

**State of Alaska
Department of
Health and Social
Services**

**COVID-19: Interim
Guidance for
Congregate
Non-Residential
Settings**

For general information on coronavirus disease 2019 (COVID-19), including how to guard against stigma, visit <http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx> or [cdc.gov/covid19](https://www.cdc.gov/covid19)

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Introduction and Scope

A non-residential congregate setting is an environment where people gather in close proximity for either a limited or extended period of time, but do not stay at the location overnight.

Examples include:

- Settings which provide congregate meals to vulnerable populations,
- Senior Centers,
- Adult Day Centers,
- Site-Based Day Habilitation and similar group activities where people come together to socialize and recreate.

The Alaska State Department of Health and Social Services has issued recommendations and guidance and requirements for nursing homes and assisted living homes that do not apply to other congregate settings. Visit <https://covid19.alaska.gov/> for the latest information.

This guidance is focused on non-residential congregate settings that serve seniors, disabled individuals, and other vulnerable populations whose age or health status places them at higher risk for severe COVID-19. Universities, correctional facilities, schools, childcare centers, and nursing homes should follow guidance specifically for those settings.

- As we learn more about COVID-19, public health guidance is evolving. Administrators of congregate settings should stay up-to-date on CDC and State of Alaska guidelines. Even if there is no guideline for your specific type of setting, recommendations in guidelines for similar settings are likely relevant. For example, guidance for retirement communities may be applicable to senior centers. Consider assigning a specific staff member to follow changes in federal and state guidance. Encourage staff and participants to suggest creative ways to prevent transmission and minimize the risk of infection. Finally, some settings may not be large enough to accommodate the necessary guidelines and may need to reduce capacity of participants they can serve safely or should move activities to the outdoors where possible. [Telehealth](#) and [virtual support groups](#) can be used to supplement small groups as needed.

How does COVID-19 spread?

- The virus is primarily spread to people who are in close contact (within about 6 feet) with an infected person. The virus is in droplets that are sprayed when a person coughs, sneezes, or talks. Staying 6 feet away helps protect you from that spray.
- The virus may also be spread if a person touches a surface or object with the virus on it and then touches their mouth, nose, or possibly their eyes. This is not thought to be the primary way the virus spreads, however. You can protect yourself from this type of exposure by regularly washing your hands and by cleaning frequently touched surfaces.
- Scientists now believe that people who have no symptoms can spread the virus. But it is

still very important that people with symptoms stay home except to seek medical care.

Who is at higher risk of severe illness?

Please check the CDC website for the current list of people who are at increased risk for severe illness. Here is the link for the most updated information:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>

Who is at higher risk of being infected?

Risk of infection depends on exposure. People are at increased risk if they:

- Have recently traveled to an area where COVID-19 is spreading, especially if there is significant community transmission in that location. Travelers should follow State of Alaska mandates on post-travel quarantine.
- Have been in close contact with someone with COVID-19. Household contact in particular increases the risk of transmission.
- Live or spend time in a congregate setting where COVID-19 could spread rapidly.

What are the symptoms of COVID-19?

Scientists are still learning more about COVID-19 and its symptoms. Symptoms can include:

- Fever (feeling feverish OR temperature of 100.4 degrees F or 38 degrees C or greater)
- Chills
- Cough
- 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
- Diarrhea

Best practices to preventing the spread of COVID-19 in non-residential congregate settings

Protecting participants, visitors, and staff at non-residential congregate settings from COVID-19 requires a multi-layered approach. The measures outlined in this document aim to:

- 1) prevent the introduction of COVID-19 into the facility through symptom and exposure screening and;
- 2) to prevent the transmission of COVID-19 among participants, visitors, and staff through physical distancing, use of cloth face coverings and personal protective

equipment, and good hygiene.

Individuals with signs and symptoms of COVID-19 should stay home

Non-residential congregate settings should have a policy in place which states that staff and participants are not permitted to come to the facility if they are ill or exhibiting any signs or symptoms of COVID-19. Staff members with any symptoms should stay home and consult their health care provider or the facility's occupational health program on safe return to work. Facilities should institute flexible leave policies to actively encourage staff to stay home when ill.

Individuals with symptoms compatible with COVID-19 or with risk factors for infection should be prevented from entering the facility. Individuals with symptoms should be urged to contact a health care provider and seek testing. A negative test does not necessarily ensure that a person does not have COVID-19. Seek medical guidance to determine when it is safe for a person who had symptoms to return to the facility. In general, consider waiting at least 72 hours after the person is fever-free without the use of fever-reducing medications and respiratory symptoms have begun to improve.

Screen for COVID-19 symptoms and risk factors for exposure

All entrants to the facility (participants, visitors, and staff) should be screened for symptoms of COVID-19 and risk factors for infection (e.g., contact in the past 14 days with anyone who has tested positive for COVID-19, close contact with others who have symptoms of COVID-19 but have not been tested, or travel outside of Alaska in the past 14 days). This screening should include temperature checks as well as completion of a screening form.

New onset symptoms without an alternative diagnosis are most concerning. If the symptom is chronic or has a clear alternative diagnosis (e.g. a chronic cough in a person with Chronic Obstructive Pulmonary Disorder), it is not necessary to exclude the participant. If in doubt, consult with the facility's medical director or the participant's primary care provider.

The facility should identify the specific location where screening will take place. The location should allow at least 6 feet of distance between participants and staff conducting the screening. It may be necessary to implement a system in which individuals are asked to wait outside and enter the building when called.

Plan what to do if a participant or staff member has signs or symptoms of COVID-19

To the extent possible, staff should ensure that participants have the means to return home promptly should any sign or symptom of COVID-19 be identified during screening or at any time while at the facility. Programs should maintain emergency contact information regarding transportation and should designate an area of the facility to isolate an individual with signs or symptoms until they can be safely returned home. Likewise, any staff member who develops signs or symptoms should isolate themselves, notify their supervisor, and leave the facility as quickly as possible. Persons with signs or symptoms of COVID-19 should not travel by public transportation.

Implement physical/social distancing protocols

- Participants and staff should avoid all medically unnecessary physical contact and should maintain at least 6-feet distance from others. Consider assigning staff to monitor both participant and staff interactions to reinforce the need for physical distancing.
- Move activities outside as much as possible. Improved ventilation and more distance between participants reduces risk of transmission.
- Common areas should be re-arranged such that there is room for participants to remain at proper distance from one another. Limit interaction in common spaces, including hallways, by staggering any required movement of participants.
- Smaller groups are less risky than larger groups. Limit group activities, meals, and therapy sessions to less than 10 people and ideally make them 1-on-1 whenever possible.
- Physical exertion and singing may increase the risk of COVID-19 transmission. These activities should be done outside whenever possible. Further increase distance between participants (e.g., >10 feet) and decrease group size, preferably to 3 or fewer participants, especially if the activity is indoors.

Keep participants and staff in the same small groups

Facilities should consider ways to divide their participants into small “cohorts” of participants, each with dedicated staff. To the extent possible, these cohorts should be maintained over time and contact between cohorts should be minimized. The goal of this approach is to contain transmission within a single cohort if COVID-19 is introduced into the facility..

Promote hygiene and cough etiquette

Facilities should provide participants and staff with instructions on hygiene and cough etiquette. Instructions should include how to use facemasks, how to use tissues to cover nose and mouth when coughing or sneezing, how to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene. Participants should be taught that, if no tissues are available, they should cough into the bend in their elbow and wash their hands with soap and water afterwards. Participants should also be encouraged to avoid touching their eyes, nose, and mouth with unwashed hands. The CDC has [several handouts and posters](#) designed to educate about COVID-19 and good hygiene practices.

Participants should avoid sharing dishes, cups, utensils, towels, bedding, clothing, and other objects with other people in the facility. All of these items should be thoroughly cleaned and disinfected after use.

Implement universal wearing of cloth face-coverings / facemasks

- All staff and visitors should wear a cloth face covering or facemask at all times.
- All participants should wear a cloth face covering or facemask, if tolerated.
- Cloth face coverings and facemasks should be worn so they cover both the nose and mouth.
- Cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask

without assistance. Additionally, cloth face coverings should not be placed on children under 2.

- A cloth face covering is not formally considered personal protective equipment. A facemask is a disposable medical or surgical mask made for health care providers. Facemasks are preferred over cloth face coverings in the following situations:
 - When health care workers caring for highly vulnerable participants (e.g., participants requiring skilled nursing care)
 - When staff are likely to be directly exposed to respiratory secretions from a participant (e.g., if the participant is likely to spit, cough, or sneeze directly on a staff member)
- CDC has information on how to [optimize the supply of facemasks](#).

Use other personal protective equipment as needed

- In general, non-residential congregate settings will not be caring for participants with confirmed or suspected COVID-19 and will not need PPE items such as respirators.
- However, facilities may consider obtaining a limited supply of additional PPE (respirator, gown, eye protection, and gloves) and training staff to use it in the event a participant develops symptoms and the participant requires close contact with staff during the period before the participant is able to leave the facility.
- Facilities should use gowns and gloves per facility protocol.

Keep hands clean

Soap and water or hand sanitizer should be easily accessible in every room. Urge staff and participants to focus on hand washing. Wash hands often with soap and warm water for at least 20 seconds. Using an alcohol-based hand sanitizer, with at least 60% alcohol, is an alternative option if soap and water are unavailable.

Times to wash hands include (but are not limited to) immediately after entering the facility; before eating; before, during, and after food preparation; and after using the toilet. Staff should wash hands in between any direct contact with participants and encourage participants to do the same. Consider posting visual reminders at the entrance and in strategic places. More information on handwashing is available [here](#).

Facilities should be aware that people with Alcohol Use Disorder have been known to ingest alcohol-based hand sanitizer. Additionally, frequent use of alcohol-based hand sanitizer has been shown to yield positive tests for alcohol metabolites. This should be taken into account in drug testing policies for both patients and staff.

Clean and disinfect regularly

Routine cleaning of surfaces using appropriate cleaning and disinfection methods can help to prevent the spread of COVID-19.

- Clean high-touch surfaces in the facility multiple times per day. Examples of high-touch surfaces include doorknobs, light switches, handrails, kitchen appliances, counters,

drawer pulls, tables, sinks, faucet and toilet handles, drinking fountains, elevator buttons, push plates, phones, keys and remote controls. Recreation equipment such as art supplies, games and sports equipment should also be cleaned. Shared participant care equipment should be cleaned after each use.

- Make sure that EPA-registered disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared participant care equipment. Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-CoV-2.
- Any surfaces touched by a participant with symptoms of COVID-19 should be disinfected immediately.
- Clean by removing any visible dirt and grime before using disinfectants. Disinfectants remove most germs and are most effective on clean surfaces or objects. Coronaviruses are relatively easy to kill with most disinfectants. When using cleaning and disinfecting products, always read and follow the manufacturer’s directions (e.g., application method, contact time).
- For clothing, towels, linens and other items that go in the laundry: Wash at the warmest possible setting with your usual detergent and then dry completely. Avoid “hugging” laundry before washing it to avoid self-contamination. Do not shake dirty laundry before washing to avoid spreading virus or other dirt and bacteria through the air. Wash hands after handling dirty laundry.

More information from CDC on cleaning and disinfecting community settings is available [here](#) and guidelines for disinfection in health care settings are available [here](#).

Prevent transmission from objects brought into the facility

Transmission from touching objects contaminated with the virus that causes COVID-19 is not a common route of transmission. However, the following strategies may help reduce this risk.

Deliveries

- Have a single point of entry for supplies (e.g. a loading dock or other less trafficked entrance).
- Restrict delivery persons from entering facilities.
- Maintain physical distance between staff and delivery persons as much as possible.
- Wash hands once supplies have been stored or put away.

Participant belongings

- Minimize what belongings participants bring into the facility.
- If possible, keep each participant’s belongings separate from other participant’s belongings (e.g., in separate containers or cubbies).
- If staff handle participant belongings, ensure they wash their hands immediately after handling.

Staff belongings

- Minimize what belongings staff bring into the facility.
- Require staff to bring their belongings directly to the place where they will be

stored during their shift.

- Require staff to wash their hands immediately after storing their belongings.
- Require staff to sanitize any belongings they keep with them during their shift (e.g., phones) prior to starting their shift.
- Encourage staff to minimize access to their belongings during their shift and to wash their hands any time they do access them.

Provide meals safely

- Stagger eating times and increase space between tables, so diners remain 6 feet apart.
- Only members of the same household should sit together at a table.
- Implementing a reservations system to manage and limit the number of participants congregating at any one time. This may require creating multiple dining opportunities with extended serving times in order to accommodate all participants.
- Provide plated meals rather than self-service, buffet or family-style servings.

Institute policies and procedures for visitation

Non-residential congregate settings should consider limiting visitation to either no visitors or 1 visitor per participant. In particular, limits should be instituted if the facility serves a highly vulnerable population such as persons who require skilled nursing care or if the facility has limited space and visitors would increase crowding and make physical distancing difficult to maintain.

If visitors are allowed, the following practice can help mitigate risk:

- Visitors must be screened.
- Visitors should perform hand hygiene before and after entering the facility and common areas.
- Visitors should keep 6-feet of distance between themselves and other people. (People who live in the same household do not need to maintain distance.)
- Visitors should wear a cloth face covering or a facemask at all times and should only be removed if eating.
- Consider identifying a location in the facility where visits can take place that is separate from congregate areas. Clean and disinfect high-touch surfaces in this area between visits.
- Institute a system for scheduling or otherwise controlling visitation so as to limit the total number of visitors at any one time.

Consider restricting visitation if the incidence of COVID-19 in the community increases.

Keep records to facilitate contact tracing

If a person who spent time at the facility is diagnosed with COVID-19, public health personnel will work with the patient and, if necessary, the facility to identify people who have been exposed and to quarantine all close contacts. Facilities should maintain accurate records of all participants, visitors, and staff who were at the facility and when and how to reach those individuals (e.g., collect a phone number).

Resources

ASAM Infection Control and Mitigation Strategies in Residential Treatment Facilities:

<https://www.asam.org/Quality-Science/covid-19-coronavirus/infection-mitigation-in-residential-treatment-facilities>

CDC Preparing for COVID-19: Long-term Care Facilities, Nursing Homes:

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

CDC Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>

CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

CDC Strategies to Optimize the Supply of PPE and Equipment:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

CDC Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19):

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC's Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>

Joint Commission resource: <https://www.jointcommission.org/en/resources/news-and-multimedia/blogs/on-infection-prevention-control/2020/02/19/managing-the-threat-of-the-new-coronavirus-strain/>

SAMHSA's Disaster App: <https://store.samhsa.gov/product/samhsa-disaster>

Helpful Infographic on remote consultations related to COVID-19

<https://www.bmj.com/content/368/bmj.m1182/infographic>

COVID-19 resource is from University of Washington:

<https://covid-19.uwmedicine.org/Pages/default.aspx>