

Interim Guidance for Adult Day Centers to Reduce the Risk and Spread of COVID-19

The Minnesota Department of Health (MDH) and Department of Human Services (DHS) are working together to monitor and respond to the developing COVID-19 situation. Together, the agencies recognize adult day centers as an important service to provide support to older adults and people with disabilities and respite to caregivers in our communities. Due to advanced age and preexisting conditions (e.g., diabetes), people served in these settings could be at high risk for complications from COVID-19 illness. Congregate settings such as these can also result in rapid spread of COVID-19 among staff and participants; therefore, provision of services should be performed in ways that minimize disease spread as much as possible.

This guidance is intended to emphasize approaches to deliver services that minimize the risk of introduction and spread of COVID-19. Owners, administrators, and directors of adult day center settings play an important role in preparing and responding to COVID-19 as the disease becomes prevalent in their communities. **This guidance is intended to advise providers on best-practice recommendations and does not mandate specific actions.**

Considerations for Provision of Services

Provide remote or alternative support services when possible

As much as possible, MDH and DHS recommend the use of Alternative Adult Day Services, which includes remote and in-home services provided to people who have been traditionally supported in adult day centers. This model allows providers to deliver services and supports to people without introducing risks that are inherent in delivering group-based services. You can find more information about Alternative Adult Day Services in [DHS Bulletin #20-25-01: Alternative adult day service delivery due to COVID-19 pandemic \(www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Renderition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-321285\)](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Renderition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-321285) and [DHS: Adult day alternative use frequently asked questions \(mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/aging/adult-day-covid-faq/adult-day-covid.jsp\)](https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/aging/adult-day-covid-faq/adult-day-covid.jsp).

Exclude ill staff members and participants

Active screening for, and documentation of, body temperature and respiratory symptoms should be used to identify and exclude symptomatic staff. Staff with measured or subjective fever or symptoms compatible with COVID-19¹ (e.g., cough, shortness of breath, chills, headache, muscle pain, sore throat, or new loss of taste or smell) should not be allowed to enter the facility and should be prioritized for testing. Staff members who become ill during their shift should notify their supervisor and leave the facility immediately.

In addition, staff should monitor participants throughout the day for symptoms of COVID-19. Other less common symptoms could include gastrointestinal symptoms like nausea, vomiting, diarrhea, or low pulse oxygenation. Participants who are ill or have ill household members should not receive group-based adult day services, or should be removed from the group-based adult day services setting as soon as possible if symptoms are exhibited during care.

People who test positive for COVID-19 are considered to have a confirmed diagnosis while people experiencing symptoms compatible with COVID-19 are considered to have a suspect diagnosis, even without laboratory testing. Template forms for screening staff and symptom monitoring of participants can be adapted and used from forms found in the appendices of the [MDH COVID-19 Toolkit: Information for Long-term Care Facilities \(www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf).

Minimize risk during traditional group activities in the facility

Gatherings of people in the facility should be carefully considered and redesigned, as necessary, to reduce prolonged close contact² among persons as much as possible. Staff and participants in the adult day center should work together to find ways to help participants have meaningful activities during the day within the bounds of these infection control recommendations. If adult day services are provided within a facility, MDH and DHS advise:

- Limit staff and visitors in the facility to only those necessary to deliver adult day services.
- Restrict the number of people allowed in shared areas at one time so that everyone can stay at least 6 feet apart from one another.
 - Minimize staff to participant ratios.
 - Encourage one-on-one care as the preferred option to minimize spread of disease.
 - When possible, prioritize participants who should receive one-on-one care as those who are at higher risk³ for developing serious disease or complications associated with COVID-19, or those

¹ Symptoms of COVID-19 can be found on [CDC: Symptoms of Coronavirus \(www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html\)](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).

² Prolonged close contact is defined as being within 6 feet of a person with confirmed COVID-19 for 15 minutes or more in a 24-hour period or having unprotected direct contact with infectious secretions or excretions of the person with COVID-19.

³ [CDC: People Who Are at Increased Risk for Severe Illness \(www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html\)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html)

who have higher potential to spread disease to other household members who may be at higher risk. For instance, people who live in congregate settings, are older than 65 years of age, or those who would be unable to maintain social distancing throughout the day should receive one-on-one care as much as possible to best protect themselves and others with whom they live.

- Consider assigning the same staff person to work with the same small group of participants each day to minimize interactions.
- Stagger staff schedules to reduce the number of people in the facility at one time.
- To the extent possible, eliminate or minimize the use of shared objects and spaces. If objects or spaces must be shared, clean and sanitize after each person uses them.
- Encourage participants to perform diligent hand hygiene and wear a face covering for source control, if tolerable.

Transportation Considerations

When offering on-site services, it is important to consider how participants will safely get to and from the facility. To minimize interactions with other people during transportation, and thereby risk of COVID-19 exposures, a single passenger private vehicle should be encouraged whenever possible. If it is necessary to use passenger vans, shuttle buses, or other driver programs to transport participants, MDH and DHS recommend reviewing the following resources to reduce COVID-19 risk as much as possible:

- [MDH: Interim Guidance for Non-Emergency Transportation Services during COVID-19 \(www.health.state.mn.us/diseases/coronavirus/guidetransport.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/guidetransport.pdf)
- [CDC: Cleaning and Disinfection for Non-emergency Transport Vehicles \(www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html)
- [CDC: Protect Yourself When Using Transportation \(www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html\)](http://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html)

Personal Protective Equipment (PPE) Considerations

To keep the risk of exposure low for staff, all staff should wear eye protection (e.g., face shield or goggles) and surgical face masks during all close contact encounters with participants to prevent potential spread of COVID-19 from infected people.⁴ For encounters not involving prolonged close contact, staff can wear a cloth face covering for source control although cloth face coverings are not PPE.

⁴ For more information see [CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#manage_access\)](http://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#manage_access)

- Instruct and train staff on proper procedures so they are comfortable with PPE protocols and assure proficiency in procedures for putting PPE on (don) and taking PPE off (doff)⁵
- Reuse of PPE by staff should be guided by CDC's PPE optimization strategies⁶

Diagnostic testing for symptomatic staff

Staff members who are experiencing symptoms suggestive of COVID-19 should stay away from work. Testing of symptomatic staff in adult day centers is strongly encouraged because of the high potential for COVID-19 disease to rapidly spread in congregate settings. Staff with symptoms of COVID-19 should contact a nearby primary care clinic to be evaluated and appropriately tested for COVID-19 and other causes of respiratory illness. Employers may also develop their own plans to coordinate testing of their employees. Staff and administrators having difficulty identifying a testing site can contact their local public health department or MDH to identify testing resources in their area.⁷

The type of test currently being utilized for clinical decision-making is the SARS-CoV-2 RT-PCR test. This test is used to identify if a person has detectable viral material present at the moment the specimen was collected. A person that tests negative on one day could still develop illness or eventually test positive. Testing of staff who do not have any symptoms is recommended if there is a comprehensive strategy in place to exclude positive staff for the recommended time period outlined below. Supplemental staff should be available to continue providing adequate care and services to participants.

Return to work guidelines for staff after illness or testing

Staff who are symptomatic or have tested positive for SARS-CoV-2 are able to return to work when they meet certain established criteria.

If employees were not tested for SARS-CoV-2 and have an alternate diagnosis:

- Return to work criteria should be based on the diagnosis (e.g., tested positive for influenza).
- If staff are hospitalized for an issue not related to COVID-19, return to work should be based on the discharge diagnosis from the hospital and the employer's standard guidance for ill employees.

⁵ [MDH: Donning and Doffing Video Vignettes \(www.health.state.mn.us/diseases/hcid/videos.html\)](http://www.health.state.mn.us/diseases/hcid/videos.html)

⁶ [CDC: Strategies to Optimize the Supply of PPE and Equipment \(www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html\)](http://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html)

⁷ [Minnesota COVID-19 Response: Find Testing Locations \(mn.gov/covid19/for-minnesotans/if-sick/testing-locations/index.jsp\)](http://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/index.jsp)

If staff test negative for SARS-CoV-2:

- If symptomatic and have an alternative diagnosis, follow the employer's standard guidance for ill employees, including at least 24 hours after fever resolution.
- If asymptomatic and not under quarantine for a known exposure to COVID-19, staff are able to work but should continue to self-monitor for symptoms and consider retesting if fever or other symptoms compatible with COVID-19 occur.

If staff test positive for SARS-CoV-2:

- If symptomatic, follow the CDC's symptom-based strategy to determine when they are able to return to work. After returning to work, staff should continue to wear a face mask (procedure or surgical mask, not a cloth face covering) for source control at all times in the facility until symptoms are completely resolved. Staff should self-monitor for symptoms and seek re-evaluation if respiratory symptoms recur or worsen.
- If asymptomatic, follow the CDC's time-based strategy to determine when they are able to return to work.
- [CDC: Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\) \(www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)

For staff living with people who have COVID-19

The following recommendations are intended for employees who work in adult day centers and who, outside of the workplace setting, have household contacts or intimate partners with a confirmed or suspected case of COVID-19.

The employee should separate himself or herself from the ill household member within the home as much as possible. The employee might consider temporarily moving into an alternative accommodation, if available, to maintain distance from the ill household member. Given family and caregiver responsibilities, this will not be feasible for many employees.

Employees who are household or intimate contacts of people with a confirmed or suspected case of COVID-19 are advised to stay away from work and limit interactions with the public for 14 days after the last known exposure with the ill household contact or after preventive self-isolation measures are put into place, regardless if the employee tests negative for COVID-19.

If it is necessary for the facility to ensure appropriate staff coverage and care for participants, employees may continue working during this 14-day quarantine period with certain precautions:

- Whenever possible, employees should assume job duties that don't involve direct care with high-risk participants (e.g., elderly and immunocompromised persons, and those with co-morbidities), such as scheduling, record-keeping, or cleaning responsibilities.
- Practice diligent hand hygiene and wear a surgical face mask at all times when in the worksite during the 14-day period. They must keep the mask on at all times when providing care to a participant and when within 6 feet of any other person. Wearing a surgical face mask is preferred over a cloth or fabric face covering during this 14-day period, but if none are available, a cloth or fabric face covering must be worn.

- Monitor themselves closely for symptoms associated with COVID-19 and measure their temperature daily before going to work.
- Remain at home and notify their supervisor if they develop symptoms compatible with COVID-19 or have a measured or subjective fever.
- Immediately notify their supervisor if at work when fever or symptoms of illness develop.

A person who previously identified as a positive case, clinically recovered from COVID-19, and then identified as a contact of a new case should follow the most up-to-date CDC guidance for quarantine and testing recommendations as these recommendations will likely differ from people who have not previously tested positive. [CDC: Duration of Isolation and Precautions for Adults with COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html) (www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html).

Considerations for Owners, Administrators, and Directors

Communicate to participants, caregivers, and staff

Adult day center providers should communicate with participants, caregivers, and staff about the risk of COVID-19 associated with their services and how they are addressing these risks to keep everyone safe:

- Identify platforms such as email, websites, text messaging, and flyers to help communicate information on how to stay healthy, including how staff and participants can manage stress.
- Address any language or cultural barriers, especially with respect to informing staff, participants and caregivers where to direct questions or concerns.
- Consider incorporating COVID-19 education into programming so participants are equipped to assist with infection prevention and management to the extent possible.
- Make sure that staff understand the organization's sick leave policies and consider implementing flexible sick leave policies that encourage staff to stay home when sick, even without documentation from doctors, or to care for sick family or household members.

Redesign the facility

- Designate and clearly indicate separate doors for entry and exit so traffic flow is predictable.
 - For programs in which passage through another facility (e.g., long-term care facility) is required, carefully consider routes that participants can safely take to minimize interactions with other people and frequently clean touched surfaces along the way.
- Post signs throughout the facility in languages served by your participants and staff to encourage face masks, hand hygiene, and respiratory etiquette (cover your cough and sneeze).
 - [MDH: Materials and Resources for COVID-19 Response](https://www.health.state.mn.us/diseases/coronavirus/materials/index.html) (www.health.state.mn.us/diseases/coronavirus/materials/index.html)

GUIDANCE FOR ADULT DAY CENTERS TO REDUCE THE RISK OF COVID-19

- Use tape on the floor and other visual cues to remind staff and participants to practice social distancing when in shared spaces.
- Rearrange tables and chairs to be at least 6 feet apart.
- Ensure shared rooms have good air flow from an air conditioner or an opened window.

Clean and disinfect the facility

- Instruct staff to clean and disinfect all shared areas and frequently touched surfaces using EPA-registered disinfectants more than once a day, if possible.
 - Shared bathrooms should be cleaned and disinfected at least twice daily (and immediately after use by a symptomatic person) and stocked with hand soap and paper towels or automated hand dryers.
- Provide COVID-19 prevention supplies for staff and participants such as soap, alcohol-based hand sanitizers (containing at least 60% alcohol), tissues, trash baskets, and cloth face coverings that are washed or discarded after each use.
- Avoid sharing equipment for group activities whenever possible. After items have been used by a staff person or participant, immediately set them aside to launder or clean and disinfect with an EPA-registered disinfectant.
 - Further details can be found at [CDC: Cleaning and Disinfection for Community Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html).

Perform risk assessments of exposed staff and participants

Identification and classification of staff and participant exposures to a person with confirmed or suspected COVID-19 remains a useful tool for disease mitigation. A representative from MDH will attempt to contact the facility after being notified that an adult day center participant or staff member tested positive for COVID-19. The representative will assist the facility in performing the risk assessment process; however, adult day center managers should be familiar with, and able to self-initiate, the risk assessment process after either staff or participants are exposed to a person with confirmed COVID-19 in their center.

- For classifying staff who have exposures, MDH recommends directors of adult day centers follow the CDC's guidance at [CDC: Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).
- For classifying participants who have exposures, MDH recommends excluding staff and participants as needed by following the CDC's guidance at [CDC: Public Health Guidance for Community-Related Exposure \(www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html).
 - PPE has an important role in source control; however, the level of source control provided is not well-studied and we cannot say these protocols are 100% effective in every circumstance. Therefore, participants who have had prolonged, close contact with a positive direct care staff member are considered to have been exposed, regardless of the level of PPE worn by the staff or patient. Patients should stay home for 14 days from the date of last exposure.

GUIDANCE FOR ADULT DAY CENTERS TO REDUCE THE RISK OF COVID-19

Identifying exposures to COVID-19 positive people should include the time period beginning 48 hours prior to the positive person's symptom onset date (or test date if asymptomatic) and ending when one of the following criteria is met:

- All appropriate measures were implemented to limit spread of disease (e.g., use of all appropriate PPE and social distancing greater than 6 feet)
- The person was no longer in the facility
- The person has been determined to be cleared of infection per the CDC's Symptom-based, Test-based, or Time-based strategies for discontinuation of PPE or return to work
 - [CDC: Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\) \(www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)
 - [CDC: Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\) \(www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)

Adult Day providers should notify staff and participants with a known exposure to COVID-19, and those people should monitor for symptoms and stay home for 14 days from the date of last exposure, regardless of whether the person seeks testing and receives negative test results. Notification must adhere to all data privacy rules and laws and not disclose protected health information.

Review your organizational preparedness plan

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 staff 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 participants or checking on participants who become ill to see if they require medical attention (if the person does not have family, friends, or existing supports available to do so).
- Be prepared to change your practices as needed to maintain critical operations (e.g., prioritize participant or temporarily suspend some services if needed). Community-based organizations and faith-based organizations may be able to assist further in continuity planning.
 - To plan and respond to COVID-19, you may also wish to refer to [CDC: Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 \(COVID-19\) \(www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html)
- 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.

Follow Statewide Updates and Executive Orders

Staff, visitors, clients, and administrators of adult day centers must stay in compliance with statewide mandates. More information on current statewide requirements can be found at [Minnesota COVID-19 Response \(mn.gov/covid19/\)](https://mn.gov/covid19/).

Resources

- [CDC: Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\) \(www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)
- [CDC: Duration of Isolation and Precautions for Adults with COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html)
- [CDC: Guidance for Direct Service Providers \(www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html)
- [CDC: Strategies to Mitigate Healthcare Personnel Staffing Shortages \(www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html)
- [MDH: Best Practices for Masks: Considerations for People with Disabilities and Special Health Needs \(www.health.state.mn.us/diseases/coronavirus/guidemasks.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/guidemasks.pdf)
- [MDH: Interim Guidance on the Management of COVID-19 for Employees and Persons Who Use Services in Licensed Group Homes \(www.health.state.mn.us/diseases/coronavirus/groupmanage.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/groupmanage.pdf)
- [MDH: Interim Guidance on the Prevention of COVID-19 for Employees and Persons Who Use Services in Licensed Group Homes \(www.health.state.mn.us/diseases/coronavirus/guidegroup.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/guidegroup.pdf)



Minnesota Department of Health | health.mn.gov | 651-201-5000
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

Contact health.communications@state.mn.us to request an alternate format.

08/12/2020