Intended Audience: Organizations that operate congregate care programs, which includes group homes and residential treatment programs funded, operated, licensed, and / or regulated by the Department of Early Education and Care (DEEC), Department of Children and Families (DCF), Department of Transitional Assistance (DTA), Department of Youth Services (DYS), Department of Mental Health (DMH), Department of Public Health (DPH), the Department of Developmental Services (DDS), Massachusetts Commission for the Blind (MCB), and the Massachusetts Rehabilitation Commission (MRC).

This interim guidance is based on what is currently known about the transmission and severity of Coronavirus Disease 2019 (COVID-19). The Massachusetts Department of Public Health is working closely with the federal Centers for Disease Control and Prevention (CDC) to provide updated information about the novel coronavirus outbreak.

This guidance will be updated as needed and as additional information is available. Please regularly check mass.gov/2019coronavirus for updated interim guidance.

Each organization faces specific challenges associated with implementation based on its population, physical space, staffing, etc., and will need to tailor these guidelines accordingly. This guidance is intended to supplement, not supplant, provisions from regulatory agencies that oversee congregate care programs. Organizations may develop their own policies, but these policies should be based on current science and facts, not fear, and they should never compromise a client’s or employee’s health.

Background

What is Coronavirus Disease 2019 (COVID-19) and how does it spread?
- COVID-19 is a respiratory virus. Current symptoms have included mild to severe respiratory illness with fever cough, and difficulty breathing.
- According to CDC the virus is spread mainly from person-to-person, between people who are in close contact with each other (within about 6 feet).
- Spread is from respiratory droplets produced when an infected person coughs or sneezes.

Who should be most cautious?
- Those considered “high risk” include people over the age of 60, anyone with underlying health conditions or a weakened immune system, and pregnant women.

What should a program do to mitigate the risk of spreading COVID-19?

Screen all staff, visitors, vendors, and clients
Individuals with any of the conditions below should be restricted from entering the program site:
- Sick with fever (100.3), cough, or sneezing
- Recent international travel (i.e., within the past 14 days) from a COVID-19-affected geographic area
- Close contact with a person diagnosed with COVID-19 in the past 14 days.

Other precautions:
Visitors who reside in a community where community transmission is occurring should be asked not to visit the program. When visitation procedures are revised, the congregate care program should develop and issue communications to all potential visitors, family members, and funding agencies regarding any changes.

If signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat develop while an individual is on-site, the individual should put on a mask and move to an isolated area of your program. Notify the program director immediately.

Keep a daily log of names and contact information for employees, clients, visitors, and vendors.

Congregate care programs should contact any entities that have staff regularly visiting their programs (e.g., contracted/per diem staffing agencies, attorneys, pharmacy delivery organizations, itinerant provider staff, cleaning agencies, etc.) to review and approve their protocols for identifying and preventing the spread of respiratory diseases, including COVID-19.

Follow precautionary steps to keep residents and staff healthy
The precautions that congregate care programs have in place to prevent the spread of germs can help protect against COVID-19. Congregate care programs should increase the frequency of their regular cleaning and disinfection program, including:

- Use EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 (the Cause of COVID-19) to frequently clean high-touch surfaces including elevator buttons, entry and exit buttons, door handles, faucets, railings, knobs, counters, handrails and grab bars. Clean all rooms with a focus on hard surfaces (including desks, tables, countertops, sinks, and vehicle interiors) with a disinfectant on the EPA list. Use alcohol wipes to clean keyboards, touchscreens, tablets and phones.
- Custodial staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills.
- When a program resident is discharged or leaves the program permanently, their room should be cleaned and disinfected in preparation for the next resident.

Residents, staff, and volunteers should be reminded to:

- Wash hands often with soap and water for at least 20 seconds. Wash hands before eating, after going to the bathroom (or changing diapers), coughing, or sneezing. If unable to wash, use alcohol-based hand sanitizers.
- Avoid touching eyes, nose, and mouth.
- Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands). Immediately throw the tissue in the trash.
- Stay away from people who are sick and stay home when you feel sick.

Other protective measures:
- Post signs at the entrance with instructions for hand hygiene and identifying individuals with symptoms of respiratory infection.
- Decisions about when to scale back or cancel activities should be made in consultation with your local public health official(s) and informed by a review of the COVID-19 situation in your community.
- Cancel large and do not attend large gatherings (greater than more 250 people).
- Monitor and manage ill residents, including limiting participation in and transportation to outside activities (such as day programs and jobs).
- Monitor exposed personnel.
- Implement strict infection control measures.
- Adhere to reporting protocols to public health authorities.
• Train and educate program personnel about preventing the transmission of respiratory pathogens such as COVID-19.

Programs are encouraged to re-educate personnel on **proper use of personal protective equipment (PPE)** and when to use different types of PPE.

- CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
- Facemasks should be used by people who show symptoms of illness to help prevent the spread of germs.
- Precautions are based on the principles that all blood, body fluids, secretions, excretions (except sweat), nonintact skin, and mucous membranes may contain transmissible infectious agents.

As a reminder, CDC resources can be found here:

- [Infection Control Basics](#)
- [Handwashing: Clean Hands Save Lives](#)

**What should a program do if it suspects a case of COVID-19?**

Any congregate care program serving a resident with suspected or confirmed COVID-19 should immediately contact the Massachusetts Department of Public Health 24/7 at (617) 983-6800 to review the risk assessment and discuss laboratory testing and control measures.

These control measures include:

- Providing PPE, such as a face mask, for the resident exhibiting symptoms of COVID-19.
- Isolating the resident in a private room with the door closed.
- Asking the individual about symptoms of COVID-19 (fever, cough, difficulty breathing). Other symptoms could include: chills, sore throat, headache, muscle aches, abdominal pain, vomiting, and diarrhea. If you are in the same room as the individual, wear a face mask and stand at least 6 feet away.
  If available, program medical staff should immediately assess the individual using appropriate PPE, if possible.
  If the individual requires immediate medical care, call 911 for an ambulance and inform EMS of the individual’s symptoms and concern for COVID-19.

**Directives for Staff Exhibiting Respiratory Symptoms**

Employees exhibiting symptoms of illness (fever, cough, difficulty breathing) should be sent home immediately and should contact their healthcare provider. Staff should not return to work until they are free of fever, signs of a fever, and any other symptoms for at least 24 hours, without use of fever-reducing or other symptom altering medicines (e.g. cough suppressants).

If an employee is diagnosed with COVID-19 they cannot return to work until they have been authorized to leave their home by their local board of health.

If the needs of the program exceed current staffing capacity or ability, contact your licensing or funding agency to prioritize service provision and planning.
Ongoing management of congregate care program site

All congregate care programs should continue to:

- Review their current policies and procedures to minimize exposures to respiratory pathogens such as influenza and COVID-19.

- Review emergency preparedness plans and assess for continued operation in case of an emergency.

- Assess both their program needs and workforce capacity to accommodate the potential need for supplies, an increased number of private rooms and the potential decrease in staffing availability.
  - Develop plans to monitor absenteeism at the site.
  - Cross-train personnel to perform essential functions so the site can operate even if key staff are absent.

This guidance is not intended to address every potential scenario that may arise and will be updated as additional information is available. Congregate care programs should monitor the Department of Public Health’s website, [mass.gov/2019coronavirus](https://mass.gov/2019coronavirus) and Local Health Department guidance and keep in close contact with your licensing or funding agency to elevate priority issues of concern.

For more information, please visit [frequently asked questions about COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

DPH prevention guidance: [printable fact sheets](https://www.mass.gov/2019coronavirus)