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Department of Human Services
Division of Aging Services
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Important Congregate Nutrition Services Update

June 23, 2021

Dear Area Agency on Aging Directors,

On March 17, 2020, the Division of Aging Services strongly urged that all congregate nutrition services funded by the Division close until advised otherwise.¹ Based on New Jersey's broader re-opening and the end of the public health emergency, the Division is now advising that services may resume.²

This document contains recommendations based on CDC guidance for services delivered in circumstances similar to those provided by congregate nutrition sites. The Division encourages providers of congregate nutrition services to review these practices when making re-opening decisions in order to facilitate the safety and well-being of service operators, their staff and the vulnerable participants they serve.

It is important to note that, even with prudent steps being taken to reduce the risk of COVID-19 infection, neither the congregate nutrition provider nor the Division can guarantee that transmission will not occur. And, as always, all services must remain in compliance with applicable laws and other program rules, policies and procedures.

Thank you for your partnership during this challenging time.

Sincerely,

A handwritten signature in blue ink that reads "Louise Rush".

Louise Rush

¹ <https://nj.gov/humanservices/library/slides/Congregate%20Nutrition%20Services%20and%20COVID-19%20Notice.pdf>

² <https://covid19.nj.gov/faqs/nj-information/reopening-guidance-and-restrictions/when-is-new-jersey-lifting-restrictions>

Division Director

I. Responsibilities, Promotion of Behaviors to Reduce Spread and Increase Vaccination

- a. Congregate Nutrition Services administrators and staff can help protect themselves and program participants from COVID-19 by promoting and engaging in preventive behaviors that reduce spread and maintain healthy operations and environments at congregate nutrition sites.
- b. Administrators and staff are encouraged to get vaccinated as soon as possible, information on finding a free vaccine in New Jersey can be found here: <https://covid19.nj.gov/pages/finder>, CDC information on vaccination here: <https://www.cdc.gov/vaccines/covid-19/index.html> and <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>.
- c. After vaccination, continue using appropriate prevention strategies per CDC here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html> and per guidance in this document.

II. Screening, Admittance, Testing

- a. All sites should screen staff and participants for fever and other COVID-19 symptoms prior to entry to the site each day, per this section and (II)(c) below.
 1. Sites should encourage caregivers to be on the alert for signs of illness in participants and to keep them home when they are sick.
 2. An area, outdoors or in the immediate entryway of the site, should be designated to conduct participant and staff screening.
 3. Indoor screening areas should be separated from the program site by walls or physical barriers. Outdoor screening areas should be sufficiently sheltered to allow utilization during inclement weather.
 4. In-vehicle screening is permissible. Social distancing or physical barriers and well-fitting source control should be used to eliminate or minimize exposure risk during screening.
- b. Educate staff and participants about when they should stay home and when they can safely return to the site:
 1. Staff and participants should stay home and follow CDC recommendations (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>) if they have recently tested positive for or have symptoms (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) of COVID-19 and have not yet met the criteria for the discontinuation of isolation per guidance issued by the Department and CDC.

2. Participants and staff who have tested positive for COVID-19, had symptoms of COVID-19, or unvaccinated individuals who had close contact per CDC here: <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact> (less than 6-feet for a cumulative total of 15 minutes or more over a period of 24 hours, or direct physical contact), with a person with COVID-19, should not return to in-person services until they have met the criteria to discontinue transmission-based precautions per the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>, any guidance provided by the local health department and sections (IX , X and XI) of this document.
 3. Staff and participants should follow travel guidance from the CDC here: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html> and all the local health and safety protocols of their travel destination.
 4. If staff and participants are unsure whether they should stay home, they or their caregiver can use the CDC's coronavirus self-checker here: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>, to help them decide.
- c. Participant and staff screening at the beginning of each shift/program day should include:
1. If not already completed, determination and documentation of whether the participant or staff member has completed a full course of a COVID-19 vaccine, and whether two weeks have passed after completion of the full course of the vaccine.
 2. If the individual has not completed a full course of a COVID-19 vaccine, ask if the participant or staff member is interested in obtaining the vaccine. If the participant or staff member is interested, the site should assist the participant or staff member with making an appointment to receive the vaccine, as needed. The Department encourages all staff and eligible participants to get a COVID-19 vaccine as soon as they can. Information on how to get a free vaccine may be found here: <https://covid19.nj.gov/>.
 3. Temperature checks including subjective and/or objective fever equal to or greater than 100.4 F or as further restricted by site. Wherever possible, use thermal no-touch thermometers to limit contact and need for personal protective equipment (PPE).
 4. Completion of a questionnaire about symptoms and potential exposure which should include at a minimum:

- i. Whether the person currently has symptoms consistent with COVID-19 including fever of 100.4 F or higher, feeling feverish, chills, fatigue, headache, cough, new loss of taste or smell, congestion or runny nose, sore throat, shortness of breath or difficulty breathing, nausea or vomiting, diarrhea or has been diagnosed with COVID-19 in the prior 10 days (or longer if individual had severe critical illness or is immunocompromised) or are undergoing evaluation for COVID-19 (such as a pending viral test).
 - ii. Whether in the last 14 days, the person has had prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection or have otherwise met criteria for quarantine.
 - iii. Whether the person has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation or transmission-based precautions per guidance issued by the Department and CDC.
 - iv. Whether the person requires quarantine due to the current travel guidance from the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
- d. Entry into the site for those who meet one or more of the screening criteria listed above should be prohibited.
- e. High-Risk Participants
 1. High Risk individuals should seek the advice of their health care provider to determine if it is safe for them to participate in congregate dining.
 2. High-risk participants include people of any age who have serious underlying medical conditions as defined by CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html> including the following:
 - i. People with chronic lung disease or moderate to severe asthma;
 - ii. People who have a serious heart condition;
 - iii. People who are immunocompromised (many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications);
 - iv. People with severe obesity (body mass index [BMI] of 40 or higher);

- v. People with diabetes;
- vi. People with chronic kidney disease undergoing dialysis.

f. Group Sizes and Physical Distancing

1. The site should require physical distancing as follows:
 - i. Whenever possible, during all activities, participants and staff should adhere to the 6-foot physical distancing requirements between all individuals, unless otherwise required for safety. Limit all nonessential services and programs that require participants to be closer than 6-feet apart from each other.
 - ii. All tables and chairs should be arranged to facilitate a distance of 6-foot spacing between individuals for meals and group activities.
 - iii. Participant group sizes should allow for physical distancing during activities.
 - iv. To assist with potential contact tracing efforts, each day a record should be maintained that documents which individuals were in a group and the staff who worked with them.
 - v. Participant groups should physically distance from other participant groups. Within each defined participant group, individuals who do not live together should be encouraged to socially distance from others and should wear well-fitting source control, as appropriate.
 - vi. Utilization of shared spaces (entryways, restrooms) should be carefully controlled to ensure that participants and staff maintain at least 6-feet of separation from other participants or staff.
 - vii. Consider outdoor activities and dining when possible. Staff should ensure sun safety for all participants and staff.
 - viii. Participants and staff should perform hand hygiene upon returning from outdoor time.
 - ix. Procedures should be implemented to prevent crowding at pick up and drop off areas. A drop-off area for participants and staff should be identified. These areas should be visibly marked with appropriate signage, especially if participants and staff utilize separate entrances.

- 1) Though the methods of achieving this will vary depending on the physical layout of each site, sites should, at a minimum, prohibit the entry of caregivers or others into any entry vestibule or pick up area in excess of the number that can be accommodated with at least 6-feet of distance between persons.
- 2) It is highly recommended that sites prohibit any entry of caregivers into the site and, instead, escort participants to their method of transportation or have caregivers wait outside the building.

x. **The physical distancing and group size requirements of this section do not apply to activities where all participants and staff are fully vaccinated subject to the requirements of sections (h to j) below.**

g. Source Control and PPE

1. **Staff, regardless of vaccination status, should continue to wear well-fitting source control while at work.** Sites should adhere to CDC guidance on use of well-fitting source control: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>.
 - i. Masks should not be worn by a person for whom wearing a mask would create a risk to workplace health, safety, per job duty as determined by a workplace risk assessment.
 - ii. Masks should cover the nose and mouth, fit snugly, and have multiple layers.
2. When feasible, participants should be encouraged to wear well-fitting source control within the site, unless the participants are fully vaccinated and engaging in activities in accordance with section (II)(f) of this guidance.
 - i. Wearing well-fitting source control may be difficult for people with sensory, cognitive, or behavioral issues; people with some disabilities, or people with dementia. Staff members should pay close attention and provide necessary support to participants who have trouble remembering to put on a mask, keeping it on, and removing it when needed.
 - ii. Masks should not be placed on anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
 - iii. Masks should not be worn by a person with a disability who cannot safely wear a mask.

h. Activities, Communal Activities, Communal Dining and Off-Site Excursions:

1. Participants and staff with **SARS-CoV-2 infection or in isolation** because of suspected COVID-19, regardless of vaccination status, should **NOT** participate in services until they have met the criteria to discontinue transmission-based precautions: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.
 - i. Participants and staff in **quarantine** due to suspected or confirmed COVID-19 exposure, regardless of vaccination status, should **NOT** participate in services until they have met 14-day criteria for release from quarantine, per the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/adult-day-care-service-centers.html>.
 - ii. Determine vaccination status of participants and staff following all privacy requirements and in compliance with HIPAA protections, (e.g., do not ask the status in front of other participants or staff). For example, when planning for group activities, communal dining or off-site excursions, sites might consider having participants sign-up in advance so their vaccination status can be confirmed, and seating assignments which incorporate vaccination status can be created.
 - iii. If **ALL** participants and staff present during the group activity **are fully vaccinated**, participants may choose to have close contact with others participating in the activity and/or without wearing source control during the activity. Staff should continue to wear well-fitting source control at all times whenever inside the site per CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/adult-day-care-service-centers.html> and this directive.
 - iv. Unvaccinated Participants: **If unvaccinated participants or staff are present during the activity, then ALL participants in the group activity should wear well-fitting source control and unvaccinated individuals should physically distance from others participating in the group activity.**
 - v. **If vaccination status cannot be determined for all participants and staff, the safest practice is for everyone to follow all recommended infection prevention and control practices including maintaining physical distancing and wearing well-fitting source control. In general, all staff, including those who are fully vaccinated, should continue to wear a mask while at work.**

i. Communal Dining:

1. **Fully vaccinated participants:** May participate in communal dining without use of source control or physical distancing if all participants and staff in the communal area are considered fully vaccinated.
2. **Unvaccinated participants:** In conditions where unvaccinated participants are dining in a communal area (e.g., dining room) or where unvaccinated staff are in the communal area, **all** participants and staff **should** use source control when not eating and unvaccinated participants should continue to remain at least 6-feet from others who are in the designated communal dining area.
3. If a site has been closed, operators may use the U.S. Food and Drug Administration’s Best “Practices for Re-Opening Retail Food Establishments During the COVID-19 Pandemic” as a resource, available at: <https://www.fda.gov/food/food-safety-during-emergencies/best-practices-re-opening-retail-food-establishments-during-covid-19-pandemic>.

III. Visitors

- a. Limit non-essential visitation, such as visitation by family members.
- b. Unless precluded by emergency circumstances, visitors permitted entry to the site, such as volunteers and third-party service providers, should be subject to the same screening procedures as participants and staff, and should be denied entry on the same basis unless the center is legally precluded from denying access (e.g., a law enforcement agent with an appropriate warrant).
- c. To the greatest extent feasible, unless the purpose of the authorized outside visitor is to observe or inspect the services provided to participants (e.g., food safety inspector), all reasonable efforts should be made to minimize visitor contact with participants and staff.
- d. Visitors should be required to wear well-fitting source control while visiting the center. If a visitor refuses to wear well-fitting source control (e.g., a well-fitting facemask or cloth face covering) and if such covering cannot be provided to the individual by the business at the point of entry, the center should decline to allow them to enter.

IV. Promoting Healthy Hygiene Practices and Participant Care

- a. Sites should teach and reinforce hand hygiene and respiratory etiquette (e.g., covering coughs and sneezes) among participants and staff. Staff should assist participants in following proper masking and hand hygiene protocols. Visit CDC’s Handwashing Campaign: Life is Better with Clean Hands page to download resources to help promote hand hygiene site at: <https://www.cdc.gov/handwashing/campaign.html>.

- b. Sites should teach and reinforce use of well-fitting source control among participants, where appropriate, and staff. Staff and participants should be frequently reminded not to touch the face covering and perform hand hygiene when indicated.
- c. Sites should have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and participants who can safely use hand sanitizer), paper towels and tissues.
- d. Participants and staff should practice hand washing with soap and water for at least 20 seconds, when indicated and should be required to perform hand hygiene upon arriving at the center, when entering the activity or other area, before meals or snacks, after outside time, after using the bathroom, when hands are visibly soiled, and prior to leaving the center. Participants should be monitored to ensure proper technique. Staff members should assist participants with sensory and/or cognitive deficits, and/or behavioral issues, and people with a disability or dementia, who may have challenges washing their hands or using alcohol-based hand sanitizers properly and as frequently as recommended.
- e. Sites should establish and maintain hand hygiene stations at the entrance to the site so that participants can clean their hands before entering. Everyone entering the site building should perform hand hygiene immediately prior to or upon entering.

V. Enhanced Cleaning and Sanitation Procedures

- a. Sites should clean equipment and surfaces, doorknobs, light switches, countertops, and restrooms, in accordance with CDC’s Guidance for Cleaning & Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes. The [complete guidance](https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfectingdecision-tool.html) is on the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfectingdecision-tool.html> and https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-site.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fopen-guidance.html.
 - 1. Sites may use alcohol wipes to clean keyboards and electronics and should perform hand hygiene after use. Sites should clean, sanitize, and disinfect frequently touched surfaces (e.g., equipment, door handles, sink handles) multiple times per day and shared objects between use and follow applicable disinfectant contact times. Cleaning should be in accordance with the CDC’s guidance, a summary poster of which is attached to these standards and should be posted prominently in sites.
 - 2. Terminal cleaning and disinfecting should occur at the end of each day.
- b. If groups of participants are moving from one area to another in shifts, cleaning and disinfection measures should be completed prior to the new group entering the area.

- c. Items that are not easily cleaned or disinfected should not be utilized in the center, though such items brought from home may be utilized if they are not shared and are returned home with the participant each day for washing.
- d. Disinfecting methods should utilize Environmental Protection Agency approved disinfectants for use against COVID-19 (more information and product lists are available here: <https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0>).

VI. *Response Procedures for COVID-19 Symptoms or Exposure*

- a. Sites that become aware of a COVID-19 positive case in their site should contact their local health department: <https://www.state.nj.us/health/lh/community/> for guidance. Health officials will provide direction on whether a site should close to in-person services following the identification of a positive case in the site. The duration may be dependent on outbreak levels in the community and severity of illness in the infected individual.
- b. In preparation for a closure, sites should establish policies and procedures to allow for smooth transition to alternative meal options (e.g., grab-n-go, home-delivered meals) and communicate these to employees, volunteers and participants.
- c. Sites should notify local health officials, staff, participants and their caregivers, and others in the site of cases of COVID-19 in their site while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA).
- d. Sites are requested to notify Patricia Matthews (patricia.matthews@dhs.nj.gov), APC Congregate Nutrition contact, and Nancy Edouard (nancy.edouard@dhs.nj.gov), Congregate Housing Services Program contact, of positive staff and participants within 24 hours of learning of a positive individual.
- e. Notify anyone who had close contact (less than 6-feet for a cumulative total of 15 minutes or more over a period of 24 hours, or direct physical contact) with a person diagnosed with COVID-19.

VII. *Participants or staff members who develop symptoms of or test positive for COVID-19 while at the site*

- a. If a participant or staff member tests positive or develops symptoms of COVID-19 while at the site (e.g., fever of 100.4 F or higher, cough, shortness of breath), immediately separate the person from the well individuals until the ill person can leave the site. If the participant has symptoms of COVID-19 (e.g., fever, cough, shortness of breath), the individual waiting with the participant maintains physical distancing, as appropriate, and have on all appropriate PPE.

- b. If symptoms persist or worsen, they should call a health care provider for further guidance. Advise the employee or participant's caregiver to inform the site immediately if the person is diagnosed with COVID-19.
- c. Plan to have an isolation room or area (preferably with access to a dedicated restroom) to isolate sick participants. Ensure that isolated participants are wearing well-fitting source control, are at a distance of 6-feet or greater from others and remain under supervision. Staff members should leave the site immediately upon experiencing symptoms.
- d. Prepare a list of all individuals who have been in close contact with sick participant(s) or staff member(s).
- e. Notify an emergency contact regarding the sick person's symptoms and arrange safe and accessible transportation home. Arrange emergency transport to a healthcare site for participants or staff with severe symptoms.
- f. Close off areas used by a sick person or a person who tests positive and do not use these areas until after cleaning and disinfecting them; this includes surfaces or shared objects in the area, if applicable. Wait as long as possible (at least several hours) before cleaning and disinfecting. Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas. All rooms and equipment used by the infected person, and persons potentially exposed to that person, should be cleaned and disinfected in accordance with CDC guidance noted above.
- g. Open outside doors and windows to increase air circulation, increase ventilation and wear well-fitting source control (in addition to other protection needed for safe use of cleaning and disinfection products) while cleaning and disinfecting.

VIII. Returning to the Site After COVID-19 Diagnosis or Exposure

- a. If a staff member or participant contracts or is exposed to COVID-19, they should not enter a site again until the criteria for lifting transmission-based precautions or home isolation have been met. Those criteria are included in the Department of Health's *Quick Reference: Discontinuation of Transmission-Based Precautions and Home Isolation for Persons Diagnosed with COVID-19* at: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-QuickRef_Discont_Isolation_and_TBP.pdf
- b. **Testing recommendations:** Symptomatic participants or staff should not enter the site regardless of vaccination status and SARS-CoV-2 testing should be encouraged per the Department or local health department guidance and this section.

1. Individuals who test positive should not enter the site, regardless of symptoms. Symptomatic individuals should be excluded from entry based on a different diagnosis, if available, and existing policy and procedures (e.g., deny entry until participant or staff have completed 24 hours fever-free without the use of fever reducing medication).
2. All participants and staff who have had a positive COVID-19 diagnostic test within the three months before their first session or attendance on-site should have met either the criteria for discontinuation of home isolation or discontinuation of transmission-based precautions, as appropriate and based on those criteria in force at the time.
3. Asymptomatic participants and staff who have fully recovered from COVID-19 within the previous three months or fully vaccinated participants and staff should not be required to test prior to attending in-person services.
4. Participants or staff, regardless of vaccination status, exposed to COVID-19, should follow recommendations consistent with the Department, local health department and CDC guidance on testing previously positive individuals or fully vaccinated individuals. Refer to the Department's *Testing in Response to a Newly Identified COVID-19 Case in Long-Term Care Sites* at https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-19_Antigen_Testing_in_LTCF.pdf, for more information on testing, management and return after home isolation or discontinuation of transmission based precautions.

IX. Posters, Signage and Informational Bulletins

- a. To ensure broad awareness and dissemination of critical information related to the COVID-19 pandemic and the procedures and methods being employed to limit its impact, sites should ensure the distribution or posting of the following materials as specified:
 1. The CDC's Use of Cloth Face Coverings to Stop the Spread of COVID-19 pamphlet should be distributed to staff and posted in a prominent location in the center: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.
 2. The CDC's Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes should be posted in a prominent location in the center: https://www.nj.gov/DCF/news/Attachment-C-ReOpening_America_Cleaning_Disinfection_Decision_Tool.pdf.
 3. Display visual posters with instructions for maintaining 6-foot physical distancing, wearing well-fitting source control, taking daily temperatures, and

monitoring for other COVID-19 symptoms. Find free print and digital resources on CDC's COVID-19 communications page.

4. Develop signs and plain language messages in alternative formats (for example, large print, Braille for people who have low vision or are blind).
5. Develop signs and messages in the preferred language(s) of staff and participants. Use COVID-19 easy to read resources, if applicable.
6. Post signs in highly visible locations (e.g., at building entrances, in restrooms) that promote everyday protective measures and describe how to stop the spread of germs by properly performing hand hygiene, practicing respiratory etiquette, physical distancing, and properly wearing well-fitting source control.
7. Use reminders for staff and participants to self-monitor for COVID-19 symptoms.
8. Broadcast regular announcements on reducing the spread of COVID-19 on public address system, if available.
9. Include messages (for example, training videos for staff, periodic guidance letters for participants to take home) about behaviors that prevent spread of COVID-19 when communicating with staff, participants, and others who may be in your center.
10. Please visit CDC's Toolkit for Older Adults & People at Higher Risk for population specific posters and messaging to be used as reminders to wear a mask. <https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/older-adults-and-people-at-higher-risk.html>.

X. Transportation

- a. To ensure the safety of site participants and staff during transport, the site should:
 1. Ensure that all individuals in the vehicle wear well-fitting source control and seat passengers at least 6-feet apart whenever possible.
 2. Transport staff and bus drivers should practice all safety actions and protocols as indicated for other site staff (for example, hand hygiene, well-fitting source control).
 3. When possible, schedule and stagger drop off or pick up times for participants to avoid crowding.

4. Encourage physical distancing among staff and participants at the entrance and exit during these drop off and pick up times with use of visual cues like tapes and signs.
5. Ensure that each vehicle is equipped with cleaning and disinfecting supplies that are stored in a safe manner, readily accessible to only the driver and transportation staff, and used during and between trips.
6. Maintain a cleaning and disinfecting schedule and plan for the vehicles in accordance with CDC infection prevention and control guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>. Maintain vehicle cleaning and disinfection logs and assign responsibility for completion, oversight and storage of the logs.
7. Screen participants via telephone for onset of new symptoms before scheduling the pick-up and conduct temperature screen of participants prior to boarding the vehicle. The site will make every effort to prevent bringing participants with any signs/symptoms of COVID-19 to the site.
8. Post signs in vehicles for donning/doffing masks, appropriate respiratory etiquette (e.g., covering of sneezes and coughs), and proper hand hygiene.
9. Drivers should provide ventilation by opening the windows or setting the air ventilation/air conditioning on non-recirculation mode when the vehicle is in service.
10. When feasible, create participant pods (keeping small groups such as members of the same household together) to limit mixing and create distance between passengers on buses, vans and other transport vehicles (for example, skip rows).
11. Encourage participants, workers, and other people at the site who use public transportation to consider using alternatives that minimize close contact with others (for example, walking, biking, driving, or riding by car—alone or with household members only), if feasible. Those who use public transportation should follow CDC mandate on wearing well-fitting source control on public transportation and other ways to protect themselves when using transportation.

XI. Ventilation

- a. The site should ensure proper ventilation as follows:
 1. Make sure indoor spaces are well-ventilated (for example, open windows or doors when doing so does not pose a safety or health risk to building occupants) and large enough to accommodate physical distancing.

2. Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible both in the site as well as any vehicles used by the site.
3. Consider improving the engineering controls using the building ventilation system.
4. Sites should ensure that HVAC systems continue to be maintained and operational.
5. To the extent practicable, windows should be opened frequently to allow fresh air flow, and HVAC systems should be adjusted to allow for more fresh air to enter the site.

XII. Restrooms

- a. The site should limit the number of people occupying restrooms at one time to prevent long lines or crowds. A distance of at least 6-feet between people should be maintained.
- b. Stock restrooms with adequate supplies such as soap, tissues, paper towels, and no-touch trash cans (preferably covered).
- c. Ensure restrooms are fully functional and that high-touch surfaces such as doorknobs, countertops, faucets, light switches, and toilets have been cleaned and disinfected every day with an EPA-approved disinfectant before the site opens.

XIII. Dining, Shared Kitchens and Dining Rooms

- a. Sites should adhere to the following guidelines for dining and use of shared kitchens and dining rooms:
 1. Sites should ensure that staff are conscious of how they deliver food and handle silverware and plates (consider disposables) by refraining from touching food, contact surfaces and ready to eat food without gloves, or serving utensils. Staff should serve food and drinks to participants while wearing well-fitting source control and gloves. Avoid offering any self-serve food or drink options, such as buffets, salad bars, and drink stations. Serve grab-and-go items or individually plated meals instead. For individually plated meals, identify one staff per meal service station to serve food so that multiple staff are not handling the same serving utensils.
 2. See Section (II)(h) to (i) above for communal dining requirements for vaccinated and/or unvaccinated participants.

3. Wash, rinse, and sanitize used or dirty food contact surfaces with an EPA-approved food contact surface sanitizer. Make sanitizing wipes available for anyone who uses a microwave and similar food preparation appliances (for example, waffle maker). Sanitize high-touch surfaces of appliances after each use. If a food-contact surface must be disinfected for a specific reason, such as a bodily fluid cleanup or deep clean in the event of likely contamination with COVID-19, use the following procedure: wash, rinse, disinfect according to the label instructions with a product approved for food contact surfaces, rinse, then sanitize with a food-contact surface sanitizer.
4. Discourage sharing of items that are difficult to clean or sanitize. Limit any sharing of food, tools, equipment, or supplies by staff members. Ensure adequate supplies to minimize sharing of high-touch materials (for example, serving spoons) to the extent possible; otherwise, limit use of supplies and equipment to one group of workers at a time and clean and sanitize between use.
5. Avoid items that are reusable, such as menus, condiments, and any other food containers. Instead, use disposable menus, single serving condiments, and no-touch trash cans and doors.
6. Clean frequently touched surfaces such as counters, tables, or other hard surfaces between use.
7. Use gloves when removing garbage bags and handling and disposing of trash. After removing gloves, perform hand hygiene.

XIV. Modifying Physical Space, Physical Barriers and Guides

- a. Whenever possible, sites should install plexiglass or other physical barriers in reception and other face-to-face interaction areas where it is difficult for individuals to remain at least 6-feet apart.
- b. Sites should provide physical guides, such as visual markers on floors or sidewalks and signs on walls, to ensure that individuals remain at least 6-feet apart.
- c. Place directional arrows to establish the flow of traffic.
- d. Designate different doors for entering and exiting center/rooms, if possible.
- e. Non-essential shared spaces, such as game rooms, should be closed, if possible; if this is not possible, the use of these should be staggered and the spaces should be disinfected between uses. Please see section (II) above for additional guidance on communal activities.

XV. Reopening or Closure Notifications

- a. The site should communicate plans for re-opening, closures and service modifications to participants and families/guardians on a regular basis so that they can thoughtfully plan for alternative services.

Appendix 1

Additional Resources and Information:

You can utilize these additional sources for more information on reducing the risk of exposures to COVID-19 at work:

- [CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Cleaning and Disinfecting Your Site](#)
- [CDC Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)
- [CDC COVID-19 Cleaning and Disinfection for Non-emergency Transport Vehicles](#)
- [NIOSH Workplace Safety and Health Topic: COVID-19](#)
- [CDC COVID-19](#)
- [CDC Infection Control Guidance for Healthcare Professionals about Coronavirus](#)
- [American Public Transit Association COVID-19external icon](#)
- [OSHA COVID-19 Emergency Response external icon](#)
- [Federal Transit Administration COVID-19external icon](#)
- [OSHA COVID-19external icon](#)
- [OSHA Guidelines on Preparing Workplaces for COVID](#)
- CDCINFO: 1-800-CDC-INFO (1-800-232-4636) | TTY: 1-888-232-6348 | website: [cdc.gov/info](https://www.cdc.gov/info)
- [Caring for Someone Sick at Home](#)
- [Care Plans Help Both Older Adults and Caregivers](#)
- [Women, Caregiving, and COVID-19](#)
- [Care for Yourself](#)