Ohio | Department of Health
Department of Mental Health and Addiction Services

Special Population Isolation Activities During COVID-19

Mike DeWine, *Governor*

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Introduction

COVID-19 has specific challenges for congregate or shared living (examples include homeless shelters, residential facilities, domestic violence shelters, recovery homes, etc.) for people with mental illness, addiction, and alcoholism. Providers need to monitor not only signs for coronavirus, but support residents in managing their mental health and addiction recovery.

Since March 23, Ohioans have been living under a Stay at Home Order from Governor Mike DeWine. This order limits the movement in the community to essential needs and functions so that the spread of COVID-19 can be stopped.

- Residents should be staying home unless they are going out for essential needs. Behavioral health providers are delivering services via telehealth. Residents should call their provider to see how to best receive their scheduled care, including medication management.
- When possible, providers should reach out to local grocers for online ordering and delivery of essential foods and household items.

To minimize exposure and outbreak of COVID-19 in shared living environments, the Ohio Department of Health (ODH) and the Centers for Disease Control and Prevention (CDC) recommend the following protocols in adult care facilities and recovery residences:

Prevention and Screening

Current Residents
Screen each resident daily for fever and respiratory symptoms.
Ask the following questions:

- Are you or anyone you have had contact with experiencing fever, dry cough, sore throat, or shortness of breath?
- Have you or anyone you have had contact with been exposed to or tested positive for coronavirus?
- If someone answers "yes" to these questions, your facility should isolate/quarantine the resident in a single room the best you can and call that resident's primary care provider/doctor for direction. If the person does not have a doctor, then call the local health department.
    - Follow the directions that the doctor or health department provide on whether the resident needs to be seen in person at an office, urgent care, or hospital.
    - If the resident is told to recover at home, then speak with the resident throughout the day to check on his/her needs, monitor symptoms, and support him/her in calling the doctor or health department again if any symptoms change or worsen.
- Ask residents to report if they feel feverish or have symptoms of respiratory infection.
- If a thermometer is available, help each resident monitor his/her body temperature and thoroughly clean the thermometer with soap and water before and after each use.

New Residents
- Actively monitor all residents upon move-in and at least daily for 14 days for fever and symptoms of respiratory illness (shortness of breath, new or change in cough, and/or sore throat).
    - If a new referral has a fever, cough or other symptoms of COVID-19 when arriving to move in, have him/her contact his/her health care provider to be screened before moving into the residence.
    - Ask the referral source to help with the screening of potential residents before they move in.

Environment
- Remind all staff and residents each day to:
  - Report symptoms when sick
  - Keep six feet from one another when in the same room
  - Cough and sneeze into their elbow, not their hands
  - Wash hands frequently with soap and water for at least 20 seconds each time
- Provide protection supplies such as soap and water, hand sanitizer, tissues, paper towels, and no-touch garbage cans for use by all residents and staff.
- Frequently clean commonly touched surfaces: countertops, railings, light-switches, door handles, and doorknobs. Anti-viral sprays and wipes work, but so does soap and water.

Employees
- Employees should monitor their own health, watching for signs of cough and fever.
- Encourage sick employees to stay at home until they are free of fever (101.4) and other symptoms have improved for at least 72 hours, and a minimum of seven days have passed since symptoms first began.

Quarantine and Isolation Interim Guidance

Quarantine means separating and restricting the movement of people who were exposed to a contagious disease to see if they become sick.

Isolation means separating sick people with a contagious disease from people who are not sick.

While it is ideal to isolate or quarantine residents of congregate settings with confirmed cases of COVID-19 outside of the home, this may not be possible. As such, the following special considerations should be made for group homes and congregate settings with confirmed cases who cannot isolate outside of the housing environment:

Group 1: Residents who report no symptoms or exposure and have no observable symptoms of COVID-19.
- Continue advising on preventative measures such as; social distancing, washing hands and covering coughs/sneezes with napkins or inner elbow.
- Complete daily check-in with residents regarding common symptoms (fever, dry cough, and shortness of breath).

Group 2: Resident reports mild symptoms and is undergoing testing or is confirmed to have COVID-19.
- Contact the resident's primary care provider, local health department, guardian (if applicable), and family (verify if there is a release of information prior to contact).
- Follow guidance from the health care provider for next steps with treatment.
- If possible, immediately quarantine resident(s) in a single room, with his/her own bathroom.
  - If a bathroom is not accessible for only the resident with symptoms of COVID-19, provide the resident with proper cleaning supplies to clean commonly touched areas after use. This would include the sink, toilet, light switches, doorknobs, soap dispensers, and shower/bathtub.
- Set protocols for resident communication, such as calling staff when help is needed.
  - Deliver meals to resident's room; if staffing does not allow for meals to be delivered, arrange an alternative schedule for the quarantined resident to eat.
    - Non-disposable food service items used should be handled with gloves and washed with hot water or in a dishwasher.
  - Designate time and communication protocol for resident to go outside.

Group 3: Resident reports mild symptoms (fever, cough, and/or shortness of breath) and has NOT undergone testing.
- Contact the resident's primary care provider, local health department, guardian (if applicable), and family (verify if there is a release of information prior to contact).
- Follow guidance from the health care provider for next steps with treatment.
- If possible, immediately quarantine resident(s) in his/her own room.
- Set protocols for resident communication, such as calling staff when help is needed.

- Deliver meals to resident's room; if staffing does not allow for meals to be delivered, arrange an alternative schedule for the quarantined resident to eat.
- Designate time and communication protocol for resident to go outside.

Group 4: Resident reports <u>severe symptoms</u> (difficulty breathing or shortness of breath, pain or pressure in chest or abdomen, sudden dizziness or confusion, sever or persistent vomiting or diarrhea, flu-like symptoms improve but then return with fever and worse cough).
- Contact 911 and advise in advance that the resident is being transferred from a facility with a confirmed or potential case of COVID-19
  - Follow the instructions outlined in Group 2 (only after receiving directions from emergency personnel).
- Maintain routine checks with resident(s) or hospital staff.

During all stages of COVID-19, group home operators are encouraged to keep residents in contact with behavioral health service providers for telehealth needs. Service providers can also offer add emotional and social supports during this critical time of need.

<u>Recovery from COVID-19</u>
Encourage isolation or quarantine at home until the resident is free of fever (101.4) and other symptoms have improved for at least 72 hours, and a minimum of seven days have passed since symptoms first began. Contact the resident's health care provider as needed.