

COVID-19

Recommendations for Supportive Housing Facilities

NOTE: The following are recommendations based on current best practices; however, the science and recommendations from the World Health Organizations, Centers for Disease Control, and Department of Health and Mental Hygiene are still evolving and recommendations may change in future.

COVID-19 BACKGROUND INFORMATION

What is COVID-19?

- The current Corona Virus Disease (or COVID-19) is caused by a virus, which was discovered in early January in China and has been identified as a member of the family of coronaviruses.
- The virus affects the respiratory system, including the lungs, which can lead to severe respiratory disease. This is won't be the case for everyone, as many will show only mild symptoms or no symptoms at all.
- People can get infected either directly by droplets and microdroplets entering their respiratory system (mouth, nose) or indirectly when touching mouth, nose, eyes with their hands that have been in contact with contaminated objects or surfaces.
- COVID-19 has been declared by WHO as a global pandemic. There is local transmission in almost every country.

What are the symptoms?

- Some people have no symptoms but might still be able to spread the virus.
- Symptoms may appear 2-14 days after exposure to the virus.
- Most people who are infected have a mild to moderate symptoms, including:
 - Cough
 - Fever
 - Tiredness, body aches
 - Chills, repeated shaking with chills
 - Headaches
 - Sore throat
 - New loss of taste or smell
 - Abdominal pain, diarrhea
- Some people have severe symptoms including shortness of breath, difficulty breathing and pain in the chest.

How long does it take to get sick?

The “incubation period” is the time between catching the virus and the start of symptoms. The average incubation period appears to be 4-7 days, and 95% of cases occur within 12 days of exposure. As such, 14 days has been established by the World Health Organization (WHO) as the medical observation period or quarantine for exposed persons.

When to call 911?¹

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

This list is not exhaustive. Consult the medical provider for other severe or concerning symptoms.

When calling 911: Notify the operator that you (or the ill person) may have COVID-19.

Who is at risk?

- Everyone is at some degree of risk
- Most at risk:
 - Elderly
 - People with preexisting medical conditions (high blood pressure, lung disease, cardiovascular disease, cancer, diabetes, pulmonary TB etc.)

INFECTION PREVENTION AND CONTROL: GENERAL PRINCIPLES

Prevention is both an individual and collective responsibility.

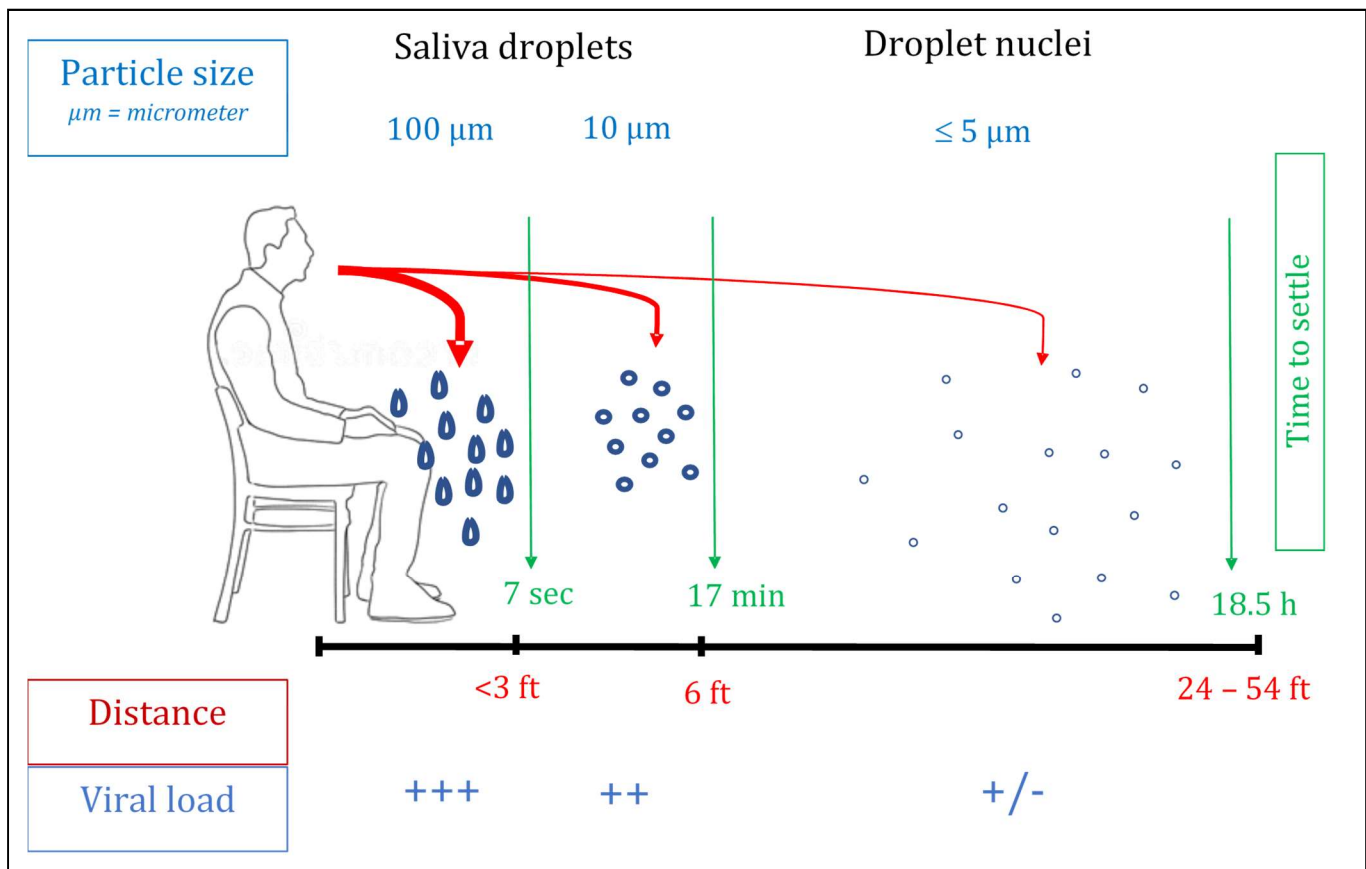
- I am responsible for my own well-being but also for the well-being of others.
- By respecting preventive measures and recommendations, we reduce the risk of transmission of COVID-19 and by doing so, we protect not only ourselves, but also our friends, relatives, neighbors, colleagues and the society as a whole—in particular the most vulnerable.
- We all have a role to play together. Applying these preventive measures and monitoring our own behavior are acts of kindness that avoid us being infected and infecting others.

How is COVID-19 transmitted?

- COVID 19 is mainly spread from person to person through **infected droplets**. Droplets are small drops of secretion from the airways, that can be spread by coughing, sneezing or speaking and can enter the human body through the mouth, nose or eyes.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

- Transmission can happen by:
 - Breathing in infected droplets
 - Touching a surface on which droplets have landed and then touching your eyes, mouth or nose.



- **Everyone can be considered as potentially infected and able to transmit the virus**, unless proven otherwise. It's important to realize that someone who is infected and doesn't show symptoms can still be carrier and potentially spreading the virus.

How do I protect myself and others?

HAND HYGIENE AND PHYSICAL DISTANCING ARE THE PRIMARY WAYS TO REDUCE TRANSMISSION.

1. Hand hygiene is crucial

- If your hands have been in contact with contaminated objects or surfaces, you can infect yourself easily **if you don't wash your hands**.

- Wash your hands regularly, including:
 - ✓ before and after eating
 - ✓ after using toilet
 - ✓ after touching public things (e.g. using public transport)
 - ✓ after sneezing/coughing
- **Soap and water will kill the virus:** it's advised to spend at least **20 seconds** washing all parts of both hands.
- If you don't have access to soap and water, alcohol based hand sanitizer that contains at least 60% alcohol can also kill the virus. Make sure you rub the alcohol thoroughly on both hands **until they are dry** (usually takes 20 seconds).
- Gloves: We don't promote the use of gloves among the general population for normal activities. Wearing gloves can give a false sense of security and gloves are often incorrectly used, creating additional risk. Washing hands is most effective and gloves should only be used in situations of risk e.g. when touching blood or bodily fluids, when cleaning, when touching someone else's food, etc. See the below section on PPE for more information on glove use.

HOW TO WASH YOUR HANDS

PROTECT YOURSELF AND OTHERS AGAINST INFECTIONS



2. **Don't touch your face!** On average people touch their faces 22 times per hour.
3. **Social distancing**
 - Avoid going to crowded places and confined places.
 - Avoid contact with other people.
 - If possible, try to keep at least a 6 feet distance from other people.
 - Avoid shaking hands, hugging, etc. when you greet someone.
 - Wear a mask/face covering when social distancing is not possible.
4. **Practice cough hygiene:**
 - Cough / sneeze in your elbow.
 - ⇒ *NOTE: If your elbow is not covered, wash the elbow like you wash your hands after coughing/sneezing in your elbow. If you have clothes that cover your elbow, wash them regularly.*
 - Catch coughs and sneezes with disposable tissues and throw away used tissues. Then wash your hands!
5. **Good ventilation:** Ventilation disperses and increases the fall of droplets therefore diminishing the risk of the droplets arriving to your body.
 - Keep windows and doors open in enclosed and shared spaces.
 - A/C units are OK.
 - Fans are not recommended as they can spread droplets.

INFECTION PREVENTION AND CONTROL FOR STAFF AND RESIDENTS

General recommendations

- Provide training sessions for staff and residents on Covid-19 and infection prevention and control.
- Regularly update and reinforce infection prevention and control measures.
- Place signs throughout facilities with reminders (wash your hands, social distancing, etc.).

Staff

- Limit the number of staff working at one time.
- If a staff member starts to exhibit symptoms, they should not come to work and should follow CDC and Department of Health guidance.
- If a staff member has close exposure to someone diagnosed with COVID-19 (family member, roommate etc.), they should stay home and quarantine. If there are questions, they should contact their health care provider for guidance.

Residents

- Daily wellness checks can be conducted to identify sick residents early.
 - Wellness check can be verbal (how are you feeling? do you have a fever? a cough? etc.) and can also include checking temperature.
 - Depending on facility practices, wellness checks can be recorded in a monitoring sheet.
 - It can be conducted by case managers or other staff by phone or by staff when a resident enters or exits the building.
- For positive or suspect residents, see more info below on page 14.

Personal Protective Equipment (PPE)

Remember that **HAND HYGIENE AND PHYSICAL DISTANCING ARE THE STRONGEST METHODS OF PREVENTION**. PPE should not replace these measures. It is a further support in protecting yourself and your community.

- **Masks:**
 - The main function of a mask is to act as a barrier to prevent the person wearing the mask from transmitting the virus to others through droplets.
 - They also prevent people from touching their mouth and nose with their potentially contaminated hands (which is a very frequent cause of transmission).
 - Wearing a face covering/mask protects other people. This is why it's important for everyone to wear a mask.
You wear a mask to protect others; they wear a mask to protect you.
 - **Cloth Masks:** Everyone should wear cloth masks/face coverings when social distancing is not possible. Cloth masks are the preferred choice for people in a non-clinical setting.
 - Cloth masks should cover the nose and mouth.
 - Cloth masks should be washed regularly in warm water in the sink or with laundry.
 - If the cloth mask gets wet or soiled, it should be washed.
 - If the cloth mask gets damaged or torn, it should be replaced.
 - ⇒ *NOTE: Cloth masks help to protect people around the mask wearer but do not necessarily protect the mask wearer themselves (though they do help people touch their face less). Ideally everyone who cannot socially distance is wearing a cloth mask and therefore helping to protect each other.*

COVID-19

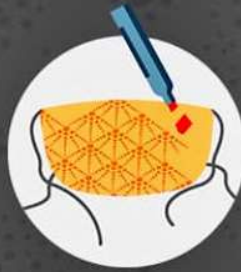
CLOTH MASKS



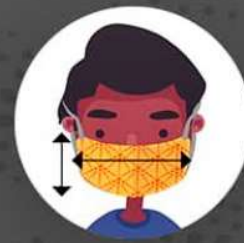
HOW TO USE A CLOTH MASK



Wash your hands before and after putting on or taking off your mask. Do not touch your mask while it is on.



Make sure it is always the same side that touches your face. Mark one side with a pen to make it easy to tell.



Tie the mask to make a tight/snug fit around your nose and jaw.



Always hold your mask by the string or elastic, especially when taking it off. Immediately put it into a specific container to store it until you wash it. Do not leave your mask on a table or counter.



Wash your cloth mask in soap and hot water. Iron masks if possible. Make sure you have enough masks so that you have a clean, dry mask every day.

- Disposable surgical and procedural masks:
 - There are many types of surgical and procedural masks which can vary in quality.
It is essential to read the manufacturer's guidelines to properly understand what level of protection the exact mask offers.



- Surgical and procedural masks should give some protection to both the wearer and those surrounding the wearer. But many are not at this level of quality.
- Normally these masks are used in clinical settings; however, it can be recommended to use surgical and procedural masks when:
 1. Staff and residents are not able to socially distance from people not wearing masks/face coverings.
 2. If it is not possible to distribute cloth masks or regular washing is not possible.
- Re-using surgical and procedural masks in non-clinical settings:²
 Normally in clinical settings, surgical and procedural masks should NOT be reused. They should be discarded after each patient. However, with the shortage in PPE, in non-clinical settings it is possible to reuse surgical and procedural masks **if certain measures are taken**:
 1. Outer surfaces of the mask are not touched and the mask removal is done in a careful and deliberate manner by only touching the strings behind the ears/head.
 2. The facemask is removed and discarded if soiled, damaged, torn or hard to breathe through.
 3. The mask is stored between uses in a clean paper bag or breathable container.
- If the facemask is not needed for many hours each day, it can re-used for several days but **only** if it is not damaged or wet and if the mask is stored correctly (see above).
- If the facemask is needed throughout the day, one mask can be used per day if it is used and stored correctly (see above).

² WHO: https://apps.who.int/iris/bitstream/handle/10665/331695/WHO-2019-nCov-IPC_PPE_use-2020.3-eng.pdf

⇒ *NOTE: Not all facemasks can be re-used. Facemasks that fasten with ties may not be able to be undone without tearing. Facemasks with elastic ear hooks may be more suitable for re-use.*

- N95s and KN95s: We follow the CDC guidance and do not recommend that these masks be used outside of clinical settings. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>





³ Note that they do not recommend mask re-use in this poster as normally disposable masks are not re-used.
<https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/protect-yourself/infographics/masks-infographic---final.tmb-1920v.png>

- **Face shields:** Face shields are only necessary during activities where splashes and sprays are anticipated or where prolonged face-to-face contact with a potentially infectious person is unavoidable.
 - Scenarios where face shields might be needed:
 - Assisting positive, suspect or quarantined residents with ADLs such as bathing, brushing teeth, etc.
 - In case of emergency such as a seizing or unconscious resident.
 - Re-use: Most face shields can be reused if not damaged and if cleaned properly. Regularly clean with EPA approved cleaning products such as bleach wipes or soap and water. Let air dry completely on a clean towel.

- **Gloves:**
 - **Use of gloves for normal activities is not necessary** and may be riskier than not wearing gloves.
 - Gloves are designed to protect your hands; however, gloves can easily become contaminated with the virus. Anything you touch while wearing gloves (your face, a surface, etc.) can spread the virus.
 - The virus cannot pass through skin so most often it is better keep hands clean by handwashing rather than by wearing gloves.
 - Glove reuse: disposable gloves should not be reused, cleaned with hand sanitizer, or washed. They should be discarded immediately after the action requiring gloves.
 - When to wear gloves:

****Gloves should be used for activities with a start and end and should be removed and discarded immediately after use.****

Activities include-

 - When there is potential or actual contact with blood or bodily fluids.
 - When cleaning, normal precautions should be used, and normal protocols followed (not specific to COVID-19).
 - When handling someone else's food.
 - When handling someone else's laundry or used linens (not specific to COVID-19).
 - How to safely wear gloves:
 - Wash and dry your hands
 - Put the gloves on
 - Touch only what you need to
 - Don't touch something contaminated (e.g. soiled laundry, blood, etc.) and then touch something not contaminated (e.g. door handle, faucet, etc.)
 - Remove gloves **immediately** after use and throw away
 - **Hand washing after removing gloves is essential**

Safe Glove Removal



- **Gowns:**

- For most non-clinical situations, a gown is not necessary. If concerned about contaminating clothing, consider having work clothes (or scrubs) that can be worn during work hours and washed frequently.
- Scenarios where gowns might be needed:
 - Assisting positive, suspect or quarantined residents with ADLs such as bathing, dressing, etc.
 - In case of emergency such as a seizing or unconscious resident, a gown is preferred but there may not be time to get one or put it on. If so, ensure that clothing is changed and laundered.

Facility and Common Space Management

- **General cleaning**

- Clean all high touch areas frequently (doors, door handles, railings, etc.)
- Use cleaning products considered effective by the EPA against COVID19 (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>)
- Bleach and water solution can be mixed if running out of EPA cleaning products. CDC recommendation: 5 tablespoons (1/3rd cup) bleach per gallon of water OR - 4 teaspoons bleach per quart of water.⁴

- **Main entrance:**

- Enforce handwashing at the main entrance for anyone entering or exiting the building. Hand sanitizer with 60% alcohol is also possible to use.
****Very important for smokers to wash their hands also when they exit the building/before they touch their face and smoke.****
- Do not allow non-essential visitors to enter.

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>

- **Common Spaces:**
 - Enforce mask/face covering use in all public/common areas.
 - Access to common areas should be as limited as possible.
 - Non-essential areas should be closed (activity rooms, computer rooms, libraries, etc.).
 - If a communal space cannot be closed, limit the number of chairs and people who are able to sit there at one time. You can place tape on the floor of where the chairs need to stay to encourage people to maintain 6 feet distance.
 - A plastic screen can be used in places where there may be closer interactions with residents (e.g. giving out medications, reception desks, etc.).
 - Place tape on the floor to encourage social distancing for any times when residents may be lining up (food collection, medication pick up, etc.)
 - Good ventilation!
 - Keep windows and doors open in enclosed and shared spaces.
 - A/C units are OK.
 - Fans are not recommended as they can spread droplets.
- **Elevators:**
 - Wipe down elevators frequently (buttons, railings, etc.).
 - Limit the number of people who can be on the elevator at a time.
 - Mark the elevator floor to indicate how many people can be in the elevator and where each should stand.
 - Everyone should wear a mask/face covering when in the elevator.
 - Staff and residents should take the stairs whenever possible.
- **Shared Bathrooms (staff and residents):**
 - Ideally bathrooms are not shared, but this is not possible in many facilities.
 - As few people as possible should be sharing the same bathroom.
 - Wait as long as possible in between uses.
 - Clean frequently: all surfaces that may have been touched should be cleaned (door knobs, faucet handles, sink, shower, bath, toilet handle, countertops, light switches etc.)
 - ⇒ *NOTE: This is a moment when wearing gloves is necessary! The gloves should be properly removed, thrown away, and the person cleaning should immediately wash their hands with soap and water.*
 - Wash hands after going into the bathroom (regardless of why you entered the bathroom). Use a paper towel to turn off the faucet and open the door after hand washing.
 - ⇒ *NOTE: Good idea to place a sign on the inside of the bathroom door reminding people to use a paper towel to open the door. Also good to keep a trash bin outside the bathroom for people to throw away the paper towels.*

- Remove all toiletries and personal items from shared bathrooms. Residents should store them in their own rooms and carry them to the bathroom as needed.
- No towels should be left in the bathroom.
- **Shared Kitchen (staff and residents):**
 - If possible, kitchens should only be used for preparing food and only used by those preparing the food.
 - Limit number of people using and eating in the kitchen by removing chairs and other seating.
 - Use personal kitchen appliances, dishes, cutlery as far as possible.
 - Wipe down the microwave after each use.
 - Wipe down surfaces, appliances, etc. after each use.
- **Staff Spaces:**
 - Close off the employee space to residents.
 - Wipe down the employee space regularly (before and after using and in between shifts).
 - Wipe shared items (phones, keyboards, computer mouse, etc.) after each use.

COVID-19+, SUSPECT, AND QUARANTINED RESIDENTS

General recommendations

- A clear protocol is essential to guide staff on what to do if a resident is a positive, suspect or quarantined.
- Carefully consider possibilities for physically isolating the person while ensuring that they have access to toilets/showers, food, medications, and cleaning supplies.
 - The person should be isolated from the rest of the apartment in a “sick room” with a door that can be shut.
 - The person should stay inside the room as much as possible.
 - If one person in the apartment/shared living space is sick, assume that everyone else has been exposed as well. Everyone should observe a 14-day quarantine. If another person in the apartment/shared living space gets sick, the 14 days restarts.
 - Though not ideal, people infected with COVID-19 can share spaces with others who are also COVID-19+ (rooms, bathrooms, etc.).
 - Suspect and quarantined people should not share spaces and should remain as separated from others as possible. Important to be careful when it’s not clear who is positive and who isn’t.
- When outside their room, positive, suspect and quarantined residents should always wear a mask/face covering .

Shared Bathrooms

- Ideally bathrooms are not shared, especially between those who are sick and those who are well. If the facility has shared bathrooms, try to allocate a shared bathroom close to the room of positive, suspect, or quarantined residents for their use only.
- If it is not possible to separate:
 - It is preferred that the positive, suspect or quarantined person disinfects the bathroom themselves.
 - If they can't, healthy residents should wait as long as possible before entering and should disinfect all surfaces.
- Cleaning: all surfaces that may have been touched should be cleaned (door knobs, faucet handles, sink, shower, bath, toilet handle, countertops, light switches etc.)
⇒ *NOTE: This is a moment when wearing gloves is necessary! The gloves should be properly removed, thrown away, and the person cleaning should immediately wash their hands with soap and water.*
- Wash hands after going into the bathroom (regardless of why you entered the bathroom). Use a paper towel to turn off the faucet and open the door after hand washing.
⇒ *NOTE: Good idea to place a sign on the inside of the bathroom door reminding people to use a paper towel to open the door. Also good to keep a trash bin outside the bathroom for people to throw away the paper towels.*
- Remove all toiletries and personal items from shared bathrooms. Residents should store them in their own rooms and carry them to the bathroom as needed.
- No towels should be left in the bathroom and the sick person's towel should be washed frequently.

Shared Kitchen and Food

- Food delivery is preferred for positive, suspect and quarantined residents
 - Develop a plan for food and drink delivery to resident rooms to minimize their time in common areas.
 - If staff are microwaving food for residents, the microwave should be cleaned after each use.
 - Dishes should be collected and cleaned by staff. This is a moment to wear gloves. The gloves should be appropriately disposed of and hands washed thoroughly after.
- As far as possible, positive, suspect and quarantined residents should not have access to shared kitchens. If they need access:
 - Others should not be in the kitchen at the same time.
 - The resident should wear a face mask.
 - The resident (or staff member if the resident is unable) should clean all surfaces and equipment when they are finished.
 - Open windows to keep good ventilation.
 - Healthy residents should wait as long as possible before entering the kitchen.

Laundry

- Laundry should be considered infectious regardless of COVID-19.
- Laundry of positive, suspect and quarantined residents should be done regularly.
- Gloves should be worn if handling someone's laundry or used linens (true for everyone not just people who are COVID+). Hands should be washed after gloves are removed.
- It may be easier to send out laundry for positive, suspect, and quarantined residents.
- If using laundry in the supportive housing facility, ideally this is done by a staff member to limit use of common spaces by positive, suspect and quarantined residents.

Other resources:

There are many resources out there and those developed for Long Term Care facilities may also be useful when developing protocols for what to do when a resident is positive, suspect or quarantined in supportive housing settings.

- WHO: https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf
- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html>