 social 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 CLI. If they develop CLI at home, they should not come to work until after the full course of their illness.
- Any staff who develops symptoms of CLI 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 CLI, 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)*.