

Coronavirus Disease 2019 (COVID-19) Senior Center Guidance March 2020

What is Coronavirus Disease 2019 (COVID-19)?

COVID-19 is a respiratory illness that can spread from person-to-person. The virus that causes COVID-19 is a new coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. The first case of COVID-19 in the U.S. was reported on January 21, 2020; COVID-19 is now spreading from person-to-person in parts of the U.S. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example, healthcare workers or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19.

How Does COVID-19 Spread?

Based on what is currently known about this virus, it is thought to spread mainly from person-to-person. Person-to-person spread occurs via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Most often, person-to-person spread is thought to happen among people in close contact (about 6 feet) with each other. As with most respiratory viruses, people are likely to be the most contagious when they are most symptomatic. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Who is at Risk for Severe Illness?

Early information out of China, where COVID-19 first started, shows that some people are at a higher risk of getting very sick from this illness. This includes older adults and individuals who have serious chronic medical conditions like heart disease, diabetes, or lung disease. If an individual is at a higher risk for serious illness from COVID-19 due to their age or having a serious long-term health condition, it is extra important to take actions to reduce their risk of getting sick with the disease.

What Steps Should be Taken Now?

There are steps that can be taken now to manage this issue and protect those in your center or agency. Many of these strategies are the same strategies used every day to prevent the spread of common colds, influenza or other respiratory illnesses. Build on your center's or agency's everyday practices to implement these strategies.

- Educate yourself, staff and clients about COVID-19.
- Stay informed about COVID-19 through the Centers for Disease Control and Prevention (CDC) and your state and local health department. For the most up-to-date information on this outbreak, please visit www.coronavirus.wv.gov or www.cdc.gov/COVID19.
- Help staff and client families understand COVID-19 and the steps they can take to protect themselves by sharing these fact sheets from the CDC:
 - [About Coronavirus Disease \(COVID19\) – What you need to know](#)
 - [Get your household ready for COVID-19 \(Resources for Home\)](#)
 - [What to do if you are a person at risk of serious illness from COVID-19](#)
 - [What to do if you get sick with COVID-19](#)
- Establish good communications capability with clients and their families so you can provide guidance and/or share information in case there is a need to close services for any reason.
- Establish good communications with your local health department, local emergency management, and other community resources. Take part in community wide planning for COVID-19.
- Develop or review business continuity plans for how to keep critical services going if staffing levels drop due to illness or taking care of ill family members or children that may be dismissed from childcare or school settings. Critical services may include providing nutritional services to clients or checking on clients who become ill to see if they require medical attention.

Reduce the risk of disease spread through enhancement of routine practices

- Post signs throughout the facility encouraging hand hygiene, respiratory etiquette, and avoid touching your face with unwashed hands.
- Place alcohol-based hand sanitizer at all entry points and key points in the facility as possible. If not possible, use signs that direct to the nearest sink to wash hands with soap and water. Assist clients and others who have physical difficulties performing hand hygiene and ensure the assisting person performs hand hygiene themselves after assisting. Pay special attention to hand hygiene before eating, after coughing or sneezing, using tissues, or other activities that result in hand-to-face activity.
- Encourage clients, families, volunteers and visitors to stay home if sick. Post signs to regularly remind persons of such.
- If a staff member, client, or other visitor gets sick while present, place a mask on the individual and get them home or to the level of care they need.
- As feasible, consider grouping staff and clients into smaller groupings that remain stable over time.
- Check in on clients who don't come or if you are unaware of where they are.

Preparing and educating staff, volunteers, and clients

- Think about how you might function with reduced staffing and how you might augment staffing if several are out sick or have to stay home to care for family members or children.
- Review or modify sick leave and other absence policies to assure they are flexible and non-punitive to allow employees or volunteers to stay home if they have symptoms of acute respiratory illness or if they need to care for a sick family member. Make sure your employees or volunteers are aware of these policies. Do not require healthcare providers' notes to validate illness or return to work, as healthcare provider offices and medical facilities may be extremely busy and unable to provide this documentation.
- If visitors, volunteers, employees, attendees, and others become ill while at the facility, they should be separated from others and sent home as soon as possible. Make sure your employees, volunteers, visitors, and clients are aware of these policies.
- Those with respiratory illness symptoms should stay out and not return until they are free of fever, signs of a fever, and any other symptoms for at least 24 hours, without use of fever-reducing or other symptom-altering medicines.

What do you do if an Individual Associated with the Center is Exposed to COVID-19?

If an individual is identified as having been exposed to COVID-19 (e.g., through travel to an area with community transmission, close contact to a known case, etc.) and has no symptoms of the disease, they need to stay home for 14 days from their last exposure. This period of self-quarantine allows them to watch for signs of illness and reduce spread to others if they do develop the disease.

What if an Individual Associated with the Center Develops COVID-19?

Working with your local health department, there may be a need to close on-site group services for 14 days or to identify any secondary cases before the group comes back together. Plan for ways you might be able to help public health check in on your clients remotely during this time. Also plan for things staff and clients can do to stay connected while home.

What if There is a Closure of Group or Community Services (for an Individual Center or Across a Community More Broadly)?

- Plan for checking in on clients remotely. (You can keep staff present to do this work/other administrative functions while closed, as needed).
- Consider use of staff by having volunteers to deliver services, drop off food or other supports to clients during times of closure. This will minimize face-to-face exposure, but let folks know you are thinking about them, providing resources and supplies, checking in that all are doing well, etc.
- Consider other ways you can link to and provide socialization and support without large on-site gatherings such as remote presentations, webinars, conference call presentations, and outdoor gatherings in consistent small groups once weather is nice, etc.

For additional information visit our webpage at: www.coronavirus.wv.gov.

Questions and concerns can also be directed to the 24/7, toll-free COVID-19 information hotline, 1-800-887-4304.

Coronavirus Disease 2019 (COVID-19) Guidance for Restaurants, Bars and Casinos Closures March 2020

Governor's Executive Order Summary

Governor Jim Justice issued an Executive Order, which is now in effect, formally directing all restaurants and bars in West Virginia to limit service to carry out, drive-thru, and delivery operations only. The Executive Order also mandates the closure of all casinos in West Virginia.

Restaurants with carry out, drive-thru, and delivery options will still be able to operate those services, even as their dining rooms are temporarily closed. The order officially went into effect on Wednesday, March 18, 2020, at 12:00 a.m. (midnight).

COMMON SYMPTOMS OF COVID-19

- Fever
- Cough
- Shortness of Breath

PERSON-TO-PERSON TRANSMISSION

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- Maintain 2 meter (6 ft) distance between yourself and anyone coughing or sneezing.
- Stay home if you feel sick. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance.

PREVENTION

- Isolate sick and diagnosed individuals.
- Wash hands after handling potentially contaminated items such as food, trash and laundry.
- Clean and disinfect surfaces.
- Don't share food, drinks, etc.

EFFECTIVE DISINFECTANTS

- **Chlorine Bleach:** Mix and use the chlorine solution promptly. Allow 1 minute of contact time and then rinse with water.
- **1000 ppm:** 1/3 cup chlorine bleach in 1 gallon water. Use for stainless steel, food/mouth contact items, tile floors, nonporous surfaces, counters, sinks and toilets.
- **Other Disinfectants:** To determine if a product is effective against COVID-19, review the product label or product specification sheet and ensure it states "EPA-approved emerging viral pathogen claims." You may also search the product name in the Environmental Protection Agency's registered product database at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

FOOD ESTABLISHMENT GUIDELINES

- Dine-in seating is not allowed and should be clearly posted.
- Take-out, delivery and drive-thru windows can remain open.
- Pick-up and takeout customers should practice recommended social distancing precautions.
- Self-service operations for unpackaged, ready-to-eat foods should be discontinued or modified so they are only dispensed by employees (i.e., take away buffets, salad bars, ice cream machines, etc.).

EMPLOYEE HEALTH GUIDELINES

All food employees must be knowledgeable of the relationship between personal health, hygiene and food safety. Due to the COVID-19 pandemic, guidance regarding COVID-19 is in accordance with 64 CSR 17 Food Establishment Rule - 2013 FDA Food Code—8-304.11(H).

Employers are being requested to monitor their employees daily for common symptoms of COVID-19, including checking employee's temperature upon arrival for work.

EMPLOYEE RESPONSIBILITIES

Notify the person in charge if you are a person-under-investigation (PUI) for COVID-19 or have been diagnosed with the COVID-19 virus.

PERSON-IN-CHARGE RESPONSIBILITIES

- **EXCLUDE** a food employee if the employee is a PUI for COVID-19 or has been diagnosed with COVID-19, until test result for COVID-19 is negative or the employee is cleared to return to work by a physician.
- **RESTRICT** a food employee from working in food preparation areas or other activities listed in 2013 FDA Food Code Section 2-401.12, if experiencing persistent sneezing, coughing or a discharge from eyes, nose or mouth.

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Coronavirus Disease 2019 (COVID-19) Guidance for Long-Term Care Facilities March 2020

Preparing for Potential Infection in West Virginia Communities

Since February 2020, the West Virginia Department of Health and Human Resources, Bureau for Public Health has been following an increase in the number of confirmed cases of COVID-19 in the U.S. The Bureau for Public Health monitors Centers for Disease Control and Prevention (CDC) updates, hospital admissions, and other data to determine the potential risk to citizens in West Virginia from the virus.

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- Maintain 2 meter (6 ft) distance between yourself and anyone coughing or sneezing.
- Stay home if you feel sick. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance.

PREVENTION

- Isolating sick and diagnosed individuals.
- Encourage proper handwashing.
- Cleaning and sanitizing surfaces.
- Provide education about COVID-19.
- Discourage sharing food, drinks, etc.

EDUCATE RESIDENTS, PERSONNEL AND VISITORS

- Educate and train health care personnel (HCP).
 - * Reinforce sick leave policies. Remind HCP not to report to work when sick.
 - * Reinforce adherence to infection prevention and control measures, including hand-hygiene and selection and use of personal protective equipment (PPE). Have HCP demonstrate competency with putting on and removing PPE.
- Educate both facility-based and consultant personnel (e.g., wound care, podiatry, barber) and volunteers. Including consultants is important because they often provide care in multiple facilities and can be exposed to or serve as a source of pathogen transmission.
- Educate residents and families including:
 - * Information about COVID-19.
 - * Actions the facility is taking to protect them and loved ones, including visitor restrictions.
 - * Actions residents and families can take to protect themselves in the facility.

PROVIDE SUPPLIES FOR RECOMMENDED INFECTION PREVENTION AND CONTROL PRACTICES

- Hand hygiene supplies:
 - * Put alcohol-based hand sanitizer with 60% to 95% alcohol in every resident room (ideally both inside and outside of the room) and other care and common areas (e.g., outside dining hall, therapy gym).
 - * Make sure sinks are well-stocked with soap and paper towels for handwashing.
- Respiratory hygiene and cough etiquette:
 - * Have tissues and facemasks available for coughing people.
 - * Consider designating staff to steward those supplies and encourage appropriate use by residents, visitors, and staff.
- Have necessary PPE available in areas where resident care is provided. Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room. Facilities should supply:
 - * Facemasks
 - * Respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP)
 - * Eye protection (i.e., face shield or goggles)
 - * Gowns
 - * Gloves
- Environmental cleaning and disinfection:
 - * Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touched surfaces and shared resident care equipment.
 - * Refer to List N on the EPA website at: (www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) for EPA registered disinfectants that have qualified for use against SARS-CoV-2.

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Coronavirus Disease 2019 (COVID-19) Guidance on Mass Gatherings March 2020

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- Stay home if you feel sick. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance.

PREVENTION

- Isolating sick and diagnosed individuals.
- Encourage proper handwashing.
- Cleaning and sanitizing surfaces.
- Provide education about COVID-19.
- Discourage sharing food, drinks, etc.
- Encourage influenza (flu) vaccination.

REVIEW EXISTING OPERATIONS PLAN

- Meet with the emergency operations coordinator or planning team at the venues.
- Establish relationships with key community partners and stakeholders.

ADDRESS KEY PREVENTION STRATEGIES IN EMERGENCY OPERATIONS PLAN

- Promote daily practice of everyday preventive actions.
- Provide COVID-19 prevention supplies at your events.
- Plan for staff absences.
- Promote messages that discourage people who are sick from attending events.
- If possible, identify a space that can be used to isolate staff or participants who become sick at the events.
- Plan ways to limit in-person contact for staff supporting your events.
- Develop flexible refund policies for participants.
- Identify actions to take if you need to postpone or cancel events.

COMMUNICATE ABOUT COVID-19

- Update and distribute timely and accurate emergency communication information.
- Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to event staff and participants.

PUT EMERGENCY OPERATIONS AND COMMUNICATION PLANS INTO ACTION

- Stay informed about the local COVID-19 situation.
- Communicate frequently with those in your communication chain.
- Distribute health messages about COVID-19 to event staff and participants.
- Provide COVID-19 prevention supplies to event staff and participants.
- Consider alternatives for event staff and participants who are at high risk for complications from COVID-19.
- Implement flexible staff attendance and sick-leave policies (if possible).
- Separate those who become sick at your event from those who are well.

DETERMINE NEED TO POSTPONE OR CANCEL EVENTS

- Put into action strategies for postponing or canceling your events.
- Update everyone in your communication chain about when your events will occur if postponed or canceled.

EVALUATE EFFECTIVENESS OF EMERGENCY OPERATIONS AND COMMUNICATION PLANS

- Meet with the emergency operations coordinator or planning team for your venues to discuss and note lessons learned.
- Maintain and expand your planning team.
- Participate in community-wide emergency preparedness activities.

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Coronavirus Disease 2019 (COVID-19) Guidance on Cleaning When Caring for an Ill Person at Home March 2020

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PREVENTION

- Isolate sick and diagnosed individuals.
- Wash hands after handling potentially contaminated items such as food, trash and laundry.
- Clean and disinfect surfaces.
- Don't share food, drinks, etc.

The ill person should eat/be fed in their room, if possible. Non-disposable food service items should be handled with gloves and washed in hot water or in a dishwasher. If possible, dedicate a lined trash can for the ill person.

WHEN CLEANING AND DISINFECTING

- Wear disposable gloves. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 only. **Wash hands** immediately after gloves are removed.
- For soft (porous) surfaces cleaning, use products with the EPA-approved emerging viral pathogens claims that are suitable for porous surfaces. A list of EPA-approved cleaning materials is available at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.
- **CLEANING** refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but removes them and lowers the risk of spreading infection.

WHEN CLEANING AND DISINFECTING (CONT.)

- **DISINFECTING** refers to using chemicals to kill germs on surfaces *after* cleaning. It can further lower risk of spreading infection.
 - For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
 - Follow manufacturer's instructions for application and proper ventilation. Do not mix household bleach with ammonia or any other cleanser.
 - Prepare a bleach solution by mixing 5 tablespoons (1/3 cup) bleach per gallon of water or 4 teaspoons bleach per quart of water.

LAUNDRY

- Wear disposable gloves when handling dirty laundry from an ill person. Discard after each use.
- If gloves are not used when handling dirty laundry, be sure to wash hands immediately afterwards.
- If possible, do not shake dirty laundry. This will minimize the possibility of dispersing the virus through the air.
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.
- Clean and disinfect clothes hampers according to guidance for surfaces or use a liner.

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Coronavirus Disease 2019 (COVID-19) Guidance for Institutes of Higher Education (IHE) March 2020

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PREVENTION

- Isolating sick and diagnosed individuals.
- Encourage proper handwashing.
- Cleaning and sanitizing surfaces.
- Provide education about COVID-19.
- Discourage sharing food, drinks, etc.

GUIDANCE FOR IHE THAT DO NOT HAVE COVID-19 IDENTIFIED IN THEIR COMMUNITY

- Review, update, and implement emergency operation plans (EOP).
- Reference key resources while reviewing, updating, and implementing the EOP.
- Ensure handwashing strategies include washing with soap and water for at least 20 seconds or using a hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Develop information-sharing systems with partners.
- Monitor and plan for absenteeism.
- Establish procedures for students and staff who are sick on campus.
- Perform routine environmental cleaning.
- Create plans to communicate accurate and timely information to the IHE community.
- Review CDC's Guidance for Businesses and Employers.

GUIDANCE FOR IHE WITH IDENTIFIED CASES OF COVID-19 IN THEIR COMMUNITY

- Determine if, when, and for how long the IHE may need to suspend classes and postpone or cancel events and activities.
- If an ill student or staff member attended school prior to being confirmed as a COVID-19 case:
 - ◊ Local health officials may recommend temporary class suspension and event or activity cancellation.
 - ◊ IHE should work with the local health department and other relevant leadership to communicate the possible COVID-19 exposure.
 - ◊ IHE administrators should seek guidance from local health officials to determine when students, staff, and faculty should return to campus and what additional steps are needed for the IHE community.

IF CLASSES ARE SUSPENDED, IHE CAN CONSIDER THE FOLLOWING STEPS

- Temporarily cancel extracurricular group activities and large events.
- Discourage students and staff from gathering or socializing anywhere.
- Ensure continuity of education and research.
- Ensure continuity of safe housing.
- Ensure continuity of meal programs.
- Consider if and when to stop, scale back, or modify other support services on campus.

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