

**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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Executive Summary

These guidelines for non-residential congregate settings are a compilation of recommendations for the prevention and control of COVID-19 infection in congregate environments providing services to seniors, disabled individuals, and other vulnerable populations whose age or health status places them at higher risk for severe COVID-19 illness. This document revises multiple sections from previous guidelines to incorporate the assumption that a portion of participants and staff have received vaccinations.

The Department has revised this guidance at a time when large-scale vaccination is underway. As vaccination becomes more widespread and COVID-19 case counts decrease, our guidance will change to keep pace with the most current science and CDC recommendations. We continue to learn about COVID-19 and public health guidance is evolving. Administrators of congregate settings should stay up to date on U.S. Centers for Disease Control (CDC) and State of Alaska guidelines.

Introduction and Scope

A non-residential congregate setting is an environment where people gather in 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.

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 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.

This guidance does not apply to congregate gatherings in universities, correctional facilities, schools, childcare centers, and assisted living homes, which should follow guidance specifically for those settings. The Alaska State Department of Health and Social Services has issued recommendations and guidance and requirements for skilled nursing facilities and assisted living homes. Visit <https://covid19.alaska.gov/> for the latest information.

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.

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) Encourage COVID-19 vaccination among participants and staff of non-residential congregate settings
- 2) Prevent the introduction of COVID-19 into the facility through symptom and exposure screening **AND**
- 3) 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 hand hygiene.

[COVID-19 Vaccination](#)

Receiving a COVID-19 vaccine is the single-most important step that participants and staff can take to keep themselves and others safe. [A recent study](#) conducted in

health care workers has shown that the single most effective way to prevent COVID-19 infection and transmission is by vaccination.

Three vaccines are currently available in Alaska: mRNA vaccines produced by Moderna and Pfizer; and an adenovirus-vectored vaccine by Johnson & Johnson/Janssen. All these vaccines are extremely effective ($\geq 89\%$) at preventing severe COVID-19 infection causing hospitalization and are nearly 100% effective at preventing death due to COVID-19.

An individual is considered fully vaccinated ≥ 2 weeks following receipt of the second dose in a 2-dose series or ≥ 2 weeks following receipt of one dose of a single-dose vaccine. Everyone who is fully vaccinated is actively helping to keep themselves, their co-workers, clients, families, and communities safe. For more information about vaccination see the [AK COVID-19 Vaccine webpage](#) or the [CDC benefits of vaccination](#)

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.

Screen for COVID-19 symptoms and risk factors for exposure

The facility should identify the specific location where screening will take place. The location should allow for social 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.

All entrants to the facility (participants, visitors, and staff) should be screened for symptoms of COVID-19, risk factors for infection and receive a temperature check. Document the entrants name, contact information (i.e., telephone number) and results of the screening in a log. The screening log may be needed in the event a person is later diagnosed with COVID-19, has been in your facility and may have exposed others. Have the entrant wash hands or clean their hands with an alcohol-based hand sanitizer after screening is complete and before entry to the facility.

Ask participants, visitors, and staff about the presence of any of the following [symptoms](#) before coming into the facility:

- Fever (feeling feverish or a temperature > 100.4 °F)
- Nasal congestion, runny nose, sore throat, cough, or shortness of breath
- Muscle aches, chills, and fatigue
- Nausea, vomiting or diarrhea
- Change in taste or smell

For participants: new onset of symptoms suggestive of COVID illness 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.

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

To the extent possible, ensure that ill persons 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. Participants or visitors should immediately notify a staff member they are ill and follow instructions for a prompt departure. Staff members should immediately notify their supervisor and follow instructions. 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. Persons with signs or symptoms of COVID-19 should not travel by public transportation.

COVID-19 Testing

Please note that all labs that conduct COVID-19 testing are required to submit test results (both positive and negative) to the State of Alaska within 24 hours of the test. If you perform COVID-19 testing within your organization, then you are acting as the lab and are required to report that data to the State of Alaska within 24 hours. If you contract out testing, or send specimens to a lab, this reporting will be performed by the lab that conducts the testing. If you have any questions about reporting test results, please email COVIDtestreporting@Alaska.gov.

Guidance on vaccination, masking, and physical/social distancing

- If 100% of staff, participants and visitors are fully vaccinated and have no signs or symptoms of COVID-19, activities may be conducted without masks or social distancing.
- If staff, a participant, or visitor within the facility or group has not been fully vaccinated, everyone in these mixed settings, vaccinated or not, must wear masks. In a mixed setting fully vaccinated persons may relax social distancing.
- Unvaccinated staff, participants, or visitors must always wear a mask and maintain social distance from other unvaccinated persons (i.e., recommended 6 feet). See the guide on page 10 for easy reference.
- Individuals who do not share their vaccination status or whose vaccination status is unknown should be assumed to be unvaccinated.
- Face coverings must [cover both the nose and mouth](#).
- Move activities outside as much as possible. Improved ventilation and more distance between participants reduce risk of transmission.
- Common areas should be rearranged such that there is room for participants to remain socially distanced 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.

[Keep Hands Clean](#)

Soap and water or hand sanitizer should be easily accessible in every room. Wash hands often with soap and warm water for at least 20 seconds. Ask participants to wash hands with soap and water before sharing a meal. If soap and water are not available, an alcohol-based hand sanitizer can be used. [CDC recommends the hand sanitizer contain at least 60% alcohol](#); you can check this by looking at the ingredients listed on the product label.

Train staff and participants about good hand hygiene practices. The CDC has excellent resources, including handouts and posters, that are designed to educate good hand hygiene practices.

[Use other personal protective equipment \(PPE\) 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.
- Facilities may consider obtaining a limited supply of additional PPE (medical or surgical mask, gown, eye protection, and gloves) and training staff in its use. CDC has many training resources available (including videos) on when to use PPE and how to properly don or doff PPE.

[Clean and disinfect regularly](#)

Routine cleaning of surfaces using appropriate cleaning and disinfection methods can help to prevent the spread of COVID-19, as well as other viruses (common cold, influenza) and bacteria (fecal-E coli, streptococcus) that can cause illness.

- 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.
- 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). Reference CDC guidance:

- After cleaning, apply an EPA-registered disinfectant to the surface or object for the allotted time recommended by the manufacture. Refer to [List N](#) on the EPA website to select a disinfectants for use against SARS-CoV-2 and other common viruses or bacteria.
- Immediately clean and disinfect any surfaces or objects touched by a participant with symptoms of COVID-19.
- 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 the risk in encountering COVID-19 and many other types of viruses or bacteria that may cause illness.

Deliveries

- Have a single point of entry for supplies (e.g. a loading dock or other less trafficked entrance).
- Require masking and 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).
- Participants should avoid sharing dishes, cups, utensils, towels, bedding, or clothing with other people in the facility.
- 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 fully vaccinated participants and staff or members of the same household should sit together at a table.
- Implement 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 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. 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. (see Screen for COVID-19 symptoms on page 5)
- Visitors with symptoms of COVID-19 or fail to meet screening requirements should be asked to defer their visit until they have recovered.
- Fully vaccinated visitors must wear a face mask in a mixed setting but can relax social distancing.
- Visitors whose vaccination status is unknown will be considered unvaccinated and must wear a facemask and maintain social distancing (i.e., 6 feet) at all times.
- Visitors should perform hand hygiene before and after entering the facility and common areas.
- 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 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). Facilities should take steps necessary to safeguard any personal information.

Quick Guide for Congregate Settings on Vaccination, Masking, and Physical/Social Distancing Due to COVID-19

100% of staff, participants, and visitors are fully vaccinated:

- Activities may be conducted without masks or social distancing

Participants who are fully vaccinated but less than 100% of other staff, participants, and visitors are fully vaccinated:

- Wear a mask at all times but social distancing may be relaxed for fully vaccinated individuals.

Participants who are not fully vaccinated:

- Wear a mask and observe social distancing at all times

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>

COVID-19 Guidance for Shared or Congregate Housing

<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

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>