

COVID-19 Checklist for Special Populations in Shared-Living Facilities

Protecting Against COVID-19

COVID-19 has specific challenges for congregate or shared living facilities for people with mental illness, addiction, and alcoholism. Providers need to monitor not only signs for coronavirus disease, but also must support residents in managing their mental health and addiction recovery.

As of Monday, March 23, 2020, Ohioans are living under a Stay at Home Order issued by Amy Acton, MD, MPH, Director of the Ohio Department of Health (ODH). This order limits the movement in communities to essential needs and functions so that we can stop the spread of COVID-19.

- Residents should be staying home unless they are going out for essential needs.
- Behavioral health providers are delivering services via telehealth. Residents should call their provider to see how to best receive their scheduled care, including medication management.
- When possible, residents should reach out to local grocers for online ordering and delivery of essential foods and household items.

In order to minimize exposure and outbreak of COVID-19 in shared living environments, ODH and the Centers for Disease Control and Prevention (CDC) recommend the following protocols in adult care facilities and recovery residences.

Prevention and Screening

Current Residents

- Screen each resident daily for fever and respiratory symptoms.
- Ask the following questions:
 - Are you experiencing fever, dry cough, sore throat, or shortness of breath?
 - Have you been exposed to or tested positive for COVID-19?
 - If someone answers “yes” to these questions, your facility should isolate/quarantine the resident in a single room the best you can.
 - If the person is experiencing symptoms, call that resident’s primary care provider

(PCP) for direction. If the person does not have a PCP, call the local health department.

- Follow the directions that the PCP or health department provide on whether the resident needs to be seen in person at an office, urgent care, or hospital. If the resident needs to be seen, call ahead to notify the facility that the resident is coming and is exhibiting symptoms of COVID-19.
- If the resident is told to recover at home, then talk with the resident throughout the day to check on needs and monitor symptoms. Call or support the resident in calling the PCP or health department again if symptoms change or worsen.

- Ask residents to immediately report if they feel feverish or have symptoms of respiratory infection.
- If a thermometer is available, refer to manufacturer's instructions for cleaning and disinfecting.

New Residents

- Monitor all residents upon move in and at least daily for 14 days for fever and symptoms of respiratory illness (shortness of breath, new or change in cough, and/or sore throat).
 - If a new resident has a fever, cough, or other symptoms of COVID-19 when arriving to move in, provide them with a surgical mask (you may have to use a scarf or bandana if surgical masks are not available), and have them contact a healthcare provider to be screened before moving into the residence.
- Ask the referral source to help with the screening of potential residents before they move in.

Environment

- Remind all staff and residents each day to:
 - Immediately report symptoms.
 - Stay 6 feet from one another when in the same room.
 - Cough and sneeze into tissues or their elbows, not their hands.
 - Wash their hands frequently with soap and water for at least 20 seconds each time.
 - Avoid touching their faces.
- Provide protection supplies such as soap and water, hand sanitizer, tissues, paper towels, and no-touch garbage cans for use by all residents and staff.
- Frequently clean commonly touched surfaces such as countertops, railings, light-switches, door handles, and doorknobs, and all frequently touched bathroom surfaces. Anti-viral sprays and wipes

work, but so does soap and water.

Employees

- Employees should monitor their own health, watching for signs of cough and fever.
- Employees who appear to have symptoms upon arrival at work or who become sick during the day should immediately be separated from others and sent home.
- Sick employees are to stay at home until they are free of fever (100.4 or higher) for at least 72 hours without the use of medicine that reduces fevers AND other symptoms have improved AND at least seven days have passed since symptoms first began.

Quarantine and Isolation Guidance

Quarantine means separating and restricting the movement of people who were exposed to a contagious disease to see if they become sick.

Isolation means separating sick people with a contagious disease from people who are not sick.

- While it is ideal to isolate or quarantine residents of congregate settings with confirmed cases of COVID-19 outside of the home, this may not be possible. The following special considerations should be made for group homes and congregate settings with confirmed cases when outside isolation is not possible.

Group 1: Residents who report no symptoms or exposure and have no observable symptoms of COVID-19.

- Continue advising on preventative measures such as; social distancing, washing hands, avoiding touching face, and covering coughs/sneezes with napkins or inner elbow.
- Complete daily check in with residents regarding common symptoms (fever, dry cough and shortness of breath).

Group 2: Residents who report exposure to someone with confirmed COVID-19 but have no symptoms.

- If possible, immediately quarantine resident(s) in a single room, with their own bathroom if possible.
 - If a bathroom is not accessible for only the resident with exposure to COVID-19, provide the resident with proper cleaning supplies to clean commonly touched areas after use. This would include the sink area, toilet and toilet handle, light switches, doorknobs, soap dispensers, and shower/bathtub.
- Set protocols for resident communication, such as calling staff when help is needed.
- Deliver meals to the resident's room. If staffing does not allow for meals to be delivered, arrange an

alternative schedule for the isolated resident to eat.

- Non-disposable food service items used should be handled with gloves and washed with soap and hot water or in a dishwasher.
- Monitor for symptoms (fever, cough, and/or shortness of breath) twice per day.
- If symptoms develop, follow guidance for Group 3.

Group 3: Resident reports mild symptoms. Test results may be pending or confirm COVID-19.

- Contact the resident's primary care provider, local health department, guardian (if applicable), and family (verify if there is a release of information prior to contact).
- Follow guidance from healthcare provider for next steps with treatment.
- If possible, immediately isolate the resident(s) in a single room, with their own bathroom if possible.
 - If a bathroom is not accessible for only the resident with symptoms of COVID-19, provide the resident with proper cleaning supplies to clean commonly touched areas after use. This would include the sink area, toilet and toilet handle, light switches, doorknobs, soap dispensers, and shower/bathtub.
- Set protocols for resident communication, such as calling staff when help is needed.
- Deliver meals to the resident's room, if staffing does not allow for meals to be delivered, arrange an alternative schedule for the isolated resident to eat.
 - Used non-disposable food service items used should be handled with gloves and washed with soap and hot water or in a dishwasher.

Group 4: Resident reports severe symptoms (difficulty breathing or shortness of breath, pain or pressure in chest or abdomen, sudden dizziness or confusion, severe or persistent vomiting or diarrhea, flu-like symptoms that improve but then return with fever and worse cough).

- Contact 911 and advise in advance that the resident has symptoms of COVID-19
- Follow the instructions outlined in Group 3 (only after receiving directions from emergency personnel).
- Maintain routine checks with the resident(s) or hospital staff.

- During all stages of COVID-19, group home operators are encouraged to keep residents in contact with behavioral health service providers for telehealth needs. Service providers can also offer added emotional and social supports during this critical time of need.

Recovery from COVID-19

- Residents are to be in isolation at home until the resident is free of fever (of 100.4 or higher) for at least 72 hours without the use of medicine that reduces fevers AND other symptoms have improved AND at least seven days have passed since symptoms first began. Contact the resident's healthcare provider as needed.

Release from Quarantine



Quarantined residents can be released from quarantine if they have not developed symptoms during the 14-day quarantine period.

For additional information, visit coronavirus.ohio.gov.

For answers to your COVID-19 questions, call 1-833-4-ASK-ODH (1-833-427-5634).

If you or a loved one are experiencing anxiety related to the coronavirus pandemic, help is available. Call the Disaster Distress Helpline at 1-800-985-5990 (1-800-846-8517 TTY); connect with a trained counselor through the Ohio Crisis Text Line by texting the keyword "4HOPE" to 741 741; or call the Ohio Department of Mental Health and Addiction Services help line at 1-877-275-6364 to find resources in your community.

CORONAVIRUS DISEASE 2019 Ohio

Department
of Health

Protect yourself and others from
COVID-19 by taking these precautions.

PREVENTION

For additional information call 1-833-4-ASK-ODH or visit coronavirus.ohio.gov.



STAY HOME



PRACTICE
SOCIAL
DISTANCING



GET ADEQUATE SLEEP
AND EAT WELL-
BALANCED
MEALS



WASH HANDS OFTEN
WITH WATER AND SOAP
(20 SECONDS
OR LONGER)



DRY HANDS WITH
A CLEAN TOWEL
OR AIR DRY
YOUR HANDS



COVER YOUR MOUTH
WITH A TISSUE OR
SLEEVE WHEN
COUGHING OR SNEEZING



AVOID TOUCHING
YOUR EYES, NOSE,
OR MOUTH WITH
UNWASHED HANDS
OR AFTER
TOUCHING SURFACES



CLEAN AND DISINFECT
"HIGH-TOUCH"
SURFACES OFTEN



CALL BEFORE VISITING
YOUR DOCTOR



PRACTICE GOOD
HYGIENE HABITS

For more information, visit: coronavirus.ohio.gov