



Congregate Care and Residential Behavioral Health Facilities: COVID-19 Precautionary Considerations

The following information is meant to support and provide general COVID-19 guidance to providers when working with residents in congregate care and residential behavioral health facilities. Examples of such facilities include supportive living, supportive residential, half-way house treatment, as well as residential mental health and substance use treatment facilities.

This information is based on best practices and guidance from national and state experts, including the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Tennessee Department of Health, related to congregate care, residential facilities, and COVID-19. This document primarily addresses resident care, including preparedness; monitoring, screening, and identification of COVID-19; caring for symptomatic residents; and what to do if COVID-19 infection is confirmed in your facility. This information applies to all mental health and substance use residential facilities licensed by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS). TDMHSAS will disseminate updated information as available and necessary.

Please visit these sites for additional general information:

<https://www.tn.gov/behavioral-health/covid19.html>

<https://www.samhsa.gov/coronavirus>

<https://www.tn.gov/health/cedep/ncov.html>

<https://www.tn.gov/content/tn/tenncare/information-statistics/tenncare-information-about-coronavirus.html>

<https://www.cdc.gov/coronavirus/index.html>

COVID-19 Preparedness Recommendations:

- The CDC has provided interim infection prevention and control recommendations for healthcare facilities ([link](#)). Review such recommendations and take necessary steps.
- Restrict nonessential healthcare personnel (including consultant personnel), visitors, and volunteers from entering the building.
- Maintain a three (3) to four (4) week supply of medications.
- Have an ample supply of cleaning products, masks, and gloves, as available. If supplies are limited, research alternatives, such as bandanas and/or scarves, that may assist in infection control efforts.
- The most important way to prevent the spread of COVID-19 and the circulating virus is to prioritize hand hygiene and general infection control measures.
 - Put alcohol-based hand sanitizer with 60–95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas, educating both personnel and service recipients on its regular use.
 - Make sure that sinks are well-stocked with soap and paper towels for handwashing.
 - Make tissues and facemasks available for people with coughs.
 - Consider designating staff to steward those supplies and encourage appropriate use by residents, visitors, and staff.



- Educate residents and staff on the symptoms of COVID-19 (fever, new or change in cough, and shortness of breath) and to report any respiratory symptoms to appropriate staff. Please see **Frequently Asked Questions** below for more information.
- Cancel communal dining and all group activities, such as internal and external activities.
- Remind residents to practice social distancing and perform frequent hand hygiene.

Frequently Asked Questions

What should our facility do now to educate residents, healthcare personnel (HCP), other direct care staff, and visitors?

- Share the latest information about COVID-2019.
- Review the CDC's Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings.
- Educate and train HCPs and other direct care staff
 - Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of personal protective equipment (PPE). Have HCPs and direct care staff demonstrate competency with putting on and removing PPE.
- Review and disseminate facility policies and procedures for ensuring that facility staff and residents are complying with procedures for detection, prevention and reporting of infectious and communicable diseases to the Tennessee Department of Health.
- Educate both facility-based and consultant personnel (e.g., wound care, podiatry, barber) and necessary volunteers. Including consultants is important because they often provide care in multiple facilities and can be exposed to or serve as a source of pathogen transmission.
- Educate residents and families including:
 - Information about COVID-19.
 - Actions the facility is taking to protect them and their loved ones, including visitor restrictions.
 - Actions residents and families can take to protect themselves in the facility.

What supplies are recommended for infection prevention and control?

- Make necessary Personal Protective Equipment (PPE) available in areas where resident care is provided. Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room. Facilities should have supplies of:
 - Facemasks
 - Gowns
 - Gloves
 - Eye protection (i.e., face shield or goggles)
- Environmental cleaning and disinfection:



- Make sure that EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.
- Refer to [List N Disinfectants](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-

How should we evaluate and manage HCPs with symptoms of respiratory illness?

- Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill HCPs and direct care staff to stay home.
- As part of routine practice, ask HCPs (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection.
 - Remind HCPs to stay home when they are ill.
 - If HCPs develop fever or symptoms of respiratory infection while at work, they should immediately put on a facemask, inform their supervisor, and leave the workplace.
- Screen all HCPs at the beginning of their shift for fever and respiratory symptoms.
 - Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and leave the workplace.
 - HCPs who work in multiple locations may pose higher risk and should be asked about exposure to facilities with recognized COVID-19 cases.
- When transmission in the community is identified, facilities may face staffing shortages. Plans should be developed to mitigate staffing shortages.
- Begin conversations to better understand your facility's ability to implement longer shifts, mandatory overtime and potential of "hazard pay" or bonuses for those employees that commit to consistently working during these challenging times.

How should we evaluate and manage residents with symptoms?

- Ask residents to report if they feel feverish or have symptoms of respiratory infection. Actively monitor all residents upon admission and at least daily for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat).
 - If positive for fever symptoms, implement recommended practices.
 - Watch for trends in your facility regarding residents with fevers and respiratory symptoms.
- Implement routine screening procedures to help identify potentially ill clients. Employ social distancing measures and perform temperature and respiratory symptom screening of residents and staff. Monitoring for these symptoms can be accomplished through a combination of self-screening and screening questionnaires administered by general staff, with a follow-up done by a healthcare provider. Remember, having symptoms is NOT a reason to exit a client from your facility or services.
- In general, when caring for residents with undiagnosed respiratory infection use Standard, Contact and Droplet Precautions with eye protection unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis). This includes restricting residents with respiratory



infection to their rooms. If they leave the room, residents should wear a facemask (if tolerated) or use tissues to cover their mouth and nose.

- Continue to assess the need for Transmission-Based Precautions as more information about the resident's suspected diagnosis becomes available.

If someone presents with respiratory issues or fever, or if they are diagnosed with or exposed to COVID-19, what steps should be taken?

- When a resident who has tested positive has stayed or remains at your facility, please contact TN Department of Health at **615.741.7247** for further instruction. (<https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/Immediatelyreportable.pdf>)
- If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community, residents with known or suspected COVID-19 should ideally be placed in a private room with their own bathroom.
- Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.
- Create a plan for isolating residents with symptoms of respiratory infection, including dedicating certain HCPs to work only on affected units to avoid spreading of infection.

Should our facility report this case to the local health department?

- Facilities should notify the health department immediately and follow the [Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#), which includes detailed information regarding recommended PPE.
- The health department should be notified about residents with severe respiratory infection, or a cluster (e.g., more than 3 residents or HCPs with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infections.
 - See State-Based Prevention Activities for contact information for the healthcare-associated infections program in each state health department.
 - CDC has resources for performing respiratory infection surveillance in long-term care facilities during an outbreak.
- Any major disruption to the licensed facility's operation should also be reported to your regional licensure office using the designated [Reportable Incident Form](#).



What should be done if our facility can't provide the best of care to the patient?

- If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation. Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer.
- While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (e.g., kept in their room with the door closed). If in contact with patient with confirmed case, appropriate PPE should be used by healthcare personnel.

What should our policies and procedures be for visitors?

- Because of the ease of spread in a long-term care setting and the severity of illness that occurs in residents with COVID-19, facilities should immediately restrict all visitation to their facilities except certain compassionate care situations, such as end of life situations.
 - Send letters or emails to families advising them of this policy.
 - Use of alternative methods for visitation (e.g., video conferencing) should be facilitated by the facility.
 - Post signs at the entrances to the facility advising that no visitors may enter the facility.
 - Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor for fever or respiratory symptoms. Those with symptoms should not be permitted to enter the facility. Those visitors that are permitted must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.

What considerations should be made regarding admissions to licensed residential facilities?

It is at the discretion of the licensed facility provider whether admissions will continue or be suspended. If admissions are being accepted, TDMHSAS encourages use of the following guidelines to determine admission decisions that optimizes safety of all residents and personnel:

- Ask referral source: Has the prospective resident:
 - Been screened for fever or symptoms of respiratory infection (e.g., cough, sore throat, or shortness of breath)?
 - Been in contact with an individual who has tested positive for SARS-CoV-2 (the virus that causes COVID-19)?
 - Traveled Internationally within the last 14 days to affected countries? Information on high-risk countries is available on Center for Disease Control and Prevention's (CDC) COVID-19 travel website (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>).
- Educate all current and newly admitted residents on proper social distancing and hand washing, as described by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>)
- Review provider agency policies for infection prevention and mitigation, and ensure:



- Facility-wide implementation of good hand hygiene practices and precautionary tips as described by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>)
- Facility-wide implementation of proper cough and sneeze etiquette as defined by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>)
- Facility-wide implementation of social distancing practices as recommended by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>)
- Established policies and procedures for infection prevention and mitigation have been reviewed by all direct care staff.
- Strict adherence to infection prevention practices by all direct care staff.
- Implementation of preventative practices against the introduction of respiratory illnesses into their facilities.
- Continual follow-up with the local health department, the CDC and other reputable health authorities to obtain the latest developments and updates regarding the COVID-19 pandemic and adjust practices as appropriate based on their guidance.

TDMHSAS encourages licensed residential providers to consult with their agency leadership personnel and/or human resources department to identify Policies and/or Practices being implemented specific to the agency regarding COVID-19. TDMHSAS recognizes CDC as an appropriate authority to receive information and other resources that may help in providing guidance to personnel, residents and service recipients regarding COVID-19. Visit www.cdc.gov for a plethora of information regarding COVID-19. The CDC website has links for communities, home, healthcare facilities, healthcare professionals and much more to provide quality information and tips. Additional relevant resources are provided below.

- <https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/GroupCareGuidelines.pdf>
- <https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/COVID-19-Facility-Visitor-Guidance.pdf>
- <https://www.tn.gov/content/dam/tn/tenncare/documents/NFMemo31020REVISEDCoronavirus.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility>
- <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>