

Phase Two Guidance Coronavirus 2019 (COVID-19): Guidance for Adult Day Programs

This document provides guidance to adult day programs that serve the elderly, persons with disabilities who are not homebound but who have chronic health needs, and persons with intellectual disabilities. This guidance is **not** intended for any programs that occur within supported living facilities, community residence facilities, intermediate care facilities, assisted living facilities, skilled nursing facilities, or other healthcare facilities. For guidance on other facility settings, please visit coronavirus.dc.gov/healthguidance.

EVERYDAY PREVENTION MEASURES FOR STAFF AND PARTICIPANTS

- **Stay at home if you feel unwell** or were recently exposed to someone with COVID-19.
- **Practice social distancing.** Keep six (6) feet of distance between you and other people who are not in your household.
- **Wear cloth face coverings or facemasks** when around other people in a public space. A cloth face covering/mask is not a substitute for physical distancing.
 - Masks and cloth face coverings protect the wearer and protect other people.
 - All staff that interact with participants must wear a facemask throughout their shift. Staff who have prolonged, close contact with participants should also consider the use of eye protection.
 - Staff that do not interact with participants must wear a cloth face covering.
 - Participants must be encouraged to wear cloth face coverings whenever possible, and as deemed appropriate.
 - Cloth face coverings/masks should not be placed on anyone who has trouble breathing, or anyone unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- **Clean hands** often with soap and water or alcohol-based hand rub (ABHR) that contains at least 60% alcohol.
- Adult day programs should incorporate education about these everyday prevention measures into daily participant programming.
- For additional guidance for older adults and individuals with chronic health conditions, see coronavirus.dc.gov/healthguidance.

PREVENT THE INTRODUCTION OF COVID-19 INTO ADULT DAY PROGRAMS

Screen and Monitor for Symptoms

- **All staff, program participants, and visitors must be screened before entering the facility each day.**
 - **Symptom check questionnaire:** Those with cough, shortness of breath, difficulty breathing, fever or chills, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea, or otherwise feeling unwell, must not be permitted into the facility and should follow up with their healthcare provider.
 - **Temperature check:** Those with a subjective or objective fever ($\geq 100.4^{\circ}\text{F}$ or $\geq 100^{\circ}\text{F}$ for persons 65 and older) must not be permitted into the facility and should follow up with their healthcare provider.
 - **Exposure check:** Those who have been in close contact (within 6 feet for at least 15 minutes over a 24-hour period) with someone with confirmed COVID-19 while the person was infectious in the past 14 days must not be permitted into the facility.

- For **Screening Tool Guidance** visit coronavirus.dc.gov/healthguidance.
- Active temperature screening, if done, must be performed by a trained professional following the Centers for Disease Control and Prevention (CDC) guidelines. More information, including strategies to minimize the screener's exposure while obtaining the temperature, can be found at cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html.
- Encourage staff and participants to perform self-screening before leaving their home to travel to day program activities. Screening procedures must still be conducted upon arrival to the day program.
- DC Health does not recommend broad-based or routine testing of staff or participants as a prerequisite to participate in adult day programs. Persons displaying symptoms of COVID-19 or who were exposed to a person with COVID-19 should contact their medical provider before attending the day program.
- If any person reports or develops symptoms while on-site, there must be a plan in place to safely isolate the symptomatic person in a designated location and to promptly and safely transport them from the facility. Have a plan in place for when symptoms or exposure are identified upon arrival versus during the program day.
- Programs must maintain a daily record of persons entering the facility and keep the record for at least 30 days to facilitate contact tracing.
 - Log must also include group assignments and the location within the facility, as applicable.

Considerations for Employees

- Employers must provide supplies to allow for frequent hand hygiene (e.g., soap and water or alcohol-based hand sanitizers with at least 60% alcohol) at workstations and in common areas.
- Employers must provide staff with access to personal protective equipment (PPE) (e.g., facemasks, face shields or goggles, gowns, gloves) and cloth face coverings, as appropriate for job responsibilities.
- Employers must train staff on the appropriate PPE donning (putting on) and doffing (removal) sequences and procedures.
 - Include hand hygiene as a part of this process (i.e., perform hand hygiene before putting on PPE and after removing PPE).
 - Ensure trash bins and hand hygiene products are accessible to staff when removing and discarding PPE.
- **Actively encourage staff to stay home if they are sick.** Inform employees in writing that they must not come to work if sick and of applicable paid leave provision.
- Implement leave policies that are flexible and non-punitive, and allow sick employees to stay home. Leave policies are recommended to account for the following:
 - Employees who report COVID-19 symptoms;
 - Employees who were tested for COVID-19 and test results are pending;
 - Employees who tested positive for COVID-19;
 - Employees who are a close contact of someone who tested positive for COVID-19
 - Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
- Keep abreast of current law, which has amended both the DC Family and Medical Leave Act and the DC Sick and Safe Leave Law and created whole new categories of leave, like Declared Emergency Leave.
- Learn about and inform your employees about COVID-related leave provided through new federal law, the Families First Coronavirus Response Act (FFCRA) and all

applicable District law relating to sick leave.

- Stagger shifts, start times, and break times as much as possible.
- Educate staff about COVID-19. Refer to coronavirus.dc.gov for more information.

Considerations for Participants - Attendance and Community Outings

- Before engaging in community outings, people attending adult day programs should work with their support and interdisciplinary teams to develop a person-centered plan to mitigate risk
- Programs should consider the person's ability to consistently comply with social distancing and the use of cloth face coverings, and the person's comfort level with activity, when determining whether the person should participate in activities.
- When deciding to go out into the community, consider the following:
 - Outdoor activities are preferred over indoor. However, **interacting with more people in any setting raises one's risk.**
 - Being in a group with people who are not social distancing or wearing cloth face coverings increases your risk.
 - Avoid poorly ventilated indoor spaces where there are activities taking place that produce more respiratory particles (e.g., singing, shouting, exercising, etc.)
 - The length of time you spend with people outside of your household can affect your risk of becoming infected. Spending more time with people who may be infected increases your risk.

CONSIDERATIONS FOR OPERATIONS

Reduce Touchpoints and Exposure

- **Implement strategies to reduce touchpoints and maintain social distancing within the facility and during program activities.**
- Continue to conduct virtual services and activities for participants when possible, and as deemed appropriate.
- Stagger participant arrival times, mealtimes, restroom use, and activity times.
- Minimize staff to participant ratios.
 - Ensure that participant and staff groupings are as static as possible by assigning the same staff to work with the same group of participants each day.
 - Participant group size must be limited to 10 participants or less. Group size must allow for strict adherence to social distancing and infection prevention recommendations.
 - Develop a person-centered plan to mitigate risk for participants and determine if a lower staff to participant ratio is required, such as a 1:1 ratio.
- Avoid movement from activity room to activity room, and limit mixing of participant group cohorts.
- Use visual cues to help prevent congregating and to remind staff and participants to follow social distancing as much as possible (e.g., post signs, use tape markings on the floor).
- Arrange furniture and remove chairs from dining, group activity, and waiting areas to ensure people do not sit close together or wait in groups.
 - Limit the number of persons who are seated at each table.
 - Ensure there is 6 feet of distance in between each person.
- High touch items that are not able to be cleaned or disinfected (e.g., magazines, newspapers) must be removed.

- Dedicate supplies (e.g., desk, art supplies, exercise equipment) to participants as much as possible. Ensure any shared items are wipeable and are able to be cleaned and disinfected between participant use.
- Consider providing individually labeled containers for participant belongings or items.
- For any in-person activities, prohibit singing, forceful vocalization, and the use of wind instruments.
- Aerosol-generating procedures must not be performed.
- There should be adequate ventilation in any room where services are provided.

Building Considerations

- Consider making the following improvements to improve building ventilation (<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>):
 - 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, triggering asthma symptoms).
 - Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
 - Improve central air filtration to the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
 - Increase ventilation rates.
 - Check filters to ensure they are within service life and appropriately installed.
 - Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
- Consult with a specialist to see what works for your building if activities are indoors, increase circulation of outdoor air as much as possible by opening windows or exterior doors if possible.
- If a building was closed for an extended period of time, remember to check HVAC systems and ensure all water systems are safe to use. For more information, see CDC's Guidance for Reopening Buildings after Prolonged Shutdown or Reduced Operation: [cdc.gov/coronavirus/2019-ncov/php/building-water-system.html](https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html).

MAINTAIN ROBUST INFECTION CONTROL PRACTICES

Hand Hygiene

- Require each person entering the facility to perform hand hygiene with alcohol-based hand rub (ABHR) with at least 60% alcohol, or with soap and water for at least 20 seconds.
- Programs must provide hygiene products.
 - Ensure that ABHR that contains at least 60% alcohol is available throughout the facility. If this is not possible due to safety concerns, ABHR must be available to all staff for frequent use (e.g., provide travel-sized ABHR).
 - Sinks must be supplied with soap and paper towels.
- Educate all staff, participants, and visitors in the adult day program on appropriate hand hygiene practices.
- Encourage frequent hand hygiene with soap and water or ABHR. Key times to perform hand hygiene include:
 - Upon entry to the facility;
 - Before eating food;
 - Before and after putting on, touching, or removing cloth face coverings or facemasks;
 - Before and after work shifts and work breaks;

- Before and after any individual or group activities;
- Before, during, and after providing care or services to a program participant;
- After using the toilet, or assisting with toileting; and
- After blowing your nose, coughing, or sneezing.

Personal Protective Equipment

- Staff must wear a facemask (medical, surgical, or procedure) when providing care or services to participants.
- Staff who have prolonged, close contact with participants should consider the use of eye protection (i.e., face shield or goggles).
- If gloves are worn, they must be changed between each participant, when soiled, and as indicated during participant care activities.
- If the situation arises in which staff are providing care to clients who develop symptoms of COVID-19, staff must don the following PPE: gown, respirator or facemask (if respirators are not available), goggles or a face shield, and gloves. Respirators should only be used by those who are medically cleared and fit tested through their employer's respiratory protection program.

Cleaning and Disinfection

- Ensure adequate cleaning and disinfection supplies are available.
- Programs must develop a schedule for regular cleaning and disinfection of shared equipment and frequently touched surfaces in the facility (e.g., program areas, dining areas, restrooms, check-in desk, handrails, etc.).
- Program must ensure that any items (e.g., phones, computers) that are shared between participants or staff are thoroughly cleaned and disinfected between each use.
- Immediately close off and clean and disinfect any room (e.g., group activity room, dining room, restroom) that is used by a person who develops symptoms while physically present in the facility.
- More information about cleaning and disinfection, and the disinfectants effective against the virus that causes COVID-19, are available on the CDC website:
 - Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes: [cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html](https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html)
 - Cleaning and Disinfecting your Facility: [cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)

ESTABLISH A PLAN FOR COVID-19 EXPOSURE

- Establish a plan in the event that an adult day program employee or participant is diagnosed with COVID-19.
- Identify a point of contact that an employee can notify if they test positive for COVID-19 and choose to disclose this information.
- If an individual develops any of the symptoms above during the work shift, there must be a plan in place for that individual to immediately isolate, notify their supervisor, and leave the facility.
- If an employee chooses to report that they are positive for COVID-19, the facility must have a notification process to share the following with staff:
 - Education about COVID-19, including the signs and symptoms of COVID-19
 - Referral to the Guidance for Contacts of a Person Confirmed to have COVID-19, available at coronavirus.dc.gov/healthguidance

- Information on options for COVID-19 testing in the District of Columbia, available at coronavirus.dc.gov/testing
- Refer to the guidance “*First Steps for Non-Healthcare Employers when Employees Test Positive for COVID-19*” at coronavirus.dc.gov/healthguidance.
 - A close contact is someone who was within 6 feet of an infected person for at least 15 minutes over a 24-hour period, while the person was infectious.
 - The infectious period starts two days before symptom onset or date of test if asymptomatic, and typically ends 10 days after symptom onset/test date.
- Organizations must notify DC Health when:
 - An employee who interacts frequently with participants notify the organization they **tested positive for COVID-19** (not before results come back)
 - OR**
 - If a participant notifies the organization they tested positive for COVID-19
 - AND**
 - The person was in the building or participated in activities **during their infectious period.**
- Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website <https://dchealth.dc.gov/page/covid-19-reporting-requirements>:
 - Submit a **Non-Healthcare Facility COVID-19 Consult Form.**
- An investigator from DC Health will follow up within 24 hours to all appropriately submitted notifications. Please note this time may increase as cases of COVID-19 increase in the District.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov regularly for the most current information.