

Residential and Congregate Care Programs

2019 Novel Coronavirus (COVID-19) Guidance

Updated April 14, 2020 Intended Audience: Organizations that operate residential congregate care programs, which includes but is not limited to: group homes and residential treatment programs funded, operated, licensed, and / or regulated by the Department of Early Education and Care (DEEC), Department of Elementary and Secondary Education (DESE), 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 guidance is based on what is currently known about the transmission and severity of Coronavirus Disease 2019 (COVID-19). Under the guidance of the Governor's COVID-19 Response Command Center, 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/covid19 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 residential and 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.

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

Contents

Background	3
What is Coronavirus Disease 2019 (COVID-19) and how does it spread?	3
Who should be most cautious?	3
Protective Measures / Mitigating the Risk of Spreading COVID-19.....	4
Restrictions on Visitors	4
Screening entrants	4
Screening current residents	4
Staff protocols.....	4
Additional Considerations.....	4
Precautionary Steps to Keep Residents and Staff Healthy	5
Reminders for Residents and Staff	5

Facility	5
Protective Measures	5
Cases of COVID-19 in Employees or Residents	7
Suspected Cases of COVID-19	7
Testing.....	7
Onsite Testing	7
Confirmed Cases of COVID-19	8
Reporting	8
Cleaning.....	8
Close Contact with a Confirmed Case of COVID-19	8
Confirmed Employee Case Outside the Congregate Care Program	9
Reporting COVID-19 Cases.....	11
Daily Tracker	11
Reporting Deaths	11
Providing Care to Residents.....	12
Determine Location of Care	12
On-site Care	12
Limiting Further Spread	12
Resident Care	12
Alternative care sites	13
<i>Notifying Families/Guardians</i>	13
<i>Length of Stay</i>	13
Personal Protective Equipment (PPE).....	14
PPE Use	14
PPE Supply.....	14
Additional PPE considerations	15
Deep Cleaning	17
Definitions	17
Timing of deep clean procedures	17
Personal Protective Equipment	17
Cleaning Surfaces	17
Cleaning Agents	18
Linens, Clothing, and Laundry Items.....	18

Cleaning while a resident is receiving care	18
Monitoring staff emotional health	19
Emotional health resources	19

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:
 - o Fever
 - o Cough
 - o Difficulty breathing
- Other symptoms may include aches and pains, nasal congestion, runny nose, sore throat, diarrhea, loss of smell or taste, chills, headache, abdominal pain, or vomiting.
- Symptoms may appear 2-14 days after exposure.
- People may be currently asymptomatic or minimally symptomatic and still have the virus.
- 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 talks, coughs, or sneezes.
- Spread can be prevented by washing your hands frequently with soap and warm water for around 20 seconds and avoiding touching your face, nose, eyes, and mouth.

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.
- Even those not considered "high risk" should take appropriate precautions to limit contact and exposure, as serious illness or death is not limited to those at highest risk. In addition, the healthy well, or those who may have the virus but be asymptomatic, can expose those at high risk to the illness if they don't take proper precautions.

Protective Measures / Mitigating the Risk of Spreading COVID-19

Restrictions on Visitors

- Congregate care programs must follow the guidance issued by their funding and licensing agencies regarding visitation and restrictions of all non-essential personnel
- Programs should communicate restrictions on visitation to families and/or guardians, and should support attempts by families and guardians to visit remotely using technology, including phone and video calls.
- When visitation guidance is revised by the funding and licensing agencies, the congregate care program should develop and issue communications to all potential visitors, family members, and funding agencies regarding any changes.

Screening entrants

- Designate a single point of entry for each residential building.
- Screening should occur prior to entering any residential building.
- **Individuals should be restricted from entering the program site if:**
 - They have fever (100.0 F or over), cough, or difficulty breathing.

Screening current residents

- Staff should assess all residents regularly (multiple times each day) for symptoms of acute respiratory illness including cold or flu symptoms, feeling feverish or alternating sweats and chills, new cough, or difficulty breathing.
- Remind residents to self-assess and to report any new respiratory symptoms.

Staff protocols

- If staff experience signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat while they are working, they should put on a mask and immediately notify the program supervisor.
- Asymptomatic Health Care Professionals (HCPs), including those congregate care direct care workers which have been designated as HCPs, may continue working, with a facemask, after they have been exposed to a person with a confirmed case of COVID-19 in accordance with the DPH [Revised Guidance for Allowing Asymptomatic Health Care Personnel to Work Following Exposure to COVID-19](#).
- Asymptomatic Non-Healthcare Essential Service Workers may continue working, with a facemask, after they have been exposed to a person with a confirmed case of COVID-19 in accordance with the [DPH Guidance for Non-Healthcare Essential Service Workers and Their Employers](#)

Additional Considerations

- Maximize the use of “social distancing”, the practice of keeping at least six feet between individuals at all times.
- 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 facemask and move to an isolated area of the program. Notify the program director immediately.
- Keep a daily log of names and contact information for employees, clients, visitors, and vendors.

- 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.

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.
- If a resident leaves the home or facility to go to the hospital, their room, bathroom, and any other space they use, as well as items such as communication devices, should be cleaned and disinfected prior to their return.

Reminders for Residents and Staff

- 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 with at least 60% alcohol.
- 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.

Facility Protective Measures

- Facemasks, such as surgical masks, should be used by people who show symptoms of illness to help prevent the spread of the virus. Facemasks may include cloth face coverings only if approved PPE is not available.
- Facemasks, such as surgical masks, should be provided to all staff. Facemasks may include cloth face coverings only if approved PPE is not available.
- 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.
- Monitor [exposed personnel](#) for fever or signs and symptoms of respiratory illness.
- 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.
- Prohibit the size of gatherings in accordance [with issued executive orders](#).

As a reminder, CDC resources can be found here:

- [Infection Control Basics](#)
- [Handwashing: Clean Hands Save Lives](#)
- [How to protect yourself](#)
- [Strategies for Optimizing the Supply of Facemasks](#)

Cases of COVID-19 in Employees or Residents

Suspected Cases of COVID-19

Any congregate care program serving a resident with suspected COVID-19 should immediately contact a healthcare provider associated with the facility and the Local Board of Health to review the risk assessment and discuss laboratory testing and control measures.

These control measures include the following:

- Provide a facemask, such as a surgical mask, for the resident exhibiting symptoms of COVID-19. Facemasks may include cloth face coverings only if approved PPE is not available.
- Isolate the resident in a private room with the door closed.
 - In the event of concerns relative to self-harm, programs will refer to agency suicide prevention measures.
 - Make considerations for effective communication access.
 - Serve meals to the individual in their room – do not dine together.
 - If the home has two bathrooms, designate one bathroom for use by the individual with suspected case and the other bathroom for others to use.
- If you are in the same room as the individual, wear a facemask, such as a surgical mask, and keep as much distance as possible. Facemasks may include cloth face coverings only if approved PPE is not available.
- Ask the individual about symptoms of COVID-19 (fever, cough, difficulty breathing). Other symptoms could include: chills, sore throat, nasal congestion, runny nose, loss of taste or smell, headache, muscle aches, abdominal pain, vomiting, and diarrhea.
- Use the online symptom checker at buoy.com/mass, to quickly screen for symptoms with the resident.
 - Takes 2-3 minutes to complete online screening questions using a phone, tablet, or computer.
 - If symptoms require a medical consultation, free telemedicine services are available through buoy.com/mass to all individuals served by MassHealth.
- If possible, program medical staff should immediately assess the individual using appropriate PPE, if available, or arrange a phone or video call with the individual's health care provider.
- 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.

Testing

When a resident shows symptoms of illness or has potentially been exposed to a COVID-19 positive person, contact the individual's PCP so the resident can receive COVID-19 testing.

Testing sites are available by appointment. [Here is the list of testing sites across the state.](#)

Onsite Testing

EOHHS funding agencies are in the process of facilitating onsite testing to residents and staff in state-operated or provider-operated congregate care programs. Please consult your funding agencies for guidance regarding the availability of mobile testing and protocol for sending requests.

Confirmed Cases of COVID-19

Reporting

Any congregate care program serving a resident with a confirmed case of COVID-19 should immediately contact:

1. A healthcare provider associated with the facility
2. The individual's guardian, if one is available
3. The Local Board of Health – to review the risk assessment and discuss laboratory testing and control measures
4. The program's EOHHS funding agency (see [Reporting COVID-19 cases](#))

Cleaning

- Close off all areas used by the ill person. If the exposed area(s) can be isolated, the remainder of the facility may remain open.
- Open outside doors and window to increase air circulation.
- Schedule a deep clean of impacted areas. Wait as long as practical – if possible, at least 24 hours – to begin cleaning and disinfection to minimize exposure to respiratory droplets.

Close Contact with a Confirmed Case of COVID-19

An employee or resident may have had close contact with an individual who has tested positive for COVID-19 but has not tested positive themselves.

Asymptomatic Health Care Professionals (HCPs), including those congregate care direct care workers which have been designated as HCPs, may continue working, with PPE, after they have been exposed to a person with a confirmed case of COVID-19 in accordance with the DPH [Revised Guidance for Allowing Asymptomatic Health Care Personnel to Work Following Exposure to COVID-19](#).

Asymptomatic Non-Healthcare Essential Service Workers may continue working, with a facemask, after they have been exposed to a person with a confirmed case of COVID-19 in accordance with the [DPH Guidance for Non-Healthcare Essential Service Workers and Their Employers](#)

“Close contact” is defined as living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or has been in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, **while that person was symptomatic or in the 48 hours prior to illness onset**. Decisions about who had close contact and implementation of legal quarantine are done through the Local Board of Health.

- Congregate care staff may continue to work with a facemask if they are asymptomatic.
 - Non-Healthcare congregate care staff should follow DPH guidance regarding their ability to continue working if they are asymptomatic.
- Residents should self-quarantine for 14 days.
- Those in self-quarantine who have not developed symptoms and are not considered a high risk for transmission of the virus may return to the building once the 14-day quarantine period has ended.

- The facility does not need to be closed.
- The facility does not need to be deep cleaned at this time.
- If the exposed employee or resident subsequently develops symptoms and tests positive for COVID-19, follow the guidelines under *Confirmed Cases*.

Confirmed Employee Case Outside the Congregate Care Program

If an employee tests positive for COVID-19 but was not in the facility while they were symptomatic or in the 48 hours prior illness onset, no deep cleaning may be required. Follow the CDC [Return to work](#) guidelines to determine when an employee may safely return to the facilities.

The following employee guidelines are based on the most recent CDC and DPH guidance:

COVID-19 POSITIVE RESULT NO SYMPTOMS

For employees who have a laboratory-confirmed case of COVID-19, but are NOT showing any symptoms, you are EXCLUDED from work until:

- After at least 7 days have passed since the date of your first positive COVID-19 test; and
- You have had no subsequent illness

COVID-19 POSITIVE RESULT WITH SYMPTOMS

For employees who have a laboratory-confirmed case of COVID-19, and HAVE or HAD symptoms, you are EXCLUDED from work until:

- At least 3 days (72 hours) have passed since recovery 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 since symptoms first appeared

COVID-19 NEGATIVE RESULT WITH SYMPTOMS

For employees who have a laboratory-negative result, and HAVE symptoms, you are EXCLUDED from work until:

- You have contacted Primary Care Provider for evaluation;
- At least 3 days (72 hours) have passed since recovery 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 since symptoms first appeared

After returning to work, you should:

- Wear a facemask at all times while in the health care facility.
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.
- Adhere to hand hygiene, respiratory hygiene, cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Related Links:

<https://www.assp.org/news-and-articles/2020/04/02/covid-19-when-to-return-to-work>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html#practices-restrictions>

Reporting COVID-19 Cases

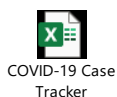
All **confirmed** COVID-19 cases associated with a residential or congregate care program should be reported daily to your funding agency.

Each residential and congregate care program should assign **one** employee as the **Designated Program Lead to report any** confirmed COVID-19 cases (in either residents or employees) to your funding agency point of contact. **Each funding agency will identify the Agency Point of Contact to whom to report.**

The **Designated Program Lead** should use the below COVID-19 Case Tracker, or the process established by your funding agency, to communicate daily reports of confirmed COVID-19 cases to report to the **funding Agency Point of Contact**. The funding agency point of contact will communicate a daily deadline to all providers for this reporting.

Daily Tracker

Daily reports of confirmed COVID-19 cases should be submitted using the below **COVID-19 Daily Tracker**



Reporting Deaths

Providers should inform their funding agency in their daily reporting of the death of any individual or staff with a positive case of COVID-19.

Providing Care to Residents

Residential and congregate care programs face unique considerations when a resident is confirmed to have COVID-19 or has had close contact with an ill person.

Determine Location of Care

- Those with presumed or confirmed COVID-19 need to be isolated from others. Those with close contact with cases of COVID-19 but without symptoms need to be quarantined apart from others. Consult the Local Board of Health to review the risk assessment and assess whether the residential setting is appropriate for home care or an alternative appropriate place as determined by the funding agency to ensure the safety of the resident.
 - This includes whether the resident is stable enough to receive care at home, appropriate caregivers are available, and there is a separate bedroom where the resident can recover in without sharing immediate space with others.
 - Those caring for a resident with COVID-19 must have access to appropriate, recommended personal protective equipment – at minimum, gloves and facemask – and must be capable of adhering to precautions such as hand hygiene.
 - If other household members are at increased risk of complications from COVID-19 infection (such as people who are immunocompromised), home care may not be appropriate.

On-site Care

If the resident will be cared for within the facility:

Limiting Further Spread

- Other household members should stay in another room or be separated from the resident as much as possible.
- Other household members should use a separate bedroom and bathroom, if available.
- Prohibit any visitors who do not have an essential need to be in the home.
- Other household members should wear a face mask, unless wearing a mask causes risk to the individual, such as trouble breathing.
- Clean all “high-touch” surfaces within the facility every day.

Resident Care

- Make sure any assigned caregivers understand and can help the resident follow their healthcare provider’s instructions for medications and care.
- Help the resident with basic needs and provide support, as needed, for getting groceries, prescriptions, and other personal needs.
- The resident should wear a facemask around other people. If the resident is not able to wear a facemask (for example, because it causes trouble breathing), the caregiver should wear a mask when in the same room as the resident.
- Facemasks may include cloth face coverings only if approved PPE is not available.
- If the individual requires care that prevents maintaining isolation protocol and physical distance, the staff should follow the [CDC’s infection control guidance for healthcare personnel](#)

- Avoid sharing household items with the resident. After the resident uses items, wash them thoroughly.
- Follow the guidelines in the **Deep Cleaning** section of this guidance regarding cleaning procedures of a resident's space.

Additional information can be found in the CDC's [Implementing Home Care Guidelines](#).

[Alternative care sites](#)

The Provider, in conjunction with their funding agency and with medical professionals, shall determine if the individual can be safely quarantined in the program, considering the factors outlined above (see [Determine Location of Care](#)).

Programs should follow the guidance of their funding agencies regarding the use and availability of alternative sites of care.

Notifying Families/Guardians

- If a move is required, notice shall be given to the individual's guardian or family members prior to the move, with the location of care and the expected length of time the individual will receive services at the alternative site.

Length of Stay

- If an alternative site for care is needed, the individual will be moved only for as long as is clinically necessary and shall return to his or her home as soon as recommended.

Personal Protective Equipment (PPE)

PPE Use

COVID-19 is primarily spread through droplets in the air. Maintaining physical distance from others is critical to avoid droplets that are formed when a person sneezes, coughs, yells, etc. With or without the use of PPE, strict physical distancing, to the extent possible, is important.

Persons who are ill with COVID-19 or a COVID-like illness (defined as fever, cough, shortness of breath / difficulty breathing, or sore throat) should be provided with a facemask. Staff should be provided with a facemask. Facemasks may include cloth face coverings only if approved PPE is not available.

Providers should determine PPE needs in accordance with CDC guidelines and [DPH guidelines and priorities for PPE use](#), depending on the setting and the type of care being administered.

- In settings where isolation protocol and physical distance can be maintained, providers should follow guidance for the care of individuals at homes and community facilities, including [CDC guidance for caring for someone at home](#).
- If an individual requires care which prevents maintaining isolation protocol and physical distance, providers should follow the [CDC's infection control guidance for healthcare personnel](#), including the use of appropriate PPE.

With the PPE that is appropriate for and available to providers, providers should follow the [CDC's guidance for optimizing the supply of PPE](#). Programs should continue to educate personnel on [proper use of personal protective equipment \(PPE\)](#) and when to use different types of PPE.

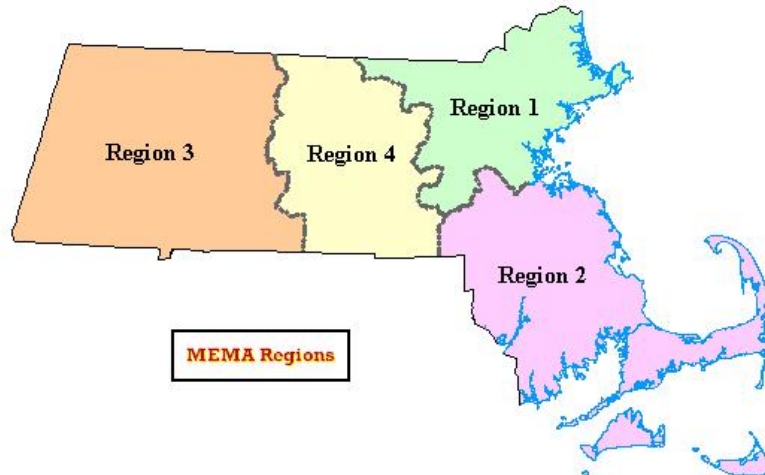
PPE Supply

The Commonwealth of Massachusetts is acutely aware of rapidly expanding needs for personal protective equipment (PPE) for numerous organizations across the state – including masks, gowns, gloves, and eye protection. PPE resources are limited in the Commonwealth and we must conserve the use of PPE. The Commonwealth is not able to supplant the normal supply chain for PPE.

State operated programs and facilities should coordinate with their funding agency to report current inventories of PPE, burn rates (how quickly supplies are exhausted), and quantities of PPE needed.

Providers should make every available effort, in partnership with their respective organizations and associations, to obtain PPE through their supply chains.

If a provider-operated congregate care program experiences emergency shortage of PPE, they should contact their [regional MEMA office](#) to request emergency supply. Providers should be prepared to describe PPE normally used (if applicable), quantity needed, and burn rate (how quickly supplies are exhausted).



From 7AM – 5PM PPE can be requested by phoning the Regions at their respective phone numbers:

- Region I 978-328-1500
- Region II 508-427-0400
- Region III/IV 413-750-1400

From 5PM – 7AM PPE can be requested by email:

- Region I REOC1.Manager@mass.gov
- Region II REOC2.Manager@mass.gov
- Region III/IV REOC34.Manager@mass.gov

Additional PPE considerations

In programs where facemasks are available but only in limited supply, the CDC offers guidance on the extended use of facemasks and the limited re-use of facemasks. In programs where facemasks are not available, staff and residents might use homemade masks (e.g., bandana, scarf); however, homemade masks are not considered PPE and should only be used with caution, since their capability to protect against infection is unknown. If cloth masks are used by residents or staff, the masks should:

- Fit snugly but comfortably against the side of the face;
- Be secured with ties or ear loops;
- Include multiple layers of fabric;
- Allow for breathing without restriction; and
- Be able to be laundered and machine dried without damage or change to shape.

When putting on and taking off a mask, do not touch the front of it, you should only handle the ties or ear straps, and make sure you wash the cloth mask regularly. Wash your hands or use hand sanitizer after touching the mask.

Cloth masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

In case of shortage of alcohol-based sanitizer, residents and staff should increase handwashing practices and ensure that all individuals wash hands with soap and water for a minimum of 20 seconds after coming into contact with any surface, other person, or prior to touching the face.

As a reminder, CDC resources can be found here:

- [Infection Control Basics](#)
- [Handwashing: Clean Hands Save Lives](#)
- [How to protect yourself](#)
- [Strategies for Optimizing the Supply of Facemasks](#)
- [How to Create Your Own Face Covering](#)

Deep Cleaning

A deep clean of a facility may be required if an employee or resident is confirmed to have COVID-19 and was present in the facility while they were symptomatic.

Definitions

Cleaning refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface *after* cleaning, it can further lower the risk of spreading infection.

Timing of deep clean procedures

- Close off the areas used by ill persons.
- Open outside doors and windows to increase air circulation in the area and wait as long as practical before beginning cleaning and disinfection to minimize potential exposure to respiratory droplets. If possible, wait up to 24 hours before beginning cleaning and disinfection.

Personal Protective Equipment

When performing cleaning of any area:

- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
- After cleaning a room or area occupied by ill persons, remove gloves and immediately clean hands.
- Cleaning staff and others should clean hand often – including after removing gloves and any contact with a sick person – by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.

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

Cleaning Surfaces

- Clean dirty surfaces with detergent or soap and water prior to disinfection.
- Cleaning staff should clean and disinfect all areas – such as offices, bathrooms, and common areas – that have been used by the ill persons. Focus especially on frequently touched surfaces, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

Cleaning Agents

- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
- Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or other cleanser.
- A bleach solution can be prepared by mixing 5 tablespoons (1/3 cup) of bleach per gallon of water or 4 teaspoons of bleach per quart of water.
- [Products with EPA-approved emerging viral pathogens icon](#) are expected to be effective against COVID-19 based on data for harder to kill viruses.
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
 - If the items can be laundered, launder items. Otherwise, use products with the EPA-approved emerging viral pathogens claims (examples at [this link](#)) that are suitable for porous surfaces

Linens, Clothing, and Laundry Items

- Do not shake dirty laundry – this prevents the possibility of dispersing the virus through the air.
- Dirty laundry that has been in contact with an ill person **can** be washed with other people's items.
- Wash items as appropriate in accordance with the manufacturer's instructions, using the warmest appropriate water setting, and then dry items completely.
- Clean and disinfect hampers or other carts for transporting laundry according to above guidance on cleaning hard or soft surfaces.

Cleaning while a resident is receiving care

There are additional deep clean considerations when a resident with a confirmed or presumed positive case of COVID-19 is being cared for within the facility.

- In a residential facility where an ill person is being housed in isolation, focus on cleaning and disinfecting common areas where staff and any other person providing services may come into contact with ill persons.
- Reduce cleaning and disinfection of bedrooms and bathrooms used by the ill persons to an **as needed** level to reduce contact.
- If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill person. If this is not possible, the caregiver should wait as long as practical after use by an ill person to clean and disinfect the high-touch surfaces.
- In areas where ill persons have visited or used, continue cleaning and disinfection as provided in this guidance.

For further information on deep cleaning in a residential facility where an ill person is residing, please see CDC's [Clean & Disinfect](#) guidance.

Monitoring staff emotional health

Emotional reactions to stressful situations such as new viruses are expected. Remind staff that feeling sad, anxious, overwhelmed, having trouble sleeping, or other symptoms of distress are normal.

If symptoms become worse, last longer than a month, or if they struggle to participate in their usual daily activities, have them reach out for support and help.

Emotional health resources

The national Disaster Distress Helpline is available with 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns. Calls (1-800-985-5990) and texts (text TalkWithUs to 66746) are answered by trained counselors who will listen to your concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support.