

Toolkit for Foster Care or Group Home Providers Operating Homes with Five or Fewer Residents

August 2020





This guide is a resource for providers operating homes licensed or certified to support five or fewer residents by the Oregon Health Authority (OHA) or Department of Human Services (DHS).

This includes:

- Foster homes
- 24-hour group homes
- Residential treatment homes
- Residential treatment facilities
- Other licensed community housing

People living in the settings listed above have physical, medical or mental health conditions, or a combination of these. These health conditions place them at greater risk of serious illness or complications due to COVID-19. Providers may limit the risk to residents by:

- Implementing preventive practices to limit potential exposure or transmission of COVID-19, and
- Providing a responsive approach to outbreak situations.

This toolkit provides information about infection control. It also includes resource links and tools to help providers:

- Assess readiness and risk, and
- Put a speedy response into practice.

*Content for this guide was borrowed heavily from Oregon Health Authority's ["LTCF COVID-19 Response Toolkit — March 22, 2020"](#).

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What is COVID-19?

COVID-19 is a virus that mainly spreads:

- Between people in close contact, or
- Through respiratory droplets from coughing or sneezing.

COVID-19 is highly contagious. The virus can survive on surfaces. It may be spread through touching the virus on surfaces, including doorknobs, handrails and countertops.

Symptoms of the viral infection vary. It can range from a mild respiratory illness to severe pneumonia with respiratory failure and septic shock. Often, infected people have a fever. Also, the severity of the illness may worsen in the second week of infection.

Not all who get COVID-19 require hospitalization. residents may need support to:

- Monitor the severity of symptoms, and
- Determine when to seek medical attention.

People who seek medical care due to COVID-19-like symptoms may get a letter that identifies them as part of a high-risk population. This will help them be prioritized for testing.

Program specific resources

Office of Developmental Disabilities Services (ODDS) — Department of Human Services (DHS):

ODDS policy transmittals and on-line resources:

[APD PT 20-045 — “Stay Home, Stay Safe,” Executive Order 20-12”](#)

[APD PT 20-074—“ODDS Reopening Policy Worker’s Guides”](#)

[APD PT 20-075 — “Scenarios and Reporting Requirements for COVID-19”](#)

[24-Hour Residential and Foster Home Setting Provider COVID-19 Policy Guide](#)

[Scenarios Tool and Reporting Requirements for COVID-19](#)

[ODDS Fact Sheet: “Knowing Your Rights during COVID-19”](#)

[ODDS Stay Home, Save Lives Video](#)

Child Welfare — DHS:

[COVID-19 Testing Resource for Staff](#)

[Oregon State Public Health Laboratory \(OSPHL\) Resource for COVID-19 Testing for CCA Staff](#)

[Child Welfare Provider FAQ](#)

<https://govstatus.egov.com/or-dhs-covid-19>

Health Systems Division (HSD) — OHA:

Updated guidance for behavioral health providers can be found [here](#) or on the [COVID-19 Healthcare Partner Resources page](#). This includes guidance for all: OHA-licensed:

- Mental health residential treatment facilities
- Adult foster homes
- Residential substance use disorder treatment and detox programs, and
- Intensive Treatment Services Day Treatment programs.

[COVID testing priority request letter for facility or home staff.](#)

Aging and People with Disabilities (APD) — DHS:

- APD AFH provider alerts can be found [here](#).
- [Local licensing authority contact information.](#)
- [Local licensing authority contact information.](#)
- [Compassionate Care Visits](#)
- [Patio Visitation Guidance](#)
- [APD Guidance on Mask Use in an AFH](#)

Local licensing [authority contact information.](#)

How to use the infection prevention readiness assessment tool for COVID-19

The following infection prevention and control readiness assessment tool has been adapted from [CDC's Infection Prevention and Control Assessment Tool for Long-term Care Facilities](#). This tool may be used by residential setting providers to prepare in prevention and caring for residents with COVID-19. Use of this tool may include interviews of staff and caregivers, and assessment through direct observation. This tool can be used more than once. It may be appropriate for a provider to reassess or update the tool as the pandemic situation continues.

The assessment focuses on key areas, including:

- Visitation policies during an outbreak or pandemic situation
- Education, monitoring and screening of all employees
- Education, monitoring and screening of residents
- Availability of personal protective equipment (PPE) and other supplies
- Infection prevention and control practices (e.g., hand hygiene, use of PPE, and cleaning and disinfection of environmental surfaces and resident care equipment)
- Communication

For nursing homes, see Oregon's [long-term care facility guidance](#).

Tips for communicating with local public health authority

When a staff or resident test positive for COVID-19 the congregate care facility should communicate with the Local Public Health Authority (LPHA) contact. The LPHA will gather additional details about the person with COVID-19 and may also provide guidance to the facility regarding who should or should not continue to work. It is critical that the facility discuss staffing concerns with the LPHA in the event that some staff may have been exposed at the same time that residents were exposed and thus those staff may not pose a higher risk to the residents than any other staff. These are conversations to have with LPHA and the residents case managers as well.

LPHA contact information

- Each LPHA has a communicable disease contact and an after-hours line. Contacts by county can be found at: <https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Documents/reportdisease.pdf>.

When provider calls LPHA for assistance here are key words and/or terms to use:

- Identify that you manage a 'congregate care' facility for people with disabilities. The residents are high risk and part of the priority populations identified in the public health Investigative Guidelines. Investigative Guidelines are posted [here](#).
- Discuss options for having staff and/or residents tested as applicable to the facility.
- Are staff able to contact their primary care physicians to have testing completed?
 - ▶ Staff should let their primary care physicians know that they work in a congregate setting where COVID-19 can be more easily spread. This should help staff access testing.
 - ▶ If a provider refuses to provide testing, the employer may provide a letter or a phone call to encourage testing.

If it is an evening, weekend or holiday, be sure to call the afterhours phone number listed on the contact sheet above. (including weekend info)

Outbreak numbers/cases:

- For congregate settings, which include group homes/residential settings, treatment facilities as well as foster care homes, the LPHAs have been instructed to request that Oregon Health Authority (OHA) assign an outbreak number for one positive case associated with the group home or foster home address.
 - ▶ See the [Investigative Guidelines](#) used by the LPHA
- This means that the LPHA must communicate with OHA where the outbreak originated. Outbreaks can be reassigned to alternative LPHA offices if appropriate. This helps with tracking any other positive person with the assigned outbreak/home.
- Having an outbreak case established may also help in getting all specimens sent to a single laboratory for testing rather than having primary care physicians process each person's specimen.

This means that the specimens may go to a laboratory with which the State has an agreement. The testing lab may choose to bill insurance before charging the state.

Facilities testing staff and residents:

- Depending on urgency or need to test residents or staff, the facility may have all residents and staff contact their Primary Care Physicians (PCP) to discuss having a test completed. Residents have the right to refuse testing.
- If a facility has an RN or other medical professional on staff, the facility may choose to have these staff members collect specimens from residents or staff. Specimens would be sent to the facility's existing laboratory or a lab identified to support the facility according to that lab's procedures.
- If the facility does not have an RN or medical professional in your agency to collect specimens from residents or staff, notify the LPHA. Their staff may have resources available to send a specimen collection team to your facility.

Residential Setting Infection Prevention Readiness Assessment Tool for COVID-19

Date of Assessment:

COVID-19 status of the residential setting:

- No cases of COVID-19 in the setting

- No cases of COVID-19. However, acute respiratory illness has been identified.
Number of cases of acute respiratory illness:

- Cases (positive tested or presumed positive by a health care professional).
Number of cases associated with setting, including providers, staff, caregivers and residents:

Supplies on hand at the residential setting:

Which products and how many days' supply of the following does the home/setting have available?

- Facemasks:

- Isolation gowns:

- Eye protection – goggles, face shields, etc:

- Gloves:

- Alcohol-based hand rub (ABHR) or sanitizer:

Visitor policies during COVID-19 pandemic in accordance with program administrative rules and policy transmittals.

Completed or implemented	Policy or action	Comments
<input type="checkbox"/>	Communicate to residents and their families and friends that visits are limited to essential persons during COVID-19.	
<input type="checkbox"/>	Identify and support to residents to maintain contact with family and friends through alternative methods. This includes phone calls and video chats.	
<input type="checkbox"/>	<p>The few essential persons permitted to access the home will be screened by the setting provider, staff or caregivers. This includes inquiries about:</p> <ul style="list-style-type: none"> • Fever • Chills • Cough • Shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • New loss of sense of taste or smell • Sore throat • Congestion or runny nose • Nausea or vomiting • Diarrhea <p>Visitors with symptoms will not be allowed in the setting.</p>	
<input type="checkbox"/>	Essential persons who visit the home are required to wear a cloth face covering, face shield or facemask when available.	
<input type="checkbox"/>	Essential persons who visit the home are limited to areas of the home setting necessary to fulfill the purpose of the visit.	
<input type="checkbox"/>	Essential persons who visit the home and residents, staff and caregivers are asked to wash hands upon entering and as appropriate.	
<input type="checkbox"/>	The areas of the home where essential persons accessed are cleaned and disinfected promptly following the visit.	
<input type="checkbox"/>	Visits of essential persons to the home are scheduled in advance whenever possible.	

Visitor policies during COVID-19 pandemic in accordance with program administrative rules and policy transmittals.

Completed or implemented	Policy or action	Comments
<input type="checkbox"/>	<p>Essential persons who visit the home are to monitor for symptoms for at least 14 days following visit. If symptoms are present, visitors should:</p> <ul style="list-style-type: none"> • Self-isolate • Seek health care, and • Notify the provider of: <ul style="list-style-type: none"> ▶ Symptoms ▶ Date of the visit, and ▶ Persons they came in contact with during the visit. 	
<input type="checkbox"/>	<p>Provider will screen residents and staff for symptoms of COVID-19 daily for 14 days following a report of an essential visitor presenting with symptoms. Obtain testing promptly if symptoms develop.</p>	

Education, monitoring, and screening of providers, staff, caregivers and direct support professionals (DSPs)

Completed or implemented	Policy or action	Comments
<input type="checkbox"/>	<p>Provider conducts routine monitoring and check-in with staff, caregivers and DSPs working in the home to evaluate for symptoms. This includes at the start of each shift.</p>	
<input type="checkbox"/>	<p>Provider routinely communicates with staff, caregivers and DSPs to inform policies and expectations related to:</p> <ul style="list-style-type: none"> • Sick leave and not working when ill • Importance of handwashing • New info related to PPE or staffing shortage • Outbreak situation in the local community • Recommendation to wear a face covering or face mask, even when not delivering direct care 	
<input type="checkbox"/>	<p>Provider retains a list of any staff and caregivers who work in multiple settings:</p> <ul style="list-style-type: none"> • Staff and caregivers are actively screened for symptoms of COVID-19. 	
<input type="checkbox"/>	<p>Providers issue a COVID-19 priority testing request for care providers who are symptomatic - Request for COVID Testing for DSPs and Caregivers letter</p>	
<input type="checkbox"/>	<p>Request for COVID-19 testing letter for Child Caring Agencies</p>	

Education, monitoring and screening of residents

Completed or implemented	Policy or action	Comments
<input type="checkbox"/>	Provider supports residents in understanding and following the “Stay Home, Stay Safe,” Executive Order 20-12	
<input type="checkbox"/>	Provider supports resident with access to COVID-19 related resources such as the “COVID-19 Stay Home, Save Lives” video and other resources, such as Knowing Your Rights during COVID-19 fact sheet.	
<input type="checkbox"/>	Provider, staff and caregivers support residents with opportunities for activities and choice in the setting.	
<input type="checkbox"/>	Provider, staff and caregivers support residents to: <ul style="list-style-type: none"> • Frequently wash hands • Maintain social distance • Practice respiratory etiquette, such as covering cough, using and throwing away tissues, etc. • Wear a cloth face covering, face shield or facemask when leaving their room (in larger settings) or going out • Change clothing and wash hands whenever returning to the setting following any activity outside of the home • Report when they are experiencing symptoms of illness 	
<input type="checkbox"/>	Provider conducts routine monitoring and check-ins with residents in the home and setting at least daily to evaluate for symptoms. This includes: <ul style="list-style-type: none"> • Fever • Chills • Cough • Shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • New loss of sense of taste or smell • Sore throat • Congestion or runny nose • Nausea or vomiting • Diarrhea 	
<input type="checkbox"/>	Provider promptly supports residents in accessing health care as appropriate when residents report or present COVID-19 symptoms. Residents are given a letter to give to their health care provider when the resident is symptomatic and seeks health care. This letter that requests prioritization in testing. For ODDS residents the following may be used: COVID-19 testing request letter	

Education, monitoring and screening of residents

Completed or implemented	Policy or action	Comments
<input type="checkbox"/>	Provider implements isolation of symptomatic residents to minimize the spread of infection.	
<input type="checkbox"/>	Provider reports suspected or confirmed COVID-19 cases to the: <ul style="list-style-type: none"> • Local public health authority, and • Local or state licensing authority under which the setting is licensed or certified in accordance with program policy. 	

Availability of PPE and other supplies

Completed or implemented	Policy or action	Comments
<input type="checkbox"/>	<p>Provider has assessed current supplies and availability of PPE and other critical materials. This includes sanitizers, cleaners and tissues. EPA-registered disinfectants specifically identified for use against SARS CoV-2 (list N) should be used.</p>	
<input type="checkbox"/>	<p>Provider is aware of and will seek help from resources to get supplies if or when supply inventory is depleted.</p>	
<input type="checkbox"/>	<p>Provider makes supplies for hand hygiene readily accessible to staff, caregivers and residents as safe and appropriate.</p>	
<input type="checkbox"/>	<p>Provider makes PPE readily accessible to staff, caregivers and residents as necessary and appropriate.</p>	
<input type="checkbox"/>	<p>Provider maintains a stock of disinfectant and cleaning supplies that are readily available in the setting.</p>	
<input type="checkbox"/>	<p>Provider ensures there are tissues and designated locations for disposal easily accessible to staff, caregivers and residents as appropriate.</p>	

Infection prevention and control practices

Completed or implemented	Policy or action	Comments
<input type="checkbox"/>	<p>Provider, staff and caregivers perform hand hygiene or proper hand washing:</p> <ul style="list-style-type: none"> • Before contact with a resident, even when PPE is worn • After contact with each resident • After contact with blood, body fluids, or contaminated surfaces or equipment • Before providing direct care to a resident or performing a medical support task • After removing PPE 	
<input type="checkbox"/>	<p>Provider, staff and caregivers wear the following PPE when providing direct support to symptomatic or COVID-19 positive residents for 10 days following positive test or onset of symptoms.</p> <ul style="list-style-type: none"> • Gloves • Isolation gown • Surgical face masks are used when providing direct care for suspected or confirmed case of COVID-19. • Eye Protection, such as face shield or goggles 	
<input type="checkbox"/>	<p>PPE is properly removed in a way that prevents self-contamination.</p> <p>New PPE is put on when supporting a different resident.</p>	
<input type="checkbox"/>	<p>Providers, staff, caregivers and DSPs receive education and training on disinfection and cleaning practices with increased cleaning of high touch surfaces.</p>	
<input type="checkbox"/>	<p>Providers, staff, caregivers and DSPs maintain social distancing whenever possible. This includes in common areas and break areas.</p>	

COVID-19 outbreak response tool for residential settings

A single case of acute respiratory illness should prompt action!

- Notify [your local public health authority \(LPHA\)](#) immediately.
- Notify local or state licensing authority (APD, CW, HSD, ODDS) in accordance with program policies.
- Notify staff, caregivers, volunteers, residents, and families of suspected or confirmed cases, as appropriate. At the same time, ensure resident privacy and confidentiality as much as possible.
- Support symptomatic residents to seek health care and request testing. This includes providing residents with a [COVID-19 testing request letter](#).
- Support symptomatic staff, caregivers and DSPs in requesting COVID testing prioritization from their health care provider by issuing a:
 - ▶ [DSP testing request letter](#), or
 - ▶ [Congregate care worker testing request letter](#).
- Immediately prohibit symptomatic staff, caregivers, DSPs, volunteers and those with suspected or confirmed cases from access to the setting or having direct contact with residents that could result in exposure. See [OHA Provisional Guidance: Clinical Care and Healthcare Infection Prevention and Control for COVID-19](#) for return-to-work guidance. Individual programs may have additional restrictions or conditions.
- Actively perform surveillance to identify any new cases rapidly so they can be managed appropriately. Screen for:
 - ▶ Fever
 - ▶ Chills
 - ▶ Cough
 - ▶ Shortness of breath or difficulty breathing
 - ▶ Fatigue
 - ▶ Muscle or body aches
 - ▶ Headache
 - ▶ New loss of sense of taste or smell
 - ▶ Sore throat
 - ▶ Congestion or runny nose
 - ▶ Nausea or vomiting
 - ▶ Diarrhea

Report these cases daily to your LPHA and local licensing authority (APD, CW, HSD, ODDS). Residents and staff exposed to persons with COVID-19 should be monitored at a minimum three times a day for symptoms for 14 days after exposure.

- Implement system to screen staff, caregivers and DSPs for illness before each shift. Screening should include a check for:
 - ▶ Fever
 - ▶ Chills
 - ▶ Cough
 - ▶ Shortness of breath or difficulty breathing
 - ▶ Fatigue
 - ▶ Muscle or body aches
 - ▶ Headache
 - ▶ New loss of sense of taste or smell
 - ▶ Sore throat
 - ▶ Congestion or runny nose
 - ▶ Nausea or vomiting
 - ▶ Diarrhea

Any employee who is ill should be immediately excluded from work!

- Ensure availability of PPE in the setting. This includes:
 - ▶ Masks
 - ▶ Gowns
 - ▶ Gloves
 - ▶ Eye protection (face shields or goggles)
- Monitor stocks of PPE, hand hygiene and cleaning supplies. Reorder as needed. If PPE shortages arise and you cannot get supplies from local health care partners or any additional vendors, contact your local health department.
- Ensure that staff know how to put on, take off, and dispose of PPE properly, to avoid contamination and wastage of limited supplies. Staff should be trained on optimization strategies when PPE supplies are low.
- When interacting with any symptomatic or COVID-19 positive person, providers, staff, caregivers and DSPs, shall use caution. This includes using PPE — eye protection (face shields and goggles) and facemasks. The use of N95 masks (fit-tested) may be used if available. See the [Oregon Safety and Health Administration \(OSHA\) webpage](#) for resources and consultation options.
- Support residents in practicing respiratory etiquette. Residents with signs and symptoms of a respiratory infection should:
 - ▶ Wear a surgical facemask if they need to leave the room.
 - ▶ Cough or sneeze into their elbow, or
 - ▶ Cover their nose and mouth with tissue when coughing or sneezing, throw away the tissue in the nearest garbage and perform hand hygiene.
- Ensure materials for respiratory etiquette are available throughout the setting. This includes having these materials near or on tissues and no-touch waste containers.
- Ensure that materials for frequent hand hygiene are available throughout the setting, this includes:
 - ▶ Alcohol-based hand rub, and
 - ▶ Supplies for soap-and-water hand hygiene, such as:
 - » Disposable paper towels, and
 - » Accessible sinks supplied with warm water.
- To limit exposure risks and to maintain PPE supply:
 - ▶ Bundle care as much as possible to the resident with symptoms, and
 - ▶ Physically isolate the resident with symptoms from other residents.

Limit changes in staffing, caregivers to the resident with symptoms. Provide any resident with symptoms as much personal space as possible. Also limit their access to common areas of the home. Discontinue group or shared activities. Provide as much care as possible to symptomatic resident in their room or designated bathroom to limit exposure to others. This includes bringing meals and activities to the resident. Clean and disinfect high-touch surfaces in the room.

- Enhance routine cleaning and disinfecting procedures. Focus on high-touch surfaces such as:
 - ▶ Railings
 - ▶ Door handles
 - ▶ Counter tops and tables
 - ▶ Phones
 - ▶ Light switches

Clean and disinfect these types of surfaces at least twice daily. Ensure that your facility uses an appropriate [EPA-registered disinfectant](#). Also ensure the staff knows the contact time needed to disinfect.

- If COVID-19 is suspected or has been confirmed (any resident, provider, staff, caregivers, or DSPs), the provider may not admit new residents in the home for placement. For an infection control plan and considerations for new admissions, providers may need to consult with the:
 - ▶ Local Public Health Authority, and
 - ▶ Program they are licensed or certified under.

If additional infection control support is needed, submit an [OHA Infection Control Consultation request form online](#).

Strategies for personal protective equipment (PPE) conservation during COVID-19

In accordance with Oregon Health Authority guidance

Wearing appropriate PPE can help to prevent the spread of infection and are required in most caregiving situations (see specific references above under each program area). However, there are reported shortages of PPE. This includes N95 respirators, surgical masks, and gowns. This shortage may impact provider abilities to purchase adequate supplies and adhere to PPE recommendations during this pandemic.

Unsafe reuse of PPE due to limited supplies poses a risk of exposure and infection. It is very important that providers, staff and caregivers are strategic to maximize use and minimize risk to effectively and efficiently use PPE.

Four major strategies for efficient and effective use of PPE include:

1. **Limiting use:** PPE should be prioritized for care of symptomatic or COVID-19 positive residents. Limit cross contamination and the need for changing out PPE by limiting changes in staffing to specific residents.
2. **Reprocessing:** If possible, use PPE that can be cleaned, disinfected or sanitized for repeated use. Only some PPE can be reprocessed. It depends on what the PPE is made from and what it is used for. Information on reprocessing should be available in the manufacturer's guidelines. Examples of PPE that may be reprocessed include washable gowns and goggles or face shields that can be disinfected after use. There are currently no widely accepted procedures for reprocessing of face masks with disinfectants.
3. **Extended use:** Bundle care by clustering direct contact support and health-related tasks for each resident to limit the number of changes of PPE. The same PPE may be used to provide support for multiple tasks when the PPE is not removed or touched between tasks. Use of a face shield or face mask together can prolong the use of the underlying mask. The shield protects the mask to some degree from surface contamination.
4. **Limited reuse:** Remove facemasks after each encounter with different residents. The **only** time to consider wearing the same facemask (N95 or surgical and procedural) for multiple encounters with different residents, is in a **crisis-level** PPE shortage. Because limited reuse involves touching potentially contaminated PPE between residents, it may pose a risk of spread of infection. Limited reuse should **not** be applied when providing care to symptomatic or COVID-19 positive residents. For more information, consult [CDC's Strategies for Optimizing the Supply of N95 Respirators](#).

Current PPE recommendations for when support is provided to symptomatic or COVID-19 positive residents include **all** of the below:

- Facemasks (N95 respirators or surgical masks)
- Gowns
- Gloves
- Eye protection (such as goggles or face shields)

It is essential for staff, caregivers and volunteers to be trained on how and when to use PPE to conserve limited supplies.

N95 respirators

What they are:

Devices worn over the mouth and nose and designed to fit the face very closely. They filter out at least 95 percent of 0.3-micron airborne particles. For N95 masks to work properly, care providers must be:

- Medically cleared to wear them
- Be fit-tested to ensure that a proper seal has been achieved
- Be trained in their proper use, safe removal and disposal, and
- Be aware of when their use may be harmful.



Respirator use should be in the context of a complete respiratory-protection program in accordance with OSHA Respiratory Protection standards ([29 CFR 1910.134](#)).

When to use and how to maximize supply:

Limit N95 respirators use to when respiratory protection is most important, such as:

- Performing aerosol-generating procedures on symptomatic or COVID-19 positive residents, or
- Providing care to residents with other infections for which respiratory protection is strongly indicated (e.g., tuberculosis, measles, varicella).

Extended use of N95 respirators are an option when performing multiple care tasks. For specific guidance on extended use of N95 respirators, refer to [Strategies to Optimize the Supply of N95 Respirators](#).

The respirator must be discarded when:

- Damp, damaged or hard to breathe through
- Used during an aerosol-generating procedure
- Contaminated with blood or other body fluids

Surgical masks

What they are:

Devices worn over the mouth and nose. They fit loosely and create a physical barrier from potential contaminants in the environment. Surgical masks do not prevent inhalation of small COVID-19 particles. However, they may protect against larger droplets. They do significantly protect others from the users' excretions.



When to use and how to maximize supply:

Use surgical masks (with face shields if possible) when providing care for symptomatic or COVID-19 positive residents. Both symptomatic residents who tested positive or are awaiting testing **and** asymptomatic residents who have tested positive must wear surgical masks to prevent spread.

Extended use of surgical masks is an option when performing multiple care tasks for **one** resident.

The surgical mask must be discarded when:

- Damp, damaged or hard to breathe through
- If contaminated with blood or other body fluids

Goggles

What they are:

Equipment that covers the eyes and surrounding area. They prevent droplets or splashes of potentially infectious materials from contacting the eyes.



When to use and how to maximize supply:

Some form of eye protection should be used when:

- Providing direct care to a symptomatic or COVID-19 positive resident, or
- Splashes or sprays of secretions or body fluids are anticipated.

It is possible to reprocess and re-use goggles for more than one resident. This depends on the type of goggle and the availability of materials and facilities for reprocessing. It is crucial that goggles be cleaned and disinfected appropriately between uses.

Gowns

What they are:

Coverings worn over clothing to minimize contact between skin and clothing and potentially infectious materials.

When to use and how to maximize supply:

Use gowns when providing care for any symptomatic or COVID-19 positive resident.

Limit the use of gowns for high-priority activities such as:

- Aerosol-generating procedures
- Care activities where splashes and sprays are anticipated
- High-contact patient-care activities that provide opportunities for transfer of pathogens to the hands and clothing of the care provider. Examples include:
 - ▶ Dressing
 - ▶ Bathing or showering
 - ▶ Transferring
 - ▶ Hygiene-related activities (e.g., shaving)
 - ▶ Changing linens
 - ▶ Changing briefs or assisting with toileting
 - ▶ Device (e.g., central line, indwelling urinary catheter) care or use
 - ▶ Wound care



It is possible to reprocess and re-use gowns. That depends on the type of gown and availability of appropriate laundry services. It is crucial that gowns be reprocessed appropriately between uses.

Face shields

What they are:

Waterproof equipment that covers the face. It prevents droplets or splashes of potentially infectious materials from contacting the eyes and surrounding face.

When to use and how to maximize supply:

Use some form of eye protection when:

- Providing care for any symptomatic or COVID-19 positive resident, or
- Splashes or sprays of secretions or body fluids are anticipated.

Extended use of masks and eye protection are an option when performing multiple care tasks on one resident.



When supporting healthy or non-symptomatic residents, providers, staff and caregivers between providing direct support to residents:

- Remove only used gowns and gloves, and
- Perform hand hygiene.

Those providing direct support can continue to wear the same eye protection and respirator or surgical mask. The risk of transmission due to extended use of eye protection and facemasks is expected to be very low. Providers, staff and caregivers must take care not to touch their eye protection, respirator or facemask. If these items become damaged or soiled at any time:

- Remove eye protection, respirators, or facemasks, and
- Perform hand hygiene.



It is possible to reprocess and re-use a face shield for more than one resident, regardless of their diagnosis. It depends on the type of face mask and availability of materials and facilities for reprocessing. It is crucial that face shields be reprocessed appropriately between uses.

Face shields must be replaced when:

- Damaged or hard to see through
- If used during an aerosol-generating procedure

Face shields may offer similar protection as masks if used alone as a barrier to protect others from the user's excretions. They may have a role to play when engaging others, where facial expression is key to effective communication.

Local public health authority numbers in Oregon

(updated Feb 2020)

County	General	CD Nurse	CD Fax	Env Health	Animal Bites	After Hours CD
Baker	541-523-8211	General	541-523-8242	General	General	541-523-6415
Benton	541-766-6835	General	541-766-6197	541-766-6841	EH	541-766-6835
Clackamas	503-655-8411	503-655-8411	503-742-5389	503-655-8411	CD	503-655-8411
Clatsop	503-325-8500	General	503-325-8678	General	General	503-791-6646
Columbia	503-397-7247	971-757-4003	503-893-3121	503-397-7247	EH	503-397-7247
				Env Health & Animal Bite Fax 888-204-8568		
Coos	541-266-6700	541-266-6700	541-888-8726	541-266-6720	541-266-6720	541-266-6700
Crook	541-447-5165	General	541-447-3093	541-447-8155	General	541-447-5165
Curry	541-425-7545	541-373-8118	541-425-5557	541-251-7074	EH	541-425-7545
Deschutes	541-322-7400	541-322-7418	541-322-7618	541-388-6566	EH	541-322-7400
Douglas	541-440-3571	541-440-3684	541-464-3914	541-317-3114	EH	541-440-3571
Gilliam*	541-506-2600	General	541-506-2601	541-506-2603	General	541-506-2600
Grant	541-575-0429	General	541-575-3604	General	General	541-575-0429
Harney	541-573-2271	541-573-2271	541-573-8388	541-575-0429	EH	541-573-2271
Hood River	541-386-1115	541-387-7110	541-386-9181	541-387-6885	541-387-7110	541-386-1115
Jackson	541-774-8209	General	541-774-7954	541-774-8206	General	541-774-8209
Jefferson	541-475-4456	General	541-475-0132	General	General	541-475-4456
Josephine	541-474-5325	General	541-474-5353	General	General	541-474-5325
Klamath	541-882-8846	541-882-8846	541-850-5392	541-882-8846	General	541-891-2015
Lake	541-947-6045	General	541-947-4563	General	General	541-947-6045
Lane	541-682-4041	General	541-682-2455	541-682-4480	EH	541-682-4041
Lincoln	541-265-4112	General	541-265-4191	541-265-4127	EH	541-265-4112
Linn	541-967-3888	541-967-3888 x2488	541-924-6911	541-967-3821	EH	541-967-3888
Malheur	541-889-7279	541-889-7279	541-889-8468	541-473-5186	EH	541-889-7279
Marion	503-588-5342	503-588-5621	503-566-2920	503-588-5346	EH	503-588-5342
Morrow	541-676-5421	General	541-676-5652	541-278-6394	General	541-676-5421
Multnomah	503-988-3674	503-988-3406	503-988-3407	503-988-3400	CD	503-988-3406
Polk	503-623-8175	General	503-831-3499	503-623-9237 x1442	EH	503-932-4686
Sherman*	541-506-2600	General	541-506-2601	541-506-2603	General	541-506-2600
Tillamook	503-842-3900	503-842-3912	503-842-3983	503-842-3902	EH	503-842-3900
Umatilla	541-278-5432	General	541-278-5433	General	General	541-314-1634
Union	541-962-8800	541-910-7209	541-963-0520	General	541-910-7209	541-962-8800
Wallowa	971-673-1111	971-673-1111	971-673-1100	971-673-0440	541-426-3131	971-673-1111
Wasco*	541-506-2600	General	541-506-2601	971-673-0440	General	541-506-2600
Washington	503-846-3594	503-846-3594	503-846-3644	503-846-8722	503-846-3594	503-412-2442
Wheeler	541-763-2725	General	541-763-2850	General	General	541-763-2725
Yamhill	503-434-7525	503-434-4715	503-434-7549	General	CD	503-434-7525

*operated jointly as North Central Public Health District

<https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Documents/reportdisease.pdf>

To see the most current information on each county go here: www.healthoregon.org/lhddirectory

Additional resources

Resources from ODDS

- ODDS case management entity offices:
 - ▶ [Community developmental disabilities programs](#)
 - » See link and scroll to specific county. Start with the program manager.
 - ▶ [Support service brokerages](#)
 - » See link and use word search for county area. Start with the director.
- [ODDS COVID-19 web page](#)
- [ODDS Policy Transmittals, including APD PT 20-015; 20-028; 20-045; 20-049; 20-058; 20-067](#)
- [ODDS Stay Home, Save Lives video](#)

Resources from CW

- [Child Welfare COVID-19 web page](#)
- <https://www.oregon.gov/dhs/CHILDREN/PROVIDERS-PARTNERS/BRS/Documents/QRTP-Provider-Map.pdf>
- <https://www.oregon.gov/dhs/CHILDREN/PROVIDERS-PARTNERS/BRS/Documents/Resource-Consultant-Map.pdf>

Resources and references from HSD

- Desai AN, Patel P. [Stopping the Spread of COVID-19. JAMA — Journal of the American Medical Association.](#) Published online March 20, 2020. doi:10.1001/jama.2020.4269
- [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\).](#)
- [Coronavirus disease \(COVID-19\) advice for the public.](#)

Resources from OHA

- [LTCF COVID-19 Response Toolkit – March 22, 2020](#)
- [COVID-19 Updates](#)
- [Provisional clinical and infection control guidance for healthcare providers](#)
- [Use of PPE in resource-constrained settings](#)
- [OHA Infection Control Consultation request](#)

Resources from APD

- [Oregon DHS COVID-19 Website and Resources](#)
- [Oregon APD AFH Provider Alerts and Updates](#)
- [APD AFH COVID-19 Reporting Requirements](#)
- [Oregon DHS COVID-19 Website and Resources](#)
- [Multnomah County Trainings on COVID-19](#)

Centers for Medicare & Medicaid Services (CMS) announcements

- March 4: [Actions to Address Spread of Coronavirus](#)
- March 4: [Guidance for Infection Control and Prevention Concerning Coronavirus Disease \(COVID-19\): FAQs and Considerations for Patient Triage, Placement and Hospital Discharge](#)
- March 4: [Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in nursing homes](#)
- March 13: [Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in Nursing Homes \(Revised\) \(PDF\)](#)

Resources from the Centers for Disease Control and Prevention (CDC)

- Personal protective equipment resources for donning and doffing
 - ▶ [Protecting Healthcare Personnel](#)
 - ▶ [Using Personal Protective Equipment \(PPE\)](#)
- [Long-Term Care \(LTC\) Respiratory Surveillance Line List](#)
- [Poster reviewing proper PPE donning and doffing](#)
- [Coronavirus Disease 2019 \(COVID-19\) Preparedness Checklist for Nursing Homes and other Long-Term Care Setting](#)
- Preparing for COVID-19:
 - ▶ [Nursing homes](#)
 - ▶ [Long-term care facilities](#)
- [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
- [Sample long-term care facility letter to residents, families, friends and volunteers](#)
- [What healthcare personnel should know about caring for patients with confirmed or possible coronavirus disease 2019 \(COVID-19\)](#)
- [Clinical Questions about COVID-19: Questions and Answers](#)
- [Infection control guidance for shared or congregate housing](#)

Residential setting visitor log

Setting name: _____

Address: _____

Name (last, first)	Date of visit	Entry time	Departure time	Essential visitor?		Purpose	Comments
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		

COVID-19 or COVID-19 related illness log

Setting name: _____

Address: _____

Name of resident, provider, staff, or caregiver with fever or any COVID-19 symptoms	Resident or care provider?	Date of onset of illness	Symptoms displayed (check all that are present)	Has symptomatic person seen a healthcare provider?		COVID-19 positive or presumed positive?		Comments, including any testing or results relevant to COVID-19
			<input type="checkbox"/> Fever > 100 F <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> New loss of sense of taste or smell <input type="checkbox"/> Cough <input type="checkbox"/> Chills <input type="checkbox"/> Fatigue <input type="checkbox"/> Headache <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Fever > 100 F <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> New loss of sense of taste or smell <input type="checkbox"/> Cough <input type="checkbox"/> Chills <input type="checkbox"/> Fatigue <input type="checkbox"/> Headache <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

COVID-19 or COVID-19 related illness log

Setting name: _____

Address: _____

Name of resident, provider, staff, or caregiver with fever or any COVID-19 symptoms	Resident or care provider?	Date of onset of illness	Symptoms displayed (check all that are present)	Has symptomatic person seen a healthcare provider?		COVID-19 positive or presumed positive?		Comments, including any testing or results relevant to COVID-19
			<input type="checkbox"/> Fever >100 F <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> New loss of sense of taste or smell <input type="checkbox"/> Cough <input type="checkbox"/> Chills <input type="checkbox"/> Fatigue <input type="checkbox"/> Headache <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Fever >100 F <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> New loss of sense of taste or smell <input type="checkbox"/> Cough <input type="checkbox"/> Chills <input type="checkbox"/> Fatigue <input type="checkbox"/> Headache <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

COVID-19 or COVID-19 related illness log

Setting name: _____

Address: _____

Name of resident, provider, staff, or caregiver with fever or any COVID-19 symptoms	Resident or care provider?	Date of onset of illness	Symptoms displayed (check all that are present)	Has symptomatic person seen a healthcare provider?		COVID-19 positive or presumed positive?		Comments, including any testing or results relevant to COVID-19
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Fever >100 F <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> New loss of sense of taste or smell <input type="checkbox"/> Cough <input type="checkbox"/> Chills <input type="checkbox"/> Fatigue <input type="checkbox"/> Headache <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Fever >100 F <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> New loss of sense of taste or smell <input type="checkbox"/> Cough <input type="checkbox"/> Chills <input type="checkbox"/> Fatigue <input type="checkbox"/> Headache <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Toolkit for Foster Care or Group Home Providers Operating Homes with Five or Fewer Residents



You can get this document free of charge in other languages, large print, braille or a format you prefer.
Contact Mavel Morales at 1-844-882-7889, 711 TTY or OHA.ADAModifications@dhsosha.state.or.us.

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