

Guidance for Senior Centers: What you need to know about COVID-19

Effective Monday, March 16, 2020, DFTA-funded programs were instructed to cease all congregate meal, recreational, and educational services and activities. Grab-and-Go meals are to be provided for seniors in each facility.

There is widespread community transmission of COVID-19. This means it is spreading freely in the community and that we all need to act as though we are exposed. The symptoms of COVID-19 include fever, cough, shortness of breath, and sore throat. People 50 years old or older and people who have other health conditions, including chronic lung disease, heart disease, diabetes, cancer, or a weakened immune system, are most at risk for severe COVID-19 illness.

Introduction

This document is targeted to City-contracted providers that work with older adults. We will continue to update this guidance regularly. If you have additional questions related to your contract or program, please send them to: c-19.hhsteam@mocs.nyc.gov. Also, see [New York City Health Department Congregate Setting Guidance for additional guidance](#). For the latest information and guidance on COVID-19, visit the NYC Health Department website: nyc.gov/coronavirus.

Closure and Modification of Programs

Will the requirement that Senior Centers be open for 250 days annually be waived?

- The City of New York is currently in a State of Emergency, thereby invoking Section 7.03 of the Standard Health and Human Service Contract. This means that agencies may work with providers to change work scope, location of services, staffing or other program elements to address emerging needs. DFTA is working with providers to ensure that plans are in place to continue providing meals or alternate services, as appropriate, to older adults. Providers will be paid for any additional costs incurred in connection with offering different services.

What guidance is available for services provided in non-Senior Center congregate settings, such as in Naturally Occurring Retirement Communities (NORCs) and Senior Supportive Housing sites?

- Please see [Congregate Setting](#) guidance available on protocols for activities in congregate settings.
- Additionally, we have worked with a group of supportive housing providers to co-create guidance specific to supportive housing settings which may also be applied in NORCs. Guidance is forthcoming and will be shared.
- Note that as of March 16, 2020, the Mayor has mandated the suspension of all older adult congregate programs and centers. DFTA will continue working with all providers of older adult services to develop and support virtual social engagement approaches during the suspension. Please email c-19.hhsteam@mocs.nyc.gov for updates.

Center Delivered Meals

In response to social distancing and recommendations for older adults to remain in their homes, all DFTA-funded senior centers are currently closed for congregate programming. Congregate meals are now being delivered to the homes of senior center members through a centralized delivery system. Centers can continue to deplete their remaining supply of food to prevent wastefulness or spoilage but must deliver the meal, grab-and-go is not permitted.

Starting the week of March 30, all senior centers fully transitioned from providing grab-and-go to relying on the centralized delivery system.

- **When did senior centers stop providing grab-and-go congregate meals?**

Starting the week of March 23, all DFTA-funded senior centers gradually transitioned from providing congregate meals via 'grab-and-go' to a centralized direct delivery meal system for older adults. To ensure that there was no disruption to older adults' access to food, senior centers continued grab-and-go meal service until the new centralized direct delivery system was fully rolled-out on March 30. Starting March 30, grab-and-go is no longer permissible by DFTA, as it is no longer consistent with DOHMH recommendations for older adults to stay home.

- **How are senior centers receiving meals for delivery?**

DFTA's goal is to ensure that older adults receive the daily meal, which they would receive but for the citywide congregate sites closure. Through the centralized direct delivery system, some senior centers are required to serve as hubs to receive meals before they are delivered. Depending on the contractor's catchment areas, meals may be delivered directly to the homes of the older adult. Ongoing coordination between DFTA, contractors, and senior centers will continue to ensure a streamlined and efficient process is maintained. In addition, robocall notifications are currently being deployed to ensure that older adults are alerted to the delivery of their meal package.

- **How many meals will each older adult receive?**

Through the new centralized direct delivery system, 5-meal packages are delivered to each older adult every week.

- **Will kosher meals be available?**

Yes, one DFTA-contracted provider will be providing kosher meals for older adults throughout the five boroughs.

- **How will non-DFTA senior center members sign up to receive meals?**

There are a variety of ways an older adult in need can sign up to receive a daily meal. The basis for the individual's need will help determine the most appropriate method. Homebound older adults can receive home-delivered meals through a DFTA-funded case management agency. If an older adult is not homebound, the senior center direct delivery system may be the most appropriate resource for meals. In this case, older adults should call their local senior center to sign up to receive directly delivered meals. They can also email agingconnect@aging.nyc.gov or call Aging Connect at 212-Aging-NYC (212-244-6469) or 311.

The City has also created the GetFoodNYC food delivery program to provide food for coronavirus vulnerable and food-insecure New Yorkers not currently served through existing food delivery programs. [Learn more and sign up for the GetFoodNYC program](#).

Contracts & Business Continuity

The City of New York is currently in a State of Emergency, thereby invoking Section 7.03 of the Standard Health and Human Service Contract. This means that agencies may work with providers to change work scope, location of services, staffing or other program elements to address emerging needs. Budgets may be adjusted to cover costs associated with COVID-19 expenses. Providers should maintain records of all COVID-19 related expenditures.

The City is regularly releasing guidance supporting business continuity. Please consult <http://www.nyc.gov/coronavirus>.

Will the City reimburse contracted providers for supplies, such as cleaning materials and food, related to the Novel Coronavirus?

- Providers are strongly encouraged to use their own purchasing sources. Providers will be reimbursed the additional cost of supplies that exceed the current scope of the contract when the provider is following NYC Health Department or other ruling from DFTA. Providers must keep records of all COVID-19 related expenditures. Please consult the City's Nonprofit Budget and Finance Guidance available below and at nyc.gov/coronavirus.
- If a provider is unable to obtain necessary supplies from their sources, please contact DFTA's Senior Director of Emergency Preparedness, Benjamin Strong (bstrong@aging.nyc.gov). Please be prepared to make specific requests, which the City will do its best to fulfill as soon as possible.

If a provider wants to use a delivery service to deliver meals to seniors who can't pick up, will the City reimburse providers for contracting with delivery services?

- Providers should communicate with DFTA regarding any plans to contract with delivery services. The City is exploring large-scale contracts with delivery services and might be able to provide an alternate solution or support to the provider. If an alternate is not available, the provider will be reimbursed for this cost similar to all other new costs that exceed the current scope of provider contracts as indicated above and in the City's Nonprofit Budget and Finance Guidance available below and at nyc.gov/coronavirus.

We know that Senior Centers are being converted to food distribution centers, but what other changes are being made? What guidance has DFTA issued to providers?

- All senior center providers should develop a plan for continued meal provision and social engagement (telephone outreach).
- See [additional guidance](#) issued by DOHMH about
 - [Congregate Settings Guidance](#)
 - [Nonprofit Business Continuity Guidance](#)
 - [Business and Non-Health Care Settings Guidance](#)
 - [General healthcare and hygiene](#)

Staffing

How do we respond and manage instances of staff with possible or confirmed COVID-19?

- All staff who are sick should stay home. Any staff member who develops COVID-like symptoms at the facility must return home. Staff should not return to work for seven days after their symptoms started OR for three days after their fever has stopped without the use of fever-reducing drugs such as Tylenol and ibuprofen and symptoms have improved, whichever is longer. See [DOHMH guidance for Congregate Settings](#) for additional guidance. You can also contact the NYC Health Department's Provider Access Line (PAL) at 866-692-3641.

Do staff need to provide a doctor's note to use sick days?

- **NO.** Ensure staff are aware of sick leave policies and are encouraged to stay home if they have symptoms. Do not require a health care provider's note for staff to be able to use sick days or for staff to return to work after being sick. Incentivize these behaviors by compensating employees for staying home if they are sick.

Sanitation of facilities

How can we keep our facility free of the virus that causes COVID-19?

- Clean facilities routinely and effectively using an EPA-registered hospital disinfectant that is active against viral pathogens. Pay particular attention to frequently touched surfaces, such as doorknobs, door handles, handrails and telephones, as well as non-porous surfaces (e.g., floors) in bathrooms, cafeterias and offices.
- Place waste baskets in visible locations and empty the baskets regularly.
- If feasible, increase ventilation in common areas, such as waiting areas, TV rooms and reading rooms.
- Linens, eating utensils, and dishes used by individuals who are sick do not need to be cleaned separately, but they should not be shared without thorough washing. Instruct cleaning staff to frequently wash their hands with soap and water or an alcohol-based hand sanitizer and to avoid touching their face as much as possible.
- General disinfection guidance for [non-health care settings](#) and protocols for [congregate settings](#) can be also found at nyc.gov/coronavirus.

Protecting against COVID-19

Do staff need to wear a face mask or other personal protective equipment?

- No. Staff should keep a minimum of 6 feet from all co-workers and especially clients. Distance is your face mask! This, along with proper hygiene such as regular handwashing and covering your nose and mouth with a tissue or sleeve when sneezing or coughing, are the best defenses to COVID-19. See [NYC Health Department Fact Sheet for more information](#).

Are there other preventative measures senior centers can take to reduce the spread of COVID-19?

- Place signage in locations instructing visitors not to visit if they are sick. Signs in multiple languages can be found at nyc.gov/coronavirus.
- Posters that encourage behaviors that can prevent person-to-person transmission (Cover Your Cough, Wash Your Hands) are available in multiple languages and can be found in the "Posters" section at the bottom of the coronavirus webpage.

What public health guidance should be available on-site for older adults?

- Older adults should be advised to stay home as much as possible, and especially if they are fifty years of age or older or have underlying health concerns. In the event that an older adult complains of fever, cough, shortness of breath, sore throat or other cold or flu-like symptoms, they should be immediately taken to a separate area. If their symptoms are mild to moderate, they should be told to go home and call their medical provider. If they need help finding a provider, they can call 311. Instruct clients to call, text or use a patient portal to contact their provider and to use telemedicine instead of an in-person medical visit, if possible. If the client needs help contacting their provider, staff should try to assist them in doing so. If it is a medical emergency, call 911. Tell the operator of the client's symptoms.

- DFTA has provided guidance emails along with the NYC Health Department and CDC resource material to NYC providers serving older adults and will continue to do so. The CDC guidance is available for reference at [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus). The NYC Health Department guidance is available at nyc.gov/coronavirus, including large-print and multiple languages. DFTA encourages providers to share these resources with clients and staff.

Separate the facts from fear and help guard against stigma

A lot of information about coronavirus on social media and even in some news reports is not based on facts. Senior centers can help prevent the stigmatization or targeting of one group of people by proactively sharing the messages found in this document. The outbreak is absolutely no excuse to spread racism and discrimination. Senior centers should encourage staff to stay informed, be aware and take care of each other. For more information, visit nyc.gov/coronavirus.

What guidance and resources are available to assist providers in addressing fear and xenophobia?

The NYC Commission on Human Rights is monitoring and responding to potential bias incidents due to fear and stigma around COVID-19 which may manifest as harassment or discrimination on the basis of race, national origin, or other protected classes under the NYC Human Rights Law.

New York City is a community with strong laws and resources to prevent and respond to bias and discriminatory incidents. Please direct staff, volunteers, clients and other individuals who believe they have experienced a hate crime, harassment, or any type of discriminatory incident to contact the NYC Commission on Human Rights via 311 (say “human rights”) for intervention or [report it here](#).

NOTE: The situation regarding COVID-19 is rapidly changing, as is our knowledge of this new disease. The guidance in this document is based on the best information currently available. Visit the [NYC Health Department website](#) and [Centers for Disease Control and Prevention \(CDC\) website](#) for more information.