

# **CORONAVIRUS DISEASE (COVID-19) INFORMATION Best Practices for Non-Residential Service Providers**

STAFF INFORMATION AND PROTECTION		
1.	Non-Residential provider will post signs in central places and at all entries in facilities buildings, if site based, which clearly state that everyone who enters this building must wear a face covering or mask in accordance with Los Angeles County Directives and the Centers for Disease Control.	
2.	The Program Administrator or a designated staff will take and document all attendees' temperature who have entered the building. If attendees have a fever of 100.4 or higher, and/or reports or is observed to have flu like symptoms such as fever, shortness of breath/difficulty of breathing, body aches and pain, they will be required to leave and will not be able to enter the program.	
	The program administrator or designated person shall use social distancing, barrier or partition controls, or personal protective equipment to protect the screener when taking individuals' temperature. *Designated staff must take temperature and document of all incoming staff and visitors.	
3.	All staff who report any signs or is observed to have any flu like symptoms such as a fever, shortness of breath, body aches and pain must notify their supervisor and remain at home.	
	Employees who are sent home ill, may not return to work until county public health criteria to discontinue home isolation are met, and after consultation with a healthcare provider.	
	COVID-19 symptomatic personnel must stay home and self -isolate for a minimum of 7 days after their symptoms first appear AND at least 3 days following illness recovery. Recovery is defined as being without fever for 72 hours (3 days) without the use of fever reducing medications and without respiratory symptoms (e.g. cough, shortness of breath).	
4.	The program administrator/designee will observe all individuals and staff in the program who had close contact with individuals with tested diagnoses of COVID-19. Such individuals are at risk and must home quarantine for a minimum of 14 days from the time of their last contact, with the symptomatic individual and/or during the 48 hours prior to when symptoms appeared. If the staff or individual remains asymptomatic for 14 days, the time span over which the virus generally appears, they may return to work safely with a clearance from their healthcare provider.	
5.	All program staff must wear a cloth face covering, unless they require healthcare specific personal protective equipment (PPE), such as a N95 respirator or medical facemask for protection, when performing close participant care, (within 6 feet of those requiring care).	
	The purpose of wearing a cloth face covering is a way to prevent the spread of the respiratory droplets and to help protect co-workers, participants, and members in the community.	
	Cloth face coverings are not considered medical grade PPE. The cloth face covering may prevent workers, including those who are virus asymptomatic, from spreading it to others, but may not completely protect the individual from exposure to the virus that cause COVID-19.	

# Medical Grade PPE Include: Medical facemasks that will provide barrier protection against droplet spray contacting mucous membranes of the nose and mouth but are not designed to protect individual from inhaling small particles (at the micro level). N95 Mask: These should be used when caring for an individual who has potentially infectious disease that is transmitted by airborne routes or when in a closed space with this type of individual. Staff will always wear N95 mask or other protective medical face mask, gloves and isolation gowns when providing personal care for individuals served for all activities of daily living (including but not limited to feeding, oral care, assistance with toileting and grooming). SOCIAL DISTANCING GUIDANCE 1. Configure partitions as a barrier shield. Use verbal announcement signage, and visual cues to promote social distancing. Remind staff and 2. participants of the following requirements: refrain from hugs and avoid close -up conversations as participants and staff need must remain least 6 feet away from one another. Remove/Rearrange furniture to accommodate the 6-foot minimum Social Distancing. Rearrange common areas to avoid having more than 10 participants, in an enclosed space, and make certain that all seating arrangements are at least 6 feet apart and staggered across from one another. Discontinue any large group functions including congregant meals. Stagger meals so groups can be remaining small than 10 individuals. Serve meals with the same group of individuals at each meal to reduce transmission risk. If weather permits, serve meals in outdoor areas that allow for greater social distancing. **PARTICIPANT CARE GUIDELINES** All individuals participating in programs, including staff, must observe social distancing remaining a minimum of 6 feet from other individuals. 1. Non-Residential programs may accomplish social distancing by alternating days of participation or reducing participant hours into shorter program segments each day. All individuals participating in non-residential programs must have temperature taken prior to entering the building, if site based, or prior to entering the vehicle, if community based. administrator or staff that has been assigned to engage in temperature taking and monitoring will 2. document temperatures in a file or log that is specific to the individual in the program. If the individuals have a fever (100.4) or flu like symptoms, they will not be allowed to enter the building or community transport vehicle and will be instructed to notify their physician for further guidance. All participants who are symptomatic upon arriving to a program, or who become ill during the program, should immediately be separated from other participants of the program, and be 3. transported home. The ill participant should follow-up with their physician for further guidance. The program will develop a procedure for the safe transport of any participant who becomes sick

	while at the program which may include transport home or calling 911 for symptoms described in item #4.
4.	All program participants must seek immediate medical attention (staff should call 911) for the following participant symptoms: Shortness of breath/difficulty breathing, persistent pain or pressure in chest (e.g. manifestation of facial grimacing with increase in behavior), new or atypical confusion or inability to arouse the participant.
	If programs have an employee or individual that participated in a program and is suspected or confirmed to have COVID-19 infection; the program may remain open if it has been less than 7 days since the ill employees or participating individual(s) have been in the facility. Programs must close off any areas used for prolonged period by the ill individual(s).
5.	Program staff must wait 24 hours before cleaning and disinfecting the facility to minimize potential for other employees or participants being exposed to respiratory droplets. (NOTE: if waiting for 24 hours is not feasible, wait as long as possible).
	If it has been 7 days or more since the ill employee or participant used the facility, additional cleaning and disinfection may not be necessary. Routine cleaning and disinfecting all high touch surfaces in the facility remains required.
6.	Staff must always wear N95 mask or other protective face mask, gloves and isolation gowns when providing all personal care for individuals served for all activities of daily living (including but not limited to feeding, oral care, assist with toileting and grooming).
7.	All staff and participants must wear a face masks that covers their mouth and nose when arriving and leaving the facility.
8.	All staff, participants and other visitors must wash their hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol if soap and water are not available. If hands are visibly dirty, they should use soap and water over hand sanitizer.  Before and after program shift Before and after work breaks After blowing their nose, coughing, or sneezing After using the restroom Before and after eating or preparing food After putting on, touching, or removing cloth face coverings Before and after providing any activities of daily living: (e.g. bathing, feeding, changing
	<ul> <li>bed linens, taking temperature).</li> <li>Before and after applying protective gloves for individuals' care.</li> </ul>

Hand Sanitizer Specifications: Staff must use hand sanitizer if soap and water is not available. The hand sanitizer must contain at least 60% alcohol. The staff must cover all surfaces of hands and rub them together until hands feel dry. If hands are visibly dirty, staff should wash their hands with soap and water. FACILTY/PROGRAM CLEANING AND DISINFECTING Programs must provide adequate supplies for good hygiene: soap, paper towels, and alcohol-based hand sanitizer (especially near food areas and restrooms) and assure easy access to clean and functional hand washing stations. Hand hygiene stations (sinks with antibacterial soap and alcohol gel products) should be readily available throughout the program, especially at the entrances of the facility, if site based. Programs must make certain that trash cans or trash bags for disposal of used tissues and alcohol-1. base sanitizer are available and visible throughout the program. Tissues must also be readily available, and all sinks must be well-stocked with soap and paper towels for handwashing. Programs must provide supplies for proper hygiene, including tissues, trash cans or trash bags for disposal of used tissues, and alcohol-based sanitizer. Programs must educate and remind individuals served to perform proper hand hygiene throughout the day, particularly after using the restroom and prior to eating their meals. Staff must disinfect the facility at least three times daily using EPA registered household 2. disinfectant and cleaner. Routine Cleaning: If using cleaning chemicals, staff must wear protective gloves. 3. Staff should use every day janitorial cleaning supplies and disinfectants for regular surfaces such as floors, tables, desks, counters, sinks, toilets, and other hard-surfaced furniture and equipment. Enhanced Cleaning: Routine cleaning practices PLUS additional cleaning and disinfecting of high touch surfaces during a communicable disease outbreak to prevent illness as required. 4. Staff must use routine cleaning disinfectants or another approved disinfectant for regular surfaces PLUS an EPA registered disinfectant approved for viral/bacterial for high touch surfaces Deep Cleaning: Routine and enhanced cleaning PLUS specialized cleaning of the space occupied by a person suspected or confirmed positive for a communicable disease 5. Staff must wear gloves, splash goggles, face shield, gowns/coveralls, respirator if there is risk of splash exposure.

Staff must use an EPA-registered disinfectant approved for emerging pathogens

- Staff must use household cleaning and disinfectant on any surfaces that may have exposure to body fluids according to the product's label instruction. Staff should follow the instruction on the label of the EPA-registered household disinfectant (e.g. Clorox Multi Surface Cleaner and Bleach Clorox Disinfecting Wipes). Staff should keep the surface wet for a period of time post cleaning to allow for maximum product impact.
- 7. Staff must use precautions such as wearing gloves while cleansing the facility/program and ensure maintenance of ample ventilation during the use of the cleaning product on high touch surfaces (e.g. counters, tabletops, doorknobs, bathroom, fixtures, toilets, phones, keyboards, tables and faucets).

#### TRANSPORTATION GUIDANCE

## When transportation of individuals is necessary

- The home or residence will check for signs/symptoms of those needing transportation prior to the participant entering the vehicle, including conducting a temperature check.
- Individuals must wear surgical masks during transport.
- When multiple individuals require transportation simultaneously, appropriate social distancing (at least 6 feet) must be practiced by individuals and the driver. The individual should be placed on the opposite side of vehicle, from the driver, in the seat farthest away from the driver's seat.
- Vehicle windows should be rolled down when possible to improve ventilation in the ca.

### **Transporting Vehicles:**

- Should be outfitted with plastic tarps or coverings over the seats that can be cleaned and appropriately disinfected after each transport.
- Must include supplies for good hygiene, including tissues, trash cans or trash bags for disposal of used tissues, and alcohol-based sanitizer in vehicles used to transport clients.
  - If individual(s) require transport to a hospital or clinic, staff must notify EMS or other transporter that the client has an undiagnosed respiratory infection.

#### **Guidance for Drivers:**

- Drivers must take appropriate precautions including wearing PPE including mask, gloves, eye protection and if needed gowns.
  - Drivers should follow their transportation company's policy on screening individuals for COVID-19.

#### References:

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1.

California Department of Public Health

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx

County of Los Angeles Department of Public Health

https://covid19.lacounty.gov/,

http://publichealth.lacounty.gov/media/Coronavirus/

Centers for Disease Control and Prevention

https://www.cdc.gov/coronavirus/2019-ncov/index.html