

## Novel Coronavirus (Covid-19) Guidance for Foster Care Group Home Facilities

The Washington State Department of Health developed the following guidance to assist foster care group home facilities during the novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, we believe that those over 60, immune-compromised, and those with chronic medical conditions are at higher risk for severe illness from COVID-19. Foster care group homes 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 foster care group home facilities can prepare for and manage COVID-19 can be found at CDC's [Resources for Healthcare Facilities](#) webpage.

### Stay up-to-date

Assign someone 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, we recommend your plan include the following:

- A policy for when and how direct care staff should use personal protective equipment with residents.
- A plan for implementing respiratory hygiene throughout the facility, including implementing social distancing measures, cleaning and disinfecting regularly, and communicating how to personally prevent spread.
  - Close communal dining halls and deliver meals to residents.
  - Cancel events where people come together.
  - Be strategic about your activities to prevent any spread of COVID-19. (See “Social distancing” for more guidance on how to conduct group home activities.)
  - Cleaning and disinfecting frequently touched surfaces with EPA-registered disinfectant with a label indicating effectiveness against human coronavirus or emerging viral pathogens. (See “Cleaning and disinfecting procedures.”)

- A plan for grouping symptomatic residents using one or more of the following strategies:
  - If you have residents showing symptoms, you should contact a healthcare provider about getting the residents tested.
  - Asking symptomatic residents and exposed roommates to stay in their rooms.
  - Placing symptomatic residents together in one area of the facility.
  - Assigning staff to either affected or non-affected residents to prevent transmission between residents.
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations.
  - Current statewide and nationwide guidance is to limit contact between individuals as much as possible at this time.
  - Visitors should not visit the facility if they are sick.
  - Screen visitors for respiratory illness symptoms.
  - Suggest other options such as visiting by phone if possible.
- Have sick leave policy in place that addresses the needs of staff including:
  - Advising staff, caregivers, or volunteers to stay home if they have respiratory illness and immediately report their symptoms to an identified manager.
  - Guidance for staff on how to self-assess symptoms before reporting for duty.
  - A plan for what to do if a staff member develops symptoms while at work.
  - When staff can come out of isolation and return to work after having a diagnosis of COVID-19. (Current guidance is resolution of fever without fever reducers, improvement in illness signs and symptoms, and two negative tests for COVID-19 from at collected  $\geq 24$  hours apart.)
  - 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 residents, allowing them to work from home, or allowing them to take sick leave, if possible.
- Contingency staffing and patient 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.
- Criteria and protocols for new admissions when COVID-19 has been identified in the facility.

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## 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		
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.

	Local	Regional	State
Name			
Phone			
Email			

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.](#))

### Hospital Contacts

Name	Phone	Email

- **Residents referred to the 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 precautions to take in your facility.

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## 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.

- Wash hands often with soap and water for at least 20 seconds or use alcohol-based hand sanitizer with at least 60% alcohol.
- Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and wash hands.
- Frequently clean and disinfect surfaces. (See “Cleaning and disinfecting procedures” for more information.)
- 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.)
- Post signs at the entry to help visitors, staff, and volunteers self-identify relevant symptoms and travel history. (See the [Novel Coronavirus Factsheet](#), available in 11 languages and [CDC Print Resources](#).)
- 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 about 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 for COVID-19 symptoms. Symptoms include fever, cough, and shortness of breath. Emergency warning signs that require immediate medical attention include: difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or inability to arouse, bluish lips or face.

## 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.** 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.

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## Social distancing

Reduce the potential exposures and ensure transmission does not occur by implementing social distancing strategies:

- Reduce group sizes to no larger than 10 people total per group, including children and adults (for example, one adult and nine children, two adults and eight children, etc.).
- Do not combine groups for activities or at meal times. Maintain consistency of smaller groups day to day, where possible.
- Maximize space between group members. Try to limit 10 people per smaller room. Use large rooms, like gymnasiums, for multiple groups as square footage allows. Divide up the space by creating barriers with cones, chairs, or tables to ensure a minimum of 6 feet between the two groups.
- In the groups aim for at least 3 to 6 feet between each resident and staff member. As much as possible, minimize the amount of time residents and staff are in close contact with each other. The following will help you achieve this goal:
  - Plan activities that do not require close physical contact.
  - Do not plan large group activities. (Each activity should be limited to 10 total people, including staff.)
- Offer outdoor play in staggered shifts. If multiple groups are outside at the same time, they should have a minimum of 6 feet of open space between outdoor play areas or visit these areas in shifts so that they are not congregating.
- Limit item sharing. If items are being shared, they should be cleaned. Remind residents and staff to not touch their faces and wash their hands after using these items.
- Use virtual tools for contracted services and appointments.
- Avoid trips to places with other people. Going for walks or to a park is okay.
- Eliminate family style meals and avoid congregating. If meals must be provided in a lunch room, stagger meal times, arrange tables to ensure that there is at least 6 feet of space between groups in the lunchroom, and clean tables between lunch shifts.
- When transporting residents maximize space between riders.

## Additional hygiene practices

- Open windows frequently and adjust the HVAC system to allow for more fresh air to enter the program space. Keep windows open in vehicles when transporting residents.
- Require handwashing upon entering the classroom, before meals or snacks, after outside time, after going to the bathroom, and prior to leaving for home. Help young children to ensure they are doing it effectively. If hands are visibly dirty, use soap and water to clean hands.
- Provide adequate supplies for good hygiene, including clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer.

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- When serving meals and snacks, make sure employees are using gloves all the time and have employees, instead of the children, handle utensils and serve food to reduce spread of germs.

## Cleaning and disinfecting procedures

- Clean and then disinfect surfaces and objects that are touched often daily. This includes bathrooms, water coolers, desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones and toys.
- Follow standard procedures for cleaning with third party certified (Green Seal, EPA Fragrance-free Safer Choice) “green” cleaners and disinfecting with an Environmental Protection Agency (EPA) disinfectant registered for use against the novel coronavirus - see [List N: Disinfectants for Use Against SARS-CoV-2](#).
- Surfaces must be thoroughly cleaned to remove all organic matter before a sanitizer or disinfectant is applied for the required wet dwell time. No disinfectant or sanitizer works with organic matter. Thorough cleaning with soap, water, and a microfiber cloth will remove most microorganisms.
- Shared hands-on teaching materials need to be cleaned at the end of the day. Soap and water is the first step. Some items could then be sanitized. Limit shared materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.
- Minimize the potential for the spread of germs in the program space by temporarily removing toys that are not easily cleanable, such as stuffed animals and pillows. Rotate the toys that are out at any one particular time so that they can be adequately cleaned and sanitized.

## Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage – updated information and resources daily](#)
- [Long Term Care Facilities](#)
- [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?](#)

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