



Massachusetts Day Program
2019 Novel Coronavirus (COVID-19) Guidance
Updated June 14, 2021

Day Programs

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The Executive Office of Health and Human Services (EOHHS) continues to work with state, federal, and local partners on the outbreak of Coronavirus Disease 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role day programs have in responding to this evolving situation. On May 29, 2021, the Commonwealth lifted COVID-19 restrictions while maintaining necessary COVID-19 prevention and mitigation measures in certain settings, including day programs. This guidance replaces and supersedes all previously issued Day Program guidance issued by EOHHS.

Please note this guidance is intended to supplement, not supplant, provisions from regulatory agencies that oversee programs and facilities included in this guidance. **Guidance may be subject to change as required by the Massachusetts Department of Public Health or local boards of health.**

COVID-19 Public Health and Safety Standards

The Massachusetts Department of Public Health [COVID-19 Guidance for Health Care Providers](#) provides the overarching guidance for all health care providers, including the day program types listed below:

- Adult Day Health
- Brain Injury Centers
- Brain Injury Clubhouses
- Community Based Day Support
- Day Habilitation
- DMH Clubhouse Services
- Independent Living Centers
- Individual Supported Employment
- Intensive Outpatient Programs (IOP)
- Group Supported Employment
- HCBS Waiver Day Services
- Psychiatric Day Treatment Programs
- Psychiatric Partial Hospital Programs
- Recovery Support Centers
- Structured Outpatient Addiction Programs (SOAP)

Day program providers must continue to comply with federal and state COVID-19 guidance. This includes, but is not limited to, guidance on: [a\) personal protective equipment \(PPE\)](#), [b\) considerations for health care personnel after vaccination](#), and [c\) return to work guidance for all workers](#), and [d\) safety standards for workplaces](#).

In addition to these requirements, it is recommended that programs check the CDC website frequently to ensure they are implementing the most current CDC guidance and [Massachusetts guidance](#). These

standards are informed by public health data related to COVID-19, and may be amended in response to such data. Providers must also adhere to program-specific guidance that may be issued by EOHHS agencies.

Protective Measures / Mitigating the Risk of Spreading COVID-19

Masks

- Require staff wear masks while in the site, consistent with the [Commonwealth's mask order](#). Staff who are fully vaccinated may remove their masks when eating, drinking or congregating in break rooms or other non-clinical space. If unvaccinated staff are present, everyone should wear masks and unvaccinated staff should socially distance from others.
- Regardless of vaccination status, staff may remove masks if they are alone in enclosed non-clinical space, or if they are outdoors and able to socially distance.
- Allow vaccinated participants and/or masked individuals to participate without needing to socially distance.
- Allow vaccinated participants to participate in group activities without masks. Unvaccinated participants should continue to wear masks during such activities.

Congregate Activities

- Participants, **regardless of vaccination status**, may participate in congregate activities in the setting so long as they are not currently isolated or quarantining due to infection, or exposure, or new admission status.
- Fully vaccinated residents do not need to wear masks when dining or participating in congregate activities with other residents who are fully vaccinated.

Screening entrants

- Settings should minimize points of entry, when possible, and establish a process to ensure everyone arriving at the program is assessed for symptoms of COVID-19, and exposure to others with suspected or confirmed SARS-CoV-2 infection. Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days.
- Any individuals with [symptoms](#) of COVID-19 infection, or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status) will not be permitted to enter.

Staff protocols

- If staff experience signs or [symptoms](#) of COVID-19 infection while they are working, they should notify the program supervisor.

Additional Considerations

- Day programs should continue to encourage social distancing through administrative and environmental controls. Participants who are fully vaccinated or wear masks do not need to social distance.
- Day programs should demonstrate adherence to [relevant guidelines from DPH and CDC](#) regarding infection control and prevention to maintain a safe environment for residents and staff.
- If signs or [symptoms](#) of COVID-19 infection develop while a participant is on-site, the individual should put on a mask, if they are not wearing one already and move to an isolated area of the program. Notify the program director immediately.
- Programs should keep a daily log of names and contact information for employees, clients, visitors, and vendors.

Precautionary Steps to Keep Participants and Staff Healthy

Reminders for Participants and Staff

- Use alcohol-based hand sanitizers with at least 60% alcohol often. If alcohol-based hand rub is not available, then wash hands often with soap and water for at least 20 seconds. Wash hands before eating, after going to the bathroom (or changing diapers), coughing, or sneezing.
- Avoid touching eyes, nose, and mouth.
- Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands). Immediately throw the tissue in the trash.
- Stay away from people who are sick and stay home when you feel sick.

Facility Protective Measures

- Public health guidance recommends that all individuals, including fully vaccinated individuals, continue to wear masks in day programs, except in specific situations described in this document, in which some individuals may not be fully vaccinated.
 - Masks, such as surgical masks, should be provided and worn by all staff. Day programs should maintain sufficient PPE volume on-hand to align with use as directed in the DPH comprehensive PPE guidance. Staff should not use cloth face coverings, which are not considered PPE. Further information on PPE is included [here](#).
 - Decisions about when to scale back or cancel activities should be made in consultation with your local public health official(s), or the DPH Epidemiology Line at 617-983-6800, if needed, and informed by a review of the COVID-19 situation in your community.
1. Adhere to reporting protocols to public health authorities, including reporting any cases among

program staff or participants to the applicable local board of health and take containment measures, such as limiting group activities for 14 days, recommended by the board of health, or, if also needed, DPH Epidemiology Line at 617-983-6800.

- Train and educate program personnel about preventing the transmission of respiratory pathogens such as COVID-19.
- Meet all [health and safety requirements and service standards established by EOHHS Human Service Transportation](#) (HST) for any program-based transportation not provided through the EOHHS HST brokerage system.

Cases of COVID-19 in Employees or Residents

Suspected Cases of COVID-19

Any day program serving a participant with suspected COVID-19 should immediately contact a healthcare provider associated with the program and the local board of health to review the risk assessment and discuss laboratory testing and control measures.

These control measures include the following:

- Provide a mask, such as a surgical mask, for the participant exhibiting symptoms of COVID-19, if they are not already wearing one.
- Isolate the participant in a private room with the door closed, when possible.
 - In the event of concerns relative to self-harm, programs will refer to agency suicide prevention measures and internal safety protocols.
 - Make considerations for effective communication access.
 - Serve meals to the individual in their room – do not dine together.
 - If the setting has two bathrooms, designate one bathroom for use by the individual with suspected case and the other bathroom for others to use.
- If you are in the same room as the individual, wear a mask, such as a surgical mask, and keep as much distance as possible.
- Ask the individual about [symptoms of COVID-19](#).
- If possible, and if the program has clinical staff then they should immediately assess the individual using appropriate PPE, if available, or staff should arrange a phone or video call with the individual's health care provider.
- If the individual requires immediate medical care, call 911 for an ambulance and inform EMS of the individual's symptoms and concern for COVID-19.

Confirmed Cases of COVID-19

Any day program serving a participant with a confirmed case of COVID-19 should immediately contact:

- A healthcare provider associated with the facility
- The individual’s guardian, as applicable
- The local board of health or the DPH Epidemiology Line at 617-983-6800 to review the risk assessment and discuss laboratory testing and control measures.

Close Contact with a Confirmed Case of COVID-19

A staff person or participant may have had close contact with an individual who has tested positive for COVID-19 but has not tested positive themselves.

Asymptomatic Health Care Professionals (HCPs), including those program direct care workers which have been designated as HCPs, may continue working, with PPE, after they have been exposed to a person with a confirmed case of COVID-19 in accordance with the DPH [Return to Work Guidance](#).

“Close contact” definitions can be found in the [CDC Guidance](#). Decisions about who had close contact and implementation of quarantine are done through the local board of health.

- Fully vaccinated staff members or participants are not required to self-[quarantine](#) following close contact.
- The facility does not need to be closed.
- The facility does not need to be cleaned at this time.
- If the exposed staff member or participant subsequently develops symptoms and tests positive for COVID-19, follow the guidelines under [confirmed cases](#).

Providing Care to Participants

Day programs face [unique considerations](#) when a participant is confirmed to have COVID-19 or has had close contact with an ill person.

Those with presumed or confirmed COVID-19 need isolate prior to returning to the program. Those with close contact with cases of COVID-19 but without symptoms need to quarantine prior to returning to the program unless they are fully vaccinated. Consult the local board of health to review the risk assessment and assess whether further actions need to be taken at the program.

Personal Protective Equipment (PPE)

PPE Use

Day programs [must continue to follow the most recent guidelines issued by DPH](#) that align with the CDC as it relates to PPE usage, including any updated guidelines released subsequent to the date of this guidance. In addition, day programs should:

- Ensure that they have adequate supply of PPE and other essential supplies for the expected number of participants. To meet this requirement, providers may not rely on additional distribution of PPE from government emergency stockpiles.

- Develop and implement appropriate PPE use policies for all services and settings in accordance with DPH and CDC guidelines. Day programs should maintain sufficient PPE volume on-hand to align with use as directed in the DPH comprehensive PPE guidance.
- Ensure all staff have appropriate PPE and are trained in proper use, consistent with DPH guidance, to perform the service or procedure and any related care for the participant.

With the PPE that is appropriate for and available to providers, providers should follow the [CDC's guidance for optimizing the supply of PPE](#). Programs should continue to educate personnel on [proper use of personal protective equipment \(PPE\)](#) and when to use different types of PPE.

Cleaning

Day programs should have an established plan for thorough cleaning and disinfection of all areas as consistent with [CDC guidance](#).

A [cleaning and disinfection of a facility](#) may be required if a staff member or resident is confirmed to have COVID-19 and was present in the facility while they were symptomatic.

Monitoring staff emotional health

Emotional reactions to stressful situations such as new viruses are expected. Remind staff that feeling sad, anxious, overwhelmed, having trouble sleeping, or other symptoms of distress are normal.

If symptoms become worse, last longer than a month, or if they struggle to participate in their usual daily activities, have them reach out for support and help.

Emotional health resources

The national Disaster Distress Helpline is available with 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns. Calls (1-800-985-5990) and texts (text TalkWithUs to 66746) are answered by trained counselors who will listen to your concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support.

Additional resources can be found [here](#).