Adult Day and Senior Day Center Settings: Interim Guidance for Administrators

PLAN, PREPARE, AND RESPOND TO CORONAVIRUS DISEASE 2019 (COVID-19)

UPDATED 03/10/2020

Background

This interim guidance is based on what is currently known about the transmission and severity of Coronavirus Disease 2019 (COVID-19).

This guidance will be updated as needed and as additional information is available. Please regularly check MDH: Coronavirus Disease 2019 (COVID-19) (www.health.state.mn.us/diseases/coronavirus/index.html) for updated interim guidance.

COVID-19 is thought to 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 cough or sneezes. It may also spread from contact with contaminated surfaces or objects. This is not thought to be the main way the virus spreads, but the virus could spread that way if a person touches a surface or object with the virus on it and then touches their own mouth, nose, or eyes.

COVID-19 appears to cause more serious illness in older persons and those with underlying health conditions. Therefore, administrators of senior/adult day center settings play an important role in preparing to respond to COVID-19, and in responding if COVID-19 spread becomes prevalent in their communities.

Steps to Take Right Now

There are steps you can take right now that can help protect your facility. Many of these strategies are the same strategies used every day to prevent the spread of common colds, influenza, and other acute respiratory illnesses. Build on your everyday practices to implement these strategies.

Organizational Preparedness

These preparedness steps may help protect your facility 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 friends or children that may be temporarily out of child care or school settings. Critical services may include providing nutritional services to clients or checking on clients who become ill to see if they require medical attention (if the client does not have family or friends available to do so).

- Be prepared to change your practices as needed to maintain critical operations (e.g., prioritize clients or temporarily suspend some services if needed). Community-based organizations and faith-based organizations may be able to assist further in continuity planning. You may also wish to refer to CDC: Interim Guidance for Businesses and Employers (www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html) to plan and respond to COVID-19.
Develop plans to monitor absenteeism in the facility.

Cross-train personnel to perform essential functions so the facility is able to 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 may be useful if persons become ill while at your facility.

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 facility, 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 100.4 degrees F/37.8 degrees C or greater), signs of a fever, and any other symptoms for at least 24 hours, without use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).

Preparing the Facility

Post signs throughout the facility, encouraging hand hygiene, respiratory etiquette (cover your cough and sneeze), and avoiding touching your face with unwashed hands. Post materials in the languages used by the populations you serve. Print materials are available on MDH: Hand Hygiene Print Materials (www.health.state.mn.us/people/handhygiene/materials.html). Handwashing posters are also available on CDC: Posters | Handwashing (www.cdc.gov/handwashing/posters.html).

Post signs at entrances instructing clients, employees, volunteers, visitors, and others not to enter if they have symptoms of respiratory infection (such as fever or cough). Post materials in the languages used by the populations you serve. Print materials are available on MDH: Hand Hygiene Print Materials (www.health.state.mn.us/people/handhygiene/materials.html).

Place alcohol-based hand sanitizer at all entry points and key points in facility 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 performing hand hygiene as possible, 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 if possible. 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 the cleaning agents that are usually used in these areas and follow the directions on the labels. Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees frequently.

Additional Steps to Take if COVID-19 becomes Widespread in your Community

▪ Check [MDH: Coronavirus Disease 2019 (COVID-19)](www.health.state.mn.us/diseases/coronavirus/index.html) and news sources for new developments concerning potential spread of COVID-19 in Minnesota. Local conditions will influence the recommendations that MDH and local public health may make regarding community-level strategies to lessen the impact of COVID-19.

▪ If a person confirmed to have COVID-19 infection spent time in your facility, MDH will work with you on response steps.

▪ Social distancing and restrictions on gatherings will be recommended when disease is widespread in the community, and seniors and adults with underlying medical conditions are at risk for more severe disease. In those circumstances, the recommendations will include including cancelling outings, meetings, gatherings, and events and limiting the presence of non-essential persons in your facility. Recommendations may also include, in some circumstances, assuring persons keep a distance of 6 feet between themselves and others.

▪ Follow MDH guidance for seeking medical attention or reporting potential outbreaks. Such guidance will be posted on [MDH: Coronavirus Disease 2019 (COVID-19)](www.health.state.mn.us/diseases/coronavirus/index.html) if COVID-19 becomes widespread in the community. If you have additional questions, you can contact MDH at 651-201-5414 or toll-free 1-877-676-5414.

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-5414
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-5414.