

# PLANNING TOOL FOR AGING SERVICES NETWORK: NEW NORMAL AND REOPENING

Version 1.0

*Planning tool for aging services professionals only - not for public distribution*

28 APRIL 2021



# Table of Contents

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<b>Section 1: Introduction .....</b>	<b>2</b>
<b>Using Data to Inform Planning: COVID-19 DPH Data Sources.....</b>	<b>2</b>
<b>Section 2. How to Use This Planning Tool .....</b>	<b>3</b>
<b>Section 3. General Information.....</b>	<b>4</b>
<b>Long Term Care Facility Guidance .....</b>	<b>4</b>
<b>Assisted Living Residence (ALR) Guidance.....</b>	<b>4</b>
<b>Day Program Guidance .....</b>	<b>4</b>
<b>Preventive Measures .....</b>	<b>5</b>
<b>Space and Layout .....</b>	<b>5</b>
<b>Vaccination Status .....</b>	<b>5</b>
<b>Vaccination Status (Continued).....</b>	<b>6</b>
<b>Transportation and Travel .....</b>	<b>6</b>
<b>Mental and Behavioral Health .....</b>	<b>6</b>
<b>Technology Use and Access.....</b>	<b>6</b>
<b>Communications and Outreach.....</b>	<b>7</b>
<b>Return to Office/Work.....</b>	<b>7</b>
<b>Section 4. Decision Tree to Assist with Planning.....</b>	<b>8</b>
<b>Section 5. Scenario Planning with Potential Guidance to Consider .....</b>	<b>9</b>
<b>Scenario 1. One-on-One In-Person Activities .....</b>	<b>9</b>
<b>Scenario 2. Group Congregate Dining .....</b>	<b>11</b>
<b>Scenario 3. Group In-Person Activities (Active).....</b>	<b>13</b>
<b>Scenario 4. Group In-Person Activities (Passive) .....</b>	<b>15</b>

## Section 1: Introduction

**The Commonwealth continues to take steps to work toward a “new normal” as public health metrics trend in a positive direction and vaccination rates increase.**

While there is much reason for hope, we are still living in a global pandemic. **It remains critically important to continue to practice prevention strategies.** The COVID-19 vaccines are an important tool in getting to the end of the pandemic, but it will take time to vaccinate everyone. We must all continue to do our part to stop the spread and remain vigilant.

When we shut down in March 2020, it was quickly and urgently, **but working towards a new normal does not have a single on/off switch.** This presents an opportunity to think and plan for what a new normal means to each of us – to be thoughtful, gradual, and use all the data we have and lessons we have learned from the past year. This process is intended to be iterative, there is not one opportunity to “reopen”, and we will continue to learn as we take steps towards a new normal. The aging services network has been incredibly innovative during this time, and we encourage you to think about what has worked and what should be carried forward as we redefine what it means to grow up and grow older in Massachusetts. **Organizations should consult with their leadership, including municipal leaders, local boards of health, boards of directors, as well as any relevant trade associations in all aspects of this work.**

Additionally, all organizations are encouraged to develop and review their reopening plans with a lens toward equity. **Organizations should strive to ensure all programs and activities have equal access and opportunity for all members of the community.** The [Massachusetts Department of Public Health \(DPH\) Office of Health Equity](#) offers resources and tools to help Public Health programs address health inequities, and [the Center for Disease Control and Prevention \(CDC\) National Center for Chronic Disease Prevention and Health Promotion](#) offers tools and resources to help achieve health equity by eliminating health disparities. The [Massachusetts Healthy Aging Collaborative’s Healthy Aging for All Guide](#) may also be helpful to communities as they plan to start or expand in-person activities.

### Using Data to Inform Planning: COVID-19 DPH Data Sources

The Commonwealth regularly publishes data on COVID-19 metrics and vaccination rates to help communities assess readiness and approach planning for reopening. We encourage you to use this data and engage municipal leaders and other community partners to understand and interpret the data and information.

- [COVID-19 Response Reporting](#): Includes daily and cumulative reports on Massachusetts COVID-19 cases, testing, and hospitalizations. County-level positivity rates and tests performed are updated each Wednesday and published online.
- [COVID-19 Vaccination Data and Updates](#): Includes daily and weekly reports, including municipal level data, which is updated each Thursday. Municipal data contains information on individuals vaccinated for COVID-19 by their zip code and city or town of residence, as well as by age, sex, and race/ethnicity characteristics.

## Section 2. How to Use This Planning Tool

This planning tool was created to help aging services professionals identify guidance that may be useful as they think about their individual organization’s approach to scaling up. **The tool curates and centralizes existing guidance and includes a list of questions and considerations** to use when planning for reopening. This is not a set of instructions that articulates how to reopen, nor does it interpret existing guidance. **Any interpretation of guidance should be done in consultation with an organizations’ leadership and local boards of health.**

We recognize that many organizations and communities have already started to plan for scaling up operations. This planning tool is **intended to complement and not supplant the creative thinking** and planning already underway. Our hope is that this tool supports you as you continue to plan for reopening. **Please continue to consult with local boards of health and your relevant trade associations prior to finalizing any plans.**

The planning tool includes both general considerations and helpful information related to four common scenarios that likely apply to the Aging Services Access Points (ASAPs), Councils on Aging (COAs), other aging services providers, and community-based organizations. **The scenarios for in-person activities include:**

Scenario 1	Scenario 2	Scenario 3	Scenario 4
<b>One-on-One In-Person Activities</b>	<b>Congregate Dining</b>	<b>Group In-Person Activities (Active)</b>	<b>Group In-Person Activities (Passive)</b>
Examples: Social Visiting, Wellness Checks, Individual Counseling	Examples: Group Meals, Lunch Socials	Examples: Fitness Class, Card Games	Examples: Speaker Series, Movie Screening

A decision tree planning guide illustrating these four scenarios in more detail is included in **Section 4** and scenario-specific information is included in **Section 5**. Each scenario includes links to potentially helpful guidance, select language that may be most relevant, and a list of questions or considerations to think about for reopening. In many cases, other sectors (e.g., Restaurants, Fitness Centers and Health Clubs) contain guidance that may be helpful to the aging services network and communities.

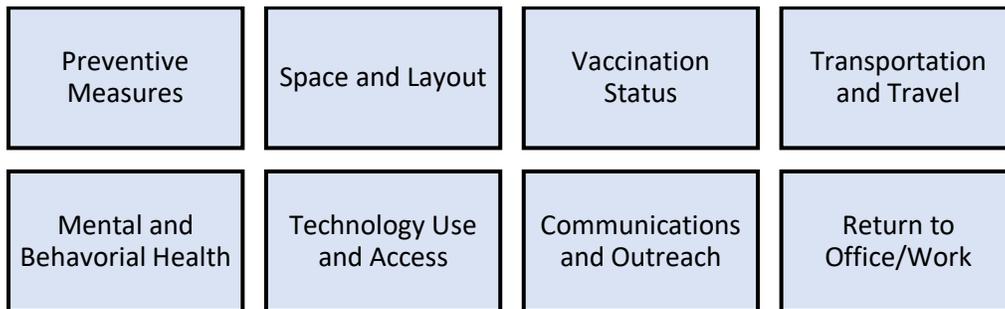
We acknowledge that this information is emerging and changing rapidly, and we will work to update the planning tool periodically to reflect the most recent guidance and information. We also encourage you to visit <https://www.mass.gov/info-details/reopening-massachusetts> to stay up to date on the latest reopening guidance and information. **Please note that this version of the planning tool includes the latest information from the Baker-Polito Administration released on April 27<sup>th</sup>, 2021.**

## Section 3. General Information

The following section includes general information and guidance that may be helpful as you plan to scale up operations. In addition to reviewing this information, it may also be useful to reference:

- [Reopening Massachusetts website](#)
- [COVID-19 Information for Local Boards of Health](#)
- [Centers for Disease Control and Prevention \(CDC\) website with considerations for community-based organizations](#)

**For all planning, there are eight general categories to consider** (see pages 5-7 for details):



**Additionally, the Commonwealth issued guidance that aging services professionals may wish to be aware of and familiarize themselves with for settings where individuals they serve live or receive care.**

### Long Term Care Facility Guidance

- [Visits](#) may now occur in resident rooms when both the resident and visitor are fully vaccinated, without social distancing. Masks should still be worn during visits.
- Congregate activities that require residents to be closer than six feet apart can resume, such as card games, dining, and watching movies, if residents are fully vaccinated.

### Assisted Living Residence (ALR) Guidance

- Congregate activities can resume. Settings such as dining rooms, movie theaters, and gyms within the ALR should follow state guidance for the respective settings.

### Day Program Guidance

- Day Programs must continue to comply with [all 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](#), c) [return to work guidance for all workers](#), and d) [mandatory safety standards for workplaces](#).
- Have a process for screening participants and staff for symptoms of or known exposure to COVID-19 prior to entering the site.
- Minimize contact between participants through active scheduling practices, such as establishing different arrival/departure times or separate space to mitigate the risk of exposure to COVID-19.
- Have a food safety plan that identifies how the provider will maintain appropriate safety and social distancing during meals including preparation and distribution of meals, safety measures for dishware and utensils, and mealtime schedule for participants. Meals shall not be served family style.

General Considerations	Additional Information
<a href="#">Preventive Measures</a>	<ul style="list-style-type: none"> <li>Residents are still required to <a href="#">wear face masks</a> in public places (with exception of outdoors if it is possible to socially distance), <a href="#">socially distance</a> by remaining six-feet apart, <a href="#">isolate</a> if feeling sick, <a href="#">quarantine</a> if exposed to COVID-19, and <a href="#">limit in-person gatherings</a>.</li> <li><a href="#">Preventative measures</a>, such as washing hands often with soap and warm water for at least 20 seconds, cleaning items and counters that are frequently touched with household cleaning sprays and wipes, and avoiding touching eyes, nose, and mouth are still encouraged.</li> <li>Cleaning and sanitizing practices are encouraged daily, as well as disinfecting when there may have been an exposure to COVID-19 in the building. The Centers for Disease Control and Prevention (CDC) lists <a href="#">guidance</a>.</li> <li><a href="#">Staff should continue to be screened for COVID-19 symptoms</a>. Note that screening people who have been fully vaccinated is still necessary. Organizations may wish to maintain a log of staff and consumers to support contact tracing, as needed.</li> </ul>
<a href="#">Space and Layout</a>	<ul style="list-style-type: none"> <li>When planning for a specific program or activity, consider if the activity could be done outdoors, weather permitting and if there is a plan in place for inclement weather.</li> <li>Effective March 22<sup>nd</sup>, <a href="#">Gatherings</a> at private residences must not exceed 10 people indoors and 25 people outdoors.</li> <li>Effective March 22<sup>nd</sup>, <a href="#">Gatherings</a> at event venues and in public settings must not exceed 100 people indoors and 150 people outdoors.</li> <li><b>Effective May 29<sup>th</sup>, gatherings limits will increase to 200 people indoors and 250 people outdoors for event venues, public settings, and private settings. Please note there may be additional restrictions on occupancy limits based on size of the building.</b></li> <li>The federal government has created resources that may be helpful to <a href="#">owners and operators of affordable housing</a>, as well as <a href="#">multi-family housing</a>.</li> </ul>
<a href="#">Vaccination Status</a>	<ul style="list-style-type: none"> <li>Until more people are vaccinated, prevention measures will continue to be necessary for all people, even people who have been fully vaccinated. <a href="#">Massachusetts guidance for people who are fully vaccinated against COVID-19</a> includes more information about gathering with others, isolation, quarantine, and testing.</li> <li>Planning for gradual return to safe in-person programming and services for all members of the community, including those who are vaccinated and not yet vaccinated, is strongly encouraged.</li> <li>The Department of Public Health is not mandating the COVID-19 vaccine. It is a voluntary program. If an organization is interested in pursuing limitations or requiring consent based on vaccination status, they should engage with municipal leadership, Boards of Directors, and legal counsel.</li> </ul>

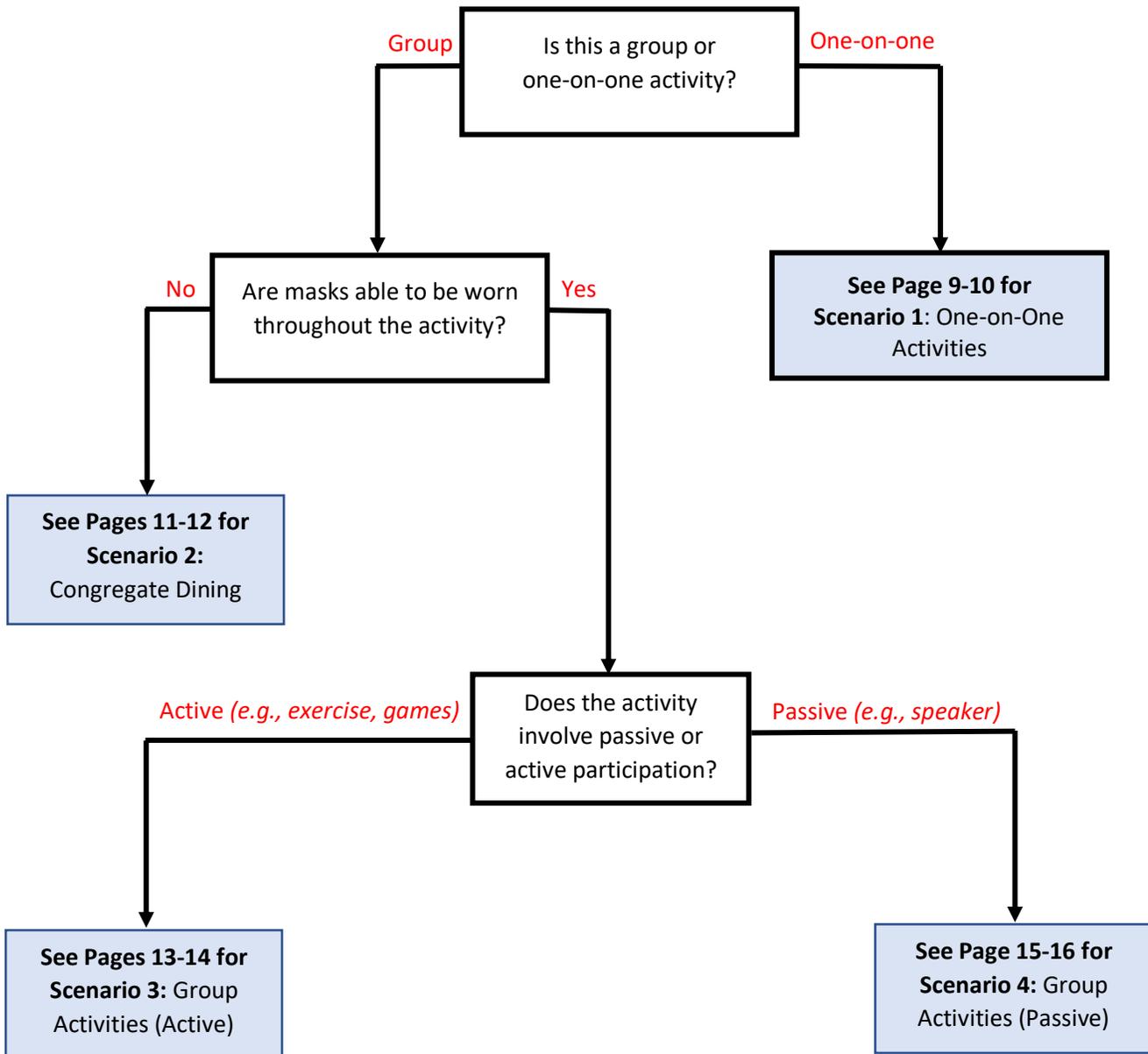
<p>Vaccination Status (Continued)</p>	<ul style="list-style-type: none"> <li>• It is important to continue to encourage residents about the importance of being vaccinated and the efficacy of the vaccines. The state has published public awareness and education materials as part of the <a href="#">Trust the Facts, Get the Vax</a> campaign.</li> <li>• To review current vaccination rate in your community, visit the weekly <a href="#">Department of Public Health dashboard</a>.</li> </ul>
<p>Transportation and Travel</p>	<ul style="list-style-type: none"> <li>• Various guidance exists for different forms of transportation, including guidance for Executive Office of Health and Human Services Human Service Transportation (HST) (both <a href="#">new normal checklist</a> and <a href="#">guidelines for demand response transportation</a>), as well as tips for <a href="#">safe carpooling</a>.</li> <li>• The Centers for Disease Control and Prevention (CDC) published guidance for <a href="#">various modes of transportation</a>, including public transit and paratransit.</li> <li>• Effective March 22<sup>nd</sup>, the Massachusetts Travel Order was updated to a <a href="#">Travel Advisory</a>. Please note that visitors and returning residents are still encouraged to quarantine for 10 days upon their arrival unless they meet exemption criteria. Travelers are also encouraged to consult the <a href="#">CDC's guidelines and requirements for travel</a>.</li> </ul>
<p>Mental and Behavioral Health</p>	<ul style="list-style-type: none"> <li>• The past year has been incredibly difficult and many of us have experienced loss – of loved ones, financial security, important milestones, and social connection. It is important to <a href="#">take care of our emotional health</a> and continue to build resiliency.</li> <li>• For individuals who may need help with substance use, please visit the Commonwealth's website for <a href="#">Treatment and Recovery Services</a>.</li> <li>• If you know an older adult who may benefit from mental health services, please encourage them to call their local <a href="#">Aging Services Access Point (ASAP)</a> or <a href="#">Council on Aging (COA)</a> for more information about community-based supports. Many offer mental health programs for older people.</li> <li>• Anyone who could benefit from free COVID-19 counseling for coping and support can call <a href="#">MassSupport</a> at 1-888-215-4920. Phones are answered from Monday to Friday 9:00 AM to 6:00 PM. MassSupport is operated by Riverside Community Care. MassSupport frequently offers supports specific to family caregivers, including resiliency workshops.</li> </ul>
<p>Technology Use and Access</p>	<ul style="list-style-type: none"> <li>• Many aging services providers and community organizations transitioned programming from in-person to virtual or telephonic. As we consider the new normal, it will be important to think about these new modalities and how to sustain them or build them into hybrid models.</li> <li>• As we have learned over the past year, access to both technology and reliable internet is not universal and organizations should continue to think creativity about addressing the digital divide for their community members.</li> <li>• Unfortunately, COVID-19 scams still exist. It is important to protect yourself and educate others about the warning signs. The <a href="#">Massachusetts Enterprise Security Office</a> and the <a href="#">Massachusetts Attorney General's Office</a> have more information and tips to avoid scams.</li> </ul>

<p>Communications and Outreach</p>	<ul style="list-style-type: none"> <li>• Effective communication with older adults has been a critically important component of emergency response. As we shift to the new normal, consider the many communication strategies and channels available in your community and how to best share information with older adults. This will be especially important when communicating information about scaling up operations, access to programs and activities, and the potential public reopening of physical buildings and facilities.</li> <li>• While reopening physical spaces and offering in-person activities is exciting, it is critical to think about equity and what access looks for all programs and services. It is important to set expectations with older adults, including those who were high frequency users pre-pandemic. Organizations may wish to consult the <a href="#">Massachusetts Healthy Aging Collaborative’s Healthy Aging for All Guide</a> to think about equity and access in the community.</li> <li>• Communication channels may include but are not limited to: telephone, mail, newsletter, local cable access, radio, pairing printouts with grab-and-go or home-delivered meals.</li> <li>• Messages about reopening may be paired with continued information about COVID-19 prevention and encouraging individuals to get a vaccine. See the state’s <a href="#">printable COVID-19 fact sheets</a> and <a href="#">Trust the Facts, Get the Vax campaign materials</a>.</li> </ul>
<p>Return to Office/Work</p>	<ul style="list-style-type: none"> <li>• As we think about reopening programs and services to consumers, many of us are all planning to return to office buildings. <a href="#">Please see the latest safety standards and checklist for office spaces</a>.</li> <li>• There are also <a href="#">sector-specific safety protocols and recommended best practices</a>, which will provide further details and limited exceptions.</li> <li>• Review the <a href="#">Health Care Professionals Guidance and Considerations</a>, including guidance related to quarantine and isolation for individuals who have been exposed to COVID-19.</li> <li>• Providing clear and consistent information with respect to reopening protocols is important for staff, volunteers, and consumers. Consider updating existing guides or handbooks and hosting training sessions for staff and volunteers.</li> </ul>

## Section 4. Decision Tree to Assist with Planning

Please use the below decision tool to assist in scenario planning for in-person activities.

(see pages 9 through 16 for additional details)



## Section 5. Scenario Planning with Potential Guidance to Consider

### Scenario 1. One-on-One In-Person Activities

**Example Activities:** Friendly Visiting, Wellness Checks, Individual Counseling

**Potential Guidance to Review:**

*The bullets below are excerpts from the established guidance for specific sectors. Aging services professionals are encouraged to review the entire documents and webpages, as applicable. **Please note that this version of the planning tool includes the [latest information from the Baker-Polito Administration](#) released on April 27<sup>th</sup>, 2021. Aging services professionals should continue to check the sector hyperlinks for the latest information.***

#### Fitness Centers and Health Clubs

- Personal trainers should **maintain six feet of distance from clients** to the extent possible and should minimize any prolonged close contact.
- Personal trainers must **wear face coverings**.
- **Any equipment used during the personal training session must be sanitized after each use**, or at the end of the session if the client was the only person who used the equipment during the session.

#### Day Program Guidance

- Have a process for **screening participants and staff** for symptoms of or known exposure to COVID-19 prior to entering the site.
- Ensure all staff have **appropriate personal protective equipment (PPE)**, consistent with DPH guidance, to perform the service or procedure and any related care for the participant. If appropriate PPE is not available to protect the staff involved in the participant's care, the program site should be closed until appropriate PPE is available.

#### Health Care Professionals Guidance and Considerations

- Quarantine is for individuals who have been exposed to someone who is COVID-19 positive but are not exhibiting any symptoms and have not tested positive. NOTE: **Individuals who had COVID-19 in the last 90 days** (from day of symptom onset or day of first positive test if asymptomatic), AND **individuals who have received either two doses** of the Moderna or Pfizer COVID-19 vaccines or a **single dose** of the Janssen COVID-19 vaccine **at least 14 days ago, are not required to quarantine following an exposure.**
- **Isolation is for individuals who have either tested positive for COVID-19** or who are exhibiting symptoms of COVID-19 (including fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell) and have been told by a provider that they have, or probably have, COVID-19, even in the absence of a test.

### Questions and Considerations:

*The questions listed below are meant to help think through considerations for scaling up operations related to the scenarios. They are not intended to be a list of instructions or regulations.*

- Is the individual involved with the Protective Services Program? *If yes, please consult and follow all Protective Service Regulations, Program Instructions, and Protective Services Program Tip Sheet issued on April 16<sup>th</sup>, 2021.*
- Have you reviewed the Transitional COVID-19 Plan issued by the Executive Office of Elder Affairs on September 3<sup>rd</sup>, 2020 regarding consumers enrolled in Home Care, Supportive or Congregate Housing, Options Counseling, Family Caregiver Support, Elder Mental Health, and other programs? (This document is available on 800AgeInfo for Professionals).
- Where is the activity being held? Is it going to be an outdoor or indoor activity?
- Have you reviewed other sector guidance if the meeting is being held at a business or other location?
- When was the last assessment of the individual's home? Do you need to see inside the individual's home as part of the assessment process?
- Does the individual have regular contact with other members of the aging services network that you can coordinate with?
- Does the individual have adequate technology, internet access, and training to meet virtually?
- What Personal Protective Equipment (PPE) is needed and available?
- What paperwork or other materials is needed for the activity? Do any signatures need to be obtained? Can any of them be provided electronically?
- Have you reviewed the [COVID-19 case](#) and [vaccination rate](#) data for your community? If an organization is interested in pursuing limitations or requiring consent based on vaccination status, they should engage with municipal leadership, Boards of Directors, trade associations, and legal counsel prior to any final decisions.
- Have you incorporated [trauma-informed approaches](#) that benefit both the consumer and staff?
- Have you consulted with your leadership, including but not limited to, municipal leaders, local boards of health and boards of directors, as well as trade associations?

## Scenario 2. Group Congregate Dining

**Example Activities:** Congregate Meals, Lunch Socials, Summer BBQs

### **Potential Guidance to Review:**

*The bullets below are excerpts from the established guidance for specific sectors. Aging services professionals are encouraged to review the entire documents and webpages, as applicable. **Please note that this version of the planning tool includes the [latest information from the Baker-Polito Administration](#) released on April 27<sup>th</sup>, 2021. Aging services professionals should continue to check the sector hyperlinks for the latest information.***

### Day Programs

- Have a food safety plan that identifies how the provider will **maintain appropriate safety and social distancing during meals** including preparation and distribution of meals, safety measures for dishware and utensils, and mealtime schedule for participants.
- Meals shall **not be served family style**.
- **Minimize contact between participants through active scheduling practices**, such as establishing different arrival/departure times or separate space to mitigate the risk of exposure to COVID-19.

### Restaurants

- Customers **may only remove face coverings in the actual act of eating and drinking**. Face coverings are required at all other times while seated at tables and when waitstaff are present at tables.
- Seated table service must be limited for each party to **90 minutes or less**.
- Tables must be positioned so to maintain at least a **6-foot distance from all other tables and any high foot traffic areas** (e.g., routes to bathrooms, entrances, exits)
- The size of a party seated at a table **cannot exceed 6 persons**.
- Customers should be **encouraged to only dine with members or the same household**.
- **All customers must be seated**; eat-in service to standing customers is prohibited.
- Restaurants may provide carry-out or delivery service, but all safety standards for table separation, size of party, and hygiene must be maintained for any indoor or outdoor table seating that is available to carry-out patrons.
- **Stagger work schedules and staff meal and break times**, regulating maximum number of people in one place and ensuring at least 6-feet of physical distancing.
- When possible, **reservations or call ahead seating should be encouraged**; managers must ensure that customers waiting for tables do not congregate in common areas or form lines.
- **Provide training to workers on up-to-date safety information and precautions** including hygiene and other measures aimed at reducing disease transmission.
- **Limit visitors and vendors on site**; shipping and deliveries should be completed in designated areas.
- **Restaurants must screen workers at each shift.**
  - **Clean commonly touched surfaces in restrooms** (e.g., toilet seats, doorknobs, stall handles, sinks, paper towel dispensers, soap dispensers) frequently and in accordance with CDC guidelines.
  - Open windows and doors to **increase airflow** where possible.

## Retail Businesses

- **Self-serve, unattended buffets, topping bars, and other communal serving areas (such as salad bars) must remain closed.** Retailers must eliminate any open free samples or tastings. Self-serve beverage stations must comply with the following guidelines:
  - Hand sanitizer must be made available next to beverage stations and operators must instruct customers to use before pouring beverages.
  - Only straws and stirrers individually wrapped in cellophane or paper are allowed.
  - Cups and lids must be from single pull dispenser or other method to minimize contact.
  - Sweeteners, sugars, and creamers must be individual packets.
  - Floor markers must be installed to achieve social distancing.
  - Use of personal mugs and cups are not allowed.
  - Frequent disinfecting of the beverage station must take place, even during busy times.
  - If a store offers delivery, curbside pickup capabilities, or limited "appointment only shopping," **customers should be encouraged to use those methods before coming** into the store.
- **Contactless payment methods** are encouraged.

### **Questions and Considerations:**

*The questions listed below are meant to help think through considerations for scaling up operations related to the scenarios. They are not intended to be a list of instructions or regulations.*

- Are you planning to hold congregate dining on a regular basis or is this a one-time activity?
- Where is the meal being held? Is it indoors or outdoors?
- What is your space layout?
- What is your seating and table capacity?
- Are you considering a reservation or appointment system?
- Will you be distributing grab-and-go meals, coordinating meal delivery and congregate dining on the same day or from the same location?
- Have your volunteers and staff been training in necessary safety and hygiene protocols?
- What Personal Protective Equipment (PPE) do you have available?
- Will meals be served to individuals at the table, or will it be buffet style?
- What will the flow of "traffic" be for staff and participants?
- How are you ensuring equitable access to the congregate dining?
- Have you considered encouraging individuals to sit with members of their households?
- What are your protocols for cleaning and disinfecting?
- Have you reviewed the [COVID-19 case](#) and [vaccination rate](#) data for your community? If an organization is interested in pursuing limitations or requiring consent based on vaccination status, they should engage with municipal leadership, Boards of Directors, trade associations, and legal counsel prior to any final decisions.
- Have you incorporated [trauma-informed approaches](#) that benefit both the consumer and staff?
- Have you consulted with your leadership, including but not limited to, municipal leaders, local boards of health and boards of directors, as well as trade associations?

## Scenario 3. Group In-Person Activities (Active)

**Example Activities:** Group Fitness Classes, Card and Board Games, Music Classes

### **Potential Guidance to Review:**

*The bullets below are excerpts from the established guidance for specific sectors. Aging services professionals are encouraged to review the entire documents and webpages, as applicable. **Please note that this version of the planning tool includes the [latest information from the Baker-Polito Administration](#) released on April 27<sup>th</sup>, 2021. Aging services professionals should continue to check the sector hyperlinks for the latest information.***

### Fitness Centers and Health Clubs

- **All equipment must be sanitized between uses.** No equipment shall be used by another customer or returned to the storage rack/container without being sanitized.
- Encourage customers to **use their own personal exercise equipment** (such as spin shoes, jump ropes, yoga mats, etc.) when possible.
- Encourage **outdoor exercise, classes, sessions, etc. where possible**, so long as appropriate physical distancing is maintained at all times.
- **Close or limit waiting areas** and, for class-based activities with distinct session times, ask customers to wait outside or in cars until 10 minutes prior to their class.
- Schedule **30-minute windows between classes** to allow for thorough cleaning and appropriate ventilation of the fitness room, and to discourage congestion.
- **Consider creating “shifts” for customers** engaging in unstructured exercise (i.e., open weight rooms) by using a reservation system in order to enforce occupancy limits.

### Indoor and Outdoor Events

- Occupancy counts in all **cases must include all attendees** but may exclude event staff or other workers.
- All participants in indoor and outdoor gatherings, including gatherings at private residences, must **maintain at least 6 feet of physical distance** whenever possible.
- An event will violate these capacity limits where, regardless of the actual number of attendees, **it is not reasonably possible for all participants regularly to maintain 6 feet** of separation.
- **When seated, attendees should be in groups of not more than 6.**
- Provide **regular sanitation of high touch areas**, such as workstations, equipment, screens, doorknobs, restrooms throughout work site.
- **Dance floors: May open for events only.** Face coverings must be worn at all times on the dance floor.

### Museums and Cultural and Historical Facilities and Guided Tours

- **Encourage the use of electronic versions of guide materials** (such as brochures and gallery guides) where possible. All physical guide materials (such as paper brochures, gallery guides, and audio guides) must be discarded or sanitized between use. Any self-serve racks must be removed, and all materials must be handed out individually.

- Guidance for bus tours – **Groups of passengers should be separated on the vehicle by empty seats.** If that is not possible, vehicles should stagger open rows.
- Guidance for walking tours – **Tour operators must limit group size in walking tours to groups of no more than 25 persons, including guides.** Recommend limiting tour parties to members of the same household only.

#### **Questions and Considerations:**

*The questions listed below are meant to help think through considerations for scaling up operations related to the scenarios. They are not intended to be a list of instructions or regulations.*

- Where is the activity being held? Is it being planned for indoors or outdoors? Do you have inclement weather plans?
- Is this a regularly occurring activity or a one-time event?
- Does the activity require shared use of materials/equipment?
- Does the staff have necessary safety and hygiene protocol training?
- What Personal Protective Equipment (PPE) available?
- Are you considering an appointment or reservation system?
- How are you ensuring equitable access to programming with safety measures in place?
- What is the layout of the space? Does the space allow for appropriate physically distancing?
- Is there a clear pattern for “traffic” and movement?
- Is the activity occurring at the same time as other activities in the building?
- Have you reviewed the [COVID-19 case](#) and [vaccination rate](#) data for your community? If an organization is interested in pursuing limitations or requiring consent based on vaccination status, they should engage with municipal leadership, Boards of Directors, trade associations, and legal counsel prior to any final decisions.
- Have you incorporated [trauma-informed approaches](#) that benefit both the consumer and staff?
- Have you consulted with your leadership, including but not limited to, municipal leaders, local boards of health and boards of directors, as well as trade associations?

## Scenario 4. Group In-Person Activities (Passive)

**Example Activities:** Movie Night, Speaker Event, Support Groups

### **Potential Guidance to Review:**

*The bullets below are excerpts from the established guidance for specific sectors. Aging services professionals are encouraged to review the entire documents and webpages, as applicable. **Please note that this version of the planning tool includes the [latest information from the Baker-Polito Administration](#) released on April 27<sup>th</sup>, 2021. Aging services professionals should continue to check the sector hyperlinks for the latest information.***

### **Places of Worship**

- For indoor services, places of worship must **monitor member entries and exits and limit occupancy at all times** to the greater of the following:
  - 50% of the building's maximum permitted occupancy as documented in its occupancy permit on record with the municipal building department or other municipal record holder.
  - Buildings for which no permitted occupancy limitation is on record may allow 10 persons (excluding staff) per 1,000 square feet of accessible space.
  - In any case, no enclosed space (e.g., a single room, basement) within the building may exceed occupancy of 10 persons per 1,000 square feet.
  - All occupancy counts and calculations shall include attendees but may exclude staff, and other workers.
- Attendees who are not part of the same immediate household must be seated at least 6-feet apart. Members of the same immediate household are permitted to sit together and less than 6-feet apart.
- If there is fixed seating, **rows should be blocked off and kept empty to allow for sufficient distancing** between rows.
- If feasible, places of worship are **encouraged to arrange online sign-up for services in advance** in order to monitor and limit the number of attendees.
- Places of worship are encouraged to **place tape or other visual distancing markings** on seating to delineate 6-foot separations and to post signage indicating the maximum number of persons permitted per row.
- Places of worship are encouraged to **take steps to encourage orderly entering and exiting of services** in a manner that encourages social distancing.
- Places of Worship shall communicate to members and workers that they **should not attend services in-person if they have symptoms** or have been exposed to COVID-19.

### **Theaters and Performance Venue**

- **Require face coverings for all workers and customers**, except where unsafe due to medical condition or disability
- **Indoor and Outdoor Theaters and Performance venues must monitor customer entries and exits and limit occupancy** at all times to:
  - 50% of the venue's maximum permitted occupancy as documented in its occupancy permit on record with the municipal building department or other municipal record holder, but in no event shall the venue admit or host more than 500 persons.

- Venues for which no permitted occupancy limitations on record may allow up to 10 persons per 1,000 square feet of accessible space, and never more than 500 persons.
- **Post clearly visible signage regarding the need to maintain 6 feet of social distancing** and not to enter a room until that distancing can be maintained.
- Ensure **separation of 6 feet or more between individuals** where possible.
- Establish directional **pathways to manage visitor flow** for foot traffic, to minimize contact (e.g., one-way entrance and exit to shows, one-way pathways). Post clearly visible signage regarding these policies.
- **Reconfigure seating areas** to ensure 6-foot distancing between customers not in the same group
- For live performances, singing and the playing of brass and wind instruments is discouraged. **Singing is not permitted in any indoor performance venues.** For **outdoor performances involving singing or indoor and outdoor performances involving brass or wind instruments**, special distancing must be followed:
  - At least 10 feet between performers.
  - At least 25 feet between performers and first row of the audience.
  - Plexiglass barriers cannot be used to reduce required distance between performers or between performers and the audience.
- **Any self-serve racks or containers for these materials should be removed**, and instead all materials must be handed out individually by workers.

#### Questions and Considerations:

*The questions listed below are meant to help think through considerations for scaling up operations related to the scenarios. They are not intended to be a list of instructions or regulations.*

- Where is the activity being held? Is it an indoor or outdoor venue?
- Is this a regularly occurring program or a one-time event?
- What is your space layout? What is your seating plan?
- What is the pattern for “traffic” and movement?
- Have you considered reserved or assigned seating?
- What type of event or performance is being held?
- Does the activity include performers? Do the performers or speakers have enough distance from audience?
- What Personal Protective Equipment (PPE) is available?
- How are you ensuring equitable access to the activity?
- Have you reviewed the [COVID-19 case](#) and [vaccination rate](#) data for your community? If an organization is interested in pursuing limitations or requiring consent based on vaccination status, they should engage with municipal leadership, Boards of Directors, trade associations, and legal counsel prior to any final decisions.
- Have you incorporated [trauma-informed approaches](#) that benefit both the consumer and staff?
- Have you consulted with your leadership, including but not limited to, municipal leaders, local boards of health and boards of directors, as well as trade associations?