

## **Suggested COVID-19 Guidance for Small Congregate Settings**

**Updated 11/17/2020**

### **PURPOSE:**

This guidance was created and updated, by the Illinois Department of Human Services Division of Developmental Disabilities in partnership with the Illinois Department of Public Health.

This guidance is intended for small congregate settings, including Community Integrated Living Arrangements (CILA), of eight or less, unrelated individuals.

These settings are different than long-term care facilities as they:

- Have limited nursing and medical personnel by rule and/or regulation (no 24-hour on-site presence usually).
- Utilize daily support persons (not certified nursing assistants, licensed practical nurses, or registered nurses) to complete caregiver tasks, including the administration of medicine.

### **GUIDANCE:**

#### **COVID-19 Symptoms:**

Symptoms may appear 2-14 days after exposure to the virus.

Residents or staff with the following symptoms or combination of symptoms may have COVID-19, and require medical consultation:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Fatigue
- Runny nose
- GI symptoms (nausea, vomiting, diarrhea)

Reference CDC and IDPH guidance for additional information on signs and symptoms:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

<https://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/symptoms-treatment>

#### **General Guidance on Preventing the Spread of COVID-19:**

Agencies should establish a COVID-19 response plan, including testing, as to how they will monitor for and address positive cases in their facilities. The plan should include specific infection control practices

as referenced below. The plan should also include a communication plan for family members, staff, medical/health care professionals, and others as needed to support the residents and keep relevant individuals informed.

**For residents:**

- Every resident should be assessed for symptoms and have their temperature checked daily.
- Residents should stay at least 6 feet apart.
- Residents should be encouraged to wear cloth face coverings or medical procedure masks when out of their room or when care is being provided.
- Group gatherings or activities in common spaces may be restricted or suspended.
- Frequent hand hygiene should be promoted. Hands should be washed often with soap and water for at least 20 seconds or the use of alcohol-based sanitizing gels with greater than 60% alcohol can be used.
- Residents and Staff should not touch eyes, nose, or mouth with unwashed hands. Staff should perform hand hygiene before and after entering a resident's room.

If residents develop symptoms:

- Agencies should seek medical consultation if a resident develops symptoms of COVID-19.
- Symptomatic residents should immediately be isolated in a room, based upon Illinois Department of Public Health guidance, and not allowed to have contact with other residents. Staff should not be interacting with COVID-19 symptomatic or positive residents without the appropriate PPE.
- If staff need to be within 6 feet of a resident who is ill, appropriate PPE (medical face masks, disposable gloves, gowns, goggles, or eye protection) should be worn for contact and droplet precautions when entering the room where the resident is isolated.
- Agencies should notify their local health department if a resident tests positive for COVID-19 for additional guidance and testing support.
- Symptomatic residents must be frequently monitored by staff for emergent changes to their health status in conjunction with their primary care doctor.

**For staff:**

- Staff should perform temperature and symptoms screenings at the beginning and halfway through their work shift.
- To minimize exposure, staff should wear a face mask covering their nose and mouth at all times.
- Staff should thoroughly clean and disinfect all surfaces touched regularly, such as counters/desks, tabletops, and doorknobs. Horizontal and high touch surfaces should be disinfected with a product from EPA List N allowing for appropriate wet contact time. The EPA list can be accessed at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Staff in close contact with ill residents should monitor their health for symptoms of COVID-19. If they occur, the staff member should immediately stop working with residents and be sent home.

If staff develop symptoms or test positive for COVID-19 :

- Staff who are symptomatic or test positive for COVID-19 should be directed to remain at home, or sent home immediately, should they become ill at work, per IDPH and Centers for Disease Control and Prevention guidelines.
- Symptomatic staff require medical consultation and testing.
- Symptomatic staff should not return to work until ALL the following are true:
  - They have had no fever for at least 24 hours without the use of medicine that reduces fever.
  - Symptoms, such as cough or shortness of breath, and overall condition have improved.
  - At least 10 days have passed since symptoms first appeared.
- Asymptomatic COVID-19 positive staff may return to work after at least 10 days have passed since the date of their positive test.
- Agencies should notify their local health department if they become aware of a staff member who tested positive for COVID-19 for additional guidance and support.

Additional prevention guidance can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

<http://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/preventing-spread-communities>

#### **Staffing and Support:**

- Consistent staff should be assigned to residents regardless of their symptoms or COVID-19 status to decrease the number of different staff interacting with each resident. This practice can enhance staff's familiarity with their assigned residents and help them detect emerging condition changes that unfamiliar staff may not notice.
- If possible, staff should minimize face-to-face interactions with residents. Interactions could be provided remote - either by phone, intercom, or video as possible.

#### **Interacting with Symptomatic or COVID-19 Positive Residents:**

- Residents who are symptomatic or COVID-19 positive should be separated from residents who are COVID-19 negative or have an unknown status.
- Symptomatic or COVID-19 positive individuals should be supported in their own rooms.
- Staff should complete caregiver tasks from 6 feet away or more. Leave food or medication outside a door or 6 feet from the ill resident.
- If staff need to be within 6 feet of a resident who is ill, appropriate PPE (medical face masks, disposable gloves, gowns, goggles, or eye protection) should be worn for contact and droplet precautions when entering the room where the resident is isolated.
- Staff must frequently monitor the health status of ill residents and alert nursing/medical personnel to any emergent changes to their condition.
- If residents are getting sicker, staff must notify nursing/medical personnel immediately to arrange to have them seen or transported to a hospital.
- Staff should bundle tasks that require close contact to limit encounters with persons who are ill.

- Residents with COVID-19 (asymptomatic or symptomatic) can be removed from isolation (separation) when they have been evaluated either in person or via telemedicine, and cleared by their provider, and they meet ALL the following requirements:
  - The resident is free from fever for at least 24 hours without the use of fever-reducing medication **and**
  - Other symptoms have improved **and**
  - It has been at least 10 days since symptoms first appeared or the date of their test if asymptomatic.

**Personal Protective Equipment (PPE) Use:**

- Facilities should work with local health departments to determine and to help address facility needs for PPE and/or COVID-19 tests based on the needs of the resident(s).
- To minimize exposure, staff should wear a face mask covering their nose and mouth at all times.
- Residents should be encouraged to wear cloth face coverings or medical procedure masks when out of their room or when care is being provided.
- If staff need to be within 6 feet of a resident who is ill, appropriate PPE (medical face masks, disposable gloves, gowns, goggles, or eye protection) should be worn for contact and droplet precautions when entering the room where the resident is isolated.

Additional guidance can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>