Interim Guidance for Adult Day Care/Adult Day Health Programs
(May 26, 2020)

On April 23, 2020, Governor Cooper announced a three-phased approach to slowly lift ease restrictions while combating COVID-19, protecting North Carolinians and working together to recover the economy.

Starting at 5pm on Friday May 22, 2020, North Carolina began Phase 2 which allows certain businesses and organizations to open or remain open. Those businesses and organizations should follow the guidelines below to prevent the spread of COVID-19.

Guidelines for Conducting Business: Any scenario in which many people gather together poses a risk for COVID-19 transmission. All businesses and organizations where groups of people gather in an enclosed space should create and implement a plan to minimize the opportunity for COVID-19 transmission at their facility. The guidance below will help adult day care and adult day health programs reduce the spread of COVID-19 in their communities.

This guidance covers the following topics:
- Plan to Re-Open for Participant Care
- Persons Entering the Program
- Participants Appears to be Able to Stay at the Program based on the Above Criteria
- Participant Appears to be a Possible Health Risk to Others after Completing the Initial Screening Process
- Participant Develops Any of the Criteria Above after Being Signed into the Program
- Staff Members Reporting for Work
- Staff Displaying Symptoms After Working/Reporting to Work at Program
- Combatting Misinformation
- Additional Resources

Plan to Re-Open for Participant Care
- Contact the following local entities for their input and guidance regarding your plan:
  - your local health department
  - your local emergency manager(s)/management office
- Once guidance has been received from these local entities, develop a plan for re-opening.
  Include your governing body in plan development as appropriate.
- Educate all staff and caregivers about the plan.
- Ensure that the plan indicates all participants and staff need to maintain the recommended 6-foot distance between the participants and themselves.
- Ensure that the plan indicates staff will wear masks or cloth face coverings and gloves when assisting participants with all tasks or when maintaining social distancing is not possible.
❑ Promote frequent use of hand washing (20 seconds each time) and hand sanitizer for staff and participants. Require handwashing of staff and participants immediately upon reporting to the facility, after contact with individuals, after performing cleaning and disinfecting activities, and frequently throughout the day.

❑ Ensure the plan has an updated cleaning/disinfecting protocol. Follow NCDHHS Environmental Health Section guidance for cleaning and disinfection recommendations. Use an EPA-registered disinfectant that is active against coronaviruses. Clean and disinfect frequently touched surfaces throughout the day and at night. Remember items that might not ordinarily be cleaned daily such as doorknobs, light switches, keyboards, keypads, phones, faucets, countertops, chairs. Allow time for cleaning between activities. Minimize use of shared supplies and label individual supplies and items. Routinely check and refill/replace hand sanitizer at entries, soap, and paper towels in bathrooms.

❑ Include in the plan to encourage participants to wear masks or face coverings while at the program. Make sure this is person-centered and participants are not “forced” to wear a mask or face covering when in attendance at the program. When participants agree to wear a mask or face covering, assign one mask or covering to each participant. Masks/coverings should not be shared. Provide information on proper use, removal, and washing of cloth face coverings to staff and participants. Follow CDC Guidance for wearing cloth face coverings.

❑ When planning, consider a staggered re-opening with participants arriving and leaving at different times of the day to limit exposure to one another. Also, consider dividing participants into 2 cohorts and consider having the cohorts attend every other day. This would further limit possible exposure. In the event there was a positive case, the tracing could be more readily identified.

❑ Take necessary measures to limit gatherings of individuals to no more than 10 in any one indoor area.

❑ Conduct a daily health screening on all individuals who are entering the building. (See below, under Persons Entering the Program.) This screening will exclude individuals who are in any one of these four categories: 1. Person is showing any of the symptoms of COVID-19 2. Person thinks they could have COVID-19 3. Person has tested positive for COVID-19 4. Person is awaiting the results of testing for COVID-19. Exclude participants and staff who share a home or who have been in close contact with anyone in the four categories above.

❑ Support staff to stay at home as appropriate with flexible sick leave and paid leave policies.

❑ Post signage at the main entrance requesting that people who are symptomatic with fever and/or cough not enter, such as Know Your Ws/Stop if You Have Symptoms flyers.

❑ Reduced use of water and ventilation systems can pose their own health hazards. There is increased risk for Legionella and other waterborne pathogens from stagnant or standing water. Before reopening, it is recommended that businesses and organizations:
  ❑ Follow the CDC’s Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation to minimize the risk of diseases associated with water.
  ❑ Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk to people using the facility.

Persons Entering the Program
❑ When participants are dropped off at the facility, when staff report to work, and anyone else attempts to enter the facility, staff should ask each individual the following:
“Has the participant, employee or individual had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with them and advised them to quarantine?”

“Since the participant, employee or individual last attended the program, worked at or visited the program, have they had any of these symptoms: fever, chills, shortness of breath or difficulty breathing, new cough, new loss of taste or smell?”

If a participant, employee or individual has any of these symptoms, they should go home, stay away from other people, and call their health care provider.

“Since you last attended, worked at or visited the program, have you been diagnosed with COVID-19?”

Take each persons’ temperature with a touchless thermometer upon arrival to the program to ensure there is no fever present.

Evaluate each person for signs of cough or unusual shortness of breath and/or other signs of COVID-19.

Participants Appears to be Able to Stay at the Program based on the Above Criteria

Once it is determined that the participant does not have a fever, does not have a cough and/or unusual shortness of breath and answers “No” to the above questions, the participant may stay at the program for the day and the individual signing them in may leave.

Program staff should either dispense hand sanitizer, with at least 60% alcohol content, to participant to use before gaining full entrance to the program areas or have participants wash hands as directed by CDC before gaining full entrance to the program areas and before having contact with additional staff and/or participants.

Participant Appears to be a Possible Health Risk to Others after Completing the Initial Screening Process

If a participant or caregiver has a fever or indicates that either they or their caregiver(s) have the above-named symptoms, or answers “Yes” to the above listed questions, the participant needs to be sent home with the caregiver and should not return to the program until the criteria below are met.

Per CDC guidelines, if an employee or participant has been diagnosed with COVID-19, the person should not return to the facility until:

- No fever for at least 72 hours since recovery (without the use of fever-reducing medicine) AND
- Other symptoms have improved (e.g., coughing, shortness of breath) AND
- At least 10 days have passed since first symptoms

Per CDC guidelines, if an employee or participant has been diagnosed with COVID-19 but does not have symptoms, they should not return to the facility until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.
Participant Develops Any of the Criteria Above after Being Signed into the Program

- If a participant develops any of the above-named symptoms while at the program, staff should separate the participant in the treatment room or quiet space away from other participants and program staff in a person-centered manner. Staff should then call the participant’s caregiver to inform him/her that their loved one is displaying symptoms and needs to be picked up from the program and taken home as soon as possible and should not return to the program until the criteria below are met.
- Per CDC guidelines, if an employee or participant has been diagnosed with COVID-19, the person should not return to the facility until:
  - No fever for at least 72 hours since recovery (without the use of fever-reducing medicine) AND
  - Other symptoms have improved (e.g., coughing, shortness of breath) AND
  - At least 10 days have passed since first symptoms
- Per CDC guidelines, if an employee or participant has been diagnosed with COVID-19 but does not have symptoms, they should not return to the facility until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.
- In the event of the above, advise participant/caregiver to have the participant seek testing for COVID-19 exposure if advised by their physician.
- Cleaning and disinfecting procedure should be implemented by designated personnel following CDC guidelines once symptomatic person leaves.

Staff Members Reporting for Work

- Each staff member should wear a mask that is only for their use and should not share masks.
- Take each staff member’s temperature with a touchless thermometer upon arrival to the program to ensure there is no fever present; check for cough or shortness of breath and ask the above questions.
- Once it is determined that the staff member does not have a fever, does not have a cough or shortness of breath and answers “No” to the above questions, the staff member may stay at the program to work.
- Require each staff member to wash hands as directed by CDC or self-apply hand sanitizer before gaining full entrance to the program areas and before having contact with additional staff or participants.

Each day, prior to participants being admitted to the program, staff should clean all surfaces such as tables, chairs, activities supplies, doorknobs, keyboards, keypads, phones, faucets, light switches, countertops, toilets, etc., with disinfectant cleaners recommended by the CDC. Use cleaners and disinfectants as directed on the label.

Staff should maintain 6 feet or more distance between themselves and others when interacting with all individuals to the extent possible, especially before entering the program areas. Masks or cloth face coverings should be worn whenever social distancing cannot be maintained.

Staff Displaying Symptoms After Working/Reporting to Work at Program
Per CDC guidelines, if an employee or participant has been diagnosed with COVID-19, the person should not return to the facility until or begins displaying any of the above-named symptoms:
- No fever for at least 72 hours since recovery (without the use of fever-reducing medicine) AND
- Other symptoms have improved (e.g., coughing, shortness of breath) AND
- At least 10 days have passed since first symptoms

Per CDC guidelines, if an employee or participant has been diagnosed with COVID-19 but does not have symptoms, they should not return to the facility until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

In the event of the above, advise staff member to seek testing for COVID-19 exposure if advised by their physician.

Cleaning and disinfecting procedure should be implemented by designated personnel following CDC guidelines once symptomatic person leaves.

**Combatting Misinformation**

Help make sure that the information your employees are getting is coming directly from reliable resources. Use resources from a trusted source like the CDC or NCDHHS to promote behaviors that prevent the spread of COVID-19.

It is recommended that Adult Day Care and Adult Day Health Programs:
- Provide workers with education about COVID-19 strategies, using methods like videos, webinars, or FAQs. Some reliable sources include NC DHHS COVID-19, Know Your W’s: Wear, Wait, Wash, NC DHHS COVID-19 Latest Updates, NC DHHS COVID-19 Materials & Resources
- Promote informational helplines like 211 and Hope4NC and other Wellness Resources.
- Put up signs and posters, such as Know Your W’s: Wear, Wait, Wash and those found in the Social Media Toolkit for COVID-19.

**Additional Resources**

- NC DHHS: North Carolina COVID-19
- CDC: Interim Guidance for Businesses and Employers
- CDC: Cleaning and Disinfecting Your Facility
- CDC: Reopening Guidance
- EPA: Disinfectants for Use Against SARS-CoV-2
- FDA: Food Safety and the Coronavirus Disease 2019 (COVID-19)
- HHS/OSHA: Guidance on Preparing Workplaces for COVID-19

Staying apart brings us together. Protect your family and neighbors.

#StayStrongNC

Learn more at nc.gov/covid19.