

Social Adult Day Services Policy and Procedure Manual During COVID-19 Emergency

Table of Contents

Novel Coronavirus Hotline	1
SADS Definition During the COVID-19 Emergency Disaster period	2
Hours of Operation	4
Participant Rights	5
Documentation in Participant Records	6
Participant Assessments	9
Service Delivery During COVID-19 Emergency	11
On-site ADS at an Adult Day Services Center	13
Services Provided by Telehealth/ Telecommunication	15
At- Home Socialization Services	17
Monitoring (Telecommunication/ Telehealth)	20
Transportation	23
Participant Screening Policy	28
Environmental and Personal Infection Control	29
Face Covering / PPE	32
Infection Control in SADS Vehicles	33
Drivers Staff Guidance	36
Hand Washing	38
STAFF SCREENING	41
STAFFING Personnel Requirements During Covid-19	43
Employee COVID -19 Awareness	47
Appendix	48

Novel Coronavirus Hotline

Call 1-888-364-3065 for Information about Coronavirus

Background: In December 2019, a new respiratory disease (COVID-19) was first detected in China and has now spread globally. COVID-19 is caused by a virus (SARS-CoV-2) that is part of a large family of viruses called coronaviruses

Symptoms of the virus include fever, cough, shortness of breath, severe lower respiratory infection/acute respiratory distress syndrome and may also include nasal congestion, sore throat, diarrhea, and nausea. While some individuals ill with the virus may be asymptomatic or have mild illness, older individuals, particularly those with underlying health conditions, have shown greater susceptibility to the virus and often experience much more serious illness and outcomes. This potential for more serious illness among older adults makes COVID-19 a dangerous, potentially life-threatening illness.

If a novel Coronavirus is suspected, immediately notify the [local health department \(LHD\)](#) where the patient resides.

The situation with COVID-19 infections identified in the US continues to evolve and is rapidly changing. It is important for all agencies to keep apprised of current guidance by regularly visiting the NYSDOH COVID-19 website, the Centers for Disease Control and Prevention (CDC) website, as well as the NYSDOH Health Commerce System (HCS), for the most up-to-date information. Those resources are available at:

- NYSDOH: <https://coronavirus.health.ny.gov/home>
- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- HCS: <https://commerce.health.state.ny.us>

SADS Definition During the COVID-19 Emergency Disaster period

Adult Day Services: NY Forward and Reimagined

Social Adult Day Services (SADS) can play an important role in meeting the needs of isolated older adults and individuals with disabilities during the public health emergency COVID-19. SADS is also referred to as adult social day care (SDC), social adult day care (SADC) and adult day care programs/centers

SADS provides a variety of services to older adults and individuals with disabilities.

This policy and procedure manual is provided following the Governor's emergency declaration, NYS Executive Order No. 202, in response to COVID-19, and shall remain in effect until subsequent notice from the New York State Department of Health and the Governor's Office, which will be provided prior to, or upon the expiration of, such state disaster emergency.

On approval from () ADS programs may reopen on-site programming with a modified services delivery model to meet the needs and preferences for functionally impaired older adults. Providing home and community-based day services through a person-centered individualized plan of care may be operationalized through a variety of service modalities that are modified to meet New York State Department of Health (NYS DOH) and the federal Centers for Disease Control's (CDC) appropriate safety precautions and requirements.

Activities delivered telephonically or via telehealth platforms will be offered at the participant's option and reflect the participant's interest, goals, and preferences, as identified and documented in the SADS service plan.

During the emergency social distancing and infection control, enhanced safety policies will be adhered to at all times. Any scenario in which many people gather together poses a risk for COVID-19 transmission.

As SADS programs must create and implement a safety plan to minimize the opportunity for COVID-19 transmission at their facility, the New York Forward Safety Plan Template will be used.

Before reopening, it is recommended that businesses and organizations:

Follow the CDC's Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation to minimize the risk of diseases associated with water.

Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk to people using the facility

Program Directors must continue to regularly check the New York Forward site for guidance that is applicable.

Hours of Operation

Purpose:

To ensure that participants, caregivers and emergency personnel are aware of the operating hours of the SADS.

Policy:

The physical SADS center shall be open to participants during the emergency in accordance with city, state, and federal guidance to reduce the risk of COVID-19 transmission.

Procedure:

SADS will provide Stay at Home telecare monitoring and socialization from _____ to _____.

SADS will provide At-home social day services for socialization and activities between the hours of _____ to _____.

SADS will be open to onsite services from _____ to _____.

An on-call emergency phone line will be in place and will be answered between the hours of _____-

SADS will notify the local Area Agency on Aging (AAA) and complete local requirements, e.g. NYC SADC Ombuds registration.

Participant Rights

Purpose:

To inform participants of their rights as recipients of social adult day care services. To ensure SADS staff respects and upholds these rights, in accordance with NYCRR Title 9 Subtitle Y Chapter II Section 6654.20

Policy:

SADS shall protect and promote the rights of all participants. The program will protect all rights as approved in the main policy and procedure manual. All SADS services shall be person centered, optimize autonomy and independence in making life choices; and facilitate choice about services and who provides them.

Procedure:

1. SADS shall protect and promote the following rights of all participants, through the emergency period as in regular programming.
2. SADS shall give a copy of and shall explain the rights to participants and caregivers at the time of admission, either in person or by mail.
3. SADS shall post these rights, along with the addresses and telephone numbers of the area agency on aging and the office, in a public place which is clearly visible to participants, their families, and program staff.

The program shall protect and promote the following rights of participants:

- Participants shall be treated with dignity and respect.
- Participants shall not be subject to verbal, sexual, mental, physical, or financial abuse, corporal punishment, or involuntary work or service by the program.
- Participants shall not be subject to chemical or physical restraint by the program
- Participants shall not be subject to coercion, discrimination, or reprisal by the program.
- Participants shall be free to make personal choices about accepting or refusing the services and activities offered.
- Personal information about participants shall be kept confidential.

Cross reference : see face coverings

Documentation in Participant Records

Purpose:

To provide a complete and accurate record of participant care, to ensure the appropriate services are in accordance to the participants needs, interests and preferences.

Policy:

SADS participants will have an individual, comprehensive care record. The care record is maintained in accordance with the SADS confidentiality policy and information protected in accordance with HIPAA regulations.

Documentation of service delivery shall be maintained by the SADS.

Procedure:

1. SADS shall maintain an individualized, person-centered service plan for each participant enrolled in the program. Each record will contain documentation of all services provided and case coordination notes and will be filed in accessible area for the following purposes:

- To serve as a basis for planning and for continuity of care.
- To provide a means of communication among staff.
- To furnish complete and accurate documentary evidence of all services rendered.
- For compliance with state and federal standards of regulatory agencies.

2. Maintenance of Participants' Records

a) A current, complete individualized, person-centered service plan shall be developed with the participant and or caregiver. Service delivery and the participant's response to services shall be documented.

b) Written objectives, policies, a procedure manual, an organizational plan, and a quality assurance program for all records and services shall be developed and implemented.

c) A record system shall be maintained in which the participant's complete record is filed as one unit in one location within the SADS.

3. Assignment of responsibility

The Program Director shall have the primary responsibilities for the maintenance of participant records.

- Participant assessment.
- A participant service plan including expected outcomes.
- Case notes, which shall be entered on the day service is rendered.
- Progress notes (evaluations and daily summaries).
- All telecare will be documented and kept in the file.
- A record of self-administered medication, if the participant self-administers medication
- Documentation of allergies in the care plan record and on its outside front cover.
- Any signed, written informed consent forms.
- A record of service offered by personnel of the Center and refused by the participant.
- Special diet, required by the participant.
- The discharge plan.
- The discharge summary

4. Requirements for Telehealth and Telecommunications entries:

- a. All entries in the participant record shall be legible,
- b. For the emergency period participants receiving At Home services through telecommunications and/or telehealth will not be asked to sign the care plan or daily logs. Receipt of telecommunications and/or telehealth service will be gathered by records of calls by program staff, to the extent possible by the participant a text message on the day of service, email or other online messaging receipt from the participant.
- c. All services will be documented by program staff with attestation to the accuracy of services.
- d. The SADS will confirm the member's identity and provide the member with basic information about the services that he/she will be receiving via telehealth/telephone, at Home
- e. Written consent by the member is not required. Telehealth/telephonic sessions/services shall not be recorded without the member's consent.

5. Allowances for staff working from home

- If program staff are working from home, a shared google drive or other HIPAA compliant method shared with the program director would be acceptable until time when the participant file can be updated.

- The SADS will continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures and apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.

Participant Assessments

Purpose

To ensure services will be provided in accordance to the participants current level of care, needs and preferences.

Policy

The ADS program must complete an assessment of a participant's functional levels and psycho-social needs prior to resuming ADS services, in order to establish current levels of care, needs and preferences for how day services will be delivered, resulting in a person-centered individualized plan of care.

Reassessment must capture cognitive, physical and emotional wellbeing.

Reassessment must capture the extent that participants have experienced long periods of social isolation, lack of exercise, limited cognitive stimulation and if there is an exacerbation of chronic health conditions

If Participants and caregivers are scared and reluctant to leave their home.

To the extent that informal caregivers have been isolated and overwhelmed with caring for their loved one and may have an urgent need for support service

Procedure

Reopening guidelines allow for a reduced capacity of SADS programs, as such SADS must introduce a prioritization criteria for participating on-site programming.

Considerations for on-site services:

1. Is it critical that this service be provided now, can this service be done remotely (e.g., phone call, video conference)? If the answer is yes services may be provided on-site.
2. Prioritization criteria for participating on-site programming
 - Participants whose caregivers are essential workers
 - Participants whose caregivers are returning to work
 - Participants whose caregivers are in need of respite
 - Participants who cannot be left home alone
 - Participants who live alone and those that are experiencing loneliness, and
 - Participants who are cognitively impaired and physically health.

- Participants who have an unstable or unsafe environment (i.e. lack of cooling , A/C , no power, or emotional or elder abuse)

Considerations for SADS At Home Telehealth/ telecommunications

3. If it is critical that this service be provided now, can this service be done remotely (e.g., phone call, video conference)? If the answer is no, services may be provided by In Home Socialization or via Telehealth/ telecommunications.

Vulnerable Populations

Participants who are most vulnerable should follow federal, state and local guidelines regarding stay-at-home orders.

Governor Cuomo announced "Matilda's Law" – a guideline – to protect New Yorkers age 70+ and those with compromised immune systems. Under these guidelines, vulnerable New Yorkers are advised to:

- Remain indoors
- Go outside for solitary exercise
- Pre-screen all visitors by taking their temperature
- Wear a mask in the company of others
- Stay at least 6 feet from others, and
- Do not take public transportation unless urgent and absolutely necessary

Service Delivery During COVID-19 Emergency

Purpose:

To help ensure access to SADS services during the COVID-19 public health emergency period. A Modified services delivery model is necessary to meet the needs and preferences for functionally impaired older adults.

SADS can provide an invaluable service in this uncertain time, where isolation and anxiety are widespread.

Policy:

1. SADS will provide home and community-based day services through a person-centered individualized plan of care which may be operationalized through a variety of service modalities in accordance to New York State Department of Health (NYS DOH) and the federal Centers for Disease Control's (CDC) appropriate safety precautions and requirements.
2. SADS shall provide ADS services necessary to meet the participant's needs and preferences,
3. SADS shall include prioritization criteria for participating at on-site ADS. All Participants shall be reassessed before adding services, to ensure most appropriate services are provided.

Procedure:

1. Consistent with the needs, interests and preferences of the participant, SADS shall provide the following services at all times following appropriate safety precautions and requirements, including:
 - On-site at an adult day services center, with limited number of participants and staff to maintain social distancing. Phase Three reopening allows for a total of 50 % of the occupancy. This includes staff and participants.
 - At-home social day services for socialization and activities
 - 1:1 (one ADS staff with one participant) outings/community integration day services
 - Socialization and activities through electronic/virtual day programming
 - Telephonic day services
 - Home Delivered Meals, and
 - A combination of the above services that will meet the needs and preferences of participants and caregivers.
 - Transportation may be provided to participants under Medicaid Managed Long Term Care during the COVID-19 (update)

2. Consistent with the needs of the participant, programs may provide the following services:

- Maintenance and enhancement of daily living skills.
- Caregiver assistance.
- Case coordination and assistance.
- Maintenance and enhancement of daily living skills which shall include, where appropriate, activities which supplement, maintain, and/or enhance the participant's own daily living skills; and/or training which assists the participant to learn or relearn self-care skills, if possible, at all times adhering to social distancing and safety guidelines.
- Participant skills which may be addressed include:
 - instrumental activities of daily living including use of transportation,
 - doing laundry, shopping, cooking, using a telephone, and handling personal business and finance.

3. Caregiver assistance which shall include:

- Facilitating informal caregiver support of the participant.
- Fostering understanding of the condition of the participant,
- Identifying sources of assistance to the informal caregiver and facilitating access to that assistance and other related assistance

On-site ADS at an Adult Day Services Center

Purpose:

To define on-site Adult Day Services during the COVID-19 Public Health Emergency Period. On-Site ADS will address the needs, interests and preferences of isolated older adults and individuals with disabilities during the COVID-19 public health emergency period.

SADS will adhere to a prioritization criteria for on-site services

Policy:

In order to provide all participants with appropriate services, SADS shall deliver the following on-site ADS services in accordance with the admission agreement and participants' care plan, at all times following New York State Department of Health (NYS DOH) and the federal Centers for Disease Control's (CDC) appropriate safety precautions and requirements.

1. Socialization :

- Planned and structured activities which utilize the participant's skills to the extent possible and are culturally sensitive to the population.
- Respond to the participant's interests, capabilities and needs.
- Minimize any impairments in capacity to engage in those activities
- This will include social, intellectual, cultural, educational and physical group activities.
- Encourage and stimulate the participant to interact with others and seek to establish, maintain or improve the participant's sense of usefulness to self and others, the desire to use his or her physical and mental capabilities to the fullest extent, and his or her sense of self-respect.

2. Supervision and monitoring

- Observation and awareness of the participant's whereabouts, activities and current needs during attendance at the center.
- Provision of services that protects the safety and welfare of the participant and provides ongoing encouragement and assistance to the participant.

3. Personal Care

- Assistance, including total assistance if needed with toileting, mobility transfer and eating.

- Assistance, including total assistance if needed, with dressing, bathing and grooming.
- Self-administration of medication.
- Routine skin care
- Changing simple dressings
- Using supplies and adaptive and assistive equipment.

4. Nutrition;

- Nutrition means providing nutritious meals for participants who are attending the program and includes offering snacks and liquids for all participants

5. Optional Services

- Case coordination
- Transportation

Cross Reference:

Participant assessment

Participant Rights

Infection control

Face Coverings

Participant Screenings

Employee Screenings

Services Provided by Telehealth/ Telecommunication

Purpose:

To address the needs, interests and preferences of isolated older adults and individuals with disabilities during the orders of the public health emergency of COVID-19. SADS services may be provided telephonically or via permitted telehealth platforms, as requested by the participant.

Policy:

In order to provide all participants with appropriate services, SADS shall deliver the following basic services via telephone or video chat, or group messaging in accordance with the Stay-At-Home Service Plan.

Procedure:

1. The SADS will confirm the member's identity and provide the member with basic information about the services that he/she will be receiving via telehealth/telephone. Written consent by the member is not required. Telehealth/telephonic sessions/services shall not be recorded without the member's consent.

Services:

1. Socialization
 - During a time of self-isolation and social distancing it is vital to keep conversation and social connectivity for the participant. At a minimum each participant will have a daily phone or online conversation not only as a wellness check, but to listen to their concerns and emotional wellbeing.
2. Supervision and Monitoring
 - Observation and awareness of the participant's current needs through telecare.
 - Provision of services that provide ongoing encouragement and assistance to the participant.
 - Complete a Daily Service form for all participants. Any service staff member can complete the form.
 - The participant can be connected by phone or on-line.
 - If the participant is in the hospital, the provider does not need to complete this process or fill out a form.
3. Personal Care (hands on personal care MAY NOT be provided)
 - Self-administration of medication.

- According to the service plan service staff will call the participant to ask if they have taken their medicine or to remind them when it is time to take their medication.
4. Nutrition.
- The program will coordinate to ensure that the participant is receiving nutritious food deliveries from an approved home delivered meals provider as arranged by a case management agency (MLTCP or AAA). Urgent needs for meals or groceries should be obtained for participants, including SADS directly providing the food via delivery to participants homes.
 - Service staff will check that the participant has food and liquids.
 - Service staff will advise the case management agency if it appears that a participant is not receiving adequate nutritional support, based on the wellness checks, and if appropriate will assist the participant in requesting enhanced services.
5. Optional Services
- Case coordination
 - Transportation MAY NOT be provided under MLTCPs. NYSOFA/AAA and other funded participants may receive transportation if the need is critical for dialysis, cancer treatments and other critical services. SADS vehicles used to provide critical transportation to non-participants to help meet community shortages is not covered by these policies.

SADS may deliver essential items and activity supplies according to social distancing and infection control requirements.

At- Home Socialization Services

Purpose:

To ensure the SADS provides modified At-Home socialization activities to isolated older adults and individuals with disabilities in accordance with their needs, interests and preferences, during the COVID-19 public health crisis.

Policy:

THE SADS shall encourage and stimulate the participant to interact with others. The program will establish and maintain the participant's sense of usefulness to themselves and to others, the desire to use his or her physical and mental capabilities to the fullest extent, and his or her sense of self-respect,

SADS At-Home Socialization may be provided by:

1. Telehealth
2. Telecommunications
3. At- Home Socialization and Activities, provided by SADS service staff in the home 1:1 (one ADS staff with one participant)
4. 1:1 (one ADS staff with one participant) outings/community integration day services

Procedure:

Activities shall be designed to meet the participant's specific needs and interests, as determined by the Individualized Service Plan, for example;

- Stretching
- Games
- Arts and Crafts

These activities shall include :

- Social activities that require group interaction if the participant has indicated a desire for this activity.
- Education through special instruction and projects.
- Cultural awareness opportunities and activities.
- Daily living skills, including grooming, personal hygiene, social skills, cooking and simple homemaking tasks, and opportunities to learn about the community.
- Physical activities, including but not limited to games, sports and exercise, unless contraindicated.
- Activities shall be encouraged through provision of equipment and supplies.

- Activities shall be planned by the Director, or service staff allowing input from participants, care providers, or volunteers
- All program activities shall engage the participant and be supervised by services staff.

Equipment

SADS shall provide the equipment and supplies necessary to meet the requirements of the planned activity program as follows:

1. Equipment shall be safe and sanitary.
2. A variety of games, reading material, crafts and other materials shall be provided.
3. All supplies to meet the requirements of the planned activities.

At- Home Socialization and Activities

- At- Home Socialization and Activities are provided by SADS service staff in the home 1:1 (one ADS staff with one participant)
- Activities shall be designed to meet the participant's specific needs and interests, as determined by the Individualized Service Plan
- These services can provide positive social support that can help older persons defeat loneliness and isolation.
- Social support must encompass wherever possible more than physical presence or conversation.
- Social support services should contain quality activities.
- Activities should promote positive self-awareness.
- Planned and structured activities which utilize the participant's skills to the extent possible and are culturally sensitive.
- Respond to the participant's interests, capabilities and needs.
- Minimize any impairments in capacity to engage in those activities
- This will include social, intellectual, cultural, educational activities
- Service Staff are not permitted to provide personal- care in the home.
- SADS service staff shall wear a face covering and gloves at all times in the home
- SADS service staff shall maintain social distancing, keeping 6ft from the participant

Outings/community integration day services

- 1:1 (one ADS staff with one participant)
- Outings/community integration shall be designed to meet the participant's specific needs and interests, as determined by the Individualized Service Plan

- Transportation, only company vehicles may transport participants with appropriate insurance coverage;
- Outings must be planned and at all times include social distancing, employee must wear a face covering
- The participant if able to medically tolerate a face-covering shall be required to cover their nose and mouth with a mask or cloth face-covering when in a public place and unable to maintain, or when not maintaining, social distance.

Enforcement Discretion for Telehealth Remote Communications during Covid-19 Emergency

SADC may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

The SADC will notify participants that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Cross reference notes:

Staffing

Employee screening

Face coverings

Monitoring (Telecommunication/ Telehealth)

Purpose:

To ensure the SADS can provide an invaluable service in this uncertain, where isolation and anxiety are widespread. To help ensure access to SADS services during the COVID-19 public health emergency, SADS services may be provided telephonically or via permitted telehealth platforms.

Policy:

SADS shall provide monitoring of participants through telecommunication. This includes but is not limited to observation and awareness of the participant's health status, screening for symptoms of COVID-19 and current needs, to protect the safety and welfare of the participant and provides ongoing encouragement and assistance to the participant.

Procedure:

1. The service staff will call each participant in the morning to monitor for symptoms of COVID-19.

(a) SADS must ensure that all staff are educated to be able to obtain the following information from their patients:

1. Ask/observe patient's condition regarding upper respiratory symptoms (e.g., cough, sore throat, fever, or shortness of breath);
2. All new participants will be asked: "Have you traveled to a country for which the CDC has issued a Level 2 or 3 travel designation within the last 14 days?";
3. Ask the patient, "Have you had contact with any Persons Under Investigation (PUIs) for COVID-19 within the last 14 days, OR with anyone with known COVID-19?"

(a) If the patient answers "Yes" to questions 2 or 3, but does not report signs of, respiratory infection symptoms, the Program staff will inform the members case manager and inform them of the participants risk factors (based on the responses to questions 2 and 3) and report if there are changes in the participants condition based on patient self-report and vital signs to receive guidance.

(b) If the patient shows signs of respiratory distress or other medical emergency the agency should contact 911, but the MLTC case manager will be informed and LHD still must be made aware of the patient and the 911 dispatch should be informed of the concern for COVID-19 infection. The LHD would be responsible for following up on the patient with respect to COVID-19.

2. SADS service staff shall monitor through telecommunication to be aware of the participant's health condition, needs, and anxiety levels during the emergency period.
 - (a) Any change in the participants condition will be reported to the case management agency and caregiver.
 - (b) The service staff will have a conversation with the participant in order to understand their current needs;
 - The conversation should give the SADS staff an indication of the health and well-being of the participant.
 - Expressed anxiety or issues with food security, adequate supplies and required medications, should be addressed by providing assurances, or delivering groceries, needed supplies, and medication.
 - SADS will immediately, or as soon as practicable, notify the MLTC or other agency care manager of any need for intervention, or other indications, where intervention may be required.

3. The daily conversation is set in place to send the following messages to the participant:
 - Someone took the time to check on me today.
 - Someone is asking if I have enough to eat and drink.
 - Someone is telling me that taking my medicine is important.
 - Someone wants to know if I am missing essential supplies.
 - Someone is trying to help me find local resources.
 - Someone is calling tomorrow to check on me.
 - Someone cares about me.

4. All phone calls will be documented, and progress notes will be updated and kept in the participants file (if program staff are working from home, a shared google drive or other HIPAA compliant method shared with the program director would be acceptable until time when the participant file can be updated) .

5. The SADS will continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures and apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.

6. Any change in condition of the participant will be reported immediately to the case management agency and caregiver in accordance with normal procedures.

Transportation

Purpose:

To ensure transportation services are modified to meet New York State Department of Health (NYS DOH) and the federal Centers for Disease Control's (CDC) appropriate safety precautions and requirements.

Policy:

For the duration that this guidance remains in effect as described above Transportation must include protective barriers or six feet social distancing during travel.

Masks must be required, and the vehicle must be fully disinfected before and after each trip.

Procedure:

1. For the duration of the COVID-19 emergency period remaining in effect, as described above, SDC providers may transport participants in accordance to NYSDOH guidelines.
2. Any person utilizing SADS transportation or other for-hire vehicles, who is able to medically tolerate a face covering, shall wear a mask or face covering over the nose and mouth during any such trip;
3. Drivers shall wear a face covering or mask which covers the nose and mouth while there are any passengers in such vehicle.
4. Transportation must include protective barriers or six feet social distancing during travel.
5. Transportation must include a protective barrier between the driver and participants
6. SADS At Home, Deliveries to the participant will be arranged during wellness calls and will only include essential items and activities, such as games, audiobooks, craft supplies. All items bought by the program for participants will be logged by the program and receipts will be kept in the general ledger.
7. All infection control procedures and social distancing will be observed.

8. If the participant requests transportation to their doctors or non-critical appointments the program will notify the MLTCP.

Participant Screening Policy

Purpose

To minimize the opportunity for COVID-19 transmission.

Policy

Staff shall screen Participants prior to transportation, In Home Services or Outings

Staff shall observe Participants daily upon arrival for the obvious presence of illness or communicable disease

Guard Against Stigma

Organizations should work to prevent actions that could perpetuate stigma attached to COVID-19. There is no excuse for using the outbreak as a way to spread racism and discrimination. Organizations should encourage that staff stay informed, remain vigilant and take care of each other.

Procedure

1. At Home Screening

- a. Before Transportation or In Home Services or Outings SADS staff must call participants/caregivers or family members to screen the participants for signs of COVID-19.
- b. Participants need to be screened to determine on an individualized basis based on their caregivers input, that they can safely cue these protocols.
- c. Staff must work with the families to understand the participants' ability to wear PPE and follow protocols

Sample of Wellness Checks/Daily Health Screen:

The following can be used as a script when conducting daily interviewing staff/participants, and /family members.

- How are you feeling?
- Have you had a fever, cough, shortness of breath, or sore throat in the last 14 days? If yes, have you called your doctor?
- Have you been diagnosed with Covid-19?
- Have you lost your sense of smell or taste in the last 14 days?
- Have you been in contact with anyone who has been sick?
- Were they diagnosed with COVID-19 or under investigation for COVID-19?

IF YOUR CLIENT IS SICK OR HAS BEEN IN CONTACT WITH SOMEONE WHO HAS COVID-19

- Ascertain needs over the phone.
- Ask if they can get access to FaceTime or other electronic means. Use that if possible.
- Explain that you can assist, but they cannot participate in the day program.
- If your client is in danger, contact 911.
- If staff or participants report any illness, they must be tested for COVID-19 prior to returning to the program.

●

2. Arrival at Center Observation

- Staff shall observe Participants daily upon arrival for the obvious presence of illness or communicable disease.
- Take each persons' temperature with a touchless thermometer upon arrival to the program to ensure there is no fever present.
- Evaluate each person for signs of cough or unusual shortness of breath and/or other signs of COVID-19
- Symptoms of illness can include, but are not limited to:
 - ❖ fever, chills, shortness of breath or difficulty breathing, new cough, new loss of taste or smell

3. ISOLATION, PREVENTION OF CONTAMINATION

- If a participant or caregiver has a fever or indicates that either they or their caregiver(s) have the above-named symptoms, the participant needs to be sent home with the caregiver and should not return to the program until the criteria below are met.
- If a participant develops any of the above-named symptoms while at the program, staff should separate the participant in the treatment room or quiet space away from other participants and program staff in a person-centered manner.
- Staff should then call the participant's caregiver to inform him/her that their loved one is displaying symptoms and needs to be picked up from the program and taken home as soon as possible and should not return to the program until the criteria below are met.
- The following procedures shall be used to reduce the possibility of spread of infection:
 - If the bed or lounge chair is used, it shall be covered with a disposable sheet or sheet that shall be laundered immediately after use. Wash and dry with the

warmest temperatures recommended on the fabric label and follow detergent label and instructions for use.

- Once a symptomatic participant has left the center staff may proceed with cleaning and disinfection of the areas where the patient was present while symptomatic.
- Cleaning removes germs, dirt and impurities from surfaces or objects, while disinfecting kills germs on surfaces or objects.
- Perform targeted cleaning and disinfection of frequently touched hard, non-porous surfaces, such as counters, appliance surfaces, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, remote controls, bedside tables, and any other surfaces that are visibly soiled.

Step 1: Cleaning: Always clean surfaces prior to use of disinfectants. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. Clean surfaces using water and soap or detergent to reduce soil and remove germs. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure effective use.

Step 2: Disinfection: If EPA- and DEC*-registered products specifically labeled for SARS-CoV-2 are not available, disinfect surfaces using a disinfectant labeled to be effective against rhinovirus and/or human coronavirus. EPA- and DEC*[i]- registered disinfectants specifically labeled as effective against SARS-CoV-2 may become commercially available at a future time and once available, those products should be used for targeted disinfection of frequently touched surfaces.

- Label directions must be followed when using disinfectants to ensure the target viruses are effectively killed. This includes adequate contact times (i.e., the amount of time a disinfectant should remain on surfaces to be effective), which may vary between five and ten minutes after application. Disinfectants that come in a wipe form will also list effective contact times on their label.

- For disinfectants that come in concentrated forms, it is important to carefully follow instructions for making the diluted concentration needed to effectively kill the target virus. This information can be found on the product label.

4. NOTIFICATION AND DOCUMENTATION

Complete an illness report. A copy shall be sent to the MLTC / MCO case manager. The original shall be kept in the participant's file.

5. Return to the Center after Illness

Per CDC guidelines, if an employee or participant has been diagnosed with COVID-19, the person should not return to the facility until:

- No fever for at least 72 hours since recovery (without the use of fever-reducing medicine) AND
- Other symptoms have improved (e.g., coughing, shortness of breath) AND
- At least 10 days have passed since first symptoms
- Per CDC guidelines, if a participant has been diagnosed with COVID-19 but does not have symptoms, they should not return to the facility until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test

Considerations About Your Agency's Services

- If it is critical that this service be provided now, can this service be done remotely (e.g., phone call, video conference)?

Environmental and Personal Infection Control

Purpose:

To ensure the participant and staff safety and to reduce the spread of infection, through effective strategies for environmental and personal infection control to prevent the spread of infection.

Policy :

SADS shall implement strategies to prevent spread of infection in accordance with New York State Department of Health and CDC guidance.

Important Information About How COVID-19 Spreads:

- The virus is thought to spread mainly from person to person.
- Between people who are in close contact with one another (within 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.
- Respiratory droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, however, this is not thought to be the main way the virus spreads.
- People are thought to be most contagious when they are most symptomatic.
- Spread of the virus is possible 48 hours before people show symptoms; some individuals with COVID-19 may not show any symptoms.

Procedures :

Personal Infection Control

1. Hand washing facilities for staff, as well as participants, will be readily available and maintained. An antiseptic hand cleanser in conjunction with paper towels or antiseptic towelettes shall also be available.
2. Emphasis on proper hand washing for staff and participants will be made and instructions provided. Additional instructions will be given to staff that have been in contact with or provided care to a participant, even if gloves are used.
3. Clients must wash hands after eating, toileting, or touching hard surfaces
4. All staff must always wear gloves and masks
5. Staff coming into physical contact providing personal care must adhere to PPE guidelines and hand washing for a minimum of 20 seconds with soap and water and utilize new PPE in-between each contact

6. All equipment will be maintained (cleaned, laundered, disposed of, etc.) and replaced as necessary by the center.
7. All personal protective equipment shall be removed prior to leaving the work area. Disposable (single use) gloves, gowns, etc. will be placed in an appropriate container (red plastic bag).
8. SADS will have adequate supplies and provide to staff at no cost the following Personal Protective Equipment (PPE) to reopen:
 - YT-IC infrared thermometer
 - Hand sanitizer
 - Gloves – including non-latex, and
 - Masks

Environmental Infection Control

9. All facilities should be completely cleaned and disinfected.
10. All surfaces should be cleaned with an approved CDC sanitizing solution, including all areas that could be touched;
 - a. These include door handles, all bathroom fixtures, craft supplies that are shared, tabletops, chairs, exercise equipment, floors, kitchens etc.
11. Disinfectant wipes and spray will be readily available and used on an ongoing daily basis, and periodically throughout the day for ;
 - a. high touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks and cell phones).
12. Restroom needs to be disinfected after each client uses the facility
13. Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry will be placed in black bags at the location where it was used and shall not be sorted or rinsed in the location of use. All contaminated laundry will be washed separately from other laundry.
14. Housekeeping procedures will incorporate the “Universal Precautions” for clean-up containing body fluids. All disposable clean-up towels and/or rags will be disposed of in the appropriate container (red plastic bag)

Social Distancing

15. Floors should be marked with brightly colored tape, at 6ft intervals showing the space necessary for social distancing
16. Chairs and all seating arrangements should be at a minimum of 6 feet apart and be strictly enforced
17. Participants should be redirected from any physical contact with other participants

18. Participants are only allowed in restrooms one at a time.
19. No outside visitation or presentations are allowed

Meals and Snacks

20. All common use items (ie: coffee pot/refrigerator/toaster) shall not be accessible to participants and staff. Staff should bring their own coffee, lunch, snacks etc.
21. If serving meals to participants all surfaces must immediately be disinfected before and after service.
22. Any meals served to participants need to be on individual disposable containers. Meals must be served; no buffet style meals are to be provided.

Face Covering / PPE

Purpose

To ensure participant and staff safety and to reduce the spread of infection in accordance with Executive orders 202.16 and 202.17 and NYS Department of Health.

Policy

Face Covering will be worn at all times when unable to maintain social distance
“For all essential businesses or entities, any employees who are present in the workplace shall be provided and shall wear face coverings when in direct contact with customers or members of the public.”

Procedure

Personal Protective Equipment (PPE):

1. SADS will provide PPE to all staff and Participants at no charge
2. Individuals are required to wear a face covering in situations and settings where social distance of 6 feet is not possible.
3. Face coverings are not required if wearing one would inhibit or otherwise impair an individual's health.
4. Participants must be encouraged and never forced to wear face coverings
5. Face Coverings must be worn at all times during transportation by driver and participant
6. Face Coverings must be worn by participants during on-site services if social distancing is not possible
7. Face covering must be worn during the home visit by participant (unless exempt) and employee (SADS can provide face covering, employee may place on the door handle to allow the participant to put on the face covering before the employee enters the home.
8. All people in the household must wear a face covering if they are in the same room
9. Employees must wear a mask during all home visits.
10. Participant and Employee must wear face coverings during all 1:1 (one ADS staff with one participant) outings/community integration day services

How To Put On A Face Covering

- DO clean your hands with soap and water or if that's not available, alcohol-based hand sanitizer, before putting on your face covering.
- Make sure the face covering covers both your nose and mouth.

- DON'T wear your mask hanging under your nose or mouth or around your neck. You won't get the protection you need.
- DON'T wear the face covering on top of your head, or take it on and on repeatedly. Once it is in place, leave the covering in place until you are no longer in public.

How to Take Off A face Covering

- DO clean your hands with soap and water or if that's not available, alcohol-based hand sanitizer, before taking off your face covering.
 - Remove your mask only touching the straps.
 - Discard the face covering if it is disposable. If you are reusing (cloth), place it in a paper bag or plastic bag for later.
 - Wash your hands again.
1. When cleaning a cloth face covering, DO put in the washer (preferably on the hot water setting).
- Dry in the dryer at high heat. When it is clean and dry, place in a clean paper or plastic bag for later use. If you live in a household with many people, you might want to label the bags with names so the face coverings are not mixed up.

If agencies have questions about PPE, they should contact the local health department.

Infection Control in SADS Vehicles

Purpose:

To control the spread of infection in SADS vehicles and transportation, to protect staff and participants from transmission of communicable diseases.

Policy:

It is the policy of SADS to ensure transportation staff clean and disinfect vehicles regularly to protect against the spread of communicable diseases.

Procedures:

To help prevent the spread of Covid-19, the SADS staff should ensure staff continue to perform routine cleaning and may consider high-risk areas where additional cleaning and disinfection is warranted on a regular schedule.

Routine Cleaning:

- Soiled and frequently touched surfaces can be reservoirs for pathogens, resulting in a continued transmission to people. Therefore, for pathogenic microorganisms that can transmit disease through indirect contact (transmission through contaminated surfaces), extra attention should be paid to surfaces that are touched most often by different individuals.
- As part of standard infection control practices in transportation settings, routine cleaning should be strictly observed.

Routine cleaning of transportation settings includes:

1. Cleaning high contact surfaces that are touched by many different people, such as light switches, handrails and doorknobs/handles.
 - Dust- and wet-mopping floors;
 - Vacuuming of entryways and high traffic areas;
 - Removing trash;
 - Wiping heat and air conditioner vents;
 - Wiping seats, seat belts, and clips,
 - Spot cleaning walls;

Spot cleaning carpets

Step 1: Cleaning:

Always clean surfaces prior to use of disinfectants in order to reduce soil and remove germs. Dirt and other materials on surfaces can reduce the effectiveness of

disinfectants. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure effective use.

Step 2: Disinfection:

- Cleaning of soiled areas must be completed prior to disinfection to ensure the effectiveness of the disinfectant product.
- If EPA- and DEC*-registered products specifically labeled for SARS-CoV-2 are not available, disinfect surfaces using a disinfectant labeled to be effective against rhinovirus and/or human coronavirus.
- If such products are unavailable, it is also acceptable to use a fresh 2% chlorine bleach solution (approximately 1 tablespoon of bleach in 1 quart of water).
- Prepare the bleach solution daily or as needed.
- EPA- and DEC*-registered disinfectants specifically labeled as effective against SARSCoV-2 may become commercially available at a future time and once available, those products should be used for targeted disinfection of frequently touched surfaces.
- Label directions must be followed when using disinfectants to ensure the target viruses are effectively killed.
- This includes adequate contact times (i.e., the amount of time a disinfectant should remain on surfaces to be effective), which may vary between five and ten minutes after application. Disinfectants that come in a wipe form will also list effective contact times on their label.
- For disinfectants that come in concentrated forms, it is important to carefully follow instructions for making the diluted concentration needed to effectively kill the target virus. This information can be found on the product label.
- Cleaning and disinfecting should be conducted by staff who have been trained to use products in a safe and effective manner.
- Staff should be reminded to ensure procedures for safe and effective use of all products are followed.
- Staff do not need to wear respiratory protection while cleaning.
- Safety instructions are listed on product labels and include the personal protective equipment (e.g., gloves) that should be used.
- Place all used gloves in a bag that can be tied closed before disposing of them with other waste.
- Wash hands with soap and water for at least 20 seconds immediately after removing gloves or use an alcohol-based hand sanitizer if soap and water are not available.
- Soap and water should be used if hands are visibly soiled.

Drivers Staff Guidance

Purpose:

To ensure the SADS adheres to NYSDOH issued guidance regarding safety of front-line workers (e.g. Non-Emergency Transportation drivers).

Policy:

The SADC shall follow all guidance from the NYSDOH that pertains to front-line workers to ensure the safety of drivers, participants and the community.

Procedure:

1. All drivers shall be regularly screened for symptoms of illness, in accordance with staff screening policy.
2. Drivers exhibiting signs of illness, including a fever, shall not be permitted to work.
3. Drivers shall wear a face covering or mask which covers the nose and mouth while there are any passengers in such vehicle.
4. To the degree practicable, all SADS should practice social distancing protocol, maintaining a separation of at least six (6) feet from other persons.
5. All workers should wash their hands, as often as possible, for 20 seconds using soap and water, or an alcohol-based sanitizer consisting of at least 60% alcohol, if soap and water is not readily available.
6. All workers should avoid touching their mouth, nose, or eyes.
7. The vehicle ventilation fan(s) should be placed on high, in non-recirculating mode, to maximize the intake of outside air, and to minimize the recirculation of inside air.
8. No family members or other passengers should be permitted in the vehicle.
9. Drivers will be reminded of the importance of routine hand and respiratory hygiene practices.
10. Drivers will practice hand hygiene using hand sanitizer before touching any products to be delivered to participants.

Hand hygiene:

Regular hand washing with soap and water for at least 20 seconds should be done:

- Before eating;
- After sneezing, coughing, or nose blowing;

- After using the restroom;
- Before handling food;
- After touching or cleaning surfaces that may be contaminated;

Respiratory hygiene:

- Covering coughs and sneezes with tissues or the corner of elbow; and
- Disposing of soiled tissues immediately after use.
- Use hand sanitizer before touching any products to be delivered to participants.

Personal Protective Equipment:

- Staff delivering food or essential items will maintain social distancing, by staying at least 6 feet apart, even if wearing a face covering.
- Face masks will be worn at all times when in the community.
- Staff performing cleaning and disinfection should follow recommendations for personal protective equipment listed on product labels, per above guidance.

Hand Washing

Purpose:

To reduce spreading illness through hand washing.

Policy:

Regular hand washing is to be performed by all employees to aid in controlling the transmission of communicable disease. Clean hands are the single most important factor in preventing the spread of pathogens and antibiotic resistance in healthcare settings.

Procedures:

1. Thorough hand washing is the most important factor in the control of communicable disease.
2. Use of gloves does not take the place of handwashing.
3. The risk of contamination still exists after the removal of gloves secondary to the moist environment created by latex and vinyl gloves.
4. During the Covid-19 pandemic you should also wash your hands:
 - After you have been in a public place or touched an item frequently touched by others
 - Before touching your eyes, nose or mouth

Hand washing is especially important:

- Before putting on gloves; after removing gloves.
- After accidental contact with blood or body fluids (e.g., respiratory secretions, saliva, feces, urine, blood or exudates), or items or surfaces contaminated with the same.
- Before working in the kitchen.
- Before eating; and
- After toileting.
- After sneezing, coughing, or nose blowing;
- After using the restroom;
- Before handling food;
- After touching or cleaning surfaces that may be contaminated; and
- After using shared equipment like computer keyboards and mice
 - More often during Emergency and Disaster Plan activation

Washing hands with soap and water is the best way to get rid of germs in most situations.

If soap and water are not readily available, you can use an alcohol-based [hand sanitizer](#) that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

HAND RUB (foam and gel)

1. If your hands are visibly contaminated, they must be washed using soap and water.
2. Apply to the palm of one hand (the amount used depends on specific hand rub product).
3. Rub hands together, covering all surfaces, focusing in particular on the fingertips and fingernails, until dry. Use enough rub to require at least 15 seconds to dry.

HANDWASHING

1. Wet hands with water.
2. Apply soap.
3. Rub hands together for at least 20 seconds, covering all surfaces, focusing on fingertips and fingernails.
4. Rinse under running water.
5. Dry hands with a paper.
6. Use the towel to turn off the water faucet. This practice protects the clean hand from touching the contaminated faucet.
7. Discard the paper towel in the wastebasket.
8. Hand towels can be placed in the laundry hamper.

WHEN SHOULD I USE GLOVES?

Wear gloves, according to Standard Precautions, when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur.

Common problems with glove use are failure to:

- Wear gloves when touching open wounds or mucous membranes, such as the mouth and respiratory tract.
- Wear gloves when touching items that are likely to be contaminated
- Change gloves between participants
- Remove gloves after personal care.

HOW DO I USE GLOVES CORRECTLY?

1. Put on new gloves before contact with non-intact skin or mucous membranes.
2. Wear gloves during contact with bodily fluids or contaminated items.

3. Remove gloves after caring for a patient - do not wear the same gloves for more than one patient.
4. Do not reuse or wash gloves.
5. Don't forget hand hygiene after removing gloves.
6. Gloves are not a replacement for hand hygiene
7. Hands should be washed immediately if a glove tears during work.
8. In the absence of running water, an ethanol-based hand cleanser should be used.
Follow the manufacturers' instructions on containers.

STAFF SCREENING

Purpose:

To ensure the SADS follows NYSDOH and CDC guidance to stop the spread of COVID-19 and ensure the safety of participants, employees and the community.

Policy:

In order to help prevent the spread of communicable diseases in the center, between both staff and participants, illness control measures shall be adhered to strictly.

THE SADS will use the CDC guidance for health care personnel (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment>), and self-monitor for fever by taking their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat).

Procedures:

1. SADS Program Director will not allow any employees to work when ill, with a fever, or with a contagious or infectious disease.
2. Social adult day care staff are exposed to the general community each day and could become infected with an acute respiratory illness (e.g. COVID-19)
3. All staff and volunteers should be screened for exposure and tested for Covid-19 prior to a reopening of the day program for on-site services and every week thereafter until community spread is below 1% in their region.
4. Drivers tested for Covid-19 prior to returning to work to transport individuals and weekly thereafter until community spread is less than 1% in their region
5. All SADS staff must be screened equally and a confidential record kept on file.
6. Staff will be screened for respiratory and fever symptoms upon arriving at work. and record whether they have a fever, using the SADS Employee Screening Form
7. No-touch methods are preferred to reduce contact.
8. A fever for the purposes of this screening is $> 100^{\circ}$ F.
9. Employees must self-monitor for fever by taking their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat).
10. SADS Drivers transporting participants or delivery drivers must be screened for respiratory and fever symptoms upon arriving at work and record whether they have a fever. Drivers must be screened prior to transporting participants.
11. SADS Program Director will strictly enforce illness and sick leave policies.

12. Staff showing symptoms of illness will not be permitted to remain at work or provide deliveries and must not return to work until completely recovered.
13. Staff persons who have been potentially exposed to someone with confirmed COVID-19, or to someone who is a person under investigation (PUI) for COVID-19, will be placed under precautionary quarantine or mandatory quarantine by public health officials, based on the symptoms presented and/or level of risk for having contracted COVID-19.
14. If a staff person is found to be ill upon screening, the agency will send the person home and direct them to contact their primary care physician immediately.
15. If the agency has reason to be concerned that the person may be infected with COVID-19, the agency will send the person home and contact the New York State Department of Health by contacting the Bureau of Healthcare Associated Infections 518-474-1142 during business hours or the NYSDOH Public Health Duty Officer at 1-866-881-2809 evenings, weekends, and holidays.
16. SADS must maintain all information about employee illness as a confidential medical record in compliance with the ADA.
17. The health and safety of SADS workers and SADS ability to provide and support participant care will be a priority.
18. The situation with COVID-19 infections identified in the US continues to evolve and is rapidly changing. THE SADS Program Director will keep apprised of current guidance by regularly visiting the Centers for Disease Control and Prevention (CDC) and NYSDOH websites, for the most up-to-date information for healthcare providers.
19. 1. CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
20. 2. NYSDOH: <https://www.health.ny.gov/diseases/communicable/coronavirus.htm>

STAFFING Personnel Requirements During Covid-19

Purpose:

To ensure the safety of participants through employee screening, appropriate training adequate staffing ratios during the COVID-19 Emergency Disaster Period.

Policy:

SADS requires that all staff, whether paid or volunteer, shall be in good physical health and not present a potential health risk to others.

SADS On-Site Programming shall follow Standards set forth in New York State Office for the Aging Social Adult Day Care regulation NYCRR Title 9 Subtitle Y Chapter II Section 6654.20 requires the center to have, at a minimum, two staff present during program hours when participant(s) are present, one of which must be a paid staff. If non-paid staff is used to fill this requirement they must meet the health assessment and training requirements of service staff.

Program personnel shall be competent to provide the services necessary to meet individual participant's needs, and shall at all times, be employed in numbers necessary to meet such needs.

Program ensures that all personnel are properly trained in a timely manner by qualified persons, to include all new policies related to COVID-19, procedures and guidelines before reopening or before any unsupervised contact with SADS participants.

Procedures:

1. All SADS staff will be trained all newly instituted policies and procedures prior to reopening;
2. All SADS staff will be trained on Universal precautions, including:
 - Handwashing;
 - The correct way to put on and take off gloves

Adequate Staffing

- SADS may use volunteers as service staff. The following staff must be at least 18 years of age:

- a. Persons who supervise employees and/or volunteers.
- b. Persons, including volunteers, who provide any element of care and supervision to participants.
- The program will have an adequate number of qualified staff, which may include non-paid staff, to perform all of the functions prescribed in the regulations and to ensure the health, safety, and welfare of participants.
- Factors will be taken into consideration when determining "an adequate number of staff":
 - The levels of care of the participants and the attendance of participants per day that require higher levels of care as reflected in the staffing plan;
 - To include Participants reassessments, participants have experienced long periods of social isolation, lack of exercise, limited cognitive stimulation and exacerbation of chronic health conditions which affects cognitive, physical and emotional wellbeing. Participants and caregivers may be scared and reluctant to leave their home.
 - identifying the needs of the participants for personal care (toileting, mobility, transfers and eating), nutrition, supervision and monitoring, and socialization.
 - Additional staffing considerations to allow for disinfecting bathrooms after every use
 - The staffing plan should reflect the hours of operation and the average participants in attendance during the various hours of operation and the staff duties at various times of the day. Even if there is only one participant present early in the morning or later in the day the program must have two staff present and enough staff to conduct screening
 - Regular cleaning and disinfecting of program space
 - Staff to participant ratio of 1:7 serving the physically frail. In dementia specific programs the ratio will be 1:5.

Health Requirements

1. SADS requires that all staff, whether paid or volunteer, shall be in good physical health and not present a potential health risk to others;
2. COVID-19 Screenings prior to contact with participants and self monitoring through the program;
3. COVID-19 testing - if required by the NYSDOH or local authorities
4. An annual health screening report for both volunteers and staff must be completed and signed by the person performing the screening shall indicate the following:

- The person's physical qualifications to perform the duties to be assigned.
- The presence of any health condition that would create a hazard to the person, participants or other staff members.
- Negative test results for tuberculosis performed not more than one year prior to or seven days after initial presence in the program.
- Documentation of vaccination against influenza, or wearing of a surgical or procedure mask during the influenza season, for personnel who have not received the influenza vaccine for the current influenza season

Unsupervised In- Home Service Socialization Employee requirements

1. Service staff providing socialization in the home or outings and community integration must have:
2. Verified references;
3. Health Screening in accordance to NYCRR Title 9 Subtitle Y Chapter II Section 6654.20
4. (Best practice) Documentation of vaccination against influenza, or wearing of a surgical or procedure mask during the influenza season, for personnel who have not received the influenza vaccine for the current influenza season
5. Full 20 hours of training in accordance with NYCRR Title 9 Subtitle Y Chapter II Section 6654.20 and additional training on COVID-19 policies and procedures and infection control.
6. A confirmation that the employee has had an Exclusion List (SEL) check and the individual is not on the list.
7. (Best practice) The criminal background check (CBC) with the consent of a prospective employee or volunteer:
 - a. Disqualifications

Certain crimes that may "presumptively" disqualify an applicant from further consideration. They are:

1. A felony conviction at any time for a sex offense;
2. A felony conviction within the past ten years involving violence;
3. A conviction pursuant to Penal Law (PL) section(s) 260.00, 260.25, 260.32 or 260.34; or
4. Any similar offense in any other jurisdiction outside of New York State.
5. If a criminal history contains a conviction for any of these types of crimes, an applicant is not to be hired unless the

Program Director determines, after conducting a review pursuant to Article 23-A of the Correction Law, that the health, safety, and welfare of the provider's clients would not be jeopardized.

6. An applicant may have the opportunity to explain why their application should not be denied. SADS may consider mitigating factors that support New York State's policy to encourage the employment of people with criminal convictions. Factors include whether a direct relationship exists between the previous criminal activity and the position being sought, how old the applicant was, and how much time has passed since the offense was committed.

8. Adequate PPE at each visit , supplied by the SADS
9. Face coverings and universal precautions will be adhered to at all times

Employee COVID -19 Awareness

Purpose:

To ensure all staff are updated of the rapidly changing COVID-19 crisis and mitigating requirements to ensure staff and participant safety.

Policy:

The health and safety of SADS workers and their ability to provide and support participant care remains a priority. Recently, community-wide transmission of COVID-19 has occurred in the United States (US), including NYS, and the number of both Persons Under Investigation (PUIs) and confirmed cases are increasing in NYS.

The situation with COVID-19 infections identified in the US continues to evolve and is very rapidly changing.

Procedures:

It is important for all staff to keep apprised of current guidance by regularly visiting the Centers for Disease Control and Prevention (CDC) and NYSDOH websites, as well as the NYSDOH Health.

- The Program Director will at least daily check for updates
- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- NYSDOH: <https://www.health.ny.gov/diseases/communicable/coronavirus.htm>

Agency management must also keep their staff updated as the situation changes and educate them about the disease, its signs and symptoms and necessary infection control to protect themselves and their patients. The NYSDOH distributes alerts and advisories through the HCS notification system, and therefore it is key that providers maintain their up-to-date contact information in the HCS Communications Directory.

Where can I direct my questions about COVID-19?

Questions can be directed to the following email address: icp@health.ny.gov or to the toll-free call center at 888-364-3065.

Appendix

Policy Title	Page #	Regulatory Guidance	Cross-Reference	Date Adopted	Date Revised
Novel Coronavirus Hotline	4	https://coronavirus.health.ny.gov/home			
SADS Definition During COVID-19	5	https://health.ny.gov/health_care/medical/covid19/index.htm			
Hours of Operation	6	https://aging.ny.gov/social-adult-day-services-sads https://www1.nyc.gov/site/dfta/community-partners/social-adult-day-care.page			
Participant Rights	7	https://aging.ny.gov/system/files/documents/2019/11/a.-sads-reqs.pdf			
Documentation in Participant Records	8	https://aging.ny.gov/system/files/documents/2019/11/a.-sads-reqs.pdf https://health.ny.gov/health_care/medical/program/update/2020/docs/mu_no05_2020-03-21_covid-19_telehealth.pdf https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html			
Service Delivery During Covid-19 Emergency	10	https://health.ny.gov/health_care/medical/covid19/docs/2020-04-07_adult_sdc_telephonic_guide.pdf https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html			
Services Provided by Telecommunication	12	https://health.ny.gov/health_care/medical/covid19/docs/2020-04-07_adult_sdc_telephonic_guide.pdf			
Socialization Services	14	https://health.ny.gov/health_care/medical/covid19/docs/2020-04-07_adult_sdc_telephonic_guide.pdf			

Social Adult Day Services Policy and Procedure Manual During COVID-19 Emergency

Monitoring	16	https://health.ny.gov/health_care/medicaid/covid19/docs/2020-04-07_adult_sdc_telephonic_guide.pdf https://aging.ny.gov/system/files/documents/2019/11/a.-sads-reqs.pdf			
Transportation- Not an allowable service under Medicaid Managed Long Term Care. Critical Transportation allowable with NYSOFA and other funding	19	https://health.ny.gov/health_care/medicaid/covid19/docs/2020-04-07_adult_sdc_telephonic_guide.pdf https://www.health.ny.gov/health_care/medicaid/covid19/index.htm transportation guidance issued by NYSDOH, available at: https://www.health.ny.gov/health_care/medicaid/covid19/index.htm .			
Infection Control in Vehicles	20	https://www.health.ny.gov/health_care/medicaid/covid19/docs/2020-03-21_guide_transporation.pdf			
Drivers Staff Guidance	23	https://www.health.ny.gov/health_care/medicaid/covid19/docs/2020-04-07_nemt_faq_guide.pdf https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html https://coronavirus.health.ny.gov/system/files/documents/2020/03/doh_covid19_homehealthcarehospiceguidance_032220.pdf https://www.health.ny.gov/health_care/medicaid/covid19/docs/2020-03-21_guide_transporation.pdf			
Hand Washing	25	https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html			
Staff Screening	29	https://coronavirus.health.ny.gov/system/files/documents/2020/03/doh_covid19_homehealthcarehospiceguidance_032220.pdf https://www.health.ny.gov/professionals/diseases/reporting/communicable/ https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act			
Employee COVID -19 Awareness	31	https://coronavirus.health.ny.gov/information-healthcare-providers https://www.cdc.gov/			