

 <p>Children's Services Agency</p> <p>Communication Issuance</p> <p>20-038* Revised 5/28/20 Previous version obsolete</p>	Subject/Title	COVID-19 Response-Guidance for Congregate Settings UPDATED
	Type	<input checked="" type="checkbox"/> Informational Memorandum <input type="checkbox"/> Program Instruction <input type="checkbox"/> Policy Guide
	Issuance Date	05/01/2020
	Obsolete Date	06/12/2020
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	Due Date	N/A
	Due to	N/A
Distribution	<input checked="" type="checkbox"/> CSA Central Office Managers/Staff <input checked="" type="checkbox"/> MDHHS BSC and County Directors <input checked="" type="checkbox"/> MDHHS Juvenile Justice Managers/Staff <input checked="" type="checkbox"/> MDHHS Child Welfare Managers/Staff <input checked="" type="checkbox"/> Native American Tribes <input checked="" type="checkbox"/> Office of Workforce Development and Training <input checked="" type="checkbox"/> Private Agency Child Welfare Managers/Staff <input checked="" type="checkbox"/> Private Residential Abuse/Neglect Managers/Staff <input checked="" type="checkbox"/> Private Residential Juvenile Justice Managers/Staff <input type="checkbox"/> Other:	

This version replaces previous versions of CI 20-038.

A congregate setting is an environment where a number of people reside, meet, or gather in close proximity for either a limited or extended period of time. Examples include child caring institutions, homeless shelters, assisted living facilities, group homes, prisons, detention centers, and workplaces.

The newly recognized respiratory disease – Coronavirus Disease 2019 (COVID-19) – is spreading globally and there have been instances of community spread in the United States. The general strategies recommended to prevent the spread of COVID-19 are the same strategies used every day to detect and prevent the spread of other respiratory viruses like influenza.

These strategies include:

- Cover your mouth and nose with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Wash your hands with soap and warm water for 20 seconds.
- Maintain a distance of six feet between people.

The guidance provided in this document can assist congregate setting facilities in Michigan with devising strategies to prevent the introduction of COVID-19 and other respiratory diseases into the facility, manage known or potential exposures, and prevent widespread transmission of COVID-19 in the facility. The events of the COVID-19 outbreak are still developing worldwide, in the United States, and in Michigan.

Congregate settings pose many challenges due to their unique environment. Particular challenges include vulnerable populations, restrictions on client or resident movement, and limited skilled staff or

alternative employee work schedules. Special considerations should be taken to prevent disease transmission with the movement of clients or residents and staff into and within the facilities.

The following are strategies to help facilities address concerns identified with COVID-19:

- **Prevent Introduction of Respiratory Pathogens INTO the Facility**
 - [Executive Order 2020-72](#) (or applicable subsequent order)
 - Health care facilities, residential care facilities, congregate care facilities, and juvenile justice facilities must prohibit from entering their facilities any visitors that: are not necessary for the provision of medical care, the support of activities of daily living, or the exercise of power of attorney or court-appointed guardianship for an individual under the facility's care; are not a parent, foster parent, or guardian of an individual who is 21 years of age or under and who is under the facility's care; are not visiting an individual under the facility's care that is in serious or critical condition or in hospice care; and are not visiting under exigent circumstances or for the purpose of performing official governmental functions.
 - Facility signage
 - Post signs at the entrance instructing staff or others not to enter if they have symptoms of respiratory infection.
 - Post [visual alerts](#) (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide residents and employees with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette.
 - Ensure staff and residents are familiar with the symptoms of general acute respiratory infection, as well as criteria for COVID-19, which includes fever, cough or shortness of breath.
 - Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 60-95% alcohol, tissues, and no-touch receptacles for disposal available within the facility, including intake areas, visitor entries and exits, visitation rooms, common areas, and staff-restricted areas, in addition to lavatories and food preparation and dining areas.
 - Employees
 - Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection or fever.
 - Inform staff to stay home if they feel ill and remain at home for at least 14 days after symptoms resolve.
 - Residents
 - Assess residents' symptoms of respiratory infection and fever upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.
- **Rapid Detection of Cases of Persons with Acute Respiratory Illness**
 - Instruct residents and staff to report recent symptoms of fever, cough or shortness of breath to the appropriate personnel at the first signs of illness.
 - Actively monitor all residents upon admission and at least daily for fever

and respiratory symptoms (shortness of breath, new or change in cough, and sore throat). Temperatures should be checked and documented daily.

- If positive for fever or symptoms, implement recommended infection prevention and control (IPC) practices.

- **Education and Training**

- Inform and approve adoption of best practices to prevent the spread of respiratory illness such as infection prevention protocols, hand hygiene, and respiratory etiquette.
- Educate staff and residents on reviewing information on facility policies for respiratory illnesses.
- Educate staff and residents on COVID-19 symptoms, how respiratory illnesses spread, basic cough and sneeze etiquette, handwashing, personal protective equipment, and housekeeping procedures.
- Information should be provided through signs, written materials and video presentations to maintain social distancing.
- As more is learned about the current COVID-19 outbreak, regular announcements should be made to keep all informed, especially regarding changes in prevention measures and medical treatment protocols.

- **Screening**

- **Intakes/Transfers/Writs**

A. Screen: Residents arriving or transferring from facility to facility should complete basic screening questions with a nurse or other identified individual. This can be completed during the normal intake/transfer assessments and documented.

B. Do you have the following symptoms:

- 1) Fever.
- 2) Cough.
- 3) Shortness of breath.

- Actively monitor all residents upon admission and at least daily for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat). Temperatures should be checked and documented daily.

- **Evaluation**

If a resident reports signs or symptoms of fever, cough, or shortness of breath, the patient should be examined immediately by a registered nurse (RN) and referred directly to a medical provider for evaluation.

A. If available, the patient should be provided a facemask. If a mask is not available, instruct the patient to cover the nose and mouth with a tissue when coughing or sneezing.

B. The patient should be triaged and assessed in an area that is separate from other patients; separated by six or more feet.

C. Healthcare workers assessing the patient should implement standard and transmission-based precautions, including use of personal protective equipment (PPE). Recommended PPE includes gowns, face shields or goggles, gloves, respiratory or face mask. When available, respirators (instead of facemasks) are preferred; they should be prioritized for situations where respiratory protection is most important and the care of patients with pathogens

requiring Airborne Precautions (e.g., tuberculosis, measles, varicella) or aerosol-generating procedures (e.g., collected nasopharyngeal swab).

- **Facility Readiness: Signage, Supplies, and Staffing**

- Prominently display signs at all entrances, bathrooms, and common areas. Handwashing posters are available from the [CDC website](#).
- Display signs instructing residents and staff to notify the medical staff if they have fever, cough or shortness of breath.
- Consider showing a streaming video demonstrating proper methods for handwashing and respiratory etiquette.
- Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 60-95% alcohol, tissues, and no-touch receptacles for disposal available within the facility, including intake areas, visitor entries and exits, visitation rooms, common areas, and staff-restricted areas, in addition to lavatories and food preparation and dining areas.
- Maintain sufficient supplies of hand soap and paper towels, hand sanitizers, tissues, general cleaners, disinfectants and personal protective equipment.
- Use of a face mask is sometimes medically indicated for persons with a respiratory illness as it can prevent a sick person from spreading their illness to others.

- **Housekeeping**

- Clean facilities routinely and effectively.
- Clean frequently touched surfaces, such as doorknobs, door handles, handrails and telephones, as well as non-porous surfaces in bathrooms, sleeping areas, cafeterias and offices (e.g., floors), using an EPA-registered hospital disinfectant that is active against viral pathogens.
- Place waste baskets in visible locations and empty regularly.
- Ensure that waiting areas, TV rooms and reading rooms have adequate ventilation (e.g., open windows if practical).
- Linens, eating utensils and dishes belonging to those who are sick do not need to be cleaned separately, but should not be shared without thorough washing.
 - Instruct cleaning staff to avoid “hugging” or shaking laundry before washing it to avoid self-contamination.
 - Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.

Social Distancing to Limit Further Spread of COVID-19 Disease

Limiting the number of people who congregate and interact with one another within a facility and allowing more physical space between people can help to curb spread of infection. Depending on specific facility needs and severity of exposure to persons with COVID-19, social distancing can range from decreasing the number of people who can congregate at a time for different activities to suspending all non-essential activities. Explain to clients and staff why people are isolated from others to avoid stigmatizing those who are affected.

The following are examples of social distancing that can be considered in congregate settings to limit the spread of an infectious respiratory illness:

Across All Environments	<ul style="list-style-type: none"> • Ensure hand hygiene supplies are readily available and accessible if appropriate.
Sleeping Arrangements	<ul style="list-style-type: none"> • Increase spacing so beds are at least 6 feet apart. • If space allows, put fewer residents within a dorm/unit. • Arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use neutral barriers (foot lockers, curtains) to create barriers between beds. • Move residents with symptoms into separate rooms with closed doors and provide separate bathroom if possible. • If only shared rooms are available, house the ill person in a room with the other residents who have similar symptoms. • Do not house people with underlying conditions in same room as people with symptoms.
Mealtimes	<ul style="list-style-type: none"> • Cancel communal dining and all group activities, such as internal and external group activities. • Stagger the schedule for use of common/shared kitchens.
Bathrooms & Bathing	<ul style="list-style-type: none"> • Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time.
Recreation/Common Areas	<ul style="list-style-type: none"> • Create a schedule for using common spaces. • Reduce activities that congregate many residents at once such as “house meetings” and opt for smaller group activities that can be conducted keeping at least 6 feet between individuals. • Clean areas thoroughly after each use.
Transport	<ul style="list-style-type: none"> • Postpone nonessential trips. • For essential trips, transport fewer people per trip and ensure that passengers have more space between one another.
Communication	<ul style="list-style-type: none"> • Explore alternatives to face-to-face interactions with residents for simple informational purposes. • Consider using the following methods of communication: Bulletin boards, signs, posters, brochures, emails, phone, sliding information under someone’s door or mailbox.
Staff Activities	<ul style="list-style-type: none"> • Temporarily suspend assembly of staff (e.g. large meetings where information can be communicated otherwise). • Where appropriate, opt for conference calls instead of in-person meetings.