

DEVELOPMENTAL SERVICES, INC.

**COVID-19
EMERGENCY
PLAN**

Dated: April 2nd, 2020 ; Revised : May 8th, 2020, May 14, 2020, July 28, 2020, August 5,2020, August 12, 2020, August 20, 2020, December 17, 2020

This plan is meant to serve as a guide for our agency through this pandemic. It provides basic guidelines, but it is to be understood that local situations and outbreaks may cause different areas of our agency to be observing different and ever-changing levels of restrictions at any point. Therefore, it is imperative to communicate regularly with your supervisor to stay up to date to current restrictions and closures in your area.

A new respiratory disease – Coronavirus Disease 2019 (COVID-19) – is spreading globally and there have been instances of COVID-19 community spread in the United States.

Symptoms of respiratory infection, including COVID-19:

- Fever
- Cough
- Shortness of breath

While the most common symptoms reported in persons with the coronavirus are fever and cough, there is emerging evidence that many persons can have the infection with few, if any symptoms. These persons can still be infectious and may be infectious days before their symptoms begin. This is why social distancing and staying in home works in the community and vulnerable populations can avoid contact with infectious persons.

COVID-19 is spread mainly person to person through respiratory droplets when an infected person coughs or sneezes. It is also possible that a person can contract COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, eyes.

Those people older than 60, having underlying health conditions such as heart, lung disease, diabetes, are at higher risk.

A confirmed case of COVID-19 is defined as a person with COVID-19-like illness and a positive laboratory test. A possible case of COVID-19 is defined as a person with COVID-19-like illness for whom testing was not performed.

Factors of plan:

- Prevention of spread
- Procedures for visitors and consultant staff
- Supplies, including personal protective equipment
- Rapid identification and management of ill consumers
- Education and training
- Staffing

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Preventative Measures

- All Staff, Case Managers, Individual Support Team members will receive a copy of Developmental Services, Inc. COVID-19 Emergency Plan and will sign an acknowledgement that they have read and understand the plan. This acknowledgement will be maintained on file.
- All Staff are expected to report to work unless you are ill. If you have been exposed or suspect you have been exposed, you are required to be tested and are expected to return to work upon receiving a negative result. All of this needs to be reported to your direct supervisor.
- Screen all individuals, including staff, consumers, consultants, and visitors before being allowed to enter facilities by taking temperature and completing Checklist for COVID-19.
- If temperature is 98.7 to 100.3, recheck and document in 2 hours.
- Persons with a temperature of 100.4 or above will be restricted from entering facility. Individuals who live with the individual with the fever will also be restricted as they have been continually exposed to the individual with fever.
- Persons that respond yes to any question on the Checklist for COVID-19 will be restricted from entering work site. If an individual has a pre-existing condition such as a chronic cough, asthma, allergies, etc. that require them to answer “yes” to any of the questions, they will be permitted to enter the work site.
- Designate an employee/consumer entrance.
- COVID-19 Emergency Plan will be available on DSI website and at designated entries to facilities.
- Post Respiratory Hygiene & Cough Etiquette signs at designated entry.
- Provide respiratory hygiene and cough etiquette supplies at all entry locations. Supplies include alcohol-based hand rub, tissues, masks, and a waste receptacle for disposal of tissues. County Managers, or designee, will need to inventory and record supply levels to assure necessary items remain available.
- Only essential employees will have direct contact with consumers.
- Essential employees will wear a face covering for the duration of their shift.
- Consumers will be required to wear a face covering when attending Day Programs.

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- Visits by case managers, outside consultants, guardians, outside providers, family members, and friends will be restricted. Communications with consumers and families should be proactive and clearly explain the reasons for changes. Alternate methods of communication should be established.
- Essential employees who meet symptom or exposure criteria documented on Checklist for COVID-19 will not provide direct care. If an individual has a pre-existing condition such as a chronic cough, asthma, allergies, etc. that require them to answer “yes” to any of the questions, they will be permitted to provide direct care.
- If essential employees develop signs and symptoms of a respiratory infection while on the job, they should immediately stop work, notify immediate supervisor.
- Communicate with employees, consumers, and visitors on basic infection prevention measures such as: clean hands (alcohol-based hand rub or soap and water for 20 seconds), cough etiquette, and disinfection of surfaces. This will be completed through online COVID-19 training.
- Group, community activities may be cancelled. When these activities resume, social distancing guidelines must be followed, and face coverings must be worn until restrictions are lifted. Other restrictions may apply, such as group size, where visits are allowed, etc. These changes will likely occur frequently as the virus ebbs and flows, so always check with supervisor before conducting a group or community activity.
- Avoid large group activities/gatherings in the community, Practice social distancing when practical – avoid crowds, unnecessary trips.
- Encourage social distancing with clients and avoid communal dining, if possible.
- Discourage all individuals, including staff and consumers, to avoid shaking hands, hugging, or other personal contact.
- Increase Environmental cleaning on all high touch surfaces in facility with approved disinfectants. For shortage of approved disinfecting solutions: use Bleach 1:10 mixture, which is 1 ½ cups of bleach per gallon. Must be changed and remixed every 24 hours.
 - a. Doorknobs, all faucet handles, countertops, toilet handles, dining tables, door frames, dining chairs, toilets, light switches and any other high touched surface will be wiped down with approved disinfectants throughout the shift or as used.
 - b. Communal consumer bathrooms will be disinfected frequently.
 - c. Dining table, chairs, kitchen faucets, countertops, appliances will be disinfected before and after dining and meal preparation.

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- d. All day service program area surfaces and supplies will be sanitized Before and after morning and afternoon break, Before and after lunch, before leaving for the day, and Anytime there is a sign or symptom of illness displayed in the area. Following the procedure of facility sanitation before leaving for the day means that sanitation at the beginning of the next day is not required.
 - e. County Managers will develop a specific plan for each of their facilities and appoint someone daily to document and ensure implementation. This plan should include a rotating cleaning schedule to be carried out frequently throughout the day. This documentation must be submitted to RPM to ensure it is completed.
- Gloves will be worn by staff and consumer(s) for meal preparation.
 - Consumers who have received DSI provided residential services during the stay at home order will be the first group of consumers to return to Day Programs. Other groups will be considered on a case by case basis per Executive Orders and will follow all listed preventative measures.
 - If a consumer resides in a DSI residential facility and there are consumers residing in that facility who have been determined to be at risk per current CDC guidelines, consumers residing with those individuals may or may not return to Day Program. Situations will be determined on a case by case basis.
 - An IDT meeting will be held for each consumer to discuss and document the decision to allow return to Day Program and the ability to follow DSI procedures as outlined in Covid-19 Emergency Plan or continue to stay at home.
 - Once programs/services do begin to reopen, their status will continue to be reviewed and may reclose/reopen multiple times depending on the virus's current impact in the local community.
 - A COVID-19 2020 waiver statement will be required to be signed by consumer, guardian(s) before returning to any programs that have not been received due to limited services provided during the pandemic.
 - If a consumer refuses to wear a face covering and/or allow temperature checks, or sanitize their hands upon entering the building, they will not be allowed to attend Day Program. The IDT can develop training or desensitization procedures to assist consumer in adhering to the guidelines.
 - Water fountains will be shut off and covered.
 - Social distancing will be maintained in Day Program facilities, following any current state guidelines regarding capacity, including staff and consumers in any area of the facility.

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- Day Program areas will calculate the maximum capacity of each room by dividing the net usable by 36SF, the square of 6', the acceptable social distance, for example, for a 6' social distance, a 200SF room divided by 36SF would have a recalculated maximum capacity of 5 people. This capacity will be documented via signage and maintained by rotating groups as needed.
- Breaks and lunches will be staggered to maintain social distancing. Staff will not eat with clients and must go to a separate area, with no consumers present, to eat.
- Vending machines, microwaves, coffee makers in common Day Program areas will be operated only by DSI staff wearing proper PPE (gloves). These items will be sanitized frequently.
- Face coverings will be worn in restrooms and restrooms will be sanitized frequently.
- Visual cues, such as, signage, tape on floors, etc. will be utilized to maintain social distance.
- All visitors, including team members and families for a consumer must use the main entrances. You will not be allowed access to the rest of the building. We will bring a consumer to you if you need to see them.
- All doors to facilities will remain locked from the outside. They can all be opened from the inside in the event of an emergency.
- DSI provided transportation will follow all preventative measures listed above, including face coverings, disinfection, social distancing. Consumers in DSI residential or Group Home services should have their temperatures checked before leaving the residence in the morning.
- Facilities with multiple van routes monitor dispersal times to insure adequate social distancing (and proper PPE is being worn) to minimize the number of individuals coming and going through a designated entrance at the same time. These times should be planned in advance.
- Handwashing must occur frequently throughout the day (staff and consumers, upon entering the facility, Before and after both morning and afternoon break, Before and after lunch, and Before leaving for the day.
- When consumers and/or consumers' families request a visit or travel plans, an IDT meeting will be conducted prior to requested visit or travel.

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- When consumers leave their residence, the Covid-19 Checklist of symptoms and exposure will be completed and temperatures will be checked before leaving and again upon returning to their residence. Any persons accompanying the consumer will also complete a checklist and have their temperature checked when leaving and returning with the consumer. DSI will review with the consumer and accompanying person the expectations of social distancing and wearing a face covering before the consumer leaves the home.
- Upon return to the home, if the consumer shows any symptoms of Covid-19, they will remain in isolation until they can be evaluated by a medical professional. If the consumer has no symptoms, they will be encouraged to practice social distancing in the home for 72 hours and will continue to be monitored.

Procedures for Visitors and Consultant Staff

- Outside agency staff, families, volunteers dropping off or picking up will be met at the designated entrance. Only designated entrances will be used. **DO NOT COME INSIDE.**
- All individual client team meetings should be suspended or conducted via telephone/video conferencing. Any requests for face-to-face meetings will be conducted outside the home while maintaining social distance practices and wearing a face covering.
- While visitors cannot be banned from private/leased homes, please discourage visits at this time. Encourage phone and video conferencing communications.
- In Group homes, non-medical visitors, including families, are not allowed at this time. Please encourage telephone, and video conferencing communications.

Emergency Supplies

- DSI will maintain adequate PPE supplies including face coverings that will be available for all staff and consumers. If this becomes impossible, this plan will be revisited and addressed accordingly.
- Homemade masks worn by staff or consumers will be laundered daily.
- Necessary Personal Protective Equipment, including gloves, face coverings, gowns, goggles, if available, will be located in areas where consumer care is provided.
- Quarantine kits will be available for distribution to facilities where consumers/staff have been placed in quarantine.

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- Facilities will maintain a minimum of 1 week emergency food supplies.
- DSI administration will maintain a minimum of 2 weeks emergency supplies in a central location for distribution as needed to individual facilities.
- DSI administration will maintain a supply of hand sanitizer in a central location for distribution as needed.
- DSI administration will maintain a supply of Personal Protective Equipment in a central location for distribution as needed.

Identification and Management of Ill Consumers

- Ask consumers to report if they feel feverish or have symptoms of respiratory infection.
- Actively monitor all consumers every shift during waking hours, minimum of 2 times per day for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat), document on temperature log.
- Day Program consumers will have temperature check upon arrival and at departure time and every 2 hours while in attendance at Day Program. Document on temperature log.
- If temperature is 98.7 to 100.3, recheck and document in 2 hours.
- Consumers with a temperature of 100.4 or above will be considered as presumptive COVID-19 and will be tested. They should remain in isolation until test results come back. If the test comes back negative, they may resume programming. If the test comes back positive, the individual must remain in isolation, and follow current CDC guidelines.
- If individual tests positive, place a sign on the door indicating Droplet- Contact Precautions.
- If individual tests positive, bedside commode or bedpan, if private bathroom unavailable, will be utilized. Presumptive COVID-19 consumers may not use a communal bathroom.
- If individual tests positive, other consumers and staff in that household will need to be tested. If the individual attends day program, consumers and staff who were exposed (exposure defined by the local department of health) will need to be tested as well. Consumers and staff will not be permitted to return to the facility until they have proof of a negative test.

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- Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic consumers might already be exposed, it is generally not recommended to separate them in this scenario.
- If symptoms worsen, shortness of breath increase, or difficulty breathing occurs, 911 protocols will be followed.
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- Personal protective equipment (PPE) should include face covering (procedure or surgical mask) **AND** gown **AND** gloves **AND** eye protection (goggles or face shield) when providing direct care to a consumer who is in isolation.
- Glove Hygiene: Use non-sterile gloves upon entry into the resident room for direct care area.
 - a. Change gloves if they become torn or heavily contaminated.
 - b. Remove and discard gloves when leaving the resident room or care area
 - c. Immediately perform hand hygiene after removal of gloves.
- Gown Conservation: If there are shortages of gowns, they should be prioritized for: care activities where splashes and sprays are anticipated and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of Health Care Provider. Examples include:
 - dressing • changing linens
 - bathing/showering • wound care
 - providing hygiene • transferring
 - changing briefs or assisting • device care or use with toileting
- Equipment Dedicated to Consumer Rooms:
 - a. Trash cans outside each room for removal of clothing.
 - b. Single use bedpans or bathroom supplies for all residents.
- Quarantine kits will be distributed as needed to a quarantined facility.
- Meals and/or emergency food supplies will be distributed to quarantined facility.
- Isolation and/or quarantine will be maintained at the individual facilities unless staffing requires a transfer to a communal facility, and a declaration of an 1135 waiver is approved.

- 24/7 consumers who utilize electronic monitoring for extended time frames and have confirmed/presumed COVID-19, will have staff assigned to their facility for the duration of quarantine period or until symptoms have decreased, been fever free, without the use of PRN medications and team decision to resume electronic monitoring has been documented.

Staffing

- Day Program staff will be utilized in residential facilities in the event that day programs are closed.
- Identify which consumers would have guardians or families willing to take their consumers home in the event that staffing becomes impossible.
- Contact family or guardians in advance to explain that we may reach a point where we need to send consumers home and decide if this is an option. The decision should be documented.
- Provide training to families and develop a plan as needed in preparation if need occurs.
- As staff begin to be diagnosed with COVID-19, or consumers become ill, staffing schedules may be changed to longer shifts, to limit the number of individuals in or out of the home and staff may temporarily reside in the facility to provide coverage.
- See Residential Emergency plan for further details.
- Quarantined facilities may have staff that are quarantined and will remain at facility for the duration of quarantine. Relief and back-up staff will be identified if staff become ill during this period.
- Electronic monitoring and shared drop-in staff will be utilized on a case by case basis, where appropriate.
- Staff should follow home quarantine recommendations from the CDC and can return to work when the **ONE** of the return to work guidelines ARE met.
 - a. 14 days after last symptom and remaining symptom free of COVID-19.
 - b. Return to work documentation stating able to return to work from Medical Provider
 - c. Negative COVID-19 test result.
 - d. 14 days after the date of test of COVID-19 **positive** family member and **no** symptoms from employee.
- If staff or consumer have confirmed or suspected COVID-19 symptoms, the procedures documented in this plan and/or updated CDC guidelines for quarantining or shutdown of the Day Program will be followed.
- All employees, including office/administrative workers should follow CDC guidelines. Do not congregate in small offices, or meeting rooms. Limit the number of individuals in a

meeting space as much as possible. Anytime you are within 6 feet of another individual, both parties must wear a face covering.

- Face coverings should be worn by staff while in common areas of the facilities, even if not working with Consumers.

Education and Training

- Review and adhere to CDC best practices, including monitoring residents for signs of illness, handwashing hygiene, using appropriate personal protective equipment and cleaning, disinfection of environmental surfaces.
- Review outbreak recognition and management plans and policies.
- Review COVID-19 symptoms and how transmitted.
- Review sick leave policies, including not reporting to work if ill.
- Review changes in policies due to the crisis.
- Educate consumers on best practices, including notifying staff of illness, handwashing hygiene, cleaning, social distancing, and cough etiquette. Also, review visitor restriction.
- Follow state guidelines for expediting the credentialing and training of new employees.
- Staff will receive Developmental Services, Inc. COVID-19 Emergency Plan and sign acknowledgement of understanding.

Please reach out to your supervisor or Human Resources if you have any questions

Resources:

Indiana Back on Track Plan (specific dates and guidelines from the State of Indiana)

CDC

DDRS, BQIS

INARF Day Services Reopening Considerations

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