

The following is a list of suggested “best practices” for consideration in working with your local Board of Health and other municipal officials regarding the prospective reopening of your senior center, based on guidance from the State, CDC and other sources. Additionally we remind you of the Governor’s Executive Orders of May 18, 2020 for the Phase One Reopening of the State, which included the “Safer at Home” Advisory. The new Safer at Home Advisory advises those over the age of 65 and those with underlying health conditions to stay home with the exception of trips required for health care, groceries, or that are otherwise absolutely necessary and further, restrictions on gatherings of more than 10 people remain in effect.

STAGE 1- Overall Considerations for Senior Center Facilities:

COA’s and their staff should be considering the following as they move toward preparing for the “Re-Opening” of their Centers:

1. Overall Social Guidance: Involves restrictions on sizes of gatherings, (impacts classes, programs, and events), social distancing and limitations for vulnerable populations.
 - i. Continue to provide virtual programs and services.
 - ii. Determine what (if any), programs and services can be provided when it is permissible to do so, with limited face-to-face interaction **and** meet the required standards and industry/sector specific requirements as defined and required by the State and your local authorities,(standards and requirements will be forthcoming from the State and your local authorities).
 - i. Consider holding larger programs outside when possible.
 - ii. Are any program coordinators part of the ‘at risk’ population? This is something you may need to consider.
 - iii. Contact employees about returning to work (if they have been working remotely). Inform them that you are in the process of establishing guidelines for employees/volunteers to limit potential transmission.
 - i. Consider whether staff are within the ‘at risk’ population and whether they can/want to return to work and how this may affect programming. You may need to work with your town administrator or HR department to appropriately resolve situations if an employee at risk is not willing to return to their physical work space
 - iv. Contact volunteers; provide information on whether or not their services will be needed when your center initially re-opens. Inform volunteers that you are in the process of establishing protocols and guidelines for employees/volunteers to limit potential transmission.
 - i. Consider how to reintegrate volunteers;
 1. If in the ‘at risk’ category, they may not want to be in a volunteer position that has high public contact or places them at greater risk, therefore they may seek a volunteer position with minimal risk.
 2. Consider those volunteers in the known ‘at-risk’ category who may insist on coming back in high public contact volunteer roles and what protocols you may need to put into place.

- ii. Consider some volunteers may not wish to return and what that impact would be on your center.
 - iii. Consider revising and re-issuing your volunteer guidebook to include all the new COVID-19 protocols.
- v. Review if you will need to adjust your building hours and/or maximum capacity for programs and services in order to meet the required safety standards and requirements.
 - i. Consider the implications of group size restrictions and how you will determine who can participate or if you will offer the program more frequently to accommodate all those who wish to participate
 - ii. If your center previously had (pre COVID-19) participants from “out of town”, you may want to consider re-opening initially to ‘residents only’. You may want to consider exceptions to this for SHINE and AARP Tax programs.
 - iii. Consider the impact of Social Distancing on exercise programs which may require more space per person than 6 feet.
- vi. Consider how you will develop a communication plan to notify staff, participants, volunteers and vendors of re-opening standards and requirements, including media outlets to use and languages for translation and all applicable signage.
- vii. Consider how you will develop a process for participants to provide feedback to you and your COA about your center’s re-opening so they have a way to voice their concerns and provide observations.
- viii. Develop backup plans if staff get sick, in order to maintain services (i.e.: if a transportation driver or kitchen staff gets COVID and other staff and/or volunteers are exposed and subsequently quarantined), plan how you can maintain delivery of services.
 - i. Consider creating two teams, i.e.; where one staff team work from home and the second reports to work so in the event one person gets sick the other can step in and work on site.

2. Mandatory Safety Standards for Workplace

i. **Social Distancing**

- i. Consider Installing Plexi-glass in reception desk area and other heavy face-to-face interaction areas (congregate meal counter, etc)
 - 1. Determine availability of products and how to fund purchase of products
 - 2. Where to get supplies
 - 3. Work with your administration to determine how needed supplies will be funded

- ii. Begin to develop protocols, training and information dissemination to ensure that **all persons**, staff (employees), participants, and vendors, remain 6 feet apart (Consider impact of this on programming).
- iii. Identify methods that can be used to create a 6 ft distance (use of tape markings on floors, signs, barriers, Dutch doors, etc.)
- iv. Establish flow of traffic using directional arrows
- v. Consider having staff from your local BOH walk-through of facility to make specific recommendations relative to Social Distancing.
- vi. Begin thinking about how your center will establish protocols to prevent crowding, consider the following:
 1. The flow of foot traffic and, if it is possible to designate different doors for entering and exiting facility/room
 2. How to keep track of the number of people in a place at a certain time.
 3. Marking six foot intervals on ground at entrance and registration areas prior to programs
 4. Staggering program start and end times, or requiring pre-registration to ensure caps on participation, as you may need to limit number of programs each participant can sign up for
 5. Utilizing a list of participant names to allow a rotation through in-person programming participation alongside virtual programming, (those not in-person can participate via virtual live stream platforms or session recordings that are later televised.)
 6. Track sign-in and sign-out times of staff, participants, volunteers, etc.
 7. Re-evaluate your layout, if pre-screening will be required prior to entry of any and all persons, and your main entrance/reception area is not large or you do not have a reception area, where can you conduct screenings of all who enter your facility.

ii. Hygiene Protocols

- i. Consider having staff from your local BOH walk-through of facility to make specific recommendations relative to your development of Hygiene Protocols.
- ii. Work with your BOH to learn what the required Hygiene Protocols are going to be for your Senior Center; such as face coverings, sanitizing stations, adequate handwashing capabilities, etc.
- i. Understand you may need to educate staff, participants and volunteers on proper use/wearing of masks/Face coverings, and also educate them on the section of the Governors order that states a person who declines to wear a mask due to a medical condition is not required to produce documentation verifying that condition.
- ii. Create a protocol to address situations if anyone seeking entry to your center refuses to wear a face covering for non-medical reasons (including denying entry/access).
- iii. For certain activities gloves may be required, your BOH may be able to provide you with additional information on where these can be ordered in bulk should that be required.

- iv. Determine with your BOH and State guidance, if the use of Hand Sanitizing Stations throughout your center is required.
- v. Determine if you have adequate hand-washing capabilities in your center as frequent handwashing will be required by all staff and volunteers. If these are lacking, consider obtaining and utilizing portable sinks
- iii. Discuss with you BOH if water bubblers should be accessible, if not consider covering water bubblers with plastic bags and posting signage that due to meeting required mandatory safety standards they are not accessible at this time.
- iv. Discuss with your BOH, whether you should consider using disposable materials for employees and/or participants, including single-use supplies for programming and services (i.e.; craft class supplies).

iii. Staffing and Operations

- i. Work with your BOH and/or local officials to learn what screening will be required for staff, participants and vendors in order to enter the building (i.e.: Temperature checks, self-screening and/or self-reporting requirements).
- ii. Again, you may need to re-evaluate your layout, if your main entrance/reception area is not large or you do not have a reception area, identify where can you conduct screenings of all who enter your facility
- iii. Determine where screening station will be and who will staff it
- iv. Develop protocols for refusing entry to those who do not meet screening requirements, and those who refuse to comply with the mandatory safety standards.
- v. Determine what training will be needed by staff and volunteers for:
 - 1. Social Distancing
 - 2. Hygiene Protocols
 - 3. Cleaning and Disinfecting
 - 4. Possibly monitoring the screening of all visitors
 - 5. Protocols to follow should an individual refuses to leave the facility because they did not pass screening requirements or, are not following established protocols regarding social distancing, face coverings and hygiene, (understanding that some may not be able to wear masks as it may be contraindicated due to pre-existing health conditions).
- vi. Consider developing a plan to place volunteers who wish to return, but who are 'at risk' due to pre-existing conditions, in positions with no or minimal public contact, or create a policy to address their placement, as well as those volunteers in the known 'at-risk' category who may insist on coming back in high public contact volunteer roles and what protocols you may need to put into place
- vii. Consider implementing a "two team approach" (as noted under the 'Overall Social Guidance' heading on page 1.)
- viii. With your BOH, local officials and State guidance, develop protocols for staff, volunteers, participants and vendors who display COVID-19 like symptoms.
- ix. Check with your BOH and/or local officials to see if your town/city has established a plan of action should staff become ill from COVID-19 at work, and a return-to-work plan. (Isolation, Contact Tracing, and Communication plan for if an worker is

diagnosed as positive with COVID-19, or comes into close contact (within 6 feet for 10 minutes or more) with an individual diagnosed with COVID-19.)

iv. **Cleaning and Disinfecting**

- i. Work with your BOH to learn what the required Cleaning and Disinfecting Protocols are for your Senior Center.
- ii. Determine which staff will be responsible for sanitation and disinfecting of your senior center
 1. You may need to provide informative training and instructions on how to effectively disinfect the facility.
- iii. Consider utilizing the “*6 Steps for Safe & Effective Disinfectant Use*” from EPA and display in areas that will be sanitized and where custodial supplies are kept (Refer to Appendix A).
- iv. Create a cleaning schedule, which includes the disinfecting of all common surfaces and ‘high touch’ areas must take place at intervals appropriate for your facility and follows the protocols that are established by the State and your local BOH.
- v. If your Senior Center has been completely closed (no staff onsite) determine when the cleaning and disinfecting will be done prior to staff returning.
- vi. Create form to document cleaning has been completed.
- vii. Consider you may need to close high traffic/utilization areas, (including bathrooms) to clean them as required so they remain disinfected.
- viii. Identify what disinfecting protocols you will follow if someone who is sick enters the facility, per your BOH and State guidelines.
- ix. Consider ways to decrease the number of “touches “
 1. Doors
 - a. Any door that does not need to be locked could be propped open in some way to prevent multiple people from touching it, utilizing door stoppers
 - b. If automated door requires touching consider installing a wipe-able plastic cover over the plate
 - c. Consider converting office doors into Dutch doors
- x. Consider using wipe-able plastic covers on frequently touched/shared surfaces (electronics, light switches, etc.)
- xi. Consider removing any unnecessary items from all rooms to decrease the number of surfaces that may be touched (Including removing water dispensers or covering them and provide signage that they are not accessible).
 - i. For centers that utilize “MySeniorCenter”, consider obtaining stylus’ to be used instead of touching the screen, or installing a wipe-able plastic cover over the touch screen. The Screens should be cleaned and sanitized regularly per the manufacturers recommendation and meet your cleaning protocols. You may also consider using scan guns to scan participants’ cards to get participants checked into activities for my senior center, or you may want to have staff manually enter participant data.
- xii. Best practices may include that telephones should be handled by a single person, additionally telephones should be cleaned and sanitized regularly per your facility’s cleaning schedule.

6 Steps for Safe & Effective Disinfectant Use



Step 1: Check that your product is EPA-approved

Find the EPA registration number on the product. Then, check to see if it is on EPA's list of approved disinfectants at [epa.gov/lisr](https://www.epa.gov/lisr)



Step 2: Read the directions

Follow the product's directions. Check "use sites" and "surface types" to see where you can use the product. Read the "precautionary statements."

Step 3: Pre-clean the surface

Make sure to wash the surface with soap and water if the directions mention pre-cleaning or if the surface is visibly dirty.

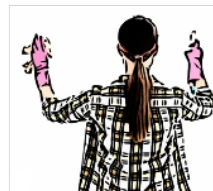


Step 4: Follow the contact time

You can find the contact time in the directions. The surface should remain wet the whole time to ensure the product is effective.

Step 5: Wear gloves and wash your hands

For disposable gloves, discard them after each cleaning. For reusable gloves, dedicate a pair to disinfecting COVID-19. Wash your hands after removing the gloves.



Step 6: Lock it up

Keep lids tightly closed and store out of reach of children.

[coronavirus.gov](https://www.coronavirus.gov)