

Recommendations for Community-Based Facilities during a COVID-19 Outbreak

Juvenile and Behavior Rehabilitation Facilities

The Washington State Department of Health has developed this guidance to assist community-based facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that those over 60, immune-compromised or those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Community-based facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19.

Additional resources on how community-based care facilities can prepare for and manage COVID-19 can be found at [CDC's Resources for Healthcare Facilities](#) webpage. (Note: This webpage is for long-term care facilities, which follow many of the same recommendations.)

Stay up-to-date:

Assign one person to monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

Make a plan:

Review and update your infection control plan preparedness plan. If you do not have a plan, a planning guide can be found at <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>.

For COVID-19, we recommend your plan include the following:

- A policy for when direct care staff should use standard, droplet, and contact precautions for residents with symptoms of respiratory infection.
 - Standard: <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>
 - Droplet and Contact: <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
- A plan for implementing respiratory hygiene throughout the facility. (See “Communicate with staff, residents, and visitors.”)

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- A plan for grouping symptomatic residents using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Limit access to where symptomatic and asymptomatic residents reside.
 - Assigning staff on either affected or non-affected units to prevent transmission between units.
 - Closing communal dining halls, instead consider delivering meals to residents.
 - Canceling events where many people come together.
 - Cleaning and disinfecting frequently touched surfaces with [EPA-registered disinfectant](#) with a label indicating effectiveness against human coronavirus or emerging viral pathogens.
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations.
 - Screen visitors for respiratory illness symptoms.
 - Consider screening visitors for recent travel to an area with COVID-19 transmission.
 - Ask visitors and family members not to visit the facility if they are experiencing respiratory symptoms.
- A proactive sick leave policy to address the needs of staff including:
 - Advising staff, caregivers, or volunteers who have respiratory symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
 - Provide staff members with information about symptoms so they can self-assess before reporting for duty. (See “Communicate with staff, residents, and visitors.”)
 - A plan for what to do if staff develop symptoms while at work.
 - When staff can return to work after having a diagnosis of COVID-19. (As of February 29, public health requires confirmed cases to have two negative tests, 24 hours apart, before isolation can be discontinued. This guidance may change as the situation evolves.)
 - Plans to accommodate staff who need to care for ill family members.
 - Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected units, if possible.
- Contingency staffing and resident placement plans:
 - Identify minimum staffing needs and prioritize critical and non-essential services based on residents’ health status, functional limitations, disabilities, and essential facility operations.
 - Contact your healthcare coalition for guidance on altered standards of care in case residents need acute care and hospital beds are not available.

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- Strategize about how your facility can help increase hospital bed capacity in the community.
- Criteria and protocols for closing units or the entire facility to new admissions when COVID-19 has been identified in the facility. Notify lead state DCYF/DSHS contact about these preparations in order to support alternate accommodations.

Identify and contact partners to coordinate:

Identify public health and professional resources in the table below.

Contact Name	Phone	Email
Local Health		
Department of Health		
State Long-Term Professional Trade Association		

Identify contacts for local, regional, or state emergency preparedness groups, especially bioterrorism/communicable disease coordinators in the table below.

Name	Phone	Email
Local		
Regional		
State		

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized or is being discharged from the hospital. ([List of hospitals in Washington State.](#))

- **Residents referred to the hospital:** If a resident is referred to a hospital, you will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.
- **Residents discharged from the hospital:** When your resident is ready to be discharged, coordinate with the hospital regarding transportation and continued care needs, including any recommended precautions to take in your facility. As the outbreak spreads, having open beds in hospitals is vitally important.

Hospital Contacts

Name	Phone	Email

Communicate with staff, residents, and visitors:

- Educate staff, residents, and family members of residents about COVID-19. Make sure they know the potential risks for residents and basic prevention measures, such as:
 - Wash hands often with soap and water or use alcohol-based hand sanitizer. (For staff tips, see [Clean Hands Count for Healthcare Providers](#).)
 - Refrain from handshakes and instead use elbow-bumps as greetings.
 - Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#).)
 - Frequently clean and disinfect surfaces.
 - Ask staff to use Personal Protective Equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, mask (or respirator), and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)
 - Staff and visitors should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms and travel history. (See the [Novel Coronavirus Factsheet](#), available in 11 languages. Check for travel history information on CDC's [Coronavirus 2019 Information for Travel](#) page.)
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
- Communicate with family members of residents to share information the measures you are taking to protect your residents from COVID-19.
- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

Watch for respiratory infection and COVID-19 symptoms in residents and staff:

- Observe your residents and staff to detect respiratory infections.
 - Use and modify the resources below to monitor and track of influenza-like-illness among residents and staff:
 - [Respiratory Tract Infection Worksheet](#)
 - [Infection and Antibiotics Use Tracking Tool](#) and [Instructions](#)
 - Assess incoming residents with respiratory [symptoms](#) including coughing, fever or shortness of breath for:

- Travel to an area with COVID-19 transmission in 14 days prior to illness onset.
- Any diagnostic testing for COVID-19.
- This is a possible mitigation point for community-based facilities – consider your refusal policies and if there are exceptions to this policy. Also, consider the impacts to the system as a whole if admission is not accepted.
- Sputum and oral swab specimens for COVID-19 should not be collected in the facility unless you have a procedure that has been cleared by your local health department.

In the case a resident has symptoms of COVID-19 or a known exposure:

- Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions.
- Contact family or guardian of a resident who meets exposure and symptom criteria to inform them of their loved ones' status and steps being taken to address their wellbeing.

Additional COVID-19 Resources:

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)