



## Guidance for Senior Centers in Planning for Re-Opening (Effective 6/17/20)

For Senior Centers that serve Vermonters who are over age 65 and thus at risk during the COVID-19 pandemic, it is crucial to minimize the risks of spreading the coronavirus. The following guidance is designed to maintain health and safety standards requirements and physical distancing directives while providing much-needed services.

**Exclude participants, volunteers and staff from sites if they are showing symptoms of COVID-19, have been in contact with someone with COVID-19 in the last 14 days, have been tested and are awaiting results, or are at high risk due to underlying health conditions.**

**Each Senior Center employee should thoroughly review this guidance, and complete mandatory COVID-19 training provided by [VOSHA](#).**

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## Re-opening Senior Centers that have been closed

Prior to re-opening:

1. Read and learn the available resources:
  - a. [Executive Orders](#)
  - b. [Agency of Commerce and Community Development \(ACCD\) Recovery Resource Center](#)
  - c. [Mandatory Health & Safety Requirements](#)
  - d. [Model Pre-Screening Health Survey](#)
  - e. [Model Pre-Screening Procedures](#)
  - f. [PPE Use Guidance](#)
  - g. [Restart Vermont FAQ](#)
  - h. [Signage](#)
2. Complete the [Senior Center Self-Assessment](#) of readiness to reopen.
3. Create a re-opening plan using [VOSHA Exposure Control Plan Template](#) as a guide.
4. Submit one statewide senior center sector re-opening plan to the Department of Disabilities, Aging & Independent Living for review and approval.
5. Perform Staff training:
  - a. [VOSHA – Mandatory Training & Materials](#)
  - b. [CDC PPE Training](#)
  - c. [CDC Cleaning & Disinfecting Guidelines](#)
  - d. [CDC Cleaning & Disinfecting Transport Vehicles](#)
6. Obtain PPE & Supplies using the [PPE Resource Request Form](#). For technical assistance contact the Department of Disabilities, Aging & Independent Living at [melanie.feddersen@vermont.gov](mailto:melanie.feddersen@vermont.gov).
7. Designate a “health officer” on-site responsible for ensuring compliance with the Executive Order and applicable ACCD Guidance. This person shall have the authority to stop or modify activities to ensure work conforms with the mandatory health and safety requirements.
8. Take steps to ensure that all water systems and the health/cooling systems environment are safe to use after a prolonged center shutdown to minimize the risk of illness.
  - a. Water – Centers should follow the available [guidance from the CDC](#).
  - b. Climate Control –Centers should consult with their facility management or whoever provides routine maintenance on their heating/cooling systems for what to do in the event of prolonged closure with regard to cleaning.

## Staff and Volunteers

If possible, the following Senior Center employees and volunteers should perform duties that allow them to distance from other staff, volunteers and participants:

- Adults **65** years of age and older
- People who have serious underlying medical conditions like:
  - Heart disease
  - Diabetes
  - Lung disease
  - Underlying immune disorders/people with compromised immune systems/people taking immune suppressant medications (examples of these disorders include Rheumatoid Arthritis, Crohn’s Disease, recent cancer treatment)

*If individuals have specific questions about their own health conditions—they should contact their medical provider before performing any person-to-person duties.*
- Pregnant women
- People with HIV

**If you have staff or volunteers age 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home, or be reassigned to work with less participant contact.**

## **Cloth Facial Coverings**

**It is required that all staff and volunteers wear cloth facial coverings while providing services, and that participants wear cloth face coverings.** CDC recommends cloth facial coverings in settings where other physical distancing measures are difficult to maintain, especially in areas of significant community-based transmission. Family or caregivers doing drop-off and pick-up are encouraged to wear cloth facial coverings. Instructions for wearing and making cloth facial coverings can be found on the [CDC website](#).

## **Arrivals and Departures**

- The center should keep track of all people attending the center each day (date, name, phone number) in case there is need for future contact tracing. This could be done via database, spreadsheet, paper sign-in sheet, etc. Attendance records must be retained for 30 days.
- Signs must be posted at all entrances clearly indicating that no one may enter if they have symptoms of respiratory illness.
- Ideally, if getting a ride, the same designated person should drop off and pick up the participant every day.
- Consider staggering arrival and drop off times and/or plan to limit direct contact with the participant’s designated persons, as much as possible.

- Hand hygiene stations should be set up at the entrance of the Senior Center or the entrance process could be rerouted through a different entrance nearest the sink, so that participants can wash their hands before they enter, or immediately upon entry into the center. At minimum, hand sanitizer should be available at all entrances.
- The participants' designated persons who are self-quarantining due to close contact with a COVID-19 positive individual should NOT do drop-off or pick-up.
- If centers are transporting participants:
  - Programs must adhere to requirements of group size
  - Programs should space participants out in the vehicle to the best of their ability
  - Vehicles should be thoroughly cleaned and disinfected before and after transporting participants using CDC guidelines.

## Health Screening

- Participants, staff and volunteers conduct a **Daily Health Self-Check** prior to arrival to the center each day.
  - Have they been in close contact with a person who has COVID-19?
  - Do they have a temperature?
  - Do they feel unwell with any symptoms consistent with COVID-19? *For example, have they had a cough, fever, shortness of breath, difficulty breathing, chills, fatigue, repeated shaking with chills, muscle pain or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting or diarrhea?*
  - Have they traveled into Vermont in the past 14 days from any other state or country (with the exception of the permitted counties listed [here](#))?
- Conduct the same **Daily Health Check** on participants, staff and volunteers upon arrival to the center each day.

**Temperature check protocol:** *Health screening should occur upon entrance and near sink or sanitation station.*

- ❖ Wash hands
- ❖ Wear a cloth facial covering and a single pair of disposable gloves
- ❖ Check each participant's temperature
- ❖ If performing a temperature check on multiple participants, ensure that a clean pair of gloves is used for each participant and that the thermometer has been thoroughly cleaned in between each check. *If disposable or non-contact thermometers are used and the screener did not have physical contact with a participant, gloves do not need to be changed before the next check. If non-contact thermometers are used, they must be cleaned routinely. Follow instructions provided by the manufacturer for any device used.*

## Participants Attending Senior Centers

It is recommended that Senior Centers prioritize participation for people who are at lower risk, are able to wear a mask or face covering while at the center and are able to understand and follow distancing and hand hygiene protocol. Participants are encouraged to talk to their healthcare provider to assess their individual risk and to determine if they should attend the center.

- Anyone diagnosed with COVID-19 or awaiting test-results should self-isolate until:
  1. It's been 3 full days of no fever without the use of fever-reducing medication, and
  2. Other symptoms have improved, and
  3. At least **10** days have passed since symptoms first appeared.
- If symptoms begin while at the Senior Center, the participant must be sent home as soon as possible. Keep sick participants separate from well participants and limit staff and volunteer contact as much as reasonably possible, while ensuring the safety and supervision of the participant until they leave.
  - Staff and volunteers should wash their hands, neck, and anywhere touched by a participant's secretions.
  - Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
- People with a temperature greater than 100.4 F must be sent home until they have had no fever for 72 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).

- ❑ Items and furniture touched by a person who was sent home, must be thoroughly cleaned and disinfected.
- ❑ Participants who arrive from out-of-state must follow state [guidelines](#) for leisure travel prior to attendance.

## Close Contact and COVID Cases in Programs

If a staff person, participant, volunteer or family has been identified as a [close contact](#) to someone who is diagnosed with COVID-19, they should self-quarantine: stay home. *This does not include healthcare workers that are properly using Personal Protective Equipment (PPE).* Please refer to the [Health Department's website](#) for what it means to be in close contact and for instructions for [isolation, quarantine, and self-observation](#).

Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are close contacts to a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the virus. A contact tracing team from the Vermont Department of Health calls anyone who has tested positive for COVID-19. They ask the patient questions about their activities within a certain timeframe – to help identify anyone they have had close contact. (Close contact means being closer than 6 feet apart for a long time while the person was infectious.) Those contacts might include family members, co-workers or health care providers.

When there is a confirmed case of COVID-19 in a Senior Center; you will be able to consult with the contact tracing team at the Vermont Department of Health. To reach this team directly, you may call **802-863-7240**.

Staff and volunteers should be encouraged to keep a daily list of other people they are in close contact with. As the state reopens, Vermonters should consider keeping a contact journal. If you do get sick, this will make it easier to get in touch with those people, and so they can take proper precautions to prevent further spreading of the coronavirus.

If COVID-19 is confirmed in a participant, volunteer or staff member:

- Close off areas used by the participant, volunteer or staff member who is sick.
- Open outside doors and windows to increase air circulation in the areas.
- Wait up to 24 hours before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
- Clean and disinfect all areas used by the participant, volunteer or staff member who is sick, such as offices, bathrooms, and common areas.
- If more than 7 days have passed since the participant, volunteer or staff member

who is sick visited or used the center, additional cleaning and disinfection is not necessary.

- Continue routine cleaning and disinfection.
- Communicate with staff, volunteers, participants and caregivers with general information about the situation. It is critical to maintain confidentiality.

If you are notified that a staff member, volunteer or a participant is being tested for COVID-19 with symptoms, anyone considered a [close contact](#) should quarantine for 48 hours or until test results come back. If the test results are:

- **Positive** (participant, volunteer or staff member has COVID-19), then continue to quarantine for 14 days.
- **Negative** (participant, volunteer or staff member does not have COVID-19), then complete [self-observation](#).

Consider how you can stay connected to the family, volunteer or staff member during this time.

**Important:** Decisions about extending closure should be made in consultation with the Vermont Department of Health. You may reach VDH by calling 802-863-7240.

## Physical (Social) Distancing Strategies

Physical distancing is still the best way to slow the spread of the virus; although, it is recognized that this is often challenging.

1. Senior Centers may operate with up to 1 person per 200 square feet, including participants, volunteers and staff.
2. People must maintain 6 feet distancing while not engaged in personal care.
3. Standing/seating should be all facing one direction when possible (not face-to-face).
4. Centers that are able to accommodate more than 25 people at the 1 person per 200 square feet, must establish participant/staff groups with no more than 25 people in a single designated area. Designated areas divided by partitions or partial walls are considered 1 room and shall only serve 1 group of participants and staff members. Wherever possible, the same staff/volunteer should remain with the same group each day.
5. There must be no large group activities. Physical distancing practices should be in place which means different groups of participants must not have contact with one another.
6. Increase the distance between participants during table work to at least 6 feet.
7. Plan activities that do not require close physical contact between multiple participants.
8. Limit sensory activities and wash hands immediately after any use.

9. Encourage additional outside time and activities as is possible and open windows frequently when air conditioning is not being used.
10. Adjust the system that circulates air through the center to allow for more fresh air to enter the program space.

## Healthy Hand Hygiene Behavior

1. All participants, staff, and volunteers should engage in hand hygiene at the following times:
  - Arrival to the center
  - After breaks
  - Before and after preparing food or drinks
  - Before and after eating or handling food, or helping participants eat
  - Before and after administering medication or medical ointment
  - After assisting with personal care
  - After using the toilet or helping a participant use the bathroom
  - After coming in contact with bodily fluid
  - After handling animals or cleaning up animal waste
  - After going outdoors
  - After sensory activities
  - After handling garbage
  - After cleaning
2. As much as possible, have plenty of hand lotion to support healthy skin.
3. Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available. Follow these 5 steps for hand washing or hand sanitizing every time.
  - a. Wet your hands with clean, running water (warm or cold), turn off the tap with paper towel and apply soap.
  - b. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
  - c. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
  - d. Rinse your hands well under clean, running water.
  - e. Dry your hands using a clean towel or air dry them.
4. Assist participants with handwashing who cannot wash hands alone.
5. After assisting participants with handwashing, staff should also wash their hands.
6. Place posters describing handwashing steps near sinks. [Developmentally appropriate posters](#) in multiple languages are available from CDC.

## Cleaning & Disinfecting

Senior Centers should engage in frequent thorough cleaning each day. **At a minimum, common spaces, such as kitchen and frequently touched surfaces and doors should be cleaned and disinfected at the beginning, middle and end of each day.**

1. Clean and disinfect frequently touched objects and surfaces such as:
  - All surfaces especially where participants eat
  - Bathrooms
  - Frequently used equipment including electronic devices
  - Door handles and handrails
  - Items participants touch
2. Specifically, regarding shared bathrooms:
  - Whenever possible, assign a bathroom to each group of 25 people.
  - If there are fewer bathrooms than the number of groups, assign which groups will use the same bathroom. For example, bathroom A is assigned to groups 1, 2 and 3; and bathroom B is assigned to groups 4 and 5.
  - Bathroom sink areas including faucets, countertops and paper towel dispensers need to be cleaned after each group has finished.
3. Objects that cannot be cleaned and sanitized should not be used.
4. Books, art supplies and other paper-based materials such as mail or envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures. Books can be returned to shelves 3 days after being returned.

The following products may be used for disinfecting:

- Diluted household bleach solutions
- Alcohol solutions with at least 70% alcohol
- Most common EPA-registered household disinfectants
- See [List N: Disinfectants for Use Against SARS-CoV-2](#)

## Food Preparation and Meal Service

1. Wherever possible, food preparation should not be done by the same staff who provide personal care.
2. Sinks used for food preparation should not be used for any other purposes.
3. Staff should ensure participants wash their hands before eating.
4. Staff must wash their hands before preparing food and after helping participants eat. Hand sanitizer may be used in place of washing hands before assisting the next participant with eating.

For detailed guidance, refer to the current Department of Health [Additional Congregate Dining and Meals Program Guidance](#).

## Transportation

Senior Centers that provide transportation for participants must follow current guidance on the [Agency of Commerce & Community Development \(ACCD\) COVID-19 website](#). As of June 12, 2020, guidance specifies that no more than 3 people shall occupy one vehicle when conducting work and both driver and participants shall wear cloth face masks and maintain as much distance as possible while in the vehicle. Check [here](#) for updates. Follow [CDC Cleaning & Disinfecting Transport Vehicles guidance](#).

NOTE: Dedicated transportation is available for people who are suspected COVID-19 positive. Senior Centers may refer to the [AHS Transportation for Individuals with Confirmed or Suspected COVID-19 Guide](#) if a person at the center develops symptoms and needs to be transported to a testing or recovery site.

## Health Resource

The Vermont Department of Health has public health nurses available to answer health related questions from 8:00 AM to 3:00 PM Monday through Friday. **Call: 802-863-7240.**

## Additional Strategies

### PREPARE

- **Stay informed about the local COVID-19 situation.** Know where to turn for reliable, up-to-date information. Monitor the [CDC COVID-19 website](#) and the [Vermont Department of Health website](#) for the latest information.
- **Update an emergency contact list.** Update emergency contact lists for families, staff and key resources and ensure the lists are accessible in key locations in your program. For example, know how to reach your local or state health department in an emergency.
- **Develop a communications plan.** A key component to being prepared is developing a communication plan that outlines how you plan to reach different audiences (e.g. families, staff, community) including ensuring all communications are culturally and linguistically appropriate as well as accessible for individuals with disabilities.
- **Protecting the Safety and Health of Workers (Coronavirus Disease 2019).** All employees, including those already working (except healthcare workers, first responders, and others already trained in infection control, personal protection/universal precautions), must complete, and employers must document, a mandatory training on health and safety requirements as provided by VOSHA.
- Establish and continue communication with local and State authorities to determine current data on spread of COVID-19 in your community.

- Consider designating a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and participants for self-reporting of symptoms and notification of exposures and closures.

## COMMUNICATE

- **Signs must be posted at all entrances** clearly indicating that no one may enter if they have symptoms of respiratory illness.
- **Reinforce your communication system**, so that all staff, volunteers and participants know how to best contact the director and/or program administrator about COVID-19 information and questions specific to the program.
- **Communicate about COVID-19 with your staff.** Share information about what is currently known about COVID-19 and your program's emergency response plans.
- **Communicate your expectations for modeling** respiratory etiquette, physical distancing, wearing cloth facial coverings, refraining from touching their face, staying home when sick, and supporting employees who need to take care of sick family members. **All common areas, such as break rooms and cafeterias, excluding restrooms, are closed.**
- **Staff meeting/trainings should be online** and not in person
- **Communicate about COVID-19 with volunteers, participants and families.** Provide updates about changes to your policies or operations. Use all communication channels available to you such as electronic communications, website or social media pages. *It is critical to maintain confidentiality for staff and participants.* Make sure to plan for linguistic needs, including providing interpreters and translating materials as needed.
- **Intentionally and persistently combat stigma.** Misinformation about coronavirus and COVID-19 can create fear and hostility that hurts people and makes it harder to keep everyone healthy. We are stronger as a community when we stand together against discrimination. Take advantage of these [resources](#) to prevent, interrupt, and respond to stigma.

## Testing Resources for Senior Centers

- The Vermont Department of Health's [website](#) has up to date pop up sites and registration links for this type of testing.
- Please consult your primary care physicians for testing options if you are sick. If you do not have a primary care provider, please contact 2-1-1 to be connected to a primary care provider.
- Coronavirus testing is not required for reopening and is offered on a voluntary basis.
- Testing cannot be used as a requirement for working in a Senior Program.

- A negative test represents one moment in time and does not change any of the health standards regarding infection prevention.
- If you test positive for coronavirus, the Vermont Department of Health will contact you, keep in close touch, determine the close contacts, and assist with decisions about center closure.

## Resources

- General questions about COVID-19? **Dial 2-1-1**
- [Vermont Department of Health \(VDH\) COVID-19 site](#)
- [Department of Disabilities, Aging & Independent Living COVID-19 site](#)