



Guideline: Adult Day Programs and COVID-19

Purpose: This Guideline outlines practice requirements related to operation of Adult Day Programs (ADPs) during the COVID-19 pandemic, supporting clients, caregivers and operators with safe and appropriate services that minimize the risk of COVID-19 transmission.

Scope: This Guideline applies to all health authority operated/funded ADPs. The Guideline contains information beneficial to non-health authority operated/funded ADPs, however, these programs are beyond the scope of the Guideline.

Introduction

ADPs provide eligible clients with a range of personal care, health care, and therapeutic social/recreational activities in community settings while at the same time providing caregivers with a break from caregiving duties. In some cases, programs offer caregiver education and/or transportation to and from the program (i.e., van or bus). ADPs may be located adjacent to, or embedded within, a long-term care home; they may be operated from a building where other community services are provided (i.e., church, community centre); or, an ADP may be operated from a dedicated, stand-alone building.

On March 18, 2020, the Ministry of Health (Ministry) directed the temporary suspension of health authority operated/funded ADPs to enable health care staff to focus on increased surveillance and infection prevention protocols and prevent the spread of COVID-19 from asymptomatic individuals in the community. The Ministry advised health authorities to ensure any required services normally provided during adult day programming (e.g., community nursing, nutritional supports) were provided through home visits where possible, prioritizing clients based on relative need for home health services.

Recognizing the important role of ADPs in meeting client needs and providing support and respite for family and friend caregivers, there is need to re-open ADPs as soon as safely possible. ADPs provide a material support that enables and prolongs clients' ability to live at home and prevents premature transition to assisted living (AL) or long-term care (LTC). Re-opening of ADP must balance the needs of individuals who rely on these services with the risk of COVID-19 transmission, including risk to participants, family/friend caregivers, ADP staff, transportation providers, and other individuals present at the physical site where the ADP is located.

Phases of Provincial ADP Operation and Suspension during COVID-19

The Ministry, in consultation with the Provincial Health Officer, will provide direction to health authorities when provincial suspension of ADP is required due to COVID-19. Direction may include selected suspension, as outlined in Table 1 below.

Upon lifting of a provincial suspension, ADP operators must submit a site-specific COVID-19 Operating Plan to the health authority Medical Health Office (MHO), or delegate, for approval to



re-open. The COVID-19 operating plan will outline how the ADP meets practice requirements outlined in this Guideline. Regional MHO approval enables health authorities to determine an ADPs readiness and appropriateness to open based on local and regional risk factors, including prevalence of COVID-19.

Table 1. Phases of Provincial ADP Operation and Suspension during COVID-19*

Phases	Required Suspension	Allowable Openings	Alignment/Timing Considerations
Full Suspension	<ul style="list-style-type: none"> Suspend all in-person ADP programs 	<ul style="list-style-type: none"> Offer virtual ADP services where possible/feasible Substitute at-home respite services for highest priority clients whose needs cannot be met through virtual ADP 	<ul style="list-style-type: none"> Corresponds with restriction of visitation in LTC to essential visits only
Selective Suspension	<ul style="list-style-type: none"> Suspend in-person ADPs that share space, entrance, staff, activity or equipment with an LTC or AL setting residence ADP must be suspended in the event of COVID-19 outbreak in an adjoining home or residence COVID-19 Orders and Guidance in Effect 	<ul style="list-style-type: none"> Allow ADPs that operate in a stand alone building or community building (i.e., church, community centre, etc.) that is not an LTC or AL setting Allow ADPs that operate at the site of an LTC or AL residence where there is NO shared space, entrance, staff, activity or equipment All sites must have an MHO approved COVID-19 Operating Plan in alignment with practice requirements prior to resuming operation 	<ul style="list-style-type: none"> Corresponds with limited allowable family/social visitation in LTC
No Suspension	<ul style="list-style-type: none"> Lift Suspension of in-person ADP COVID-19 Orders and Guidance in Effect ADP must be suspended in the event of COVID-19 outbreak in an adjoining home or residence 	<ul style="list-style-type: none"> Expand opening to allow ADPs that share space, staff and/or equipment with LTC or AL residence All sites must have an MHO approved COVID-19 Operating Plan in alignment with practice requirements prior to resuming operation 	<ul style="list-style-type: none"> Corresponds with broad allowable family/social visitation in LTC

*Phases will be directed by the Ministry of Health

Practice Requirements for ADP Operations during COVID-19

ADPs that are not subject to provincial closure may open upon approval by the Regional Medical Health Officer, enabling health authority determination of program readiness based on local conditions, including COVID-19 prevalence.



Determination of program readiness to open is to be made based on the program's ability to adhere to Provincial Health Officer Orders, Infection Prevention and Control Guidance and the Practice Requirements outlined below as evidenced by an MHO approved operational plan that includes:

1. Limiting ADP capacity to ensure appropriate physical distancing and allow for new procedures (outlined below), to be implemented effectively
2. Adaptations of physical space to ensure appropriate physical distancing, including:
 - a. Increased use of outdoor spaces where possible and appropriate
 - b. Increased use of dedicated space for individual clients, e.g. in seating areas, at dining tables, etc.
 - c. Alternatives to communal dining such as take-away meals or individual meals in assigned spaces
3. Staffing plan that addresses resources needed to monitor physical distancing and implement cleaning protocols
4. Staff training regarding COVID-19 precautions and related protocols
5. Provision, availability and appropriate use of personal protective equipment for staff and clients
6. Protocols for cleaning the space, supplies and equipment
7. COVID-19 screening of clients and staff in accordance with [IPC Requirements for LTC and AL](#)
8. Measures to reduce contact between individuals during drop-off and pick-up
9. Where transportation is offered, measures to ensure physical distancing while in transit (e.g. lower number of passengers in busses and vans, have clients sit in back seat on opposite side of driver in smaller vehicles) and measures to ensure cleaning and sanitation

Key Resources from BCCDC

[Long Term Care Facilities and Assisted Living](#)

[Patient Handouts](#)

[Personal Protective Equipment](#)

[Signage and Posters](#)

[Vulnerable Populations](#)