

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.

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/>.

General Information

What is novel coronavirus?

Coronaviruses are a large family of viruses. Many of them infect animals, but some coronaviruses from animals can evolve (change) and infect humans, then spread from person-to-person. This is what happened with the current novel coronavirus. Diseases from coronaviruses in people typically cause mild to moderate sickness, like the common cold. Some, like the SARS or MERS viruses, cause serious infections like pneumonia.

What are common symptoms of COVID-19?

Information to date shows this new virus causes symptoms consistent with a respiratory sickness. Symptoms include:

- Cough
- Fever
- Shortness of breath or difficulty breathing

Most individuals with mild to moderate symptoms can be managed in a congregate living setting. However, residents with severe symptoms may need to be hospitalized for their illness. Severe symptoms of COVID-19 include severe difficulty breathing (inability to speak several words at a time or to walk a few steps), persistent chest pain, confusion or inability to arouse, bluish lips or face, profound weakness, inability to eat or drink for one or more days, or inability to care for self in the congregate living environment.

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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.

Do not assume that someone is at risk for novel coronavirus infection based on their race/ethnicity or country of origin.

Steps to Protect the Health and Safety of Residents and Staff

Prevent and reduce spread of COVID-19 within your facility

1. *Practice and promote universal precautions*

Signage

- 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.

Hygiene

- 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.

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.

- 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.

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	<ul style="list-style-type: none">- 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 group activities.- Explore alternatives like individual sessions or telehealth to enable residents who require these sorts of services to continue these activities.
<p>2. <i>Assess residents for symptoms to initiate necessary segregation or isolation protocols</i></p>	<p>Screening New 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, feeling feverish or alternating sweats and chills, new cough, or difficulty breathing.- If able, assess residents daily for new symptoms of acute respiratory illness. Remind residents to report any new respiratory symptoms.- If able, consider assessing 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.- Since testing for COVID-19 is very limited, treat all residents with cold and flu symptoms as if they have COVID-19 and ensure isolation precautions for sick residents of the congregate living facility. <p>Isolation Protocols – Rapidly move residents who present with fever and respiratory symptoms into a separate sick area or room that is isolated from the rest of the facility (ideally in an area with an accessible bathroom).</p> <ul style="list-style-type: none">- Place clear signage outside all isolation areas/rooms for staff and residents to properly identify these areas to reduce the intermingling of symptomatic and non-symptomatic individuals.- Symptomatic Residents<ul style="list-style-type: none">o Designate a sick room where residents with fever and respiratory symptoms can be housed in a separate building, room, or designated area.o A designated restroom should be identified and reserved for use by symptomatic individuals only.o 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.o The residents who have been identified to have come in close contact with the symptomatic resident must be placed in quarantine for 14 days.o See section on staff and resident exposures for definition of close contact.o Symptomatic residents should eat meals separate from residents without symptoms.o Mobile screens (or other ways to form partitions – linens, etc.) should be used to encourage compliance with separation areas.



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	<ul style="list-style-type: none"> ○ Staff may discontinue isolation for a resident when both of the following conditions are met: <ul style="list-style-type: none"> ➤ At least 3 days (72 hours) have passed <i>since recovery</i> defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND at least 7 days have passed <i>since symptoms</i> first appeared. ○ Staff should keep a daily log of all residents in isolation to monitor symptoms and determine termination of isolation. ○ Encourage residents who are high-risk to call their primary care provider (PCP) if available if their symptoms worsen or to notify a staff member to call 911. When calling 911, staff members should notify the dispatcher that this resident has severe COVID-19 symptoms. ii. Minimize the number of staff members who have face-to-face interactions with residents with respiratory symptoms. Provide instructions to prevent disease spread. iii. If staff is handling resident belongings, they should use disposable gloves. - Non-Symptomatic Residents in Quarantine <ul style="list-style-type: none"> ○ Designate a separate area for non-symptomatic residents who were exposed to a symptomatic person and need to be in quarantine for 14 days. - Non-Symptomatic but High-Risk Residents <ul style="list-style-type: none"> ○ When possible, designate a separate area for non-symptomatic residents who are also high-risk (age over 50, chronic medical problem, pregnant). 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 fewer roommates. <p>Notify Los Angeles County Department of Public Health at 213-240-7941 during daytime hours or (213) 974-1234 (After Hours Emergency Operator) if two or more residents or staff who have had close contact become sick with acute respiratory illness within 72 hours.</p>
<p>3. Sick staff should stay home until they are clear to return to work</p>	<p>Symptomatic Staff</p> <ul style="list-style-type: none"> - Staff should monitor their symptoms daily and be encouraged to go home when they are feeling ill. - Implement isolation guidelines and adopt clear policies on when sick staff can return to work: <ul style="list-style-type: none"> ○ Staff with symptoms of COVID-19 (acute respiratory illness) should be instructed to go home and self-isolate. ○ Provide the staff member with home isolation instructions and encourage them 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 when both of the following conditions are met: <ul style="list-style-type: none"> ➤ At least 3 days (72 hours) have passed <i>since recovery</i> defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND at least 7 days have passed <i>since symptoms</i> first appeared.
<p>4. <i>Contacts of sick staff should stay home until they are clear to return to work</i></p>	<p>Potential Staff or Resident Exposures</p> <ul style="list-style-type: none"> - If a staff member or resident has been identified as being ill with COVID-19 symptoms (whether they have been confirmed to have COVID-19 or symptomatic but not confirmed), you will need to identify all staff members and residents that may have come into close contact with the sick individual so that these contact can be placed under quarantine. <ul style="list-style-type: none"> ○ Close contacts include any intimate contact and all individuals who were within 6 feet of the ill individual for more than 10 minutes, starting 48 hours before their symptoms began until their isolation period ends. In addition, anyone who had contact with the ill individual’s body fluids and/or secretions (such as were coughed on/sneezed on, shared utensils or saliva or provided care to the ill individual without wearing protective equipment) needs to be in quarantine. ○ In times of extreme workforce shortage, non-symptomatic staff who were exposed can continue to work provided they wear a surgical mask for 14 days. Non-symptomatic staff who were exposed and continue to work should self-monitor for symptoms of COVID-19 twice daily, once prior to coming to work and the second, ideally 12 hours later.
<p>5. <i>Steps to take if one or more positive COVID 19 case (s) is/are identified in a SUD residential setting</i></p>	<ul style="list-style-type: none"> - Put your emergency plan into action, to protect your staff and residents. - If you identify any resident with severe symptoms, call 911. Before transfer, notify the transfer team and medical facility if the resident is suspected for COVID-19. Severe symptoms include: <ul style="list-style-type: none"> ○ Extreme difficulty breathing (not being able to speak without gasping for air) ○ Bluish lips or face ○ Persistent pain or pressure in the chest ○ Severe persistent dizziness or lightheadedness ○ New confusion, or inability to arouse ○ New seizure or seizures that won’t stop - When within 6 feet of resident, surgical masks should be worn by staff. - 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.

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	<ul style="list-style-type: none">- 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>6. <i>Ensure staff wear personal protective equipment, when indicated</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. <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.

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7. Adopt sanitation and housekeeping best practices

Best Practices for Sanitation and Housekeeping

- 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 residents 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 resident rooms to make it easy for employees to discard items such as gloves, surgical masks, and gowns.

- Cleaning Practices

- Routinely and effectively clean and disinfect all frequently touched surfaces and objects, such as doorknobs, banisters, countertops, faucet handles, and phones.
- Environmental cleaning should be done with EPA-approved healthcare disinfectant consistent with recommended wet contact time. *Reference: California Department of Public Health AFL for Environmental Infection Control for the Coronavirus Disease 2019 (COVID-19) (02/19/20)*
 - 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. If an EPA-registered disinfectant is not available, use chlorine bleach solution (approximately 4 teaspoons of bleach in 1 quart of water or 5 tablespoons (1/3 cup) bleach per gallon of water). Prepare the bleach solution daily or as needed. Test strips can be used to check if the solution is the right strength.
 - 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. Instruct cleaning staff to avoid “hugging” 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.

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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.
 - o 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**
 - o 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 \(Infographic\)](#)
- [Environmental Health \(Infographic\)](#)
- [Mental Health](#)
- [Staying at Home If You Are Sick - Poster](#)
- [Handwashing](#)

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- [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 2-1-1, which is available 24 hours a day.

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

