Revisions were made on April 20, 2020 to reflect the following:

- Incorporated CDC’s recommendation for people to wear cloth face coverings in public settings where social distancing of at least 6 feet cannot be maintained, especially in areas with significant community transmission.
- For discontinuation of home isolation, recommending a test-based strategy for persons in congregate residential programs because testing is becoming more widely available and the consequences of further spread in a congregate setting is higher than in a private home setting.

The Virginia Department of Health has updated this guidance as a result of Coronavirus Disease 2019 (COVID-19) being widespread in Virginia. This document is intended to provide advice and recommendations to those responsible for managing any of a number of general group or congregate residential settings, such as homeless shelters, juvenile detention facilities, group homes, mental health/rehabilitation units, and any other place where groups congregate for extended periods of time and stay overnight.

The keys to preventing COVID-19 from spreading in any group are maintaining a distance of 6 feet between any two people at all times, being able to rapidly identify any onset of symptoms compatible with COVID-19 and isolate anyone with those symptoms, and promoting frequent handwashing and other respiratory hygiene measures.

It is important for facility directors to keep up with the latest guidelines from the Virginia Department of Health and the Centers for Disease Control and Prevention (CDC) in this time of rapidly evolving information about the global crisis with COVID-19. Each director plays a key role in continuously assessing the health of staff and clients served by the program and implementing measures to prevent disease. The recommendations below explain different steps that are recommended when no cases of COVID-19 infection have been identified in the facility and what to do once the virus is introduced into the facility.

**Steps to Take Now (Before a Case of COVID-19 is Identified)**

- Ensure that the facility has flexible sick leave and absentee policies that encourage staff to stay home if sick.
- Ensure all staff and clients are familiar with the signs and symptoms of COVID-19, especially fever, cough, and shortness of breath. Posting signs from CDC or VDH is recommended, making it clear that no staff with any of those signs or symptoms should enter the facility.
- Each day, screen each person residing or arriving at the facility for signs and symptoms of COVID-19 infection (fever/feeling feverish, cough, shortness of breath, sore throat). Questions to consider for verbal screening for employees and residents are as follows:

  “YES or NO, since your last day of work (or for new residents, in the past 24 hours) have you had any of the following?
  - A new fever (100.4 F or higher), or a sense of having a fever?
  - A new cough that you cannot attribute to another health condition?
  - New shortness of breath that you cannot attribute to another health condition?”
A new sore throat that you cannot attribute to another health condition?
New muscle aches that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)?

- Do not admit any person who is ill.
- Restrict or eliminate visitors and the use of volunteers to minimize the risk of someone introducing the virus into the setting.
- If possible, consider quarantining all new intakes for 14 days before they enter the facility’s general population. This practice is referred to as routine intake quarantine. If implementing, these persons should be quarantined separately from other individuals who are quarantined because of contact with a COVID-19 case.
- Follow social distancing guidelines for management of activities in the facility.
  - If social distancing of at least 6 feet cannot be maintained, staff and clients aged 2 years or older should wear cloth face coverings per CDC recommendations to the public.
  - Identify ways to maintain distance in sleeping quarters, such as by placing beds 6 feet apart and setting scheduled times for use of bathrooms and showers.
  - Maintain separate spaces for small groups (no more than 10 people, counting staff and clients). Encourage individual activities and social distancing of 6 feet or more between each person to the extent possible. Do not allow mixing of groups or larger group activities. Consider restricting or eliminating group activities until there is no longer widespread of COVID-19 in the community.
  - Provide meals and snacks in small group spaces or at staggered times and places to avoid crowding. Space tables as far apart as space allows. Do not allow snacking from shared bowls.
  - Establish a schedule for use and cleaning of common areas. Consider reducing use of these areas.
- Pre-identify a place where someone with illness consistent with COVID-19 can be cared for. That could be a place where an ill staff member could wait until someone can come get them or a place where an ill resident can be safely isolated and cared for.
- Ensure staff of each group monitors clients for any indications of fever or respiratory illness and that staff and clients are prepared to report any illness they experience and to implement the plan for removal from the group and arrangements for illness care. Follow the guidelines below for steps to take if illness occurs in the facility.
- Teach and encourage proper hand and respiratory hygiene practices.
  - Provide signs/reminders for regular and routine handwashing with soap and water upon entry into the facility, before meals and snacks, after blowing noses, coughing, or sneezing, after toileting or changing diapers, and at other scheduled times during the day.
  - Encourage coughing into the crook of elbows followed by handwashing. Provide tissues and hand sanitizer to the extent product is available. Remind staff and clients to avoid touching eyes, nose, and mouth.
- Provide supplies needed for good hygiene, including handwashing stations with soap and water, paper towels, and lined no-touch trash cans.
- Institute routine cleaning and disinfection of surfaces, especially those that are frequently touched. Include surfaces in bathrooms, dining areas, common areas, shared resident care equipment when applicable, and all sections of the facility.
• Refer to List N on the EPA website for EPA-registered disinfectants that have qualified for use against SARS-CoV-2, the coronavirus that causes COVID-19.

• Maintain a log of staff and clients that is updated daily and includes identification and contact information, symptom status, group assignments and location within the facility.

• Ensure all staff and clients know and follow expected communication protocols to inform the facility director about any health concerns in the facility. The director must, in turn, communicate appropriately with local health and licensing officials.
  o Notify the health department if individuals with known or suspected COVID-19 are identified, if severe respiratory infection is identified, or if clusters (≥3 staff and/or clients) are identified with respiratory infection.
  o Others within the facility must also be notified if a case occurs there.

Steps to Take if a Case is Identified
• Continue the practices outlined above.

• Be alert for illness among staff or clients.
  o Any ill person with suspected or confirmed COVID-19 must stay home/isolated. A person with COVID-19 is no longer infectious and can be released from isolation when the following criteria are met:
    ▪ With testing:
      ▪ There is no fever for at least three full days (without the use of fever-reducing medicine) and other symptoms have improved and there have been two consecutive negative COVID-19 tests at least 24 hours apart.
    ▪ Without testing:
      ▪ There is no fever for at least three full days (without the use of fever-reducing medicine) and other symptoms have improved and at least 7 days have passed since the symptoms first appeared.
    ▪ For congregate settings, the test-based strategy is recommended when testing is available and feasible.
    ▪ Ill persons who reside or work in congregate settings are prioritized for testing at the state laboratory; this includes testing to help determine when to discontinue transmission-based precautions.
    ▪ A person with COVID-19 who has a weakened immune system is no longer infectious and can be released from isolation when the following are met:
      ▪ There is no fever for at least three full days (without the use of fever-reducing medicine) and other symptoms have improved and there have been two consecutive negative COVID-19 tests at least 24 hours apart.
      ▪ If testing is not feasible or desired, the non-test-based strategy outlined above should be used.
  o They should call their healthcare provider’s offices if they have any concern about the severity of the symptoms.

• Illness cared for off-site:
  o An ill staff member who develops signs or symptoms of COVID-19 should be sent home. If unable to drive, the ill staff member should go to the designated area set aside for ill persons until someone can come take him or her home.
  o For any client with identified next of kin/close contacts willing to provide care, remove the ill client from the group setting and place him or her in the designated area for sick individuals until the client is released to the outside caregivers.
• Illness cared for on-site:
  o An ill resident who will be cared for in the facility should be placed in a private room, with a closed door and separate bathroom if at all possible.
    ▪ The ill resident should stay in that area and not leave it unless medically necessary. If he or she must leave the area, the nose and mouth need to be covered with a facemask or, if supplies are limited, a face cloth covering.
    ▪ Meals should be provided in that private room and care provided there.
    ▪ Room sharing might be necessary if there are multiple residents/clients with known or suspected COVID-19 in the facility. If the number of cases increases, the facility needs to designate an area for symptomatic persons separate from an area for well persons. Staff should be designated to work in one of the areas and not travel between the two. Only essential staff should be allowed to enter COVID-19 designated care areas (e.g., exclude food services). Signs should be posted to clearly identify which areas are for symptomatic and which for non-ill individuals.
    ▪ Keep beds and persons 6 feet apart in every living area to the extent possible. Have residents sleep in a direction that maximizes the space between their heads (i.e., head-to-toe or toe-to-toe).
  o Staff should limit interactions with ill residents to the extent possible, maintaining the 6-foot social distancing space.
    ▪ If within 6 feet, staff should wear a facemask that covers the nose and mouth and gloves. A gown should be added if there is physical contact with the ill resident. Healthcare personnel (HCP) who are not in direct contact with patients are encouraged to wear cloth masks. When no facemasks or respirators are available, HCP might use homemade masks for care of patients with COVID-19 as a last resort. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.
    ▪ Cloth masks are not considered personal protective equipment and should not be used as an alternative to respirators or facemasks when those supplies are still available. If shortages of facemasks exist, facemasks should be prioritized for HCP and donated cloth face coverings can be used for patients presenting to the facility with respiratory symptoms. Cloth face coverings should not be placed on children aged less than 2 years, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
    ▪ When leaving the room of an ill resident, remove gloves, face covering, and gown and put disposable items in the trash can that should be provided near the exit from the isolation area, put washable items in a plastic bag and place where items to be laundered are placed, and wash hands with soap and water for 20 seconds.
    ▪ The ill person should be asked to cover his or her mouth while within 6 feet of a staff person using a facemask or, if supplies are limited, a cloth face covering.
    ▪ Staff should continue to monitor their own health as well as that of the residents and self-isolate if symptoms of COVID-19 develop.
    ▪ If symptoms worsen in a resident and inpatient care is needed, the facility should alert the EMS team and the hospital before the patient is transported.
Once inpatient care is no longer necessary, the facility should implement its plan to receive the resident back into the facility. That might mean placing the resident into a separate isolation room or in the area in which persons with COVID-19 symptoms are being isolated within the facility.

- Care in the separated, isolated environment should continue for a minimum of 7 days and until at least 3 days after fever and symptoms resolve.

- Management of operations once illness is identified in the facility:
  - Staff and clients facility-wide should be informed of the situation.
  - All residents in the facility should be confined to their rooms and meals served in the rooms.
    - Anyone who has to move from their room should wear a mask that covers the nose and mouth while outside their room.
  - All group activities, communal dining, and visitation or new admissions should be cancelled and social distancing enforced.
  - Residents should continue to be monitored for illness at least twice daily and those who are ill monitored to determine if a higher level of care is needed.
    - Persons 65 years or older with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
  - Ensure that residents and staff aged 65 years or older or persons of any age with underlying chronic medical conditions, such as heart or lung diseases, realize they are at high risk for severe disease from this virus. Those with these underlying risk factors who are free of the symptoms of COVID-19 should not be in contact with persons who are ill with the disease. They should also be sure to maintain a 6 foot distance from others.
  - Reinforce basic infection control practices within the facility (i.e., hand hygiene, PPE use, environmental cleaning), and monitor hand hygiene and PPE use in affected areas.
    - All who are present should practice good hand and respiratory hygiene and adhere to CDC guidance for cleaning and disinfection.
    - Staff should provide care for ill residents or all residents in the affected areas while wearing gloves, a gown, respirator (if not available, wear a facemask), and goggles and may continue to work as long as they remain asymptomatic and in consultation with their occupational health program.
    - To optimize the availability of PPE, facility directors need to understand their PPE inventory, supply chain, and utilization rate and communicate with their local health department and/or medical consultant for more information and guidance.
    - If PPE supply is limited, consider extended use of respirators, facemasks and eye protection and limit gown use to high-risk procedures. Change gloves and perform hand hygiene between residents. More information can be found here: www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

- Facility directors must report outbreaks and clusters of cases of COVID-19 to the health department. They may also contact the local health department any time they have concerns about illness in the facility. The health department will need to gather information, such as the
number of staff and clients in the setting, number ill, symptoms and dates of illness, locations of illness within the facility, as well as measures in place to limit the spread of disease. Depending on the circumstances, the health department might recommend laboratory testing of ill persons to confirm the cause of illness and provide additional advice to limit the spread of the virus.

For additional information, refer to the [CDC website for Communities].