

**COVID-19 Interim Guidance for Congregate Care:
Group Homes, Shelter Care and Residential Congregate Care (RCC) Facilities**

Background

As cases of COVID-19 in Wisconsin continue to grow, and community transmission becomes more widespread, DCF has received several questions about the health of residents and staff. The recommendations below are from [DHS Memo 2020-11](#), [DHS Memo 2020-16](#) and the [CDC](#). **If a worker or resident of a facility is diagnosed with COVID-19, immediately contact your local public health department to receive further guidance on infection control.**

Daily Health Checks

Congregate care facilities should conduct daily health checks of **all residents (new and existing) and staff** for symptoms of COVID-19 (see attached Health Check and Exposure Assessment form).

This includes:

- Screen all residents and staff (at the beginning of their shift) daily for fever and respiratory symptoms. Actively take their temperature and document presence or absence of shortness of breath, new or change in cough, and sore throat.
- If employees develop signs and symptoms of a respiratory infection while on the job they should:
 - Immediately stop work, put on a facemask, and self-isolate at home
 - Contact their local health department for next steps
- Ill staff should be separated from others until they can be isolated or sent home.
- If a resident is positive for fever or symptoms, follow the quarantine protocols below.

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

Screening new and returning residents

All new and returning residents should be screened using the Child version of the daily Health Check and Exposure Assessment form following the guidance above. Children who exhibit running behaviors are at increased risk of COVID-19 exposure.

At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask, if available. If not available, check with your local health department for PPE availability and follow [CDC guidance](#).

If a new or returning resident is positive for fever or symptoms, follow the quarantine protocols below.

Can a staff member keep working if they have symptoms of COVID-19?

No. Anyone with fever (>100.4°F) AND significant respiratory symptoms (e.g., severe cough, shortness of breath) should be excluded from work. They should remain at home and call their doctor to ascertain how to self-monitor and isolate for 7 days from when the fever started and for at least 3 days after the fever ended. The staff member should be aware of warning signs such as trouble breathing, persistent pain or pressure in chest, new onset of confusion or severe sleepiness, or bluish lips or face which indicate need for emergent care.

If a staff member has a high temperature (>100.4) but no other symptoms, they should remain at home and call their doctor to ascertain how to self-monitor and isolate for 7 days from when the fever started and for at least 3 days after the fever ended. The staff member should be aware of warning signs such as trouble breathing, persistent pain or pressure in chest, new onset of confusion or severe sleepiness, or bluish lips or face which indicate need for emergent care.

If a staff member has a cough which is routine or unchanged from their usual state and no fever, they can continue working. If they have a new, severe cough or a cough that is significantly worse than usual or has changed in a way that disturbs them (often indicated by coughing a lot for more than an hour, 3 or more coughing episodes in an hour, significant pain on coughing), the staff member should remain at home and call their doctor to ascertain how to self-monitor and isolate. The staff member should be aware of warning signs such as trouble breathing, persistent pain or pressure in chest, new onset of confusion or severe sleepiness, or bluish lips or face which indicate need for emergent care.

Can a staff member keep working if they have been exposed to COVID-19?

Congregate Care facilities should follow the DHS Exposure-Related Work Restrictions:

- Similar to CDC's guidance for health care providers, DHS recommends that facility **staff with [medium and high-risk](#) exposure should be excluded from work for 14 days** during which they should monitor for symptoms and/or fever in coordination with their local health department.
 - *Medium-risk* exposures generally include health care personnel (HCP) who had prolonged close contact with patients with COVID-19 who were wearing a

facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19.

- *High-risk* exposures refer to HCP who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19.
- However, for facilities that would suffer significant staffing shortages that would compromise their ability to protect residents, staff with medium-risk exposures may continue to work with residents if wearing appropriate personal protective equipment (PPE) and completing a daily check of symptoms in coordination with their employer. Please follow [CDC guidance](#) and contact your local health department if you do not have PPE or are running low.
- DHS does not recommend requiring a negative COVID-19 test prior to returning to work for asymptomatic employees.

When can a staff member with a positive test for COVID-19 return to work?

Per DHS and CDC guidelines, **For Persons with COVID-19 Under Home Isolation:**

The decision to discontinue home isolation should be made in the context of local circumstances. Options now include both 1) a time-since-illness-onset and time-since-recovery (non-test-based) strategy, and 2) a test-based strategy.

Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)*

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 7 days have passed *since symptoms first appeared*.

Test-based strategy (simplified from initial protocol) Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. For jurisdictions that choose to use a test-based strategy, the recommended protocol has been simplified so that *only one swab is needed at every sampling*.

Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart** (total of two negative specimens). See [Interim Guidelines for Collecting](#).

[Handling, and Testing Clinical Specimens from Persons Under Investigation \(PUIs\) for 2019 Novel Coronavirus \(2019-nCoV\)](#)for specimen collection guidance.

Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.

Footnote

*This recommendation will prevent most, but may not prevent all instances of secondary spread. The risk of transmission after recovery, is likely very substantially less than that during illness.

**All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available.

What is the best way to quarantine residents in congregate care settings?

The CDC recommends the following steps **if COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community:**

- Residents with known or suspected COVID-19 should be isolated immediately and ideally be placed in a private room with their own bathroom.
- Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility or if the facility does not have capacity for single rooms. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.
- Facilities should notify the health department immediately and follow the [Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#), which includes detailed information regarding recommended PPE.

If there are confirmed or suspected cases in the facility, restrict all residents (to the extent possible) to their rooms except for medically necessary purposes.

- If they leave their room, residents should wear a surgical mask if available, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).
- If PPE is not available, follow [CDC guidance](#) and contact your local health department.

Minimize the number of staff members who have face-to-face interactions with residents with respiratory symptoms.

If staff are handling client belongings, they should use disposable gloves. Make sure to train any staff using gloves to [ensure proper use](#).

Should regular visitors be allowed into the facility?

No. Given that Wisconsin has implemented social distancing measures to reduce community spread of COVID-19, the following immediate actions should be taken by congregate care facility:

- Facilities should **restrict** visitation of **all** visitors and non-essential health care personnel. This would include suspending visits from volunteers and others that provide non-critical services to residents.
 - Facilities may not deny access to child welfare workers, a child's/juvenile's counsel or guardian ad litem, or DCF licensing staff.
 - These individuals will be screened for COVID-19 symptoms upon arrival using the Health Check and Exposure Assessment form.
- Encourage visits by child welfare professionals to occur via virtual tools, with video technology preferable. Encourage meeting in places that allow for social distancing, such as outside or in the gym. In-person contact with child welfare professionals cannot be denied and child welfare professionals must be allowed access to the entire facility if requested.
- Ensure that residents maintain contact with families and loved ones via technology, with video technology preferred. Where there is court-ordered family contact, the court ordered-timeframe for contact must be adhered to by using technology visits, to the extent permissible under the court order. In addition, consider increasing virtual family contact opportunities in this stressful time. Where there are questions about compliance with court ordered family contact, the placing county should consult with their legal counsel.
- Send letters or emails to families advising them that no visitors will be allowed in the facility, and advising of a process for alternative contact.
- Post signs at the entrances to the facility advising that no visitors (other than those listed above) may enter the facility.
- In addition to technology visits, facilities should consider:
 - Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
 - Assigning staff to serve as the primary contact to families for inbound calls and conducting regular outbound calls to keep families up-to-date.
 - Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.

Additional measures to decrease exposure to and transmission of COVID-19

The following actions are recommended to reduce exposure to and transmission of COVID-19:

- ALL residential facilities should transition to single rooms if practicable (no roommates for any resident) so as to minimize extended contact between residents. The other reason to do this is to ensure that the facility has a mechanism to isolate a resident who becomes symptomatic.
- Use physical barriers to protect staff who will have interactions with residents with unknown infection status (e.g. check-in 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.
- All Residents should receive written and verbal information regarding appropriate hygiene including [cough etiquette](#) and [hand washing](#).
 - All residents should wash their hands with soap and water for at least 20 seconds prior to meals, following meals, after using the bathroom, and any time they enter or exit their rooms.
 - All residents should be instructed to avoid touching their face until after they have washed their hands well with soap and water.
- Residents should be encouraged to maintain Social Distancing (at least 6 feet apart) from each other during their stay at the residential facility as much as possible.
 - This should include during group time, meal time, and any free time.
 - Alter schedules to reduce mixing (e.g., mealtimes, recreation).
- Encourage residents to remain in their room.
- Consider developing a plan to implement distance learning for education. This applies to Group Homes only. RCCs may continue on-site education for residents.
- Suspend nonessential transport within or among facilities.
- Follow [CDC guidance](#) for cleaning and disinfecting your facility.
- Maintain regular communications with the local health department.