CDPH
Chicago Department of Public Health

COVID-19 Guidance for Congregate Living Facilities

Background

Coronavirus disease 2019, or COVID-19, is a new respiratory illness that can spread from person to person. Some people are at higher risk for severe illness from COVID-19, including:

- People of older age - risk of severe disease increases with age.
- People who live in a nursing home or long-term care facility.
- People, regardless of age, with underlying health conditions, including heart disease, diabetes, severe obesity, chronic kidney disease, chronic lung diseases or asthma, as well as those with severely weakened immune systems.

The most common signs and symptoms of COVID-19 include fever, cough, and difficulty breathing. Other symptoms include fatigue, muscle aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting and/or diarrhea. However, some individuals with COVID-19 who lack symptoms ("asymptomatic") or have not yet developed symptoms ("pre-symptomatic") can transmit the virus to others. This means that the virus can spread between people who are interacting within 6 feet—for example, by clearing their throat, coughing, singing, sneezing, or even talking—even if those people are not exhibiting symptoms. There has been significant transmission of the virus causing COVID-19 in numerous congregate settings serving vulnerable populations, and thus taking efforts to reduce transmission in congregate settings is highly important.

Mitigating the Spread of COVID-19

Screen all residents, employees, and visitors entering the setting for COVID-19 symptoms and close contact exposures,

- Have a plan to immediately isolate any resident who has symptoms or a close contact exposure to someone with COVID-19; visitors reporting any symptoms of COVID-19 or close contact exposures should not be allowed to enter the facility.
- Inform prospective visitors that they will be screened for illness and will not be allowed to enter the facility if they have any symptoms of COVID-19.
- Instruct residents and staff to report illness as soon as possible.
- An example of a screening tool can be found here.

Partner with a healthcare provider to get additional support and expertise. A partner healthcare provider may help with:

- Identifying people at risk of severe disease who would benefit from additional measures
- Ensuring residents have a supply of their regular medications
- Providing telemedicine consultations
- Implementing CDPH and CDC recommendations
- Evaluating patients with new symptoms and providing testing
- Monitoring patients with COVID-19 who can be safely isolated at the facility

Identify isolation space within your facility. Isolation space is needed for both people who develop symptoms before they can be tested for COVID-19 (PUI or "Persons under investigation") and for people with known COVID-19. If individual rooms for sick residents are not available, consider using a large, well-ventilated room.

Identify and monitor residents who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.

- Describe what actions the facility is taking to protect them, including answering their questions.
- Explain what they can do to protect themselves and their fellow residents.
- Perform regular wellness checks in senior living facilities.

Reduce the risk of staff introducing COVID-19 to your facility.

- Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the facility. They should stay home as much as possible.
- Advise essential staff that are not essential to your operations to stay home, but be ready to come in in the event of staff absences.
- Stress that all staff should stay home when sick.
- Staff with a close contact exposure in the household should quarantine for 14 days after the exposure. The full 14-day quarantine is recommended in this context due to the high risk of the close contact household exposure leading to a staff member infected with COVID-19.

Implement a universal-masking policy requiring all staff to wear a mask when working. This includes staff responsible for direct interaction or care involving residents as well as staff who do not normally interact directly with patients and residents, such as administrative, dietary, environmental services, and facility maintenance staff.

- Mask coverings should be worn by staff and residents in any shared space, including spaces restricted to staff only.
- Surgical or N95 masks must be prioritized for healthcare settings/long-term care settings/EMS or first responders delivering medical care.
- All facilities must implement aggressive extended and reuse strategies. For more information, see CDC Recommended Strategies for Optimizing the Supply of Facemasks.
- Hand hygiene should be performed before putting on a mask, and after touching, adjusting, or taking off a face mask.
- Facemasks should be removed and discarded if soiled, damaged, or hard to breathe through. Facemasks with elastic ear hooks may be more suitable for re-use.

Perform cleaning and disinfection of frequently touched surfaces —at least once every 24 hours. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

- If surfaces are visibly dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
    - Wipe down commonly used surfaces (for example, keyboards, remote controls, desks) before each use with disposable wipes.
    - Clean all common areas at least daily; clean heavily used surfaces more frequently (e.g. doorknobs, elevator buttons, public phones, banisters, tabletops, handrails, workstations, and countertops).
    - Empty trash receptacles frequently.

    - If children are present, clean toys daily and discourage sharing of plush toys (such as teddy bears).
    - Regularly clean air vents and replace filters, especially those with HEPA filters.
    - Do not shake dirty laundry; this minimizes the possibility of dispersing virus through the air.
    - Wash linens, clothing, and other items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
    - Clean and disinfect hampers or other carts for transporting laundry.
- For disinfection, select a disinfectant from U.S. EPA's list of disinfectants for use against SARS-CoV2, known as the N-List.
    - When feasible, use a spray (no-wipe) product to facilitate application. N-List products that can be sprayed, with a short contact time, (e.g. between 30 seconds and one minute as indicated on the label) and do not require wiping have potential advantages.
    - Application of disinfectant may be facilitated by use of an industrial-style sprayer with the nozzle of the spray wand held close—6–8 inches—to the surface to which disinfectant is being applied.
    - Some products (e.g. sodium hypochlorite or household bleach, and peracetic acid) pose increased inhalational risks, but a diluted solution of household bleach may be useful in some settings.
    - Depending on the disinfectant, it may be appropriate for residents to leave the room for a brief period where disinfectants are being used.
- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes.
- Clean hands immediately after gloves are removed. CDPH does not recommend applying disinfection products using methods other than those described on the product labeling.

Implement social distancing and other mitigation strategies.

- Limit visitors to the facility, suspend group day trips and strongly discourage residents from leaving the facility, if feasible.
- Minimize the number of staff members who have face-to-face interactions with residents with respiratory symptoms or who are known to have COVID-19. Use physical barriers to protect staff who will have interactions with residents with unknown infection status (e.g. front desk staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them.
- Mealtimes:
    - If feasible, deliver all meals to rooms or apartments. As necessary, stagger meals to reduce crowding.
    - Have staff hand supplies or food to clients, rather than residents reaching into common supplies.
    - Stagger the schedule for use of kitchens.
- Bathrooms:
    - If feasible, stagger bathroom schedule to reduce the number of people using the facilities at the same time.
    - Encourage staff and clients to disinfect bathroom surfaces after use.
    - If feasible, have one designated bathroom for ill persons.
- Common Spaces:
    - Create a schedule for using common spaces. If residents are non-compliant, these areas may need to be locked and closed.

- Cancel group activities with 10 people or more. Group activities should be canceled or minimized to the absolute minimum during outbreaks or high community rates of COVID-19.
- Increase distance between persons. If possible, keep them at minimum of 6 feet apart from each other.
- Transport fewer people per trip so passengers don't sit too close together.
- Don't hold large meetings when information can be communicated in other ways.
- Consider conference calls instead of in-person meetings.

Provide COVID-19 prevention supplies. Have supplies on hand for staff, volunteers, and those you serve, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, and trash baskets.

- Provide access to tissues and use plastic bags for proper disposal of used tissues.
- Ensure bathrooms and other sinks are consistently stocked with soap and drying material for handwashing.
- Provide alcohol-based hand sanitizers that contain at least 60% alcohol at key points within the facility, including registration desks, entrances/exits, and eating areas.
- If staff are handling resident belongings, they should use disposable gloves. Make sure to train any staff using gloves to ensure proper use.

Implement everyday preventive actions. Provide information to residents and staff about COVID-19 and how to reduce their risk.

- Place signs that encourage cough and sneeze etiquette and hand hygiene at the entrance to your facility and in other areas where they are likely to be seen such as gathering areas, dining areas, bathrooms, etc.
- Provide educational materials about COVID-19 for non-English speakers, as needed. Check out CDC's resources page and the CDPH resource page for posters and signage– many of the handouts and posters are available in multiple languages.
- Everyday preventive actions:
    - Maintain at least 6ft distance between yourself and other people. Avoid close contact with people who are sick, especially if you are at higher risk for serious illness.
    - Clean your hands as often as possible, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing
        - Use soap and water to wash hands for at least 20 seconds, especially when hands are visibly dirty;
        - If soap and water are not available, use a hand sanitizer that contains at least 60% ethanol.
    - Do not touch your eyes, nose and mouth with unwashed hands.
    - Avoid shaking hands.
    - Cover your coughs and sneezes with a tissue, under the neck of your shirt, or into your elbow. If you use a tissue, throw it in the trash and wash your hands.
    - Wear a cloth face covering in the grocery store, pharmacy or other public settings where it's difficult to maintain social distancing. If you're sick, wear a cloth covering over your nose and mouth at all times if you are around other people in your home or to receive medical care.

Reducing COVID-19 Spread among Employees

Send sick employees and volunteers home.

- Employees who appear to have acute respiratory illness symptoms (i.e. cough, difficulty breathing) upon arrival to work or who become sick during the day should be separated from other employees and be sent home immediately.
- Employees who are sick must stay home and not go to work until:
    - at least 10 days have passed since their symptoms first appeared (or from test date if always asymptomatic); and,
    - at least 24 hours have passed since their fever has resolved (i.e. no fever without the use of fever-reducing medications); and,
    - their other symptoms have improved
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor. They should stay home for 14 days and monitor their health.
- Critical Infrastructure employees: If operations are unable to proceed while allowing exposed workers to quarantine, essential employees who have been exposed to COVID-19 can continue to work as long as they don't develop any symptoms of COVID-19. They should monitor their health and follow strict precautions when around others, like wearing a facemask and maintaining at least 6ft distance. See CDPH Guidance for Critical Infrastructure Workers for information on required employer practices for critical infrastructure workers. Where possible, essential workers with household exposure to COVID-19 should not be exempt from quarantine and should pursue the 7-day (with negative COVID-19 test on/after day 5) or 10-day quarantine (without test) plan provided by the CDC.
- Minimize staff interacting with COVID-19 positive residents. Minimize overlap between staff working with COVID-19 positive residents and staff working with residents who are not sick.
- Healthcare staff who are taking care of residents with a COVID-19 diagnosis or COVID-19 symptoms should wear an N-95 mask, face shield, gown, and gloves.
- Direct care providers who may be exposed to bodily fluids should wear a face mask, eye protection, disposable gloves, and gown when taking care of all patients.
- All staff and residents should be required to wear a face mask in any shared space. Masks should not be worn by anyone younger than 2 years old or anyone who is unable to remove their mask without assistance.

Implement flexible sick leave and supportive policies and practices.

- Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures. Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other.
- Do not require a positive COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness, qualify for sick leave, or to return to work. Do not require a negative test result for employees with or without symptoms. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.

Reducing COVID-19 Spread among Residents

Separate residents with symptoms consistent with COVID-19 infection to individual rooms for isolation and provide them with a facemask. Let the resident know to notify someone immediately if their symptoms worsen; not

to leave the room except to use the restroom, to get a COVID-19 test, or to receive medical care; Residents with symptoms of COVID-19 must wear their facemask if leaving the room.

- Residents with mild respiratory illness should stay home except to get medical care and isolate themselves from other people.
    - Day program participants exhibiting symptoms should be transported to their home residence and wear a face mask, if feasible.
    - Residents exhibiting symptoms should be isolated in their room or apartment if feasible. If rooms or apartments are shared, then the resident should be isolated in a previously designated location. A healthcare provider should be consulted as needed, especially if the resident is at high risk for complications.
- Couples sharing a unit should avoid sharing glassware, utensils, and other household items.
- Residents with confirmed COVID-19 should be encouraged to alert their own close contacts, who should quarantine for 14 days since their last exposure. CDPH recommends *against* using a shortened 7-day or 10-day quarantine option for residents in congregate facilities.
- Any resident who has a known close contact exposure (within 6 feet for 15 minutes in a 24-hour period) should quarantine in their own space for 14 days since their most recent close contact exposure to that individual.
- Close contacts who are on quarantine should consider getting tested for COVID-19 between 5-9 days after their most recent close contact exposure. Even if the resident has a negative test, they should complete the full 14-day quarantine. Face coverings should be worn when leaving living space to receive COVID-19 testing.
- As roommates of residents with COVID-19 might already be exposed, it is generally not recommended to place them with another roommate until 14 days after their exposure, assuming they have not developed symptoms or had a positive test.
- If possible, designate a separate bathroom for sick family members with COVID-19 symptoms.
- A separate bathroom should be designated for any resident(s) with COVID-19. If a bathroom must be shared between ill and not ill residents, cleaning should focus on high touch surfaces. The person cleaning the bathroom should wear a mask and gloves, if possible.

If you identify any resident with severe symptoms, arrange for the resident to receive immediate medical care**.** If this is a resident with suspected COVID-19, notify the transfer team and medical facility before transfer. Severe symptoms include:

- Extremely difficult breathing (not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion, or inability to arouse
- New seizure or seizures that won't stop

Report clusters of COVID-19 patients. Under Chicago's March 19 Public Health Order**,** congregate facilities must immediately report to CDPH clusters of COVID-19 patients, defined as two or more confirmed cases of COVID-19 occurring within 14 calendar days of each other at the facility.

- Designate an agent whose responsibility should be to file such report with CDPH within 24 hours of identifying the cluster.
- Use this online form to file a report.
- Be ready to provide the following information:

- Your current census and your maximum occupancy
- Number of staff
- How many people were located in the same dorm/accommodation unit as the person with suspected or confirmed COVID-19
- Shared spaces in your facility
- Any people at risk of severe disease who remain in your facility
- Ability to isolate residents at your facility

Assess for signs or symptoms of illness in your staff and residents.

- Actively screen all of your residents to see if they are experiencing any of the most common signs and symptoms of COVID-19 which include fever, cough, difficulty breathing or sore throat. Other symptoms include fatigue, muscle aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting and/or diarrhea.
- An example of a screening tool can be found here.

Isolate any other ill residents in the isolation space you have identified as part of your preparedness plans, and provide them with a face mask. Residents with respiratory symptoms should avoid all common areas.

Direct close contacts to stay in their room or apartment and monitor their health for 14 days. Close contacts are defined as being within 6ft of a COVID-19 positive employee or resident for 15 minutes in a 24 hour period, starting 2 days prior to the onset of symptoms in the infected person (or 2 days prior to test date if never symptomatic).

Perform thorough environmental cleaning and disinfection. Clean and disinfect all areas that clients with COVID-19 infection have been in, following CDC guidance.

Inform fellow residents and employees of their possible exposure to COVID-19 in the facility but maintain confidentiality as required by the Americans with Disabilities Act (ADA).

Communicate openly with residents. If testing is conducted and additional positive cases are found, it will be necessary to separate residents who test COVID-19 positive from those who test COVID-19 negative. If this can be done safely in your facility, residents may stay, but if not, they may be moved to City-run isolation facilities.

Receiving Patients Back from Isolation Facilities

After the minimum isolation period has been completed, residents may return to the congregate facility and continue with standard infection control practices. Individual facilities may choose to maintain transitional precautions beyond the minimum isolation period based on the ability to maintain adequate social distancing and hygiene as recommended for all residents during current widespread COVID-19 community transmission. Additional measures could include the following:

- Continue to implement social distancing measures.
- Encourage recovering residents to wear a cloth face covering in common areas where social distancing is challenging.

CDPH medical director consultation is available for individual cases, but in general, clients should not be prevented from returning to the facility if they have completed the minimum isolation period (10 days since symptoms started - or test date if asymptomatic - with no fever for 24 hours and other symptoms improving) .

Helpful Contacts and Websites

COVID-19 Information – For information on Chicago's COVID-19 response, visit www.chicago.gov/coronavirus, email coronavirus@chicago.gov, or call 312-746-4835. For additional information and resources, visit the CDC COVID-19 website.

Health Care Assistance for Uninsured – People who don't have a provider or medical insurance, can call the nearest community health center and they will help them coordinate care. Find a community health center at findahealthcenter.hrsa.gov.

Mental Health Support - Refer employees and residents in need of mental health support to the NAMI Chicago helpline at 833-NAMI-CHI (833-626-4244) for a listening ear, mental health information or referrals.

Chicago Department of Public Health Mental Health Centers offers teletherapy for all Chicagoans regardless of their ability to pay. Call 312-747-1020, Mon-Fri 8:30am-4:30pm to schedule an appointment.

CDC interim guidance for homeless service providers.

Windy City Wellness: This resource provides tangible ways to help implement self-care practices and managing and coping with stress, fear, and anxiety.