

From: **Williams, Edwina** <edwina.williams@dss.virginia.gov>
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Subject: Updated VDH Interim Guidance for Prevention of COVID-19 in Non-Healthcare Congregate Settings
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COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

DATE: March 8, 2022

TO: Children's Residential Facilities
Child Caring Institutions

FROM: Tara Ragland, Director, Division of Licensing Programs

RE: VDH Interim Guidance for Prevention of COVID-19 in Non-Healthcare Congregate Settings – Updated 2/22/22

The Virginia Department of Health (VDH) has released updated “Interim Guidance for the Prevention of COVID-19 in Non-Healthcare Congregate Settings”. This guidance is intended for non-healthcare settings where services are provided to groups of individuals. It is based on guidance recently updated by the Centers for Disease Control and Prevention (CDC) for correctional and detention facilities/facilities providing services for persons experiencing homelessness. VDH offers this as guidance for other congregate settings to consider. Persons responsible for operating other congregate settings, such as those providing behavioral health or adult day services, may adopt the principles and practices outlined below to protect their residents, staff, visitors, and volunteers.

[Interim Guidance for the Prevention of COVID-19 in Non-Healthcare Congregate Settings](#)

The Division of Licensing Programs continues to encourage facilities to update their policies, procedures, and infection control programs to address COVID-19 safety and preventive measures as new information and guidance become available. Changes and updates should be included in staff training updates regarding infection control and prevention. As a reminder, facilities must immediately report any outbreak of disease to the health department and to their licensing inspector. Please continue to review COVID-19 resources posted to the websites below and report any changes in operating status or questions to your licensing inspector.

Virginia Department of Social Services <https://www.dss.virginia.gov/geninfo/corona.cgi>
Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/> Virginia
Department of Health (VDH) <http://www.vdh.virginia.gov/>

VDH Interim Guidance for Prevention of COVID-19 in Non-Healthcare Congregate Settings Updated February 22, 2022

This guidance is intended for non-healthcare settings where services are provided to groups of individuals. It is based on guidance recently updated by the Centers for Disease Control and Prevention (CDC) for [correctional and detention facilities](#) and for facilities providing services for [persons experiencing homelessness](#). The Virginia Department of Health (VDH) adopts the CDC guidance for those settings, provides this supplemental document as a summary of key recommendations, and offers this as guidance for other congregate settings to consider. Persons responsible for operating other congregate settings, such as those providing behavioral health or adult day services, may adopt the principles and practices outlined below to protect their staff, visitors, volunteers, residents or persons enrolled in their programs. Facility directors should refer to setting-specific CDC guidance for more detail.

After two years of responding to the COVID-19 pandemic, each facility director should be familiar with key factors that influence the implementation of the COVID-19 prevention recommendations. These factors include the following:

- The size and layout of the facility; the ability to maintain and staff separate areas for persons suspected or confirmed to have COVID-19, for persons who have been in close contact with someone with COVID-19, for persons at increased risk for severe illness, and for all other program participants; and whether space and staffing need to be available for providing COVID-19 vaccinations and testing.
- The COVID-19 vaccination status of staff and residents/program participants.
- The risk profile of staff and residents/program participants based on age and underlying medical conditions that might increase the risk for [severe illness](#) from COVID-19.
- COVID-19 transmission levels in the facility and the community, including current levels and history of outbreaks.
- Availability of and relationships with other facilities and organizations that can partner to coordinate services.

The key principles for COVID-19 prevention are 1) to strengthen the individual's immune response, 2) to limit the ability of the virus to spread from one person's respiratory tract into another's, and 3) to decrease the chances of interacting with a person harboring the virus. The primary means of achieving the first of these principles is through everyone remaining [up to date on their COVID-19 vaccines](#), including the primary series and any additional recommended booster shots. Distancing and masking help achieve the second, and improving ventilation dilutes the concentration of virus in the air, reducing the inhalation risk. Removing anyone who is potentially ill or who has had close contact exposure to someone with COVID-19 (and therefore at greater risk of becoming ill) from a group setting are actions taken to achieve the third.

Persons in charge of the operation of congregate settings have plans and procedures in place to prevent the spread of COVID-19. They are encouraged to maintain as many of these measures as possible, to coordinate with community partners, including their [local health department](#), and to have plans in place for more extreme situations, such as outbreaks and staffing shortages that affect the ability of the

program or facility to continue operating in its usual manner. Current practices already cover and are recommended to continue for offering consistency in staff assignments, screening services and testing, provision of supplies for masking and hand hygiene, etc. It is important to continue to be able to identify potential cases of COVID-19 early and take quick action to separate the ill (having symptoms or testing positive) from the non-ill and the exposed ([close contacts](#) who were within 6 feet of someone with COVID-19 for 15 minutes or longer in a 24-hour period) from the non-exposed. Quick action to provide or arrange for needed medical care and [treatment](#) is also important.

The following table highlights the key recommendations for the primary COVID-19 prevention measures, including the rationale for a recommendation, examples of ways it can be implemented, and special considerations for different subsets of the population. Recommendations tend to be more stringent in congregate settings compared to the general public because residents/clients in these settings may be older or have underlying medical conditions that increase their risk for severe COVID-19 and because the close proximity of individuals in these settings can increase the risk of transmission and outbreaks.

Table 1. Primary Prevention Measures for COVID-19 that Should Be Maintained to the Extent Possible in Non-Healthcare Congregate Settings

Action	Purpose	Implementation	Special Considerations
COVID-19 Vaccination	Builds immunity. The most important prevention measure.	Provide vaccine or vaccination information and referrals to all staff and clients.	Keep abreast of vaccine recommendations , including booster doses.
Distancing	Increases space and decreases contact between people	Space chairs apart, cancel activities, stagger meal schedules, limit occupancy in common areas. Tailor to available space and needs.	Recommended for those up to date on vaccines as well as for those who are not. Prevent unnecessary movement and mixing of groups.
Masking	Limits the amount of virus released into the air, reducing the chance that the virus enters someone's respiratory tract	Everyone who is able should consistently wear a well-fitting mask when indoors and around other people.	Recommended for those up to date on vaccines as well as for those who are not. If masks are removed outdoors, distance should be maintained. Masks should not be placed on anyone under 2 years of age or who cannot safely wear one or remove it on their own.

Isolation	Removes a person who is contagious	Anyone who develops symptoms of COVID-19 should	10-day isolation is recommended. Day 0 is the
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	from the greater community	<p>put on a mask, be moved to a separate area and away from other people until testing can be conducted and criteria for ending isolation are met.</p> <p>Monitor for signs that emergency medical care is needed. Refer to clinical setting for treatment decisions.</p> <p>Minimize movement of people in isolation. Provide access to amenities such as television, showers. Ensure consistent staff and communication about the purpose and duration of the isolation. Make it clear that medical isolation is necessary to prevent disease spread and is not the same as punitive isolation.</p>	<p>date of symptom onset or (if no symptoms) the date of positive test. To end isolation after Day 10, symptoms should have improved and no fever for 24-hours without fever-reducing medicine.</p> <p>Staff, volunteers, and clients who do not lodge on the premises who have symptoms should be excluded from the facility and advised to be tested. Isolate for 10 days if test positive; but can follow general public isolation guidelines outside of the congregate setting.</p> <p>Residents with positive tests can be isolated together as a cohort.</p>
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<p>Quarantine</p>	<p>Removes a person who is at increased risk of becoming infected from the greater community</p>	<p>Anyone who has close contact exposure to someone suspected or confirmed to have COVID-19 should be moved to a separate area and away from other people until criteria for ending quarantine are met.</p> <p>Minimize movement of people in quarantine. Provide access to amenities such as television, showers. Ensure consistent staff and communication about the purpose and duration of the quarantine.</p>	<p>10-day quarantine is recommended. Day 0 is the day of last close contact. Individuals can end quarantine after Day 10 as long as they do not develop symptoms or have a positive test.</p> <p>Recommended for those up to date on vaccines as well as for those who are not.</p> <p>Staff, volunteers, and clients who do not lodge on the premises can follow general public quarantine guidelines outside of the facility.</p> <p>If individual close contacts cannot be identified, those in a pod, unit, or wing may</p>
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			<p>be considered as close contacts.</p> <p>Any close contact who has recovered from COVID-19 within the past 90 days does not need to be tested if no new symptoms develop, but should be monitored for temperature and symptoms. Adding a 10-day quarantine is the safest option for recently recovered contacts and should especially be considered for those at increased risk for severe illness when feasible.</p> <p>Exposed persons can be quarantined together as a cohort; however, this is not recommended for persons at increased risk for severe COVID-19. Ensure healthcare providers evaluate possible use of preventive treatment for exposed high risk persons.</p> <p>Monitor those in quarantine daily, including temperature checks. See below for testing guidelines.</p>
<p>Screening and Testing</p>	<p>Identifies infection so the infected person can be separated from others</p>	<p>Symptom and exposure monitoring – conduct daily for staff, residents/clients, and visitors/volunteers. Post signs, ask questions, and/or take temperatures to discourage entry of anyone with symptoms or exposure or unwilling to be screened and wear a mask.</p> <p>Screening testing – test for COVID-19 on intake and before</p>	<p>Provide physical barriers to protect staff conducting screening.</p> <p>Anyone with symptoms should postpone their visit.</p> <p>Provide information about tests being conducted, what results mean, etc.</p> <p>Test new intakes and keep them separate from others</p>

		<p>transfers, community visits, and releases</p> <p>Diagnostic testing – test anyone with symptoms immediately. Test close contacts 24 hours after last close contact and again 5 days later if initially negative.</p> <p>The same testing recommendations apply for those up to date on vaccines as well as for those who are not.</p>	<p>while awaiting results. An option is to use a 10-day observation period on intake, placing new arrivals in a separate quarantine area from those quarantined because of an exposure.</p> <p>More broad-based testing can be done in areas where an exposure occurred. Weekly screening testing may be conducted of all or part of residents/clients or staff based on where cases occur, compliance with prevention measures, etc.</p> <p>If exposed people are quarantined together (cohorted), test every 3-7 days until no one tests positive for 10 days. Isolate anyone who tests positive and restart the quarantine period for the cohort.</p> <p>Test persons being released from the facility no more than 3 days before release.</p>
Ventilation	To improve air movement and decrease the concentration of virus particles in an area	Increase the amount of outside air allowed inside, use fans and exhaust fans, improve air filtration, increase airflow in HVAC systems.	Measures might depend on the facility’s building type. See resources below for more information.

Other Infection Control	To decrease exposures from inhalation or from touching surfaces contaminated with the virus	Supplies are available and used appropriately for handwashing, cleaning, disinfecting, and PPE as necessary. Staff are trained on proper use of PPE and disinfectants.	Keep staff at least 6 feet away from persons with symptoms or ensure proper use of PPE if they are in close contact. Clean and disinfect areas where a COVID-19 case has
			occurred. Consider disinfecting after cleaning in areas with high traffic, poor ventilation or hand hygiene, or housing people at increased risk for severe COVID-19.

Additional measures that need to be considered in congregate settings are summarized in Table 2.

Table 2. Additional COVID-19 Measures Recommended for Non-Healthcare Congregate Settings

Action	When to Implement	Exceptions and Considerations
Minimize transfers to other facilities	When a person is in isolation or quarantine	Allow for release from the program, when medically necessary, when people who are ill/exposed need to go to another space for isolation or quarantine.
Restrict visitation	When transmission levels in the community are substantial or high, when an outbreak is occurring in the facility, or when other VDH-recommended metrics are surpassed (e.g., hospital capacity)	Provide other means for residents to communicate with family/others outside the facility.
Divert intakes	When alternative arrangements can be made when the facility is overcrowded or experiencing an outbreak	

Address staff safety	When a staff member is at increased risk for severe COVID-19, change duties or allow work from home as feasible	Plan for absences and alternative coverage of critical functions
Manage outbreaks	Coordinate with the local health department when 3 or more cases occur within a 14-day period	Follow local health department recommendations to control and stop outbreaks.
Refer for medical care/treatment	COVID-19 in a person at risk for severe illness or exposure in a person who is not immune or is at risk for severe illness.	Ensure rapid consultation and referral to clinical care services in the facility or the community for ill persons or situations of concern so appropriate
	Medications are available that can prevent severe outcomes from COVID19 and that can be used in certain cases to prevent COVID-19 in facilities.	treatment can be prescribed as soon as possible. If healthcare is provided on the premises, healthcare professionals should follow CDC guidance for infection prevention and control . They should also refer to VDH's web page about treatment of COVID-19.

Considerations for Relaxing Measures

Facility directors should also plan for when COVID-19 prevention measures can be relaxed. This might be done on a temporary basis during a crisis situation or in the future, when the pandemic has waned. Relaxing the prevention measures should be done in a careful, stepwise manner and in consultation with the local health department and other community partners. Increased COVID-19 testing and monitoring are recommended to ascertain the effects of any change that is made before implementing any additional change.

An example of a relaxation of prevention measures that may be considered during a time of severe staffing shortages is to shorten the duration of isolation or quarantine for staff. If a shorter duration is allowed, their health should continue to be monitored for 10 days. Those returning early from an isolation period should have limited contact with others or be assigned to work in a medical isolation area. An additional option to consider would be to shorten the duration of quarantine for persons at lower risk of infection, i.e., those who are [up to date](#) on their COVID-19 vaccines.

Factors to consider before relaxing the measures include vaccination coverage among staff and residents/clients, transmission of COVID-19 in the facility and in the community, proportion of staff and residents/clients at increased risk of severe illness, and safety of the facility space and operations for limiting the spread of COVID-19. Refrain from lifting any of the prevention measures if transmission is

occurring within the facility or if the facility has experienced insurmountable problems when responding to outbreaks. Ensure measures remain in place to protect persons who are most vulnerable to severe illness with COVID-19.

Resources for Additional Detail

This guidance is not intended to be comprehensive. Additional detail is available in the following resources from the CDC and the VDH.

CDC

- Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities: [cdc.gov/coronavirus/2019-ncov/community/correctiondetention/guidancecorrectional-detention.html](https://www.cdc.gov/coronavirus/2019-ncov/community/correctiondetention/guidancecorrectional-detention.html)
- Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19): [cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/planpreparerespond.html](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/planpreparerespond.html)
- Interim Guidance on People Experiencing Unsheltered Homelessness: [cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html)
 - Interim Guidance for SARS-CoV-2 Testing in Homeless Shelters and Encampments: [cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/testing.html](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/testing.html)

Ventilation in Buildings:

[cdc.gov/coronavirus/2019-ncov/community/ventilation.html](https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html)

VDH

- Health Department Locator: vdh.virginia.gov/health-department-locator/
- COVID-19 Therapeutics (for healthcare providers): vdh.virginia.gov/coronavirus/get-the-latest-guidance/health-professionals/therapeutics/
- COVID-19 Vaccination Response: vdh.virginia.gov/covid-19-vaccine/ ● Fact Sheet: Ventilation Best Practices: vdh.virginia.gov/content/uploads/sites/182/2021/04/Ventilation-Best-Practices-COVIDFactSheet4-21.pdf

Updates Made Since Last Version (dated February 22, 2022)

- Reinforced the importance of continuing to follow COVID-19 prevention measures in nonhealthcare congregate care settings.
- Modified the format of the document by expanding the introductory text and splitting the summary table into primary prevention measures (Table 1) and additional control measures (Table 2).
- Added a new section called Considerations for Relaxing Measures to address changes that might be needed on a temporary basis, for example during a crisis situation or, in the future, when the pandemic has waned.

- Updated the recommendations for quarantine, isolation, and screening and testing to align with CDC recommendations. Ten-day quarantine and isolation are recommended in these settings.
- Replaced “fully vaccinated” with “up to date on COVID-19 vaccines” to reflect current vaccine recommendations, including any additional primary series doses and booster doses, that are based on a person’s age and underlying conditions.

Updates Made Since Last Version (dated August 25, 2021)

- Removed certain details about the steps to take after exposure to COVID-19, quarantine, isolation, masking, and information for fully vaccinated people and added links to VDH or CDC websites throughout the document. This is because guidance on these topics is subject to change, and the websites are the best resources for the most current guidance.

Updates Made Since Last Version (dated June 25, 2021)

- Clarified that all staff, residents, and volunteers should maintain physical distance in homeless shelters, regardless of vaccination status.
- Added that correctional and detention facilities should consider the factors provided here to determine when physical distancing measures can be relaxed. Provided information based on vaccination status in these settings.
- Added that congregate settings could consider a 14-day intake quarantine for new admissions. Previously, the guidance stated that all new admissions who do not have COVID-19 should be quarantined for 14 days.

Updates Made Since Last Version (dated June 8, 2021)

- In the introduction, clarified the types of facilities for which this guidance is intended and noted that healthcare guidance should be followed in areas of facilities in which healthcare services are provided. Added information about determining vaccination status of residents/staff and following all precautions if status is not volunteered or unknown.
- Added that staff should encourage everyone to self-monitor for symptoms. Fully vaccinated close contacts who do not have symptoms should be allowed to work and enter facilities.
- Updated mask recommendations to state that all residents and staff of correctional and detention facilities and homeless shelters should continue wearing masks, regardless of vaccination status. In other non-healthcare congregate settings, those who are not fully vaccinated should continue wearing masks.
- Updated distancing recommendations to state that maintaining 6 feet of distance is still recommended for those who are not fully vaccinated and when vaccination status cannot be determined.
- Updated tested recommendations to state that all close contacts who are not fully vaccinated should be tested. In correctional and detention facilities and homeless shelters, all close contacts should be tested, regardless of vaccination status.
- Added that staff should monitor quarantined residents and take their temperatures at least once daily.
- Updated the definition of fully vaccinated to include vaccines authorized by the World Health Organization. Also added that people with weakened immune systems might not be protected

even after they are fully vaccinated and they should consult with their healthcare provider about following prevention recommendations even after they are fully vaccinated.