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PIN 20-33-ASC

TO: ADULT DAY PROGRAM LICENSEES

FROM: *Original signed by Pamela Dickfoss*
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SUBJECT: **ADULT DAY PROGRAMS COVID-19 GUIDELINES**

Provider Information Notice (PIN) Summary

PIN 20-33-ASC provides guidance specifically for Adult Day Program licensees related to the prevention, containment, and mitigation of COVID-19 as well as information about changing program operations.

Please post this PIN in the facility where clients can easily access it and distribute the Addendum F, Client Fact Sheet, of this PIN to the clients and if applicable, their Authorized Representative.

The California Department of Social Services (CDSS) remains committed to providing updated COVID-19 guidance as new information becomes available. At the time of this PIN's release, the State of California is still addressing the ongoing COVID-19 pandemic. This PIN provides statewide guidance for Adult Day Program (ADP) licensees on issues related to COVID-19 as follows:

- **Addendum A: Prevention and Containment Measures**
For information on prevention and containment measures to take including the use of face coverings.

- **Addendum B: Isolation Procedures for Positive COVID-19 Test Results**
For information regarding notification requirements for positive COVID-19 test results, as well as information for home isolation procedures, and when it is safe for individuals who tested positive for COVID-19 to return to the facility.
- **Addendum C: Reopening Strategies**
For information on reopening strategies including dealing with staffing shortages, changing your plan of operation or repurposing a facility due to COVID-19, as well as suggested mitigation measures to consider when reopening.
- **Addendum D: Guidance on Activities and Visitation**
For information on modified activities to prevent the spread of COVID-19, as well as information on updating visitation policies.
- **Addendum E: Resources**
Provides additional resources from the Federal, State and Local levels for reference.
- **Addendum F: Client Fact Sheet**
Provides a quick reference for clients on guidance provided in this PIN.

ADP licensees should monitor the CDSS website for updates to this guidance as well as other guidance that may be released related to ADPs. All licensees should continue to follow guidance in all applicable CDSS PINs in addition to guidance or instructions from client health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments. Licensees that are Regional Center vendors should also follow guidance from the Regional Centers and the California Department of Developmental Services (CDDS).

If there are contradictory requirements between the most current CDC, CDPH, CDSS, CDDS and local health department guidance or health orders, licensees should follow the strictest requirements. *However, there may be times where a licensee will need to contact their Regional Office for assistance if the strictest requirements appear to be in conflict with the best interest of clients.*

ADDENDUM A: Prevention and Containment Measures

Face Coverings

Consistent with [Guidance for the Use of Face Coverings](#) issued by the California Department of Public Health, individuals in ADPs are **mandated to wear face coverings**. Any exclusions to this mandate should be based on the following information:

- A medical condition, mental health condition, or disability that prevents wearing a face covering.
- A face covering would obstruct breathing.
- A person is unable to remove a face covering without assistance.
- The ability to see the mouth is essential for communication.
- When obtaining a service involving the nose or face where temporary removal of face covering is necessary.
- When eating or drinking.
- When engaged in outdoor work or recreation and able to maintain at least six feet from others while participating.

Individuals exempted from wearing a face covering due to a medical condition who are employed in a job involving regular contact with others should wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.

Prevention Measures

To slow the spread of respiratory infectious diseases including COVID-19 licensees are advised to consider the following prevention measures:

- Post signage clearly in your facility, reminding staff, clients, and visitors of COVID-19 symptoms, precautions to take and reminders that anyone with symptoms should not enter the facility. Consider using the [CDC sample signage](#).
- Designate one area to enter the facility and a different area to exit the facility.
 - Consider staggered arrival times with clients, staff and visitors arriving and leaving at different times to limit exposure to one another.
 - Consider limiting initial reopening capacity to no more than 50% of licensed capacity.
- Enact a sign-in policy and have all individuals check in with staff and be screened for symptoms prior to entry into the facility.
 - This screening should include checking for symptoms of COVID-19, temperature screening and questions related to exposure to COVID-19.
 - Exclude any client, visitor or staff showing symptoms of COVID-19 and disinfect any surface that was within 6 feet of a symptomatic individual.

- Items that cannot be disinfected should remain with the individual or be discarded.
- Limit entry to only individuals who require entry.
- Remind staff to stay home if they are sick.
 - Staff who are ill should be excluded from work for at least 24 hours after a fever is absent without the use of fever reducing medicines. Follow the [CDC](#), [CDPH guidelines](#), and/or local health department guidelines for returning to work.
- Require all staff, clients, and visitors entering the facility to wash their hands upon entry.
 - If possible, set up handwashing and/or alcohol-based hand sanitizer stations immediately inside all entryways with signage encouraging people to wash before entering and throughout their time in the facility.
- Provide trash cans at facility entrances, and outside of common areas for removal of used PPE such as gloves or disposable gowns.
- Remind clients, staff and visitors to use “cough etiquette.” Cover mouth and nose with a flexed elbow or tissue when coughing and sneezing. Throw away the used tissue immediately and wash hands or use alcohol-based hand sanitizer.
- [Clean and disinfect](#) rooms after each meeting between clients and frequently touched objects and surfaces following the manufacturer’s guidance. Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand and/or bed railings, telephones, door handles and knobs, computer equipment, and kitchen food preparation surfaces.
- Remind staff, visitors and clients to not shake hands or hug each other and maintain physical distance. If possible, keep a distance of at least six (6) feet between yourself and others, especially someone who is coughing, sneezing, or has a fever.
- Provide training to staff, visitors and clients if needed to support effective handwashing, use of facemask or face covering, and physical distancing.

Containment Measures

If there is possible exposure to COVID-19, or someone displays symptoms of respiratory infection after entering the facility the following steps are recommended:

- Isolate the staff, visitor or client from others and limit contact as much as possible until they can safely leave the facility.
- Implement standard contact and respiratory droplet precautions. This includes the use of appropriate personal protective equipment, including gloves, disposable gown, facemask, and eye protection.
- Contact your local health department for additional directions.
- Advise visitors to inform the facility if they develop any signs or symptoms of COVID-19 within 14 days after visiting the facility.
- Monitor other clients and staff who may have come into contact with the symptomatic individual for fever or respiratory symptoms.

ADDENDUM B: Isolation Procedures for Positive COVID-19 Test Results

For anyone who tested positive for COVID-19 after being in the facility, the licensee should:

- Contact your local [Adult and Senior Care Regional Office](#), and the client's authorized representative, as required by applicable regulations California Code of Regulations, Title 22, [section 82061\(a\)\(1\)\(F\)](#).
- Notify all clients and, if applicable, families of clients, when a person who visited the facility has tested positive for COVID-19.
 - This notice shall not disclose any personally identifiable information or protected health information about the person who tested positive for COVID-19.

In addition, clients who test positive for COVID-19, whether asymptomatic or symptomatic, should isolate themselves at their home and not return to the facility until the following conditions are met:

- At least 1 day (24 hours) has passed since recovery, defined as resolution of fever without the use of fever-reducing medications; **AND**
- Resolution in respiratory symptoms (e.g. cough and shortness of breath); **AND**
- At least 10 days have passed since symptoms first appeared.

In addition, staff who test positive for COVID-19, whether asymptomatic or symptomatic, should isolate themselves at their home and not return to the facility until the following conditions are met:

Table B.1 Staff Who Test Positive for COVID-19	
If staff are...	Then CDPH advises to...
Experiencing symptoms	Isolate at home for 10 days, staff may return to work after at least 1 day has passed since recovery, defined as resolution of fever without the use of fever-reducing medications; AND resolution of respiratory symptoms AND at least 10 days have passed since symptoms first appeared.
Not experiencing any symptoms	Care for themselves at home and not return to work until at least 10 days have passed since the date of the positive viral COVID-19 test.

NOTE: These standards are pursuant to [CDC](#) and [CDPH](#) guidelines.

ADDENDUM C: Mitigation Strategies/Reopening Strategies

In addition to the following information, please also refer to [PIN 20-23-ASC](#) related to the critical role of testing for COVID-19.

Alternate Staffing Plans

As the COVID-19 pandemic progresses, staffing shortages are likely to occur. Licensees should be prepared for potential staffing shortages and have a plan in place to mitigate this. In order to prepare and maintain appropriate staffing levels, licensees should:

- Know their minimum staffing needs to provide care and a safe work environment; and
- Have a plan to close or reduce operations until adequate staffing is available and/or hired and trained.

Obtaining Personal Protective Equipment (PPE)

Licensees seeking PPE for clients and staff may contact the local [Regional Office](#) for assistance. The [Medical Health Operational Area Coordinator \(MHOAC\)](#), under the [Emergency Medical Services Authority \(EMSA\)](#), is an alternative place for licensees to request resources. If contacting MHOAC, e-mail is recommended to log the request if phonelines are impacted.

Updates to Plan of Operation

If there are any changes in the Plan of Operation which affect the services to clients, an updated Plan of Operation needs to be submitted to CCLD for approval in compliance with Title 22, Section 80022(j). Changes that require an updated Plan of Operation be sent for approval to CCLD include, but are not limited to, the following:

- Admission policies and procedures.
- Program methods and goals.
- Change in facility capacity (also requires an updated LIC 200).
- Renovations to facility.
- Any changes to Admission Agreements.

Emergency Preparedness

Public epidemic or pandemic outbreaks of illness, such as the Coronavirus Disease 2019 (COVID-19) pandemic, requires that licensees maintain awareness of and comply with the specific requirements in the law and regulations for ADPs, which includes having an updated Disaster and Mass Casualty plan in place. Licensees are encouraged to plans for, but not limited to, the following:

- Staffing the facility during an outbreak, which may result in staff needing to stay

home due to illness, and the need for additional staff coverage.

- Having enough supplies on hand in the event of an outbreak, such as soap and hand sanitizer for increased hand-washing and personal protective equipment, such as facemasks, since supplies may become less available during an outbreak.
- Reducing exposure to illness within the facility, such as modifying or restricting physical and social contact-based activities, taking droplet precautions, and increasing cleaning and disinfection.
- Limiting access to the facility, or perhaps limiting visiting hours, to slow the spread of illness.
 - Note: Licensees must have a waiver from the Department to limit or restrict visitation.
- Isolating persons in care who are suspected of being, or may be, ill until they may safely leave the facility.

Recommended Mitigation Measures/Reopening Strategies

The following are best practices for ADPs to consider when reopening to **prevent the spread of COVID-19 or any other respiratory illnesses such as the Flu:**

- Designate one area to enter the facility and a different area to exit the facility.
- Consider staggered re-opening with clients, staff and visitors arriving and leaving at different times to limit exposure to one another.
- Use tape on the floor and other visual cues to remind staff and clients to practice physical distancing when in shared spaces.
- Rearrange tables and chairs so clients can be at least six (6) feet apart.
- Minimize or eliminate the use of shared objects and spaces. If they must be shared, clean and sanitize after each person uses them.
- Stagger staff schedules to reduce the number of people in the facility at one time, ensuring enough staff to meet client needs.
- Encourage one-on-one care as preferred option to minimize the spread of disease.
- Consider assigning the same staff person to work with the same small group of clients each day to minimize interactions.
- When possible, operate with contactless entry, if not possible, there must be a method of disinfecting any common contact items such as the check-in materials or writing tools.
- Consider dividing clients into cohorts and have cohorts attend every other day.
- Congregation at arrival and drop off should be discouraged.
- If transportation is contracted with a licensee, contact the licensee and ask what their protocols for COVID-19 are and share with clients and staff.
 - Recommend only using transportation services that maintain similar COVID-19 mitigation practices as addressed in this PIN.
- Identify platforms to help communicate information on how to stay healthy and how to manage stress for clients and staff.

ADDENDUM D: Visitation and Activities

An Adult Day Program can begin to ease restrictions related to visitation, communal dining, and activities when deemed appropriate based on public health guidance. In all instances, when easing restrictions, the ADP should continue to include:

- Daily symptom screenings and temperature checks of clients and staff;
- Following physical distancing guidelines (i.e. space to allow individuals to remain 6 feet apart);
- Prevention and Containment practices;
- Use of face coverings; and
- Enhanced cleaning and disinfecting protocols.

Visitation

In accordance with current public health guidance, visitation by non-essential individuals should be limited until all the following conditions are met:

- There have been no new transmissions of COVID-19 in the facility for 14 days.
- Facility is not experiencing staff shortages.
- Licensee has adequate supplies of PPE and essential cleaning supplies to care for persons in care.
- Require visitors to wear face coverings (i.e., facemasks or cloth face coverings) and follow physical distancing guidelines.

Activities

Activities are an important part of maintaining a person's physical and mental health. During this time where visitation may be limited or restricted, licensee have an increased obligation to engage with clients in a safe manner. This can be through modified activities or other engagements.

Activities should be encouraged but modified to help prevent the transmission of COVID-19 in the facility as specified below.

Examples of Modified Activities

- Allow for clients, staff and visitors to socialize in common areas where physical distancing and face coverings or facemasks are worn to prevent the spread of COVID-19.
- Facilitate modified group activities which could include book clubs, crafts, movies and bingo and other activities, that include 6 feet physical distancing and other infection control measures.
- Deliver disposable paper games, such as crossword puzzles or word searches, or art supplies to persons in care.
- Weather and air quality conditions permitting, set up space outdoors for

physically distanced games, crafts, or group exercise.

- Set up games that can be played by phone or PA system, such as bingo and singalongs.

Schedule

- Schedule activities with sufficient time between activities to allow for cleaning and disinfection of equipment, chairs, or other items used for the activity.
- Schedule activities in a staggered fashion to limit number of persons in care participating at any one time.

Other Safety Protocols

- Maintain at least 6 feet of physical distancing between clients and ensure no more than 10 individuals are in the room for the activity.
 - Ensure that the group size is no larger than the space available to maintain physical distancing between each person present.
- Determine maximum group size, ensuring it is in conformance with your local health department guidelines.
- Consider assigning cohorts to a specific room for their use for the program day.
 - Limit and discourage the rotational use of multiple rooms by one group, if another space is required and conditions allow consider moving cohort outside.
- Shorten activity time to reduce risk of exposure.
- Schedule types of activities that allow for staff and persons in care to wear a face covering during the activity and when moving to and from the activity.
- Create a sign-up sheet for each activity to control the number of clients. Sign-ups should be handled by staff to avoid cross contamination by multiple clients touching the same paper/pen/screen.
- Consider using activity supplies that can be sanitized after each use or those that are disposable.
- Notify all clients of the rules for activities and common space usage to prevent the spread of infection.
- Remove furniture, except enough for the maximum number of persons in care allowed in the area at any one time.
- Remove furniture, décor, or equipment that cannot be easily sanitized.
- Consider ventilation in rooms, and when possible open windows to increase air flow.

ADDENDUM E: Resources

Federal Resources

- Centers for Disease Control and Prevention (CDC)
 - [Coronavirus Disease 2019](#)
 - [Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#)
 - [Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities](#)
- World Health Organization (WHO)
 - [Coronavirus disease \(COVID-19\) pandemic](#)

State Resources

- California Department of Social Services (CDSS)
 - [Community Care Licensing Division homepage](#) (includes all COVID-19 related materials (Provider Information Notices (PINs) and other resources)
- California Department of Public Health (CDPH)
 - [All COVID-19 Guidance](#)
 - [Guidance for limiting the Transmission of Coronavirus Disease 2019 \(COVID-19\) in Adult Day Health Centers](#)

Local Health Resources

- [Local County Health Departments](#)
- [Medical Health Operational Area Coordinator \(MHOAC\) Contact List](#)

If you have any questions, please contact your local [Adult and Senior Care Regional Office](#).

ADDENDUM F: Client Fact Sheet

Client Fact Sheet for Provider Information Notice (PIN) 20-33-ASC, ADULT DAY PROGRAMS COVID-19 GUIDELINES

The Community Care Licensing Division (CCLD) has prepared this **Client Fact Sheet** as a companion to **PIN 20-33-ASC** to inform you of guidance that CCLD has provided to your Adult Day Program (ADP) concerning your care.

Face Coverings:

While attending an ADP you are mandated to wear face coverings consistent with the California Department of Public Health's [Guidance for the Use of Face Coverings](#), unless:

- You have a medical condition, mental health condition, or disability that prevents wearing a face covering.
- A face covering would obstruct your breathing.
- You are unable to remove a face covering without assistance.
- The ability to see the mouth is essential for communication.
- You are obtaining a service involving the nose or face where temporary removal of a face covering may be necessary.
- You are currently eating and drinking.
- You are engaged in outdoor work or recreation and able to maintain at least six feet from others while participating.

Prevention and Containment Measures:

While in the ADP you should take the following prevention and containment measures:

- If you are sick, do not enter the ADP.
- Wash your hands for at least 20 seconds and/or use alcohol-based hand sanitizer upon entry and throughout your time in the facility.
- Use “cough etiquette” and wash your hands or use an alcohol-based hand sanitizer after coughing, sneezing or touching your face.
- Do not shake hands or hug staff, visitors or clients.
- Maintain physical distance of six (6) feet between yourself and others when possible.
- If you experience symptoms of COVID-19 consider getting tested.
- Wear a facemask while inside the ADP, unless you have a medical condition or meet a different exception listed in **Face Coverings**.

The ADP should take the following prevention and containment measures:

- Conduct daily symptom screenings and temperature checks for all clients, staff and visitors.

- Designate one entrance and exit for the facility, and consider staggering arrival times for clients, staff, and visitors.
- Require all staff, clients, and visitors to wash their hands and/or use alcohol-based hand sanitizer upon entry and throughout their time in the facility.
- Clean and disinfect rooms after each meeting between clients, and frequently touched objects and surfaces following the manufacturer's guidance.
- Remind staff, visitors and clients to maintain physical distance of six (6) feet from each other and avoid hugging and shaking hands.
- Isolate staff, clients, or visitors who develop or display symptoms of COVID-19 after entering the facility from others until they can safely leave the facility.
- Notify all clients, and if applicable, families of clients when a person who visited the facility has tested positive for COVID-19.

Isolation Procedures

If you test positive for COVID-19, regardless of if you are experiencing symptoms you should isolate yourself at your home, and not return to the facility until the following conditions have been met:

- At least 1 day (24) hours has passed since recovery, defined as resolution of fever without the use of fever-reducing medications; **AND**
- Resolution in respiratory symptoms (e.g. cough and shortness of breath); **AND**
- At least 10 days have passed since symptoms have first appeared.

If you have questions, please reach out to your health care provider, the licensee of your facility or a facility staff member, or the Ombudsman who are available to answer your questions.