VDH COVID-19 Interim Guidance for Group/Congregate Day Program Settings

Last Updated: February 17, 2021

Note: Document revision history is located at the end of this document.

Introduction

The Virginia Department of Health (VDH) is updating this guidance on the steps congregate day programs can take to prevent the spread of coronavirus disease 2019 (COVID-19). These programs include adult day programs, settings where non-residential services are provided for those experiencing homelessness or having drug use or mental/behavioral health care needs, and any other place where groups congregate for extended periods of time but do not reside in the setting.

The keys to preventing COVID-19 from spreading in any group are maintaining a distance of at least 6 feet between people as much as possible, being able to rapidly identify any onset of symptoms compatible with COVID-19 and isolate anyone with those symptoms, quarantining close contacts, and promoting frequent handwashing, environmental cleaning and disinfection, use of masks (also known as cloth face coverings) and other standard respiratory disease prevention measures.

Facility Preparation

Directors of congregate programs need to continuously assess their setting and revise operational plans to keep them consistent with the latest guidance and be able to provide services safely. A facility should plan to promote healthy behaviors, maintain a healthy environment, identify illness compatible with COVID-19, and implement necessary preventive measures. The numbers of persons present might need to be limited to those who are essential. The unique medical and behavioral health needs of program participants should be considered and each person present encouraged to have a plan for what to do if illness occurs. All changes in procedures need to be communicated to staff, volunteers, residents, and family members as appropriate, and potentially using multiple means (e.g., printed materials and internet) and a culturally appropriate manner. Training needs should be assessed and provided for. Some specific information to include in assessments and plans include:

Structural/Environmental Considerations:

- Identify an area where everyone who enters the facility can be screened safely and another area where anyone who develops symptoms suggestive of COVID-19 can be placed until they can be sent home or moved to another location to be evaluated and receive care for their illness.
- Identify services and activities that might need to be limited, discontinued, or provided in an alternate manner (e.g., phone, virtual sessions) based on the ability to maintain appropriate distances (6 feet or more), including in activity areas, dining areas, common areas, etc.
- Plan for increased cleaning and disinfection, including at least twice per day, if possible, in shared areas, on commonly touched surfaces, and in bathrooms.
- Identify a list of healthcare facilities where ill individuals can be referred for care for COVID-19. Prepare for the potential need to transport an ill person for testing or non-urgent medical care, when the use of buses, taxis, and ride-sharing is discouraged.
- Work with building maintenance to determine if ventilation rates or the percent of outdoor air that is circulating can be increased. Consider opening windows and doors in common areas to increase ventilation, if doing so does not pose a safety or health risk.

- Set up physical barriers, such as sneeze guards, or extra tables or chairs, to protect front desk/check-in staff who will have interactions with residents, visitors, and the public.
- Programs that provide transportation services need to have a plan for maintaining distance between persons, enforcing use of masks, and cleaning and disinfecting commonly touched surfaces in the vehicle.

Supplies and Materials:

- Assure adequate supplies for hand hygiene including soap, paper towels, and hand sanitizer, and also tissues, waste baskets, masks, cleaning and disinfection supplies and gloves and other forms of personal protective equipment (PPE) as needed.
- Assess the facility and the services provided to determine where and how exposures to the virus would be most likely to occur and to whom and whether PPE is needed. Each facility should determine what level of care (e.g., activities only, assisting with toileting/activities of daily living, cleaning tracheostomy sites or wounds) can safely be provided in that particular environment and what level of care managers are comfortable having staff provide and tailor operational plans accordingly. The facility must ensure a sufficient supply of hand hygiene supplies and PPE as necessary for the types of tasks to be performed as well as assure staff are adequately trained on proper use of the types of PPE that might be needed, including donning, doffing, disposal, and hand hygiene practices.
    - Masks should be worn by everyone aged >2 years while in the facility to the extent possible. Masks should not be placed on children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. (Note: non-medical cloth masks are not PPE). Assess the capability of known program participants to use masks and their ability to provide one for themselves. Make a plan for how masks will be provided for program participants who cannot provide one themselves and how to ensure physical distancing for those unable to use a mask.
    - Staff should also wear disposable gloves when in direct contact with (touching) a program participant or his/her belongings. Staff should be trained on the appropriate use of gloves and the importance of hand washing before putting on and after taking off gloves. Gloves should always be changed and discarded between program participants and should never be used for touching more than one person. The Centers for Disease Control and Prevention (CDC) has an infographic that can be used as a reminder to wash hands after removing gloves (www.cdc.gov/handhygiene/campaign/provider-infographic-6.html).
    - For facilities that provide services that contain a clinical/medical element, additional PPE is needed. If the risk of splashes/sprays or exposure to blood or body fluids exists, then PPE, including gowns, eye protection (goggles or face shield), and a facemask (surgical mask, not cloth mask) in addition to gloves, is recommended (www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19-PPE.pdf).
    - If the situation arises in which staff are providing medical care to program participants with suspected or confirmed COVID-19 and close contact (within 6 feet) cannot be avoided, staff should at a minimum, wear eye protection (goggles or face shield), an N95 or higher level respirator (or a medical facemask with a face shield if respirators are not available or staff are not fit tested), disposable gown, and disposable gloves.
        - It is important for staff to not touch the item of PPE while wearing it and to not touch their face. If the item or face is touched, hand hygiene needs to be practiced immediately.

Staff Planning:

- In this guideline, the term 'staff' could refer to full-time, part-time, contract, temporary employees or volunteers. That is, anyone working in the facility to provide services to program participants.
- Ensure that the facility has flexible sick leave and absentee policies that encourage staff to stay home if sick. The facility should also have a plan for operations if absenteeism increases to a degree that it could interfere with provision of services.
- Determine what to do with staff at high risk for severe illness from COVID-19 and if there are tasks they can perform that minimize interactions and contact with others.
- Ensure all staff have a basic understanding of COVID-19. A basic overview of COVID-19 is available here.
    - Ensure all staff and program participants are familiar with the signs and symptoms of COVID-19, which can range from mild to severe symptoms.
        - Symptoms can be variable and include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea, and other symptoms.
        - Older adults with COVID-19 may show atypical symptoms, such as new or worsening malaise (tiredness or discomfort), new dizziness or increased falls, or mental status change such as confusion.
- Staff should also be familiar with the signs that someone needs emergency medical attention immediately, including having trouble breathing, persistent pain or pressure in the chest, new confusion or inability to awaken, or bluish lips or face, and know what actions they are expected to take if someone exhibits any of those signs.
- Educate staff on the public health recommendations for how long to isolate a person suspected or confirmed to be infected with COVID-19 (symptomatic or test positive for the virus) and quarantine their close contacts (described further on page 7) in the event of a COVID-19 case.
- Advanced planning will be required to ensure coverage of new roles and responsibilities that will be important in the current context. These may include ensuring sufficient staff to perform more frequent cleaning/decontamination of surfaces, identification of staff to oversee infection control to ensure consistent implementation, and identifying who will be responsible for acting as a point of contact during any public health investigations. Prepare for the potential need to provide education and/or resources to assist staff with stress management.
- If cases are identified in the facility, the local health department may collaborate with the facility to make infection control and laboratory testing recommendations and to assist with case and contact investigation activities. Depending on the number of cases of COVID-19 reported, health departments in Virginia may not be able to perform timely follow-up of all cases and tracing of their close contacts and may need to prioritize certain contact tracing and case investigations based on CDC guidance. Even if they do not receive a call from the health department, anyone diagnosed with COVID-19 (confirmed by a lab test or diagnosed by a healthcare provider) should isolate at home and notify individuals they had close contact with while contagious. Close contacts should follow quarantine recommendations and monitor their health for 14 days after their last contact.
- Strongly encourage staff and program participants aged 6 months or older to get vaccinated for influenza (flu). Flu vaccination is even more important this year because signs and symptoms of

COVID-19 and flu are similar and many people at higher risk for flu complications are also at higher risk for severe COVID-19. Encourage COVID-19 vaccination as staff and program participants meet eligibility criteria for available vaccine.

Steps to Take Routinely When the Facility is Open

- To the extent possible, conduct daily screening of each person arriving at the facility for signs and symptoms of COVID-19.
    - Although some people with COVID-19 do not develop symptoms, screening can still be helpful to identify those with symptoms, and this is particularly important for congregate settings where COVID-19 could spread rapidly. If screening is conducted, it should be performed in a way that protects confidentiality and privacy.
    - Do not admit any person who is ill, has tested positive for COVID-19 in the past 10 days, or who has not completed their full quarantine period (described further in Steps to Take if COVID-19 Occurs in the Setting) after having been exposed to COVID-19 in the last 14 days.
    - Staff should follow VDH guidance for screening and monitoring. That is, they should check their temperature and make sure they are fever-free and have no other symptoms before reporting to work. They should stay home and inform their supervisor if they are ill or if they have tested positive within the past 10 days or been exposed to someone suspected or confirmed to have COVID-19 within the prior 14 days (further quarantine information is in Steps to Take if COVID-19 Occurs in the Setting).
    - Restrict or eliminate visitors and the use of volunteers to those who are essential and limit their interactions with others in shared areas to the extent possible. Posting signs from CDC or VDH is recommended, making it clear that no one with any of those signs or symptoms should enter the facility.
- Screening of persons arriving at the facility involves 1) taking their temperature using a temporal thermometer AND asking if they have felt like they have had a fever in the past day; 2) asking if they have a new or worsening cough that day; and 3) asking if they have any of the following symptoms: shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
    - Anyone answering Yes to the above or having a fever (>100.4^{o}F) should put on a mask and be directed to the area designated for persons with symptoms of COVID-19 or kept in their private room with the door closed until medical evaluation can be arranged.
    - Temperature takers should keep as much distance from the person whose temperature is being taken as they can, wear a mask and provide one to the other person to wear, wash their hands with soap and water or use alcohol-based hand sanitizer (at least 60% alcohol) regularly, and use gloves if available.
- Ensure that older adults and those with certain underlying medical conditions and disabilities, such as chronic heart, lung, or kidney diseases, diabetes, obesity, cancer, or sickle cell disease, including staff and program participants, understand they are at high risk for severe disease from this virus and should refrain from entering the facility or be extra vigilant about wearing a mask and maintaining at least a 6-foot distance from others while there. If neither is possible, the facility should determine if an accommodation is possible to meet their needs. If not, the option of refraining from entering the facility until all community COVID-19 restrictions are eased should be discussed.
    - Each potential participant needs to be assessed on an individual basis and their needs and behaviors managed as much as is possible to provide a safe environment for them. If the

facility determines it is not possible to meet someone's needs, facility managers or staff should meet with the participant and/or family representatives to discuss the situation. (www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/caregivers-dementia.html)

- Anyone who enters should wear a mask (with the exceptions noted above, e.g., age ≤ 2 years, unable to tolerate it or remove it without assistance) and maintain distancing of at least 6 feet from others.
- Anyone who uses public or private transportation services should maintain the maximum distance from others that the space allows and wear a mask during transport. Frequent handwashing and self-monitoring for symptoms are also necessary. Hand hygiene, distancing, and use of masks upon arrival at the facility should help minimize the risk of disease to others. (www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html)
- Follow physical distancing guidelines for management of activities in the facility.
    - Do not allow group activities that put participants within 6 feet of each other. Encourage individual activities and form smaller groups that can maintain distancing of 6 feet or more between each person. The small groups would function in separate spaces and not intermingle. Consider restricting or eliminating group activities or altering their schedules to maintain distancing and minimize interactions.
    - Restrict singing, cheering and other activities that can project respiratory droplets or any activity that requires close contact (within 6 feet for a total of 15 minutes or longer within a 24-hour period).
    - 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 the sharing of dishes, cups, glasses, or utensils or snacking from shared bowls. Plate meals for participants rather than allowing self-service. Staff and participants should wash their hands before eating, serving, or assisting others with eating.
        - Staff in food service should handle non-disposable items with gloves and wash them with dish soap in hot water or in the dishwasher and wash their hands after handling the items or disposing of trash.
    - Ensure that staff members realize that the recommendations to minimize interactions and maintain 6-foot distancing applies to their interactions with each other in shared areas, hallways, break rooms, etc.
- Provide a place in the facility where ill persons (staff too ill to drive or program participants) can be placed until they can be taken elsewhere to receive care for their illness
    - Ensure staff of each group monitors for any indications of COVID-19 and removes any ill person from the group and places the ill person in the separate area designated for sick individuals.
    - Call any next of kin/close contacts on whom program participants depend for transportation or care and ensure the ill person is released to them as soon as possible.
    - Those able to drive and who have access to a vehicle should go home.
    - Ill individuals should not take public transportation.
    - Follow the guidelines below for steps to take if illness occurs in the facility.
- Teach and encourage proper hand and respiratory hygiene practices
    - Provide for regular and routine handwashing with soap and water upon entry into the facility, before meals and snacks, after blowing or touching noses, coughing, or sneezing, after toileting or changing diapers, and at other scheduled times during the day.

  - Encourage coughing into tissues followed by immediate disposal of the tissue and handwashing. If a tissue is not available, encourage coughing into the crook of elbows followed by immediate handwashing.
  - Provide tissues and hand sanitizer to the extent product is available. Remind staff and program participants to avoid touching eyes, nose, and mouth.
  - Provide other supplies for good hygiene, including handwashing stations with soap and water, paper towels, and lined trash cans.
- Institute routine cleaning and disinfection of surfaces, especially those that are frequently touched. Include surfaces in kitchens, bathrooms, community areas, and all sections of the facility.
  - Make sure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide alcohol-based hand sanitizers that contain at least 60% alcohol at key points within the facility, including registration desks, entrances/exits, and eating areas.
  - Shared areas, commonly touched surfaces, and bathrooms should be cleaned and disinfected regularly at least twice a day using an appropriate product following instructions for surface contact time. Refer to List N on the EPA website for EPA-registered disinfectants that have qualified for use against SARS-CoV-2, the virus that causes COVID-19.
  - Empty trash often, wearing gloves then washing hands afterward. Ensure bathrooms are stocked with soap and paper towels or an automated hand dryer. Consider posting signs reminding everyone to wash their hands.
- Maintain a log of staff and program participants that is updated daily and includes identification and contact information, symptom status, group assignments and location within the facility.
- Ensure all staff and program participants know and follow expected communication protocols to inform the setting manager about any health concerns in the facility. The manager must, in turn, communicate appropriately with local health and licensing or other regulatory officials.
  - Notify the health department if individuals with known or suspected COVID-19 are identified, if severe illness is identified, or if clusters (≥2 staff and/or program participants) are identified with similar symptoms.
  - Electronically report outbreaks affecting staff through the VDH/Department of Labor and Industry (DOLI) portal. Submit an initial report when 2 or more cases in staff are identified and continue to report all cases until the LHD has determined the outbreak has been closed. Report outbreaks affecting only residents directly to the local health department.
  - Others within the facility must also be notified if a COVID-19 case occurs there.

Steps to Take if COVID-19 Occurs in the Setting

- Continue the practices outlined above.
- Managers of programs in congregate settings must report outbreaks and clusters of cases of COVID-19 to their local health department. They may also contact the local health department any time they have concerns about illness in the facility.
  - The health department may gather information, such as the number of staff and program participants 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, especially if 2 or more persons are ill within the program, 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.

  - Depending on the number of cases of COVID-19 reported, health departments in Virginia may not be able to perform timely follow-up of all cases and tracing of their close contacts and may need to prioritize certain contact tracing and case investigations based on CDC guidance. Even if they do not receive a call from the health department, anyone diagnosed with COVID-19 (confirmed by a laboratory test or diagnosed by a healthcare provider) should isolate at home and notify individuals they had close contact with while contagious. Close contacts should follow quarantine recommendations and monitor their health for 14 days after their last contact.
- To the extent that a separate home environment is available to a program participant, any persons with confirmed or suspected COVID-19 must stay home/isolated away from the group setting until the following criteria are met:
  - A person with mild to moderate COVID-19 who is not severely immunocompromised is assumed to be no longer infectious and can be released from isolation when the following criteria are met:
    - *For those with symptoms:*
      - At least 10 days have passed since symptoms first appeared **and**
      - At least 24 hours have passed since resolution of fever without the use of fever-reducing medication **and**
      - Other symptoms have improved (loss of taste or smell might persist for weeks or months after recovery and this should not delay the end of isolation)
    - *For those who never showed symptoms:*
      - 10 days have passed since the date of first positive COVID-19 diagnostic test **and**
      - No COVID-19 symptoms developed
  - CDC and VDH no longer routinely recommend a test-based strategy to determine when to discontinue isolation except among those who are severely ill or significantly immunocompromised. Those persons should check with their healthcare provider to determine when they can be around others.
  - Ill persons or their caregivers should call their healthcare provider's offices if they have any concern about the severity of the symptoms.
- If COVID-19 is suspected or confirmed, VDH recommends that all close contacts be identified and managed according to facility policy. A **close contact** is defined as a person who has been within 6 feet of someone with COVID-19 for a total of 15 minutes or more in a 24-hour period, who has been exposed to respiratory secretions of a person with COVID-19 (coughed or sneezed on, shared glass or utensil, kissed), or who provides care for or lives with someone with COVID-19.
  - The safest recommendation is for close contacts to stay away from others (quarantine) for 14 days after their last contact with a person with COVID-19.
  - Facility directors may assess the services provided in the program and the health of program participants to determine if options to shorten the quarantine period will be allowed there. These options are not available for healthcare providers or people in healthcare settings and are not recommended in group settings serving vulnerable populations.
  - The options for shortening quarantine that are available for household members or other close contacts who are not able to stay home/away from others for 14 days after their last exposure to a person with COVID-19 and who do not have symptoms are*:
    - Counting their date of last exposure as Day 0, they may leave home after Day 10; or

        - If PCR or antigen testing is available, they can get tested and leave home after Day 7 if the PCR or antigen test performed on or after Day 5 is negative. If they receive a negative test result before Day 7, they should not leave home yet.
    - Close contacts who do not have symptoms of COVID-19 and who have either recovered from COVID-19 or been fully vaccinated for COVID-19 might not need to stay home. See here for more information.
    - All close contacts, no matter which quarantine period option they are following, must monitor for symptoms and follow all recommendations (e.g., wear a mask, stay at least 6 feet away from others, wash hands frequently, and avoid crowds) for the full 14 days after the last exposure. If the person develops any COVID-19 symptoms within the 14 days after their exposure, they should immediately isolate themselves at home and contact the local health department or their healthcare provider.
- Be alert for additional cases of illness. If a suspected or confirmed case of COVID-19 infection occurs in the congregate day program setting, the ill person needs to go home as described above.
    - Staff and program participants facility-wide should be informed of the situation.
    - The CDC guidance for cleaning and disinfection should be followed.
    - All potentially exposed persons should self-monitor for the development of symptoms and self-isolate if symptoms of COVID-19 develop.
    - Program participants and staff who are identified as having been in close contact with the ill person should be quarantined in their homes, away from the group setting, for the duration of time as described above. Fourteen days of quarantine is the safest option. All close contacts should monitor for symptoms and follow all recommendations (e.g., wear a mask, stay at least 6 feet away from others, wash hands frequently, and avoid crowds) for the full 14 days after the last exposure. If the person develops any COVID-19 symptoms within the 14 days after their exposure, they should immediately isolate themselves at home and contact the local health department or their healthcare provider.
    - Discussion with the local health department will be needed to identify additional public health recommendations and determine the extent to which services can continue to be provided if multiple cases occur.

*These options to leave home (end quarantine) earlier than 14 days after exposure do not currently apply to healthcare workers or people in healthcare settings. People with certain jobs (e.g., critical infrastructure workers other than education sector workers) should stay home (quarantine) if they have been exposed, but they may be allowed to go to work if the business cannot operate without them. They can only go to work if they do not have any symptoms and if additional precautions are taken to protect them and the community. Learn more about VDH's recommendations for potential exposures for critical infrastructure workers.

Resources from CDC

Communities, Schools, Workplaces, and Events - Guidance for Where You Live, Work, Learn, Pray, and Play at www.cdc.gov/coronavirus/2019-ncov/community/

Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020 at www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) at www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html

Checklist for Homeless Service Providers During Community Re-opening at www.cdc.gov/coronavirus/2019-ncov/php/homeless-service-providers.html

Screening Clients for COVID-19 at Homeless Shelters or Encampments at www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html

Revision History

Revisions were made on February 17, 2021 to reflect the following:

- Recommended encouraging staff and participants to receive COVID-19 vaccination as they become eligible for available vaccine.
- Updated language to reflect CDC's revised guidance that quarantine may not be required for persons who have no symptoms and either had COVID-19 and recovered or have been fully vaccinated.

Revisions were made on December 15, 2020 to reflect the following:

- Updated the requirements for facilities to notify the Department of Labor and Industry through the DOLI portal. Specifically, facilities must initially report when two or more cases are identified in staff and must continue reporting all cases until the LHD closes the outbreak.

Revisions were made on December 11, 2020 to reflect the following:

- Changed the term "social distancing" to "physical distancing".
- Updated language to reflect that the local health department might not be able to contact every case or contact during periods of high disease burden.
- Updated language to reflect CDC's revised guidance about quarantine with new options for potentially shortening the quarantine duration.

Revisions were made on October 28, 2020 to reflect the following:

- Updated language to change from 'cloth face coverings' to 'masks'
- Inserted requirement to notify Department of Labor and Industry and a link to the DOLI reporting portal
- Updated definition of close contact

Revisions were made on August 27, 2020 to reflect the following:

- Suggested alternate means of providing services that may be considered (phone, virtual)
- Recommended that plans include maintaining a list of healthcare facilities and means of transport of ill persons in non-urgent situations
- Recommended that building maintenance increase ventilation rates and percent of outside air
- Noted the potential need for staff resources for stress management
- Deleted use of barriers and full PPE during routine temperature screening
- Changed 'program recipient' to 'program participant' and broadly defined 'staff'

- Added recommendation to strongly encourage flu vaccination

Revisions were made on August 6, 2020 to reflect the following:

- Moved the Revision History to the end of the document
- Clarified and personalized some language in response to feedback received from community partners (e.g., to change 'program recipient' to 'program recipient')

Revisions were made on August 2, 2020 to reflect the following:

- Reformatted guidance to create sections related to planning and preparedness
- Updated guidelines on isolation duration

Revisions were made on June 11, 2020 to reflect the following:

- Added recommendation for facilities to assess the level of care that will be provided and tailor the reopening plan accordingly, including ensuring adequate supplies of PPE that will be needed.
- Added information about persons taking public transportation, more information regarding food service, and a definition of close contact.
- Added a note about providing services to persons with dementia.
- Noted that the number of persons allowed in the facility depends on the community phase of reopening and the ability of the facility to manage that number safely.

Revisions were made on May 21, 2020 to reflect the following:

- Added a new section on factors to consider before reopening (for programs that have been closed during the first few months of the pandemic) and recommended against widespread testing of staff or program recipients upon re-opening.
- Added information on personal protective equipment and provided specific resources for more information or guidance.
- Incorporated testing-based, symptom-based, and time-based strategies for when to discontinue home isolation for persons with COVID-19. Because testing is more widely available, either a test-based strategy or symptom-based (for those with symptoms) or time-based (for those with a positive test but who never developed symptoms) strategy may be used to determine when to discontinue home isolation.

Revisions were made on May 4, 2020 to reflect the following:

- Incorporated an expanded list of symptoms of COVID-19 that should be considered when screening staff and participants.
- Updated guidance regarding discontinuation of home isolation (minimum of 10 days) if using a symptom-based or time-based strategy.

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

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