



DDS Residential Program Guidance

Coronavirus Disease 2019 (COVID-19)

UPDATED April 13, 2020

Intended audience: The following guidance applies to residential programs funded and operated by the Department of Developmental Services (DDS). This includes state operated group homes, provider operated group homes (including ABI), facilities at Hogan and Wrentham, and shared living.

This 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 (DPH) is working closely with the federal Centers for Disease Control and Prevention (CDC) to provide updated information about the novel coronavirus outbreak.

This DDS Residential Program Guidance follows the Congregate Care Guidance, updated by the Executive Office of Health and Human Services (EHS), for all residential and congregate care programs. As noted in the Congregate Care Guidance, that 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. This DDS guidance will be updated as needed and as additional information is available.

Please regularly check the DPH COVID-19 website for updated EHS guidance: mass.gov/covid19

Please check the DDS website for COVID-19 resources and support: mass.gov/dds-covid-19-resources-and-support

If the needs of your program exceed current staffing capacity or ability, contact your DDS Regional Director to prioritize service provision and planning.

Background

What is Coronavirus Disease 2019 (COVID-19) and how does it spread?

- COVID-19 is an illness caused by a respiratory virus.
- Current symptoms have included mild to severe respiratory illness with:
 - Fever
 - Cough
 - 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 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 primarily 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.

Protective Measures / Mitigating the Risk of Spreading COVID-19

Restrictions on Visitors

- **All in-person visitation to group homes and residential facilities is now prohibited**, except for certain compassionate care situations, such as an end-of-life situation. Program staff should help individuals stay in contact with their family, friends, and loved ones using technology, including phone and video calls.
- Residential providers 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.
- Individuals taken home by their family must remain with their family for the duration of this public health emergency.
- Residential programs should contact any entities that have staff regularly visiting their programs (e.g., contracted staffing agencies, attorneys, pharmacy delivery organizations, or cleaning agencies) to review and approve their protocols for preventing the spread of COVID-19.

Screening staff

- A **single point of entry** must be designated for each residential building.
- Screening should occur prior to an individual 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.
- 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 personnel, including DDS direct care workers, may continue working, wearing a facemask and self-monitoring for fever and symptoms, 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](#).

Other Precautions

- Providers should limit staff movement between homes and residential buildings.
- Use “social distancing,” the practice of keeping at least six feet between individuals at all times.
- Keep a daily log of names and contact information for employees, clients, visitors, and vendors.

Precautionary Steps to Keep Residents and Staff Healthy

The precautions that residential programs have in place to prevent the spread of germs can help protect against COVID-19. Residential programs should increase the frequency of their regular cleaning and disinfection program, including:

- Use [EPA Registered Disinfectants](#) for use against SARS-CoV-2, the virus that causes COVID-19, to frequently clean high-touch surfaces including 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 tablets, phones, touchscreens, and keyboards.



- Custodial staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and bodily fluid spills.
- When a resident is discharged or leaves the program permanently, their room, bathroom, and any other space they used should be cleaned and disinfected in preparation for the next resident.
- If a resident leaves the group 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. A new toothbrush should also be provided upon their return.

Reminders for Residents and Staff

- Wash hands often with soap and warm water for at least 20 seconds.
 - Wash hands before eating, after going to the bathroom, after changing diapers, after helping a resident eat or brush their teeth, coughing, or sneezing.
 - Use alcohol-based hand sanitizers with at least 60% alcohol.
- Avoid touching the face, eyes, nose, and mouth.
- Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands) and immediately throw the tissue in the trash.

Residential Program 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.
- Share this guidance with residential program managers and staff.
- Post signs at the entrance with instructions for hand hygiene and identifying individuals with symptoms of respiratory infection.
- Monitor exposed personnel for fever or signs and symptoms of respiratory illness every day.
- Implement strict infection control measures.
- Adhere to reporting protocols to public health authorities.
- Train and educate program personnel about preventing the transmission of COVID-19.

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 DDS residential program serving a resident with suspected COVID-19 should immediately contact a healthcare provider and the Local Board of Health to review the risk assessment and discuss testing and control measures.

Take the following control measures:

- 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 may include: aches and pains, nasal congestion, runny nose, sore throat, diarrhea, loss of smell or taste, chills, headache, abdominal pain, or vomiting.
- Use the online symptom checker at [buoy.com/mass](https://www.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](https://www.buoy.com/mass) to all individuals served by MassHealth.
- Program medical staff should immediately assess the individual, while 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.
- Contact the individual's parent or guardian.
- Prepare Emergency Fact Sheets for all residents with updated information including medications.

Testing

The Commonwealth has partnered with Fallon Ambulance to begin offering mobile testing of symptomatic individuals and staff in residential programs. The intent of this mobile testing program is to have all individuals and staff tested, however, homes with individuals displaying symptoms or a positive case of COVID-19 in a resident or staff already confirmed will be prioritized.

In order to access this service please:

- Send the completed [Mobile Testing Referral Form](#) to your DDS Area Director daily by 2 PM.
 - Please note the two tabs on the bottom of the spreadsheet, one for individuals and one for staff.



Mobile Testing
Referral Template.xlsx

- Insure resident or guardian has consented to the testing prior to providing the name to the Area Director.
- Designate a senior manager or health care practitioner to receive the results directly from Fallon and coordinate the testing at the provider level.
- Please note, on the day of the testing, staff will need to provide their social security number and their health insurance card

Confirmed Cases of COVID-19

Reporting

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

- The individual's health care provider
- The individual's guardian, if one is available
- The Local Board of Health – to review the risk assessment and discuss testing and control measures
- The DDS Area Office

Cleaning

- Close off all areas used by the ill person. If the exposed area(s) can be isolated, the remainder of the group home or facility may remain open, based upon the provider's assessment of the risk.
- 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.

Health Care Professionals, including DDS direct care workers, 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](#).

“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.

- DDS staff may continue to work with PPE if they are asymptomatic.
- Residents should self-quarantine for 14 days.
- Those in self-quarantine who have not developed symptoms may return to the building once the 14-day quarantine period has ended.
- The residence does not need to be closed.
- The residence 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 Residential Program

If an employee tests positive for COVID-19 but was not in the facility or group home 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 or group home.
- 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 program must be reported daily to your DDS Area Office.

Each residential program should assign one employee as the Designated Program Lead to report confirmed COVID-19 cases (in either residents or employees) to DDS.

Daily Reports

Daily reports of confirmed COVID-19 cases should be submitted to your DDS Area Office and include as much of the following information as possible for each case:

- Provider Name (corporate name)
- Site Address (full address of site associated with positive case)
- Positive State Employee **Yes or No**
- Positive Vendor Employee **Yes or No**
- Positive Resident/Individual served **Yes or No**
- Date of the Positive test results **MM/DD**
- Last day of work (for employees) **MM/DD**
- Date of death (if applicable) **MM/DD**
- DPH Notification? **Yes or No**
- Potential Exposure to employees/Individuals? **Yes or No**
- Potential Exposures been informed? **Yes or No**
- Applicable quarantine/isolation procedures followed? **Yes or No**
- Appropriate facility cleaning was done? **Yes or No**
- Does the staff person work for another provider? **Yes or No**
- Other Provider Name
- MAVEN number
- Date Reported **MM/DD**
- Reporter Contact (email address)

Staff Working for Multiple Providers

Staff testing positive for COVID-19 may work for multiple providers. In order to help us ensure our count is not duplicated, please include the employee's MAVEN number (number that is assigned to the case by DPH once the person has tested positive). This will allow us to cross check the reporting. Please include the name of the other provider(s) the employee works for in your daily report.

Reporting Deaths

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



Providing Care to Residents with a Positive Case of COVID-19

DDS residential 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

- People with a diagnosis of COVID-19 need to be in isolation, i.e., have no close contact with others. Consult the Local Board of Health to review the risk assessment and whether the residential setting is appropriate for home care or a move to an alternative site is recommended 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 and bathroom option where the resident can recover without sharing immediate space with others.
 - The resident and other household members 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 is not recommended.

On-site Care

If the resident will be cared for within the residential program:

Limiting Further Spread

- Other household members should stay in another room and be separated from the resident.
- Other household members should use a separate bathroom, if available.
- Other household members should wear a facemask, unless wearing a mask causes risk to the individual, such as trouble breathing.
- Clean all “high-touch” surfaces within the residential program frequently.

Resident Care

- Make sure all direct care staff understand and can help the resident follow their healthcare provider’s instructions for medications and care.
- The resident should wear a facemask around other people, unless wearing a mask causes risk to the individual, such as trouble breathing.
- The caregiver should wear a facemask when in the same room as the resident and keep as much distance as possible
- Facemasks may include cloth face coverings only if approved PPE is not available.
- If the individual requires care which 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](#).

Off-site care

The Provider, in conjunction with DDS and with medical professionals, shall determine if the individual can be safely isolated at home, considering the factors outlined above (see Determine Location of Care).

If it is determined that the individual cannot be safely isolated at home, the individual may be moved temporarily to an alternative site.

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 indicated 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 in 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 the individual requires care that 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.

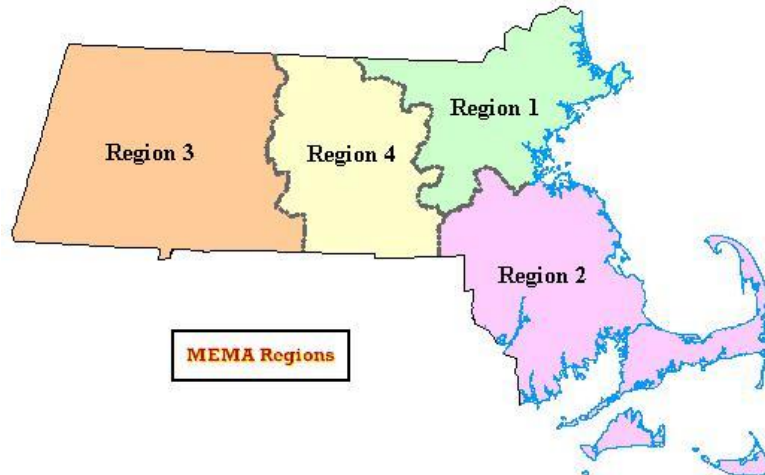
PPE Supply

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 the residential program may be required if an employee or resident is confirmed to have COVID-19 and was present in the residential program while they were symptomatic.

Definitions

Cleaning refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but cleaning helps remove germs, reducing overall levels 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 individuals.
- 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 should continue to 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 program 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 program 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.