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Subject: Revised VDH Covid-19 Guidance for Day Programs  
To: <DSS\_LICENSING@listserv.cov.virginia.gov>

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# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

**DATE:** August 5, 2020

**TO:** Licensed Adult Day Care Centers

**FROM:** Tara Ragland, Director, Division of Licensing Programs

**RE:** Revised VDH Covid-19 Guidance for Day Programs – Updated 8/2/20

The Virginia Department of Health (VDH) has updated their COVID-19 Interim guidance for Group/Congregate Day Program Settings. These programs include adult day programs and any other place where groups congregate for extended periods but do not reside. The revised VDH guidance is attached.

Revisions made on August 2, 2020, include the following:

- Reformatted guidance to create sections related to planning and preparedness
- Updated guidelines on isolation duration

The Division of Licensing Programs strongly encourages facilities to update their policies, procedures, and infection control programs to address COVID-19 safety and preventive measures as new information and guidance become available. Changes and updates must be included in the required staff training updates regarding infection control and prevention. As a reminder, facilities must immediately report any outbreak of disease to the health department and to the regional licensing office.

Please frequently review COVID-19 resources posted to the websites below and report any changes in operating status to your licensing inspector. Thank you for the work you do to care for Virginia's vulnerable adults during this unprecedented health emergency.

Virginia Department of Social Services <https://www.dss.virginia.gov/geninfo/corona.cgi>  
Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/>  
Virginia Department of Health (VDH) <http://www.vdh.virginia.gov/>

The following information is from VDH COVID-19 Interim Guidance for Long-Term Care Facilities (Updated 6/16/20) but can be used by Adult Day Care Centers to update infection prevention and control policies, procedures, and training in response to COVID-19.

**TRAINING:** Target audiences: staff, participants, families

**Topics:**

1. Symptoms of COVID-19
2. How to monitor and report related illness
3. Importance of social distancing
4. Hand hygiene, respiratory hygiene/cough etiquette
5. Proper use of masks and other forms of personal protective equipment (PPE)
6. Facility's anticipated response to COVID-19-like illness during the pandemic

**Additional Topics for Staff:**

1. Facility specific sick leave policies for staff
2. Facility specific plan for regular temperature checks and symptom screening upon arrival on each shift
3. Facility specific expected actions if symptoms are identified upon screening or develop while the staff person is at work – who, what, when, how, etc.
4. Comprehensive training on PPE use for any staff person who might provide care for someone with confirmed or suspected COVID-19. (Consult local health departments for additional guidance for specifics with ADCC population, if necessary)
  - a. When and what PPE is necessary
  - b. How to don (put on) and doff (take off) PPE
  - c. Limitations of PPE, and proper care, maintenance, and disposal of PPE
  - d. Fit testing for respirator use if providing direct care for COVID-19 positive residents
  - e. Demonstrate competency in performing appropriate infection control practices and procedures (see links to CDC training webinars on next page)
5. Facility specific cleaning and disinfection methods, timing, and responsibility

**Resources to Assist with Training:**

Symptoms of Coronavirus - CDC poster

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>

Hand hygiene - VDH fact sheet

<http://www.vdh.virginia.gov/content/uploads/sites/13/2016/03/HandHygieneFactSheet.pdf>

Cover Your Cough - VDH poster

<https://www.vdh.virginia.gov/content/uploads/sites/3/2016/01/CoverYourCoughSign.pdf>

CDC poster - PPE for COVID-19

[https://www.cdc.gov/coronavirus/2019-ncov/downloads/A\\_FS\\_HCP\\_COVID19\\_PPE.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf)

**CDC LTC mini webinars:**

- Sparkling Surfaces - <https://youtu.be/t7OH8ORr5Ig>
- Clean Hands - <https://youtu.be/xmYMUly7qiE>
- Closely Monitor Residents - <https://youtu.be/1ZbT1Njv6xA>
- Keep COVID-19 Out! - <https://youtu.be/7srwrF9MGdw>
- PPE Lessons - <https://youtu.be/YTATw9yav4>

**Additional Resources:**

Virginia Department of Labor and Industry (DOLI) Emergency Temporary Standard (ETS) establishes requirements for employers to control, prevent, and mitigate the spread of the coronavirus (COVID-19) among employees and employers. [www.doli.virginia.gov/covid-19-outreach-education-and-training/](http://www.doli.virginia.gov/covid-19-outreach-education-and-training/)

Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes  
<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

Please contact your licensing inspector with any questions.

**VDH COVID-19 Interim Guidance for Group/Congregate Day Program Settings**

Last Updated: August 2, 2020

**Revision History**

Revisions were made on August 2, 2020 to reflect the following:

- Reformatted guidance to create sections related to planning and preparedness
- Updated guidelines on isolation duration

Revisions were made on June 11, 2020 to reflect the following:

- Added recommendation for facilities to assess the level of care that will be provided and tailor the reopening plan accordingly, including ensuring adequate supplies of PPE that will be needed.
- Added information about persons taking public transportation, more information regarding food service, and a definition of close contact.
- Added a note about providing services to persons with dementia.
- Noted that the number of persons allowed in the facility depends on the community phase of reopening and the ability of the facility to manage that number safely.

Revisions were made on May 21, 2020 to reflect the following:

- Added a new section on factors to consider before reopening (for programs that have been closed during the first few months of the pandemic) and recommended against widespread testing of staff or clients upon re-opening.
- Added information on personal protective equipment and provided specific resources for more information or guidance.
- Incorporated testing-based, symptom-based, and time-based strategies for when to discontinue home isolation for persons with COVID-19. Because testing is more widely available, either a test-based strategy or symptom-based (for those with symptoms) or time-based (for those with a positive test but who never developed symptoms) strategy may be used to determine when to discontinue home isolation.

Revisions were made on May 4, 2020 to reflect the following:

- Incorporated an expanded list of symptoms of COVID-19 that should be considered when screening staff and participants.
- Updated guidance regarding discontinuation of home isolation (minimum of 10 days) if using a symptom-based or time-based strategy.

Revisions were made on April 20, 2020 to reflect the following:

- Incorporated CDC's recommendation to wear cloth face coverings in public settings where social distancing of at least 6 feet cannot be maintained, especially in areas with significant community transmission.
- Recommended a test-based strategy for discontinuation of home isolation for persons in congregate day programs because testing is becoming more widely available and the consequences of further spread in a congregate setting are higher than in a private home setting.

## **Introduction**

The Virginia Department of Health (VDH) is updating this guidance on the steps congregate day programs can take to prevent the spread of coronavirus disease 2019 (COVID-19). These programs include adult day programs, settings where non-residential services are provided for those experiencing homelessness or having drug use or mental health care needs, and any other place where groups congregate for extended periods of time but do not reside in the setting.

The keys to preventing COVID-19 from spreading in any group are maintaining a distance of at least 6 feet between people as much as possible, being able to rapidly identify any onset of symptoms compatible with COVID-19 and isolate anyone with those symptoms, quarantining close contacts, and promoting frequent handwashing, environmental cleaning and disinfection, use of cloth face coverings and other standard respiratory disease prevention measures.

## **Facility Preparation**

Managers of programs need to continuously assess their setting and revise operational plans consistent with the latest guidance to provide services safely to their clients and the community. A facility should plan to operate only when it is fully prepared to protect the health of the staff and clients by offering illness screening and monitoring, hand hygiene and environmental cleaning, physical distancing, and other recommended disease prevention measures. Any changes in procedures need to be communicated to staff, volunteers, clients, and family members as appropriate. Training needs should be assessed and provided for. Some specific information to include in assessments and plans include:

### **Structural/Environmental Considerations:**

- Identify an area where everyone who enters the facility can be screened safely and another area where anyone who develops symptoms suggestive of COVID-19 can be placed until they can be sent home or moved to another location to be evaluated and receive care for their illness.
- Identify a means of separating staff and clients into small groups and appropriate distances (6 feet or more), including in activity areas, dining areas, common areas, etc.

### **Supplies and Materials:**

- Assure adequate supplies for hand hygiene including soap, paper towels, and hand sanitizer, and also tissues, waste baskets, cloth face coverings, cleaning and disinfection supplies and gloves and other forms of personal protective equipment (PPE) as needed
- Assess the facility and the services provided to determine where and how exposures to the virus would be most likely to occur and to whom and whether PPE is needed. Each facility should determine what level of care (e.g., activities only, assisting with toileting/activities of daily living, cleaning tracheostomy sites or wounds) can safely be provided in that particular environment and what level of care managers are comfortable having staff provide and tailor operational plans accordingly. The facility must ensure a sufficient supply of hand hygiene supplies and PPE as necessary for the types of tasks to be performed as well as assure staff are adequately trained on proper use of the types of PPE that might be needed, including donning, doffing, disposal, and hand hygiene practices.
  - Cloth face coverings should be worn by everyone aged >2 years while in the facility to the extent possible. Cloth face coverings should not be placed on children under age 2, anyone

- who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. (Note: cloth face coverings are not PPE). Assess the capability of known clients to use face coverings and their ability to provide one for themselves. Make a plan for how cloth face coverings will be provided for clients who cannot provide one themselves and how to ensure social distancing for those unable to use a face covering.
  - Staff should also wear disposable gloves when in direct contact with (touching) a client or his/her belongings. Staff should be trained on the appropriate use of gloves and the importance of hand washing before putting on and after taking off gloves. Gloves should always be changed and discarded between clients and never used for touching more than one client. The Centers for Disease Control and Prevention (CDC) has an infographic that can be used as a reminder to wash hands after removing gloves ([www.cdc.gov/handhygiene/campaign/provider-infographic-6.html](http://www.cdc.gov/handhygiene/campaign/provider-infographic-6.html)).
  - For facilities that provide services that contain a clinical/medical element, additional PPE is needed. If the risk of splashes/sprays or exposure to blood or body fluids exists, then PPE, including gowns, eye protection (goggles or face shield), and a facemask (surgical mask, not cloth face covering) in addition to gloves, is recommended ([www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19-PPE.pdf](http://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19-PPE.pdf)).
  - If the situation arises in which staff are providing medical care to clients with suspected or confirmed COVID-19 and close contact (within 6 feet) cannot be avoided, staff should at a minimum, wear eye protection (goggles or face shield), an N95 or higher level respirator (or a facemask with a faceshield if respirators are not available or staff are not fit tested; not a cloth face covering), disposable gown, and disposable gloves.
- Develop a facility plan for operations if absenteeism increases.

#### **Staff Planning:**

- Ensure that the facility has flexible sick leave and absentee policies that encourage staff to stay home if sick. The facility should also have a plan for operations if absenteeism increases to a degree that it could interfere with provision of services.
- Determine what to do with staff at high risk of severe illness from COVID-19 and if there are tasks they can perform that minimize interactions and contact with others
- Ensure all staff have a basic understanding of COVID-19. A basic overview of COVID-19 is available [here](#).
  - Ensure all staff and clients are familiar with the [signs and symptoms of COVID-19](#), which can range from mild to severe symptoms.
    - Symptoms can be variable and include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea, and other symptoms.
    - Older adults with COVID-19 may show atypical symptoms, such as new or worsening malaise (tiredness or discomfort), new dizziness or increased falls, or mental status change such as confusion.
  - Staff should also be familiar with the signs that someone needs emergency medical attention immediately, including having trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, or bluish lips or face, and know what actions they are expected to take if someone exhibits any of those signs.

- Educate staff on the [public health recommendations](#) for how long to isolate an ill person and quarantine their close contacts (described further below) in the event of a COVID-19 case.
- Advanced planning will be required to ensure coverage of new roles and responsibilities that will be important in the current context. These may include ensuring sufficient staff to perform more frequent cleaning/decontamination of surfaces, identification of staff to oversee infection control to ensure consistent implementation, and identifying who will be responsible for acting as a point of contact during any public health investigations. If cases are identified in the facility, the [local health department](#) will collaborate with the facility to make infection control and laboratory testing recommendations and to assist with case and contact investigation activities.

### **Steps to Take Routinely When the Facility is Open**

- Each day, screen each person arriving at the facility for [signs and symptoms of COVID-19](#)
  - Do not admit any person who is ill or has been exposed to COVID-19 in the last 14 days.
  - Staff should follow [VDH guidance for screening and monitoring](#). That is, they should check their temperature and make sure they are fever-free and have no other symptoms before reporting to work. They should stay home if ill or if they have been exposed to someone suspected or confirmed to have COVID-19 within the prior 14 days and let their supervisor know.
  - Restrict visitors and the use of volunteers to minimize the risk of someone introducing the virus into the setting
  - Posting signs from [CDC](#) or [VDH](#) is recommended, making it clear that no one with any of those signs or symptoms should enter the facility.
- Staff who are checking [client temperatures](#) should use a system that creates a physical barrier between the client and the screener as described [here](#).
  - Screeners should stand behind a physical barrier, such as a glass or plastic window or partition that can protect the staff member's face from respiratory droplets that may be produced if the client sneezes, coughs, or talks.
  - If social distancing or barrier/partition controls cannot be put in place during screening, PPE (i.e., facemask, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], and a single pair of disposable gloves) can be used when within 6 feet of a client. Use of a barrier is preferred.
- Ensure that older adults and those with [underlying medical conditions](#), such as heart or lung diseases, understand they are at high risk for severe disease from this virus and should refrain from entering the facility or be extra vigilant about wearing a cloth face covering and maintaining at least a 6-foot distance from others while there. If neither is possible, the facility should determine if an accommodation is possible to meet their needs. If not, the option of refraining from entering the facility until all community COVID-19 restrictions are eased should be discussed.
  - CDC does not have specific or different recommendations for persons with dementia. Each potential participant needs to be assessed on an individual basis and their needs and behaviors managed as much as is possible to provide a safe environment for them. If the facility determines it is not possible to meet someone's needs, facility managers or staff should meet with the participant and/or family representatives to discuss the situation. ([www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/caregivers-dementia.html](http://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/caregivers-dementia.html))
- Anyone who enters should wear a cloth face covering (with the exceptions noted above, e.g., age ≤ 2 years, unable to remove it without assistance) and maintain social distancing.

- Anyone who uses public or private transportation services should maintain the maximum distance from others that the space allows and wear a cloth face covering during transport. Frequent handwashing and self-monitoring for symptoms are also necessary. Hand hygiene, social distancing, and use of face coverings upon arrival at the facility should help minimize the risk of disease to others. ([www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html](http://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html))
- Follow social distancing guidelines for management of activities in the facility
  - Maintain separate spaces that allow for small groups. The number allowed into the facility will be determined by the phase of reopening established by the Governor; however, that number of participants should be allowed in only if they can be safely managed to minimize disease risk (i.e., through screening, hand hygiene, social distancing, use of cloth face covering)
  - Encourage individual activities and distancing of 6 feet or more between each person to the extent possible, including between staff members in common areas and break rooms
  - Provide meals and snacks in small group spaces or at staggered times to avoid crowding. Space tables as far apart as possible.
    - Additional notes about food service: Discourage the sharing of foods, cups, or utensils. Plate meals for participants rather than allowing self-service. Staff and participants should wash their hands before eating, serving, or assisting others with eating. All safe foodhandling practices should be followed. Use the facility's usual plates and utensils with regular cleaning and sanitizing procedures.
  - Do not allow mixing of groups or larger group activities. Put a schedule in place for use and cleaning of common areas. Minimize interactions and maintain social distancing to the extent possible.
- Provide a place in the facility where ill persons (staff or clients) can be placed until they can be taken elsewhere to receive care for their illness
  - Ensure staff of each group monitors for any indications of COVID-19 and removes any ill person from the group and places the ill person in the separate area designated for sick individuals.
  - Call any next of kin/close contacts to the extent they have been identified and ensure the ill person is released to them as soon as possible.
  - Follow the guidelines below for [steps to take if illness occurs in the facility](#).
- Teach and encourage proper hand and respiratory hygiene practices
  - Provide for regular and routine handwashing with soap and water upon entry into the facility, before meals and snacks, after blowing noses, coughing, or sneezing, after toileting or changing diapers, and at other scheduled times during the day.
  - Encourage coughing into tissues followed by immediate disposal of the tissue and handwashing. If a tissue is not available, encourage coughing into the crook of elbows followed by immediate handwashing.
  - Provide tissues and hand sanitizer to the extent product is available. Remind staff and clients to avoid touching eyes, nose, and mouth.
  - Provide other supplies for good hygiene, including handwashing stations with soap and water, paper towels, and lined trash cans.
- Institute routine cleaning and disinfection of surfaces, especially those that are frequently touched. Include surfaces in kitchens, bathrooms, community areas, and all sections of the facility.
  - Make sure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide alcohol-based hand sanitizers that contain at least 60%

- alcohol at key points within the facility, including registration desks, entrances/exits, and eating areas.
  - [Clean and disinfect](#) frequently touched surfaces at least daily and shared objects between use using an [EPA- registered disinfectant](#).
- Maintain a log of staff and clients that is updated daily and includes identification and contact information, symptom status, group assignments and location within the facility.
- Ensure all staff and clients know and follow expected communication protocols to inform the setting manager about any health concerns in the facility. The manager must, in turn, communicate appropriately with local health and licensing officials.
  - Notify the health department if individuals with known or suspected COVID-19 are identified, if severe respiratory infection is identified, or if clusters (≥2 staff and/or clients) are identified with respiratory infection.
  - Others within the facility must also be notified if a COVID-19 case occurs there.

### **Steps to Take if COVID-19 Occurs in the Setting**

- Continue the practices outlined above.
- Managers of programs in congregate settings must report outbreaks and clusters of cases of COVID-19 to their [local health department](#). They may also contact the local health department any time they have concerns about illness in the facility.
  - The health department will need to gather information, such as the number of staff and clients in the setting, number ill, symptoms and dates of illness, locations of illness within the facility, as well as measures in place to limit the spread of disease.
  - Depending on the circumstances, especially if 2 or more persons are ill within the program, the health department might recommend laboratory testing of ill persons to confirm the cause of illness and provide additional advice to limit the spread of the virus.
- To the extent that a separate home environment is available to a client, any persons with confirmed or suspected COVID-19 must stay home/isolated away from the group setting until the following criteria are met:
  - A person with mild to moderate COVID-19 who is not severely immunocompromised is assumed to be no longer infectious and can be [released from isolation](#) when the following criteria are met:
    - *For those with symptoms:*
      - At least 10 days have passed since symptoms first appeared and
      - At least 24 hours have passed since resolution of fever without the use of fever-reducing medication and
      - Other symptoms have improved
    - *For those who never showed symptoms:*
      - 10 days have passed since the date of first positive COVID-19 diagnostic test **and**
      - No COVID-19 symptoms developed
  - CDC and VDH no longer routinely recommend a test-based strategy to determine when to discontinue isolation except among those who are severely ill or significantly immunocompromised. Those persons should check with their healthcare provider to determine when they can be around others.
  - Ill persons or their caregivers should call their healthcare provider's offices if they have any concern about the severity of the symptoms.

- If COVID-19 is suspected or confirmed, all others in the household as well as other close contacts must stay in quarantine for 14 days from last exposure.
  - A close contact is defined as a person who lives with, provides care for, or has been within 6 feet of someone with COVID-19 for 15 minutes or more at a time or who has been exposed to respiratory secretions of a person with COVID-19 (coughed or sneezed on, shared glass or utensil, kissed).
- Be on alert for additional cases of illness. If a suspected or confirmed case of COVID-19 infection occurs in the congregate day program setting, the ill person needs to go home as described above.
  - Staff and clients facility-wide should be informed of the situation.
  - The [CDC guidance for cleaning and disinfection](#) should be followed.
  - All exposed persons should self-monitor for the development of symptoms and self-isolate if symptoms of COVID-19 develop.
  - Clients and staff who are identified as having been in close contact with the ill person should be quarantined in their homes, away from the group setting, for 14 days as noted above.
  - Discussion with the local health department will be needed to determine the extent to which services can continue to be provided if multiple cases occur.

### **Resources from CDC**

Communities, Schools, Workplaces, and Events - Guidance for Where You Live, Work, Learn, Pray, and Play at [www.cdc.gov/coronavirus/2019-ncov/community/](http://www.cdc.gov/coronavirus/2019-ncov/community/)

Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020 at [www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html](http://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html)

Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) at [www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html](http://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html)

Checklist for Homeless Service Providers During Community Re-opening at [www.cdc.gov/coronavirus/2019-ncov/php/homeless-service-providers.html](http://www.cdc.gov/coronavirus/2019-ncov/php/homeless-service-providers.html)