

BRANDYWINE VALLEY ACTIVE AGING UPDATED COVID-19 OPERATING PROCEDURES

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Pandemic Response Coordinator

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Purpose

1. To address the public health crisis currently exacerbated by the Delta and Omicron variant
2. To comply with recommendations established by
 - a. Pennsylvania Department of Aging
 - b. Chester County Department of Aging

Hours of Operation

- General Hours of Operation: Monday through Friday from 9AM to 3PM
- Take-out meals will be available starting at 12PM
- Drive-Through Hours of Operation: Monday through Friday from 12:30PM to 1:30PM

General Guidelines

Until instructed otherwise, anyone entering a Brandywine Valley Active Aging facility, (participants, employees, volunteers, and others) must:

- Complete a pre-entry health screening including temperature check.
- Wear a mask or face covering (this includes those using the drive-through service). Surgical face masks preferred.
 - Individuals will be asked to supply their own mask or face coverings, but Brandywine Valley Active Aging will maintain a supply of disposable face masks for those who do not have another source.
- Use a hand sanitizing station prior to entering the desired activity, program, or service.
- Practice good personal hygiene, washing hands for at least 20 seconds and avoid touching eyes, nose, face, or mouth with unwashed hands.
- Stay at home or go home if ANY symptoms of illness exist.
- Leave the premise immediately if non-compliant or not be willing to comply with guidelines.

Occupancy by Campus

Indoor (small) group activities permitted

- Maximum program attendance of 15-persons
- One group activity at a time per designated space
 - *Awaiting guidelines from AARP Income Tax Preparation to determine ability to accommodate*
- All plexiglass dividers are to be returned to all desks and to be used for any program where one-on-one services (such as AARP Income Tax Preparation) will take place.

	<u>Coatesville Campus</u>	<u>Downingtown Campus</u>
Staff Offices	3-persons	6-persons (entire office suite)
Staff Conference Room	4-persons	N/A
Classroom A	10-persons	N/A

Classroom B	15-persons	15-persons (art and exercise area)
Classroom C	CLOSED (meal prep only)	N/A
Dining Room	32-persons (no billiards)	25-persons
	24-persons (with billiards)	N/A
Billiards	8-persons	N/A
Kitchen	4-persons	4-persons

Congregate and Other Meal Programs

- Indoor dining will be suspended.
- Breakfast, including continental breakfast, is suspended until further notice.
- Grab-N-Go meals will be served by reservation only.
 - See hours of operation for times.
- The water fountain and microwave will not be available.

Transportation

- Transportation is available through Rover Community Transportation (484-696-3854).
- Transportation is by reservation only.
- Guests requiring transportation are required to secure their transportation arrangements via Rover Community Transportation or by other means.
- Brandywine Valley Active Aging is not responsible for providing transportation; however, staff are available to assist with making transportation reservations with Rover Community Transportation.
- Those guests who rely on transportation services should familiarize themselves with the Brandywine Valley Active Aging pre-entry health screening and ensure their health prior to departing their home. Brandywine Valley Active Aging is not responsible for providing transportation, and/or covering the cost of transportation, in the event an individual is not able to enter a Brandywine Valley Active Aging facility based on Brandywine Valley Active Aging’s pre-entry health screening and/or face mask and face covering procedures.

Pre-Entry Health Screening

- Participants, employees, volunteers, and others entering the building must be screened each day of attendance with temperature check and by completion of health screening form.
- Individuals who answer “Yes” to any of the questions of the screening form or have temperatures of 100.4 or higher will not be permitted to enter and will be provided COVID-19 Exposure and Infection Protocol.
- Employees who are known to have not been vaccinated will be required to be tested weekly for COVID-19 with the results being provided to the Executive Director. All results will be kept in a confidential file separate from the personnel records.
- Participants will be asked to complete a Waiver of Liability relating to COVID-19
- See:
 - Appendix A for COVID Health Screening Questionnaire and Daily Health Screening Procedures
 - Appendix B for COVID-19 Exposure and Infection Protocol
 - Appendix C for Waiver of Liability

Continued Health and Safety Promotion

- Signage
 - Safety reminders will be posted throughout the building and on entrances regarding face coverings, physical distancing, and handwashing. Signs from CDC, as well as those produced in-house, will be used for this purpose.
 - Signage about “no touch” registration system, exact change and spaces that are “off limits” will be posted where appropriate.
- Handwashing and hand sanitizer
 - Participants and staff will be encouraged to wash hands for 20 seconds with soap and water throughout the day.
 - Hand sanitizer with at least 60% ethanol or 70% isopropanol will be placed throughout the building.
- Sanitation and Cleaning
 - High contact surfaces will be cleaned a minimum of twice throughout the day.
 - The facility, including floors and restrooms, will be cleaned at least once per day.
 - All program equipment will be cleaned immediately following each use.

Communication

Information will continue to be sent regarding operational plans, participant levels, hours, screening, face covering and physical distancing requirements, and changes in programming. Recipients of this information will be:

- Board of Directors, Employees, and Volunteers
- Participants and Guests
- Chester County and Pennsylvania Departments of Aging
- Rover Community Transportation
- Community Partners
- General Public

Methods of communication can include:

Written materials	Mass phone calls
Facebook/Social Media	Website

Preventing Outbreaks/Contact Tracing

To reduce transmission, Brandywine Valley Active Aging will:

- Actively encourage sick participants, volunteers, and employees to stay home.
- Immediately send home any participant, volunteer or employee who becomes sick during the day and ask them to seek further care from a healthcare provider.
- Follow the Exposure and Infection Protocol (Appendix B).

If a participant, volunteer, or employee exhibits any symptoms of COVID-19 or is diagnosed with the virus by a positive test result or by a health care practitioner after being at Brandywine Valley Active Aging:

- Brandywine Valley Active Aging will report this information to the Chester County Health Department and the Chester County Department of Aging Services on the same day that Brandywine Valley Active Aging receives the information.
- The information to be reported will include:

- The number of individuals showing symptoms of COVID-19, and the number and names of individuals diagnosed with the virus by either a positive test result or a health care practitioner.
- The number of participants, volunteers and employees in attendance who are considered close contacts.

- Those who test positive should follow the Exposure and Infection Protocol.

After contacting the Chester County Department of Health and the Chester County Department of Aging Services, Brandywine Valley Active Aging will follow any guidance provided, which could require temporary closure of the exposed facility.

APPENDIX A

COVID-19 HEALTH SCREENING QUESTIONNAIRE

Do you, or anyone you are living with, have any of these symptoms: fever (100.4 or higher), cough, shortness of breath or difficulty breathing, diarrhea, chills, headache, severe sore throat, muscle aches, new loss of taste or smell?

Yes No

Have you, or anyone you are living with, been diagnosed by a positive test and/or a health care practitioner for COVID-19?

Yes No

Have you, or anyone you are living with, been in *close contact* (e.g., within 6 feet for more than a few minutes) with a person with confirmed COVID-19 infection?

Yes No

If you have answered yes to any of these questions, please do not enter the building.

Is Temperature at 100.4 or higher?

Yes No

If yes, please do not enter the building.

Name _____

Date _____

BRANDYWINE VALLEY ACTIVE AGING DAILY HEALTH SCREENING PROCEDURES

Prior to entry each day, participants, staff, volunteers, and visitors will complete a Pre-Entry Health Screening. All forms and information must remain private and confidential.

COVID-19 Health Screening Questionnaire

Screener will ask the following questions and mark responses on the form:

1. Do you, or anyone you are living with, have any of these symptoms: fever (above 100.4), cough, shortness of breath or difficulty breathing, diarrhea, chills, headache, severe sore throat, muscle aches, new loss of taste or smell?
2. Have you, or anyone you are living with, been diagnosed by a positive test and/or a health care practitioner for COVID-19?
 - a. If the answer is YES, ask WHEN.
 - b. If the diagnosis was within 14-days of the date of screening, the individual may not enter.
3. Have you, or anyone you are living with, been in *close contact* (e.g., within 6 feet for more than a few minutes) with a person with confirmed COVID-19 infection?

If the answer is “yes” to any of these questions, the individual may not enter.

Temperature Check

A non-contact thermometer will be used to check temperature. If temperature is 100.4 or higher, the individual may not enter. Mark the form accordingly.

Name and Date

Insert individual’s name and the date on the form.

Completed forms are to be maintained for 14-days in the event contact tracing is necessary.

Temperature Check Protocol

1. Check everyone’s temperature
2. Clean thermometer routinely each day

APPENDIX B

BRANDYWINE VALLEY ACTIVE AGING EXPOSURE AND INFECTION PROTOCOL FOR COVID-19

Exposure and Infection Protocol

If you believe you have been directly exposed to COVID-19, please contact the Executive Director (610-383-6900 ext. 104) immediately. Because of the serious nature of this highly transmissible disease, we need everyone to be honest and transparent so we may assess potential COVID-19 exposure and the risk of others becoming sick.

- Individuals who have **NOT** exhibited any COVID-19 related **AND** have not had “close or proximate contact” * with someone infected with COVID-19 may visit our facilities.
- For individuals who have ***tested positive*** for COVID-19:
 - If you had no symptoms prior to testing, and do not develop them after testing, you are asked to self-isolate in your home for 14 days and then may return.
 - If you had symptoms prior to testing, self-isolate in your home until each of the following conditions are met:
 - It has been at least 14 days since your symptoms first appeared **AND**
 - It has been at least three days since you have not had a fever (without using fever reducing medications) **AND**
 - Your respiratory symptoms are improving (e.g., cough, shortness of breath).Once all these conditions are met, you may return to Brandywine Valley Active Aging.
- For individuals who have ***tested negative*** for COVID-19:
 - If your test is negative and you had a known exposure to a confirmed case, quarantine until 14 days after your exposure.
 - If your test is negative and you had no known exposure to a confirmed case and you are asymptomatic (do not have symptoms), you can come to Brandywine Valley Active Aging.
 - If your test is negative and you had no known exposure to a confirmed case, but you are symptomatic, you may have another respiratory illness that is circulating in the community. Avoid work and group settings until three days after you have not had a fever (without using fever-reducing medications) and your respiratory symptoms are improving.
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- Individuals (1) who have had “close or proximate contact” with a person infected with COVID-19 for a prolonged period **AND** (2) who are experiencing COVID-19 related symptoms may return to Brandywine Valley Active Aging once symptom-free **AND** after at least 14 days of isolation from the onset of the symptoms.
- Individuals (1) who have had “close or proximate contact” with person infected with COVID-19 for a prolonged period **AND** (2) who themselves are **NOT** experiencing COVID-19 related symptoms are subject to a 14-day self-quarantine for the protection of others **OR** may return to the Brandywine Valley Active Aging earlier with a note from a physician.
- Individuals who have not had “close or proximate” contact with a person with COVID-19 symptoms, (1) exhibit symptoms associated with COVID-19 upon arriving at Brandywine Valley Active Aging **OR** (2) become sick with COVID-19 symptoms while at Brandywine Valley Active Aging must be separated and sent home immediately. They may return to Brandywine Valley Active Aging once they

are symptom-free AND after completing at least 14 days of isolation from (1) the onset of symptoms OR (2) upon receipt of one negative COVID-19 test result.

* From the CDC: “Close and proximate contact” means being less than 6 feet apart for 15 minutes or more. This is irrespective of whether the person with COVID-19 or the contact was wearing a cloth face covering. Note: Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure, however, 15 minutes of close exposure can be used as an operational definition. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the infected person cough directly into the face of the exposed individual) remain important.

APPENDIX C

Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. While there are several vaccines available, proof of vaccination for participation in programs and services offered by Brandywine Valley Active Aging is not required. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness including death.

Brandywine Valley Active Aging cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while utilizing our services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize our services and/or enter onto our premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or those with whom I interact to utilize Brandywine Valley Active Aging’s services and enter Brandywine Valley Active Aging’s premises. These services are of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 to utilize Brandywine Valley Active Aging’s services and premises in person rather than enjoying the same services that are available virtually.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Brandywine Valley Active Aging and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Brandywine Valley Active Aging’s services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Name (printed): _____