

# **West Virginia Bureau of Senior Services**

## **COVID-19 Resource Guide for Senior Centers**

For general information on coronavirus disease 2019 (COVID-19) and links for online vaccine pre-registration and free testing sites, go to <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

**COVID-19 Vaccine Information Line:**

1-833-734-0965

**COVID-19 Hotline**

1-800-887-4304

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## Introduction and Scope

A Senior Center is a congregate setting in an environment where people gather in close proximity for either a limited or extended period of time, but do not stay at the location overnight.

This guidance is developed from applicable CDC guidance and is focused on Senior Center settings that serve seniors whose age or health status places them at higher risk for severe COVID-19.

- As we learn more about COVID-19, public health guidance is evolving. Administrators of congregate settings should stay up to date on CDC guidelines. Even if there is no guideline for your specific type of setting, recommendations in guidelines for similar settings are likely relevant. For example, guidance for retirement communities may be applicable to senior centers. Consider assigning a specific staff member to follow changes in federal and state guidance. Encourage staff and participants to suggest creative ways to prevent transmission and minimize the risk of infection. Finally, some settings may not be large enough to accommodate the necessary CDC guidelines and may need to reduce capacity of participants they can serve safely or should move activities to the outdoors where possible. Virtual group activities can be used to supplement as needed per policy.

## Get Vaccinated

As an initial matter, Governor Jim Justice urges all eligible West Virginians to get vaccinated as soon as possible to help reduce the spread of COVID-19 and its variants. For more information, visit [www.vaccinate.wv.gov](http://www.vaccinate.wv.gov)

To set up an appointment for the State's vaccination team to come to your Senior Center or another location to offer vaccinations to anyone you may invite to get vaccinated, call the WV Vaccine Hotline at 1-833-734-0965.

## How does COVID-19 spread?

- The virus is primarily spread to people who are in close contact (within about 6 feet) with an infected person. The virus is in droplets that are sprayed when a person coughs, sneezes, or talks. Staying 6 feet away helps protect you from that spray.
- The virus may also be spread if a person touches a surface or object with the virus on it and then touches their mouth, nose, or possibly their eyes. This is not thought to be the primary way the virus spreads, however. You can protect yourself from this type of exposure by regularly washing your hands and by cleaning frequently touched surfaces.
- Scientists now believe that people who have no symptoms can spread the virus. But it is still very important that people with symptoms stay home except to seek medical care

## Who is at higher risk of severe illness?

Please check the CDC website for the current list of people who are at increased risk for severe illness. Here is the link for the most updated information:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>

### Who is at higher risk of being infected?

Risk of infection depends on exposure. People are at increased risk if they:

- Have recently traveled to an area where COVID-19 is spreading, especially if there is significant community transmission in that location. Travelers should follow CDC recommendations for post-travel quarantine or other precautions.
- Have been in close contact with someone with COVID-19. Household contact in particular increases the risk of transmission.
- Live or spend time in a congregate setting where COVID-19 could spread rapidly.

### What are the symptoms of COVID-19?

Symptoms can include:

- Fever (feeling feverish OR temperature of 100.4 degrees F or 38 degrees C or greater)
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

### Best practices to preventing the spread of COVID-19 in non-residential congregate settings

Protecting participants, visitors, and staff at non-residential congregate settings from COVID-19 requires a multi-layered approach. The measures outlined in this document aim to:

- 1) prevent the introduction of COVID-19 into the Senior Center through symptom exposure screening,
- 2) prevent the transmission of COVID-19 among participants, visitors, and staff through physical distancing, use of cloth face coverings for employees and seniors not fully vaccinated and personal protective equipment, and good hygiene, and,
- 3) provide educational information and opportunities for participants and staff (e.g., offer recommendations that individuals within congregate settings are much safer two (2) weeks after last dose of approved EUA vaccine series).

### Individuals with signs and symptoms of COVID-19 should stay home

Senior Centers should have a policy in place which states that staff and participants are not permitted to come to the Senior Center if they are ill or exhibiting any signs or symptoms of COVID-19. Staff members with any symptoms should stay home and consult their health care provider on their safe return to work.

Individuals with symptoms compatible with COVID-19 should not be permitted to enter the Senior Center. Individuals with symptoms should be urged to contact a health care provider and seek testing. A negative test does not necessarily ensure that a person does not have COVID-19. Seek medical guidance to determine when it is safe for a person who had symptoms to return to the Senior Center. In general, consider waiting at least 72 hours after the person is fever-free without the use of fever-reducing medications and at least 72 hours after respiratory symptoms have begun to improve.

#### [Screen for COVID-19 symptoms and risk factors for exposure \(Screening Form - attached\)](#)

Consider screening all entrants to the Senior Center and transportation (participants and staff) for symptoms of COVID-19 and risk factors for infection. Use CDC guidelines for fully vaccinated individuals.

New onset symptoms without an alternative diagnosis are most concerning. If the symptom is chronic or has a clear alternative diagnosis (e.g., a chronic cough in a person with Chronic Obstructive Pulmonary Disorder), it is not necessary to exclude the participant. If in doubt, consult with your county health department.

The Senior Center may identify a specific location where screening will take place. The location should allow for social distancing between participants and staff conducting the screening. It may be necessary to implement a system in which individuals are asked to wait outside and enter the building when called.

#### [Plan what to do if a participant or staff member has signs or symptoms of COVID-19](#)

To the extent possible, staff should ensure that participants have the means to return home promptly should any sign or symptom of COVID-19 be identified during screening or at any time while at the Senior Center. Programs should maintain emergency contact information regarding transportation and should designate an area of the Senior Center to isolate an individual with signs or symptoms until they can be safely returned home. Likewise, any staff member who develops signs or symptoms should isolate themselves, notify their supervisor, and leave the Senior Center as quickly as possible. Persons with signs or symptoms of COVID-19 should not travel by public transportation.

#### [Implement physical/social distancing protocols](#)

- Participants and staff should avoid all medically unnecessary physical contact and should maintain social distance according to CDC current guidance. Consider assigning staff to monitor both participant and staff interactions to reinforce the need for physical distancing.
- Move activities outside as much as possible. Improved ventilation and more distance between participants reduce the risk of transmission.
- Common areas should be re-arranged such that there is room for participants to remain at proper distance (according to CDC current guidance) from one another. Limit interaction in common spaces, including hallways, by staggering any required movement of participants.
- Utilize protective shields in various areas such as reception area, meal sign in areas, etc.
- Establish proper protocols for distancing according to CDC guidance during service sign

- in and voluntary contributions that ensure sanitization of any items used (pens, etc.).
- Smaller groups are less risky than larger groups. Consider limiting group activities to small groups (e.g., 10) of people and ideally make them 1-on-1 whenever possible.
- Sufficient space should be available for any program(s) that involve movement/activity/excessive breathing.
- Blocking off seats in vans to ensure appropriate social distancing according to CDC guidance is appropriate.
- Physical exertion and singing may increase the risk of COVID-19 transmission. These activities should be done outside whenever possible. You may consider increasing distance between participants and decreasing group size if engaged in these activities, especially if the activity is indoors.

### Keep participants and staff in the same small groups

Senior Centers may consider ways to divide their participants into small “cohorts” of participants, each with dedicated staff (e.g. Adult Day Care). To the extent possible, these cohorts should be maintained over time and contact between cohorts should be minimized. The goal of this approach is to contain transmission within a single cohort if COVID-19 is introduced into the Senior Center.

Senior Center staff should work in their assigned areas to the extent possible based on (e.g., the only individuals in the kitchen should be kitchen staff who prepare and package meals. Van/meal delivery staff should be provided meals ready to be delivered.)

### Promote hygiene and cough etiquette

Senior Centers should provide participants and staff with instructions on hygiene and cough etiquette. Instructions should include how to use face coverings, how to use tissues to cover nose and mouth when coughing or sneezing, how to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene. Participants should be taught that, if no tissues are available, they should cough into the bend of their elbow and wash their hands with soap and water afterwards. Participants should also be encouraged to avoid touching their eyes, nose, and mouth with unwashed hands. The CDC has several handouts and posters at <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc> designed to educate about COVID-19 and good hygiene practices.

Participants should avoid sharing dishes, cups, utensils, clothing, and other objects with other people in the Senior Center. All of these items should be thoroughly cleaned and disinfected after use.

Hand sanitizing stations should be available at entrance points and throughout the site.

### Face coverings

- Per Governor Justice’s Executive Order 16-21 dated May 14, 2021, in accordance with the latest CDC guidance, individuals who have been fully vaccinated against COVID-19 (two weeks after the last dose of approved EUA vaccine series) can participate in indoor and

outdoor activities without wearing a face covering or physically distancing, regardless of crowd size.

- Providers should have face coverings available for individuals who may need one.
- For unvaccinated individuals, face coverings should be worn so they cover both the nose and mouth.
- Information/training should be provided to staff and participants regarding proper mask use/care (e.g., remove by the ear bands, don't touch the inside of the mask where it touches the face, don't re-use disposable face coverings wash cloth face coverings).
- CDC has information on how to optimize PPE equipment at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

#### Use other personal protective equipment as needed

- Senior Centers may consider obtaining a limited supply of additional PPE (e.g., gowns and eye protection) and training staff to use it in the event a participant develops symptoms, and the participant requires close contact with staff during the period before the participant is able to leave the Senior Center.
- Senior Centers should use gloves per Senior Center protocol.

#### Keep hands clean

Soap and water or hand sanitizer should be easily accessible in every room. Urge staff and participants to focus on hand washing. Wash hands often with soap and warm water for at least 20 seconds. Using an alcohol-based hand sanitizer, with at least 60% alcohol, is an alternative option if soap and water are unavailable.

Times to wash hands include (but are not limited to) immediately after entering the Senior Center; before eating; before, during, and after food preparation; and after using the toilet. Staff should wash hands in between any direct contact with participants and encourage participants to do the same. Consider posting visual reminders at the entrance and in strategic places. More information on handwashing is available at <https://www.cdc.gov/handwashing/index.html>

#### Clean and disinfect regularly

Routine cleaning of surfaces using appropriate cleaning and disinfection methods can help to prevent the spread of COVID-19.

- Clean high-touch surfaces in the Senior Center multiple times per day. Examples of high-touch surfaces include doorknobs, light switches, handrails, kitchen appliances, counters, drawer pulls, tables, sinks, faucet and toilet handles, drinking fountains, elevator buttons, push plates, phones, keys and remote controls. Recreation equipment such as art supplies, games and sports equipment should also be cleaned. Shared participant care equipment should be cleaned after each use.
- Properly sanitize vehicles prior to transportation and between transports.
- Laminate any activity materials you can for easy sanitizing/cleaning.
- Make sure that EPA-registered disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared participant care equipment. Refer to <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19> on

the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

- Any surfaces touched by a participant with symptoms of COVID-19 should be disinfected immediately.
- Clean by removing any visible dirt and grime before using disinfectants. Disinfectants remove most germs and are most effective on clean surfaces or objects. Coronaviruses are relatively easy to kill with most disinfectants. When using cleaning and disinfecting products, always read and follow the manufacturer's directions (e.g., application method, contact time).
- For laundry (if applicable): Wash at the warmest possible setting with your usual detergent and then dry completely. Avoid "hugging" laundry before washing it to avoid self-contamination. Do not shake dirty laundry before washing to avoid spreading virus or other dirt and bacteria through the air. Wash hands after handling dirty laundry.

More information from CDC on cleaning and disinfecting community settings is available at <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html> and guidelines for disinfection and sterilization in health care settings are available at <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>

### Prevent transmission from objects brought into the Senior Center

Transmission from touching objects contaminated with the virus that causes COVID-19 is not the most common route of transmission. However, the following strategies may help reduce this risk.

#### Deliveries

- Have a single point of entry for supplies (e.g., a loading dock or other less trafficked entrance).
- Restrict delivery persons from entering the Senior Center.
- Maintain physical distance according to CDC guidance between staff and delivery persons as much as possible.
- Wash hands once supplies have been stored or put away.

#### Participant belongings

- Minimize what belongings participants bring into the Senior Center.
- If possible, keep each participant's belongings separate from other participant's belongings (e.g., in separate containers or cubbies).
- If staff handle participant belongings, ensure they wash their hands immediately after handling.

#### Staff belongings

- Minimize what belongings staff bring into the Senior Center.
- Require staff to bring their belongings directly to the place where they will be stored during their shift.
- Require staff to wash their hands immediately after storing their belongings.
- Require staff to sanitize any belongings they keep with them during their shift (e.g., phones) prior to starting their shift.



- Encourage staff to minimize access to their belongings during their shift and to wash their hands any time they do access them.

### Provide meals safely

- Establish staggered eating times and increase space between tables, so diners remain socially distanced according to CDC guidance.
- Continue physical contactless delivery to the maximum extent possible. (e.g., leave on doorstep, knock/ring doorbell then move to an appropriate social distance according to CDC guidance to verify receipt with the home-delivered meal recipient).
- Implementing a reservations system to manage and limit the number of participants congregating at any one time. This may require creating multiple dining opportunities with extended serving times in order to accommodate all participants.
- No condiments placed on table (e.g., salt, pepper). Provide condiments individually (e.g., packets of salt, pepper, ketchup, mustard).
- Provide plated meals rather than self-service, buffet or family-style servings.

### Institute policies and procedures for visitation (e.g., Respite Services)

Senior Centers may consider limiting visitation to either no visitors or one (1) visitor per participant. In particular, limits should be instituted if the Senior Center has limited space and visitors would increase crowding and make physical distancing difficult to maintain.

If visitors are allowed, the following practice can help mitigate risk:

- Visitors should perform hand hygiene before and after entering the Senior Center and common areas.
- Visitors should keep appropriate distances according to CDC guidance between themselves and other people.
- Consider identifying a location in the Senior Center where visits can take place that is separate from congregate areas. Clean and disinfect high-touch surfaces in this area between visits.
- Institute a system for scheduling or otherwise controlling visitation so as to limit the total number of visitors at any one time.

Consider restricting visitation if the incidence of COVID-19 in the community increases.

### Keep records to facilitate contact tracing

If a person who spent time at the Senior Center is diagnosed with COVID-19, public health personnel will work with the individual and, if necessary, the Senior Center to identify people who have been exposed and to quarantine all close contacts. Senior Centers should maintain accurate records of all participants, visitors, and staff who were at the Senior Center and when and how to reach those individuals (e.g., collect a phone number).

**This Resource Guide is not intended to be an all-inclusive COVID-19 guide of protocols and processes your agency Executive Director and Board of Directors shall implement within your Senior Center to develop your opening policies.**

**Note: Future revisions may result from future CDC guidance changes.**

**You may choose to consult with your Local County Health Department on your re-opening policy.**

**Once your policy is complete, it must be sent to your Area Agency on Aging.**

## Resources

CDC Considerations for Retirement Communities and Independent Living Facilities

<https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/considerations.html>

ASAM Infection Control and Mitigation Strategies in Residential Treatment Facilities:

<https://www.asam.org/Quality-Science/covid-19-coronavirus/infection-mitigation-in-residential-treatment-facilities>

CDC Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>

CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

CDC Strategies to Optimize the Supply of PPE and Equipment:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

CDC Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC's Interim Guidance for Healthcare Facilities: Managing Operations During the COVID-19 Pandemic: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>

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Joint Commission resource: <https://www.jointcommission.org/en/resources/news-and-multimedia/blogs/on-infection-prevention-control/2020/02/19/managing-the-threat-of-the-new-coronavirus-strain/>

SAMHSA's Disaster App: <https://store.samhsa.gov/product/samhsa-disaster>

Helpful Infographic on remote consultations related to COVID-19  
<https://www.bmj.com/content/368/bmj.m1182/infographic>

COVID-19 resource from the University of Washington: <https://covid-19.uwmedicine.org/Pages/default.aspx>