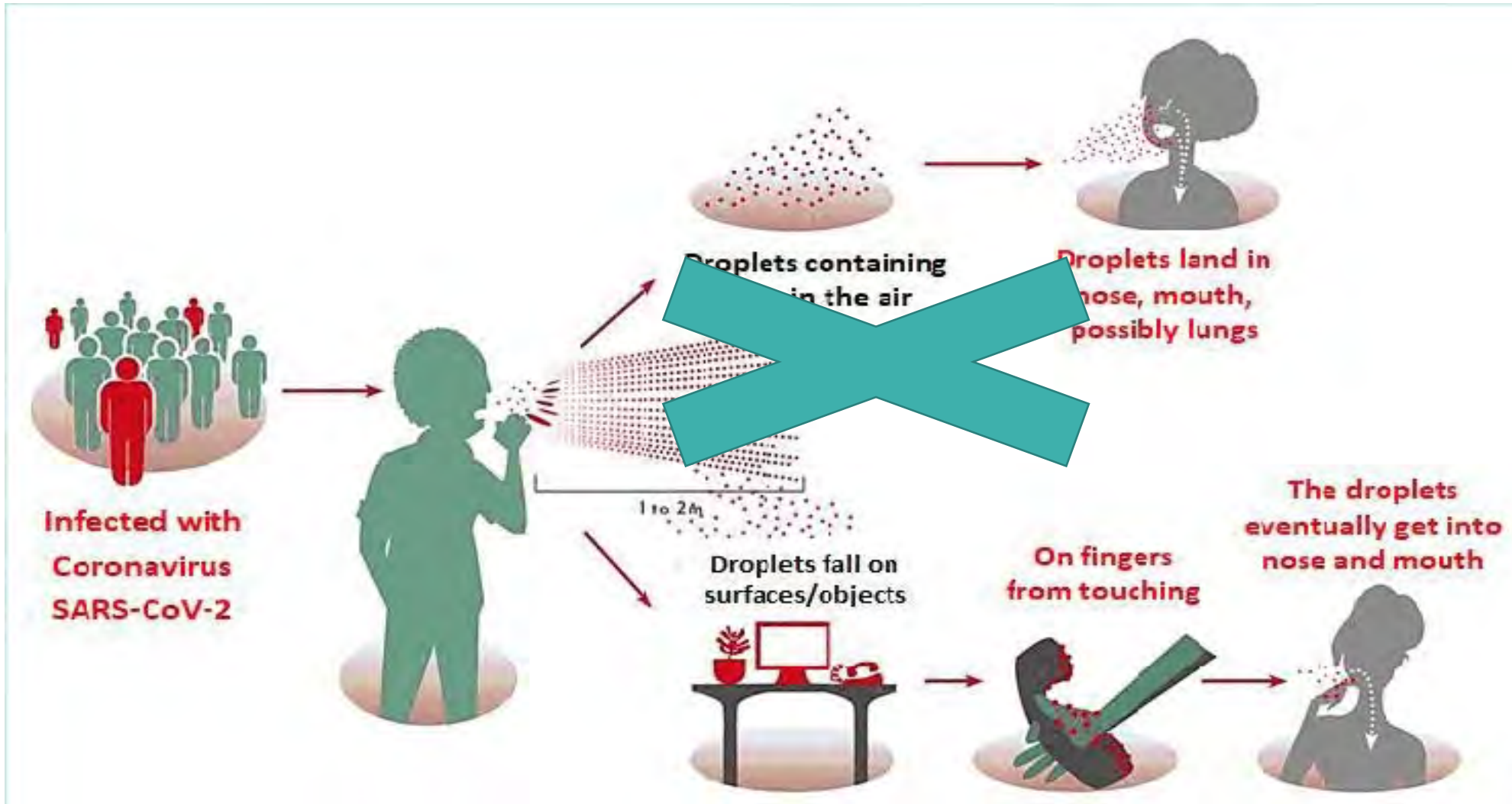


Social Distancing



Social Distancing

COVID-19 spreads within close contact (6 feet for prolonged periods of time).

Try to maintain 6 feet distance from others if able.

Limit participants on each activity/ smaller group size

Arrange seating of chairs and tables to be least 6 feet apart during shared meals or other events.



Maintaining Cohorts



Consider cohorting from same residential homes and keeping together throughout the day



Minimize mixing between cohorts to decrease the number of participant and staff that need to be quarantined if a case occurs

Social Distancing

Alter schedules to reduce excessive mixing

- Stagger arrival/departure times, stagger meals/activities

Install physical barriers, changing the layout of current workspace

- Plexi-glass barriers, curtains, blinds to separate areas

Spatial separation and physical barriers



COVID-19
Coronavirus Disease 2019
COVER YOUR COUGH
PREVENT PEOPLE AROUND YOU FROM GETTING SICK

Cover your mouth and nose with a tissue when coughing or sneezing.
Put your used tissue in a waste basket and wash your hands or use an alcohol-based gel.

If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.

If you are sick and face masks are available, use one to protect others.

PAHO The Americas Health Organization World Health Organization
BE AWARE. PREPARE. ACT.
www.paho.org/en



Source – Google images

<https://www.paho.org/en>

Social Distancing



Minimize traffic in enclosed spaces, such as elevators and stairwells. Consider limiting the number of individuals in an elevator at one time and designating one directional stairwell, if possible.



Dedicated pathways to guide through facility

Six feet of physical distancing is recommended for the following scenarios

Increased cases or positivity rate indicating substantial community spread

Cohorting can not be implemented

During activities when masks cannot be worn, like eating

Strategies to promote appropriate physical distancing and cohorts include:

Turning chairs to face in the same direction (rather than facing each other)

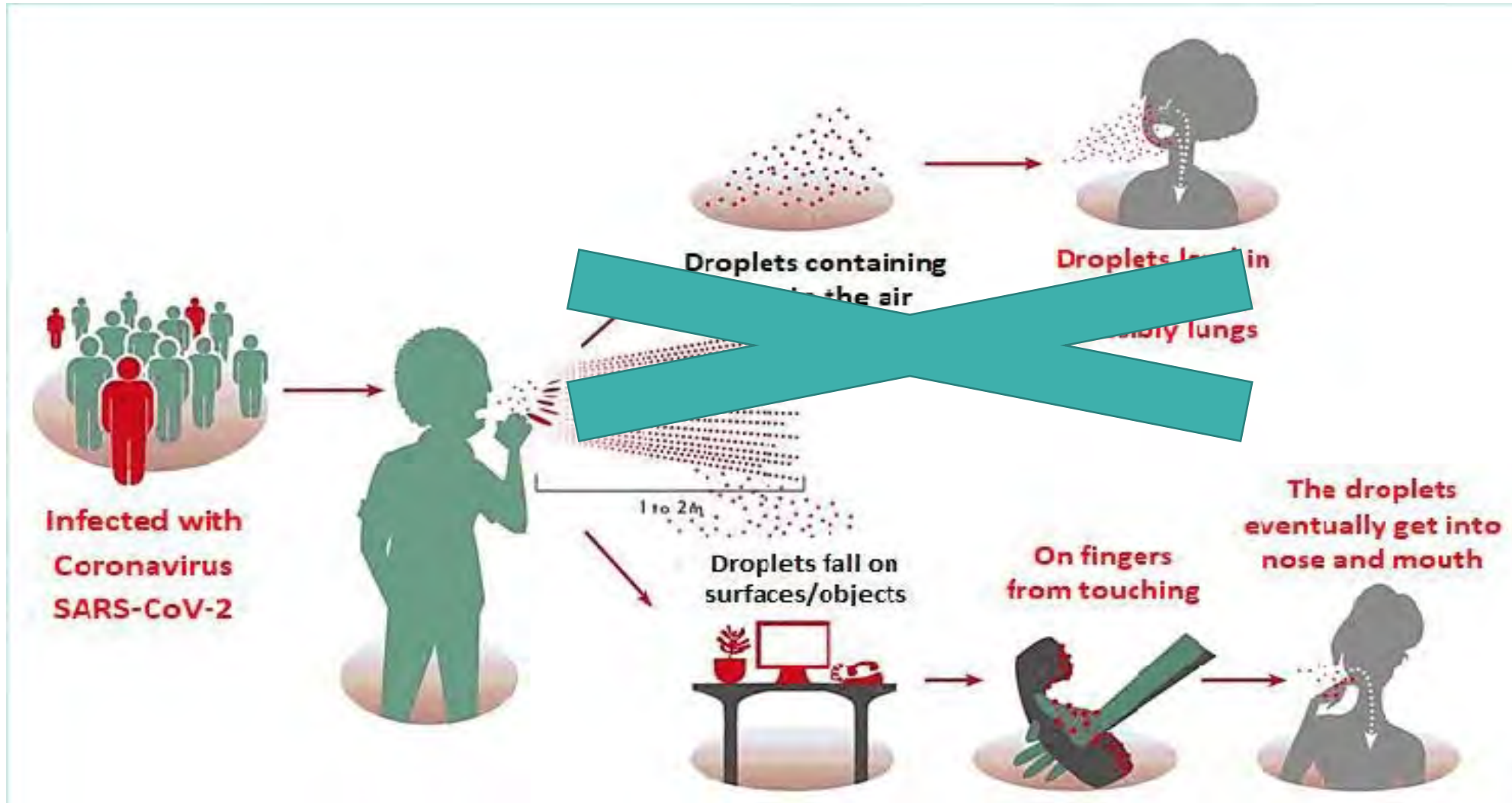


Seat participants on only one side of a table, spaced apart

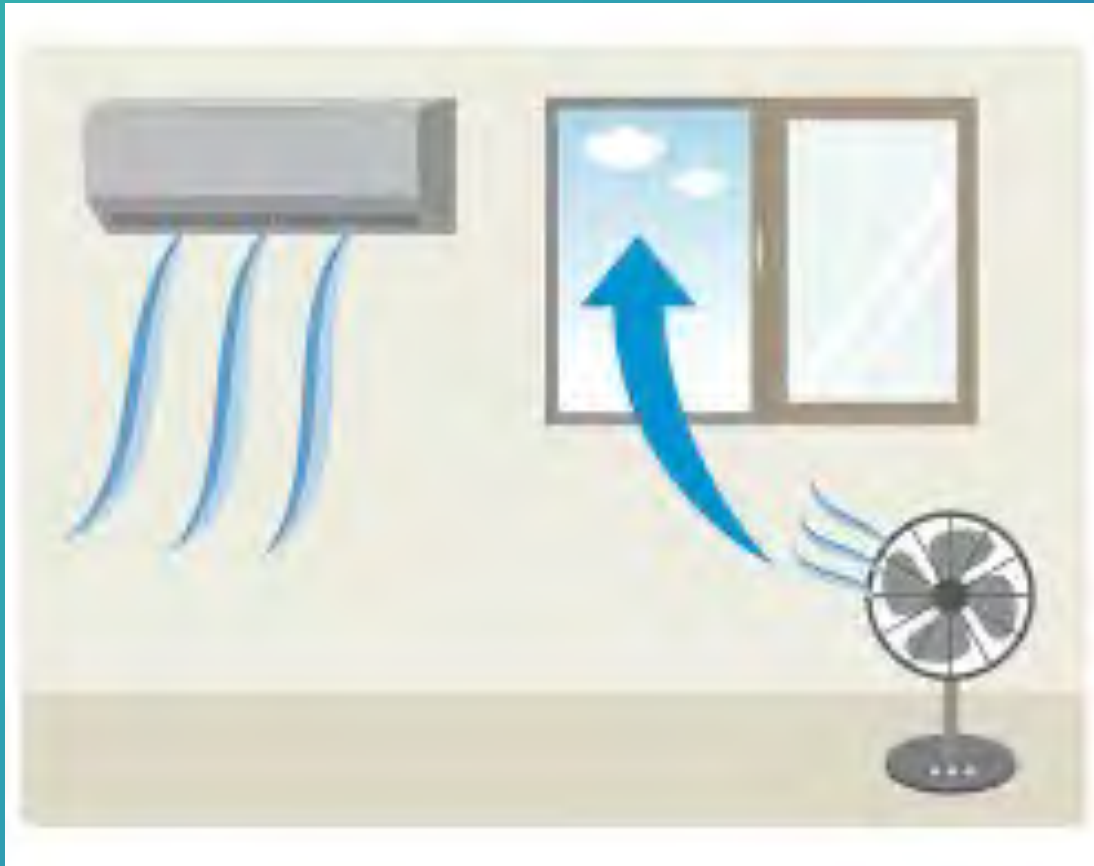


Removing nonessential furniture to maximize distance between participants

Ventilation



SARS-CoV-2



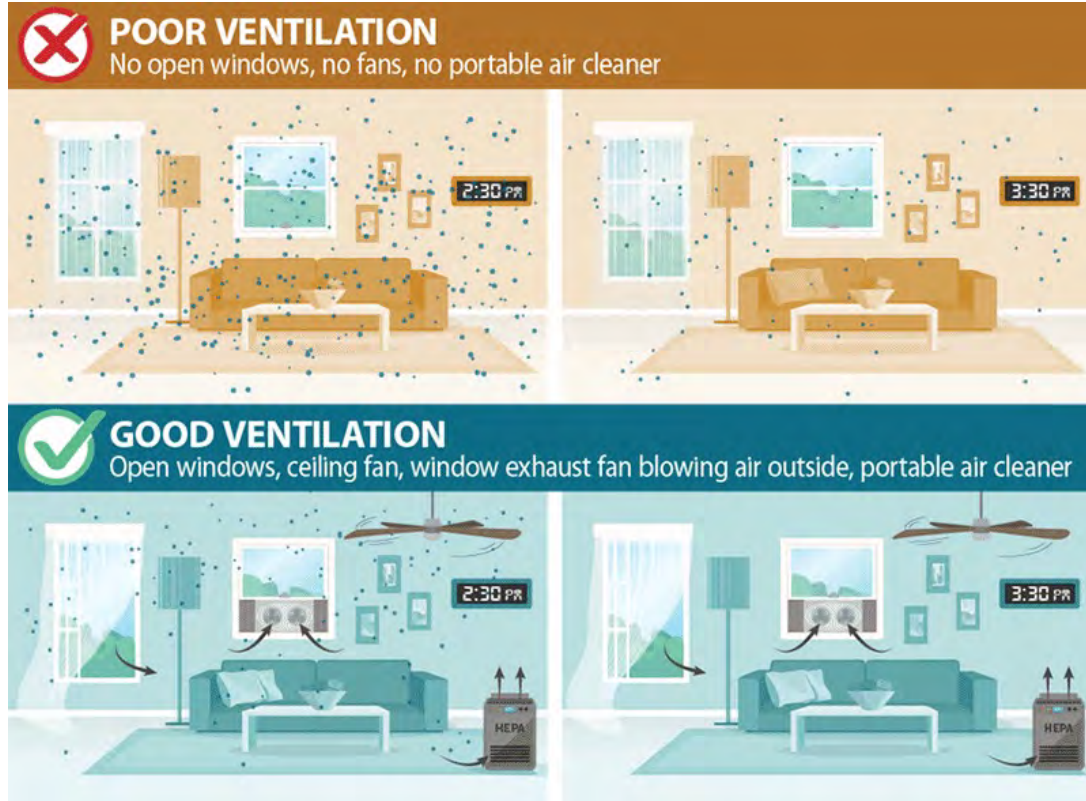
- Particles spread easier indoors than outdoors.
- Indoors, the concentration of particles is higher than outdoors
- The lower the concentration, the less likely viral particles can be inhaled into the lungs; contact eyes, nose, and mouth; or fall out of the air to accumulate on surfaces.
- Protective ventilation practices and interventions can reduce the airborne concentrations and reduce the overall viral dose in room.

Ventilation



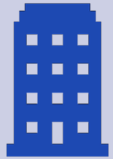
- Intentional introduction of clean air into a space while the stale air is removed and dilute possible contaminants
- Process of supplying air to or removing air from an indoor space by powered air movement components (mechanical)
- Ventilation occurring as a result of only natural forces, such as wind pressure or differences in air density, through doors, windows or other intentional openings in the building (natural)

Ventilation



- Air cleaner removes airborne particulates from the air. Can be added to heating, ventilation and air conditioning systems (HVAC) systems or standalone room units
- Single-space air cleaners with high-efficiency particulate air (HEPA) filters (either ceiling mounted or portable) can be effective in reducing/lowering concentrations of infectious aerosols in a single space.
- Note that air cleaners do not replace normal ventilation as they are only able to remove a particular part of the indoor air contamination

Ventilation



New building ventilation systems is not usually needed, but upgrades may be



Ventilation interventions can help reduce the concentration of virus particles in the air / risk reduction

Ways to improve ventilation

Open	Open windows and doors
Circulate	Use fans to increase the effectiveness of open windows
Maintain	Ensure ventilation systems operate properly and provide acceptable indoor air quality
Rebalance	Rebalance or adjust HVAC systems to increase total airflow to occupied spaces when possible
Upgrade	Improve central air filtration

Ways to improve ventilation

Exhaust	Ensure restroom exhaust fans are functional and operating at full capacity when the building is occupied.
Inspect and maintain	Inspect and maintain exhaust ventilation systems in areas such as kitchens, cooking areas
HEPA	Use portable high-efficiency particulate air (HEPA) fan/filtration systems to enhance air cleaning

Other ventilation options

Supplemental treatment to inactivate SARS-CoV-2 when options for increasing room ventilation and filtration are limited

Ultraviolet germicidal irradiation (UVGI) Can be used to provide air cleaning

Ultraviolet Germicidal irradiation

Uses ultraviolet (UV) energy to kill viral, bacterial, and fungal organisms

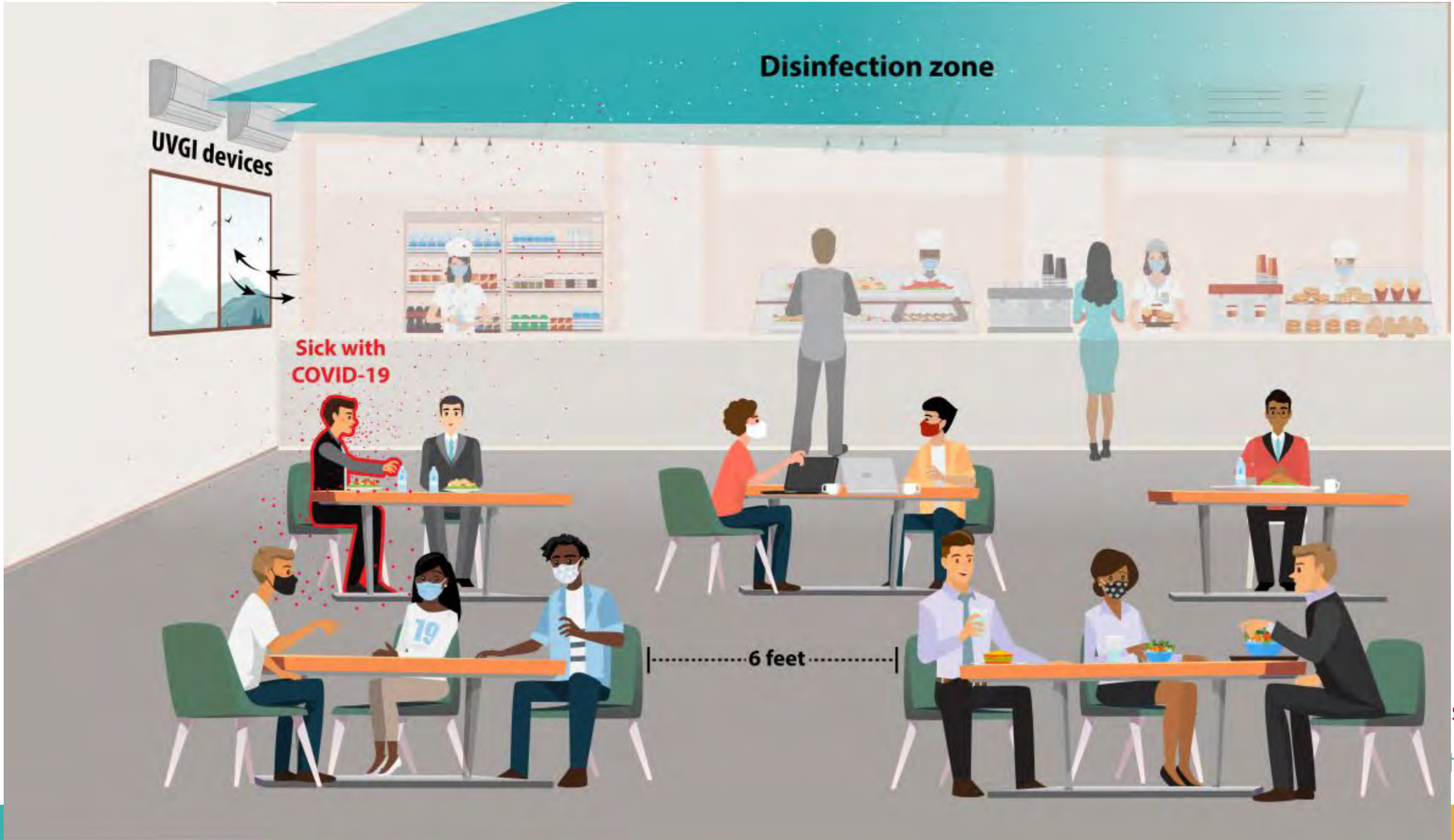
Upper-room UVGI refers to a disinfection zone of UV energy that is located above people in the rooms they occupy ,This kills airborne pathogens in the room where they are released

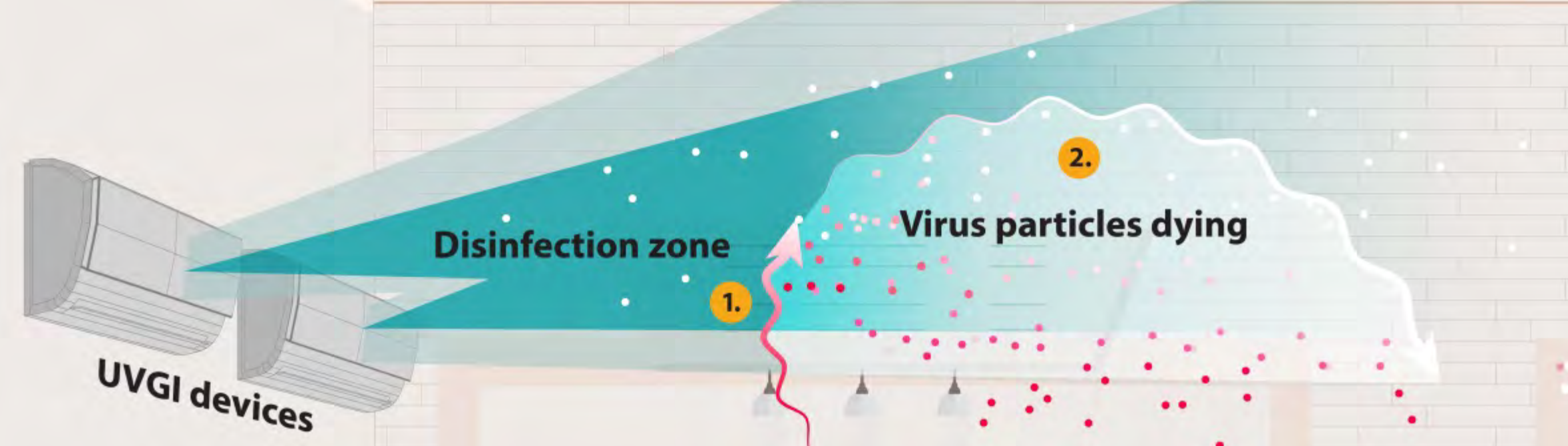
Disinfection zone

UVGI devices

Sick with COVID-19

6 feet





Air passes through the disinfection zone from air flow through HVAC system, fans, and/or open windows.



The airborne pathogens are killed once they receive an appropriate amount of UV energy. The particles remain in the air, but they are no longer infectious.



Note: For airborne viral particles, upper-room UVGI systems provide air changes per hour that are similar to the introduction of clean air into the space



Considerations for Use of Upper-Room UVGI

Best used in high-risk indoor settings

Increased likelihood of sick people

Crowded spaces, particularly when the health status of occupants is unknown

Spaces where people must take off masks to eat or drink

Areas where it is difficult to stay at least 6 feet apart from others.



Areas insufficient or no mechanical HVAC systems or where adequate natural ventilation cannot be maintained year-round benefit.



Financial considerations

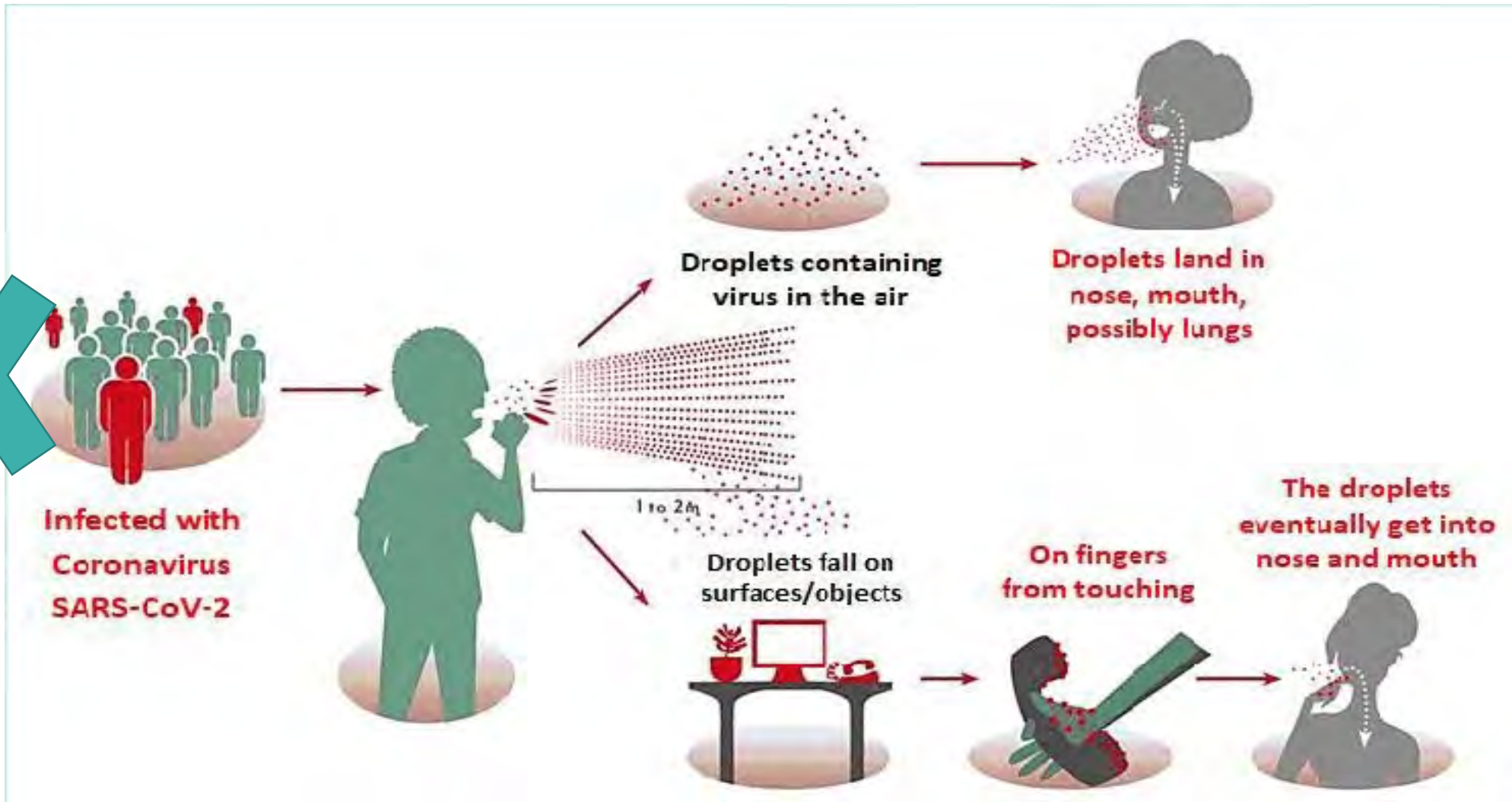
No cost: Opening windows; inspecting and maintaining dedicated exhaust ventilation; disabling DCV controls; repositioning outdoor air dampers

Less than \$100: Using fans to increase effectiveness of open windows; repositioning supply/exhaust diffusers to create directional airflow

\$500: adding portable HEPA fan/filter systems

\$1500 to \$2500: adding upper room UVGI

Vaccination



Vaccination



- COVID-19 vaccines in the United States are effective at protecting people from getting seriously ill, being hospitalized, and dying—especially when boosted
- Best protected when you stay up to with the recommended number of doses and boosters
- Offers protection to those who had COVID-19, including protection against being hospitalized from a new infection.
- COVID-19 vaccines are safe, safer than getting COVID-19.

COVID-19 vaccination reduces risk for infection, serious illness, and death

COVID-19 vaccination coverage is higher among older adults

By May 1, 2021, 69% of adults aged ≥ 65 years and 26% of adults aged 18–49 years were fully vaccinated

Larger decreases have occurred in older adults than younger adults for*:

Infections
Emergency department visits
Hospitalizations
Deaths

*Outcomes assessed during September 8, 2019–May 1, 2021

Increasing vaccination coverage among all eligible people is likely to further reduce serious COVID-19 illness



COVID-19 vaccines are safe

COVID-19 vaccines reduce risk for infection, serious illness, and death

A study of 11 million people found no increased risk of death among COVID-19 vaccine recipients

Get vaccinated as soon as possible



Data from December 2020 to July 2021

bit.ly/MMWR7043e2



MMWR

Infectious
Disease
Connect



Vaccination Recommendations

Primary Series

A "primary series" is the number of vaccinations needed to give the first basic immunity to a virus.

Additional vs. Booster Dose: What's the Difference?

- An additional primary dose may improve the chance of a response by a weakened immune system.
- Booster doses remind a healthy immune system to remain prepared.

If you develop a COVID-19 infection before or while receiving your vaccination series, you should pause until you are no longer contagious* and feel well enough to be vaccinated.

**This means for most people 10-20 days since symptoms first appeared. You should wait until you feel well enough to receive the vaccine. If you are unsure when to receive the vaccine, talk with your doctor.*

CDC Preferred

PFIZER (Comirnaty®)

MODERNA (Spikevax®)

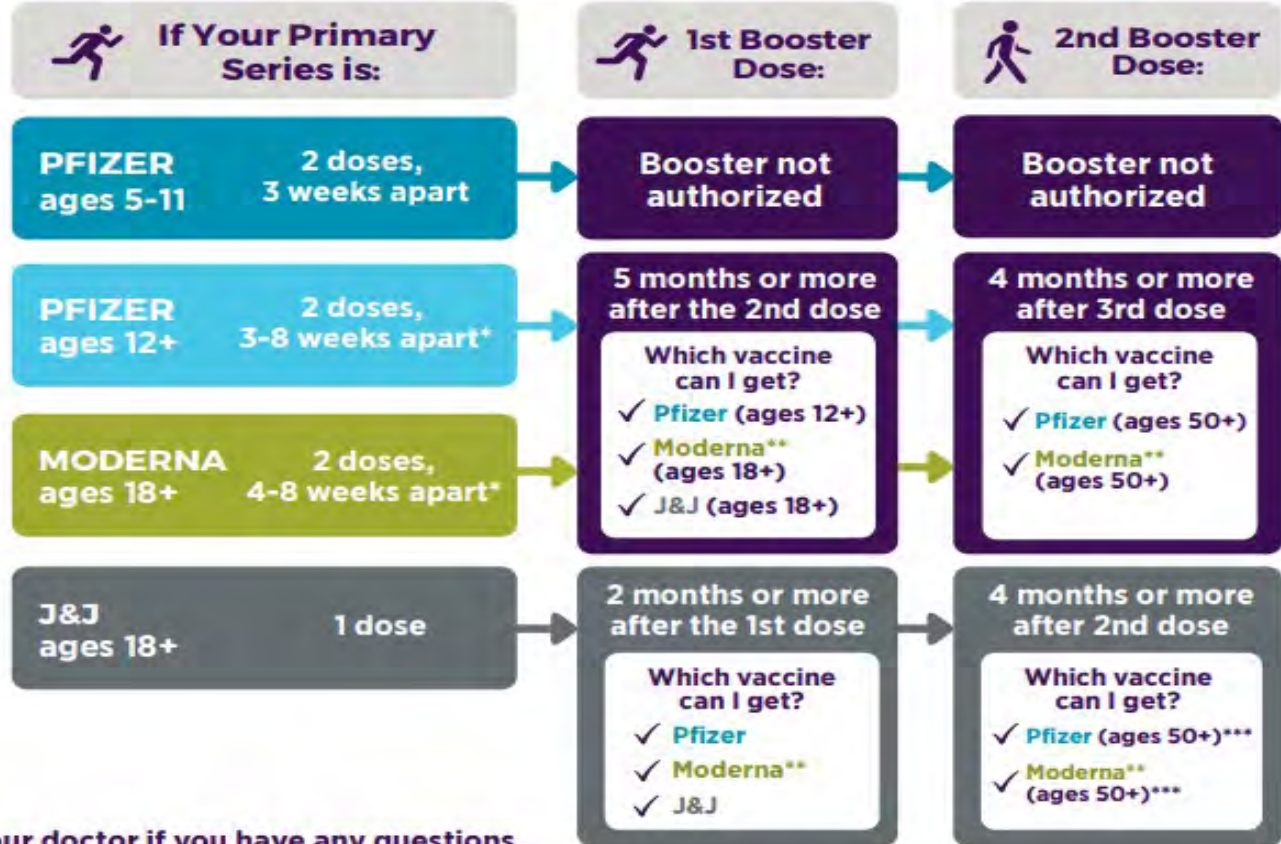


Highly recommended - get it as soon as you are eligible



Suggested - may get to keep your immune system prepared

The CDC prefers an mRNA vaccine (Pfizer or Moderna) for primary and booster vaccination, however, the J&J vaccine is still safe and effective. A vaccine is better than no vaccine.



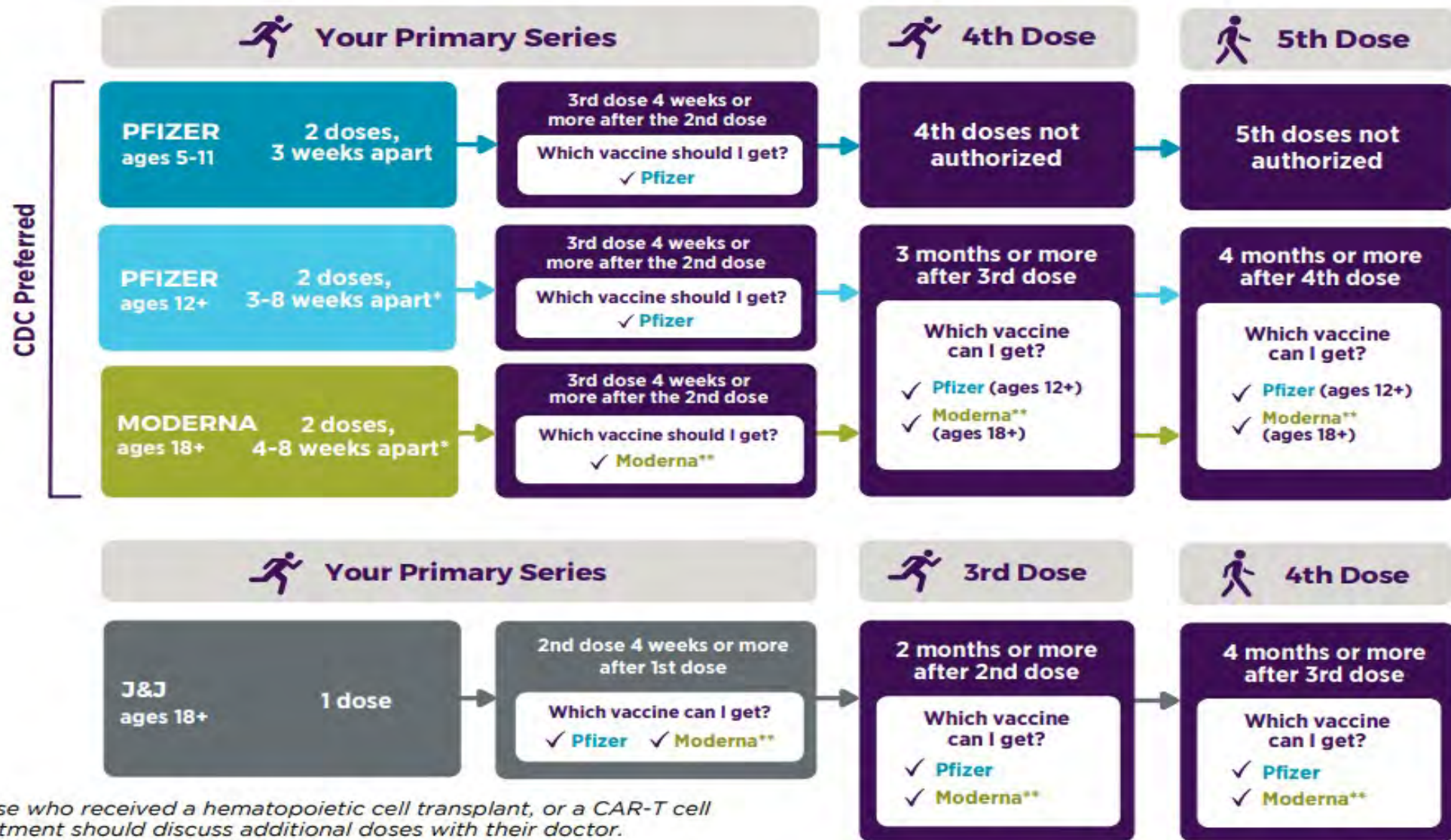
Talk with your doctor if you have any questions.

- * Recommendation is to receive your 2nd dose closer to 8 weeks after your 1st dose if you are:
 - Male aged 12-39 years to lower the rare risk of heart inflammation
 - Aged 65 or older to increase your immune response to the vaccine
- Recommendation is to receive your 2nd dose closer to 3 to 4 weeks after your 1st dose if:
 - You are at risk for severe illness or at high risk for exposure to the virus

** Moderna primary series is given as a full dose (100mcg). Moderna booster doses are given as a half dose (50mcg).

*** Those ages 18-49 who received J&J for their primary series **AND** 1st booster dose can receive a 2nd booster dose of Pfizer or Moderna.

Vaccination Recommendations for the Immunocompromised



Those who received a hematopoietic cell transplant, or a CAR-T cell treatment should discuss additional doses with their doctor.

*Talk with your doctor if you have any questions.

**Moderna primary series is given as a full dose (100mcg). Moderna booster doses are given as a half dose (50mcg).

To learn more, please visit Vaccine.UPMC.com.

Vaccination

Disclosure policies for both clients and staff

Allow voluntary disclosure to help track and promote to caregivers

Encourage on-site COVID-19 vaccine clinics

If medical clinic on site already, consider storing COVID-19 vaccines if possible

Other Operational Considerations

Continuous education of staff on prevention methods

Communication to staff, participants, and families

- Newsletters
- Posters
- Emails
- Plain language signage

Reopening day programs

- Relatively safe with a multi layered approach to reduce exposures to SARS-CoV-2 that includes using several infection prevention mitigation strategies
 - Screening, masking, sanitation, physical distancing, ventilation protocols, vaccination



What next



New way of doing business, flexibility needed



Build into system the need for continued change as the virus evolves



Resources, resources needed (more technology, smaller sizes/ cohorts, more staff needed to help maintain new way of doing business and ensure safety)



Recruitment and retention of staff

Resources

- Roadmap to improve and ensure good indoor ventilation in the context of COVID-19 [9789240021280-eng.pdf \(who.int\)](#)
- REHVA. Definitions of terms and abbreviations commonly used in REHVA publications and in HVAC practices. Brussels: Federation of European Heating, Ventilation and Air Conditioning Associations; 2012.
- [Ventilation in Buildings | CDC](#)
- [Upper-Room Ultraviolet Germicidal Irradiation \(UVGI\) | CDC](#)
- [Cleaning and Disinfecting Your Facility | CDC](#)
- [Masks and Respirators \(cdc.gov\)](#)
- [COVID-19_DC_Health_Guidance_For-Schools-Reopening_Updated_2021.05.06.pdf](#)
- [DDS_Employment_and_Day_Services_reopening_memo_FINAL_6_10_20.pdf \(ct.gov\)](#)
- [Management of Visitors to Healthcare Facilities in the Context of COVID-19: Non-US Healthcare Settings | CDC](#)
- [ITF-IPC-COVID19-Overview_UPDATED_7.27.21.pptx \(live.com\)](#)
- UPMC Covid 19 site
- [COVID-19 Vaccination and Non-COVID-19 Mortality Risk — Seven Integrated Health Care Organizations, United States, December 14, 2020–July 31, 2021 | MMWR \(cdc.gov\)](#)
- [Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals | CDC](#)



Q & A