



# Congregate Care Settings (Including Group Homes, Residential Treatment and Support Centers, and Homeless Shelters)

Utah's Moderate Risk Phase Guidelines



## Moving to orange

A color-coded health guidance system has been developed by the State of Utah to guide health behaviors for individuals and businesses. Each level of the dial is guided by a rigorous measurement system which can be different by each region, county, city, or community.

### High-Risk Individuals:

- ✓ People aged 65 years and older.
- ✓ People who live in a nursing home or long-term care facility.
- ✓ People with chronic lung disease or moderate to severe asthma.
- ✓ People who have serious heart conditions.
- ✓ People who are immunocompromised including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
- ✓ People of any age with severe obesity (body mass index [BMI] >40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease.
- ✓ People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk.

### Create a safe environment for clients and staff through enhanced hygiene, cleaning and physical distancing protocols.

- Follow all employer guidelines (see below)
- Follow strict hygiene standards including:
  - Frequent hand washing with soap and water for at least 20 seconds, or hand sanitizer use if soap and water are unavailable
  - Make hand sanitizer, soap and water, or effective disinfectant readily available.
  - Promote etiquette for coughing, sneezing, and handwashing; avoid touching face, especially eyes, nose, and mouth; place posters that encourage hand and respiratory hygiene
  - Clean and disinfect high-touch surfaces (e.g. workstations, countertops, handrails, doorknobs, breakrooms, bathrooms, common areas), either twice a day or after each use. Keep a logbook of cleaning regimen



- Ensure adequate air circulation
- Personal Protection Equipment (PPE) should not be shared and should be utilized and disposed of properly
- Adhere to physical distancing guidelines including:
  - Avoid handshaking or any unnecessary physical contact
  - Maintain signage to remind groups to stand at least 6 feet apart and avoid congregating in common areas
  - See additional physical distancing best practices in Appendix
- Follow any other standards promulgated by the Centers for Disease Control and Prevention (CDC), the Utah Department of Health, and local

### **Use face coverings to protect clients and staff.**

- Employees must wear face coverings (e.g. mask, scarf, gaiter, bandana); clients are encouraged to wear face coverings whenever possible
- Change or launder cloth face coverings routinely
- Individuals should stay 6 feet away from others, even when wearing a face covering
- Cloth face coverings should not be placed on young children under the age of 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance

### **Review and update emergency, continuity of operations, and infectious disease protocols.**

- Work with your licensing or contracting agency address background screening, variance, and adaptation needs
- Assess workforce capacity and develop plans to monitor and address absenteeism at the site
- Cross-train personnel to perform essential functions so the site can operate even if key staff are absent
- Ensure every employee's contact information and emergency contact details are up to date; ensure a plan is in place to reach employees quickly
- Consider what reserve supplies may be necessary to obtain (e.g., cleaning supplies, gloves or other protective equipment)
- Develop plans and procedures for management of clients with COVID-19 symptoms\* upon admission to the facility, including admission to a dedicated location within the facility for management of illness or to a pre-identified facility where clients with COVID-19 will be managed during the course of their illness



### **Monitor employees and clients for symptoms.<sup>1</sup> No symptomatic employees allowed on site.**

- Employees and clients must go through screening and symptom<sup>1</sup> checking daily or before every shift, including temperature; log must be kept and available for inspection by the health department and DHS
- Ensure staff are aware of sick leave policies and are encouraged to stay home if they are sick; advise staff to check for any symptoms<sup>1</sup> before reporting to work each day and notify their supervisor if they become ill when at work
- Train managers/leadership to spot symptoms<sup>1</sup> of COVID-19 and to be clear on relevant protocols
- Even if an individual has not been tested or confirmed to have COVID-19, those with symptoms<sup>1</sup> should be considered contagious
- Employees exhibiting symptoms of illness should be sent home immediately and should contact their healthcare provider. Staff should not return to work until they are free of fever and any other symptoms<sup>1</sup> for at least 3 days, without use of fever-reducing or other symptom altering medicines (e.g. cough suppressants).
- If the needs of the program exceed current staffing capacity or ability, contact your licensing or contracting agency to prioritize service provision and planning

### **Restrict visitation to essential visitors.**

- Only essential visitors should be allowed in the congregate setting and telehealth, videoconference, or phone visits strongly encouraged
- Visitors must go through screening including temperature; log must be kept and available for inspection by the health department and DHS
- Issue communications to potential visitors regarding visitation protocols, including outlining alternative methods for visitation
- Post signs at all entrances instructing visitors not to visit if they are sick and indicating new visitor screening policies

### **Work with your local health department to address suspected or confirmed cases of COVID-19.**

- Immediately contact your local health department if COVID-19 is suspected among clients or staff
- Providers should also inform their licensing entity and parents or guardians



### Take additional precautions when working with high-risk individuals.

- If a setting cares for a high-risk individual, they should continue following “red” procedures, including restricting all visitation and interaction outside the home or facility. Individuals caring for or living with a high-risk individual should conduct themselves as if they are a significant risk to the high-risk individual.
- Providers should take extra precaution with individuals in high-risk populations by limiting their close contact with multiple people, including having the same caretakers whenever possible.
- **Please note:** While disability alone may not be related to a higher risk for getting COVID-19 or having severe illness, individuals with limited mobility or who cannot avoid coming into close contact with others, those who have trouble practicing preventative measures such as hand washing and social distancing, and those who may not be able to communicate symptoms of illness may be at higher risk of becoming infected or having unrecognized illness.

### General Employer Guidelines

Employers exercise extreme caution, with employees working remotely, evaluating workforce concerns, and enacting strategies to minimize economic impact. Businesses that necessitate on-site work should monitor workforce for symptoms and well-being.

- Employers take extreme precautions
- Provide accommodations to high-risk employees
- Employees and volunteers operate remotely, unless not possible
- Symptom\* checking in business interactions
- Face coverings worn in settings where other social distancing measures are difficult to maintain; ensure that face coverings are available
- Make every possible effort to enable working from home as a first option; where not possible, workplaces comply with distancing and hygiene guidelines
- Minimize face-to-face interactions, including with customers (e.g. utilize drive-thru, install partitions)
- Where distancing and hygiene guidelines cannot be followed in full, businesses should consider whether that activity needs to continue for the business to operate
- Eliminate unnecessary travel and cancel or postpone in-person meetings, conferences, workshops, and training sessions
- Require employees to self-quarantine when returning from high-risk areas
- Employers evaluate workforce strategy and concerns and enact strategies to minimize economic impact



- Employers must not allow any individuals under isolation or quarantine to come to work at any time unless authorized by LHD

<sup>1</sup> Symptoms include fever of 100.4 degrees Fahrenheit or above, cough, trouble breathing, sore throat, sudden change in taste or smell, muscle aches or pains

## APPENDIX: Physical Distancing Best Practices in Congregate Settings

### **Sleeping Arrangements**

- Increase spacing so beds are at least 6 feet apart
- If space allows, put fewer residents within a dorm/unit
- Arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use neutral barriers (foot lockers, curtains) to create barriers between beds
- Move residents with symptoms into separate rooms with closed doors, and provide a separate bathroom, if possible
- If only shared rooms are available, consider housing the person who is ill in a room with the fewest possible number of other resident
- Do not house older adults or people with underlying medical conditions in the same room as people with symptoms

### **Meal Times**

- Stagger mealtimes to reduce crowding in shared eating facilities
- Have the same individuals in consistent meal time groups to minimize possible spread
- Stagger the schedule for use of common/shared kitchens

### **Bathrooms and Bathing**

- Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time

### **Recreation/Common Areas**

- Stagger the use of common spaces
- Reduce activities that congregate many residents at once such as “house meetings” and opt for smaller group activities

### **Transport**

- If transportation is necessary, opt for transporting fewer people per trip and ensure that passengers have more space between one another



**Communication**

- Reduce the amount of face-to-face interactions with residents for simple informational purposes
- Consider using bulletin boards, signs, posters, brochures, emails, phone, mailbox or sliding information under someone's door

