

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Congregate Living Facilities

The Los Angeles County Department of Public Health (Public Health) is asking for your assistance to slow the spread of the novel (new) coronavirus disease 2019 (abbreviated COVID-19) in Los Angeles County. There continues to be a growing number of people infected with this virus. According to the World Health Organization, the worldwide spread of COVID-19 now qualifies as a pandemic. We need to work together to slow the spread of this infection locally.

We strongly recommend that all congregate living facilities review and update their emergency plans and consider ways to continue essential services if onsite operations must be reduced temporarily. We would like to provide you with some general information about COVID-19, as well as specific actions you should take to help slow the spread of respiratory infections, including COVID-19.

The goals of this document are to help congregate living facilities develop strategies to:

- Prevent and reduce the spread of COVID-19 within your facility.
- Prevent and reduce the spread of COVID-19 between and outside of facilities.

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General Information

What is novel coronavirus?

COVID-19 is caused by a virus that has never been seen in humans before. In some ways it is like other viruses we have seen, but there are important factors that set it apart:

- Since it has never infected humans before, none of us are immune to it.
- It can be spread from person to person more easily than some other viruses
- It can be spread by someone who doesn't have any symptoms and has no idea they are infected.
- While it causes mild or moderate symptoms in most people, it can be very serious and even fatal for people in high-risk groups.

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High-risk groups

High-risk groups for COVID-19 include people over age 65, people with chronic conditions, including those that affect heart, lungs or kidneys, and people who have weakened immune systems due to disease, chemotherapy or other medical treatments or conditions. .

What are common symptoms of COVID-19?

People with COVID-19 have had a wide range of symptoms ranging from mild symptoms to severe illness. Symptoms of COVID-19 may include some combination of the following:

- Fever (100.4 F or higher)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

This list of symptoms is not all inclusive. Clients or staff should consult a medical provider about the need for testing and isolation for these or any other symptoms that are severe or concerning.

If a client or staff member develops fever, cough, or shortness of breath, or a health care provider tells them they are likely to have COVID-19, they should stay home for at least 10 days from when symptoms first appeared AND at least 3 days (72 hours) after recovery. "Recovery" means that fever has gone without the use of medications and respiratory symptoms (such as cough and shortness of breath) have improved.

Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

When calling 911, notify the operator that the individual who is sick might have COVID-19. The person should put on a cloth face covering before medical help arrives.

How are coronaviruses spread?

Like other respiratory sicknesses, such as influenza, human coronaviruses most commonly spread to others from an infected person who has symptoms through:

- Droplets produced when an infected person coughs or sneezes.
- Close personal contact, such as caring for an infected person.
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands.

COVID-19 is new and we continue learning more each day about how it spreads and how long it takes for people to become sick. As information changes, we will keep you informed. We encourage you to visit the DPH Novel Coronavirus webpage for resources including Guidance for Business and Employers, Frequently Asked Questions, and infographics: <http://publichealth.lacounty.gov/media/Coronavirus/>.

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Steps to Protect the Health and Safety of Residents and Staff

Prevent and reduce spread of COVID-19 <u>within your facility</u>	
1. <i>Steps to reduce risk of infection</i>	<p>Signage</p> <ul style="list-style-type: none">- Post signs for residents and staff on the importance of handwashing and hand sanitizing.- Provide signs and regularly remind residents to alert staff if they have a new fever, cough and/or shortness of breath. <p>Hygiene</p> <ul style="list-style-type: none">- Wash hands often with soap and water for at least 20 seconds or use alcohol-based hand sanitizer that contains at least 60% alcohol, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.- Cover coughs and sneezes with a tissue, and then dispose of the tissue and clean hands immediately. If you do not have a tissue, use your elbow (not your hands).- Minimize, where possible, close contact and the sharing of objects such as cups, utensils, food, and drink. <p>Social Distancing – Promote social distancing throughout the congregate living facility by enabling residents and staff to stay at least 6 feet away from each other. Avoid shaking hands or giving hugs to others.</p> <ul style="list-style-type: none">- Re-arrange common areas in the facility to ensure that residents do not congregate.- Set up common rooms so chairs are separated by 6 or more feet and facing away from one another, with easy access to tissues, hand sanitizer, and a nearby sink to wash hands.- In shared rooms, beds should be placed at least 6 feet apart, when possible, and positioned head-to-toe, with heads positioned as far apart as possible.- Meals should be served in a staggered manner or in outdoor areas to ensure that social distancing is maintained. Serve meals with the same groups of residents at each meal to reduce spread of infection.- Restrict visitation in the facility to essential staff only.- Restrict transportation of residents to essential visits only.- Cancel all in-person group activities.- Explore alternatives like individual sessions or telehealth to enable residents who require these sorts of services to continue these activities.
2. <i>Screen residents for symptoms of COVID-19</i>	<p>Screening Residents</p> <ul style="list-style-type: none">- Assess all new residents at the time of admission for acute respiratory illness including cold or flu symptoms.

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	<ul style="list-style-type: none">- If able, assess ALL residents at least once a day for new symptoms of acute respiratory illness. Remind residents to report any new respiratory symptoms to staff.- If able, assess resident temperatures upon admission and daily with a scanning or disposable thermometer. A fever is considered to be a temperature of 100.4 F or higher.- Given the current outbreak, any client with symptoms of respiratory illness can be presumed to have COVID-19. It is not necessary to preform laboratory testing to confirm diagnosis in most cases.- Ensure universal isolation precautions for all sick residents.
<p>3. <i>When residents are symptomatic</i></p>	<p>Isolate Symptomatic Residents</p> <ul style="list-style-type: none">- Isolate all residents with symptoms, whether or not they have been tested for COVID-19<ul style="list-style-type: none">• Rapidly move residents who present with any respiratory symptoms into a separate sick area that is isolated from the rest of the facility<ul style="list-style-type: none">○ It should be a separate building, room, or designated area, away from non-symptomatic residents, ideally with a separate bathroom○ Place clear signage outside all isolation areas so staff and residents know they should stay away.○ If there is no way for symptomatic residents to reside in separate rooms or buildings, partitions (e.g., linen, dressers, etc.) should be constructed to create as much of a barrier as possible between symptomatic and non-symptomatic residents.• A designated restroom should be identified and reserved for use by symptomatic individuals only. If this is not possible, cleaning after the room has been used by a symptomatic person is essential.• If symptomatic residents need to move through areas with residents without symptoms, they should wear a surgical mask and minimize the time in these areas.• Symptomatic residents should eat meals separately from residents without symptoms.<ul style="list-style-type: none">○ If dining space must be shared, stagger meals so symptomatic residents are not eating with non-symptomatic residents and clean after use by each group to reduce transmission risks.• Mobile screens (or other ways to form partitions – linens, etc.) should be used to encourage compliance with separation in shared spaces.• Minimize the number of staff members who have face-to-face interactions with residents with symptoms. Provide instructions to all staff to prevent disease spread. Section 8 provides guidance on use of Personal Protective Equipment for staff who have contact with a symptomatic resident.

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- Resident isolation may be discontinued when the following conditions are met:
 - At least 14 days has passed since symptoms first appeared AND at least 3 days (72 hours) since “recovery,” defined as resolution of fever without the use of fever-reducing medications and improvement of respiratory symptoms (such as cough and shortness of breath).
- Staff should keep a daily log of all residents in isolation to monitor symptoms and determine termination of isolation.
- If a symptomatic resident fits into a high-risk group (over 65, has a chronic condition) encourage them to call their primary care provider (PCP) if their symptoms worsen or to notify a staff member to call 911. When calling 911, staff members should notify the dispatcher that this client has COVID-19 symptoms.

Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

When calling 911, notify the operator that the person who needs transport has or may have COVID-19 and have the person put on a cloth face covering before medical help arrives.

If possible, separate residents at high-risk even if they have not been exposed

- When possible, designate a separate area for non-symptomatic residents who are also high-risk (age over 65, chronic medical problem). This is intended to protect the person at high risk from infection. However, if separate areas are not possible, use partitions or other means to keep high risk individuals separate from others.
- This area would be separate from low-risk non-symptomatic, non-symptomatic quarantine, and symptomatic residents.
- Consider placing high-risk residents in separate rooms or shared rooms with a maximum of 10 beds even when there are no suspected or confirmed cases of COVID-19 at the site.

4. When staff are symptomatic

Symptomatic Staff

- Staff should monitor their symptoms daily and be encouraged to go home if they are ill.
- Staff with symptoms of COVID-19 should be provided with [home isolation instructions](#) and instructed to go home to self-isolate and to notify their healthcare provider if symptoms worsen and as necessary.

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	<ul style="list-style-type: none">- Symptomatic staff who were directed to care for themselves at home may discontinue home isolation only when the following conditions are met:<ul style="list-style-type: none">o At least 14 days has passed since symptoms first appeared AND at least 3 days (72 hours) since “recovery,” defined as resolution of fever without the use of fever-reducing medications and improvement of respiratory symptoms (such as cough and shortness of breath).
5. <i>Dealing with exposures</i>	<p>Quarantine Exposed Residents</p> <ul style="list-style-type: none">- Residents who have come in <u>close contact</u> with a symptomatic person exposed must be placed in quarantine for 14 days.<ul style="list-style-type: none">• Close contact is defined as contact within 6 feet of a symptomatic person (whether or not COVID-19 has been confirmed by test) for 10 minutes or more.• Anyone who had contact with body fluids and/or secretions of a symptomatic person (they were coughed on/sneezed on, shared utensils or saliva) or provided direct clinical care to a symptomatic person without wearing a surgical mask or gloves, also needs to be in quarantine• The contact may have been with a newly infected staff person or resident, a staff person who has worked while infected, or someone outside the facility.• The contact may have occurred while the infected person was symptomatic OR up to 48 hours (two days) BEFORE the infected person showed symptoms.• Self-quarantine must be for 14 days from the time of contact.<ul style="list-style-type: none">o If a resident begins to show symptoms during the quarantine period, the guidelines for isolation described above apply. The resident’s isolation period must be counted from the start of symptoms rather than the start of their quarantine period. <p>Quarantine Exposed Staff</p> <ul style="list-style-type: none">- Staff who have come in close contact with symptomatic clients or staff must be sent home to quarantine or placed in onsite quarantine for 14 days.- The guidelines for staff quarantine are the same as those for residents (see Quarantine Exposed Residents, above).- However, in times of <u>extreme workforce shortage</u>, non-symptomatic staff who were exposed can continue to work PROVIDED they wear a surgical mask at all times while at work for 14 days.<ul style="list-style-type: none">o Non-symptomatic staff who were exposed and continue to work should self-monitor for symptoms of COVID-19. They should self-monitor for symptoms twice daily – once before coming to work and approximately twelve hours later.

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<p>6. <i>Staff returning to work</i></p>	<p>Returning to Work after Isolation or Quarantine</p> <ul style="list-style-type: none">- If a staff person is sent home, guidelines for transportation (below) must be followed and the person should be given DPH Guidelines for Self-Isolation or quarantine.- A staff person who is sent home may return to the site after:<ul style="list-style-type: none">o At least 14 days has passed since symptoms first appeared AND at least 3 days (72 hours) since “recovery,” defined as resolution of fever without the use of fever-reducing medications and improvement of respiratory symptoms (such as cough and shortness of breath).
<p>7. <i>Steps to take for positive COVID-19 case(s)</i></p>	<ul style="list-style-type: none">- Put your emergency plan into action to protect your staff and residents.- Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:<ul style="list-style-type: none">o Trouble breathingo Persistent pain or pressure in the chesto New confusion or inability to arouseo Bluish lips or face. When calling 911, notify the operator that the person who needs transport either either has or might have COVID-19. Have the person put on a cloth face covering before medical help arrives- Post information and keep your staff and residents informed about public health recommendations to prevent disease spread and about changes to services that might be related to the outbreak.- Ensure that all common areas within the facility follow frequent and effective practices for environmental cleaning.- For the first case of COVID-19, a Public Health Nurses (PHN) will consult on additional measures for separation and to screen close contacts. To report a confirmed case of COVID-19 call the Acute Communicable Disease Program (213)-240-7941 during daytime hours or (213) 974-1234 (After Hours Emergency Operator).- Environmental Health Specialists can visit the site to consult and provide technical assistance on sanitation and cleaning practices. An Environmental Health Specialist can be requested by calling Environmental Health Program (626) 430-5201.
<p>8. <i>Guidelines for use of PPE</i></p>	<p>Personal Protective Equipment for Staff</p> <ul style="list-style-type: none">- Staff interacting with symptomatic individuals should provide a surgical mask to the resident and put on a surgical mask themselves during close contact with residents.- Ensure all employees clean their hands, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing items such as gloves, gowns, and surgical masks.

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	<p>Caregiving Activities (for facilities that provide this service)</p> <ul style="list-style-type: none">- Wear disposable gloves for all caregiving activities and general cleaning activities, especially if you may have contact with blood, body fluids, secretions, excretions, non-intact skin, or surfaces or linens soiled with blood or other infectious material. Throw out gloves after use, do not reuse.- If the resident has respiratory illness, wear a disposable surgical mask during caregiving activities. Be sure to place a mask on the resident as well during these activities. Throw out facemask after use, do not reuse.- When removing gloves and mask, first remove and dispose of gloves. Then, immediately wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer. Next, remove and dispose of mask and immediately wash your hands again with soap and water or use an alcohol-based hand sanitizer.- Consider using a plastic reusable or washable gown or apron and disinfect between uses for (1) caregiving activities where splashes and sprays may be anticipated and/or (2) high contact care activities, including bathing that provide opportunities for transfer of pathogens to the hands and clothing of the caregiver.- When feasible, consider giving bed baths to residents with respiratory illness symptoms to avoid splashes and getting masks wet.- Close the lid of the toilet or commode prior to flushing to avoid spraying or splashing.- If assisting with feeding residents, wash hands prior to meal preparation and wear appropriate barriers including gloves and a mask if the patient is ill during feeding.- Wear gloves while washing utensils and wash hands after removing gloves.
<p>9. <i>Best practices for sanitation and housekeeping</i></p>	<p>Cleaning Practices</p> <ul style="list-style-type: none">- Routinely and effectively clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, faucet handles, and phones.- Environmental cleaning should be done with EPA-registered healthcare disinfectant consistent with recommended wet contact time. <i>Reference: California Department of Public Health AFL for Environmental Infection Control for the Coronavirus Disease 2019 (COVID-19) (02/19/20)</i><ul style="list-style-type: none">• If EPA-registered disinfectant is not available, you may make your own disinfectant by mixing 1 tablespoon of 2% chlorine bleach solution in 1 quart of water.• Alcohol-based disinfectants may be used if > 70% alcohol and contact time is per label instructions.- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but should not be shared without thorough washing.

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Instruct cleaning staff to avoid “hugging” or shaking out laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.

Supplies

- Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer (especially near food areas and restrooms).
- Hand hygiene stations (sinks with antibacterial soap and alcohol gel products) should be readily available throughout the facility, especially at the entrances of the facility.
- Make sure tissues are available and all sinks are well-stocked with soap and paper towels for hand washing.
- Educate and remind clients to perform proper hand hygiene throughout the day, particularly after using the restroom and prior to eating their meals.
- Position a trash can near the exit inside any client rooms to make it easy for employees to discard items such as gloves, surgical masks, and gowns.

NOTE: DPH Environmental Health Specialists can provide technical assistance to your site on sanitation and cleaning practices if needed. An Environmental Health Specialist can be requested by calling Environmental Health Program at (626) 430-5201.

Prevent and reduce spread of COVID-19 between facilities

Transportation

- Limit transport of all residents to essential purposes only. Non-essential transportation should be postponed or canceled.
- When transportation of symptomatic residents is necessary:
 - o Symptomatic residents should NOT be transported with non-symptomatic residents.
 - o Have symptomatic residents wear surgical masks.
 - o Avoid transporting multiple symptomatic residents together. When multiple residents need to be transported simultaneously, appropriate social distancing (> 6 feet) should be practiced both for residents and the driver. The resident should be placed on the opposite side of the car from the driver in the seat farthest away from the driver’s seat.
 - o Vehicle windows should be rolled down to improve ventilation in the car.
 - o Transporting vehicles should be outfitted with plastic tarps or coverings that can be cleaned and appropriately disinfected after each transport.
 - o Include supplies for good hygiene, including tissues, trashcans or trash bags for disposal of used tissues, and alcohol-based hand sanitizer.

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- If you plan to transfer the resident to higher level of care due to worsening respiratory status, notify EMS or other transporter that the resident has an undiagnosed respiratory infection.
- **Guidance for Drivers**
 - Drivers of symptomatic residents should take appropriate precautions, including wearing personal protective equipment, including surgical mask.

Reporting Multiple Cases of Symptomatic Residents or Staff

- If more than 2 residents in your facility become newly sick with fever and respiratory symptoms within 3 days (72 hours), notify Los Angeles County Department of Public Health at 213-240-7941 during daytime hours or (213) 974-1234 (After Hours Emergency Operator).
- Consider transferring symptomatic residents who are unable to self-isolate during their illness to OEM's quarantine/isolation housing. Call DPH's referral line at 833-596-1009.

Additional Resources

- LAC DPH coronavirus website: <http://www.ph.lacounty.gov/media/Coronavirus/>
- Los Angeles Health Alert Network: The Department of Public Health (DPH) emails priority communications to health care professionals through LAHAN. Topics include local or national disease outbreaks and emerging health risks. <http://publichealth.lacounty.gov/lahan/>
- [FAQ](#)
- [What You Should Know \(Infographic\)](#)
- [Cleaning in Group Settings](#)
- [Mental Health](#)
- [Staying at Home If You Are Sick - Poster](#)
- [Handwashing](#)
- [What to Do If I Am Exposed](#)

If you have questions and would like to speak to someone call the Los Angeles County Information line at 2-1-1, which is available 24 hours a day.

We appreciate your commitment and dedication to keeping Los Angeles County healthy.