Guidance for Mitigation of COVID-19 in Congregate Setting Facilities: July 2023

Reason for Update:

On May 11, 2023, the Illinois COVID-19 Disaster Proclamation ended, aligning with the U.S. Department of Health and Human Services end to the Public Health Emergency (PHE). The Chicago Department of Public Health has made significant revisions to guidance in congregate living settings due to the changes in recommendations for the community and other congregate settings, both locally and nationally. These changes are based on the high levels of vaccine and infection-induced immunity and the availability of effective treatments and prevention, which substantially reduces the risk for medically significant COVID-19 illness and associated hospitalization and death[1]. These changes focus on minimizing the logistical burden COVID-19 has placed on congregate settings and the overall lack of available resources to maintain enhanced mitigation strategies. In addition, these updates continue to take into consideration that the risk of COVID-19 transmission is higher in these settings, in comparison to the general population. **The response to SARS-CoV-2, the virus that causes COVID-19, remains a public health priority.** This guidance document is in alignment with the updates to the Community Congregate Living Settings (e.g. Group Homes, Assisted Living) Guidance.

Assessing a Facility's Risk:

The Chicago Department of Public Health (CDPH) recommends that leadership within congregate setting sites use a combination of **data representing the level of new COVID-19 hospital admissions (high risk is considered to be 20 new admissions per 100,000 population over the last week)** and facility-specific risks to guide decisions about when to apply specific COVID-19 prevention actions. Assessing the following factors can help decide if additional layers of protection are needed because of facility-specific risks:

- **Facility structural and operational characteristics**: determine whether certain characteristics of your facility could contribute to the spread of COVID-19 (facility common space capacity, number of residents to a unit, etc.)
- **Risk of severe outcomes:** Assess what portion of individuals within your facility are more likely to get significantly ill from COVID-19 (ex: age, underlying medical conditions, access to medical care, etc.)
- **COVID-19 transmission in the facility**: Assess the extent to which transmission is occurring within the facility.
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Congregate facility administration should align their internal policies to reflect these different levels and the COVID-19 response requirements that are associated with **prevention strategies for everyday operations** and **enhanced prevention strategies** based on current risk. If a facility has any concerns regarding their facility's ability to adapt to changing policies based on current risk, they should continue to require COVID-19 prevention and mitigation protocols associated with the **enhanced prevention strategy** recommendation. Depending on the risk of the different areas of the facility, **enhanced prevention strategies** can be applied across an entire facility or can be focused on a single housing area, wing, or building. It is also at the discretion of the facility to implement **additional** protective measures when the **COVID-19 Hospital Admission Level is lower while also taking into account the activity of other respiratory infections, including flu and RSV.**

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[1] Massetti, G. et al., Morbidity and Mortality Weekly Report. Summary of Guidance for Minimizing the Impact of COVID-19 on Individual Persons, Communities, and Health Care Systems — United States, August 2022. https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7133e1-H.pdf. Accessed October 11, 2022

Please continue to refer to this guidance document for answers to any questions congregate setting stakeholders may have regarding COVID-19 guidance and reach out to your CDPH Special Populations team contact for further guidance and individualized recommendations.

For Healthcare Professionals: This guidance does not apply to dedicated patient care areas within these settings. Any healthcare workers who provide care in these settings should follow Infection Control Recommendations for Healthcare Personnel.

Masking Guidelines:

Congregate settings may choose to no longer require masks for staff/volunteers, residents and visitors if **the level of new COVID-19 hospital admissions** is under 20 new admissions per 100,000 of the population (HIGH)**.** If hospital admissions exceed 20 per 100,000**, *Enhanced Prevention Strategies,*** including wearing high quality masks or respirators, should be put in place to mitigate spread of COVID-19 within your facility for all staff/volunteers, residents and visitors.

Isolation Guidelines:

Staff, residents and volunteers with confirmed COVID-19 should be isolated immediately following the development of symptoms or a positive test result (if asymptomatic) and may return to work (staff/volunteers) or the general population (residents) after 10 days or after 7 days with a negative viral test[2] if:

1. Their symptoms are improving, and they are fever free for 24-hours **WITHOUT** fever reducing medications.
2. They are able to mask for the remainder of the 10 days they are considered to be infectious.

In order to discontinue isolation after 7 days, **ALL** the above conditions must be met. If any of the above conditions are not met, the individual should remain in isolation from for a full 10 days**. Continue to follow-up with your healthcare provider to determine isolation periods for those who are significantly ill or immunocompromised**. During crisis-level operations, such as severe staffing shortages or space, facilities should reach out to their CDPH contact to discuss short-term reductions to the recommended isolation periods for staff.

If your facility has exhausted all other isolation resources to safely isolate ill residents, reach out to the CDPH Community Congregate Settings team by filling out the **Quarantine/Isolation Referral Form** to request temporary isolation placement for the ill resident(s). (**Note**: isolation resources are available on a case-by case basis and may not always be available.)

[2] Either a NAAT (molecular) or antigen test may be used to determine if isolation can be shortened to 7 days. If using a NAAT, a single test must be obtained within 48 hours prior to return to work (for staff) or ending isolation (for residents). If using an antigen test, two negative tests must be obtained, one no sooner than day 5 and the second 48 hours.

This guidance was released on 8/3/2023.

Quarantine Guidelines:

Quarantine of individuals who meet the definition for a close contact (within 6 feet of a positive case during their infectious period, for more than 15 minutes in a 24-hour time period) is no longer recommended for the general population. In congregate settings, quarantine can be disruptive to the daily operation of the facility, and this is why it is not recommended following an exposure. However, if facilities with medically vulnerable populations would like to continue quarantine protocols following exposures in order to limit spread, they can do so.

- If a facility is considering implementing temporary quarantine requirements for exposed staff/volunteers and residents, please reach out to your CDPH contact on a case-by-case basis for further recommendations regarding quarantine.
- Though quarantine is no longer required for staff, residents, or visitors, those who report having close contact to someone within a known COVID-19 diagnosis should mask for 10 days from their most recent exposure and continue to self-monitor for signs and symptoms of COVID-19.

Visitation Guidelines:

Visitation is essential for residents' mental health and should be allowed at all times. When facilities are working to determine policies and protocols for visitation (where they occur, when they occur, etc.) consideration should be made n a case-by-case basis based on vulnerability of the residents and potential for transmission. Special considerations include:

- Settings with more vulnerable residents may apply stricter guidance for visitors, enforcing that non-residents who have tested positive for COVID-19 within the previous 10 days do not visit the facility, even if masked, social distancing (for those other than the visitor and their resident they are visiting) and masking.
- For the general population, anyone with a known exposure in the last 10 days should wear a mask while in the facility.
- Facilities do not need to formally screen all visitors entering the building, however there should be signage at entrances asking visitors to self-screen for symptoms and notify the facility if they have had a recent known exposure.

Testing Recommendations:

Anyone who reports having symptoms within the facility (residents and staff/volunteers) should be tested immediately. In response to a case of COVID-19 identified within the facility, contact tracing should take place by congregate setting staff, when possible, and those identified as a close contact (within 6 feet for a cumulative of 15 minutes in a 24-hour period) should be tested at least 5 days following initial exposure (exposure date= day 0), or sooner if they develop symptoms. If traditional contact tracing is ineffective due to crowding, mixing of residents/staff, or difficulty ascertaining close contacts, location-based exposure evaluation may take place (identify people with potential moderate to high-risk exposure based on whether they spent time in the same areas or units as a person with COVID-19 during the time the infected person was considered infectious[3]) may be used. In the event of a continuing outbreak, the facility should consider twice weekly testing of affected units/buildings until 14 days with no new cases.

Additionally, you can reach out to your CDPH contact to determine if an enhanced testing strategy warranted in order to prevent and mitigate spread in a high-risk population[4] If testing staff onsite is not feasible (e.g., due to employment policy

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[3] The infectious period is considered to be two days prior to onset of any symptoms or two days prior to positive test result if asymptomatic, through the end of isolation.

An enhanced testing strategy refers to the implementation of routine screening testing of residents and/or staff if there are concerns

or availability of testing supplies), advise staff who have been exposed or who are symptomatic to seek offsite testing.

COVID-19 Prevention Strategies:

The steps facilities take to help prevent spread and mitigate outbreaks of COVID-19 can be categorized as **prevention strategies for everyday operations and enhanced prevention strategies**.

- **Prevention Strategies for Everyday Operations:** These strategies should be in place at all times, regardless of COVID-19 Hospital Admission Levels. This includes all below strategies except for those listed as *enhanced strategies.*

- **Enhanced Prevention Strategies:** These are additional prevention strategies that should be implemented when COVID-19 Hospital Admission Levels are HIGH, any time there has been transmission within the facility, or based on assessment of the facility specific-risk factors that increase risk. These include strategies listed below that are labeled *enhanced strategies.*

When implementing enhanced prevention strategies, facilities should balance the need for preventing the spread of COVID-19 and the potential impact these strategies may have on the facility's ability to provide services and programming to its residents. Facilities should never pause admission unless specifically recommended from CDPH to mitigate a current outbreak. Other recommended prevention strategies are as follows:

COVID-19 Infection Prevention and Mitigation Strategies:
Support staff and residents to stay up to date on their COVID-19 vaccines: o Encourage and enable staff, volunteers, and residents to stay up to date on their COVID-19 vaccinations when possible, providing onsite vaccine events and supporting peer outreach to promote vaccination.
Improve ventilation: o Ensure HVAC systems are operating properly. o Consider the use of HEPA filtration systems to enhance air cleaning. o Consider opening windows and/or doors to increase fresh air turnover in the facility, when it is safe to do so (weather permitting). o ***Enhanced strategy***: when possible, consider holding group activities outside and increase/improve ventilation as much as possible within the facility.
Provide COVID-19 testing, when needed: o Test anyone who is symptomatic or has been exposed to COVID-19 at least 5 days following exposure, regardless of their vaccination status. o ***Enhanced strategy***: during outbreaks test affected units/buildings twice weekly until no new cases for at least 14 days.

about the population being especially high risk for severe illness for COVID-19. Routine testing can help identify infections early, which is especially important for people who are eligible for treatment.

Wear masks or respirators and PPE, as appropriate:

- Maintain a stock of personal protective equipment (PPE)
- Offer high quality masks or respirators to all residents and staff and provide other PPE for staff and residents based on risk.
- ***Enhanced strategy***: Require universal indoor masking regardless of vaccination status.

Promote Infection Control and Facility Cleaning:

- Conduct standard infection control, cleaning, and disinfections at all times.
- Maintain supplies for hand hygiene, cleaning, and disinfection

Enhanced strategy: Add enhanced cleaning and disinfection.

Implement isolation guidance:

- Isolate staff, volunteers, and residents who test positive for COVID-19 away from others within the facility as applicable, for 10 days from symptom onset or date of test (if asymptomatic) or 7 days from symptom onset/date of test (if asymptomatic) with a negative test result on or after day 5 of isolation with symptoms improving and remaining fever free for at least 24 hours without fever reducing medications.

Support access to treatment:

- Continue to notify your CDPH contact of COVID-19 cases within your facility and recommend treatment for staff and residents.
- Treatment should be given promptly upon symptom development. Treatment has been shown to reduce severe COVID-19 disease and hospitalization, especially in those who are unvaccinated, the elderly, and those with underlying health conditions.
- Treatment information is available at (NIH) COVID-19 treatment guidelines and AASPR Therapeutics Decision Tree

Monitor and communicate potential outbreaks or needs:

- Continue to monitor for an increase in cases and/or symptoms being reported within your facility and notify the CDPH Special Pops team with any concerns you have regarding potential spread of COVID- 19.

Increase distance:

- ***Enhanced strategy***: Create physical distance in congregate areas when possible.
- ***Enhanced strategy***: Reduce movement and contact between different parts of the facility and between the facility and the community (as applicable).

Organization	Contact Information
CDPH Special Populations	specialpops@cityofchicago.org
Communicable Disease Report Form	https://redcap.link/specpopreport

This guidance was released on 8/3/2023.