

# MASSACHUSETTS DAY PROGRAM REOPEN APPROACH

## Minimum Requirements for Health and Safety

COVID-19

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Massachusetts Executive Office of Health and Human Services



## Background and Document Purpose

On March 10, 2020, Governor Charlie Baker declared a State of Emergency in the Commonwealth in response to the COVID-19 pandemic (Executive Order No. 591: Declaration of a State of Emergency to Respond to COVID-19). On March 24, 2020, the Department of Public Health (DPH) issued an emergency order requiring day programs to cease providing services in congregate settings. On May 18, 2020, the Baker-Polito Administration announced [Reopening Massachusetts](#), a comprehensive phased plan to safely reopen the Massachusetts economy, get people back to work, and ease social restrictions while minimizing the health impacts of COVID-19.

In developing the requirements contained within this document, the Executive Office of Health and Human Services (EOHHS) has sought to keep the health and safety of the Commonwealth's residents and program staff at the forefront. EOHHS has sought to build upon existing guidance from leading health experts, including the Centers for Disease Control and Prevention (CDC). Unless specifically noted, these requirements apply to all day programs. EOHHS looks forward to engaging extensively and collaboratively with program staff and others to receive feedback, insights, and guidance to ensure supports are in place for programs and providers to meet the *Minimum Requirements for Health and Safety*. Some recommendations, like personal protective equipment (PPE) required for program staff, vary depending on whether the day program is a health care provider or not. In addition, EOHHS anticipates developing supplementary materials (e.g., sample templates, frequently asked questions) to complement these requirements and provide support through all phases of reopening.

The Commonwealth recognizes that COVID-19 has presented significant, unexpected challenges for day program participants, their families and loved ones, as well as the day program community. Further, EOHHS understands that it may be challenging for day programs to meet the requirements for reopening in Phase 3 and is cognizant that some programs may have to remain temporarily closed as a result. The Administration is continuing to consider ways to support these critical providers as they prepare to reopen. EOHHS is also aware that the proposed requirements may present certain challenges for participants and families. On behalf of the Baker-Polito Administration and its interagency partners, EOHHS thanks day programs for their continued dedication, partnership, and patience as we all work together to reopen safely while protecting the health and welfare of all participants, families, and staff.

Please, note, this guidance is intended to supplement, not supplant, provisions from regulatory agencies that oversee programs and facilities included in this guidance.

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## Definitions

**Activities of Daily Living (ADL)** – Fundamental personal care tasks performed daily as part of an individual's routine self-care. ADLs include, but are not limited to, eating, toileting, dressing, bathing, transferring, and mobility/ambulation.

**Adult Day Health (ADH)** – A community-based and non-residential service that provides nursing care, supervision, and health related support services in a structured group setting to MassHealth participants who have physical, cognitive, or behavioral health impairments. The ADH service has a general goal of meeting the ADL, and/or skilled nursing therapeutic needs of MassHealth participants delivered by a MassHealth agency approved ADH provider that meets the conditions of 130 CMR 404.000.

**Adult Day Health Program** – Any entity licensed by the Department of Public Health (DPH) under 105 CMR 158.00: Licensure of Adult Day Health Programs, whether conducted for profit or not for profit that: (1) Is community-based and non-residential; (2) Provides nursing care, supervision, and health related support services in a structured group setting to persons 18 years of age or older who have physical, cognitive, or behavioral health impairments; and (3) Supports families and other caregivers thereby enabling the participant to live in the community. If a provider offers ADH in more than one location, each location is a separate ADH program and must meet the provisions of 105 CMR 158.000 and, if enrolled in the MassHealth program, 130 CMR 404.000.

**Caregivers** - Caregivers are broadly defined as family members, friends or neighbors who provide unpaid assistance to a person with a chronic illness or disabling condition.

**Clean** – Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

**Close Contact** – Contact within 6 feet of a person with COVID-19 for greater than 10-15 minutes or being coughed on or sneezed on by a person with COVID-19 while that person was symptomatic, starting 48 hours before their symptoms began until their isolation period ends.

**Communicable Disease** – A disease that is spread from one person to another in a variety of ways, including travel through the air, contact with bodily fluids, contact with a contaminated surface, object, food or water, and certain animal or insect bites.

**Community Based Day Supports (CBDS)** – This program of supports is designed to enable a participant to enrich his or her life and enjoy a full range of community activities in a community setting by providing opportunities for developing, enhancing, and maintaining competency in personal, social and community activities. The service may include career exploration, including assessment of interests through volunteer experiences or situational assessments; community experiences to support fuller participation in community life; development and support of activities of daily living and independent living skills, socialization experiences and enhancement of interpersonal skills and pursuit of personal interests and hobbies. The service is intended for participants of working age who may be on a pathway to employment, a supplemental service for participants who are employed part-time and need a structured and supervised program of services during the time that they are not working, and for participants who are of retirement age. Community based day supports provides a structured and supervised program of services and supports in a group setting which promotes socialization and peer interaction and development of habilitative skills and achieve habilitative goals.

**Coronavirus** – Any of a family (Coronaviridae) of large single-stranded RNA viruses that have a lipid envelope studded with club-shaped spike proteins, infect birds and many mammals including humans, and include the causative agents of MERS, SARS, and COVID-19.

**COVID-19** – A mild to severe respiratory illness that is caused by a coronavirus (severe acute respiratory syndrome coronavirus 2 of the genus betacoronavirus), is transmitted chiefly by contact with infectious

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material (such as respiratory droplets) or with objects or surfaces contaminated by the causative virus, and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure.

**Day Habilitation Provider (DH Provider)** – The entity with responsibility for the day-to-day operation of facilities and programs subject to 130 CMR 419.000.

**Day Habilitation (DH)** – A service, for individuals with an intellectual disability (ID) or a developmental disability (DD), that is based on a day habilitation service plan that sets forth measurable goals and objectives, and prescribes an integrated program of activities and therapies necessary to reach the stated goals and objectives.

**Day Habilitation Supplement** – Day Habilitation Supplement consists of supplemental services that are provided at freestanding Day Habilitation program sites. The supplemental services consist of: focused one-to-one assistance for participants who have significant support needs who are either medically fragile with issues such as dysphasia; aspiration; and repositioning and/or exhibit extreme behavioral actions such as serious self-injurious behavior or injurious behavior directed at others such as pica, severe head-banging, pulling out fingernails and toenails, biting and other forms of aggression. The one-to-one assistance ensures that the health and safety issues of both the participant and others who participate in the Day Habilitation program are met. Many of the participants have severe intellectual disability and are fully dependent on caregivers for risk management and protection.

**DDS** – The Department of Developmental Services.

**Disinfect** – Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection. Disinfecting may be appropriate for diaper tables, door and cabinet handles, toilets, and other bathroom surfaces.

**DMH** – The Department of Mental Health

**DPH** – The Massachusetts Department of Public Health.

**EOEA** – The Executive Office of Elder Affairs

**Exposed** – Having had close contact with someone symptomatic of COVID-19 from the period of 48 hours before symptom onset until 10 days from when they first had symptoms, been notified by your Local Board of Health or Contact Tracing Collaborative that you meet this definition or having close contact to someone who is confirmed to be infected with COVID-19 but may be asymptomatic.

**Facemask** – Surgical or procedure masks worn to protect the mouth/nose against infectious materials.

**Fever** – A measured or reported temperature of > 100.0° F.

**Group** – Two or more participants who participate in the same activities at the same time and are assigned to the same staff for supervision, at the same time.

**Group Supported Employment** - Group Supported employment services consist of the ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need support to perform in a regular work setting. The outcome of the service is sustained paid employment and work experience leading to further career development and individual community employment for which the participant is compensated at or above the minimum wage, but not less than the customary wage and level of benefit paid by the employer for the same or similar work performed by individuals without disabilities. Small group supported employment are services and training activities provided in regular business, industry and community settings for groups of two (2) to eight (8) workers with disabilities. Examples include mobile work crews, enclaves and other business-based workgroups employing small groups of workers with disabilities in employment in the community. Services must be provided in a manner that promotes engagement in the workplace and interaction between participants and people without disabilities including

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co-workers, customers, and supervisors. Group supported employment may include any combination of the following services: job-related discovery or assessment, assisting the participants to locate a job or develop a job on behalf of the participants, job analysis, training and systematic instruction, job coaching, negotiation with prospective employers, and benefits support. Typically group supported employment consists of 2-8 participants, working in the community under the supervision of a provider agency. The participants are generally considered employees of the provider agency. They are paid and receive benefits from that agency. Group supported employment includes activities needed to sustain paid work by participants including supervision and training and may include transportation if not available through another source.

**HCBS Waiver Day Service Provider** – The entity with responsibility for the day-to-day operation of programs and sites subject to 130 CMR 630.000.

**HCBS Waiver Day Service** – A service, for individuals enrolled in the ABI or MFP HCBS Waivers that provides structured, site-based, group programming that fosters community integration and that offers assistance with the acquisition, retention, or improvement in self-help, socialization, and adaptive skills.

**Health Care Consultant** – A Massachusetts licensed physician, registered nurse, nurse practitioner, or physician's assistant with family health training and/or experience.

**Health Care Practitioner** – A physician, physician's assistant, nurse practitioner or nurse.

**Individual Supported Employment** – Individual supported employment services consist of ongoing supports that enable a participant, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of his/her disabilities, needs support to perform in a regular work setting. Individual supported employment may include assisting the participants to locate a job or develop a job on behalf of the participant. Individual supported employment is conducted in a variety of settings, particularly typical work sites where persons without disabilities are employed. Emphasis is on work in an integrated environment with the opportunity for participants to have contact with co-workers, customers, supervisors and others without disabilities. In individual supported employment the participant has a job based on his/her identified needs and interests, located in a community business. It may also include self-employment or a small business, or a home-based self-employment, or temporary services which may assist a participant in securing an individual position within a business. Individual supported employment may include job-related discovery or assessment; person-centered employment planning; job placement; job development; negotiation with prospective employers; job analysis, training and systematic instruction; job coaching in the form of regular or periodic assistance. Training and support are provided for the purpose of developing, maintaining and/or improving job skills and fostering career advancement opportunities. Job coaching at the job site is not designed to provide continuous on-going support; it is expected that as the participant develops more skill and independence the level of support will decrease and fade over time as the natural supports in the work place are established. Some ongoing intermittent job related support may be provided to assist the waiver participant to successfully maintain his/her employment situation. Natural supports are developed by the provider to help increase participation and independence of the individual within the community setting.

**Participant** – Individual attending the day program including a client, consumer, or MassHealth member.

**Personal Protective Equipment (PPE)** – PPE is equipment worn to minimize exposure to hazards that cause serious illness or injury. Gloves, masks, eye protection and gowns are all examples of PPE. PPE required for program staff who are health care providers may differ from PPE required for personnel.

**Premises** – The facility that is used for the day program and the outdoor space on which the facility is located.

**Program Staff** – All individuals working with participants in site-based day programs. Staff may include directors, administrators, direct care staff, nurses, therapists, peer specialists, therapeutic mentors, and other individuals employed by the day program who may have contact with participants.

**Sanitize** – Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by cleaning and then sanitizing surfaces or

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objects to lower the risk of spreading infection. Surfaces used for eating and objects intended for the mouth (food service tables) must be ***cleaned and then sanitized both before and after each use.***

# Minimum Requirements for Health and Safety

These requirements apply to the following programs:

- Adult Day Health
- Community Based Day Support
- Day Habilitation
- DMH Clubhouse Services
- Individual Supported Employment
- Intensive Outpatient Programs (IOP)
- Group Supported Employment
- HCBS Waiver Day Services
- Psychiatric Day Treatment Programs
- Psychiatric Partial Hospital Programs
- Recovery Support Centers
- Structured Outpatient Addiction Programs (SOAP)

In addition to these requirements, it is recommended that programs check the CDC website daily to ensure they are implementing the most current CDC guidance and [Massachusetts guidance](#). These minimum requirements may be amended as the Commonwealth's COVID-19 status evolves over time and public health experts learn more about the virus.

Programs must also adhere to program-specific guidance that may be issued by EOHHS agencies.

The Commonwealth recognizes that it will be very challenging for programs to reopen, given the significant requirements and federal and state mandates. While we recognize that the requirements place additional burdens on many programs, the following requirements must be implemented in order to protect the health and safety of all participants, caregivers/guardians, and staff. Programs that are unable to adhere to the following requirements must keep their physical locations closed until the point at which they are able to successfully adhere to all requirements, or otherwise deliver services in a virtual format until all requirements are met. Programs may continue to operate both virtual/remote and on-site services.

## 1. Planning and Preparedness

A. Planning: Programs must develop plans prior to reopening (and maintain them once reopened) to address how they will meet the new health and safety requirements. Programs must identify all the ways reopening during the COVID-19 pandemic might affect the program and develop a plan of action. Elements of this planning **must** include the following:

- (1) Prior to a participant or client returning to the program, the program should survey the enrolled participants/client regarding their willingness and ability to return to the day program's physical site. The survey must solicit feedback in the following areas:
  - (a) Does the participant wish to return to the program upon re-opening?
  - (a) Does the participant wish to participate in virtual/remote programming?
  - (b) If the participant wishes to return upon re-opening, what days and/or what time of day would they plan to attend?
  - (c) If the participant does not wish to return in-person to the program upon re-opening, does the participant wish to return at a later date or attend virtual sessions? Note: As applicable, participants and/or caregivers/guardians should be informed that lead time of, at least, two weeks may be needed to establish transportation.
  - (d) If the participant does not wish to continue in-person or virtual day program services, the provider should assist in referring and establishing alternative services in coordination with the participant as appropriate.
- (2) Provide all participants/caregivers/guardians with the Risk/Benefit Discussion Tool. After identifying participants who wish to return to the program in-person, providers should discuss the Tool with all participants/caregivers/guardians prior to their in-person return to the program. The provider must consult with them to determine if the benefits of the



participant returning to the program outweigh the risks.

- (3) Providers should prioritize in-person services for participants whose needs cannot be adequately provided via telehealth or in the home (e.g., have experienced a loss of a caregiver or informal supports). If there are participants who do not want to return upon re-opening or at a later date, the provider must follow the steps for proper discharge, making sure that participants are referred to appropriate services, as needed.
- (4) Create a roster of expected attendees for each day the program is scheduled to operate. Program occupancy upon re-opening must comply with the applicable social distancing protocols described in this document.
- (5) A cleaning plan that identifies what items must be cleaned, sanitized, or and/or disinfected and with what frequency. This must include a daily cleaning schedule for staff or members/participants (before, during, and after programming) to ensure that all areas, materials, furniture, and equipment used participants are properly cleaned, sanitized, and/or disinfected. Programs must also have a plan in place to obtain and maintain inventory of essential cleaning supplies.
- (6) A plan for identifying and addressing the risks associated with caring for sick, symptomatic, and exposed participants and staff that includes but is not limited to daily screening checks, location of screening activities, staff responsible for screening, and anticipating barriers to accomplishing screening.
- (7) A plan for the isolation and discharge of sick, symptomatic, and exposed participants or staff, including procedures for contacting caregivers/guardians/emergency contacts immediately, criteria for seeking medical assistance, protocols for ensuring care provided to participants who may require isolation while at the program site, transportation of participants or staff who have developed symptoms related to COVID-19 during the day and who rely on program transportation, mitigation of transmission until a sick individual can safely leave the program, cleaning and disinfection of the isolation space after the individual has departed and notification to the local health department.
- (8) A plan to work with their local and state health departments to ensure appropriate local protocols and guidelines are followed, such as updated/additional guidance for cleaning and disinfection and instructions and availability of COVID-19 testing and contact tracing.
- (9) A plan for safe vendor deliveries, if applicable. Non-contact delivery protocols must be arranged whenever possible.
- (10) A PPE procurement plan that identifies how the provider will acquire and maintain appropriate PPE for all staff and participants. Adequate PPE supplies (ideally a two-week supply of PPE on-hand) must be available on site prior to opening the program.
- (11) Transportation for the participants should be coordinated independently with the participant/caregiver/guardian and, if applicable, residential and housing programs for those participants returning to the program. Before transportation services can be re-instituted, a plan for transportation must be developed that includes how to implement (if programs manage their own transportation) and/or ensure the following is implemented (if programs use HST or other vendors for transportation): (1) screening procedures prior to transporting participants; (2) infection control strategies during transportation, including during boarding and disembarking; (3) ensuring adherence to social distancing and hand hygiene practices among participants, drivers and any person who assists participants during transportation; (4) routine, frequent cleaning of transportation vehicles; and (5) coordination with and management of pick-up and drop-off at multi-unit residential and housing programs to ensure safety and social distancing of participants. Note: For program-based transportation provided through the EOHHS Human Service Transportation (HST) brokerage system, vendors must meet all health and safety requirements and service standards established by EOHHS HST.
- (12) A plan for handling program closings, staff absences, and gaps in participant attendance. The plan must include procedures to alert local health officials about large increases in participant and staff absences or substantial increases in respiratory illnesses (like the common cold or the "flu," which have symptoms similar to symptoms of COVID-19).

Programs must determine how the program will communicate with staff and participants and identify who will be responsible to inform the funding agency, local board of health, and other appropriate audiences.

- (13) A meal and snack provision plan that identifies how the provider will maintain appropriate safety and social distancing during meals including preparation and distribution of meals, safety measures for dishware and utensils, and mealtime schedule for participants.
- (14) A plan for the administration of medication including a plan for the treatment of participants with asthma and other chronic illness. Programs must establish protocols to ensure that the use of a nebulizer only occurs in outdoor areas or in a room separate from all other participants that has a door that can close. The participant receiving the treatment must be assisted by that the staff who can don a respirator, such as an N95, and eye protection, when administering. After administration of a nebulizer treatment, the room must be left empty with the door closed and, where possible, windows open for at least 30 minutes prior to thoroughly cleaning, as the use of a nebulizer can increase risk of the virus being aerosolized.
- (15) A plan for sharing information and guidelines with participants and/or caregivers/guardians that includes the following:
  - (a) A system to check with the participant and/or caregivers/guardians daily on screening all participants and staff upon arrival to the program.
  - (b) Ensuring information and communication can be provided in the primary languages spoken by the participant and/or caregivers/guardians.
  - (c) Obtaining emergency contact information for all participants email addresses, and home, work, and mobile phone numbers from caregivers/guardians of participants at the program so that the program can reach them at any time.
  - (d) Providing participants and/or caregivers/guardians with information on COVID-19 including symptoms, transmission, prevention, and when to seek medical attention. Encouraging caregivers/guardians to share discuss the information with the participants as appropriate.
  - (e) Providing participants and/or caregivers/guardians with information on the program's policies for preventing and responding to infection and illness.
  - (f) When necessary/appropriate, providing caregivers/guardians with guidance on how to share information with the participants in appropriate ways and encouraging caregivers/guardians to share the information with the participant, as appropriate.
  - (g) Identifying a designated staff person(s) responsible for sharing information with participants and/or caregivers/guardians if an exposure occurs, and how that information will be communicated.

B. **Preparedness:** Programs must prepare the program environment to promote the new health and safety requirements and to facilitate infection control activities.

- (1) Prepare the materials and equipment to be used by participants to minimize sharing and promote distancing. Remove items that cannot be easily washed. If programs allow participants to bring in items from home, they should have a plan in place to ensure the cleanliness of these items and should carefully monitor use to ensure that these objects are not shared between participants.
- (2) Prepare all cleaning, sanitizing, and disinfecting solutions and identify a safe place for

storage that is accessible to staff in each area of the program, but out of reach of participants. Ensure that supplies for hand hygiene are adequate and placed appropriately throughout the program space, including in all group, transition (e.g., hallways), and common spaces.

- (3) Prepare the program space to promote social distancing. Programs must consider the physical building capacity limitations and the total number of participants anticipated to be in any one area. Decisions about organization of the program space must be guided by the program's ability to implement adequate and consistent social distancing, especially in terms of utilization of common spaces that need to be shared by all participants. Areas occupied by individual groups must be defined by permanent walls, movable walls, visual demarcation on the floor, or other partitions.
- (4) Programs with large spaces should consider using barriers to create clearly defined and separate areas for small groups of participants, or, at a minimum, adding visual demarcations on the floor. Program staff must review the social distancing requirements (in one on one or group sessions) for participants in the program, and be prepared to support participants with adjustments to new systems and routines. At a minimum, programs should:
  - (a) Create and secure floor markers to denote directional and safe distancing parameters
  - (b) Create and secure wall/door signage for access and egress
  - (c) Space seating with proper distancing between each participant
  - (d) Identify the maximum number of people who should occupy each partitioned area in a manner that ensures at least 6 feet of distance between individuals

Additionally, if possible, programs should consider and attempt to group participants and staff in smaller clusters as outlined below to promote infection control and minimize the impact and spread of COVID-19:

- (a) Assign participants to smaller groups (less than 10 individuals) throughout the day and, if possible, across each day, if possible. (Note: Programs may have more than one group at their program site at the same time but should try to group participants and staff to minimize exposure if an individual becomes COVID-19 positive.)
  - (b) Assign staff to the same group throughout the day and across days, if possible
- (5) Ensure that there are adequate provisions for the storage of participant and staff belongings so that they do not touch.
- (6) Close drinking fountains that require contact for use. Motion activated or touchless drinking fountains are acceptable for use only when filling cups, water bottles, or other receptacles.
- (7) Ensure that ventilation systems operate properly, have been serviced in accordance with manufacturer recommendations and increase circulation of outdoor air as much as possible.
- (8) Take steps to ensure that all water systems and features (e.g., decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.
- (9) Post signage for proper PPE use and donning and doffing procedures, particularly facemask use.

## **2. Daily Operations and Staffing**

A. Daily Operations: Programs must make the following changes to their operations.

- (1) Restrict community access when social distancing is not possible.
- (2) Avoid holding activities involving multiple groups attending at the same time and strictly

enforce the restrictions on non-essential visitors.<sup>1</sup> This includes caregiver/guardian volunteers and consultants who are not providing health services to participants.

- (3) Promote use of outdoor space where social distancing can be maintained, as available.

B. Staffing: All programs must meet the following staffing requirements to respond to the COVID-19 crisis.

- (1) Programs must meet all staffing requirements per the authorizing entity for their specific program type.
- (2) Provide staff with information about COVID-19, including how the illness is spread, how to prevent its spread, symptoms, and when to seek medical assistance for members, sick participants or employees and ensure staff are able to verbalize understanding of COVID-19 transmission.
- (3) Have a system to monitor absenteeism to identify any trends in employee or participant absences due to illness, as this might indicate spread of COVID-19 or other illness.
- (4) Have a plan for securing trained back-up staff in order to maintain sufficient staffing levels.
- (5) Ensure that sick leave policies are flexible and promote the importance of staff not coming to work if they present with symptoms of illness, or if they or someone they live with has been diagnosed with COVID-19.
- (6) Designate a primary and secondary staff person to be responsible for responding to COVID-19 concerns. Employees must know who these people are and how to contact them.
- (7) Create a communication system for staff and participants for self-reporting of symptoms and notification of exposures and closures.
- (8) Encourage all staff age 65 years or older, who have underlying medical conditions, or who are members of groups that need extra precautions to talk to their healthcare provider to assess their risk. (See additional information from the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>)
- (9) Train staff in all areas to ensure protocols are implemented safely and effectively in all programs.
- (10) Develop policies for staff protection and provide training to all staff on site prior to providing cleaning tasks. Training must include when to use PPE, what PPE is necessary, how to properly put on (donning), use, and take off (doffing) PPE, and how to properly dispose of PPE.
- (11) Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with Occupational Safety Hazard Administration (OSHA)'s Hazard Communication standard (29 CFR 1910.1200).
- (12) Educate staff, members, and workers performing cleaning, laundry, and trash pick-up activities to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms. At a minimum, any staff must immediately stop work, put on a facemask, if they were not wearing one already, isolate themselves, and notify their supervisor if they develop symptoms of COVID-19. The supervisor will notify the local health department who will provide guidance on what actions need to be taken.

### 3. Screening and Monitoring of Participants and Staff

- A. Daily Self Screening: All staff, caregivers/guardians, participants, and any individuals seeking entry into the program space **must be directed to self-screen at home, prior to coming to the**

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<sup>1</sup> Non- essential visitors will be defined by each agency in a separate policy.

**program for the day.**

- (1) Self-screening shall include checking temperature (temperature of 100.0°F or above is considered a fever), and checking for symptoms including:
  - Fever (temperature of 100.0°F or above), felt feverish, or had chills?
  - Cough?
  - Sore throat?
  - Difficulty breathing?
  - Abdominal pain?
  - Unexplained Rash?
  - Fatigue?
  - Headache?
  - New loss of smell/taste?
  - New muscle aches?
  - Nausea or vomiting?
  - Diarrhea?
- (2) Have you received a positive test result for COVID-19? When was the date of the test? Are you waiting to receive results of a COVID-19 test?
- (3) In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)?

**B. Daily Screening by Transportation Personnel: Any entity providing participants with direct transportation to and from the program must conduct the following screening to all staff, participants and personnel planning to travel on the vehicle before they are permitted to enter the vehicle**

- (1) Today or in the past 24 hours, have you or any household members had any of the following symptoms (not associated with a pre-existing condition)?
  - Fever (temperature of 100.0°F or above), felt feverish, or had chills?
  - Cough?
  - Sore throat?
  - Difficulty breathing?
  - Abdominal pain?
  - Unexplained Rash?
  - Fatigue?
  - Headache?
  - New loss of smell/taste?
  - New muscle aches?
  - Nausea or vomiting?
  - Diarrhea?
- (2) Have you received a positive test result for COVID-19? When was the date of the test? Are you waiting to receive results of a COVID-19 test?
- (3) In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)?

**C. Daily Screening at Program Site: Programs must screen all staff and participants before they are permitted to enter the space following the requirements below.**

- (1) Establish a single point of entry to the program to ensure that no individual is allowed to enter the building until they successfully pass the screening.
- (2) Designate specific program staff to conduct all screening activities and establish a designated screening area with good air ventilation (e.g., a side room or area close to the point of entry, if possible) that will allow for more privacy in order to ask questions. Unless a physical barrier, such as a plexiglass screen, is used, the space used for screening must allow for social

distancing of staff from participant while screening is being conducted (i.e. at least 6 feet of separation).

- (3) Verbally screen participants and caregivers/guardians, as applicable, asking the following questions. If any of the below are yes, the participant must not be allowed to enter transportation vehicles or the program building. The participant must stay or return home with their caregiver/guardian.
    - (a) Today or in the past 24 hours, have you or any household participants had any of the following symptoms?
      - Fever (temperature of 100.0°F or above), felt feverish, or had chills?
      - Cough?
      - Sore throat?
      - Difficulty breathing?
      - Abdominal pain?
      - Unexplained Rash?
      - Fatigue?
      - Headache?
      - New loss of smell/taste?
      - New muscle aches?
      - Nausea or vomiting?
      - Diarrhea?
    - (b) Have you received a positive test result for COVID-19? When was the date of the test? Are you waiting to receive results of a COVID-19 test?
    - (c) In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)?<sup>5</sup>
  - (4) Participants or caregivers/guardians and staff must provide verbal attestations daily regarding any household contacts with COVID-19, symptoms (e.g., fever, sore throat, cough, shortness of breath, loss of smell or taste, or diarrhea), or if they have taken medicine to lower a fever, and provider must maintain log of who was at the program each day.
  - (5) Individuals who decline to complete the screening questionnaire must be **isolated immediately and steps must be taken to return the participants back to their place of residence with instructions to seek testing, and/or self-isolate**. Refer to isolation procedures within this document for more information.
  - (6) Anyone with a fever of 100.0°F or above, or any other signs of illness, or who answered positively to the screening criteria above **must be isolated immediately and steps must be taken to return the participants back to their place of residence with instructions to seek testing, and/or self-isolate**. Refer to isolation procedures within this document for more information.
  - (7) Staff must make a visual inspection of each participant for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), or fatigue. Confirm that the participant is not experiencing coughing or shortness of breath. In the event a participant is experiencing new, sudden shortness of breath or extreme difficulty breathing, call emergency medical services immediately.
- D. Regular Monitoring: Staff must actively monitor themselves and participants throughout the day for the symptoms. Participants who appear ill or are exhibiting signs of illness must be separated from the larger group and isolated until able to leave the program. If any participant or staff appears to have severe symptoms, call emergency services immediately. Severe symptoms include the following: extreme difficulty breathing (i.e. not being able to speak without gasping for air), bluish

lips or face, persistent pain or pressure in the chest, severe persistent dizziness or lightheadedness, new confusion or inability to rouse someone, or new seizure or seizures that won't stop.

#### **4. Isolation and Discharge of Sick Participants and Staff**

- A. Planning for Isolation and Discharge: Programs must take the following actions to prepare for a potential exposure.
- (1) Designate a separate space to isolate participants or staff who may become sick, with the door closed (or a solid barrier) if possible. Isolated participants must be supervised at all times. A private or separate bathroom should be made available for use by sick individuals only. If this is not possible, special arrangements for thorough cleaning of bathroom must be available. Others must not enter isolation room/space without appropriate PPE (i.e., facemask eye protection, gowns, and gloves) appropriate to the care setting. A location with an open window and/or good air circulation is optimal.
  - (2) If your facility does not have designated isolation rooms/spaces, determine a pre-specified location/facility to which you will be sending participants participant presenting with COVID-19 symptoms.
  - (3) Have an emergency back-up plan for staff coverage in case a participant or staff becomes sick.
  - (4) Know the contact information for the local board of health in the city or town in which the program is located.
  - (5) Have facemasks other than cloth face coverings available for use by participants and staff who become symptomatic, until they have left the premises of the program.
  - (6) Designate a separate exit from the main egress to be used for those being discharged due to suspected infection whenever possible.
  - (7) Develop a plan for how a participant's appropriate contacts will be notified and how the participant will be safely transported back to their place of residence.
  - (8) Develop standard information materials for all staff and participants outlining that they should contact their health care provider, how and where they can obtain testing, and proper self-quarantining and self-isolating procedures.
  - (9) Develop a communication strategy and management plan for participants and staff which addresses how staff engage in a sensitive manner the isolating and discharge to reduce the risk and concern of other participants and staff.
- B. If a Participant Becomes Symptomatic: If a participant becomes symptomatic, programs must follow the protocols below:
- (1) Immediately isolate from other participants and minimize exposure to staff.
  - (2) Whenever possible, cover participant's noses and mouths with appropriate PPE (i.e., a facemask or face covering, if not available) or cloth face covering.
  - (3) Contact the participant's caregivers/guardians to indicate that they must be picked up or transported to their place of residence as soon as possible.
  - (4) Provide the participant and participant's caregiver/guardian with information outlining that they should contact their health care provider, how and where they can obtain testing, and proper self-quarantining and self-isolating procedures.
  - (5) Follow the program's plan for the transportation of a participant who has developed symptoms and who relies on program transportation.

- C. If a Staff Becomes Symptomatic: If a staff becomes symptomatic, they must cease duties immediately, be provided appropriate PPE (i.e., a facemask or face covering, if not available) and be removed from others until they can leave. Staff must regularly self-monitor during the day to screen for new symptoms. If new symptoms are detected among a staff, follow the requirements above in Section 5A-B on how to handle symptomatic individuals.
- D. If a Participant or Staff Contracts COVID-19: Sick participants or employees who are COVID-19 positive or symptomatic and presumed to have COVID-19 must not return until they have met the criteria for discontinuing home isolation and have consulted with a health care provider, in accordance with DPH guidance. Determine the date of symptom onset for the participant/staff. Determine if the participant/staff attended/worked at the program while symptomatic or during the two days before symptoms began. Identify what days the participant/staff attended/worked during that time. Determine who had close contact with the participant/staff at the program during those days (staff and other participants).
- (1) If the individual tests positive for COVID-19 but is asymptomatic, isolation may be discontinued when at least 10 days have passed from the date of the positive test, as long as the individual remains asymptomatic. For example, if the individual was tested on April 1, isolation may be discontinued on April 11.
  - (1) (2) If the individual tests positive for COVID-19 but is symptomatic, isolation may be discontinued after at least 10 days have passed since symptoms first appeared (illness onset). Onset date (of symptoms) would be considered "day zero." AND at least 3 days (72 hours) have passed since recovery, resolution of all symptoms without the use of fever-reducing medications.
- E. Notifying Required Parties: In the event that a program experiences an exposure, programs must notify the following parties.
- (1) Employees and participants and/or caregiver/guardians should be notified about exposure but maintain confidentiality.
  - (2) Local board of health if a participant or staff has tested positive.
  - (3) Funding and licensing agencies if a participant or staff has tested positive.
- F. Self-Quarantining and Self-Isolating Following Exposure or Potential Exposure: In the event that a staff or a participant is exposed to a sick or symptomatic person, the following protocols must be followed:
- (1) If a participant or staff has been exposed to COVID-19, regardless of whether the individual has symptoms or not, the participant or staff must not be permitted to enter the program space and must be sent home. Exposed individuals must be directed to stay home for at least 14 days after the last day of contact with the person who is sick. The program must consult the local board of health for guidance on quarantine for other participants and staff and what additional precautions will be needed to ensure the program space is safe for continued services.
  - (2) If an exposed participant or staff subsequently tests positive or their doctor health care provider reports they have confirmed or probable COVID-19, they must be directed to stay home for a minimum of 10 days from the 1st day of symptoms appearing AND be fever-free for 72 hours without fever reducing medications AND experience significant improvements in symptoms. Release from isolation is under the jurisdiction of the local board of health where the individual resides.
  - (3) If a participant's household member tests positive for COVID-19, the participant must self-quarantine for 14 days after the last time they could have been exposed.
- G. If an Exposed Participant Remains Asymptomatic and/or Tests Negative for COVID-19: If the exposed individual remains asymptomatic and/or tests negative for COVID-19, they must remain in quarantine and continue to monitor for the full 14 days.



- H. If Exposed Staff Remains Asymptomatic and/or Tests Negative for COVID-19: If the exposed individual remains asymptomatic and/or tests negative for COVID-19, they may continue working in accordance with the DPH [Occupational Exposure & Return to Work Guidance](#).

## 5. Testing

- (1) **Educate.** Educate your staff, participants and participants family/caregivers/guardians about testing, when and how to schedule a testing appointment, and where they can get tested. Massachusetts COVID-19 testing information can be found online: <https://www.mass.gov/info-details/about-covid-19-testing>
- (2) **Communicate.** In the event that a participant or staff tests positive for COVID-19, all staff and participants who have had close contact with them should be tested ASAP. Programs should have a plan in place for how they would communicate to all appropriate individuals about possible exposure and testing resources, while maintaining the confidentiality of the person who was confirmed COVID-19 positive.
- (3) **Track.** Logs of participants and staff who have been tested, when they were tested, and the results of their tests should be maintained as best as possible.

## 6. Hygiene and Health Practices

- A. Resources and Supplies: Plan ahead to ensure that the program has adequate supplies to promote frequent and effective hygiene behaviors. Programs must have the following materials and supplies:
- (1) Handwashing facilities with soap and water must be readily accessible to all participants and staff. Post handwashing instructions near every handwashing sink and where they can easily be seen by participants and staff.
  - (2) Hand sanitizer with at least 60% alcohol may be utilized at times when handwashing is not available.
  - (3) Hand hygiene stations must be set up at the entrance of the premises, so that participants 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.
  - (4) If possible, place sign-in stations outside the program space and have contactless sign in, such as application or web based. If pens are required, they must be disinfected between uses or must be provided for individual only use.
- B. When to Wash Hands: Participants and staff must wash their hands or use hand sanitizer often, making sure to wash all surfaces of their hands (e.g., front and back, wrists, between fingers). Reinforce to staff and participants that they must regularly wash their hands with soap and water for at least 20 seconds when the following criteria are met:
- (1) Upon entry into and exit from program space;
  - (2) When coming in to the program space from outside activities;
  - (3) Before and after eating;
  - (4) After sneezing, coughing or nose blowing;
  - (5) After toileting;
  - (6) Before handling food;
  - (7) After touching or cleaning surfaces that may be contaminated;
  - (8) After using any shared equipment like, computer keyboards, mouse;
  - (9) Before and after administration of medication;

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- (10) Before entering and after exiting vehicles used for transportation of participants;
  - (11) After contact with facemask or cloth face covering; and
  - (12) Before and after changes of gloves.
- C. Cover Coughs or Sneezes: Participants and staff must avoid touching their eyes, nose, and mouth. Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer.
- D. Additional Healthy Habits: Programs are encouraged to teach, model, and reinforce the following healthy habits.
- (1) Post visual steps of appropriate handwashing to assist participants or cue them to sing the "Happy Birthday" song TWICE (approx. 20 seconds) as the length of time they need to wash their hands.
  - (2) Remind participants why it is not healthy to share drinks or food, particularly when sick.
  - (3) Remind participants to use tissue to wipe their nose and to cough inside their elbow. They must wash their hands with soap and water immediately afterwards.

## 7. Personal Protective Equipment (PPE) and Facemasks and Face Coverings

### A. Face Masks and Coverings:

- (1) To slow the spread of COVID-19, program staff must wear a facemask or face covering while serving participants and interacting with caregivers/guardians and essential visitors. Program staff are required to a face mask or face covering whenever 6 feet of social distancing is not possible. Programs are encouraged to consider the use of transparent face coverings to allow for the reading of facial expressions. **If program staff are assisting with activities of daily living or providing assistance that requires direct contact with participants, they must wear facemasks and only use cloth face coverings when facemasks are unavailable.**
- (2) When possible, programs must ensure face masks or cloth face coverings are used by participants who can safely and appropriately wear, remove, and handle masks. Additional guidance on use of face coverings and masks by participants is as follows:
  - (a) Facemasks and face coverings do not need to be worn while engaging in active outdoor activities, if participants are able to keep physical distance (at least 6 feet) from others.
  - (b) Participants must be supervised when wearing a facemask or covering. If wearing the facemask or covering causes the participant to touch their face more frequently, staff must reconsider whether the mask is appropriate for the participant.
- (3) If using a disposable mask, follow CDC guidance on proper removal. Grasp bottom ties or elastics of the mask, then the ones at the top, and remove without touching the front. Discard in a waste container and wash hands or use an alcohol-based hand sanitizer immediately.
- (4) Programs must enforce the wearing of face masks or cloth face coverings by every person who is on the premises and during programming, as well as during pick-up and drop-off. Programs must regularly remind participants, staff and caregivers/guardians that all individuals should adhere to the CDC's recommendations for wearing a mask or cloth face covering whenever going out in public and/or around other people.
- (5) Programs must teach and reinforce use of masks among all program staff and participants. Staff and participants must be frequently reminded not to touch the face covering and to wash their hands frequently. Information must be provided to all staff and participants on proper use, removal, and washing of cloth face coverings. Refer to the latest CDC and Massachusetts DPH guidance on PPE and face coverings, as guidance is update regularly.

- B. Exceptions to Use of Face Masks/Coverings: Exceptions for wearing face masks or coverings include situations that may inhibit an individual from wearing a face mask safely. These may include, but are not limited to:
- (1) Individuals who cannot safely and appropriately wear, remove, and handle masks;
  - (2) Individuals who have difficulty breathing with the face covering or who are unconscious, incapacitated, or otherwise unable to remove the cover without assistance;
  - (3) Individuals with severe cognitive or respiratory impairments that may have a hard time tolerating a face mask;
  - (4) Individuals where the only option for a face covering presents a potential choking or strangulation hazard;
  - (5) Individuals who cannot breathe safely with a face covering, including those who require supplemental oxygen to breathe;
  - (6) Individuals who, due to a behavioral health diagnosis or an intellectual impairment, are unable to wear a face covering safely; and
  - (7) Individuals who need to communicate with people who rely upon lip-reading or use of their mouth for adaptive equipment.
- C. When to Use Gloves: Program staff must wear gloves at all times during the following activities. Programs should consult with a participant's medical records and identify any allergies when determining type of gloves to use. **Handwashing or use of an alcohol-based hand sanitizer before and after donning and doffing gloves for these procedures is always required.** Gloves must be worn during:
- (1) Assistance with Activities of Daily Living;
  - (2) Food preparation; and
  - (3) Any activity requiring contact with participants or others.
- D. Additional Guidance on Using Gloves: To reduce cross-contamination, disposable gloves should always be discarded after the following instances. After removing gloves for any reason, **hand hygiene should be performed with alcohol-based hand sanitizer or soap and warm water.**
- (1) Visible soiling or contamination with blood, respiratory or nasal secretions, or other body fluids occurs.
  - (2) Any signs of damage (e.g., holes, rips, tearing) or degradation are observed.
  - (3) Removing gloves for any reason. Previously removed gloves should not be re-donned as the risk of tearing and contamination increases. Therefore, disposable glove "re-use" should not be performed.
  - (4) In addition, gloves should be removed following activities where glove usage is required during activities of daily living and activities requiring contact.
- E. Emergency Access to PPE: The Commonwealth of Massachusetts is acutely aware of rapidly expanding needs for personal protective equipment (PPE) for numerous organizations across the state – including masks, gowns, gloves, and eye protection. PPE resources are limited in the Commonwealth and we must conserve the use of PPE. Currently, DPH and the Massachusetts Emergency Management Agency (MEMA) are only able to serve as a bridge when an entity has a critically low supply. The Commonwealth is not able to supplant the normal supply chain for PPE.

Providers should make every available effort, in partnership with their respective organizations and associations, to obtain PPE through their supply chains. If a provider-operated congregate

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care program experiences emergency shortage of PPE, they should contact their regional MEMA office to request emergency supply. Providers should be prepared to describe PPE normally used (if applicable), quantity needed, and burn rate (how quickly supplies are exhausted).

If a provider experiences an emergency shortage of PPE, they should contact their [regional MEMA office](#) to request emergency supply. Providers should be prepared to describe PPE normally used (if applicable), quantity needed, and burn rate (how quickly supplies are exhausted).

Providers should regularly check the Massachusetts DPH website for guidance regarding PPE: <https://www.mass.gov/info-details/personal-protective-equipment-ppe-during-covid-19>

## 8. **Cleaning, Sanitizing, and Disinfecting**

A. **Resources and Supplies:** Below is information about what supplies must be used for cleaning, sanitizing, and disinfecting.

- (1) Programs must use EPA-registered disinfectants and sanitizers for use against COVID-19. Follow directions on the label, including ensuring that the disinfectant or sanitizer is approved for that type of surface (such as food-contact surfaces).
- (2) When EPA-approved disinfectants are not available, a bleach solution can be used (for example, 1/3 cup of household bleach added to 1 gallon of water OR 4 teaspoons bleach per quart of water, or 70% alcohol solutions).
- (3) All bleach and water dilutions must be freshly mixed every 24 hours. Bleach solutions must be prepared daily to ensure their ability to safely sanitize or disinfect. When preparing sanitizing or disinfecting dilutions always add bleach to water. This helps to avoid bleach splashes caused by adding water to bleach. Use either the sanitizing or the disinfecting dilution as specified above.
- (4) Many cleaning agents can be irritants and trigger acute symptoms in participants and staff with asthma or other respiratory conditions. Programs must not prepare cleaning solutions in close proximity to participants or staff with asthma.
- (5) Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Unexpired household bleach will be effective against COVID-19 when properly diluted. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.
- (6) Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser. Leave solution on the surface for at least 1 minute.
- (7) Programs shall use safe cleaning, sanitizing, and disinfecting solutions and participants should never be present when mixing solutions.
- (8) Only single use, disposable paper towels shall be used for cleaning, sanitizing, and disinfecting. Sponges or cleaning towels shall not be used for sanitizing or disinfecting.
- (9) All sanitizing and disinfecting solutions must be labeled properly to identify the contents and date mixed, kept out of the reach of participants, and stored separately from food items. Do not store sanitizing and disinfecting solutions in beverage containers.
- (10) Avoid aerosols, because they contain propellants that can affect breathing. Pump or trigger sprays are preferred.

B. **Proper Usage:** Proper guidelines must be followed when cleaning, sanitizing, and disinfecting.

- (1) All sanitizing and disinfecting solutions must be used in areas with adequate ventilation and never in close proximity to participants as to not trigger acute symptoms in participants with asthma or other respiratory conditions. Do not spray chemicals around participants. If possible, move

participants to another area or have someone distract them away from the area where a chemical is being used.

- (2) To ensure effective cleaning and disinfecting, always clean surfaces with soap and water first, then disinfect using a diluted bleach solution, alcohol solution with at least 70% alcohol, or an EPA- approved disinfectant for use against the virus that causes COVID-19. Cleaning first will allow the disinfecting product to work as intended to destroy germs on the surface.
- (3) Use all cleaning products according to the directions on the label. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- (4) Surfaces and equipment must air dry after sanitizing or disinfecting. Do not wipe dry unless it is a product instruction. Careful supervision is needed to ensure that participants are not able to touch the surface until it is completely dry.
- (5) Programs must store all chemical products in a safe and secure manner and limit access of chemical products only to those staff or participants who have been trained to use them.
- (6) Keep chemicals in their original containers. If this is not possible, label the alternate container to prevent errors.
- (7) Do not mix chemicals. Doing so can produce a toxic gas.

C. General Guidelines for Cleaning, Sanitizing, and Disinfecting: Programs must follow these general guidelines for cleaning, sanitizing, and disinfecting.

- (1) Intensify the program's routine cleaning, sanitizing, and disinfecting practices, paying extra attention to frequently touched objects and surfaces, including doorknobs, bathrooms and sinks, keyboards, and bannisters.
- (2) Clean and disinfect activity items used by participants more frequently than usual
- (3) While cleaning and disinfecting, staff must wear gloves as much as possible. Handwashing or use of an alcohol-based hand sanitizer after these procedures is always required, whether or not gloves are used.

D. Cleaning, Sanitizing, and Disinfecting Indoor Areas: Programs must follow these guidelines for cleaning, sanitizing, and disinfecting indoor areas.

- (1) Books, or other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures. Programs should conduct regular inspection and disposal of books or other paper-based materials that are heavily soiled or damaged.
- (2) Items that are contaminated by body secretions or excretions must be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered sanitizer, and air-dry or clean in a mechanical dishwasher.
- (3) For electronics, such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present. Consider putting a wipeable cover on electronics. Follow manufacturer's instruction for cleaning and disinfecting. If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Wait in accordance with manufacturer's directions and then dry surface thoroughly or allow to air dry. Provide cleaning materials for participants to clean their own electronics.

E. Cleaning, Sanitizing, and Disinfecting Outdoor Areas: Programs must follow these guidelines for cleaning, sanitizing, and disinfecting outdoor areas.

- (1) Communal parks may be used provided there is a plan for proper cleaning and disinfection between each participant's use.

- (2) High touch surfaces made of plastic or metal, including play structures, tables and benches, should be frequently cleaned and disinfected.
- (3) Cleaning and disinfection of wooden surfaces or ground covers (mulch, sand) is not recommended.

F. Cleaning, Sanitizing, and Disinfecting After a Potential Exposure in Day Programs: If a program suspects a COVID-19 potential exposure, they must conduct cleaning and disinfecting as follows.

- (1) Close off areas visited by the participant suspected of COVID-19. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection. Programs must plan for availability of alternative space while areas are out of use.
- (2) Cleaning staff must clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (e.g., tablets, touch screens, keyboards) used by the suspect case(s) ill persons, focusing especially on frequently touched surfaces.

G. Additional Considerations: Programs must also consider the following precautions.

- (1) Staff clothing must not be worn again until after being laundered at the warmest temperature possible.
- (2) Programs must comply with OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste and PPE (29 CFR 1910.132).
- (3) Programs shall follow CDC infection control guidelines designed to protect individuals from exposure to diseases spread by blood, bodily fluids, or excretions that may spread infectious disease. Health precautions include, but are not limited to, the use of PPE, proper disposal containers for contaminated waste, hand washing and proper handling of bodily waste.
  - (a) Non-latex gloves shall be provided and used for the clean-up of blood and bodily fluids;
  - (b) Used gloves and any other materials containing blood or other bodily fluids shall be thrown away in a lined, covered container. Only material saturated/dripping with blood is considered medical waste and must be stored and disposed of pursuant to any regulations. Materials such as band-aids, tissues and others with minimal blood are not considered medical waste and can be placed in regular garbage;
  - (c) Contaminated clothing shall be sealed in a plastic container or bag, labeled with the participant's name, and returned home with the participant at the end of the day; and
  - (d) Sharps waste shall be stored and disposed of in appropriate sharps containers with the word biohazard and the universal biohazard symbol.

## 9. Strategies to Reduce the Risk of Transmission

A. Social Distancing: Except for times when programs are delivering services that assist participants with activities of daily living or other health and daily functioning needs, programs must maintain at least 6 feet of distance between participants and staff, and limit contact between individuals and groups, whenever possible.

- (1) In order to maintain a social distancing, programs must be able to maintain 6 feet of distance between all individuals (including participants and staff), which is approximately 113 square feet per person<sup>2</sup>. Programs should assess their usable physical space when determining ability and capacity to serve participants.
- (2) Except for moments when programs are delivering services that assist participants with activities of daily living or other health and daily functioning needs, social distancing must be

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<sup>2</sup> [https://www.usfa.fema.gov/coronavirus/planning\\_response/occupancy\\_social\\_distancing.html](https://www.usfa.fema.gov/coronavirus/planning_response/occupancy_social_distancing.html)

practiced by participants whenever possible, including but not limited to:

- (a) During transitions (e.g. arriving at day programs, waiting for bathrooms)
  - (b) During meal times (e.g., if a cafeteria or group dining room is typically used, serve meals in separate rooms instead. Put each participant's meal on a plate, to limit the use of shared serving utensils. If room must be used, clean and disinfect tables between meal shifts.)
  - (c) While traveling to and from the outdoors
  - (d) During all activities
  - (e) While using transportation (e.g., buses, vans, multi-person transports)
- (3) Prevent risk of transmitting COVID-19 by avoiding immediate contact (such as shaking or holding hands, hugging, or kissing), as well as by mediated contact.
  - (4) Stagger drop offs/pick-ups.
  - (5) Store participant's belongings in a manner where they do not touch. Individually labeled storage containers, cubbies, or separate, designated areas must be used.
  - (6) Stagger outside activities one group at a time.
  - (7) Refrain from games and activities that encourage physical contact or proximity of less than 6 feet.
  - (8) Spaces for participants must be organized in a way that allows staff to enforce and maintain consistent social distancing guidelines.
  - (9) Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment, etc. assigned to a single participant) or limit use of supplies and equipment by one group of participants at a time and clean and disinfect between uses. If possible, touchless trash cans should be utilized and located throughout the program space.
  - (10) Limit size of gatherings, events, and extracurricular activities to those that can maintain social distancing.  
Support proper hand hygiene. Do not host events that encourage non-essential individuals to visit the program.
  - (11) Develop a plan for safe vendor deliveries. Non-contact delivery protocols must be arranged whenever possible.
  - (12) Where possible, arrange for administrative staff to telework from their homes.
  - (13) Programs must ensure safe social distancing during any activities on premises and activities outside the program site.

## 10. Transportation

***IMPORTANT: For program-based transportation not provided through the EOHHS Human Service Transportation (HST) brokerage system, vendors must meet all health and safety requirements and service standards established by EOHHS HST.***

- A. Transportation Usage: Programs intending to provide transportation services shall follow the guidance below. Program utilizing vendors, HST and/or the PT-1 demand-response transportation shall confirm that the following protocols are in place.
  - (1) Participants or caregivers/guardians should screen for COVID-19 prior to boarding a vehicle. See section on Screening and Monitoring of Participants and Staff.

- (2) If possible, use vehicles with clear, impermeable barriers between operators and the rest of the cabin. Options may include plexiglass, or flexible plastic sheeting and must be used only according to manufacturer and vehicle safety guidelines.
  - (3) Social distancing and group size requirements outlined above must be maintained while in transit.  
Because close seating on vehicles makes person-to-person transmission of respiratory viruses more likely, programs providing transportation to facilities must maximize space between riders (e.g., one rider per seat in every other row) and follow requirements for wearing masks or face coverings. Mark restricted seats using signage, decals, colored striping, etc. Windows must be kept open.
  - (4) If not possible nor comfortable to open windows, set ventilation system to high. Do not recirculate conditioned air.
- B. Developing a Transportation Plan: Programs intending to provide transportation must develop a transportation plan for following health and safety protocols and must meet all health and safety requirements and service standards established by EOHHS HST. Additional requirements are as follows.
- (1) Plans must include protocols for screening drivers, monitors, and/or participants.
  - (2) Plans must include strategies for transporting participants to their homes in the event they may have become sick but rely upon transportation provided by programs.
  - (3) Plans must include strategies for minimizing the time participants are in group transportation.
  - (4) Plan must include schedule for routine cleaning of vehicles, detailed below.
  - (5) Drivers and monitors must be trained on the transportation plan prior to reopening.
  - (6) Prior to sending participants by bus boarding, staff must perform at a minimum a visual wellness check and symptom screen.
  - (7) Staff should assist participants with washing or sanitizing hands upon arrival after exiting the bus, van, or vehicle and prior to departure before boarding the bus, van, or vehicle.
- C. Screening Protocols: Designated staff must screen each driver and monitor before entering the vehicle following the screening protocols included in Section 4A.
- D. Routine Cleaning of Vehicles: The interior of each vehicle must be cleaned and either swept or vacuumed thoroughly after each route and disinfected after each transport.
- (1) Clean the area prior to disinfection to remove all surface matter.
  - (2) Use EPA-Registered Products for Use Against Novel Coronavirus SARS-CoV-2 (the cause of COVID-19) to clean high-touch surfaces, including buttons, handholds, pull cords, rails, steering wheels, door handles, shift knobs, dashboard controls, and stanchions.
  - (3) Dust- and wet-mop vehicle floors.
  - (4) Remove trash.
  - (5) Wipe heat and air conditioner vents.
  - (6) Spot cleaning walls and seats.
  - (7) Dust horizontal surfaces.
  - (8) Clean spills.
  - (9) If soft or porous surfaces (e.g., fabric seats, upholstery, carpets) are visibly dirty, clean them using appropriate cleaners and then disinfect soft or porous surfaces using EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2.



- (10) Staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills.
- E. If a Driver/Monitor is Sick: If driver and/or monitor are sick, they must stay home and not come to work. Do not schedule them to work if they are sick.
- F. Transportation for Participants: To ensure that participants who rely on transportation will be able to access program services, the following transportation protocols must be followed.
- (1) Screenings must be conducted before participants, vehicle drivers, and vehicle staff board the bus.
  - (2) Transportation practices must adhere to social distancing guidelines, as discussed above.
  - (3) Vehicle pick up and drop off must be adjusted to meet social distancing guidelines.
  - (4) Transportation must coordinate with residential and housing programs to ensure the transportation procedures align with protocols that housing and residential programs may have established to ensure the safety and social distancing of participants when residents prepare for pickup and drop off.

## 11. Food Safety

- A. General Regulations: Programs must follow the food safety guidelines below.
- (1) Whenever possible, snacks must be pre-packaged or ready to serve in individual portions to minimize handling and preparation. Meals shall not be served family style.
  - (2) To minimize potential spread of infection and to promote social distancing, cafeterias and group dining rooms must be avoided. If there are no alternatives, programs must adequately social distance during meals and add extra meal shifts.
  - (3) Multiple participants shall not use the same serving or eating utensils. Each participant must have an individual cup to use.
  - (4) Sinks used for food preparation must not be used for any other purposes.
  - (5) Staff must ensure participants wash hands prior to and immediately after eating.
  - (6) Staff must wash their hands before preparing food and after helping participants to eat.
  - (7) Tables and chairs used for meals need to be cleaned and sanitized before and after use.
  - (8) All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of food products must be washed, rinsed, and sanitized before each use. Additionally, programs must frequently clean non-food contact surfaces, such as doorknobs, tabletops, and chairs. Use sanitizers approved by the EPA for use against COVID-19 and for food-contact surfaces.
  - (9) All dishes and utensils should be washed in a dishwasher or in warm soapy water.
  - (10) When disinfecting for coronavirus, EPA recommends following the product label use directions for enveloped viruses, as indicated by the approved emerging viral pathogen claim on the master label. If the directions for use for viruses/viricidal activity list different contact times or dilutions, use the longest contact time or most concentrated solution. Be sure to follow the label directions for FOOD CONTACT SURFACES when using the chemical near or on utensils and food contact surfaces.

## 12. Training/Compliance Monitoring

- A. In addition to EOHHS agency mandated trainings, programs must train all staff in the following areas:
- (1) Social distancing in a congregate setting

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- (2) PPE-: when and what type to wear, including close proximity situations such as ADL supported tasks, donning, doffing, disposal, and maintaining integrity of equipment
- (3) Cleaning and disinfecting -schedule and procedure
- (4) Signs and Symptoms of COVID-19
- (5) Transporting participants safely and vehicle disinfection protocols
- (6) Hand washing protocols, scheduling, and monitoring for staff and program participants
- (7) Agency Communication Plan for reporting symptomatic cases of both staff and participants
- (8) Human Resource policies regarding self-monitoring and not coming to work with symptoms
- (9) Group management and staffing plan during each phase of the reopening

**Note:** It is a recommended best practice to have designated staff in the role of compliance monitoring to observe, monitor, and provide “real-time” support and training to staff and program participants.

### 13. Participants Requiring Additional ADL Support

- A. Supporting Participants who require additional ADL support: Some participants will require unique supports in programs that may make it less possible to practice social distancing and will require ample staff support to carry out the necessary hygiene practices. Programs must ensure that the program is adequately staffed, and that staff are prepared and properly trained to accommodate participant’s needs.
- (1) Staff must be prepared to provide hands-on assistance to participants who require additional support with activities of daily living such as feeding, toileting, and changing of clothes. To protect themselves, staff who care for participants requiring hands-on assistance for routine care activities, including toileting, feeding, washing, or dressing, and other direct contact activities must wear a long-sleeved, button down, oversized shirt over their clothing and wear long hair up or tied back during all activities requiring direct contact with a participant. Staff must change outer clothing if body fluids from the participant get on it. Staff must change the participant’s clothing if body fluids get on it. Soiled clothing must be placed in a plastic bag until it can be sent home with the participant to be washed.
  - (2) Staff must be adequately trained and prepared to support participants with health care needs with the necessary provisions of health care such as administration of medication needed throughout the day, tube feedings, blood sugar checks, and allergies to certain foods. For more invasive procedures, staff must protect themselves by wearing a gown or other body covering (e.g., an oversized button-down, long sleeved shirt, etc.), eye protection, and face mask. Cloth face coverings should only be used should **facemasks** be unavailable.
  - (3) Some participants may be unable to comply with face covering because of intellectual, behavioral, or sensory issues. To minimize the risk of infection for participants who are unable to wear a face covering, social distancing must be maintained whenever possible and staff must wear a face covering at all times, including when working with a participant who is unable to wear a face covering. Programs serving participants who are deaf or hard of hearing are encouraged to consider the use of transparent face coverings to facilitate the reading of lips and facial expressions.

### 14. Preparedness Checklist and Attestation

Before resuming programs, providers must first complete the EOHHS Day Program Planning and Preparedness Checklist and attest to adherence to the protocols and standards set forth in this guidance. The attestation must be signed by the chief executive officer of the program provider, where applicable, or by the designated compliance leader. Providers with multiple locations may sign and maintain one attestation on behalf of providers at all locations, as long as the designated compliance leader has clinical and operational control over the other locations.

Providers must maintain the signed attestation form as well as written policies and protocols that incorporate or exceed the standards outlined in this guidance for PPE and supplies, workforce safety, patient safety,

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and infection control at any and all program provider locations. Such policies, protocols, and documentation must be regularly updated and made available to the appropriate EOHHS agency upon request at any time.

The appropriate EOHHS agency will monitor and assess compliance and may require remedial action or suspension of programs warranted.

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