

Recommendations for Congregate Care Facilities during a COVID-19 Outbreak

The following resource was compiled by the Wisconsin Department of Children and Families, Child Welfare Licensing Section, using a number of public resources, which are linked throughout the document. This document is meant to aid congregate care facilities in preparing for and managing COVID-19. Additional resources on how congregate care facilities can prepare for and manage COVID-19 can be found at [CDC's Resources for Healthcare Facilities](#) webpage. (Note: This webpage is for long-term care facilities, which follow many of the same recommendations.)

Prevention: the following simple guidelines can be followed for prevention of the spread of contagious diseases, including potential pandemic outbreaks of various influenza viruses:

- Wash hands frequently with soap and water for at least 20 seconds - one of the best ways to prevent the spread of disease.
- Avoid touching eyes, mouth, and nose, even with fresh-washed hand.
- Refrain from handshakes and instead use elbow-bumps or bows as greetings.
- Cover sneezes and coughs with a sleeve or a tissue. Throw away the tissue immediately.
- Avoid contact with those who are already ill.
- Anyone with a fever and/or respiratory illness should stay home from work or school to avoid spreading infections, including influenza and other respiratory illnesses.
- If you are ill and must leave your house or facility, avoid crowds as much as possible and keep a 6-foot distance between yourself and others.
- For more information, please contact the Centers for Disease Control and Prevention at <https://www.cdc.gov/infectioncontrol/>
- All staff/providers should follow the CDC's guidelines for infection control basics including hand hygiene:
 - [Infection Control Basics](#)
 - [Hand Hygiene in Health Care Settings](#)
 - [Handwashing: Clean Hands Save Lives](#)

Compiled by Wisconsin Department of Children and Families' Child Welfare Licensing Section, updated March 12, 2020

Much of the base material was borrowed from Washington State's "Recommendations for Community-Based Facilities, updated 3/4/2020

Stay up-to-date:

Assign one staff to monitor public health updates from:

- Wisconsin Department of Health Services:
<https://www.dhs.wisconsin.gov/disease/covid-19.htm>
- Centers for Disease Control and Prevention: <https://www.cdc.gov/infectioncontrol/>

Make a Plan:

Review and update your infection control preparedness plan. If you do not have a plan, a planning guide can be found at <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>

For COVID-19, we recommend your plan include the following:

- A policy for when direct care staff should use standard, droplet, and contact precautions for residents with symptoms of respiratory infection.
 - Standard: <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>
 - Droplet and Contact: <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
- A plan for implementing respiratory hygiene throughout the facility. (See “Communicate with Staff, Residents, and Visitors”)
- A plan for grouping symptomatic residents using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Limiting access to where symptomatic and asymptomatic residents reside.
 - Assigning staff on either affected or non-affected units to prevent transmission between units.
 - Closing communal dining halls; consider delivering meals to residents.
 - Canceling events where many people come together.
 - Cleaning and disinfecting frequently touched surfaces with a product label indicating effectiveness against human coronavirus or emerging viral pathogens. See website for approved products <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations.
 - Screen visitors for respiratory illness symptoms.

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- Consider screening visitors for recent travel to an area with COVID-19 transmission.
- Ask visitors and family members not to visit the facility if they are experiencing respiratory symptoms.
- A proactive sick leave policy to address the needs of staff including:
 - Advising staff, caregivers, or volunteers who have respiratory symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
 - Provide staff members with information about symptoms so they can self-assess before reporting for duty. (See “Communicate with Staff, Residents, and Visitors.”)
 - A plan for what to do if staff develop symptoms while at work.
 - When staff can return to work after having a diagnosis of COVID-19. This will be determined by your local public health agency.
 - Plans to accommodate staff who need to care for ill family members.
 - Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected units, if possible. This includes people who are 60 years or older and those who have chronic diseases (such as diabetes, heart, or lung disease) or who may be immunocompromised.
- A plan for activities for the facility if the facility is quarantined. What school activities will be provided to the residents? Does the facility have enough activities besides schoolwork to occupy the residents for at least two weeks?
- A plan to notify parents, guardians, case workers and other personnel if the facility is quarantined.
- A plan to stock up on the basics if the facility is quarantined. For example, sanitizers, cleaning supplies, medication for residents and staff, food and any other provisions that the facility requires in order to operate.
- Contingency staffing and resident placement plans:
 - Identify minimum staffing needs and prioritize critical and non-essential services based on residents’ health status, functional limitations, disabilities, and essential facility operations.
 - Plans for if a staff member needs to take care of themselves or their family members.
 - Employees need to be trained in and become familiar with all essential functions that must continue in an emergency in order to operate the facility.
- Criteria and protocols for closing units or the entire facility to new admissions when COVID- 19 has been identified in the facility.

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- Notify your Licensing Specialist about these preparations in order to support alternate accommodations. Your Licensing Specialist will notify DCF management.
- Consider your refusal policies, and if there are exceptions to this policy. Also, consider the impacts to the system as a whole if admission is not accepted.

Communicate with Staff, Residents and Visitors:

- Educate staff, residents, and family members of residents about COVID-19. Make sure they know the potential risks for residents and basic prevention measures, such as:
 - Wash hands often with soap and water or use alcohol-based hand sanitizer (for staff tips, see [Clean Hands Count for Healthcare Providers](#))
 - Refrain from handshakes and instead use elbow-bumps as greetings.
 - Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and wash hands (For staff tips: <https://www.cdc.gov/handhygiene/>).
 - Frequently clean and disinfect surfaces.
 - Ask staff to use Personal Protective Equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, face mask, and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)
 - Staff and visitors should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms and travel history (Check for travel history information on CDC's [Coronavirus 2019 Information for Travel](#) page).
- Recommend suspending all volunteer services until further notice for all volunteers that are not used in staff to child ratios.
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
 - Recommend that visitors be restricted to immediate family members and primary support persons or caseworkers only.
 - Only allow group meetings, gatherings or tours of the facility of 50 people or less
 - Temporarily suspend group meetings, gatherings or tours of more than 50 people.
- Communicate with family members of residents to share information about the measures you are taking to protect your residents from COVID-19.

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- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

Watch for respiratory infection and COVID-19 symptoms in residents and staff:

- Observe your residents and staff to detect respiratory infections.
 - The below resources are examples from Minnesota regarding monitoring and tracking influenza-like-illness among residents and staff:
 - [Respiratory Tract Infection Worksheet](#)
 - [Infection and Antibiotics Use Tracking Tool](#) and [Instructions](#)
 - Assess incoming residents with respiratory [symptoms](#) including coughing, fever or shortness of breath for:
 - Travel to an area with COVID-19 transmission in 14 days prior to illness onset.
 - Any diagnostic testing for COVID-19.
 - Sputum and oral swab specimens for COVID-19 should not be collected in the facility unless you have a procedure that has been cleared by your local health department.

In the case a resident has symptoms of COVID-19 or a known exposure:

- Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions.
- Contact family or guardian of a resident who meets exposure and symptom criteria to inform them of their loved ones’ status and steps being taken to address their wellbeing.
- Contact your Licensing Specialist with the Wisconsin Department of Children and Families.

Identify and contact partners to coordinate:

Identify public health and professional resources in the table below.

Contact Name	Phone	Email
Local Health Department of Health Services		
Department of Children and Families licensing specialist		

Identify contacts for local, regional, or state emergency preparedness groups, especially bioterrorism/communicable disease coordinators in the table below.

Name	Phone	Email
Local		
Regional		
State		

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized or is being discharged from the hospital.

Hospitals in Wisconsin: <https://www.dhs.wisconsin.gov/guide/hospitaldir.pdf>

- **Residents referred to the hospital:** If a resident is referred to a hospital, you will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.
- **Residents discharged from the hospital:** When your resident is ready to be discharged, coordinate with the hospital regarding transportation and continued care needs, including any recommended precautions to take in your facility. As the outbreak spreads, having open beds in hospitals is vitally important.

Hospital Contacts

Name	Phone	Email
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Additional COVID-19 Resources:

- [DHS Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Workplace and Employers](#)
- [Pandemic Flu Preparedness](#)
- [Stigma Reduction](#)