



Guidelines for COVID-19 Outbreaks in Residential Settings



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Guidelines for COVID-19 Outbreaks in Residential Settings

This guidance is intended for the staff or volunteers in a group home or another group living setting, referred to as “residential settings.” Residential settings are encouraged to customize and prioritize these recommendations as necessary. For additional information on residential settings, see Centers for Disease Control and Prevention (CDC) guidance on [recommendations for living in shared housing](#).

Outbreak Definition

An outbreak is defined as two or more confirmed cases of Coronavirus Disease 2019 (COVID-19) in a residential setting with onset in a 14-day period. Single cases and all outbreaks should be reported immediately to the local health department.

Everyday Preventative Measures

- All staff should wear [cloth face coverings](#) while in the residential setting. Volunteers and residents, including older children, should always wear cloth face coverings when social distancing is not possible. Face coverings should be worn during therapy sessions or other similar settings when social distancing is not possible. Cloth face coverings should not be placed on babies or children under the age of 2 years, nor worn by anyone with breathing difficulties, due to danger of suffocation.
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Cover your cough or sneeze with a tissue, then throw it away.
- Clean and disinfect frequently touched objects and surfaces using an [EPA-registered disinfectant](#) appropriate for coronavirus.

Require All Ill Staff to Stay Home

- Ensure that staff sick leave policies are flexible to support staff staying home when ill.
- Any staff member with a fever (100.0°F or above), cough, shortness of breath, gastrointestinal upset, new loss of taste/smell, muscle aches, or any of the other signs of illness will not be permitted to enter the facility.
- Stay home and away from other people and contact your healthcare provider to see if you should be tested for COVID-19.
- If any of your staff’s household tests positive for COVID-19, they should be excluded from the residential setting for 14 days from their last exposure date.
- Any staff or volunteer who has had close contact with someone diagnosed with COVID-19 outside of the residential setting should not be permitted to enter the residential facility. Exposed individuals should stay home and away from other people and monitor for symptoms during the 14 days after the last day of contact with the person with COVID-19. Exposed persons should not go to work and should avoid public places for at least 14 days.

Screening

- Everyone entering the residential setting, including residents who have left the premises, staff, volunteers and others, should be screened for fever and COVID-19 symptoms. Those who fail the screening are not permitted to enter. **See Daily Health Screening Form.**
- Hand hygiene stations should be set up at the entrance of the residential setting so that individuals can clean their hands before they enter.
 - Hand hygiene stations should include either access to a sink with soap and water to wash their hands or alcohol-based hand sanitizer (≥60% alcohol) that is set up at the entrance of the residential setting and is clearly marked.

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- To prevent the introduction of COVID-19 into the residential setting, visits should be restricted except as determined by the facility to be necessary. Cloth face coverings should be required for those visiting the facility to protect introduction of the virus into the residential setting.
 - Screen visitors for fever and symptoms. **See Daily Health Screening Form.**
 - Do not allow visitors with fever or respiratory illness (e.g., cough or shortness of breath) to visit the facility.
 - Utilize telephone, video conferencing, and other technology for visitors when possible and appropriate. Encourage residents and their family members to stay in touch through the telephone and other technology when visitors are restricted.
 - Efforts should be made to encourage utilizing outdoor settings where feasible for in-person visitation or in areas away from other residents such as a conference room. Encourage social distancing where practical.

Food and Nutrition

- Only allow one person to use the kitchen at a time, unless space allows for physical distancing, and clean and disinfect after each use.
- Stagger mealtimes.
- Suspend communal dining unless physical distancing is possible (e.g., eating at different times and cleaning all surfaces between seating); serve residents individual meals in their rooms if this is not feasible.
- Remove shared food containers from dining areas (e.g., pitchers of water, salt and pepper shakers).
- Provide bagged or individual meals where practical.
- Provide pre-prepared, individually wrapped snacks.
- Staff should ensure residents wash hands prior to and immediately after eating.
- Staff should wash their hands before preparing food and after helping children eat.

Cleaning Practices

- Residential settings should develop a schedule for cleaning and disinfecting.
 - CDC guidance on Cleaning and Disinfection for Community Facilities can be found [here](#).
 - Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys, games and electronics such as computer keyboards, remote controls and handheld devices.
 - Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#).
 - For non-porous surfaces, a bleach solution is an easily accessible alternative that can be used for cleaning and disinfecting when there are supply shortages or cost prohibits such purchases. Prepare a bleach solution by mixing 5 tablespoons (1/3 cup) bleach per gallon of water or 4 tablespoons per quart of water.
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
 - If possible, provide EPA-registered disposable wipes to wipe surfaces down frequently.
 - All cleaning materials should be kept out of reach of children.
- Toys that cannot be cleaned and sanitized should not be used.
 - Toys that individuals have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a person's mouth.
 - Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another individual.
 - Do not share toys with groups of infants or toddlers unless they are washed and sanitized before being moved from one group to the other.

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- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
- Books, like other paper-based materials such as mail and envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures.
- Use bedding (sheets, pillows, blankets, sleeping bags, etc.) that can be washed. Keep each resident’s bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Bedding that touches a resident’s skin should be cleaned weekly and before use by another resident.

Diapering

- When diapering, wash your hands and wash the individual’s hands before you begin, and wear gloves. Follow safe diaper changing procedures.
- After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.

Washing, Feeding or Holding

- To the extent possible, when washing, feeding, or holding, care providers can protect themselves by wearing an over-sized button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.
 - Staff should wash their hands, neck, and anywhere touched by a child’s secretions.
 - Staff should change the child’s clothes if secretions are on the child’s clothes. They should change the button-down shirt, if there are secretions on it, and wash their hands again.
 - Contaminated clothes should be placed in a plastic bag or washed in a washing machine. Launder items using the warmest appropriate water setting for the items and dry items completely.
 - Infants, toddlers, and their providers should have multiple changes of clothes on hand in the facility.
- Staff should wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottle brush, soap, and water.

Considerations for Resident Activities

- Residential setting staff should evaluate the needs of each individual resident, the activities outlined in the person-centered plan, and the need for safeguarding resident health.
- Residential settings should follow public health guidelines for social distancing and limiting group interaction.
- Group sizes should be adjusted to 10 or fewer, if feasible. Consult the local health department for additional restrictions that may apply to your county.
- Cancel off-site group activities and individual outings that require close contact between individuals unless they are essential.
 - Activities that maintain physical distancing of 6 feet between individuals may continue outside of the residential setting.
 - Cancel or postpone outings to areas with large crowds.
- Access to common spaces should be available. If practical, restrict the number of individuals in these spaces so that everyone can stay at least 6 feet apart from one another or have residents wear face coverings when in common spaces. This becomes increasingly important when individuals spend time in a community where there is transmission and then return to the residential setting.
 - Create a schedule for residents to use the common spaces in shifts to promote physical distancing.

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- Reconfigure common spaces so seating ensures physical distancing.
- Residential settings should consider ways to keep residents engaged, active, and connected through telephone, technology, in-home activities, or safe outside play or exercise.
- Individuals should limit leaving the residential settings to the extent practical.
 - If residents need transportation, opt for transporting fewer people per trip and ensure that passengers have more space between one another. Following transportation, ensure vehicles are cleaned following the [guidance for cleaning and disinfecting non-emergency transport vehicles](#).
 - Arrange for delivery of medications, including methadone.
- Residents may make use of the yard and outdoor space immediately surrounding the residential setting if they can maintain physical distancing.

Personal and Household Items

- Residents should not share personal items with others (e.g., toothbrushes, towels, washcloths, bed linen, unwashed eating utensils, straws, cigarettes, drinks, drug paraphernalia, phones, computers, remote controls, toys, other electronic devices, etc.).
- Where possible, personal items should be kept separately for each resident. Clean all items that must be used by several people between uses (e.g., remote-control, toys, telephones).
- Sinks could be an infection source and should avoid placing toothbrushes directly on counter surfaces. Totes can be used for personal items to avoid touching bathroom countertops.

Sleeping Arrangements

- Increase spacing so beds are at least 3 to 6 feet apart.
- If space allows, put fewer residents within a room/dorm.
- Arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use neutral barriers (foot lockers, curtains) to create barriers between beds.
- Move residents with symptoms into separate rooms with closed doors, and provide a separate bathroom, if possible.
- If only shared rooms are available, consider housing the person who is ill in a room with the fewest possible number of other residents.
- Do not house older adults, people with underlying medical conditions, or people with disabilities in the same room as people with symptoms.

When a Resident Becomes Ill

- If a resident reports or shows symptoms of COVID-19 or they have been exposed to someone who has COVID-19, they should be isolated immediately. If feasible, place resident in a private room separate from other residents preferably with their own bathroom.
- Notify your local health department immediately so that testing can be arranged.
- Close off all areas used by the person who is sick. Open outside doors and windows to increase air circulation in the areas.
 - Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting. Clean and disinfect all areas used by the sick person such as bedroom, bathroom, and common areas.
- For additional guidance on extra steps to take when someone is sick see [cleaning and disinfecting a residential setting](#).
- Instruct residents with symptoms of a respiratory infection to remain in their rooms and to adhere to respiratory etiquette.

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- Residents with symptoms should wear a face covering in the event they need to leave their room. If this is not possible (e.g., would further compromise respiratory status, difficult for resident to wear), have the resident cover their mouth/nose with tissue when coughing.
- If the resident develops symptoms off-site, consider requiring medical clearance from their physician before permitting them back into the residential setting.
 - Provide instructions prior to resident room entry on hand hygiene, limiting surfaces touched, and use of Personal Protective Equipment (PPE) according to current facility policy while in the resident's room.
 - Provide respiratory hygiene supplies (e.g., hand hygiene agents, tissues, face covering, trash receptacle) throughout the facility for use by residents, staff, and visitors.
- Staff should limit exposure to ill residents. Individuals are most infectious as they develop symptoms. Staff should wear a surgical facemask and eye protection (goggles or face shield) when in the same room as the resident or providing direct care.

COVID-19 Testing

- Public health testing priorities indicate that symptomatic individuals who work or attend congregate settings (such as residential settings) should be prioritized for testing.
- Notify your local health department immediately of any suspected or positive case in a residential setting.
- For suspected or positive cases in residential settings:
 - A pediatric and infection control consultation team can be available through referral from the local health department to the Division of Infectious Disease Epidemiology's (DIDE) epidemiologist on call at (304) 558-5358, ext. 2. This team can provide a consult and advise on recommendations for testing.
 - The resources to support comprehensive testing will be made available should the public health investigation and the pediatric and infection control consultation team recommend comprehensive testing.
 - Testing recommendations are individualized based on the public health investigation, exposures, and risk to residents and staff. In some congregate settings where social distancing is difficult to maintain, it may be beneficial to test all residents and staff once the virus is detected in the facility.
- The public health investigation will provide guidance on exposure, including recommendations for asymptomatic persons exposed to persons with COVID-19 based on the [CDC Public Health Recommendations for Community-Related Exposure](#).
- A tele-infection control assessment can be provided to the residential setting to help identify gaps in infection control and help prepare if COVID-19 is introduced into the facility. To schedule, call DIDE's epidemiologist on call at (304) 558-5358, ext. 2.

Recovery at Residential Setting

- Residents who have mild to moderate symptoms may recover at in the residential setting. They must remain isolated in their room, receive meals in their room and should not share a bathroom with others. They should be monitored several times a day to ensure that their symptoms do not worsen.
- If the unwell person gets worse and needs to go to the hospital because of severe symptoms (e.g., severe difficulty breathing, severe chest pain, very hard time waking up, confusion, loss of consciousness), call 911 and inform them that the person has COVID-19 so that the hospital is notified and paramedics can take necessary precautions.
- Wear a face covering when it is necessary to be in shared spaces.
- For additional information see the [CDC Interim Guidance for Implementing Home Care for People Not Requiring Hospitalization for COVID-19](#).

Criteria for Removing Residents from Isolation

- For residents who tested positive and are directed to care for themselves at home, they must stay home and away from other people under isolation and cannot discontinue home isolation under the following conditions:
 - At least 10 days have passed since symptoms first appeared; AND

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- At least 3 days (72 hours) have passed since recovery, which is defined as resolution of fever without the use of fever reducing medications; AND
- Improvement in respiratory symptoms (e.g., cough, shortness of breath).
- Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue isolation when at least 10 days have passed since the date of their first positive COVID-19 test and with no subsequent illness.

Staff Exposures

- Staff exposures as defined by the initial public health investigation should be evaluated by type of exposure. Based on the risk category, staff may be excluded from work.
 - Exposed individuals should stay home and away from other people and monitor for symptoms during the 14 days after the last day of contact with the person with COVID-19.
 - Exposed persons should not go to work and should avoid public places. Additional information can be found using the [Public Health Recommendations for Community Related Exposure](#).
 - Once the monitoring period is complete, the staff member can return to work with no further restrictions.
- A case contact is someone identified as:
 - A person having unprotected direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on, touching used paper tissues with a bare hand).
 - A person having had face-to-face contact with a COVID-19 case within 6 feet and for longer than 15 minutes.
 - A person who was in a closed environment (e.g., meeting room, activity room, bedroom, etc.) with a COVID-19 case for 15 minutes or more and at a distance of less than 6 feet.
 - A person having had direct physical contact with a COVID-19 case (e.g., shaking hands).
- The period of exposure risk is 48 hours prior to symptom onset.
- Residential settings may consider allowing asymptomatic staff exposed to COVID-19 residents to continue to work in times of staffing shortages. These staff must wear a surgical face mask while in the residential setting at work.
 - If the staff member develops symptoms, they must cease work immediately and notify their supervisor prior to leaving work.

Criteria for Return to Work for Staff with Confirmed Cases

- If any staff or volunteer tests positive for COVID-19, they should be excluded from the residential facility for a minimum of 10 days from symptom onset AND have been fever free for 3 days (with no fever-reducing medications AND have significant improvement in symptoms).
- Staff or volunteers with laboratory confirmed COVID-19 who have not had any symptoms should be excluded from work until 10 days have passed since their positive test.

Admissions and Transfers

- Consider temporarily halting admissions and transfers if COVID-19 has been introduced into the residential setting, at least until the situation can be clarified and interventions can be implemented.
 - For out-of-state admissions, facilities may consider placing new residents in a 14-day quarantine if feasible. This is especially important if they are coming from a state with sustained community transmission or another facility that has had cases of COVID-19.
 - Irrespective of where the resident is coming from, screening should be conducted for all new admissions.
See Daily Health Screening Form.

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Daily Health Screening Form

Instructions: Residential settings should use this tool to screen everyone entering the residential setting, including residents who have left the premises, staff, volunteers and others.

Do you currently have any of the following symptoms?

- A new fever (100.4°F or higher), or a sense of having a fever
- A new cough that you cannot attribute to another health condition
- New shortness of breath that you cannot attribute to another health condition
- A new sore throat that you cannot attribute to another health condition
- New muscle aches (myalgias) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)

Have you or anyone in your home had contact within the last fourteen days with any person under screening/testing for COVID-19, or with anyone with known or suspected COVID-19?

Yes No

If an individual answers **YES** to any of the screening questions, immediately activate your agency's emergency protocol for COVID-19. The designated screener should consider:

- A review of the screening results
- Recommendations for possible exclusion of the individual from the residential setting
- Recommendations for medical follow-up