Coronavirus Disease 2019 (COVID-19)

Considerations for Community-Based Organizations

As some community-based organizations (CBOs) begin to resume or increase their level of activities, CDC offers the following considerations for ways these organizations can help protect individuals and communities and slow the spread of coronavirus disease 2019 (COVID-19). CBOs can play a vital role in maintaining community morale and cohesion. They can also serve as a crucial link between communities and local health and other officials, providing insight about the feasibility and acceptability of proposed mitigation strategies and informing authorities about resources and needs in their communities.

CBOs work at the local level to meet community needs. They include social service agencies, nonprofit organizations, and formal and informal community groups, like neighborhood groups or recreational or special-interest clubs. Depending on the nature of their work, a CBO's stakeholders may include volunteers, members, clients, supporters, patrons, program participants, and event attendees.

These considerations are meant to supplement—not replace—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which organizations must comply. CBOs can determine, in collaboration with state and local health officials, whether and how to implement these considerations, making adjustments to meet the unique needs and circumstances of the local community. CBOs should continually assess, based on current conditions, how to modify their operations and programming to both advance their mission and protect their staff and stakeholders.

CBOs may also benefit from reviewing CDC's COVID-19 information focused on workplaces, events and gatherings, food service providers, youth sports, youth and summer camps, childcare programs, and people at higher risk of severe illness.

Guiding Principles to Keep in Mind

The more people an individual interacts with, and the longer that interaction lasts, the higher the risk of COVID-19 spread. Location can be a factor, too, with outdoor activities generally being less risky than indoor activities. The risk of COVID-19 spread increases as follows:

Lowest risk: Meetings and other activities are conducted virtually. Only essential activities (i.e., provision of essential services) occur in person.

More risk: Small, in-person gatherings like board meetings or support groups are held. Outdoor activities and meetings are prioritized. Individuals from different households remain spaced at least 6 feet apart and do not share objects. No food is served at meetings or events. Most staff telework and if staff or stakeholders are present in a facility, they are required to wear cloth face coverings (if able) and maintain social distancing. Rigorous cleaning and disinfecting practices are implemented. Attendees at the organization's meeting and events come from the same local geographic area (e.g., community, town, city, county).

Higher risk: Indoor activities are held. Medium-sized in-person gatherings are adapted to allow individuals to remain spaced at least 6 feet apart. In CBO facilities, common areas are closed, and staff are encouraged to wear cloth face coverings (if able) and maintain social distancing. Food is served in pre-packaged boxes with disposable utensils to eliminate the need for shared items or congregating around serving tables. For meetings and events, a limited number of attendees come from outside the local geographic area.

Highest risk: Standard operations and programming are resumed. Large in-person gatherings are held where it is difficult for individuals to remain spaced at least 6 feet apart. Food is served "potluck" or family style. Many event attendees come from outside the local geographic area.

Targeting COVID-19's Spread

The virus that causes COVID-19 is mostly spread by respiratory droplets released when people cough, sneeze, or talk. Someone can also get COVID-19 by touching a surface or object that has the virus on it and then touching their own nose, mouth, or possibly their eyes. Therefore, personal prevention practices (such as staying home when sick, social distancing, wearing a cloth face covering, and handwashing) and environmental prevention practices (such as cleaning and disinfection) are important ways to prevent the spread of COVID-19.

These prevention principles are covered in this document. They provide CBOs with actions to help lower the risk of COVID-19 exposure and spread during sponsored activities.

Promoting Healthy Behaviors that Reduce Spread of COVID-19

CBOs should consider implementing strategies to encourage behaviors that reduce the spread of COVID-19.

Staying Home when Appropriate

- Educate staff and stakeholders about when they should stay home and when it is safe to gather in person with other people for work or group activities.
 - Develop policies that encourage sick employees to stay at home without fear of reprisal, and ensure employees are aware of these policies.
 - Actively encourage stakeholders who are sick to stay home.
 - Staff and stakeholders should stay home if they have tested positive for or are showing COVID-19 symptoms.
 - Staff and stakeholders who have recently had close contact with a person with symptoms of or diagnosed with COVID-19 should also stay home and monitor their health.

- CDC's criteria can help inform people when it is safe to gather with others:
 - If they have been sick with COVID-19
 - If they tested positive for COVID-19 but had no symptoms
 - If they have recently had a close contact with a person with COVID-19

• Hand Hygiene and Respiratory Etiquette

- Require frequent employee handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence.
- If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used; rub hands together until dry.
- Encourage staff to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- Encourage alternate forms of greeting besides handshakes, hugs, and kissing. For example, introduce a new practice of waving or bowing.
- Encourage clients and others coming to your office or attending events to engage in these same practices.

• Cloth Face Coverings

- Require the use of cloth face coverings among staff and volunteers, as feasible. Face coverings are most
 essential in times when social distancing is difficult. Information should be provided to all staff and volunteers
 on proper use, removal, and washing of cloth face coverings.
 - Note: Cloth face coverings should **not** be placed on:
 - Babies or children younger than 2 years old
 - Anyone who has trouble breathing
 - Anyone who is unconscious, incapacitated, or otherwise unable to remove the cloth face covering without assistance
 - Cloth face coverings are meant to protect other people in case the wearer may have the virus and not know it. Cloth face coverings are not surgical masks or respirators. They are not personal protective equipment.
 - Encourage clients and other stakeholders coming to your facility or attending events to bring and use cloth face coverings.

Adequate Supplies

• Ensure adequate supplies to support healthy hygiene Dehaviors are available for staff, facility visitors, and attendees at all events. Supplies include soap, water, hand sanitizer containing at least 60% alcohol, paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible), and no-touch trash cans.

• Signs and Messages

- Post signs in highly visible locations (e.g., at building entrances, in restrooms) that promote everyday protective measures and describe how to stop the spread of germs by properly washing handsand properly wearing a cloth face covering .
- Use the preferred language(s) of staff and stakeholders for signs and messages.
- Consider developing signs and messages in alternative formats (e.g., large print, Braille, American Sign Language) for people who have low vision or are blind or people who are deaf or hard of hearing.
- At events, broadcast regular announcements on reducing the spread of COVID-19 on PA system
- Include messages (for example, videos) about behaviors that prevent spread of COVID-19 when communicating with staff, volunteers, and others who may be in your facility, attend your events, or receive your services.

Find freely available CDC print and digital resources on CDC's COVID-19 communications main page.

Maintaining Healthy Environments

CBOs should consider implementing strategies to maintain healthy environments.

Cleaning and Disinfection

- Clean and disinfect frequently touched surfaces (e.g., door handles, sink handles, drinking fountains, grab bars, hand railings) at least daily or between use as much as possible. Plan for and take these precautions when renting event space and ensure that other groups who may use your facilities take these precautions.
- Clean and disinfect shared objects (e.g., microphones, office equipment, payment devices) between each use.
- Develop a schedule for increased, routine cleaning and disinfection.
- o If transport vehicles (e.g., buses, vans) are used by the CBO staff, drivers and passengers should practice all safety actions and protocols as indicated (e.g., hand hygiene, cloth face coverings 2). To clean and disinfect buses, vans, or other vehicles see guidance for bus transit operators and for drivers for hire and adapt as needed.
- Ensure safe and correct use and storage of cleaners and disinfectants, [2] including storing products securely away from children and ensuring there is adequate ventilation when using these products.
- Use EPA-approved disinfectants against COVID-19 🔼 . Always read and follow label instructions for each product.
- Use disposable gloves when removing garbage bags or handling and disposing of trash:
 - After using disposable gloves, throw them out in a lined trash can.
 - Do not disinfect or reuse the gloves.
 - Wash hands after removing gloves.

Restrooms

- Consider limiting the number of people that use the restroom at one time to allow for social distancing.
- o If lines form near the restroom, ensure people remain at least 6 feet from each other.
- Ensure that restrooms are:
 - Cleaned and disinfected regularly, particularly high-touch surfaces such as faucets, toilets, doorknobs, and light switches. Clean and disinfect restrooms daily or more often, if possible, and use EPA-approved disinfectants against COVID-19 .
 - Regularly stocked with supplies for handwashing, including soap, water, and disposable paper towels or hand sanitizer with at least 60% alcohol. Avoid supplying reusable towels.
- Ensure safe and correct application of disinfectants and keep products away from children.

Ventilation

Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for
example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health
risk (e.g., risk of falling or triggering asthma symptoms).

Water Systems

To minimize the risk of Legionnaires' disease and other diseases associated with stagnant water, take steps to
ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe
to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, but encourage
people working in or visiting your facility to bring their own water, as feasible, to minimize use and touching of

water fountains.

• Physical Barriers and Guides

- Provide physical guides (e.g., guides for creating "one-way routes"), such as tape on floors or sidewalks and signs on walls, to ensure that individuals remain at least 6 feet apart in lines and at other times.
- Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart. Barriers can be useful at reception areas, distribution counters, and other areas where remaining at least 6 feet apart is difficult.

• Communal Spaces

- Use methods to physically separate employees in all areas of the facilities including work areas and other areas such as meeting rooms, break rooms, parking lots, entrance and exit areas, and locker rooms; otherwise, stagger use and clean and disinfect between use.
- Arrange reception or other communal seating area chairs by turning, draping (covering chair with tape or fabric so seats cannot be used), spacing, or removing chairs to maintain social distancing.

Food Service

- There is no evidence that people can get COVID-19 from eating food. However, sharing utensils and congregating around food service areas may present risks.
- If food is offered at any meeting or event, have individual, pre-packaged boxes or bags instead of a potluck, buffet, or family-style meal. Avoid sharing of foods and utensils.
- If the organization hosts an event that includes food service, refer to CDC's COVID-19 considerations for restaurants and bars.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that individuals not from the same household remain at least 6 feet apart when waiting in line to order or pick up.
- Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.

• Shared Objects

- Discourage people from sharing items that are difficult to clean, sanitize, or disinfect in between use, such as food containers, tools, equipment, or supplies.
- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible; otherwise, limit use of supplies and equipment to one group of people at a time and clean and disinfect between use.

Maintaining Healthy Operations

CBOs should consider implementing strategies to maintain healthy operations.

Regulatory Awareness

• Be aware of local or state regulatory agency policies related to group gatherings to determine if events can be held.

Participation in Community Response Efforts

 Consider participating with local authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees) and collaborating with other CBOs to coordinate activities or limit duplication of efforts, where possible. • Inform local authorities about areas of concern or previously unknown issues as well as community or organizational resources that might be helpful in responding to changing circumstances in the community.

• Flexible and Responsive Operations and Communication Plans

- Define roles, responsibilities, and decision-making protocols so that the organization can adjust operations, services, and programming in response to changing community conditions.
- Develop a communication plan to alert stakeholders to changes in operations and ensure that contact information is up to date.
- Develop information-sharing systems with partners, including local health officials.

• Designated COVID-19 Point of Contact

• Designate a staff person to be responsible for responding to COVID-19 concerns. All staff and stakeholders should know who this person is and how to contact them.

Protections for Staff and Others who are at Higher Risk of Severe Illness from COVID-19

- Offer options that limit exposure risk (e.g., telework, modified job responsibilities) for staff at higher risk for severe illness (including older adults and people of all ages with certain underlying medical conditions).
- As feasible, offer options that limit the COVID-19 exposure risk (e.g., virtual attendance) for stakeholders who
 are at higher risk for severe illness. Replace in-person meetings with video- or tele-conference calls whenever
 possible.
- Limit event attendance to staff and attendees who live in the local geographic area (e.g., community, city, town, county) to reduce risk of spread from areas with higher levels of COVID-19.
- Put in place policies that protect the privacy of people at higher risk for severe illness regarding their underlying medical conditions.

Social Distancing and Modifying Layouts

- Reconfigure office spaces, waiting or meeting rooms, break rooms, conference rooms, or similar areas to allow for at least 6 feet between people.
- In situations where people will form lines, encourage people to stay at least 6 feet apart by providing signs or other visual cues such as tape or chalk marks.
- Limit attendance at events to allow for social distancing, or host smaller events in larger rooms.
- Prioritize outdoor activities where attendees can remain at least 6 feet from others not living in their household.
- If distributing items like food or supplies, consider using drive-up distribution so that people can maintain distance from each other and to eliminate the need to touch doorknobs and other items and surfaces in a facility.
- Consider temporarily suspending singing, chanting, or shouting during events especially when participants are
 in close proximity to each other. If attendees choose to sing, chant, or shout, encourage them to wear cloth
 face coverings and increase distance between people to greater than 6 feet.

Meetings, Gatherings, and Performances

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if in-person events are held. Limit group size to the extent possible.
- Prioritize outdoor activities where attendees can remain at least 6 feet from others not living in their household.
- When planning events, consult CDC's Considerations for Gatherings and Community Events.

- Limit any nonessential visitors, spectators, and volunteers at events.
- Limit activities involving external groups or organizations as much as possible especially with individuals not from the local geographic area (e.g., community, town, city, or county).
- Consider temporarily suspending musical performances that involve singing or playing wind instruments. If such events are held, musicians should be spaced as far apart as feasible, ideally farther than 6 feet apart.

Childcare and Youth Programming

- If providing a nursery or childcare during meetings or events, refer to CDC's information on preventing the spread of COVID-19 in childcare settings.
- If holding summer day camps, refer to CDC's information on youth and summer camps.

• Identifying Small Groups and Keeping Them Together (Cohorting)

- Ensure that groupings of staff, volunteers, and program participants are as small and as static as possible.
 CBOs should consider:
 - Scheduling staff and volunteers together in small groups (cohorts) so that they are always scheduled to work on the same days/times together, reducing their exposure risk.
 - Ensuring attendees of regular events (e.g., support groups) are scheduled with the same group of attendees for each event so that individuals are in contact with the same people for each visit, and so that distinct groupings do not mix.
 - Limit use of supplies and equipment to one group of people at a time and clean and disinfect between use.

• Staggered Scheduling

- Stagger arrival times or locations for meetings and events.
- Use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies
 and practices for social distancing of at least 6 feet between employees, volunteers, and others.

Transportation

- For employees who commute to work using public transportation or ride sharing, encourage them to use transportation options that minimize close contact with others (e.g., walking or biking, driving or riding by car – alone or with household members only) or consider offering the following support:
 - Ask employees to follow the CDC guidance on how to Protect Yourself When Using Transportation, including public transit.
 - Allow employees to shift their hours so they can commute during less busy times.
 - Ask employees to maintain social distance when possible, wear a cloth face covering if able, and wash their hands as soon as possible when they arrive to work.
- Where possible, avoid activities that require shared transportation vehicles.
- If using shared transportation vehicles like vans or buses, clean and disinfect them according to the guidance for bus transit operators or drivers for hire. Ensure that drivers and passengers wear cloth face coverings, if they are able; remain about 6 feet apart, as feasible; and wash their hands as soon as possible after the trip.

• Communication Systems

- Put systems in place to:
 - Encourage staff and stakeholders who come to your facility or attend events sponsored by your organization to self-report to the designated COVID-19 point of contact if they have symptoms of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in

accordance with health information sharing regulations for COVID-19 [2] (e.g., see "Notify Health Officials and Close Contacts" in the **Preparing for When Someone Gets Sick** section below), and other applicable privacy and confidentiality laws and regulations.

- Notify staff and stakeholders of cancellations and restrictions in place to limit exposure to COVID-19 (e.g., limited hours of operation).
- Identify and address potential language, cultural, and environmental barriers associated with communicating COVID-19 information to organization staff and stakeholders. Tailor information so that it is easily understood by various audiences and is available in a variety of languages and formats.
- Learn more about reaching people of diverse languages and cultures by visiting: Know Your Audience. You can also, learn more about communicating to staff in a crisis at Crisis Communications.

• Leave (Time Off) Policies

- Implement flexible sick leave policies and practices that are not punitive and that enable employees to stay
 home when they are sick, have been exposed to someone with COVID-19, are caring for someone who is sick,
 or who must stay home with children if schools or childcare centers are closed.
 - Examine and revise policies for leave, telework, and employee compensation as needed.
 - Ensure employees are aware of these policies.

Back-Up Staffing Plan

- Monitor absenteeism of employees and critical volunteers, cross-train staff and volunteers, and create a roster
 of trained back-up staff and volunteers.
- Develop policies for employees and volunteers to return to their duties and the facility after having COVID-19. CDC's criteria to discontinue home isolation and quarantine can inform these policies.

Staff Training

- Train staff on all safety protocols. Use CDC's Interim Guidance for Businesses and Employers as a guide.
- Conduct training virtually or ensure that participants maintain social distancing during training.
- As volunteers often perform important duties, consider similar monitoring, planning, and training for them.
- Consider that volunteer and staffing levels may need to increase to implement cleaning and safety protocols.

Close Contact

- CBO staff or volunteers who have close contact (within 6 feet) with clients (e.g., people who visit client homes) should take extra precautions. CBOs should consult with local public health officials and occupational safety and health professionals to decide whether staff or volunteers should wear any form of personal protective equipment rather than or in addition to a cloth face covering. Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment.
- Limit the amount of time staff or volunteers are in close contact (within 6 feet) with others, to the extent feasible.
- Maintain a supply of cloth face coverings for clients to wear (if able) and provide guidance on how to wear them properly.
- Remind clients to cover their mouth and nose with tissues when coughing or sneezing. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- Proper hand hygiene is an important infection control measure. Ensure employees and volunteers wash their hands regularly with soap and water for at least 20 seconds. If soap and water are not readily available, provide an alcohol-based hand sanitizer containing at least 60% alcohol. Key times to clean hands in general include:
 - Before, during, and after preparing food

- Before eating food
- After using the toilet
- After blowing your nose, coughing, or sneezing
- Before entering a client's home and upon leaving
- After touching frequently touched surfaces
- After putting on, touching, or removing cloth face coverings
- Employees and volunteers should avoid touching their eyes, nose, and mouth with unwashed hands.

Recognize Signs and Symptoms

- If feasible, conduct daily health checks (e.g., temperature screening and/or symptom checking) of staff, volunteers, and others who come to your facility or attend your events safely and respectfully, and in accordance with any applicable privacy laws and regulations.
- CBOs should consider using examples of screening methods in CDC's General Business FAQs as a guide.

Sharing Facilities

• Encourage any organizations that share or use your facility to also follow these considerations. Limit shared facility use, if possible.

Support Coping and Resilience

- Promote employees' ability to eat healthy foods, exercise, get enough sleep, and find time to unwind.
- Encourage employees and others to talk with people they trust about their concerns and how they are feeling.
- Consider posting signs for the national distress hotline: 1-800-985-5990, or text TalkWithUsto 66746; the National Domestic Violence Hotline: 1-800-799-7233 and TTY 1-800-787-3224; and the National Suicide Prevention Lifeline: 1-800-273-TALK (8255).

Preparing for When Someone Gets Sick

CBOs should consider strategies to implement when someone gets sick.

Advise Sick Individuals of Home Isolation Criteria

- Communicate to sick staff members that they should not return to work until they have met CDC's criteria to discontinue home isolation.
- Similarly, communicate to volunteers and others who come to your facility or events that they should stay away until they have met CDC's criteria to discontinue home isolation.

• Isolate and Transport Those Who are Sick

- Make sure that staff and others at your facility or event know that they should not come to the facility or event, and that they should notify the designated COVID-19 point of contact if they become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with symptoms or a confirmed or suspected case.
- Immediately separate anyone with COVID-19 symptoms (i.e., fever, cough, shortness of breath). People who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and follow CDC guidance for caring for themselves. Anyone who has had close contact with a person who has symptoms should be separated, sent home, and advised to follow CDC guidance for community-related exposure (see "Notify Health Officials and Close Contacts" below). If symptoms develop, individuals should follow CDC guidance for caring for themselves.

- Identify an isolation area(s) to separate anyone who has COVID-19 symptoms or who has tested positive but does not have symptoms.
- Establish procedures for safely transporting anyone who becomes sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.

• Clean and Disinfect

- Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them (for outdoor areas, this includes surfaces or shared objects in the area, if applicable).
- Wait at least 24 hours before cleaning and disinfecting. If waiting 24 hours is not feasible, wait as long
 as possible. Ensure safe and correct <u>use</u> and storage of cleaning ☑ and disinfection products ☑ , including
 storing them securely away from children.

• Notify Health Officials and Close Contacts

- In accordance with state and local laws and regulations, CBOs should notify local health officials, staff, and potentially exposed stakeholders of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA) 🔀 and other applicable laws and regulations.
- Advise those who have had close contact with a person diagnosed with COVID-19 to stay home, self-monitor
 for symptoms, and follow CDC guidance if symptoms develop. Critical infrastructure workers may refer to CDC
 Guidance for Critical Infrastructure Workers, if applicable.

Other Resources
Latest COVID-19 Information
Cleaning and Disinfection
Gatherings and Community Events
Interim Guidance for Communities of Faith
Considerations for Schools
Considerations for Youth Sports
Considerations for Restaurants and Bars
Considerations for Public Pools, Hot Tubs, and Water Playgrounds During COVID-19
Businesses and Workplaces
Shared and Congregate Housing
COVID-19 Prevention
Handwashing Information
Face Coverings
Social Distancing
COVID-19 Frequently Asked Questions
HIPAA and COVID-19 🖸
People at Higher Risk
Managing Stress and Coping
CDC Communication Resources
Community Mitigation
Transportation
Crisis Communication Plan
Americans with Disabilities Act (ADA) and Other Applicable Laws and Regulations 🖸

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