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Subject: Updated COVID-19 Guidances for Adult Day Care Centers
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COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

DATE: April 22, 2020
TO: Licensed Adult Day Care Centers
FROM: Tara Ragland, Director, Division of Licensing Programs
RE: Revised VDH Covid-19 Guidance for Day Programs

The Virginia Department of Health (VDH) has updated their guidance on the identification of Coronavirus Disease 2019 (COVID-19) and prevention of its spread in day programs where clients congregate for extended periods of time. These programs include adult day programs and any other place where groups congregate for extended periods but do not reside. The guidance is attached for your review.

Revisions made on April 20, 2020 reflect the following:

- Incorporating 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.
- Recommending 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.

Please review the COVID-19 resources posted to the websites posted below frequently and report any change in operating status to your licensing inspector.

Virginia Department of Social Services (VDSS) <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/>

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

Last Updated: April 20, 2020

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.

The Virginia Department of Health (VDH) is updating this guidance on the identification of Coronavirus Disease 2019 (COVID-19) and prevention of its spread in day programs where clients congregate for extended periods of time. 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 but do not reside. Separate guidance is available for long-term care facilities.

The keys to preventing COVID-19 from spreading in any group are maintaining a distance of at least 6 feet between individuals at all times, rapidly identifying onset of symptoms compatible with COVID-19 and isolating anyone with those symptoms, and promoting frequent handwashing and good hygiene practices.

Managers of these settings need to keep up with the latest guidelines from VDH and the Centers for Disease Control and Prevention (CDC) in this time of rapidly evolving information. Each manager plays a key role in continuously assessing the health of staff and clients and implementing measures to prevent disease. The guidance below provides recommended steps for congregate day programs to take before a case of COVID-19 infection has been identified and after the virus has been introduced into the facility.

Steps to Take Now (Before a Case of COVID-19 is Identified in the Facility)

- Ensure the facility has flexible policies for sick leave and absenteeism that encourage people to avoid coming in while sick.
- Ensure all staff and clients are familiar with the signs and symptoms of COVID-19, especially fever, cough, and shortness of breath. Posting signs from [CDC](#) or [VDH](#) is recommended, making it clear that no one with any of the signs or symptoms should enter the facility.
- Each day, screen every person arriving at the facility for signs and symptoms of COVID-19 (fever, cough, shortness of breath, sore throat, and muscle aches). Questions to consider for verbal screening of staff and clients are as follows:

“YES or NO, since your last day of work (or for new clients, in the past 24 hours) have you had any of the following?

- A new fever (100.4 F or higher), or a sense of having a fever?
- A new cough that you cannot attribute to another health condition?
- New shortness of breath that you cannot attribute to another health condition?

- A new sore throat that you cannot attribute to another health condition?
- New muscle aches that you cannot attribute to another health condition or to a specific activity (such as physical exercise)?
- Do not admit any person who is exhibiting any of these symptoms.
- Restrict visitors and volunteers to minimize the risk of introducing the virus into the facility.
- Ensure that those 65 years of age or older and those with underlying chronic medical conditions, such as heart or lung disease, realize they are at high risk for severe disease from this virus. They should refrain from entering the facility or strictly maintain a distance of at least 6 feet from others.
- Follow social distancing guidelines for management of activities in the facility.
 - If social distancing of at least 6 feet cannot be maintained, staff and clients aged 2 years or older should wear cloth face coverings as per [CDC recommendations for the public](#).
 - Cloth face coverings are not considered personal protective equipment and should not be used by healthcare personnel (HCP) as an alternative to respirators or facemasks when those supplies are indicated and still available.
 - Cloth face coverings should not be placed on children aged less than 2 years, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
 - Maintain separate spaces that allow for small groups only (no more than 10 people, counting staff and clients).
 - Encourage individual activities and social distancing of 6 feet or more between each person to the best extent possible.
 - Provide meals and snacks in small group spaces or at staggered times to avoid crowding. Space tables as far apart as possible.
 - Do not allow mixing of groups or larger group activities. Put a schedule in place for use of common areas. Minimize interactions and maintain social distancing to the best extent possible.
- Pre-identify a designated area in the facility where ill persons can wait until they can be taken elsewhere to receive care for their illness.
- Ensure staff are monitoring clients for any indications of fever or respiratory illness.
 - If they identify an ill person, remove them from the group and place them in the designated area.
 - Call any identified next of kin or close contacts and ensure the ill person is released to them as soon as possible.
 - Refer to the next section [“Steps to Take if COVID-19 Occurs in the Facility”](#) if illness is identified in a staff member or client.
- 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 throughout the day.
 - Encourage coughing into the crook of elbows, followed by handwashing.
 - Provide tissues and hand sanitizer to the extent product is available. Remind staff and clients to avoid touching their eyes, nose, and mouth.
- Provide 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 throughout the facility, including kitchens, bathrooms, and common areas.
 - Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have been qualified for use against SARS-CoV-2, the coronavirus that causes COVID-19.
- 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 (e.g., staff and clients must also be notified if a case occurs there.

Steps to Take if COVID-19 Occurs in the Facility

- Continue the practices outlined above.
- Managers of programs in congregate settings are encouraged to contact their [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 with COVID-19 symptoms 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.
- Be alert for illness among staff or clients.
 - To the extent that a separate home environment is available to a client, any ill persons with suspected or confirmed COVID-19 must stay home/be isolated away from the group setting.
 - A person with COVID-19 is no longer infectious and can be [released from isolation](#) when the following criteria are met:
 - With testing:
 - There is no fever for at least three full days (without the use of fever-reducing medicine) **AND** other symptoms have improved **AND** there have been two consecutive negative COVID-19 tests at least 24 hours apart. **OR**
 - Without testing:
 - There is no fever for at least three full days (without the use of fever-reducing medicine) **AND** other symptoms have improved **AND** at least 7 days have passed since the symptoms first appeared.
 - **For persons associated with congregate settings, the test-based strategy is recommended when testing is available and feasible. These persons are prioritized for testing at the state laboratory, which can aid in the decision to discontinue transmission-based precautions using the test based strategy.**
 - The test-based strategy is also recommended for individuals [with weakened immune systems](#),

- The ill person or their caregiver should call their healthcare provider's offices if they have any concern about the severity of symptoms.
- If COVID-19 is suspected or confirmed, all others in the household must stay in quarantine for 14 days.
- 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.
 - [CDC guidance for cleaning and disinfection](#) should be followed.
 - All exposed persons should self-monitor for the development of symptoms and isolate if symptoms of COVID-19 develop.
 - Clients 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 after their most recent exposure.
 - Staff may continue to work as long as they remain free of COVID-19 symptoms. They should practice social distancing, good hygiene, and wear a cloth that covers their nose and mouth. If fever or respiratory symptoms develop, they need to go home and self-isolate as described above.
 - Discussion with the local health department will be needed to determine the extent to which services can continue to be provided.

For additional information, refer to the [CDC website for Communities, Schools, Workplaces, and Events](#).