**Adult Day Services**

**FAQ 6.30.21**

1. **What COVID restrictions changed on May 28, 2021?**
   * Return to regular days and hours of operation as approved by DHS Licensing prior to COVID-19.
   * Participants do not have to be strictly maintained in cohorts; however, the COVID-19 pandemic continues to be an important health concern for your program. You may find that keeping people in separate activity groups will reduce the likelihood of the spread of COVID-19 or minimize its impact.
   * Strict social distancing is not required; however, it is also a means of effective disease mitigation that can continue to be used by your program.
   * Providers may operate at full capacity, meaning the licensed capacity approved by DHS Licensing prior to COVID-19.
   * Eliminating mandatory quarantines from your program regardless of exposure or vaccine status have been eliminated.
2. **Do I need to notify DHS that my program is resuming normal operations?**

No. Providers do not need to notify DHS that normal operating hours are resuming. If providers choose to modify their operating hours from what is listed on the ADS license, the licensor must be notified.

1. **What are ongoing requirements and recommendations?**

Providers are required to follow requirements within [Minnesota’s Stay Safe Plan](https://staysafe.mn.gov/). This includes a requirement to maintain a [COVID-19 Preparedness Plan](https://staysafe.mn.gov/industry-guidance/all-businesses.jsp), provide the plan to your staff, ensure training is provided to staff on the contents of the plan, and make the plan available to regulatory authorities and public safety officers upon request. Your plan should continue to be updated to reflect your most current program operation, including updated recommendations from Stay Safe MN and MDH. Your plans will continue to describe how you clean and disinfect your adult day center, and practices by which you will screen for and respond to signs and symptoms of COVID-19. If you directly provide transportation to participants, your plan must address how any needed mitigation efforts will be implemented during transportation.

1. **Can providers resume regular activities?**

Providers may resume activities that were previously restricted due to COVID. The CDC has developed a [graph](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/pdfs/choosingSaferAct.pdf) to help understand which activities are safest.

1. **Are temperature and oximetry readings still required?**

Temperature and oximetry readings are no longer required but providers must develop a screening process for all people entering the ADS including participants, staff and visitors. Providers must follow the Stay Safe MN guidelines and describe the screening process in their COVID-19 Preparedness Plans. The [Visitor and Employee Health Screening Checklist](https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf) may be helpful in developing your screening process. Any staff, visitor, or participant that shows signs or symptoms of COVID-19 during screening should be asked to leave the program and follow-up with their primary care providers.

1. **Are there new recommendations regarding disinfection protocols?**

Cleaning with products containing soap or detergent reduces germs on surfaces by removing contaminants and decreases risk of infection from surfaces.

When no people with confirmed or suspected COVID-19 are known to have been in a space, [cleaning once a day is usually enough](https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/surface-transmission.html) to sufficiently remove virus that may be on surfaces and help maintain a healthy facility.

Disinfecting (using [U.S. Environmental Protection Agency (EPA)’s List N disinfectants](https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19)) kills any remaining germs on surfaces, which further reduces any risk of spreading infection.

**You may want to either clean more frequently or choose to disinfect (in addition to cleaning) in shared spaces if the space is a high traffic area or if** **certain conditions apply that can increase the risk of infection from touching surfaces:**

* [High transmission](https://covid.cdc.gov/covid-data-tracker/#county-view) of COVID-19 in your community;
* Low vaccination rates in your community;
  + Infrequent use of other prevention measures, such as mask wearing (among unvaccinated people) and hand hygiene; or
* The space is occupied by people at [increased risk for severe illness from COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html)

**If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean AND disinfect the space.**

1. **Should unvaccinated participants be separated from vaccinated participants?**

Unvaccinated participants do not need to be separated from vaccinated participants. Placing unvaccinated individuals together may lead to a higher risk of possible COVID-19 transmission for those individuals.

1. **How do we respond to a positive exposure in the center**?

[Interim Public Health Recommendations for Fully Vaccinated People | CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html) provides updated guidance. Fully vaccinated individuals do not need to be removed from the program. Staff or participants who have experienced an exposure, and are vaccinated, should monitor for signs and symptoms of COVID-19 carefully for the next 14-days. If illness occurs during that time, the individual should quarantine and contact their primary care provider for testing and other guidance. Unvaccinated individuals with an exposure should leave the program and quarantine for 14-days. If no symptoms develop, they may return to the program, if symptoms do develop, you should follow your policy on return to work after COVID-19 symptoms. Providers should describe symptom screening and risk mitigation protocols in their COVID Preparedness Plan.

1. **Are providers required to maintain proof of vaccination status?**

No, providers are not required to maintain proof of vaccination status.