



VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES

COVID-19 Response

BEST PRACTICES FOR REOPENING CONGREGATE SITES

BACKGROUND

According to the Centers for Disease Control (CDC), COVID-19 is transmitted through person-to-person contact. People who are in close contact with one another run the risk of spreading the disease through respiratory droplets produced when an infected person coughs, sneezes, talks, or sings. In addition, the virus may be spread by touching a surface that has been contaminated by a virus and then touching part of their own, or someone else's face. The most recent public guidance issued by the CDC discussing how COVID-19 spreads can be found [here](#). The CDC has advised that individuals with the following medical conditions have a heightened risk of severe illness from COVID-19: chronic kidney disease, COPD, an immunocompromised state resulting from a solid organ transplant, obesity, sickle cell disease, and Type 2 diabetes. This is not a comprehensive list. The CDC has further advised that many other medical conditions **may** put individuals at a heightened risk for severe illness. These include but are not limited to: asthma, neurologic conditions, cystic fibrosis, liver disease, pregnancy, hypertension, and Type 1 diabetes. The most recent public CDC guidance on the conditions likely to contribute to severe illness from COVID-19 can be found [here](#). Employees, volunteers and clients of the area agencies on aging (AAAs) may have some or all of these medical conditions and be at a heightened risk. DARS strongly recommends that AAAs familiarize themselves with the guidance provided by the CDC and the [Virginia Department of Health \(VDH\)](#) and stay informed about new developments by checking these websites frequently.

Employers have a duty to protect employees from known health hazards encountered during the course of their employment. VA Code § 40.1-51.1.A provides, "It shall be the duty of every employer to furnish to each of his employees safe employment and a place of employment that is free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees and to comply with all applicable occupational safety and health rules and regulations promulgated under this title." According to the Emergency Temporary Standard, Infectious Disease Prevention: SARS-CoV-2 Virus That Causes COVID-19 (16VAC25-220), "Employers shall classify each job task according to the hazards employees are potentially exposed to and ensure compliance with the applicable sections of this standard for very high, high, medium, or lower risk levels of exposure." This makes it essential for the AAAs to develop internal policies and guidelines designed to protect the health and safety of both the clients and their employees, as it relates to the transmission of COVID-19. Guidance for employers from the Virginia Department of Labor and Industries can be found [here](#).

When making decisions regarding reopening of sites, it is essential to commit to racial and social equity and consider the elevated risks of key populations, including, but not limited to, Black, Latinx and Asian individuals, who are more vulnerable to COVID-19 infections and serious complications due to a number of underlying factors. More information about a COVID-19 Equity Operating Framework can be found [here](#).

Best Practices for Reopening

There is no one-size-fits-all approach to reopening AAA congregate sites. It may not be appropriate or prudent for every facility to consider reopening. Each individual facility should consider the reopening criteria outlined below and move through the reopening phases based on its assessment of its own specific circumstances. If an AAA chooses to reopen, a strict plan to mitigate risk is essential. Pre-planning should include the following:

- determining which activities are feasible and which are not, including the practicality of staggering programming
- establishing methods of communication with employees, volunteers, participants and family members
- setting screening criteria
- assuring access to the necessary stocks of personal protective equipment (PPE) and cleaning supplies
- obtaining no-touch thermometers
- establishing hand sanitizing stations
- rearranging seating to maintain physical distance
- determining where to place floor markers and directional arrows to establish flow of traffic and facilitate 6 foot distancing
- identifying where to place signage about use of face masks, screening and social distancing
- verifying air handling/ventilation systems are operating properly and increasing circulation of outdoor air as much as possible
- coordinating plans with facility management
- establishing a re-closure process

AAAs should conduct a self-assessment to address the following questions:

- Are you able to maintain 6 ft. distancing between employees, volunteers and participants?
- How many total participants can your space accommodate ensuring 6 ft. distancing?
- Are you able to conduct temperature checks and screening for COVID-19 symptoms daily?
- Are you able to enforce mandatory criteria for preventing employees, volunteers and participants from coming to the site/facility if they have symptoms?
- Do you have adequate handwashing facilities and alcohol-based hand sanitizer available and accessible throughout the site?
- Are you able to clean and sanitize surfaces frequently according to the [CDC Cleaning and Disinfecting Guidelines](#)?
- Is there an adequate supply of disposable masks and gloves (for individuals preparing and handling foods) available at all times?
- Are you able to offer some outdoor activities?
- Are you able to stagger or space activity times to allow for cleaning between activities and to manage physical distancing?
- Are you able to designate entrance only and exit only doors to the facility?
- Are you able to clean and sanitize transport vehicles according to the [CDC Cleaning and Disinfecting Transport Vehicle Guidelines](#)?

The items below are basic elements that need to be considered prior to reopening.

Prevalence of COVID-19 in the local community: Considering the number and trend of cases in the surrounding community may be a factor in determining whether facilities want to reopen and/or what level of restrictions they wish to implement. DARS recommends that AAAs not consider reopening unless the community in which the site/facility is located has been in Phase III for two weeks and no employee or client has been diagnosed with COVID-19 in the preceding 14-day period.

Training: Training will need to be provided to staff and participants on:

- handwashing and hygiene protocols
- proper use/wearing of face masks, including cleaning of non-disposable masks
- screening and monitoring for COVID-19 symptoms
- social distancing
- cleaning and disinfecting

Adequate testing and case status: Any employee, volunteer or participant who has been exposed to a person with active COVID-19 infection should seek medical advice and self-quarantine for 14 days. Any employee or volunteer who tests positive for COVID-19 must immediately notify their supervisor and the local health department and follow [CDC recommendations for self-quarantine](#) and follow up testing. Any client who tests positive is strongly encouraged to notify the agency and seek medical advice regarding follow up testing. The agency will notify all other participants that someone has tested positive and advise them to contact their healthcare provider.

The current State recommendation is that individuals who are known or are suspected to be infected with COVID-19 not return until (i) at least 72 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms and (ii) at least 10 days have passed from the time symptoms first appeared, or (iii) until they have received negative results from an FDA Emergency Use Authorization COVID-19 molecular assay test on at least 2 consecutive respiratory specimens collected at least 24 hours apart (total of 2 negative specimens).

NOTE: Any employee or volunteer age 65 and older in a heightened risk category should be encouraged to contact their health care provider to assess their risk and determine if they should stay home or be re-assigned to work with less participant contact, if possible. Some volunteers and participants may not wish to return to the site.

100% screening: All individuals entering the site/facility, including clients, employees and volunteers, should have their temperature checked, wear a cloth face covering or face mask, and answer questions about symptoms and potential exposure. A sign-in sheet and temperature log should be maintained for future reference in case contact tracing is required. If a participant is unable to wear a face mask and is unwilling to answer screening questions or the participant is unable to understand or follow distancing and hand hygiene instructions, he/she should be asked to participate in the program at a later date. Signs should be posted at the entrance of the site/facility indicating that no one may enter if they have a fever or symptoms of a respiratory illness. Hand sanitizer should be available at the entrance.

Screening criteria:

- temperature greater than 100 degrees Fahrenheit or 38 degrees Celsius
- contact with someone who has tested positive for COVID-19 within the past 14 days
- new loss of sense of smell or taste
- cough
- sore throat

- runny nose
- shortness of breath
- fever
- chills
- fatigue
- muscle aches
- headache
- vomiting
- diarrhea

If symptoms develop while at the site, the participant should be sent home as soon as possible. Keep the individual separated and limit contact, while ensuring safety and supervision until they leave. Close off the area used by the participant. Clean and disinfect all areas used by the participant, including common areas and bathrooms.

Adequate PPE: All employees and volunteers must wear face masks. Gloves must be worn when preparing/handling food. AAAs should have a contingency strategy for maintaining and obtaining PPE. AAAs must provide employees and volunteers with PPE and appropriate training on wearing, removing, and disposing of/or cleaning PPE. The AAA has a responsibility to ensure employees and volunteers are using PPE appropriately through regular monitoring and should periodically review CDC guidelines on the use of PPE. Participants should wear a cloth face covering or face mask, if tolerated, while inside the facility. Masks can be removed while eating.

Physical distancing: Maintain strict physical distancing of 6 feet. If necessary, reduce capacity to maintain social distancing within the site/facility where the dining and group activities occur. Standing/seating arrangements should be all facing one direction, rather than face-to-face, when feasible. Encourage the use of outdoor areas or well-ventilated spaces, when possible.

Food Service: Masks and gloves are required for food preparation and serving. Do not allow personal items on tables. Do not allow self-service of food or beverages. Meals may be served in individual containers. Packaged flatware is recommended. Packaged condiments may be provided upon request. Educational materials may be printed in landscape and provided as table placemats.

Transportation: Develop and implement a cleaning protocol for use before and after each trip. Ensure vehicles are appropriately cleaned and sanitized, drivers and clients wear face masks, physical distancing is observed, and drivers are screened for fever and other symptoms. Consider having the driver perform temperature checks of participants prior to them entering the bus. Physical distancing may be accomplished by skipping a row of seats between riders and staggering passenger seats.

DISCLAIMER

It is important to understand the DARS does not guarantee that these steps will keep participants, employees or volunteers completely safe from COVID-19 infection. Information from the CDC, VDH and other public health officials about COVID-19 changes regularly as more data are collected and analyzed. AAAs should remain informed about the latest CDC and VDH guidance and, to the extent those recommendations are more stringent than these provided by DARS, follow the more stringent guidelines.