

COVID-19 Guidance for Group Homes

The information compiled in this document was drawn from various sources provide by Texas Department of State Health Services, The U.S. Centers for Disease Control and Prevention, and various state and local health departments that have written up specific guidance for group homes. COVID-19 is most likely to be transmitted via person-to-person contact, therefore group living quarters must manage communal areas appropriately to reduce spread.

How to prevent the spread of COVID-19 in group homes:

- Dedicate a comfortable isolated space for COVID-19 positive cases
- Develop a plan for monitoring and managing residents to identify COVID-like-illness (CLI)
 - Take staff and resident temperatures daily (over 99.6° F fever is CLI symptom)
 - Everyone should be screened before entering the facility and should not be allowed in if febrile.
- Suspend all communal dining and entertainment activities, deliver meals to resident rooms
- Limit visitation to online virtual gatherings, disallow physical visitation to essential visits only (this applies to personal visitation as well as supply delivery from vendors)
 - Make a list of essential deliveries and limit to respective vendors
- Provide cloth face masks for residents to wear when they are not in their rooms, and enforce social distancing practices at all times
- Actively screen all residents daily for fever and symptoms of COVID-19; if a resident is symptomatic, immediately isolate and implement transmission precautions
- Clean and disinfect environment daily (see last section)
- Post signage encouraging proper personal hygiene, regular handwashing with soap, social distancing, and cleaning practices
- Ensure the availability of adequate soap and hand sanitizer
- Educate both staff and residents on recognizing and reporting symptoms of COVID-19 and CLI, and proper cleaning and hygiene measures

What if a resident is exhibiting symptoms?

- Any resident who has tested positive for COVID-19 or is exhibiting symptoms should be isolated from all other residents
- A separate bedroom and bathroom should be preserved for individuals exhibiting symptoms or that have tested positive
 - If a separate bathroom is not possible, the sick individual should wear a facemask and clean bathroom surfaces after each use (see section on cleaning and disinfecting) ⁱ
 - If resident is too ill to clean, one staff member or other person should be designated to clean and disinfect the bathroom with proper personal protective equipment (PPE)



COVID-19 Guidance for Group Homes

- Wear a close-fitting face mask, preferably washable
- Wear rubber, vinyl, or nitrile gloves and dispose after use (or disinfect if reusable)
- Avoid direct contact with any surface while cleaning
- Wash and disinfect PPE daily
- If individuals exhibiting symptoms are unable to isolate in the group home, call Austin Public Health to request a stay at a designated COVID-19 isolation facility
 - Dial 311 or 512-974-5555
- Only severe symptoms require emergency medical attention, therefore, isolation is sufficient for mild symptoms in order prevent overwhelming healthcare facilities
 - If a resident experiences shortness of breath coupled with a fever of 99.6°F or higher, call and visit an emergency healthcare facility immediately

When and how should symptomatic individuals isolate?

- Symptomatic individuals should remain in total isolation from other group home residents for a **minimum of 10-days from the onset of symptoms**, the individual should also be **free from fever without the use of fever reducing medication and have improved respiratory symptoms for 72 hours**ⁱⁱ
- If the sick resident is able, they should clean and disinfect their bedding and environment in a manner which allows no direct contact with other residents
- If the resident is unable to clean for themselves, the same caretaker(s) should be responsible for cleaning in order to reduce exposure to the virus
- One staff member or caregiver(s) should be assigned to deliver meals and hygienic supplies to the sick resident using proper PPE

How can other residents be kept safe?

- Closely monitor residents who have had close contact with confirmed or suspected COVID-19 cases
- If close contact occurred, encourage self-isolation as asymptomatic cases are common
- Residents with COVID-like-illness (CLI) should be treated as positive cases and isolated, any one or combination of the following is considered CLIⁱⁱⁱ:
 - Fever (99.6° F and above)
 - Cough
 - Shortness of breath or difficulty breathing
 - Sore throat
 - Nausea
 - Vomiting
 - Diarrhea
 - Loss of sense of smell/taste



COVID-19 Guidance for Group Homes

- Residents with CLI may be isolated in the same room
 - If a resident being isolated with others experiencing CLI tests positive, but another in the same room tests negative, it is likely that the negative result is false, and precautions should continue
 - If possible, designate a specific floor, wing, or dorm in the building for only residents with CLI
 - If possible, designate a CLI-only bathroom
 - A resident can be removed from CLI isolation when:
 - It has been **at least ten (10) days** since the resident's symptoms started
 - The resident **never had fever or the resident has not had a fever for the prior three days without use of fever-reducing drugs** such as Tylenol or ibuprofen
 - The resident's overall illness has improved.
- Whenever possible, limit staff to resident communication to a virtual online platform or phone to reduce face to face contact
- Implement a shower and bathroom use schedule, as well as a regular robust cleaning schedule
- Increase space between beds to 6 feet apart and reduce number of individuals in dorm rooms
 - Convert common spaces to sleeping areas to spread people out
 - Arrange beds so that individuals lay head-to-toe (or toe-to-toe) or create barriers between beds using items such as foot lockers, dresser or curtains
 - Avoid housing older adults, people with underlying medical conditions, or people with disabilities in the same room as people with symptoms
 - Where possible, keep elderly residents and people with behavioral health conditions in familiar surroundings and minimize confusion and behavioral challenges.

How to clean and disinfect to eliminate coronavirus on surfaces?

- Clean and disinfect high-touch surfaces regularly
 - doorknobs, light switches, handrails, kitchen appliances, counters, drawer pulls, tables, sinks, faucet and toilet handles, drinking fountains, elevator buttons, push plates, phones, keys and remote controls
- Clean by washing with soap and water any visible dirt and grime before using disinfectants
 - Disinfectants remove most germs and are most effective on clean surfaces or objects
 - Always read and follow the manufacturer's directions (e.g., application method, contact time)
- For clothing, towels, linens and other items that go in the laundry: Wash at the warmest possible setting with your usual detergent and then dry completely



COVID-19 Guidance for Group Homes

- Avoid “hugging” laundry before washing it to avoid self-contamination
- Do not shake dirty laundry before washing to avoid spreading virus or other dirt and bacteria through the air
- Dirty laundry from an ill person can be washed with other people’s items

Any bathroom in use by a resident with CLI should be cleaned and disinfected after each use ideally by the person with CLI. If this is not possible, the caregiver should wait as long as possible after use by an ill person to clean and disinfect the high-touch surfaces

ⁱ Cleaning And Disinfecting Your Home <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>

ⁱⁱ DSHS Webinar on Updates to LTCFs <https://hhs.texas.gov/about-hhs/communications-events/news/2020/05/may-8-recording-covid-19-updates-ltcr-hcstxhtml-providers-webinar-available>

ⁱⁱⁱ NYC Department of Health: COVID 19 in Congregate Settings <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-congregate-settings-covid19.pdf>

