

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

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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 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>

Social Adult Day Services (SADS) can play an important role in meeting the needs of isolated older adults and individuals with disabilities during the Stay-At-Home order for 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 Definition During COVID-19

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.

Services include but are not limited to socialization activities, monitoring, using telecommunication and delivery of essential items and activities.

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.

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 closed 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 telecare monitoring and socialization 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.

During the present crisis, the most relevant rights are included here.

Procedure:

1. SADS shall protect and promote the following rights of all participants, through the emergency period as in regular programming:

- 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.

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.

4. Requirements for entries

- a. All entries in the participant record shall be legible, for the emergency period the participant will not be asked to sign the care plan or daily logs.
- b. Receipt of 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.
- 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.

Service Delivery During COVID-19 Emergency

Purpose:

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

Policy:

SADS shall provide services necessary to meet the participant's needs and services specified in the recommended Stay-At-Home Service Plan through the use of technology, at all times adhering to recommendations of social distancing and infection control procedures.

Procedure:

1. Required services. Consistent with the needs, interests and preferences of the participant, SADS shall provide the following services though telecommunication:

- Socialization
- Monitoring
- Transportation MAY NOT be provided to participants under Medicaid Managed Long Term Care during the COVID-19 crisis)

2. Optional services. 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. 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.

Services Provided by Telecommunication

Purpose:

To address the needs, interests and preferences of isolated older adults and individuals with disabilities during the Stay-At-Home orders of the public health emergency of COVID-19. SADS services will be provided telephonically or via permitted telehealth platforms.

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.

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- 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.

Socialization Services

Purpose:

To ensure the SADS provides modified socialization activities to isolated older adults and individuals with disabilities during the Stay-at-Home order of public health crisis COVID-19. SADS serving MLTCP members must follow the NYS Department of Health guidance regarding COVID-19 Guidance for Providing Adult Social Day Care (SDC) Socialization Services Telephonically.

Policy:

THE SADS shall encourage and stimulate the participant to interact with others via the use of electronic information and communication technologies. 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, by means of telecommunication.

The program will use methods such as conference calls and video meetings to ensure social distancing.

Procedure:

These activities shall include but not be limited to:

1. Social activities that require group interaction if the participant has indicated a desire for this activity.
2. Education through special instruction and projects.
3. Cultural awareness opportunities and activities.

Activities shall be planned by the Director, or service staff allowing input from participants, care providers, or volunteers

- Stretching
- Games
- Arts and Crafts
- Group activities

All program activities shall engage the participant and be supervised by services staff.

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.

Monitoring

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 are 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 the SADS adheres to NYS Department of Health guidance regarding COVID-19 Guidance for Providing Adult Social Day Care (SDC) Services Telephonically

Policy:

For the duration that this guidance remains in effect as described above, the SADC will not provide transportation to MLTC members.

Procedure:

1. For the duration of the COVID-19 emergency period remaining in effect, as described above, SDC providers will not provide transportation to MLTC members.
2. 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.
3. All infection control procedures and social distancing will be observed.
4. If the participant requests transportation to their doctors or non-critical appointments the program will notify the MLTCP.

Infection Control in SADC 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.

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- 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. To the degree practicable, all SADS should practice social distancing protocol, maintaining a separation of at least six (6) feet from other persons.
4. 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.
5. All workers should avoid touching their mouth, nose, or eyes.
6. 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.
7. No family members or other passengers should be permitted in the vehicle.
8. Drivers will be reminded of the importance of routine hand and respiratory hygiene practices.
9. 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:

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- 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.

Employees and Illness

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.

Procedures:

1. SADS Program Director will not allow any employees to work when ill, with a fever, or with a contagious or infectious disease.
 - 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)
1. Staff will be screened for respiratory and fever symptoms upon arriving at work.
2. SADS Program Director will speak with staff prior to participant deliveries to screen them for symptoms or contacts that might have put them at risk.
3. SADS Program Director will strictly enforce illness and sick leave policies.
4. 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.
5. 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.
6. 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.
7. 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.

STAFF SCREENING

Purpose:

To ensure SADS adheres to CDC and NYSDOH guidance to protect the safety of participants and staff.

Policy:

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).

Procedure:

- The SADS Program Director will contact, daily, each employee prior to the employee beginning home delivery visits to confirm that the employee is self-monitoring and has no symptoms.
- Employees must also contact the SADS if they develop symptoms during the workday and immediately cease deliveries.
- SADS will communicate to all home delivery workers that if they continue to work while symptomatic, they risk causing the continued spread of COVID-19.
- SADS Program Director will advise and refer staff to medical attention when they exhibit fever and/or respiratory symptoms.
- Staff who are symptomatic or report an elevated fever will be sent home and should contact their primary care physician as soon as possible.
- Further reporting to the Local Health Department should be carried out by the primary care physician.
- In keeping with the Governor's Executive Order, THE ADULT DAY CARE CENTER will avoid having staff come to or congregate at agency offices.
- THE ADULT DAY CARE CENTER will have one staff member on site during normal office hours in order to distribute supplies in a manner that avoids staff congestion.
- The health and safety of SADS workers and our ability to provide and support

participant care remains our priority.

- 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.

1. CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

2. NYSDOH: <https://www.health.ny.gov/diseases/communicable/coronavirus.htm>

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.

Procedure:

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	Employee COVID -19 Awareness 31		
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-regs.pdf	Documentation in Participant Records 8		
Documentation in Participant Records	8	https://aging.ny.gov/system/files/documents/2019/11/a.-sads-regs.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	Participant Rights 7 Service Delivery During Covid-19 Emergency 10 Transportation 19		
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	7		
Services Provided by Telecommunication	12	https://health.ny.gov/health_care/medical/covid19/docs/2020-04-07_adult_sdc_telephonic_guide.pdf	Documentation in Participant Records 8 Participant Rights 7		
Socialization Services	14	https://health.ny.gov/health_care/medical/covid19/docs/2020-04-07_adult_sdc_telephonic_guide.pdf	Documentation in Participant Records 8 Participant Rights 7		

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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-regs.pdf	Documentation in Participant Records 8 Participant Rights 7		
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 .	Documentation in Participant Records 8 Participant Rights 7		
Infection Control in Vehicles	20	https://www.health.ny.gov/health_care/medicaid/covid19/docs/2020-03-21_guide_transporation.pdf	Drivers Guidance 23 Hand Washing 25		
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	Infection Control in SADC Vehicles 20 Hand Washing 25 Employees and illness 28 Staff Screening 29 Employee COVID -19 Awareness		
Hand Washing	25	https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html	Drivers Staff Guidance 23		
Employees and Illness	28	https://coronavirus.health.ny.gov/system/files/documents/2020/03/doh_covid19_homehealthcarehospiceguidance_032220.pdf	Staff Screening 29		
Staff Screening	29	https://www.health.ny.gov/professionals/diseases/reporting/communicable/	Employees and illness 28		
Employee COVID -19 Awareness	31	https://coronavirus.health.ny.gov/information-healthcare-providers https://www.cdc.gov/	Novel Coronavirus Hotline 4		