



# Community Day Program Settings (e.g. Adult Day Health, Day Habilitation, Clubhouses, Councils on Aging, etc.) 2019 Novel Coronavirus (COVID-19) Guidance

March 12, 2020

*Intended Audience: Organizations that operate day programs*

This guidance is based on what is currently known about the transmission and severity of 2019 novel Coronavirus Disease (COVID-19). The Massachusetts Department of Public Health is working closely with the federal Centers for Disease Control and Prevention (CDC) to provide updated information about the COVID-19 outbreak.

This guidance will be updated as needed and as additional information is available. Please regularly check [mass.gov/2019coronavirus](https://www.mass.gov/2019coronavirus) for updated interim guidance.

Each organization faces specific challenges associated with implementation based on its population, physical space, staffing, etc., and will need to tailor these guidelines accordingly. **This guidance is intended to supplement, not supplant, provisions from regulatory agencies that oversee health care organizations.** Organizations may develop their own policies, but these policies should be based on current science and facts and they should never compromise a client's or employee's health.

## Background

### **What is Coronavirus Disease 2019 (COVID-19) and how does it spread?**

- COVID-19 is a respiratory virus. Current symptoms have included mild to severe respiratory illness with fever cough, and difficulty breathing.
- According to CDC, the virus is spread mainly from person-to-person, between people who are in close contact with each other (within about 6 feet).
- Spread is from respiratory droplets produced when an infected person coughs or sneezes.

### **Who should be most cautious?**

- Those considered "high risk" include people over the age of 60, anyone with underlying health conditions or a weakened immune system, and pregnant women.

### **What should programs and sites be doing to mitigate the risk of spreading COVID-19?**

- **Screen yourself, staff, vendors, and clients, all of whom should not be entering transportation vehicles or the program site if they have any of the conditions below:**
  - Sick with fever (Higher than 100.3 °F) or newly developed respiratory illness such as cough, shortness of breath, or sore throat
  - Recent international travel (i.e., within the past 14 days) from [COVID-19-affected geographic areas](#)
  - Close contact with a person diagnosed with COVID-19 in the past 14 days
- **If signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat develop while an individual is on-site, that person should put on a face mask and move to an isolated space, and staff should engage a medical professional for further guidance**
  - **Note:** EOHHS will work with provider industries to determine what flexibilities can be implemented to ensure program site sustainability during periods of low census.

- **Keep a daily log of names and contact information for employees, clients, visitors, and vendors.**
- **Preparing and Educating Staff, Volunteers, and Clients**
  - During times of COVID-19 circulation in the community, ensure sick leave and other absence policies are flexible and non-punitive in order to allow employees or volunteers to stay home if they have symptoms of acute respiratory illness or if they need to care for a sick family member.
  - Make sure your employees or volunteers are aware of these policies. Do not require a healthcare providers' note to validate illness or return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide this documentation.
  - If visitors, volunteers, employees, attendees, and others become ill with respiratory symptoms while at the program site, they should be separated from others and sent home as soon as possible.
  - Make sure your employees, volunteers, visitors, and clients are aware of these policies. Sick persons should cover their noses and mouths with a tissue when coughing or sneezing (or cough into elbow or shoulder if tissues not available) and perform hand hygiene immediately after.
  - Those with symptoms of acute respiratory illness should stay out and not return until they are free of fever (oral thermometer temperature of 100.3 degrees or less) and any other symptoms for at least 24 hours, without use of fever-reducing or other symptom altering medicines (e.g. cough suppressants).
  - If an individual is diagnosed with COVID-19 they cannot return to the program until they have been authorized to leave their home by their local board of health.
- **Preparing the program site**
  - Post signs throughout the site encouraging hand hygiene, respiratory etiquette (cover your cough and sneeze), and avoiding touching your face with unwashed hands. Posters with tips on preventing the spread of germs can be found on DPH's website: [mass.gov/2019coronavirus](https://www.mass.gov/2019coronavirus).
  - Post signs at entrances instructing clients, employees, volunteers, visitors, and others **not to enter if they have symptoms of respiratory illness** (such as fever or cough).
  - Post all materials in the languages used by the populations you serve.
  - Place alcohol-based hand sanitizer at all entry points and key points as possible. If not possible, use signs directing to the nearest sink to wash hands with soap and water.
  - Assist clients or others who have physical difficulties with performing hand hygiene, and ensure the assisting person performs hand hygiene themselves after assisting.
  - Ensure that soap and disposable paper towels and running water are available in bathrooms and that toilets are in good working order.
  - Regularly dispose of waste products and empty waste baskets. Use disposable liners in wastebaskets. Use no-touch disposal receptacles, if possible.
  - Routinely clean all frequently touched surfaces such as doorknobs, handrails, bathroom fixtures (sink handles, toilets), countertops, work stations, tables, chairs, and elevator buttons. Use [EPA-registered disinfectant](#) and follow the directions on the label. Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees frequently.
- **Dining**
  - Program participants should not be serving themselves from large trays of food using a common serving utensil.
  - Provide as much distance between participants as possible during the meal; at least six feet is preferred.
  - Clean and disinfect table tops, arms of chairs, salt and pepper shakers and other condiment containers using an [EPA-registered disinfectant](#) before and after each client's use.
- **Activities**
  - Group, and enrichment activities can help prevent [isolation and loneliness](#) for residents. Decisions about when to scale back or cancel activities should be made in consultation with your local public health official(s) and informed by a review of the COVID-19 situation in your community.
  - Cancel large and do not attend large gatherings (greater than more 250 people).
  - During this period of increased prevention, special attention on promoting hand hygiene, cough etiquette, staff and residents staying home when sick, and facility cleaning should be observed. For group activities that continue, plan for at least 6 feet between participants.

- Practice “health club etiquette” and wipe down shared equipment after each use with an [EPA-registered disinfectant](#) (For example, exercise machines, mats, weights, computer keyboard and mouse, Wii equipment)
- **Identify ways to limit direct person-to-person contact by leveraging technology, where appropriate.**
- **Provide access to personal protective equipment (PPE), such as facemasks and gloves, as available.**
  - CDC recommends universal use of [Standard Precautions](#) when caring for any client.
  - Reinforce the importance of strict adherence to Standard Precautions during all client encounters.
  - Standard Precautions are based on the principles that all blood, body fluids, secretions, excretions (except sweat), nonintact skin, and mucous membranes may contain transmissible infectious agents.
    - For example, a facemask and eye protection should be worn during the care of any client if splashes, sprays or coughs could occur during the client encounter.
    - Similarly, gloves should be worn if contact with body fluids, mucous membranes, or nonintact skin are anticipated.
- **Avoid unnecessary out of state or international travel and avoid large gatherings or crowds.**
  - Agency staff, and especially caregivers, provide essential services that help others to function throughout their daily lives. Agency staff’s health and the health of those you serve is of utmost importance.
  - Agencies should set up ways to appropriately limit staff travel and possible exposure.
  - Cancel large and do not attend large gatherings (greater than 250 people).
- **Reinforce the practice of good daily hygiene with all staff.**
  - Wash your hands often with soap and water for at least 20 seconds, especially:
    - After going to the bathroom;
    - Before eating;
    - After blowing your nose, coughing, or sneezing; and
    - Upon entering and exiting the program site.
  - If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
  - Cover a cough or sneeze with a tissue and dispose of tissue.
  - Don’t touch your eyes, nose or mouth without first carefully washing your hands.
  - Properly clean all frequently touched surfaces on a regular basis using an [EPA-registered disinfectant](#).
  - Avoid sharing dishes, drinking glasses, eating utensils, or towels.
  - Wash dirty dishes in a dishwasher or, if by hand, with warm water and soap.
  - Laundry can be washed in a standard washing machine with warm water. It is not necessary to separate laundry used by a client from other household laundry.
  - In order to avoid germs, do not shake dirty laundry or “hug” dirty laundry to your chest to carry it.
- **Monitor staff emotional health.**
  - Emotional reactions to stressful situations such as new viruses are expected. Remind staff that feeling sad, anxious, overwhelmed, or having trouble sleeping or other symptoms of distress is normal.
  - If symptoms become worse, last longer than a month, or if they struggle to participate in their usual daily activities, have them reach out for support and help.
  - The national Disaster Distress Helpline is available with 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns. Calls (1-800-985-5990) and texts (text TalkWithUs to 66746) are answered by trained counselors who will listen to your concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support.
- **Complete the Coronavirus COVID-19 Day Program Checklist Tool on pages 5-8.**
- **Organizational Preparedness.** These preparedness steps help protect your program site while minimizing disruption to your important services.

- Develop or review business continuity plans for how to keep critical services going if staffing levels drop due to illness or taking care of ill family members or children that may be temporarily out of child care or school settings.
- Be prepared to change your practices as needed to maintain critical operations (e.g., prioritize clients or temporarily suspend some services or group activities, if needed).
- You may also wish to refer to [CDC: Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)
- Develop plans to monitor absenteeism at the site.
- Cross-train personnel to perform essential functions so the site can operate even if key staff are absent.
- Assure you have adequate supplies of soap, paper towels, tissues, hand sanitizers, cleaning supplies, and garbage bags. If possible, a supply of disposable gloves and paper facemasks will be useful if persons become ill while at your program site.

**Steps to follow if staff, or someone they know or care for is sick:**

- **If staff are sick:**
  - They should stay home and not come to work. Do not schedule them to work if they are sick.
  - Follow the steps outlined on page 9.
- **Follow the flow chart on page 9 for steps on how to determine the best care path for an individual for whom your agency provides care and who is diagnosed with COVID-19 or is experiencing symptoms.**
- **If you have staff that live with a sick individual some general guidance to share with them includes:**
  - Keeping the sick person in a separate, well-ventilated room and apart from other people and pets as much as possible.
  - If a separate space is not available, keeping a distance of at least six feet from people who are well.
  - A sick person who is coughing or sneezing should wear a mask when around other people. If the sick person cannot wear a mask, the caregiver should wear a mask.
  - Providing the sick person with a separate bathroom if available and a trash bag within reach. The bathroom should be cleaned every day using a household disinfectant according to the directions on the label. Wear gloves while cleaning.
  - Limiting activities outside the home until the sick person is feeling well for at least one day.
  - Limiting outside visitors.

### Coronavirus COVID-19 Day Program Checklist Tool (Page 1 of 4)

ACTION	YES	NO	COMPLETION DATE	COMMENTS
<b>PLAN</b>				
1. Review your Emergency Plan/Continuity of Operations Plan.				
2. Update your Plan to reflect changes based on your review and current situation.				
3. Update all workforce/volunteer contact information.				
4. Coordinate with local emergency operations/ local health department/health care coalition				
5. Review personnel policies with regard to use of personal time, sick time, overtime. Develop contingency policies.				
6. Check with your vendors about supply chain especially those that provide you with medications for your clients.				
7. Plan to address workforce shortages. Contract with other agencies for additional workforce.				
8. Develop a plan to cross train workforce wherever possible, including volunteers.				
9. Develop a questionnaire to identify which				

## Coronavirus COVID-19 Day Program Checklist Tool (Page 2 of 4)

ACTION	YES	NO	COMPLETION DATE	COMMENTS
workforce members are available to work extra and flexible hours. Also identify workforce members that may be employed by another health care provider as they may have a commitment to that organization in an emergent situation.				
10. Communicate your plan with partner agencies.				
11. Help your workforce develop a plan for their families.				
<b>CLIENT CARE</b>				
1. Identify client family members who may be able to take on more care responsibility if necessary.				
2. Develop a Succession Plan.				
a. List names and responsibilities.				
b. Get governing authority approval.				
3. Develop alternate staffing patterns such as longer days.				
4. Ask screening questions before each day and identify responsible person for conducting screenings (scheduler, supervisor, etc.)				
5. Develop a /remote phone outreach plan among clients who no longer can attend the program to decrease social isolation.				

### Coronavirus COVID-19 Day Program Checklist Tool (Page 3 of 4)

ACTION	YES	NO	COMPLETION DATE	COMMENTS
<b>SITUATIONAL AWARENESS</b>				
1. Communicate with local emergency preparedness organizations.				
2. Assign one person to monitor daily updates from CDC, DPH, and World Health organization.				
3. Be aware of state updates, resources and communications.				
<b>INFECTION CONTROL AND PREVENTION</b>				
1. Educate/re-educate workforce in the following:				
a. Standard Precaution				
b. Transmission- based precautions such as				
1) contact				
2) droplet				

### Coronavirus COVID-19 Day Program Checklist Tool (Page 4 of 4)

ACTION	YES	NO	COMPLETION DATE	COMMENTS
2. Download multi-lingual client seasonal influenza information and distribute to clients and their family members.				
3. Re-educate workforce on handwashing protocols using running water and waterless hand sanitizers.				
4. Offer seasonal influenza vaccination to workforce and clients.				
5. Check PPE supplies and dates. Move outdated to back and label as outdated but do not discard at this time.				
6. Educate workforce again in donning and doffing of PPE and in sequential order.				
7. Review your infection control policies for surveillance, recognition, identification and reporting requirements for workforce and clients.				
8. Have a process to monitor and report any workforce or client illnesses in your organization.				
9. Develop an occupational health plan and policies for any workforce members with an exposure to COVID-19.				

## Day Programs Screening Flow Chart Start Here

