

Guidance for Congregate Settings Regarding COVID-19

In the event of a large-scale infectious disease outbreak, congregate settings- places where a number of people reside, meet, or gather in close proximity for either a limited or extended period of time- must plan to prevent the introduction of COVID-19 and other respiratory disease, manage known or potential exposures, and prevent widespread transmission within the facility.

The Philadelphia Department of Public Health will provide up-to-date, reliable information on coronavirus as the situation unfolds.

Congregate settings should contact the Philadelphia Department of Public Health, Division of Disease Control at 216-685-6742 (business hours) or 215-686-4514 (after hours) for outbreak notification, guidance, and assistance. Facilities should also report disease clusters in accordance with their own management requirements.

What are the signs and symptoms of COVID-19 coronavirus?

In most people, COVID-19 coronavirus presents as a typical upper respiratory infection. Symptoms most often reported are:

- Fever
- Cough
- Sputum production
- Fatigue

Symptoms appear between two and 14 days after exposure to someone else with the infection.

People most vulnerable to COVID-19:

- Those with underlying health problems such as diabetes, lung or heart disease
- Those who are immunocompromised
- The elderly appear to be most susceptible to severe consequences of infection including death

What can facilities do to prepare?

Stay informed about COVID-19 in Philadelphia and surrounding areas. Visit www.phila.gov/COVID-19 for regular updates.

- Implement preventive actions, and tell your staff what they can do to prevent the spread of disease.
- Develop or update your emergency operations plan
 - Identify a list of key contacts at your local and state health departments

- Identify a list of healthcare facilities and alternative care sites where clients with respiratory illness can seek medical care
- Post signs advising ill visitors to not enter your facility and to remind everyone about good respiratory hygiene practices.
- Include contingency plans for increased absenteeism caused by employee illness or by illness in employees' families. This might include extending hours, cross-training current employees, or hiring temporary employees.
- Screen clients and visitors in advance and upon arrival for fever or signs of an acute respiratory illness.
 - Inform potential visitors that those with symptoms will not be allowed to enter the facility. When possible, use communication channels to inform potential visitors of these rules before they travel to the facility.
 - Ask any persons upon arrival at the facility if they have symptoms or may have been exposed to COVID-19. Exclude visitors who appear to be ill or report fever, cough, shortness of breath, or who report close contact with a person with confirmed COVID-19 within the past 14 days.
 - If a client has fever, cough, or symptoms of COVID-19:
 - Call 911 for ambulance transport of any client who appears to be in respiratory distress. Report your COVID-19 concern to the 911 Operator.
 - Give the client a face mask to wear, if available. If no face mask available, you can ask the client to cover their nose and mouth with a kerchief, scarf, or other readily available material.
 - If possible, escort the client to a private room.
 - If no private room is available, ask the client to keep their mask on and to sit at least 6 feet from other people until transport to an alternate site is possible.
 - If client has mild symptoms and you are able to offer a private room on an ongoing basis, instruct staff to mask when entering room, wash hands before entering and after leaving room, and to provide meals to patient in room.
 - If client has more severe symptoms, help facilitate a medical evaluation. Call ahead so the physician's office, clinic, urgent care center or ER is expecting the patient and knows that the patient has respiratory symptoms.
- Promote hand washing throughout the facility. Instruct people to wash hands with soap and water for 20 seconds.
- Encourage staff and clients to avoid touching their eyes, nose, and mouth.
- Routinely clean commonly touched surfaces, like light switches, doorknobs, railings, and bathrooms.

- Consult with PDPH if you are concerned that clients in your facility might have COVID-19. PDPH can be reached at 215-685-6741.
- Download COVID-19 posters and CDC fact sheets. Post them around your facility to keep your clients and guests informed on how to prevent the spread of disease, as well as about any changes to services that might be related to the disease outbreak.
- Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms. Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g., check-in staff).
- Staff and volunteers at high risk of severe complications from COVID-19 (older adults, those with underlying health conditions) should not be designated as caregivers for sick clients staying in a facility.
- If staff are handling client belongings, they should use disposable gloves.
- Consider limiting visitors to the facility.
- Stock up on supplies such as hand sanitizer, soap, paper towels, disposable tissues, cleaning agents, materials to be used as barriers within shared rooms, etc.
- Plan for higher facility usage during the outbreak. Consider the need for extra supplies (e.g., food, toiletries, etc.), food, cleaning equipment, etc.

How can facilities assist in preventing disease spread and accessing care?

- For residential facilities, ensure that beds/mats are at least 6 feet apart. If that spacing cannot be achieved, request that clients sleep head-to-toe.
- Provide access to fluids, tissues, and plastic bags for disposal of used tissues.
- Ensure bathrooms and other sinks are consistently stocked with soap and paper towels. 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.
- At residential facilities, consider daily temperature and symptom checks of all residents. Monitor for new fever and/or respiratory illness.
- Monitor clients who could be a high risk for complications from COVID-19 (older adults, those with underlying health conditions) and reach out to them regularly.



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- Confine clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.
- If you identify any client with severe symptoms, call 911 for transport. Notify your public health department about the transport. 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
- Ensure that all common areas within the facility follow good practices for environmental cleaning.
- Suspected cases of COVID-19 in residential facilities should:
 - Be isolated in a private room with private bathroom access. Facilities without private rooms should pre-identify a location where patients can be situated to minimize exposure to staff and other patients.
 - Be IMMEDIATELY reported to the Division of Disease Control (see below)

How should facilities handle suspected outbreaks of COVID-19?

Facilities experiencing an outbreak (more than one case) of COVID-19 should contact the Philadelphia Department of Public Health, Division of Disease Control at 216-685-6742 (business hours) or 215-686-4514 (after hours) for outbreak notification, guidance, and assistance.

The facility operator or a designated person should be available to communicate information about new cases and assist with efforts to control the outbreak.

Actions to be taken:

- Limit congregate activities, including the use of playrooms. All group activities should be cancelled or postponed if possible.
- Consider placing limits on entry and exit from the facility and postponement or restriction of activities involving visitors.
- Facility administration should post signage in order to alert visitors, staff, and residents in the facility. Signage should highlight hand hygiene, what precautions to take while in the facility, and if there are visiting restrictions.

How should facilities handle contacts of confirmed or suspected COVID-19 cases?

The priority should be to prevent illness in those most susceptible to COVID-19:

- Elderly
- Immunocompromised (e.g., living with HIV infection, undergoing treatment for cancer, diabetes)
- Those with respiratory issues (lung disease, asthma)

Close contacts in a residential situation will need to be identified on a case-by-case basis, in conjunction with Health Department staff, but will likely include family members, others who share the same sleeping and living quarters, and bathrooms. In facilities where everyone shares communal eating areas, all residents and staff may be considered to be at risk for COVID-19.

- If COVID-19 infection is suspected or has been confirmed in a resident of your facility, consider temporarily suspending new admissions, visitors, and transportation to other institutions.
- Restrict movement of persons within the facility, from leaving the facility, and from being transported to another facility until COVID-19 has been ruled out (excepting necessary medical care, in which providers must be notified prior to transport).
- Limit transport of suspected COVID-19 patients to essential purposes only. Place facemasks on suspected COVID-19 patients during transport.
- Facilities housing persons with confirmed COVID-19 should house the patient in a private, single-occupancy room.
 - If multiple persons become ill, establish a designated area(s) of the facility for sick patients. Designate staff to care only for these individuals to limit staff movement between residents.
 - Ensure that staff knows where and how to report persons with respiratory illness and manage them until further action can occur.
 - Ensure access to hand washing stations and/or alcohol-based sanitizers (at least 60% alcohol) and facemasks for ill residents and staff caring for them.

What does PDPH recommend for admission/transfer for residential facilities with infectious disease outbreaks?

If an outbreak is recognized in a residential facility, there should be an effort to limit new admissions to the facility or transfers between facilities until at least fourteen days has elapsed with no new cases and after the onset of symptoms in the most recent case.

Persons should not be turned away from the facility, however every precaution has to be made to separate sick individuals from healthy ones. If new residents are accepted, they should be screened upon registration and intake for symptoms of COVID-19.

Residents with active COVID-19 symptoms should not transfer to other facilities until at least 7 days after resolution of symptoms. Family members who have shared sleeping quarters are at high risk for infection themselves, and ideally should not transfer to other facilities while they might be incubating COVID-19.

If a transfer to another facility or a hospitalization cannot be avoided, the receiving facility should be notified of the resident's illness, and the person should wear a surgical mask during transport.

Housekeeping and Environmental Measures

- Make sure that bathrooms in all areas are in good condition and cleaned on a regular basis with cleaners and or disinfectant products in accordance with workplace safety and health protocols.
- Environmental staff should focus on cleaning commonly touched surfaces, such as doorknobs, door handles, handrails, toys, and telephones, as well as removing communal dishes (e.g., candy dish).
- Most disinfectants are effective against the coronavirus that causes COVID-19. Information about effective products against viruses and bacteria can be found at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Laundry can be washed in a standard washing machine with detergent and hot water (at least 140°F). It is not necessary to separate soiled linen and laundry from ill individuals from that of other residents.
- Consider using disposable cups, plates, and eating utensils for ill individuals. If your facility uses non-disposable utensils and cups, they should be washed with soap and hot water or in a dishwasher.

References and Resources

PDPH is updating www.phila.gov/covid-19 regularly.

Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov>