

COVID-19

Behavioral Health Residential Treatment Programs and Other Similar Congregate Living Facilities such as Group Homes, Crisis Residential, Substance Use Treatment/Detox and Shelters Checklist

Managing COVID-19 in a congregate living facility benefits from a prompt and coordinated team approach.

Steps to control and prevent COVID-19 transmission in your facility can be initiated and completed by an administrator, manager, or other staff. These steps should be initiated when a client or staff at your facility is suspected to have or confirmed with COVID-19. Symptoms concerning for COVID-19 include fever or symptoms of a respiratory illness such as cough and shortness of breath, but also include unusual symptoms such as fatigue, chills, myalgias, headache, sore throat, new loss of taste or smell, vomiting, nausea, or diarrhea. In addition to these symptoms, elderly patients may present with weakness, confusion, dizziness, or a subtle change from their baseline.

Contra Costa Public Health (PH) will be monitoring and following your facility to aid in control and prevention of COVID-19 transmission and is also available for technical assistance and testing.

Key

- ! Start and complete this activity first
- Complete this activity after all ! **(above)** actions are completed



! indicates urgent action/attention on the Covid-19 Facility Outbreak Prioritized Checklist

√	!	Checklist of Items for Review Site Visit – Outbreak	Action Items / Notes
Immediate Staff, Resident/Client & Communication Steps			
	!	<p>Immediately report confirmed cases in staff or residents/clients to:</p> <ol style="list-style-type: none"> 1) Your licensing body and other appropriate regulatory bodies 2) Contra Costa Public Health Department at 925-313-6740, CoCoHelp@cchealth.org or SPOT Intake Form https://spot.cdph.ca.gov/s/IntakeForm?language=en_US . Please also review https://cchealth.org/covid19/clf/ for any updates on how to report 3) Staff, the medical director, if applicable, and facility infection control lead or designee. <ul style="list-style-type: none"> ○ If concerned for other respiratory illness outbreak, like flu, in addition to COVID-19, communicate this as well. If only concerned for flu or other respiratory illness with negative COVID-19 results, please see non-COVID-19 outbreak guidance. https://cchealth.org/flu/pdf/ILI-ARI-Outbreak-Checklist.pdf <p>Ensure the following have been notified of the presence of a COVID-19 case and/or outbreak in the facility:</p> <ul style="list-style-type: none"> ● Facility staff ● Clients/Residents and their families 	
	!	Symptomatic staff should be instructed to be tested for COVID-19, and isolate at home	
	!	Symptomatic clients/residents should be tested for COVID-19 and isolated	

		Template SharePoint should be updated daily by 10:00am for residents/clients and staff	
		Daily temperature checks and symptom screen of residents/clients	
Facility Control Measures			
	!	<p>Plan to have facility closed to admissions until investigation/testing determines ongoing transmission. If an outbreak is confirmed, new admissions maybe allowed but should first be reviewed with Public Health (PH) to ensure appropriate infection control is in place.</p> <p>To receive new admissions the following conditions should be met:</p> <ul style="list-style-type: none"> • Good infection control practices • Informed consent is given and signed • Facilities will need to continue to alert PH with new resident/client admissions and continue the testing plan for current exposures 	
	!	Group and isolate residents/clients in the facility based on their COVID-19 status: COVID-19 positive separate from COVID-19 negative, or likely exposed from not exposed	
		<p>Review the standard testing plan for testing symptomatic residents/clients. Test asymptomatic close contacts, regardless of their vaccination status, at day 5 after exposure unless they have recovered from COVID-19 in the prior 90 days.</p> <p>Depending on facility/resident/client needs, testing may occur on day 5 to end quarantine early for clients not-up-to date on their vaccine.</p> <p>Discuss with PH if this is appropriate for your facility.</p> <ul style="list-style-type: none"> • Additionally, due to the potential for rapid and wide transmission within congregate settings, facility-wide or broader testing beyond immediate close contacts may be appropriate in response to an identified case of COVID-19 infection in the facility. • If clients are up-to-date on their COVID-19 vaccine they don't need to quarantine as long as they remain with no symptoms 	



!	Post signs and communicate to visitors, non-essential staff and volunteers that the facility is undergoing testing due to an exposure. Review visitation guidance: https://cchealth.org/covid19/clf/pdf/Visitor-during-outbreak-guidance.pdf https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx	
!	Cancel community dining and group activities and restrict movement of residents/clients as much as possible	
!	Facility Administrator/manager informs families, as appropriate, and residents/clients of confirmed cases	
	Educate on hand hygiene, respiratory hygiene, use of personal protective equipment (PPE)/masking and social distancing.	
!	All staff should wear a facemask and eye protection when within 6 feet of clients	
!	Daily inventory of PPE & have resources to store supply	
!	Adequate staffing for facility & plan for staff shortages	
!	Educate on environmental cleaning	

√	!	Checklist of Items for Review Site Visit – Outbreak	Action Items / Notes
Management of Staff			
		Complete case investigations/contact tracing for positive staff	
	!	Review guidance around staff grouping and PPE use	
	!	Have different breakrooms and bathrooms, when possible, or if working in different groups, have scheduled breaks & clean break room in between groups	
	!	Staff should wear PPE appropriate for COVID-19 group served and for facility type	

Follow the below table for exposed staff:

Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR fully vaccinated but not booster-eligible	No work restriction with negative diagnostic test upon identification and at 5-7 days	No work restriction with negative diagnostic test upon identification and at 5-7 days
Unvaccinated, OR fully vaccinated and booster-eligible but have not yet received their booster dose	7 day work restriction with negative diagnostic test upon identification and negative diagnostic test within 48 hours prior to return	No work restriction with negative diagnostic test upon identification and at 5-7 days

*Unvaccinated exposed staff should be excluded from work and quarantine at home for 7 days and have a negative COVID-19 test within 48 hours of return in the absence of



		staffing shortages. During critical staffing shortages, asymptomatic unvaccinated HCP can return to work without restrictions with a negative test and test again at 5-7 days.	
Management of Residents/Clients			
	!	Review clinical monitoring of all clients/residents as appropriate	
	!	Group residents/clients by: COVID-19 positive in the red zone, or exposed or unknown exposure and negative in the yellow zone	
	!	Facility communicates COVID-19 status of residents/clients with other residents/clients, families, medical director/providers and provides care as appropriate.	
	!	Exposed residents/clients who are not up-to-date on their COVID-19 vaccine should quarantine for 10 days from last exposure, and test 5 days	



		<p>after their last exposure. If they remain asymptomatic they may leave after the 10 day quarantine.</p> <p>If needed, clients may shorten their quarantine to 5 days and leave quarantine after 5 days if asymptomatic and tested negative on or after day 5 from last exposure.</p>	
	!	Notify healthcare system and ambulance if transferring patient to a different facility, and inform PH of all transfers	
		<p>Shelters experiencing an outbreak as determined by the local health department may continue to admit new clients if there are available beds in areas where no COVID-19 positive clients are being isolated.</p> <p>*Shelter operators may need to make internal decisions to pause new admissions due to key staffing shortages.</p>	
Community Level Control Measures Instituted- by facility or outbreak team			
	!	Immediately report confirmed cases in staff or residents/clients to your licensing body and other appropriate regulatory bodies/stakeholders.	

Key

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Communication with Appropriate Entities

- ! Immediately report confirmed cases in staff or clients to your licensing body and other appropriate regulatory bodies.
- ! Immediately report confirmed and suspect residents/clients and staff to Contra Costa Public Health Department at

https://spot.cdph.ca.gov/s/IntakeForm?language=en_US

or call 925-313-6740

Restrict Visitation, New Admissions, and if appropriate follow up with exposed or symptomatic staff

! **Plan on having facility closed to admissions until investigation/testing determines if there is ongoing transmission. If an outbreak is confirmed, new admissions maybe allowed but, first, review with PH to ensure appropriate infection control is in place**

- Shelters experiencing an outbreak as determined by the local health department may continue to admit new clients if there are available beds in areas where no COVID-19 positive clients are being isolated.
- Shelter operators may need to make internal decisions to pause new admissions due to key staffing shortages.

! Post signage at the front entrance and ensure symptom checks and temperature checks of all staff entering the facility.

Determine if staff have worked at other facilities in the last 14 days and who interacted with positive staff or clients. If staff are COVID-19 positive and have worked in other facilities during this timeframe inform PH of the staff member and the other facility/facilities where they worked.

! Send home any symptomatic staff and refer them for testing. Staff may not come back to work until testing is done and results and further guidance are reviewed with PH.

Exposed staff:

Individuals up-to-date on their COVID-19 vaccine will no longer be required to quarantine following an exposure to someone with COVID-19 if they meet ALL of the following criteria:

- They are fully vaccinated and boosted if eligible (Up-to-Date on their Vaccine) AND
- They have not developed any symptoms since their close contact

SEE: Long-Term Care Facilities Guidance for Quarantine of Fully Vaccinated Staff and Residents/Clients After an Exposure

<https://cchealth.org/covid19/clf/pdf/Guidance-for-Quarantine-of-Fully-Vaccinated.pdf>

! Group and isolate residents/clients who are COVID-19 positive. As much as possible, these residents/clients should be in a private room and should not share bathrooms. They should be isolated in their room until cleared of their infection. If they must share a bathroom with other residents/clients or staff, make sure bathroom is cleaned often and resident/client wear a mask when leaving their room.

Exposed Residents/clients

Individuals up-to-date on their COVID-19 vaccine will no longer be required to quarantine following an exposure to someone with COVID-19 if they meet ALL of the following criteria:

- They are fully vaccinated and boosted if eligible (Up-to-Date on their Vaccine) AND
- They have not developed any symptoms since their close contact

- All exposed residents/clients should get tested 5 days after exposure, regardless of vaccination status.

! Group exposed residents/clients who are not up-to-date on their COVID-19 vaccine in a separate area to quarantine while monitoring symptoms. Residents/Clients who are exposed should quarantine/stay in room as much as possible.

- Exposed residents/clients who are not up-to-date on their COVID-19 vaccine should quarantine for 10 days from last exposure, and test 5 days after their last exposure. If they remain asymptomatic they may leave after the 10 day quarantine. If needed, residents/clients

may shorten their quarantine to 5 days and leave quarantine after 5 days if asymptomatic and tested negative on or after day 5 from last exposure.

Ensure the facility has adequate supplies of Personal Protective Equipment (PPE)

- !** Assess current facility inventory of PPE and continue to assess daily and ensure more than one staff can do this.
 - Facemasks (N95 or Surgical)
 - Gloves
 - Gowns

Enforce and Revise Facility Policies for Staff

- !** Reinforce sick leave policies. Remind all staff not to report to work when ill.
- !** Restrict staff movement so staff taking care of ill residents/clients do not also take care of non-ill or well residents/clients.
- Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of personal protective equipment (PPE).
- Implement universal use of facemasks for all staff, residents/clients, and any visitors while in the facility.
- If possible, group staff so they only work with positive or negative residents/clients, but not both.
- If staff grouped, designate separate breakrooms and bathrooms for staff working with different groups of residents/clients (positive and negative), when possible. If not possible, each group should have scheduled breaks in breakroom, and it must be cleaned between groups. Additionally, bathrooms and breakrooms, along with any high touch area must be cleaned regularly.
- If an ambulance or other transport is called to the facility, notify them that the facility is currently experiencing an outbreak of COVID-19 prior to their arrival so they may don appropriate PPE prior to resident/client contact. All residents/clients should be considered potentially exposed to COVID-19 during an outbreak and transport staff should wear appropriate PPE even if the resident/client has not tested positive yet. Make sure if transferring to a medical facility or requiring ambulance transport, complete: [Interfacility Transfer Communication Form](#) -

Comprehensive (PDF) or **Interfacility Transfer Communication Form - Abbreviated (PDF)** to ensure patient status is communicated appropriately.

- Do not transfer residents/clients to other wards or facilities unless medically indicated. Any potential transfer should be discussed with PH. If transfer is medically indicated, inform the receiving facility verbally and in writing, if appropriate, that the resident/client is coming from a facility that is experiencing a COVID-19 outbreak and if negative will need to quarantine and monitored for any signs of infection.
- Do not discharge residents/clients given potential exposure. It is recommended that all residents/clients stay in place given potential exposure. If any planned or needed discharges, residents/clients may be discharged to quarantine at home after discussion and signed informed consent.

Enforce and Revise Facility Policies for Residents/Clients

- !** Restrict all residents/clients to their rooms with the door closed to the extent possible.
- !** All group activities should be cancelled to the extent possible until further review with public health.
- !** Communal dining should be cancelled until further review with public health unless assistance is required as part of the resident/client care plan. Residents/Clients requiring assistance with feeding should maintain a 6-foot distance from other residents/clients during supervised meals and staff should perform hand hygiene when moving from one resident/client to another.
- If residents/clients must leave their room, residents/clients should wear a facemask, perform hand hygiene (wash hands with soap and water or use an alcohol-based hand rub), limit their movement within the facility, and perform social distancing (stay at least 6 feet from others).
- Residents/Clients are considered cleared of COVID-19 infection after 10 days from symptom onset at least 24 hours after improving symptoms without using fever-reducing medication, whichever is longer. If residents/clients never develop symptoms, they are considered cleared after 10 days from the test date.

Testing and Planning

- Review testing plan and test symptomatic residents/clients and staff, regardless of vaccination status. Depending on situation, and in discussion with public health, staff might require weekly testing. Additionally, due to the potential for rapid and wide transmission within

congregate settings, facility-wide or broader testing beyond immediate close contacts may be appropriate in response to an identified case of COVID-19 infection in the facility

- Unvaccinated exposed staff should be excluded from work and quarantine at home for 7 days and have a negative COVID-19 test within 48 hours of return in the absence of staffing shortages. During critical staffing shortages, asymptomatic unvaccinated HCP can return to work without restrictions with a negative test and test again at 5-7 days.
 - Should also continue to monitor their symptoms closely for 14 days from last exposure, and immediately isolate if develop symptoms.
 - Staff and residents/clients should also continue to do preventive measures such as social distancing, as possible, and use of face covering/masks.
 - Residents/Clients and staff who tested positive within 3 months (90 days), do not need to be retested if asymptomatic, but if their positive test result was > 3 months (>90 days) ago will need to be included in the testing plan.
- Ensure family, as appropriate, and residents/clients are aware of testing plan and consent for testing is obtained by facility.
- Begin gathering information for a [Staff Line & Resident/Client Line List Template](#) to aid in testing support and follow up from public health which includes a shared online list to input this information.

Visitor Policies

- ! Review Public Health visitation guidance: <https://cchealth.org/covid19/clf/pdf/Visitor-during-outbreak-guidance.pdf>
- ! Review DSS visitation guidance: <https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2022/ASC/PIN-22-07-ASC.pdf>

Return to Work Criteria

- Fully vaccinated and Boosted OR not booster eligible staff with confirmed COVID-19 may return to work after 5 days with a negative diagnostic test same day or within 24 hours prior to return OR 10 days without a viral test. During critical staffing shortages, staff may return to work <5 days with most recent diagnostic test result to prioritize staff placement.
- Unvaccinated, OR those that are vaccinated and booster-eligible but have not yet received their booster dose may return to work after 7 days with a negative diagnostic test same day or within 24 hours prior to return OR 10 days without a viral test. During critical staffing shortage, staff may return to work after 5 days with most recent diagnostic test result to prioritize staff placement.

Communicate with Residents/Clients, Family, and their Provider, as appropriate

- Inform residents/clients, family members, and visitors of confirmed or suspected case.
- Ensure residents/clients results/COVID-19 status have been discussed with residents/clients and family, as appropriate.
- Educate residents/clients and their families, including information about COVID-19 and actions the facility is taking to protect them and their loved ones, including visitor restrictions and how they can protect themselves.
- Ensure medical director or residents/clients/staff providers, as applicable, are involved in care and follow up of residents/clients.

Monitor Staff and clients for symptoms of COVID-19

- All asymptomatic residents/clients should be monitored for symptoms of COVID-19 daily. Symptomatic and COVID-19 positive residents/clients should be monitored every 4 hours. Symptoms to monitor for include fever, chills, cough, shortness of breath, sore throat, runny nose, loss of smell or taste, weakness or fatigue, headache, muscle pain, dizziness, or a change in mental status (confusion).
- Residents/Clients are considered cleared of COVID-19 infection after 10 days from symptom onset and at least 24 hours after symptom improvement and fever resolution without using fever-reducing medication. If residents/clients never develop symptoms, they are considered cleared after 10 days from the test date.

- Send updated SharePoint of clients and staff who have symptoms and/or have a positive test for COVID-19 to your Contra Costa Public Health Department contact no later than 10:00 a.m. daily. Also, discuss any symptomatic clients or staff, any new hospitalization, and any deaths at the facility during phone check-in with public health.
- All staff should be screened at the start of each shift.
- Visitors/Vendors are required to show proof of COVID-19 vaccine), be screened for fever, respiratory illness (cough, shortness of breath, sore throat, fatigue or unusual weakness, body aches), headaches, loss of taste or smell, nausea, vomiting, diarrhea and/or recent exposures to sick individuals prior to entering the facility.
 - Unvaccinated or not up-to-date on the COVID-19 vaccine are required to have a negative COVID-19 test (within 24 hours for antigen or 48 hours for PCR)
 - Public Health can provide a daily employee temperature log template for your use.
https://contracostahsd.sharepoint.com/:w:/s/ContactTracingInvestigationWorkgroup/EXzKDSKK1bxAlwycxsTVzvsB06_zKPgRdikDBiWJX7H57g?e=2Zell0
 - Any staff member with a positive screen using criteria above, should immediately put on a facemask and sent home. They should be excluded from work until cleared by public health.

Facility Environmental Services

Key

- ! Start and complete this activity first
- Complete this activity after all ! actions are completed

Environmental Cleaning

- ! Increase cleaning frequency of hard non-porous, high touch surfaces, including bathrooms, and breakrooms.

- Use an EPA-registered, hospital-grade disinfectant for routine cleaning and to frequently clean high-touch surfaces and shared resident/client care equipment. Refer to the EPA website for a complete list of approved disinfectants with an emerging viral pathogen claim: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.
- Use EPA tool to check for COVID dwell/kill time: <https://cfpub.epa.gov/wizards/disinfectants/>
- Make sure environmental services staff members are:
 - Following label instructions on use of cleaners and disinfectants.
 - Following cleaning and disinfection policies and procedures (e.g., clean dirty surfaces, then disinfect; change gloves and perform hand hygiene between rooms and between resident areas within the same room).
- Ensure that all non-dedicated, non-disposable resident/client care equipment is cleaned and disinfected after each use (e.g., pulse ox, blood pressure cuffs, patient lifts) prior to use on additional residents/clients.

Hand Hygiene & Personal Protective Equipment (PPE)

- ! Ensure adequate hand hygiene supplies:
 - Put alcohol-based hand sanitizer with 60–95% alcohol in every resident/client room (ideally both inside and outside of the room) and other resident/client care and common areas (nursing stations, front entrance, etc.)
 - Make sure that sinks are well-stocked with soap and paper towels for handwashing.
- Ensure adequate supplies for respiratory hygiene and cough etiquette
 - Make tissues and facemasks available for all staff and residents/clients who must be outside of their rooms.
 - Consider designating staff to steward those supplies and encourage appropriate use by patients/clients, visitors, and staff.