



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.



! 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, CoCoCD@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. <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	
		SharePoint should be updated daily by 10:00am for residents/clients and staff	
		Daily symptom screen of staff and residents/clients	

Facility Control Measures		
!	<p>Facility can stay open for new admissions unless testing determines ongoing transmission. If an outbreak is confirmed, new admissions may still be allowed but should first be reviewed with Public Health (PH) to ensure appropriate infection control is in place.</p> <p>The following conditions should be met:</p> <ul style="list-style-type: none"> • Good infection control practices are in place • Informed consent is given • Adequate PPE on-hand • No shortage of staffing 	
!	<p>Group and isolate residents/clients in the facility based on their COVID-19 status: COVID-19 positive separate from COVID-19 negative</p>	
	<p>Review the standard testing plan for testing symptomatic residents/clients. Test asymptomatic close contacts, regardless of their vaccination status, on day 6 after exposure unless they have recovered from COVID-19 in the prior 30 days.</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, please review with Public Health. • Clients do not need to quarantine as long as they remain with no symptoms 	
!	<p>Post sign and communicate Outbreak status on front door to facility.</p>	
!	<p>Community dining and group activities can continue for clients/residents that are covid negative.</p>	
	<p>Restrict movement of COVID positive residents/clients</p>	

!	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).	
!	Daily inventory of PPE	
!	Adequate staffing for facility & plan for staff shortages	
!	Educate on environmental cleaning	

Management of Staff

!	Complete case investigations/contact tracing for positive staff	
!	Exposed staff should test on day 1 and 5 day after their last exposure.	
!	Review guidance around staff grouping	
!	Staff should wear PPE appropriate for the group served	

Management of Residents/Clients

!	Review clinical monitoring of all clients/residents as appropriate	
!	Group residents/clients by: COVID-19 positive in an isolation area, or exposed asymptomatic or unknown exposure, and negative in the non-isolation area.	
!	Facility communicates COVID-19 status of residents/clients with other residents/clients, families, medical director/providers and provides care as appropriate.	
!	Exposed residents/clients should test on day 6 after their last exposure.	
!	Notify healthcare system and ambulance if transferring patient to a different facility using the interfacility transfer form , and inform PH of all transfers	

		<p>Facilities 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>*Facility 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			
!		<p>Immediately report confirmed cases in staff or residents/clients to your licensing body and other appropriate regulatory bodies/stakeholders.</p>	



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

! **Facility can stay open to new admissions unless investigation/testing determines if there is ongoing transmission. If an outbreak is confirmed, new admissions may still be allowed but, first, review with PH to ensure appropriate infection control is in place**

- Facilities 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.
- Facility 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.

! 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 are no longer required to quarantine following an exposure to someone with COVID-19 if they meet ALL of the following criteria:

- They have not developed any symptoms since their close contact



! 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 are no longer required to quarantine following an exposure to someone with COVID-19 if they meet ALL of the following criteria: They have not developed any symptoms since their close contact
- All exposed residents/clients should be tested on day 6 after exposure, regardless of vaccination status.

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.

Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of personal protective equipment (PPE).

If possible, group staff so they only work with positive or negative residents/clients, but not both.

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 - 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.

Enforce and Revise Facility Policies for Residents/Clients

! Restrict all COVID positive residents/clients to their rooms with the door closed to the extent possible.

! All group activities can continue for COVID negative residents/clients.

! Communal dining can continue for COVID negative residents/clients.

Exposed residents/clients should wear a facemask when in common areas, perform hand hygiene often (wash hands with soap and water or use an alcohol-based hand rub).

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.

Residents/Clients may end isolation after day 5 if you are fever-free for 24 hours (without the use of fever-reducing medication).

Masks must be worn through day 10.

You may remove your mask sooner than day 10 with two sequential negative tests 24 hours apart.

Residents/Clients with moderate or severe illness should isolate for 10 days

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
 - Staff and residents/clients should continue to monitor for symptoms for 10 days from last exposure, and immediately isolate if develop symptoms.
 - Residents/Clients and staff who tested positive within 30 days, do not need to be retested if asymptomatic, but if their positive test result was > 1 month (>30 days) ago will need to be included in the testing plan, using an antigen test only.
- 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

- ! Visitation is open during outbreak provided the visitor has no symptoms and they follow infection control measures (e.g., facemask and hand hygiene).

Return to Work Criteria



- 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.

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

- Inform residents/clients, family members, and visitors of confirmed or suspected cases within the facility.
- 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 8 hours.
- 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.
 - Residents/Clients may end isolation after day 5 if you are fever-free for 24 hours (without the use of fever-reducing medication).
 - Masks must be worn through day 10.
 - You may remove your mask sooner than day 10 with two sequential negative tests 24 hours apart.
 - Residents/Clients with moderate or severe illness should isolate for 10 days



- 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.
 - Any staff member with a positive symptom screen, should immediately put on a facemask and be 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.