

COVID-19: Guidance for Congregate Settings

Coronavirus disease 2019, or COVID-19, is a new respiratory illness that can spread from person to person. Most cases of COVID-19 result in mild illness. To date, children also seem less likely to become ill. But people who are older or those who have other health conditions are more likely to have serious illness. Those at higher risk include:

- People over 60 years of age. The risk increases significantly thereafter and escalates with age, with persons over age 80 in the highest risk category.
- People, regardless of age, with underlying health conditions including cardiovascular disease, diabetes, cancer, heart disease, or chronic lung diseases like COPD, as well as those with severely weakened immune systems.

The most common signs and symptoms include fever, cough, and difficulty breathing. At this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it. The best way to prevent infection is to take everyday preventive actions and practice social distancing.

Separate residents with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, and have them avoid common areas.

- Residents with mild respiratory illness should stay home except to get medical care and separate themselves from other people.
- Couples sharing a unit should avoid sharing glassware and utensils.
- If possible, designate a separate bathroom for sick family members with COVID-19 symptoms.
- If bathroom must be shared between ill and not ill resident, cleaning should focus on high touch surfaces. The person cleaning the bathroom should wear a mask and gloves, if possible.

If you identify any resident with severe symptoms, arrange for the resident to receive immediate medical care. If this is a resident with suspected COVID-19, notify the transfer team and medical facility before transfer. Severe symptoms include:

- Extremely difficult breathing (not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion, or inability to arouse
- New seizure or seizures that won't stop

Monitor residents who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.

- Describe what actions the facility is taking to protect them, including answering their questions.
- Explain what they can do to protect themselves and their fellow residents.
- Perform regular wellness checks in senior living facilities.

Implement everyday preventive actions and provide instructions to your workers about actions to prevent disease spread. Meet with staff to discuss plans to help clients implement personal preventive measures.

Everyday preventive actions:

- Avoid close contact with people who are sick, especially if you are at higher risk for serious illness.

- Clean your hands as often as possible, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.
 - Use soap and water to wash hands for at least 20 seconds, especially when hands are visibly dirty;
 - If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- Do not touch your eyes, nose and mouth with unwashed hands.
- Try alternatives to shaking hands, like an elbow bump or wave.
- Cover your coughs and sneezes with a tissue, under the neck of your shirt, or into your elbow. If you use a tissue, throw it in the trash and wash your hands.

Place signs that encourage cough and sneeze etiquette, hand hygiene, and staying home when sick at the entrance to your building and in other areas where they are likely to be seen such as gathering areas, dining areas, bathrooms, staff lounges, etc. Provide educational materials about COVID-19 for non-English speakers, as needed. Check out [CDC's resources page](#) – many of the handouts and posters are available in multiple languages.

Send sick employees and volunteers home:

- Employees who have symptoms of acute respiratory illness must stay home and not return to work until:
 - at least 7 days have passed since their symptoms first appeared; and,
 - at least 3 days (72 hours) have passed since their fever has resolved (i.e. no fever without the use of fever-reducing medications) and their other symptoms have improved.
 - *For example, if you have a fever and coughing for 4 days, you need to stay home 3 more days with no fever for a total of 7 days. Or, if you have a fever and coughing for 5 days, you need to stay home 3 more days with no fever for a total of 8 days.*
- Employees should notify their supervisor and stay home if they are sick.
- Employees who are sick must follow [CDPH-recommended steps](#) to prevent the spread of COVID-19. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available), throw out the tissue, and wash their hands or use an alcohol based hand sanitizer.
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to [CDPH's recommended precautions for exposed individuals](#).
- Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- Maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.

Separate sick employees:

- Employees who appear to have acute respiratory illness symptoms (i.e. cough, difficulty breathing) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately.
- Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available), throw out the tissue, and wash their hands or use an alcohol based hand sanitizer.

Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the facility. They should stay home as much as possible.

Provide COVID-19 prevention supplies. Have supplies on hand for staff, volunteers, and those you serve, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, and trash baskets.

- Provide access to tissues and use plastic bags for proper disposal of used tissues.
- Ensure bathrooms and other sinks are consistently stocked with soap and drying material for handwashing. Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your facility) at key points within the facility, including registration desks, entrances/exits, and eating areas.
- If staff are handling resident belongings, they should use disposable gloves. Make sure to train any staff using gloves to [ensure proper use](#).

Implement social distancing and other mitigation strategies.

- **Limit visitors to the facility.**
- **Minimize the number of staff members who have face-to-face interactions with residents with respiratory symptoms.** Use physical barriers to protect staff who will have interactions with residents with unknown infection status (e.g. front desk 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.
- **Mealtimes:**
 - If feasible, deliver all meals to rooms or apartments. As necessary, stagger meals to reduce crowding.
 - Have staff hand supplies or food to clients, rather than residents reaching into common supplies.
 - Stagger the schedule for use of kitchens.
- **Bathrooms:**
 - If feasible, stagger bathroom schedule to reduce the number of people using the facilities at the same time.
 - Encourage staff and clients to disinfect bathroom surfaces after use.
 - If feasible, have one designated bathroom for ill persons.
- **Common Spaces:**
 - Create a schedule for using common spaces. If residents are non-compliant, these areas may need to be locked and closed.
 - Cancel group activities with 10 people or more.
 - Increase distance between persons. If possible, keep them a minimum of 6 feet apart from each other.
 - Transport fewer people per trip so passengers don't sit too close together.
 - Don't hold large meetings when information can be communicated in other ways.
 - Consider conference calls instead of in-person meetings.

Ensure that all common areas within the facility follow good practices for environmental cleaning. Cleaning should be conducted in accordance with CDC [recommendations](#). For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available at [epa.gov](#). Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

- Train staff in how to mix and use disinfectants and sanitizer solutions. Follow all label instructions.
- Change mop heads, rags, and other cleaning items frequently.
- Provide staff with gloves for cleaning.
- Wipe down commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) before each use with disposable wipes.
- Clean all common areas at least daily; clean heavily used surfaces more frequently (e.g. doorknobs, elevator buttons, public phones, banisters, tabletops, handrails, workstations, and countertops).

*This version was released on 03/27/2020. It may be updated with new guidance.
Please visit www.chicago.gov/coronavirus to find the latest version.*

- Empty trash receptacles frequently.
- If children are present, clean toys daily and discourage sharing of plush toys (such as teddy bears).
- Regularly clean air vents and replace filters, especially those with HEPA filters.
- Do not shake dirty laundry; this minimizes the possibility of dispersing virus through the air.
- Wash linens, clothing, and other items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry.

Stay informed about the local COVID-19 situation. Get up-to-date information about local COVID-19 activity at chicago.gov/coronavirus and [sign up](#) to receive updates from the Chicago Department of Public Health (CDPH).

- **Identify and address potential language, cultural, and disability barriers** associated with communicating COVID-19 information to workers, volunteers, and those you serve. Learn more about [reaching people of diverse languages and cultures](#).
- **Help counter stigma and discrimination** in your community. Speak out against negative behaviors and engage with stigmatized groups.
- **Residents may be at increased risk of adverse mental health outcomes**, particularly during outbreaks of infectious diseases. Learn more about [mental health and coping](#) during COVID-19. Refer individuals in need of mental health support to the [NAMI Chicago](#) helpline at 833-NAMI-CHI (833-626-4244).

All residents, employees, and visitors entering the setting must be screened for COVID-19 symptoms and risk factors using the CDPH [COVID-19 screening tool](#).

- Have a plan to immediately isolate any resident who is mildly ill; others responding yes to any question on the screening tool should not be allowed to enter the facility.
- Inform prospective visitors that they will be screened for illness and will not be allowed to enter the facility if they respond yes to any question on the screening tool.
- Instruct residents and staff to report illness as soon as possible.

Measures to be taken if a staff member or resident tests positive for COVID-19 and exposed others in the facility:

- Suspend all visits and group activities in common areas and group day trips.
 - Deliver all meals to rooms or apartments, as feasible.
 - Suspend all group programs including day programs.
 - Strongly discourage residents from leaving the facility, if feasible.
- Implement methods to screen daily all residents and staff for symptoms using the [COVID-19 screening tool](#).
- Implement plans and procedures for management of residents and staff with symptoms of COVID-19.
 - Staff should practice social distancing with all residents. Any ill staff should be sent home until at least 7 days after symptoms began and 72 hours after resolution of fever, with improvement of other symptoms.
 - Day program participants exhibiting symptoms should be transported to their home residence and wear a face mask, if feasible.
 - Residents exhibiting symptoms should be isolated in their room or apartment if feasible. If rooms or apartments are shared, then the resident should be isolated in a previously designated location. A healthcare provider should be consulted as needed, especially if the resident is at high risk for complications.
- Inform fellow residents and employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA).
- Direct close contacts, defined as being within 6ft of the employee or resident for 10 or more minutes while they were ill, to stay in their room or apartment and monitor their health for 14 days as per [CDPH's guidance for](#)

This version was released on 03/27/2020. It may be updated with new guidance. Please visit www.chicago.gov/coronavirus to find the latest version.



[people who might have been exposed](#). Do not require close contacts to have negative test results prior to returning to the facility.

- Refer employees and residents in need of mental health support to the [NAMI Chicago](#) helpline at 833-NAMI-CHI (833-626-4244) for a listening ear, mental health information or referrals.

For the latest updates, visit chicago.gov/coronavirus or cdc.gov/coronavirus.