



Health Guidance for Adult Day Centers (Effective 9/28/2020)

Note: new information is highlighted on page 8.

For Adult Day Centers that serve Vermonters who are at high risk during the COVID-19 pandemic, it is crucial to minimize the risks of spreading the coronavirus. The following guidance is designed to maintain health and safety standards requirements and physical distancing directives while providing much-needed services.

Exclude participants and staff from sites if they are showing symptoms of COVID-19, have been in contact with someone with COVID-19 in the last 14 days, have been tested and are awaiting results.

Each Adult Day Center employee should thoroughly review this guidance, and complete mandatory COVID-19 training provided by [VOSHA](#).

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Re-opening Adult Day Centers

It is important that providers prepare and self-assess their readiness prior to reopening services to Vermonters.

Prior to re-opening:

1. Read and learn the available resources:
 - a. [Executive Orders](#)
 - b. [Agency of Commerce and Community Development \(ACCD\) Recovery Resource Center](#)
 - c. [Mandatory Health & Safety Requirements](#)
 - d. [Model Pre-Screening Health Survey](#)
 - e. [Model Pre-Screening Procedures](#)
 - f. [PPE Use Guidance](#)
 - g. [Restart Vermont FAQ](#)
 - h. [Signage](#)
 - i. Transportation Guidance from the local transit provider
2. Complete the [Adult Day Center self-assessment](#) of readiness to reopen. Submit to the Department of Disabilities, Aging & Independent Living (DAIL) at stuart.senghas@vermont.gov for review.
3. Create a re-opening plan using [VOSHHA Exposure Control Plan Template](#) as a guide.
4. Submit re-opening plan to DAIL at stuart.senghas@vermont.gov for review and approval.
5. Perform Staff training if applicable:
 - a. [VOSHHA – Mandatory Training & Materials](#)
 - b. [CDC PPE Training](#)
 - c. [CDC Cleaning & Disinfecting Guidelines](#)
 - d. [CDC Cleaning & Disinfecting Transport Vehicles](#)
6. Obtain PPE & Supplies using the [PPE Resource Request Form](#). For technical assistance contact DAIL at melanie.feddersen@vermont.gov.
7. Designate a “health officer” on-site at every shift responsible for ensuring compliance with the Executive Order and applicable ACCD Guidance. This person shall have the authority to stop or modify activities to ensure work conforms with the mandatory health and safety requirements.
8. Educate participants and family.
9. Take steps to ensure that all water systems and the health/cooling systems environment are safe to use after a prolonged center shutdown to minimize the risk of illness.
 - a. Water – Centers should follow the available [guidance from the CDC](#).
 - b. Climate Control –Centers should consult with their facility management or whoever provides routine maintenance on their heating/cooling systems for what to do in the event of prolonged closure with regard to cleaning.

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Risk Factors

Certain people might be at higher risk for severe illness from COVID-19. Adult Day providers are encouraged to educate staff and participants about the risk factors. Staff and participants should be encouraged to speak to their healthcare provider to assess their risk and to determine if they should avoid in-person contact in which physical distancing cannot be maintained. Based on what we know now, those at higher risk for severe illness from COVID-19 are:

- People 65 years and older
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - Chronic kidney disease
 - COPD (chronic obstructive pulmonary disease)
 - Immunocompromised state from solid organ transplant
 - Obesity (body mass index [BMI] of 30 or higher)
 - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - Sickle cell disease
 - Type 2 diabetes mellitus

NOTE: This list is continually evolving, so providers and individuals should reference the [CDC website](#) and work with their healthcare provider to determine individual risk.

Facial Coverings

It is required that all staff wear facial coverings while providing care. If available, it is preferred that staff wear facemasks* any time they are in the center but not in care areas for participants with suspected COVID-19. If facemasks are not available, cloth facial coverings are acceptable. Participants should wear cloth face coverings** at all times in the center, unless there is a medical reason that they are not able to do so. CDC recommends cloth facial coverings in settings where other physical distancing measures are difficult to maintain, especially in areas of significant community-based transmission. Family or caregivers doing drop-off and pick-up are encouraged to wear cloth facial coverings. Instructions for wearing and making cloth facial coverings can be found on the [CDC website](#).

- Participants who have a medical reason for not wearing a facial covering must not be required to wear one.

- ❑ In-line with Vermont’s July 24, 2020 [Executive Order](#) a person who declines to wear a mask or cloth face covering because of a medical or developmental issue, or difficulty breathing, shall not be required to produce documentation, or other evidence, verifying the condition.
- ❑ There should be no facial coverings while a participant is sleeping, eating or when they would get wet.
- ❑ Facial coverings with ties are not recommended as they pose a risk of choking or strangulation.
- ❑ Facial coverings may be removed during outdoor activities where participants and staff can maintain physical distancing and have ready access to put them back as needed when activity stops.
- ❑ Providers and staff may take off their facial covering in very select instances, such as when a participant is hearing impaired and reads lips to communicate.
- ❑ When cloth face coverings are not available, the use of clear facial shields is allowable in a non-clinical, non-healthcare setting, as long as they meet all of the health guidance of the Vermont Department of Health. Face shields should extend below the chin, to the ears laterally, and there should be no exposed gap between the forehead and the shield’s headpiece. Cloth face coverings are preferred.

* **Facemask:** Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays. – [From VDH Guidance](#)

****Cloth face covering:** Textile (cloth) covers that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. They are not PPE and it is uncertain whether cloth face coverings protect the wearer. Guidance on design, use, and maintenance of cloth face coverings is available. – [From VDH Guidance](#)

Drop-Off and Pick-Up

- ❑ Signs must be posted at all entrances clearly indicating that no one may enter if they have symptoms of respiratory illness.
- ❑ Ideally, the same designated person should drop off and pick up the participant every day.
- ❑ Consider staggering arrival and drop off times and/or plan to limit direct contact with the participant’s designated persons, as much as possible.

- ❑ Hand hygiene stations should be set up at the entrance of the Adult Day Center or the entrance process could be rerouted through a different entrance nearest the sink, so that participants can wash their hands before they enter, or immediately upon entry into the center.
- ❑ The participants' designated persons who are self-quarantining due to close contact with a COVID-19 positive individual should NOT do drop-off or pick-up.
- ❑ Attendance records must be maintained per [Adult Day Standards](#) and made available as needed for the purpose of COVID-19 contact tracing, for a minimum of 30 days. See "Close Contact and COVID Cases in Programs" section for more information about contact tracing.
- ❑ If centers are transporting participants:
 - Programs must adhere to requirements of group size
 - Programs should space participants out in the vehicle to the best of their ability
 - Vehicles should be thoroughly cleaned and disinfected before and after transporting participants using CDC guidelines.

Health Screening

- ❑ Participants and Staff conduct a **Daily Health Self-Check** prior to arrival to the center each day.
 - Have they been in close contact with a person who has COVID-19?
 - Do they have a temperature?
 - Do they feel unwell with any symptoms consistent with COVID-19? This includes cough, fever, shortness of breath, chills, fatigue, muscle pain or body aches, headache, sore throat, loss of taste or smell, congestion or runny nose, nausea, vomiting or diarrhea.
 - Have they traveled into Vermont in the past 14 days from any other state or country (with the exception of the permitted counties listed [here](#))?
- ❑ Conduct the same **Daily Health Check** on participants and staff upon arrival to the center each day.
- ❑ Make a visual inspection of the participant for signs of infection, which could include flushed cheeks, fatigue.

NOTE: Vermont travel guidance changes over time. Check the VDH "[Traveling to Vermont](#)" web page for up to date information.

Temperature check protocol: Health screening should occur upon entrance and near a sink or access to hand sanitizer.

- ❖ Wash/sanitize hands
- ❖ Wear a cloth facial covering, eye protection, and a single pair of disposable gloves
- ❖ Check each participant's temperature
- ❖ If performing a temperature check on multiple participants, ensure that a clean pair of gloves is used for each participant and that the thermometer has been thoroughly cleaned in between each check.
- ❖ If disposable or non-contact thermometers are used and the screener did not have physical contact with a participant, gloves do not need to be changed before the next check. If non-contact thermometers are used, they must be cleaned routinely. Follow instructions provided by the manufacturer for any device used.

Participants Attending Adult Day Centers

It is recommended that Adult Day Centers prioritize participation for people who are at lower risk, are able to wear a mask or face covering while at the center and are able to understand and follow distancing and hand hygiene protocol. Participants are encouraged to talk to their healthcare provider to assess their risk and to determine if they should attend Adult Day.

- ❑ Anyone diagnosed with COVID-19 or awaiting test-results should self-isolate until:
 1. It's been 3 full days of no fever without the use of fever-reducing medication, and
 2. Other symptoms have improved, and
 3. At least **10** days have passed since symptoms first appeared.
- ❑ If symptoms begin while at the Adult Day Center, the participant must be sent home as soon as possible. Keep sick participants separate from well participants and limit staff contact as much as reasonably possible, while ensuring the safety and supervision of the participant until they leave.
 - Providers/staff should wash their hands, neck, and anywhere touched by a participant's secretions.
 - Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
- ❑ People with a temperature greater than 100.4 F must be sent home until they have had no fever for 72 hours without the use of fever-reducing medications (e.g.,

Advil, Tylenol).

- ❑ Items and furniture touched by a person who was sent home, must be thoroughly cleaned and disinfected.
- ❑ The health department encourages all providers and families to coordinate decision making around the participant's care with their health care provider if there are specific health concerns, chronic disease, or complex social or emotional dynamics in the home.
- ❑ Participants who arrive from out-of-state must follow Vermont quarantine guidance prior to attendance. The guidance can be found at <https://accd.vermont.gov/covid-19/restart/cross-state-travel>

Close Contact and COVID Cases in Programs

If a staff person, participant, or family has been identified as a [close contact](#) to someone who is diagnosed with COVID-19, they should self-quarantine: stay home. *This does not include healthcare workers that are properly using Personal Protective Equipment (PPE).* Please refer to the [Health Department's website](#) for what it means to be in close contact and for instructions for [isolation, quarantine, and self-observation](#).

Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are close contacts to a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the virus. A contact tracing team from the Vermont Department of Health calls anyone who has tested positive for COVID-19. They ask the patient questions about their activities within a certain timeframe – to help identify anyone they have had close contact. (Close contact means being closer than 6 feet apart for 15 minutes or longer while the person was infectious.) Those contacts might include family members, co-workers or health care providers.

When there is a confirmed case of COVID-19 in Adult Day Center; you will be able to consult with the contact tracing team at the Vermont Department of Health. To reach this team directly, you may call **802-863-7240**.

Staff should be encouraged to keep a daily list of other people they are in close contact with. As the state reopens, Vermonters should consider keeping a contact journal. If you do get sick, this will make it easier to get in touch with those people, and so they can take proper precautions to prevent further spreading of the coronavirus.

If COVID-19 is confirmed in a participant or staff member:

- Close off areas used by a sick person and do not use these areas until after

cleaning and disinfecting; wait 24 hours or as long as practical before beginning cleaning and disinfecting to allow droplets to settle.

- Clean and disinfect all areas used by the participant or staff member who is sick, such as offices, bathrooms, and common areas.
- Open outside doors and windows to increase air circulation in the areas. If more than 7 days have passed since the participant or staff member who is sick visited or used the center, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.
- Communicate with staff and participants and caregivers with general information about the situation. It is critical to maintain confidentiality.

Close contacts of persons being tested for COVID-19 due to symptoms should not attend programming at the adult day center until the status of the staff member or participant with whom they had contact is determined to be negative.

If the test results are:

- **Positive** (participant or staff member has COVID-19), then continue to quarantine for 14 days.
- **Negative** (participant or staff member does not have COVID-19), then complete [self-observation](#).

Consider how you can stay connected to the family or staff member during this time.

Important: Decisions about extending closure should be made in consultation with the Vermont Department of Disabilities, Aging and Independent Living.

Physical Distancing Strategies

Physical distancing is still the best way to slow the spread of the virus; although, it is recognized that this is often challenging.

1. Maximum occupancy for Adult Day Centers should be no more than 1 person per 100 square feet, including participants and staff.
2. People must maintain 6 feet distancing, except for times when staff are providing necessary close-contact assistance or personal care to participants.
3. Standing/seating should be all facing one direction when possible (not face-to-face).
4. Centers that are able to accommodate more than 25 people at the 1 person per 100 square feet, must establish participant/staff groups with no more than 25 people in a single designated area. Designated areas divided by partitions or partial walls are considered 1 room and shall only serve 1 group of participants and staff members. Wherever possible, the same staff should remain with the same group each day.

5. There must be no large group activities. Physical distancing practices should be in place.
6. Increase the distance between participants during table work to at least 6 feet.
7. Plan activities that do not require close physical contact between multiple participants.
8. Limit sensory activities and wash hands immediately after any use.
9. Encourage additional outside time as is possible and open windows frequently when air conditioning is not being used.
10. Adjust the system that circulates air through the center to allow for more fresh air to enter the program space.
11. There should be **no outside visitors and volunteers except for employees or contracted service providers for the purpose of individual specialized support.**
12. Conversations about a participant's day are encouraged to be done by phone with designated people. Handwritten notes about a participant's day are also recommended to support information sharing and physical distancing.

Healthy Hand Hygiene Behavior

1. All participants, staff, and contracted service providers should engage in hand hygiene at the following times:
 - Arrival to the center
 - After staff breaks
 - Before and after preparing food or drinks
 - Before and after eating or handling food, or helping participants eat
 - Before and after administering medication or medical ointment
 - After assisting with personal care
 - After using the toilet or helping a participant use the bathroom
 - After coming in contact with bodily fluid
 - After handling animals or cleaning up animal waste
 - After going outdoors
 - After sensory activities
 - After handling garbage
 - After cleaning
2. As much as possible, have plenty of hand lotion to support healthy skin for participants and staff.
3. Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available. Follow these 5 steps for hand washing or hand sanitizing every time.
 - a. Wet your hands with clean, running water (warm or cold), turn off the tap with paper towel and apply soap.

- b. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
 - c. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
 - d. Rinse your hands well under clean, running water.
 - e. Dry your hands using a clean towel or air dry them.
4. Assist participants with handwashing who cannot wash hands alone.
 5. After assisting participants with handwashing, staff should also wash their hands.
 6. Place posters describing handwashing steps near sinks. [Developmentally appropriate posters](#) in multiple languages are available from CDC.

Cleaning & Disinfecting

Adult Day Centers should engage in frequent thorough cleaning each day. **At a minimum, common spaces, such as kitchen and frequently touched surfaces and doors should be cleaned and disinfected at the beginning, middle and end of each day.**

1. Clean and disinfect frequently touched objects and surfaces such as:
 - All surfaces especially where participants eat
 - Bathrooms
 - Frequently used equipment including electronic devices
 - Door handles and handrails
 - Items participants touch
2. Specifically, regarding shared bathrooms:
 - Whenever possible, assign a bathroom to each group of 25 people.
 - If there are fewer bathrooms than the number of groups, assign which groups will use the same bathroom. For example, bathroom A is assigned to groups 1, 2 and 3; and bathroom B is assigned to groups 4 and 5.
 - Bathroom sink areas including faucets, countertops and paper towel dispensers need to be cleaned after each group has finished.
3. Objects that cannot be cleaned and sanitized should not be used.
4. Books can safely be returned to shelves for reuse after 3 days.
5. Supplies with hard surfaces like oil paint tubes, colored pencils, brushes, people should either wear gloves while using, or the items should be disinfected between use.
6. Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Participant's bedding is required to be stored separately. This may be in individually labeled bins, cubbies, or bags. Bedding that touches a participant's skin should be cleaned weekly or before use by another participant.
7. Do not shake dirty laundry; this minimizes the possibility of respiratory droplets spreading through the air.

The following products may be used for disinfecting:

- Diluted household bleach solutions
- Alcohol solutions with at least 70% alcohol
- Most common EPA-registered household disinfectants
- See [List N: Disinfectants for Use Against SARS-CoV-2](#)

Personal Care

1. When assisting a participant with personal care, wash your hands and wash the participant's hands before you begin and wear gloves.
2. After assisting with personal care, wash your hands (even if you were wearing gloves) and clean and disinfect the area.
3. If clothing becomes contaminated with bodily fluid, they should not be rinsed or cleaned in the center. The soiled clothing and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered pail to give to the participant's designated person or laundry service.

Food Preparation and Meal Service

1. Wherever possible, food preparation should not be done by the same staff who provide personal care.
2. Sinks used for food preparation should not be used for any other purposes.
3. Staff should ensure participants wash their hands before eating.
4. Staff must wash their hands before preparing food and after helping participants eat. Hand sanitizer may be used in place of washing hands before assisting the next participant with eating.
5. For detailed guidance, refer to the current Department of Health Additional [Congregate Dining and Meals Program Guidance](#).

Transportation

Vermont public transit providers and Adult Day Centers that provide transportation for participants, must follow [guidance](#) on the ACCD website and current distancing standards. Follow [CDC Cleaning & Disinfecting Transport Vehicles guidance](#). Additional resources can be found on the National Aging and Disabilities Transportation Center (NADTC) [COVID-19 Resource page](#).

Each Vermont public transit provider maintains a COVID transportation plan that must comply with federal and state infection control guidance.

NOTE: Dedicated transportation is available for people who are suspected COVID-19 positive. Adult Day Centers may refer to the [AHS Transportation for Individuals with Confirmed or Suspected COVID-19 Guide](#) if a person at the center develops symptoms and needs to be transported to a testing or recovery site.

Health Resource for Adult Day Centers

The Vermont Department of Health has public health nurses available to answer health related questions from 8:00 AM to 3:00 PM Monday through Friday. Call 802-863-7240.

Additional Strategies

PREPARE

- **Stay informed about the local COVID-19 situation.** Know where to turn for reliable, up-to-date information. Monitor the [CDC COVID-19 website](#) and the [Vermont Department of Health website](#) for the latest information.
- **Update an emergency contact list.** Update emergency contact lists for families, staff and key resources and ensure the lists are accessible in key locations in your program. For example, know how to reach your local or state health department in an emergency.
- **Develop a communications plan.** A key component to being prepared is developing a communication plan that outlines how you plan to reach different audiences (e.g. families, staff, community) including ensuring all communications are culturally and linguistically appropriate as well as accessible for individuals with disabilities.
- **Protecting the Safety and Health of Workers (Coronavirus Disease 2019).** All employees, including those already working (except healthcare workers, first responders, and others already trained in infection control, personal protection/universal precautions), must complete, and employers must document, a mandatory training on health and safety requirements as provided by VOSHA.
- Establish and continue communication with local and State authorities to determine current data on spread of COVID-19 in your community.
- Consider designating a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures.

COMMUNICATE

- **Signs must be posted at all entrances** clearly indicating that no one may enter if they have symptoms of respiratory illness.
- **Reinforce your communication system,** so that all staff and families know how to best contact the program director and/or program administrator about COVID-19

information and questions specific to the program.

- **Communicate about COVID-19 with your staff.** Share information about what is currently known about COVID-19 and your program's emergency response plans.
- **Communicate your expectations for modeling** respiratory etiquette, physical distancing, wearing cloth facial coverings, refraining from touching their face, staying home when sick, and supporting employees who need to take care of sick family members. **All common areas, such as break rooms and cafeterias, excluding restrooms, are closed.**
- **Staff meeting/trainings should be online** and not in person
- **Communicate about COVID-19 with families.** Provide updates about changes to your policies or operations. Use all communication channels available to you such as electronic communications, website or social media pages, and remote family caregiver meetings to share updates. *It is critical to maintain confidentiality for staff and participants.* Make sure to plan for linguistic needs, including providing interpreters and translating materials.
- **Intentionally and persistently combat stigma.** Misinformation about coronavirus and COVID-19 can create fear and hostility that hurts people and makes it harder to keep everyone healthy. We are stronger as a community when we stand together against discrimination. Take advantage of these [resources](#) to prevent, interrupt, and respond to stigma.

Testing Resources for Adult Day Centers

- Testing will be available for Adult Day Centers who wish to be tested for the coronavirus, even if they don't have any symptoms. The Vermont Department of Health's [website](#) has up to date pop up sites and registration links for this type of testing.
- Please consult your primary care physicians for testing options if you are sick. If you do not have a primary care provider, please contact 2-1-1 to be connected to a primary care provider.
- Coronavirus testing is not required for reopening and is offered on a voluntary basis.
- Testing cannot be used as a requirement for working in an Adult Day Program.
- A negative test represents one moment in time and does not change any of the health standards regarding infection prevention.
- If you test positive for coronavirus, the Vermont Department of Health will contact you, keep in close touch, determine the close contacts, and assist with decisions about classroom closure.

Resources

- General questions about COVID-19? **Dial 2-1-1**
- [Vermont Department of Health \(VDH\) COVID-19 site](#)
- [VDH Alerts & Advisories](#) (HAN)
- [VDH Healthcare Worker Return to Work Criteria HAN 4/3/20](#)
- [Department of Disabilities, Aging & Independent Living COVID-19 site](#)