

From: **Williams, Edwina** <edwina.williams@dss.virginia.gov>
Date: Thu, Jun 17, 2021 at 3:39 PM
Subject: Updated VDH COVID-19 Prevention Guidelines
To: <DSS_LICENSING@listserv.cov.virginia.gov>

The attached file is being sent to adult day care centers, children's residential facilities and child caring institutions from the Virginia Department of Social Services Email Distribution Service.

*****Please do not reply to this email.*****

To unsubscribe from the DSS_LICENSING list, click the following link:
https://listserv.cov.virginia.gov/scripts/wa.exe?SUBED1=DSS_LICENSING&A=1

SCROLL DOWN TO VIEW ATTACHMENT



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

DATE: June 17, 2021

TO: Adult Day Care Centers
Children's Residential Facilities

FROM: Tara Ragland, Director, Division of Licensing Programs

RE: VDH COVID-19 Prevention Recommendations – Updated 6/8/21

The purpose of this memo is to inform licensed Adult Day Care Centers and Children's Residential Facilities that the Virginia Department of Health (VDH) has updated the [COVID-19 Recommendations for Non-Health Care Congregate Settings](#).

Changes and updates should be included in staff training 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 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/>

Please contact your licensing inspector with any questions. Thank you for the valuable work you continue to do during this health emergency.

**VDH Table of COVID-19 Prevention Recommendations for Non-Healthcare Congregate Settings
Updated June 8, 2021**

These guidelines are intended for community-based programs and facilities that provide daytime or residential services but are not intended for healthcare facilities. These facilities include congregate day or residential programs or facilities licensed or operated by the state (e.g., correctional and detention facilities, state-licensed non-healthcare group homes). This guidance could also be applied to non-licensed residential or day programs or facilities, including homeless shelters. This guidance is not intended for independent living facilities. Guidance for [healthcare settings](#) should be applied in areas of congregate settings where healthcare services are provided.

Some recommendations in this guidance differ depending on whether a person is fully vaccinated.* When determining vaccination status, the privacy of the resident or staff should be maintained (e.g., not asked in front of other residents or staff). If vaccination status is not provided voluntarily or is unknown, the safest practice is for all participants to follow all recommended infection prevention and control practices, including maintaining physical distancing and wearing masks.

The guidance table below summarizes key recommendations. Persons in charge of congregate settings are encouraged to review the more detailed recommendations included in links or the [resource documents](#) listed below the table. Each facility must also follow guidance from applicable licensing bodies.

Action or Situation	Recommendation	Exception or Note
Establish a culture of prevention	<p>Have policies and procedures in place, provide training and display materials (e.g., posters) that support disease prevention.</p> <p>Ensure supplies are available for hand washing, respiratory hygiene, cleaning, and personal protective equipment (PPE) as necessary.</p>	Consider designating a person to be in charge of ensuring these are in place.
Vaccination	<p>Recommend COVID-19 vaccination for all persons who are eligible to get vaccinated.</p> <p>COVID-19 vaccination is recommended for all staff and residents/program participants aged 12 years and older.</p>	<p>Community-dwelling staff and participants may visit vaccinate.virginia.gov for information about getting vaccinated in Virginia.</p> <p>Correctional and detention facilities should work with their local health department to</p>

		coordinate vaccination of residents.
Encourage everyone to self-monitor for COVID-19 symptoms and screen everyone every day for symptoms or exposure	<p>Ask all staff, volunteers, visitors, and daily arrivals about symptoms and exposures every day. No one who is ill, has been diagnosed with COVID-19 in the last 10 days, or is awaiting a test result should be allowed entry. Those who are not fully vaccinated* and had close contact with someone with COVID-19 also should be denied entry.</p> <p>Screen residents daily so action can be taken quickly to protect others if illness occurs.</p>	<p>Screening can be done electronically before arrival.</p> <p>Fully vaccinated* people who have had a close contact exposure but do not have any symptoms may be allowed to work or enter the facility.</p> <p>Close contact is defined as being within 6 feet of someone for a total of 15 minutes in a 24-hour period.</p>
Masking	<p>Have a policy that everyone in the facility who is not fully vaccinated* wear a mask that fits well, covers the nose and mouth, and contains multiple layers.</p> <p>Regardless of vaccination status, everyone should continue wearing masks in correctional and detention facilities, homeless shelters, child care settings, and healthcare settings. Masks are required for everyone in K-12 schools and on public transit.</p> <p>Residents in these settings may remove their masks when in their rooms or on their bed/mat in shared sleeping areas, but should put the mask back on when staff or visitors enter the room and whenever the resident leaves their room.</p> <p>Staff should be on alert for persons who need reminders or assistance with masking.</p>	<p>Masks should not be placed on anyone under age 2, someone who has a disability or medical condition that precludes wearing a mask or who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.</p> <p>For more information about mask requirements and recommendations, refer to VDH's mask website.</p>

<p>Distancing and Activities</p>	<p>6-foot distancing is recommended for people who are not fully vaccinated.* If the vaccination status is not known for the population, then continue to use 6-foot distancing throughout the facility for dining, group activities, and sleeping arrangements.</p> <p>Maintain distance in shared rooms by staggering schedules and limiting the number of participants as necessary to create distance.</p> <p>Provide grab-and-go foods or food served on individual plates by persons wearing masks and gloves instead of allowing a self-serve food option.</p>	<p>Singing, chanting, and shouting should be done outdoors if possible. If not fully vaccinated,* masks should be worn and individuals should remain at least 6 feet distanced during these activities.</p> <p>Conduct other activities outdoors when feasible.</p> <p>Small groups can be maintained that interact with each other and do not mix with other groups.</p> <p>Consider installing physical barriers in areas where 6-foot distancing cannot be maintained, such as reception areas.</p>
<p>Hand hygiene</p>	<p>Ensure soap and water and a way to dry hands are readily available and hand sanitizer containing at least 60% alcohol is positioned at multiple locations within the facility.</p>	<p>Place posters to encourage frequent hand hygiene.</p>
<p>Visitation</p>	<p>Visitors should not come if they have symptoms of COVID-19, have been diagnosed in the past 10 days, or are awaiting COVID-19 test results. Those who are not fully vaccinated* and have been in close contact with someone with COVID-19 should also postpone their visit.</p> <p>Visitors should be screened and free of symptoms and exposure before being allowed entry.</p>	<p>Visitors who are not fully vaccinated* should wear masks and maintain 6-foot distance from others in common areas.</p> <p>Visitors should not be allowed for persons in COVID-19 isolation or quarantine.</p> <p>Maintain a log of everyone who enters to assist with contact tracing.</p> <p>If visitation is suspended, explore alternative ways for residents to communicate with their families, friends, and other visitors.</p>

<p>Cleaning and disinfection</p>	<p>Daily cleaning with soap or detergent is sufficient if no one with suspected or confirmed COVID-19 was in the space.</p> <p>Clean and disinfect if anyone with COVID-19 symptoms or a positive test was in the space in the past 24 hours; if more than 24 hours, clean and consider disinfection; if more than 3 days have passed since the person was in the space, routine cleaning is sufficient.</p> <p>Wear gloves when cleaning or handling trash and wash hands after removing gloves.</p> <p>If disinfecting, use products from EPA's List N, ventilate the area, and follow directions on the label.</p>	<p>Consider cleaning more frequently or adding a disinfection step in high traffic areas and on high-touch surfaces, especially if COVID-19 transmission rates are high in the community, people are not following masking, distancing, or hand hygiene recommendations, or the space contains a number of persons at increased risk of severe illness from COVID-19.</p>
<p>Ventilation</p>	<p>Maximize room ventilation by opening windows and doors when safe to do so, using fans, increasing filtration, and increasing air flow settings in heating and air conditioning systems.</p>	<p>Increase the circulation of outdoor air in the facility.</p> <p>Refer to CDC guidance for more detail.</p>
<p>PPE</p>	<p>Workers who could be splashed or sprayed by bodily fluids during their work should use standard precautions. Personal protective equipment (PPE) includes a facemask (e.g., surgical mask), eye protection (e.g., goggles or face shield), disposable gloves, and a gown.</p>	<p>Staff providing direct care to someone suspected or confirmed to have COVID-19 or who is in quarantine should wear a fit-tested N95 respirator in addition to eye protection, gloves, and a gown.</p>
<p>Admissions/Readmissions</p>	<p>Persons newly admitted to a congregate setting who do not have COVID-19 should be placed in a separate area for 14 days (intake quarantine) before interacting with others in the facility, even if they test negative.</p>	<p>Persons newly admitted to a congregate setting do not need to be quarantined if they are fully vaccinated* and do not have symptoms of COVID-19 or if they have had COVID-19 within the past 3 months, do not have symptoms of COVID-</p>

	<p>New admissions/readmissions who have COVID-19 should be housed in a separate COVID-care unit until special PPE is no longer needed.</p>	<p>19, and have followed disease prevention recommendations (e.g., masking, distancing).</p> <p>Quarantine is not needed if a person leaves the facility for less than 24 hours, has no close contact, and follows all recommendations.</p> <p>Communicate with transport services and receiving facilities to ensure compliance with recommendations for masking, distancing, cleaning, and ventilation.</p>
Testing for COVID-19	<p>Test anyone who develops symptoms of COVID-19, regardless of vaccination status. Anyone who is not fully vaccinated* and has had close contact with someone suspected or confirmed to have COVID-19 should also get tested.</p> <p>Staff and residents of correctional and detention facilities and homeless shelters should get tested after close contact with someone with suspected or confirmed COVID-19, even if they are fully vaccinated.* CDC has detailed testing guidance for correctional and detention facilities and homeless shelters.</p> <p>Intake screening testing and screening testing before discharge/release may also be considered.</p>	<p>Testing is not necessary after close contact exposure for a person who has had COVID-19 within the past 3 months, but should still be considered if the person has a weakened immune system, has been exposed to a variant of the virus, or the earlier diagnosis is thought to be based on a false positive test result.</p> <p>Routine screening testing (i.e., testing people who do not have COVID-19 symptoms or known exposure) could also be considered, but is not necessary for fully vaccinated people* who do not have symptoms and have not had an exposure.</p> <p>If a case of COVID-19 occurs in the facility, more widespread testing should be considered, in consultation with the local health department.</p>
If someone develops symptoms	<p>Place the sick person in an isolation area. Day programs can arrange for the person to be sent home or to a healthcare facility.</p>	<p>A person confirmed to have COVID-19 should stay away from others until meeting criteria for discontinuing isolation.</p>

	<p>Residents suspected to have COVID-19 would ideally be placed in a private room with a private bathroom while awaiting test results. If that is not possible, they can stay in their current room.</p> <p>Residential settings should provide a dedicated space to care for persons with confirmed COVID-19, with dedicated staff to care for them.</p> <p>Identify and confidentially notify close contacts so they can monitor themselves for symptoms for 14 days, follow testing recommendations, and quarantine if not fully vaccinated.*</p> <p>Roommates who are not fully vaccinated* are considered exposed and should not share a room with someone else for 14 days.</p> <p>Follow cleaning and disinfection guidelines listed above.</p>	<p>Staff should monitor ill residents 3 times/day and wear PPE when within 6 feet of a person with COVID-19.</p> <p>If multiple cases occur, consult with the local health department about testing, halting activities, and other restrictions that are needed.</p>
<p>If someone has close contact with someone suspected or confirmed to have COVID-19</p>	<p>A 14-day quarantine is the safest policy but is not necessary for residents/participants or staff of congregate settings after close contact, if they have been fully vaccinated* and do not have any symptoms of COVID-19.</p> <p>Close contacts should be on alert for symptoms of COVID-19 and always follow recommended COVID-19 prevention measures. Staff should monitor quarantined residents at least once daily,</p>	<p>VDH recommends a full 14-day quarantine because this is safest. Options for ending quarantine early are available for those who cannot quarantine for 14 days. These options should not be applied for residents or staff in correctional and detention facilities.</p> <p>Someone who has had COVID-19 in the last 3 months and does not have any symptoms of the disease does not need to quarantine after having close</p>

	<p>including temperature checks, for 14 days after exposure.</p> <p>Persons in quarantine should be housed in a single room, if possible. If not, they can quarantine in their usual room. Individuals with close contact may quarantine as a cohort if individual rooms are not available.</p> <p>Staff should wear PPE when caring for residents in quarantine.</p>	<p>contact. Even in these exception categories, quarantine should be considered if the exposed person has a condition that weakens the immune system, was exposed to a variant of the virus that causes COVID-19, or the earlier diagnosis of COVID-19 is thought to have been based on a false positive test result.</p>
--	---	---

*People are considered fully vaccinated for COVID-19 2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or 2 weeks after they have received a single-dose vaccine (Johnson and Johnson (J&J)/Janssen). Being fully vaccinated can also apply to COVID-19 vaccines that have been [authorized for emergency use by the World Health Organization](#) (e.g. AstraZeneca/Oxford). Individuals with a weakened immune system may not be fully protected even if they are fully vaccinated; they should consult with a healthcare provider about ways to protect themselves from COVID-19, even if they are fully vaccinated.

Resources for Additional Detail:

CDC Cleaning and Disinfecting Your Facility - www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

CDC Ventilation in Buildings - www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html

CDC Interim Public Health Recommendations for Fully Vaccinated People - www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

CDC Guidance for Adult Day Services Centers - www.cdc.gov/coronavirus/2019-ncov/community/adult-day-care-service-centers.html

CDC Guidance for Correctional and Detention Facilities - <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html>

CDC Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities - www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html

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

CDC Guidance for Group Homes for Individuals with Disabilities - www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html

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 everyone should continue wearing masks in certain settings, including correctional and detention facilities and homeless shelters. 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. They should consult with their healthcare provider about following prevention recommendations.