



Guidance for Resuming In-Person Services

The following are general guidelines and considerations that all Office on Aging (OoA) providers must take when presented with various reopening options. This document is based on the interpretation of the State and local public health guidance and on meeting readiness criteria and metrics as defined in the Blueprint for a Safer Economy. Please note that the options listed below are not all-inclusive and this guidance will not provide an answer for every possible scenario. Flexible planning and framework must be available.

This guidance is designed to provide a general framework for typical scenarios anticipated under OoA-funded programs upon resuming in-person services. OoA is prepared to discuss and partner with service providers to address unique reopening situations. This guidance is not intended to minimize or excuse any provider's or other person's contractual, statutory or other responsibilities, revoke or repeal any employee rights, nor to replace any County and State health orders. This guidance is specific to the re-opening response of OoA-funded programs, and it is not a substitute for any existing safety and/or health-related regulatory requirements such as those of Cal/OSHA (Department of Occupational Safety and Health).

The decision to resume in-person services will be at the local level and will be based on state and local public health guidance, along with an assessment of the readiness of the current staff, facility, and older adults at each site where in-person services are provided.

Each provider and hosting site offering OoA-funded programs may choose to implement their own protocols. Providers and hosting sites are highly encouraged to consult with their HR department and legal counsel before implementing policies and protocols for resuming in-person services.

Providers and hosting sites must consider the following when rendering services in sites around the County.

I. Staff/Volunteer training regarding COVID-19 risk reduction measures

Provide training to all personnel¹ who directly or indirectly provide service to OoA program participants. Training provided to personnel include, but are not limited to in-person training, live virtual training, webinars, and providing informational/educational materials for self-study.

Considerations for Training Topics

¹ Personnel includes paid staff and volunteers

- General description of COVID-19 symptoms, when to seek medical attention, how to prevent its spread, and the employer’s procedures for preventing its spread in the workplace.
- Which underlying health conditions may make individuals more susceptible to contracting the virus.
- How an infected person can spread COVID-19 to others even if they are not sick.
- How to self-screen at home, including temperature and/or symptoms checks using CDC guidelines.
- How to prevent the spread of COVID-19 by using face covers including:
 - Everyone should use face coverings when around others.
 - How face coverings can help protect persons around the user when combined with physical distancing and frequent hand washing.
- Instructions on washing and sanitizing hands before and after using face coverings.
- Cough and sneeze etiquette.
- The importance of not coming to work if employees or volunteers have a frequent cough, fever, shortness of breath or difficult breathing, chills, muscle pain, headache, sore throat, diarrhea, recent loss of taste or smell, feeling sick in any way, and having been exposed to a person known to be positive for COVID-19.
- The importance of seeking medical attention if their symptoms become severe.
- Washing hands with soap and water for at least 20 seconds after contacting shared surfaces and objects.
- If handwashing is not feasible, use hand sanitizer with at least 60% ethanol or 70% isopropanol.
- Executive Order N-51-20² requires that employees and volunteers working in food facilities must be permitted to wash their hands every 30 minutes and additionally as needed.
- Avoiding touching eyes, nose, and mouth with unwashed hands.
- Avoiding sharing personnel items with co-workers.
- Providing tissues, no-touch disposable trash cans and hand sanitizer for use by personnel.
- How to properly and safely use cleaners and disinfectants.

II. Infection Prevention Measures

Encourage persons to self-screen at home prior to entering the facility and if not feeling well or symptomatic, encourage them to stay at home. As of June 15th, vaccinated persons are not required to wear a mask except when on public transit however, unvaccinated individuals are still required to wear a mask³. In addition, the physical distancing orders have terminated. However, it is highly encouraged for providers to err on the side of caution and continue masking and physical distancing while providing services under the OoA programs.

Considerations for Screening Questions

- Do you have a new cough, nasal congestion, or runny nose?
- Are you experiencing shortness of breath or difficulty in breathing?

² <https://www.gov.ca.gov/wp-content/uploads/2020/04/4.16.20-EO-N-51-20.pdf>

³ Visit California Department of Public Health for detailed information regarding masks:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>

- Are you having new muscle pain or fatigue?
- Do you have a headache (that is not normal for you)?
- Do you have a sore throat?
- Are you experiencing a new loss of taste or smell?
- Are you experiencing nausea, vomiting, abdominal pain, or diarrhea?
- Do you have a new rash?
- Have you been exposed to anyone who has tested positive for COVID-19 in the last 2 weeks?

Other Infection Prevention Considerations

- Temperature check for fever over 100.4 F.
- The following items will result in a denial of in-person participation:
 - Answering yes to a screening question.
 - Temperature over 100.4 F.
 - No mask and unvaccinated.
- Require participants to sit down after signing in and limit the amount of time spent walking around.
- No self-service areas such as but not limited to coffee/tea stations.
- Do not leave card stands, flyers or other items on the table.
- No takeout containers allowed.
- No outside food brought in by participants allowed.
- Increase fresh air circulation by opening windows and/or doors.
- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and/or making other modifications to increase the quantity of outside air and ventilation in all areas.
- Discourage hugs, handshakes or similar greetings that require human contact and/or break physical distancing.

Considerations for Mask Protocols

- For sites allowing fully vaccinated individuals to enter without a mask - allow individuals to self-attest to being fully vaccinated prior to entry.
- For sites requiring all to wear a mask regardless of vaccination status:
 - Inform all persons entering the facility of the program requirements.
 - Reassign staff and volunteers who refuse to wear a mask to other program assignments, such as virtual or telephonic activities that do not require wearing a mask.
 - If virtual and/or telephonic activities are not feasible, consider placing staff and volunteers in other non in-person activities or assign administrative duties.
- For participants who need to or choose to wear a face covering or face shield:
 - Face coverings should cover the nose and mouth.
 - Clear face shields should be used in place of a washable and/or disposable face covering under the following circumstances:
 - By employees who are likely to interact with a person who has a hearing impairment.
 - When providing or participating in form of interaction that requires the participant and staff to see the other person's face.

- By participants who cannot medically tolerate a face covering over the nose and mouth (as determined by a medical professional).
- By participants who are exempt from applicable state and local face covering guidance.

Mask Protocols for High-Risk Congregate Settings and Other Health Care Settings (Effective August 9, 2021)

This section only applies to Adult Day Care providers and select Senior Centers (depending on site administrator). The guidance in this section is based on the State Public Health Officer Order of July 26, 2021 (from CDPH). This guidance needs to be mandated regardless of reopening status.

Where Title 8 of the California Code of Regulations does not require the use of respirators, facilities shall provide all unvaccinated or incompletely vaccinated workers with FDA-cleared surgical masks. Staff (including volunteers) are required to wear FDA-cleared surgical masks in indoor settings anywhere they are working with another person.

Considerations for Physical Distancing

- Maintain physical distancing of at least six feet, including seating arrangements.
- Create a reservation system to limit the number of people.
- Post “stand here” signs or markers at 6-foot intervals.
- Have designated entry/screening points and exit doors.
- Maintain a roster for each group that includes, at a minimum number of participants, name of participants and phone number of attendees.
- Arrange seating to provide 6-foot distance from each other.
- Prohibit persons to congregate in common areas and high traffic areas.

Considerations for In-Person Dining

- Serve meals in the dining room and/or designated dining area.
- Table (restaurant type) service instead of cafeteria style meal service.
- Supply individual condiments and utensils to participants when meals are served.
- Pre-roll utensils in napkins prior to use by participants. Employees must wash hands before pre-rolling and during distribution.
- Use disposable placemats instead of table coverings.
- No decorative items on the dining tables.
- Consider additional dining times if unable to seat all participants at one time following physical distancing protocol.
- Create a reservation system to manage the number of dining participants.
- Consider outdoor dining, if feasible.

III. Cleaning and disinfecting protocols

Always follow industry best practices and appropriate protocols specific to your type of facility that meet or exceed minimum standards for cleaning and disinfecting.

Considerations for Cleaning and Disinfecting

- Perform thorough cleaning in high traffic areas, such as registration desk, lobbies, entry ways, and handrails.
- Clean touchable surfaces between users.
- Avoid sharing audio equipment, phones, tablets, laptops, desks, pens, and other work supplies wherever possible.
- Never share PPE.
- Assign cleaning duties to staff as part of their job duties and provide time for staff to implement cleaning practices.
- Procure option for third-party cleaning companies to assist with the increased cleaning demand.
- Equip spaces such as dining rooms, registration desks, and kitchens with proper sanitation products, including hand sanitizer and sanitizing wipes to all staff directly assisting program participants.
- Ensure that sanitary facilities stay operational and stocked at all times and provide additional soap, paper towels, and hand sanitizers when needed.
- Thoroughly clean the dining location after meal use.
- Protocols for ensuring hand sanitizer is available for staff and client use where handwashing is not feasible.
- Place hand sanitizer(s) at a minimum at the building entrance, dining room entrance, kitchen entrance, and at the sign-in registration desk.

Considerations for In-Person Dining Sites

- Sanitize donation box frequently before, throughout, and after the service period and stored away immediately after use.
- Use disposable items if proper cleaning of reusable items is not feasible.
- Reusable items such as but not limited to trays, stemware, dishware must be properly washed, rinsed, sanitized, and stored in a clean place after every use.

IV. Communication

Clearly communicate expectations for in-person services to all persons entering the facility prior to resuming in-person services. Providers must post appropriate signage and information regarding indoor services at the location where services are being rendered.

Considerations for signage and information display

- The usage of hand sanitizer.
- How to maintain physical distance from others.
- Avoid unnecessary touching of dining site surfaces.
- Contact information for the local health department.
- Changes to meal services.
- Face covering usage.
- Information regarding program requirements.

V. Proof of Vaccination (Effective August 9, 2021)

This section only applies to Adult Day Care providers and select Senior Centers (depending on site administrator). The guidance in this section is based on the State Public Health Officer Order of July 26, 2021 (from CDPH). This guidance needs to be mandated regardless of reopening status.

Service Providers

- Service providers listed below must verify vaccine status of all staff (including volunteers).
 - Adult Day Care
 - Senior Centers (depending on site administrator)

Valid Proof of Vaccination

Pursuant to the CDPH Guidance for Vaccine Records Guidelines & Standards, only the following modes may be used as proof of vaccination:

- COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services Centers for Disease Control & Prevention or WHO Yellow Card) which includes name of person vaccinated, type of vaccine provided, and date last dose administered, OR
- A photo of a Vaccination Record Card as a separate document, OR
- Documentation of COVID-19 vaccination from a health care provider, OR
- Digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates, and vaccine type. The QR Code must also confirm the vaccine record as an official record of the State of California, OR
- Documentation of vaccination from other contracted employers who follow these vaccination records guidelines and standards.

Facilities must have a plan in place for tracking verified staff (including volunteers) vaccination status. Records of vaccination verification must be made available, upon request, to the local health jurisdiction for purposes of case investigation.

Workers who are not fully vaccinated, or for whom vaccine status is unknown or documentation is not provided, must be considered unvaccinated.

Service providers and applicable partner sites should consult their own legal counsel for guidance on risk assessment and for questions about requiring proof of vaccinations and/or use of liability waivers.

It is the service provider's responsibility to ensure that the proper P&P is in place for their organization. Service providers offering services in partners sites must ensure that the hosting sites' P&Ps are at the very least in compliance with State health guidelines/recommendations.

Testing Requirements for High-Risk Congregate Settings and Other Health Care Settings (Effective August 9, 2021)

- Asymptomatic ***unvaccinated*** or incompletely vaccinated workers are ***required to undergo*** diagnostic screening testing.
- Staff (including volunteers) may choose either antigen or molecular tests to satisfy this requirement, but unvaccinated or incompletely vaccinated staff and volunteers must be tested ***at least once weekly*** with either PCR testing or antigen testing. More frequent testing improves outbreak prevention and control and is encouraged, especially with antigen testing. Any PCR (molecular) or antigen test used must either

have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.

Definitions Related to this section

- ***“Fully Vaccinated”*** means individuals who are considered fully vaccinated for COVID-19: two weeks or more after they have received the second dose in a 2-dose series (Pfizer or Moderna), or two weeks or more after they have received a single-dose vaccine (J&J).
- ***“Incompletely Vaccinated”*** means persons who have received at least one does of COVID-19 vaccine but do not meet the definition of ***fully vaccinated***.
- ***“Unvaccinated”*** means person who have not received any doses of COVID-19 vaccine or whose status is unknown.

All applicable service providers must be in full compliance with this Order by August 23, 2021.

Inquiries:

- For questions related to this guidance and or Office on Aging programs please submit to: **OoACOVID19Questions@occr.ocgov.com**
- For information and resources on COVID19, testing, and vaccines please visit: **<https://ocCOVID19.ochealthinfo.com>**
- For general COVID19 questions, call the **COVID-19 Hotline: (714) 834-2000**
- For medical questions, call the **Health Referral Line: (800) 564-8448**

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