Residential and Congregate Care Programs
2019 Novel Coronavirus (COVID-19) Guidance

Updated March 22nd, 2021

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The Executive Office of Health and Human Services (EOHHS) continues to work with state, federal, and local partners on the outbreak of Coronavirus Disease 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role residential and congregate care programs have in responding to this evolving situation. Beginning March 22, 2021, the Commonwealth will move into Phase 4: New Normal of the State's reopening process. This guidance replaces and supersedes all previously issued Congregate Care guidance issued by EOHHS.

Please note this guidance is intended to supplement, not supplant, provisions from regulatory agencies that oversee programs and facilities included in this guidance. **Guidance may be subject to change as required by the Massachusetts Department of Public Health or local boards of health.**

Public Health and Safety Standards During Phase 4: New Normal

The *Massachusetts Department of Public Health Guidance Reopen Approach for Health Care Providers Phase 4: New Normal* provides the overarching guidance for all health care providers and organizations that operate residential congregate care programs, which includes but is not limited to: group homes and residential treatment programs funded, operated, licensed, and / or regulated by the Department of Early Education and Care (DEEC), Department of Children and Families (DCF), Department of Youth Services (DYS), Department of Mental Health (DMH), Department of Public Health (DPH), the Department of Developmental Services (DDS), Massachusetts Commission for the Blind (MCB), and the Massachusetts Rehabilitation Commission (MRC).

During Phase 4, congregate care providers must continue to comply with all state COVID-19 guidance. This includes but is not limited to guidance on: a) personal protective equipment (PPE), b) considerations for health care personnel after vaccination, c) return to work guidance for all workers, and d) mandatory safety standards for workplaces.

In addition to these requirements, it is recommended that programs check the CDC website frequently to ensure they are implementing the most current CDC guidance and Massachusetts guidance. These standards may be amended as the Commonwealth's COVID-19 status evolves over time and public health experts learn more about the virus. Providers must also adhere to program-specific guidance that may be issued by EOHHS agencies.

Protective Measures / Mitigating the Risk of Spreading COVID-19

Visitation

- Congregate care programs must follow the guidance issued by their funding and licensing agencies regarding visitation and restrictions of all non-essential personnel found in the EOHHS Visitation Guidance website.
- Programs should communicate visitation guidelines to families and/or guardians, and should continue to augment in-person visitation by supporting attempts by families and guardians to visit remotely using technology, including phone and video calls.
- When visitation guidance is revised by the funding and licensing agencies, the congregate care program should develop and issue communications to all potential visitors, family members, and funding agencies regarding any changes.

Congregate Activities

- Residents, **regardless of vaccination status**, may participate in congregate activities in the setting so long as they are not currently isolated or quarantining due to infection, exposure, or new admission status.
- Participating residents must remain at least six feet apart, if they are not fully vaccinated. Fully vaccinated individuals are defined as 14 days or more after their final dose. In a 2-dose series, like the Pfizer or Moderna vaccines, the individual is fully vaccinated 14 days or more after their second dose. After a single-dose vaccine, like Johnson & Johnson's Janssen vaccine, the individual is fully vaccinated 14 days or more after the single dose.
- Small groups of residents who are fully vaccinated may dine together at a table without social distancing. Tables should still be 6 feet apart from one another, when possible, and dining companions should be consistent across meals and days.
- When there is a confirmed COVID-19 positive resident, the setting should suspend group activities until the setting has gone 14 days without a new COVID-19 positive resident.

Screening entrants

- Designate a single point of entry for each residential building.
- Screen the individual entrant for COVID-19 symptoms and exposure within the past 14 days and check their temperature prior to entering the residential building.
- Any individuals with symptoms of COVID-19 infection, or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status) will not be permitted to enter.

Screening current residents

- Staff should assess all residents regularly (multiple times each day) for symptoms of COVID-19 infection
- Remind residents to self-assess and to report any new respiratory symptoms.

Staff protocols

- If staff experience signs or symptoms of COVID-19 infection while they are working, they should put on a facemask, if they are not already wearing one and immediately notify the program supervisor.

Additional Considerations

- Congregate care providers should demonstrate adherence to social distancing and relevant guidelines from DPH and CDC regarding infection control and prevention to maintain a safe environment for residents and staff.
- If signs or symptoms of COVID-19 infection develop while an individual is on-site, the individual should put on a facemask, if they are not wearing one already and move to an isolated area of the program. Notify the program director immediately.
- Keep a daily log of names and contact information for employees, clients, visitors, and vendors.
- Programs should contact any entities that have staff regularly visiting their programs (e.g., contracted/per diem staffing agencies, attorneys, pharmacy delivery organizations, itinerant provider staff, cleaning agencies, etc.) to review and approve their protocols for identifying and preventing the spread of respiratory diseases, including COVID-19.

Precautionary Steps to Keep Residents and Staff Healthy

Reminders for Residents and Staff

- Use alcohol-based hand sanitizers with at least 60% alcohol often. If alcohol-based hand rub is not available, then wash hands often with soap and water for at least 20 seconds. Wash hands before eating, after going to the bathroom (or changing diapers), coughing, or sneezing.
- Avoid touching eyes, nose, and mouth.
- Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands). Immediately throw the tissue in the trash.
- Stay away from people who are sick and stay home when you feel sick.

Facility Protective Measures

- Public health guidance recommends that all individuals, including fully vaccinated individuals, continue to wear face coverings in public settings or settings in which some individuals may not be vaccinated such as a group home.
- Facemasks, such as surgical masks, should be used by people who show symptoms of illness to help prevent the spread of the virus.
- Facemasks, such as surgical masks, should be provided and worn by all staff. Congregate care providers must maintain sufficient PPE volume on-hand to align with use as directed in the DPH comprehensive PPE guidance. Staff should not use cloth face coverings, which are not considered PPE. Further information on PPE is included here.

- Post signs at the entrance with instructions for hand hygiene, social distancing, identifying individuals with symptoms of respiratory infection and reminders for staff to wear face coverings.
- Decisions about when to scale back or cancel activities should be made in consultation with your local public health official(s) and the funding agency, and informed by a review of the COVID-19 situation in your community.
- Monitor exposed personnel for fever or signs and symptoms of COVID-19 infection.
- Adhere to reporting protocols to public health authorities.
- Train and educate program personnel about preventing the transmission of respiratory pathogens such as COVID-19.
- Prohibit the size of gatherings in accordance with issued executive orders.

Cases of COVID-19 in Employees or Residents

Suspected Cases of COVID-19

Any congregate care program serving a resident with suspected COVID-19 should immediately contact a healthcare provider associated with the facility and the local board of health to review the risk assessment and discuss laboratory testing and control measures.

These control measures include the following:

- Provide a facemask, such as a surgical mask, for the resident exhibiting symptoms of COVID-19, if they are not already wearing one.
- Isolate the resident in a private room with the door closed, when possible.
    - In the event of concerns relative to self-harm, programs will refer to agency suicide prevention measures and internal safety protocols.
    - Make considerations for effective communication access.
    - Serve meals to the individual in their room – do not dine together.
    - If the setting has two bathrooms, designate one bathroom for use by the individual with suspected case and the other bathroom for others to use.
- If you are in the same room as the individual, wear a facemask, such as a surgical mask, and keep as much distance as possible.
- Ask the individual about symptoms of COVID-19.
- If possible, program medical staff should immediately assess the individual using appropriate PPE, if available, or arrange a phone or video call with the individual's health care provider.
- If the individual requires immediate medical care, call 911 for an ambulance and inform EMS of the individual's symptoms and concern for COVID-19.

Testing

EOHHS issued surveillance testing guidance for organizations that operate residential congregate care programs, veteran's shelters, and residential schools - EOHHS Congregate Care Surveillance Testing Guidance.

Confirmed Cases of COVID-19

Any congregate care program serving a resident with a confirmed case of COVID-19 should immediately contact:

- A healthcare provider associated with the facility
- The individual's guardian, as applicable
- The local board of health – to review the risk assessment and discuss laboratory testing and control measures
- The program's EOHHS funding agency (*see Reporting COVID-19 cases)*

Close Contact with a Confirmed Case of COVID-19

An employee or resident may have had close contact with an individual who has tested positive for COVID-19 but has not tested positive themselves.

Asymptomatic Health Care Professionals (HCPs), including those congregate care direct care workers which have been designated as HCPs, may continue working, with PPE, after they have been exposed to a person with a confirmed case of COVID-19 in accordance with the DPH Return to Work Guidance.

"Close contact" definitions can be found in the CDC Guidance. Decisions about who had close contact and implementation of quarantine are done through the local board of health.

- Congregate care staff may continue to work with a facemask if they are asymptomatic in accordance with the DPH Return to Work Guidance.
- Fully vaccinated residents are not required to self-quarantine following close contact.
- The facility does not need to be closed.
- The facility does not need to be deep cleaned at this time.
- If the exposed employee or resident subsequently develops symptoms and tests positive for COVID-19, follow the guidelines under confirmed cases.

Confirmed Employee Case Outside the Congregate Care Program

If an employee tests positive for COVID-19 but was not in the facility while they were symptomatic or in the 48 hours prior illness onset, no deep cleaning may be required. To determine when an employee may safely return to the setting, follow the DPH Return to Work Guidance.

Reporting COVID-19 Cases

All confirmed COVID-19 cases associated with a residential or congregate care program should be reported daily to your funding agency and to the local board of health.

Each residential and congregate care program should assign one employee as the Designated Program Lead to report any confirmed COVID-19 cases (in either residents or employees) to your funding agency point of contact. Each funding agency will identify the Agency Point of Contact to whom to report.

Reporting Deaths

Providers should inform their funding agency of the death of any individual or staff with a positive case of COVID-19.

Providing Care to Residents

Residential and congregate care programs face unique considerations when a resident is confirmed to have COVID-19 or has had close contact with an ill person.

Those with presumed or confirmed COVID-19 need to be isolated from others. Those with close contact with cases of COVID-19 but without symptoms need to be quarantined apart from others, unless they are fully vaccinated. Consult the local board of health to review the risk assessment and assess whether the residential setting is appropriate for care.

- This includes whether the resident is stable enough to receive care at the setting, appropriate caregivers are available, and there is a separate bedroom where the resident can recover in without sharing immediate space with others.

- Those caring for a resident with COVID-19 must have access to appropriate, recommended personal protective equipment – at minimum, gloves and facemask – and must be capable of adhering to precautions such as hand hygiene.

- If other residents are at increased risk of complications from COVID-19 infection (such as people who are immunocompromised), home care may not be appropriate.

If the resident will be cared for within the facility:

- Other residents should stay in another room or be separated from the resident as much as possible.
- Other residents should use a separate bedroom and bathroom, if available.
- Prohibit any visitors who do not have an essential need to be in the setting.
- Other residents and staff should wear a face mask, unless wearing a mask causes risk to the individual, such as trouble breathing.
- Clean all “high-touch” surfaces within the facility every day.

Resident Care

- Make sure any assigned caregivers understand and can help the resident follow their healthcare provider’s instructions for medications and care.

- Help the resident with basic needs and provide support, as needed, for getting groceries, prescriptions, and other personal needs.
- The resident should wear a facemask around other people unless the resident is not able to wear a facemask (for example, because it causes trouble breathing).
- If the individual requires care that prevents maintaining isolation protocol and physical distance, the staff should follow the CDC Group Home Guidance.
- Avoid sharing personal items with the resident. After the resident uses items, wash them thoroughly.
- Follow the guidelines in the cleaning section of this guidance regarding cleaning procedures of a resident's space.

Additional information can be found in the CDC's Implementing Home Care Guidelines.

Personal Protective Equipment (PPE)

PPE Use

During Phase 4, congregate care providers must continue to follow the most recent guidelines issued by DPH that align with the CDC as it relates to PPE usage, including any updated guidelines released subsequent to the date of this guidance. In addition, congregate care providers must:

- Ensure that they have adequate supply of PPE and other essential supplies for the expected number and type of procedures and services that will be performed. To meet this requirement, providers may not rely on additional distribution of PPE from government emergency stockpiles.
- Develop and implement appropriate PPE use policies for all services and settings in accordance with DPH and CDC guidelines. Congregate care providers must maintain sufficient PPE volume on-hand to align with use as directed in the DPH comprehensive PPE guidance.
- Ensure all staff have appropriate PPE, consistent with DPH guidance, to perform the service or procedure and any related care for the participant.
- In settings where isolation protocol and physical distance can be maintained, providers should follow guidance for the care of individuals at congregate settings and community facilities, including CDC guidance for caring for someone at home.
- If an individual requires care which prevents maintaining isolation protocol and physical distance, providers should follow the CDC's infection control guidance for healthcare personnel, including the use of appropriate PPE.

With the PPE that is appropriate for and available to providers, providers should follow the CDC's guidance for optimizing the supply of PPE. Programs should continue to educate personnel on proper use of personal protective equipment (PPE) and when to use different types of PPE.

Cleaning

Congregate care providers should have an established plan for thorough cleaning and disinfection of all areas as consistent with CDC guidance.

The precautions that congregate care programs have in place to prevent the spread of germs can help protect against COVID-19. Congregate care programs should increase the frequency of their regular cleaning and disinfection program, including: having an established plan for thorough cleaning and disinfection of all areas as consistent with CDC guidance.

- When a program resident is discharged or leaves the program permanently, their room should be cleaned and disinfected in preparation for the next resident.
- If a resident leaves the setting or facility to go to the hospital, their room, bathroom, and any other space they use, as well as items such as communication devices, should be cleaned and disinfected prior to their return.

Cleaning After Someone Has Been Sick

A cleaning and disinfection of a facility may be required if an employee or resident is confirmed to have COVID-19 and was present in the facility while they were symptomatic.

Monitoring staff emotional health

Emotional reactions to stressful situations such as new viruses are expected. Remind staff that feeling sad, anxious, overwhelmed, having trouble sleeping, or other symptoms of distress are normal.

If symptoms become worse, last longer than a month, or if they struggle to participate in their usual daily activities, have them reach out for support and help.

Emotional health resources

The national Disaster Distress Helpline is available with 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns. Calls (1-800-985-5990) and texts (text TalkWithUs to 66746) are answered by trained counselors who will listen to your concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support.

Additional resources can be found here.