

Reopening Company-Operated Day Programs

Day programs are an important part of the supports we provide. As each state and local community revisits their stay-at-home requirements, these guidelines will be used in deciding the appropriate time to re-open our day programs.

If local schools, non-essential businesses and restaurants are closed due to the COVID-19 pandemic, day programs should also remain closed. If non-essential businesses and schools are open, the following guidelines will be followed prior to re-opening. It's important to remember that the COVID-19 pandemic is still active and that there is no vaccine or treatment for the COVID-19 infection.

Contact the local health department to notify them prior to opening and follow any instruction or direction received.

In addition, and once all the below information is in place, and taking into account the local incidence, the approval process for reopening is as follows:

- A [Reopening Checklist](#) will be completed and forwarded to the Region President or Vice President.
- The Region President/VP will review and approve before sending it to Bob Barnes, Community Living President.
- Bob will discuss with Dr. Bill Mills, Chair of the Outbreak Committee, or designee and together they will approve or deny the request to reopen the day program.

Attendance will be limited to 50% of usual capacity. Be aware that local requirements may be more stringent than 50%. In that case, the more stringent requirement or recommendation will be met. Reopening plans will specify strategies to limit attendance as required. For example, you may be required to remove tables and chairs or rotate attendance.

No individual over the age of 65 will be accepted into day programs. Seniors with COVID-19 are at especially high risk with hospitalization rates of 30-60% and death rates of up to 25%.

In addition, individuals at high risk should also be excluded (see below). Realizing that we may not have access to medical histories of individuals from other company group homes, guardians and responsible parties should also understand that, aside from age, individuals who meet other high-risk criteria should reconsider attendance at day programs and find alternatives to limit their risk. Individuals in our group homes who are at high risk should be excluded from attending day programs. According to the CDC, those at high risk for severe illness from COVID-19 include:

- [People 65 years and older](#)
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - Chronic lung disease or moderate to severe asthma
 - Serious heart conditions such as heart failure

- Immunocompromised (including cancer treatments, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune-weakening medications)
- Severe obesity (body mass index [BMI] of 40 or higher)
- Diabetes
- Chronic kidney disease undergoing dialysis
- Liver disease

Communicate these requirements with guardians and responsible parties to ensure they understand prior to accepting anyone into the day program.

Cleaning and Disinfection

- The entire facility should be deep cleaned and disinfected at least once each day (after hours). This includes floors, bathrooms, and all surfaces and objects that are frequently touched, such as doorknobs, light switches, sink handles, countertops.
- Staff should be trained to clean throughout the day to ensure that objects and spaces are disinfected between use (especially bathrooms).
- Use cleaning products according to the directions on the label. For disinfection, most common EPA-registered household disinfectants should be effective. Follow manufacturer's instructions for all cleaning and disinfection products and wear reusable gloves when cleaning. See the [Residential Cleaning and Infection Prevention Checklist](#) for more information.
- Provide disinfectant wipes so that commonly used surfaces can be wiped as needed throughout the day.
- Ensure adequate supplies to support cleaning and disinfection practices are on site and ordered routinely to ensure adequate supplies.
- Ensure [handwashing](#) and [infection control](#) posters are hung throughout the facility.
- Develop a schedule to complete the [checklist](#) for cleaning and disinfecting. Follow the [cleaning and disinfection guidelines](#).
- All cleaning materials should be kept secure and out of reach of individuals.
- Clean and disinfect activity supplies, toys, games, etc.
- Items that cannot be cleaned and disinfected should not be used.
- Items that individuals have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside and not used until they can be cleaned and sanitized.

PPE and Social Distancing Strategies

- If possible, activities should be planned to include the same group each day, and the same staff members should remain with the same group each day. Multiple individuals from the same home should remain with their home group while at day program.
- Consider whether to alter or halt daily group activities that may promote transmission.
 - Keep each group in a separate room or area.
 - Limit mixing groups by staggering activity and outdoor times and keeping groups separate for activities.
- Larger group activities, gatherings and planned events should be cancelled
- Avoid mixing in common areas. For example, encourage individuals to eat in smaller groups rather than mixing in a large cafeteria.
- All staff will wear surgical masks at all times.
- Ensure that adequate supplies of masks, gowns and gloves are available.
- In communities where masks are required by state or local officials while in public, individuals should wear them (cloth masks are acceptable) if tolerated:
 - During transport
 - As possible during the time spent in the community or at the day program
 - Always if required by state/local officials
 - Individuals unable or unwilling to wear a mask if required by state or local officials will be kept at home until the requirement is no longer in place.
 - Ensure a small supply of cloth masks are onsite in case someone does not have one or it becomes soiled.
- See also [cloth mask guidelines](#).

Drop-Off and Pick-Up

- The person dropping off the individual will remain until after screening is completed (see below) and assist in answering questions as necessary. If the screening indicates that the individual should not enter, the person who transported them is to take them back home. This should be discussed with all who attend and their family or guardians.
- Stagger arrival and drop-off times and/or have staff members come outside the facility to screen and meet the individuals as they arrive.
- Drop-off and pick-up times should adhere to social distancing guidelines.
- Hand hygiene stations should be set up at the entrance of the facility so that individuals and staff can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol near the entrance.
- All adaptive equipment should be wiped down with disinfectant wipes prior to entering (e.g., walkers, canes, wheelchair handles and arm rests, etc.).

Screening

- Using the [visitor screening tool](#) to screen all persons entering the facility.

- The screening should occur prior to entering the building. This can be done near the entrance, under an awning, on a porch or prior to leaving their vehicle.
- Staff conducting the screening will wear a surgical mask and gloves.
- Entrance should be denied to any individual, staff or visitor who exhibits the following:
 - Temp \geq 100.0

AND

- One of more of the following:
 - Muscle aches
 - Chills
 - Headache
 - New loss of taste or smell
 - Respiratory symptoms including:
 - Shortness of breath
 - Sore throat
 - New or changed cough (not otherwise associated with a known chronic condition like smoking or allergies)
- Encourage guardians to be on the alert for signs of illness and to keep individuals at home when they are sick.
- Screening tools are to be maintained in an administrative file.

Teach and reinforce healthy hygiene practices.

- Train staff on healthy hygiene practices, and monitor/observe on an ongoing basis.
- Ensure handwashing strategies include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after nose blowing, coughing, or sneezing. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissues) to support healthy hygiene practices.

Monitor and plan for absenteeism.

- Monitor absenteeism patterns at your program among both individuals and staff. Be alert for a spike in call offs.
- Require individuals and staff to stay home when sick.
- Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.
- Determine what level of absenteeism will disrupt the ability to open the day program and develop a communication plan to notify staff and individuals who attend the program.
- Establish procedures to ensure individuals and staff who become sick or arrive sick are sent home as soon as possible.

- Keep sick individuals and staff who become sick (particularly those with symptoms of respiratory illness) separate from well individuals and staff until they can leave. Identify an area (in advance) where these individuals can be isolated until they can leave.

Food Preparation and Meal Service

- Avoid cafeteria-style dining. Instead, serve meals in smaller rooms or separate tables into smaller groups.
- If meals are typically served family-style, plate everyone's meal to serve it so that multiple individuals are not using the same serving utensils.
- Use disposable plasticware and paper/plastic plates.
- Sinks used for food preparation should not be used for any other purpose, if possible.
- Staff should ensure individuals wash hands prior to and immediately after eating.
- Staff should wash their hands before preparing food and after helping individuals to eat.

If COVID-19 is confirmed in a staff member or an individual attending the program:

The program may need to implement short-term closure procedures regardless of community spread if an infected person has been in the program.

Update the crisis plan to address day program requirements.

If this happens, the CDC recommends the following procedures regardless of the level of community spread:

- Coordinate with local department of health and reach out to your Regional Director of Clinical Practice and/or Operations Support Director for support and assistance with next steps.
- Close the program for 2-5 days. This initial, potentially short-term closure allows time for deep cleaning and disinfection, and for local health officials to gain a better understanding of the COVID-19 situation impacting the program and to determine appropriate next steps, including whether an extended closure is required to stop or slow further spread of COVID-19.
- Close off areas used by the individuals with COVID-19 and wait 24 hours before beginning cleaning and disinfection to minimize potential for exposure. Open outside doors and windows to increase air circulation in the area.
- Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
- Additional information on cleaning and disinfection of community facilities can be found on the [CDC website](#).