

## Guidance on Management of COVID-19 in Specific Congregate Community Settings Key Messages and Tough Q&A

### TOPLINE KEY MESSAGES

CDC has combined guidance documents for sites serving persons experiencing homelessness, correctional and detention facilities, and other congregate community living settings, and updated the content to make it consistent with recommendations found in its recently streamlined COVID-19 guidance.

This guidance can be used to inform COVID-19 prevention actions in sites serving persons experiencing homelessness, correctional and detention facilities, and other congregate community living settings. It does not apply to dedicated patient care areas within these settings. Facilities that provide healthcare services should follow the recommendations in CDC's [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic in dedicated patient care areas](#).

A portion of this guidance contains additional information for community congregate living settings, such as assisted living facilities and group homes.

### TOUGH Q&A

#### **Q: What has changed in this guidance?**

A: The Guidance on Management of COVID-19 in Specific Congregate Community Settings combines multiple guidance documents on sites serving persons experiencing homelessness, correctional and detention facilities, and other congregate community living settings into a single document. The updated guidance is consistent with the recently streamlined COVID-19 guidance, such as:

- Facilities are provided a framework to assess their risk of COVID-19 spread,
- Everyday prevention measures are described,
- Enhanced prevention measures are described, the threshold for applying them has changed to a High COVID-19 Community Level (rather than Medium), and
- Quarantine after exposure to someone with COVID-19 is no longer routinely recommended,
- Guidance for duration of isolation for people with COVID-19 now includes an option to end isolation after 7 days with a negative viral test.
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#### **Q: Why were the different guidance documents rolled into one? Don't different populations have different needs?**

A: CDC is consolidating guidance wherever possible. This helps us to ensure that CDC guidance is kept up-to-date and more succinct, and that partners have the critical information they need based on the latest science to protect the people they serve.

CDC has also provided additional information for community congregate living settings (e.g., assisted living and group homes).

#### **Q: How are organizations like assisted living, group homes, and other residential care settings represented in this guidance?**

A: Because assisted living, group homes, and other residential care settings (excluding nursing homes), have different contexts and needs than homeless shelters and correctional facilities, this guidance release includes a specific set of considerations for COVID-19 prevention in these settings. Additional recommendations are also provided in [community prevention strategies based on COVID-19 Community Levels](#).

**Q: Why are you using the high COVID-19 Community Level and not medium? Doesn't this put more people at risk?**

A: Putting enhanced COVID-19 prevention measures into place when community levels are high is aligned with the CDC guidance for the community. Facilities that might be at higher risk for outbreaks because of physical or operational characteristics, prevalence of underlying conditions, or current spread are encouraged to use enhanced measures even when COVID-19 Community Levels are medium or low.

**Q: Why is the isolation period for someone who tests positive for COVID-19 longer in sites serving persons experiencing homelessness and correctional and detention facilities compared with the general public?**

A: In these settings, CDC recommends an isolation period of 10 days. This guidance update includes an option to end isolation after 7 days with a negative viral test. If isolation is ended under these circumstances, the individual can also remove their mask. However, the guidance does not recommend reducing isolation duration to 5 days (which is the recommendation for the general public) because of the remaining risk that someone may still be infectious beyond 5 days. This is true for all settings/populations, which is why masking is recommended for days 6-10 in the community. However, due to the congregate living conditions in these settings, facilities might be at higher risk for outbreaks due to physical or operational characteristics, prevalence of underlying conditions, or current spread, and are encouraged to use enhanced measures.

**Q: Can residents and staff in homeless service sites and correctional and detention facilities test and remove their masks earlier than 10 days after they are exposed?**

A: In these settings, CDC does not recommend that an exposed person test to remove their mask earlier than 10 days because of the remaining risk that shedding could occur later in the incubation period, even after a negative test result. This is true for all settings/populations, but because of the congregate living conditions in these settings, that remaining risk could translate to dozens – or even hundreds – of people becoming infected. This is an area where the guidance for Homeless Service Sites and in Correctional and Detention Facilities remains more conservative than for the general public.

**Q: Why are there still considerations for quarantine after exposure in this guidance, even though CDC no longer recommends quarantine?**

A: As with the general public guidance, CDC no longer routinely recommends quarantine after exposure to someone with COVID-19 in sites serving persons experiencing homelessness, correctional and detention facilities, and other congregate community living settings. However, facilities may still choose to use quarantine if they believe their populations are at increased risk for severe outcomes from COVID-19 – for example, in facilities that house people with preexisting conditions predisposing to severe outcomes due to covid. This guidance continues to provide considerations for implementing quarantine in ways that balance COVID-19 prevention and maintaining access to visitation, programming, and other services that promote mental health.

**Q: Is CDC still recommending contact tracing in sites serving persons experiencing homelessness and correctional facilities?**

A: CDC is not recommending that facilities prioritize individual contact tracing. This guidance document provides information on how to conduct contact tracing in facilities that wish to do so, and it includes options for person-level contact tracing as well as location-based contact tracing, which has been more feasible in some congregate settings in the past. Identifying close contacts of someone with COVID-19 can help people who have been exposed to monitor themselves for symptoms. This is especially important if any of those close contacts are more likely to become very sick from COVID-19, so that they can identify an infection early and receive care to prevent severe outcomes.

**Q: What can sites serving persons experiencing homelessness, correctional and detention facilities, and other congregate community living settings do to prevent staffing shortages during COVID-19 outbreaks?**

A: During crisis-level operations, such as severe shortages of staffing or space, facilities may need to consider short-term reductions to the recommended 10-day isolation period for staff and/or residents. Facilities should consult their [state, local, tribal, or territorial health department](#) (or equivalent) to discuss approaches that would meet their needs while maximizing infection control. This updated guidance includes flexibility to end isolation after 7 days with a negative viral test.

**Q: Why is it important for correctional and detention facilities to provide similar access to radio, TV, reading materials, personal property, commissary, showers, and other resources for residents in medical isolation as would be available in individuals' regular housing units?**

A: Individual housing spaces within correctional and detention facilities that are used for medical isolation for residents with COVID-19 were often built for punitive isolation and are typically used as a disciplinary measure. Therefore, residents housed in these spaces often do not have access to TV, reading materials, or other personal items that they would normally have available to them in their usual housing units. These conditions can discourage residents from reporting symptoms of COVID-19, sometimes resulting in further transmission to others. In addition, prolonged isolation in such conditions can have negative consequences on residents' mental health, including risk of suicide.