



POLICIES AND PROCEDURES

PROGRAM: **ALL SUPPORTS**

SUBJECT: **Corona Virus - COVID-19**

POLICY NUMBER: 27

DES/DDD POLICY: **Funding Source Policy**

DATE: **February 1st, 2021**

Page: 1 of 16

Purpose:

Our agency is committed to the health and safety of our members, member/families, staff and visitors.

In addition to and in concert with our Pandemic and emergency planning, below are recommendations and actions we are taking to support each other during this time of Covid-19 transmission. This policy shall be used in conjunction with the COVID-19 QVA GUIDANCE FOR CONGREGATE SETTINGS (GROUP HOMES / DEVELOPMENTAL HOMES/ CENTER BASED SERVICES). Originally Published March 29, 2020 Updated: April 3 and April 10, 2020, May 15th, 2020 and June 5th, 2020, November 13th, 2020, December 3rd, 2020 and subsequent Governor Executive orders since then. **This document shall also conform to CDC, ADHS and DDD policies related to COVID-19 and the agencies overall pandemic plan.**

Additionally, this document shall provide technical assistance and guidance for providers who support members who are positive for COVID-19. **This document can also be used in conjunction with the overall approach to training of personnel.**

Definitions:

Positive: Laboratory-confirmed case of COVID-19: Individual who has tested positive for the virus that causes COVID-19 in at least one respiratory specimen (Effective 3/14/2020 CDC no longer uses the term “presumptive positive”).

Person Under Investigation (PUI): Any person who is currently under investigation for having the virus that causes COVID-19, or who was under investigation but tested negative for the virus.

“Close contact” is now defined as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

*Close contact does not include healthcare providers or EMS providers using appropriate PPE and implementing appropriate infection control practices.

Other people who could potentially be defined as close contacts (per the CDC):

- Household contacts living/sleeping/eating in the same home, or sexual partners of a case
- Healthcare workers who have had a breach in PPE or have not worn it while exposed to a case (either directly, with bodily fluids, or with a laboratory specimen)
- People in closed settings, such as long-term living facilities, and other high-risk congregational/closed settings (e.g., prisons, shelters, hostels) where a case has been identified
- Known/identifiable contacts of a case in other group settings (places of worship, indoor workplaces, private social events)
- Passengers on an aircraft sitting within 2 seats (in any direction) of the case, travel companions, anyone providing care, or crew members working in the same section
- People who used other public or shared transportation with a case

If an employee or member may have had close contact they should:

- a. Self-quarantine for 14 days.
- b. Obtain a test for COVID-19 through their health care provider or other available means (i.e. drive up testing)
- c. For employees/staff in self-quarantine who have not developed symptoms and are not considered a high risk for transmission of the virus, they may return to the building once the 14-day quarantine period has ended.
- d. For members in self-quarantine, who have not developed symptoms and are not considered a high risk for transmission of the virus, they may return to normal group activities once the 14-day quarantine period has ended.
- e. The program or home does not need to be closed.

General Overview:

CDC recommends individuals and families follow everyday preventive measures. Additionally, we have implemented the following rules and procedures that facilitate all of the recommend public health and safety guidelines including but not limited to:

1. Enhanced staff vigilance, hygiene, and overall prevention practices.
2. Require all staff and/or members to stay home when you are sick with respiratory disease symptoms. At the present time, these symptoms are more likely due to influenza or other

respiratory viruses than to COVID-19-related virus. Employees/members who have symptoms of acute respiratory illness are required to stay at home and not come to work/facility until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24-hours, without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).

3. Practice a six-foot social distancing when appropriate and refraining from physical contact (e.g. handshakes, hugs) with anyone else. **When social distance cannot be maintained a mask is required to be worn. We will also encourage members to wear a mask. Additional (PPE) includes a facemask, eye protection, disposable gloves, and a gown and may be necessary, if there is potential that personnel may be splashed or sprayed by bodily fluids during your work.**
4. A restriction has been placed on visitation of volunteers and non-essential personnel and we keep a daily log of names and contact information for those who enter and leave the property, including employees, clients, visitors, and vendors. This includes anyone who has had recent international travel (i.e., within the past 14 days) from a COVID-19-affected geographic area.
5. Community outings are restricted to small groups, and social distancing guidelines will be maintained.
6. Entrance to our setting requires body temperature checks for members and employees.
7. Lunch periods are staggered to facilitate a six-foot social distance.
8. Routinely clean (every 45 minutes) frequently touched surfaces and objects. Including, but not limited to cleaning all frequently touched surfaces in the workplace, such as workstations, countertops, doorknobs, keyboards, remote controls, etc. Cleaning includes disinfectant and washing. Always clean surfaces prior to use of disinfectants. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. Clean surfaces using water and soap or detergent to reduce soil and remove germs. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure safe and effective use.
9. Use a bleach-and-water solution (0.1% solution; 1:50 dilution) or disinfectant with a label that says “EPA approved” for killing bacteria and viruses. Always follow directions on product labels.
10. We have reduced access to the program site to one point of entry. **Complete the health checks in a way that helps maintain social distancing guidelines, such as providing multiple screening entries into the building. If implementing in-person health checks, conduct them safely and respectfully. Employers may use social distancing, barrier or partition controls, or personal protective equipment (PPE) to protect the screener. To prevent stigma and discrimination in the workplace, make employee health screenings as private as possible. Do not make determinations of risk based on race or country of origin and be sure to maintain**

confidentiality of each individual's medical status and history. If possible, screen residents who attend employment or day service programs returning to the home from their jobs or program with the same protocols developed for screening staff for symptoms of COVID-19.

11. Post signs at the entrance with instructions for hand hygiene and identifying individuals with symptoms of respiratory infection.
12. Follow the Governor's Executive Order: Stay Home, Stay Healthy, Stay Connected **or current Executive orders.**
13. Monitor and manage members who are ill, including limiting participation in and transportation to outside activities (such as day programs and jobs).
14. Monitoring exposed personnel for fever or signs and symptoms of respiratory illness.
15. Implemented strict infection control measures.
16. Adhere to reporting protocols to public health authorities.
17. Provided training and resources to program staff about preventing the transmission of respiratory pathogens such as COVID-19.
18. Provided facemasks, if available, to be used by people who show symptoms of illness to help prevent the spread of germs.
19. Clean and disinfect hampers or other carts for transporting laundry according to above guidance on cleaning hard or soft surfaces.

Agency personnel:

1. Cover coughs and sneezes with a tissue, and dispense appropriately.
2. Wash hands often with soap and water for at least 20 seconds; especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.
3. If soap and water are not readily available, use an alcohol-based hand sanitizer with 60%-95% alcohol.
4. Avoid touching your eyes, nose, or mouth with unwashed hands and to avoid close contact with people who are sick.
5. Stay away from people who are sick and stay home when you feel sick.
6. Caregivers and others in close contact with the member should monitor their own health for signs or symptoms of fever, a new cough, new shortness of breath, or new sore throat. If that occurs, the caregiver will need to be isolated.
7. Staff are required to wear facemasks at all times when working with members and when around other staff in a program setting.

Personnel training:

This training includes this policy along with the **COVID-19 QVA GUIDANCE FOR CONGREGATE SETTINGS (GROUP HOMES / DEVELOPMENTAL HOMES/ CENTER BASED SERVICES)**. Originally Published March 29, 2020 Updated: April 3, 2020, April 10th, May 15th, June 5th and July 8th, additional updates, and Governor Executive orders, this training includes, but is not limited to:

1. Information on basic standard precautions
2. Infection control techniques and prevention
3. Information on basic standard precautions
4. Proper use of personal protective equipment
5. Environmental cleaning
6. Review of activity restrictions
7. Use of quarantine and isolation
8. Education on covid-19 signs and symptoms, and risk factors that increase the potential for disease transmission and complications of covid-19
9. Additional training content may include:
 - a. We will provide staff appropriate PPE when they are interacting with members, to the extent PPE is available and per CDC guidance on conservation of PPE.
 - b. For the duration of the state of emergency in their State, all staff should wear a facemask while they are in the facility.
 - c. Full PPE should be worn per CDC guidelines for the care of any member with known or suspected COVID-19 per CDC guidance on conservation of PPE.
 - d. If COVID-19 transmission occurs in the facility, all staff should wear full PPE for the care of all members irrespective of COVID-19 diagnosis or symptoms.
 - e. Members who must regularly leave the facility for care should wear facemasks when outside of their rooms.
 - f. When possible, all members, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Members can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive.

Training avenues may include, but not be limited to:

1. **Electronic communication, texts, emails, phone calls, etc.**
2. **Webinars**

Suspected Cases of COVID-19 for members or staff:

1. Any congregate program serving a member with suspected COVID-19 should immediately contact the member's primary care physician or a local hospital and file an incident report with DDD. These control measures include the following:
2. If available, provide PPE, such as a face mask, for the resident exhibiting symptoms of COVID-19.

3. Isolate the resident in a private room with the door closed.
4. In the event of concerns relative to self-harm, programs should follow behavioral health provider's guidance.
5. When available, staff should wear full PPE per CDC guidelines for the care of any member with known or suspected COVID-19 and per CDC guidance on conservation of PPE.
6. Communicate with the member about symptoms of COVID-19 (fever, cough, difficulty breathing). Other symptoms could include: chills, sore throat, headache, muscle aches, abdominal pain, vomiting, and diarrhea.
7. If the individual requires immediate and emergency medical care, call 911 for an ambulance and inform EMS of the individual's symptoms and concern.

COVID-19. Confirmed cases of COVID-19 in staff or members positive or confirmed:

1. Laboratory-confirmed case of COVID-19 means that an individual has tested positive for the virus that causes COVID-19 in at least one respiratory specimen. Reporting any congregate program serving a member with a confirmed case of COVID-19 should immediately do the following:
 - a. Contact the member's primary care physician or a local hospital.
 - b. File an incident report with DDD.
 - c. Close off all areas used by the member who is ill. If the exposed area(s) can be isolated, the remainder of the facility may remain open.
 - d. Open outside doors and windows to increase air circulation. Conduct a deep clean of impacted areas. Wait as long as practical – if possible, at least 24 hours – to begin cleaning and disinfection to minimize exposure to respiratory droplets.
 - e. Limiting further spread may include, but not be limited to:
 1. Other household members should stay in another room or be separated from the member who is ill as much as possible.
 2. Other household members should use a separate bedroom and bathroom, if available. Prohibit any visitors who do not have an essential need to be in the home.
 3. Clean all "high-touch" surfaces within the facility every day.
 4. If necessary, households should use separate staffing teams for COVID-19-positive members to the best of their ability, and work to designate separate facilities to separate COVID-19 negative members from COVID-19 positive members and individuals with unknown COVID-19 status.
 5. Make sure any assigned employees understand and can help the member follow their healthcare provider's instructions for medications and care.
 6. Help the member with basic needs and provide support, as needed, for getting groceries, prescriptions, and other personal needs.
 7. If available, the member should wear a face mask when around other people.

8. When available, staff should also wear full PPE per CDC guidelines for the care of any member with known or suspected COVID-19 and per CDC guidance on conservation of PPE.
9. Avoid sharing household items with the member. After the member uses items, wash them thoroughly.
10. Follow the guidelines in the Deep Cleaning section of the congregate policy regarding cleaning procedures of a resident's space.

DDD will serve as the point of contact for the agency to assist with discharge or other medical follow up as required. Including:

- a. **DDD will provide clinical support if a member's status changes and support as needed.**
- b. **DDD will verify the vendor has adequate PPE or assist to identify and provide an emergency short-term supply of PPE, while options are explored for a longer-term supply.**
- c. **DDD will approve negotiated rates for each member diagnosed as positive for COVID-19 for a period of 30-days. The approval may be extended beyond 30-days depending on the circumstances.**

<p>Return to Work Criteria for Staff* with Confirmed Case of COVID-19 (Per CDC, ADHS and DDD)</p>
--

**This policy also applies to Members returning to the day programs after a confirmed COVID case*

Determining when Staff can return to work after testing positive for COVID-19.

Both the CDC and ADHS have updated their guidance regarding "Release from Isolation and Quarantine" of individuals who do not live in congregate settings. The new recommendations are based on a person's symptoms and clinical testing as outlined below:

- **If a person is symptomatic and awaiting** COVID-19 test results:**
 - o Stay home away from others or under isolation precautions until results are available. If results are delayed, follow guidance for symptomatic and tested positive for COVID-19.
 - o Once results are available, follow the recommendations below based on results.
- **If a person is symptomatic and tested positive for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:**
 - o At least 10 days* have passed since symptoms first appeared; AND
 - o At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - o Other symptoms have improved.

- **If a person is symptomatic and tested negative** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:**
 - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.

- **If a person is symptomatic and has not been tested** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:**
 - At least 10 days* have passed since symptoms first appeared; AND
 - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.

- **If a person is asymptomatic and awaiting** COVID-19 test results:**
 - No isolation is required while waiting for test results. Take everyday precautions to prevent the spread of COVID-19. Once results are available, follow recommendations based on results.

- **If a person is asymptomatic and tested positive for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:**
 - At least 10 days* have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while asymptomatic. If symptoms develop, follow guidance for symptomatic and tested positive for COVID-19.

- **If a person is asymptomatic and tested positive** for COVID-19 by serology:**
 - No isolation is required since there is a low likelihood of active infection. Take everyday precautions to prevent the spread of COVID-19.

- **If a person is asymptomatic and tested negative** for COVID-19 by PCR, antigen testing, or serology:**
 - No isolation is required. Take everyday precautions to prevent the spread of COVID-19.

- **If a person has other non-compatible symptoms and has not been tested for COVID-19, stay home away from others or under isolation precautions until:**
 - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.

*Close contact does not include healthcare providers or EMS providers using appropriate PPE and implementing appropriate infection control practices.

**Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of

symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.

Our agency is committed to:

1. Communicating the guidelines to staff, members and families.
2. Actively encouraging sick employees and members to stay home.
3. Separating employees and members and sending them home immediately when they appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to the program or become sick during the day and should be separated from other employees and members and be sent home.
4. Providing accurate and current information to employees, member and families, using reputable sources from Federal, State and local officials to agency personnel, members and member/families as applicable.
5. Implementing this policy and all related recommendations provided by the funding source and governing regulatory entities.
6. Monitor each member who is identified as a PUI and ensure that COVID-19 mitigation strategies are being implemented at all times during service delivery.
7. Designate one employee as the Designated Program Lead to report any confirmed COVID-19 cases (either members or employees) to DDD. The Designated Program Lead must include their contact info (e-mail and phone number) in the incident report so they can be reached for follow up. Additionally, **the Designated Program Lead must provide the following information in the incident report document. This will assist the Division in providing timely support to the vendor:**
 - a. **The address of the service site where the member or staff was receiving/providing services when identified as positive.**
 - b. **Site code (group home only).**
 - c. **The AHCCCS ID of any other DDD members living at the same home or attending the service site where the member/staff members were receiving/providing services when identified positive. Due to confidentiality, please do not list other member names on the Incident Report.**

- d. **Any other services, that the vendor is aware of, that were delivered to the member 14-days prior to the positive test.**
- 8. **Designate a workforce coordinator in each office that oversees compliance with this policy and coordinates with the Designated Program Lead representative.**
- 9. **Update this policy no less than every 30 days and/or as new guidelines are issued.**
- 10. **Upon request, provide a copy of the pandemic plan and associated procedures to stakeholders including members and families to ensure they are familiar with the procedures implemented to protect the members.**

Division of Developmental Disabilities will:

- 1. The DES DDD Quality Management will triage all reported COVID-19 incident reports and send all confirmed COVID-19 positive notifications to the DDD Health Care Services Team for clinical support.
- 2. The Quality Management Unit will provide technical assistance to QV with members in PUI status to ensure that they have resources and technical assistance to deliver service using the CDC, ADHS, and DES DDD guidance.
- 3. The QM team can be reached at DDDmonitoring@azdes.gov.
- 4. The QM team may:
 - a. Review QV COVID 19 Policies and Procedures as necessary
 - b. Confirm mitigation strategies are being implemented for service delivery
 - c. Problem solve service delivery barriers
 - d. Facilitate contact with DES DDD clinical team if member’s status changes and QVA needs clinical support Health Care Services/ Medical Management. The Health Care Services (HCS) Unit will be the clinical lead for DDD and will:
 - e. Track status of all COVID-19 Positive members
 - f. Be the point of contact for the QV to assist with discharge or other medical follow up required
 - g. Approve Negotiated Rates, as necessary to ensure member care
 - h. Provide clinical support if member’s status changes and support is needed.

- i. Review and approve the re-opening of settings based on information submitted by the provider.

Member Supervision and Activities:

1. It is important that all staff is aware that regardless of the level of quarantine or isolation required, the supervision levels of the members we support must continue to be maintained in accordance with the staffing matrix.
2. Staff may need to implement an enhanced supervision level for a member who may not have already had one. For example, if a member is exposed to COVID-19 and is required to be quarantined or isolated in an enclosed room, he/she may require enhanced staffing/supervision. Contact the member's Support Coordinator or DDD Network for assistance. Plan for activities that can be done within the home with members.
3. For those members who have family involvement, consider whether the member may be able to go on a home visit during times of potential staffing shortages.
4. Exercise as best as possible consistent assignment (meaning the assignment of staff to certain members) for all members regardless of symptoms or COVID-19 status. This practice can enhance staff ability to detect emerging condition changes. The goal is to decrease the number of different staff interacting with each member as well as the number of times those staff interact the member.
5. If necessary, households should use separate staffing teams for COVID-19-positive members to the best of their ability, and work to designate separate facilities to separate COVID-19 negative members from COVID-19 positive members and individuals with unknown COVID-19 status.
6. If available, the member should wear a face mask when around other people.

Training:

We will provide immediate and refresher training to all staff on essential infection control techniques and prevention.

This training should include, but is not limited to:

- a. **Information on basic standard precautions**
- b. **Proper use of personal protective equipment (PPE)**
- c. **Environmental cleaning**
- d. **Review of activity restrictions**
- e. **Use of quarantine and isolation**
- f. **Education on covid-19 signs and symptoms, and risk factors that increase the potential for disease transmission and complications of COVID-19.**

Transportation Guidelines:

To promote a healthy workforce and passenger environment and adequately decontaminate vehicles and equipment, the following guidelines are in place:

1. **For vehicle & equipment decontamination: After transporting a passenger, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.**
2. **When cleaning the vehicle, wear a disposable gown (if available) and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.**
3. **Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly to include the provision of adequate ventilation when chemicals are in use.**
4. **Doors should remain open when cleaning the vehicle.**
5. **Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer to List N for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.**
6. **Clean and disinfect the vehicle between trips. All surfaces that may have come in contact with the passenger or materials contaminated during passenger care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered disinfectant in accordance with the product label.**
7. **Clean and disinfect reusable equipment before use for another member according to manufacturer's instructions.**
8. **Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.**
9. **Follow standard operating procedures for containing and laundering used linen. Avoid shaking any linen that was in a vehicle.**
10. **Gloves: The driver should wear a pair of gloves before assisting the member into the vehicle and securing the member and equipment. Gloves should be changed and properly disposed of if they become torn or heavily contaminated. Before re-entering the driver's compartment, the driver should remove the gloves and use hand sanitizer. If no hand sanitizer is available, the driver should re-glove with a new pair of gloves and wear them through the next load/unload of a member.**
11. **Eye Protection: The driver should wear eye protection (i.e. goggles or disposable face shield that fully covers the front and sides of the face) while interacting with the member and not while driving or operating the vehicle. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Due to a shortage of PPE, goggles may be all that is available and are adequate if appropriately cleaned between shifts.**

12. **Isolation Gown: When available, an isolation gown may be worn. Due to limitations in the availability of PPE, alternative solutions may be available including cloth gowns, scrub tops or other easily laundered alternatives. These may be worn for an entire shift unless they become soiled or torn, in which case they should be replaced and properly cleaned or disposed of.**

Reporting:

1. Any congregate program serving a member with a confirmed case of COVID-19 should immediately do the following:
 - a. Contact the member's primary care physician* or legally responsible person.
 1. *Or verify through legally responsible person that the PCP has been made aware.
 - b. Submit an incident report as soon as possible but within 24 hours of confirmation, or of being made aware of the member's status, whichever is earlier.
 - c. Follow the Division's Procedure for Positive COVID-19 Reporting and Technical Assistance.
 - d. Encourage the family and/or guardian to file a report with the member's primary care physician and local county health department.
 - e. **We will monitor each member who is identified as a PUI and ensure that COVID-19 mitigation strategies are being implemented at all times during service delivery.**
 - f. **We will ensure that staff considered a PUI is not providing service to members until the individual's status is confirmed by COVID-19 testing.**
 - g. **We will confirm a report was submitted to the primary care physician or local hospital (depending on severity of illness) and local county health department.**
 - h. **We will submit incidents to the following:**
 1. **District West: DDDWestIR@azdes.gov**
 2. **District North: DDDDistrictNorthIncidentReports@azdes.gov**
 3. **District South: DDDD2IR@azdes.gov**
 4. **District Central: DDDCentralIR@azdes.gov**
 5. **District East: DDDEastIR@azdes.gov**
2. Ability will also file an incident report in the event an employee or subcontractor tests positive for COVID-19, **and** has entered our program within 2 days prior to experiencing symptoms per CDC guidelines definition of "**close contact**", which states:
 - a. "**Close contact**" is now defined as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.
 - b. *Close contact does not include healthcare providers or EMS providers using appropriate PPE and implementing appropriate infection control practices.
3. **The Health Care Services/ Medical Management Unit (HCS) will be the clinical lead for DDD and will track status of all COVID-19 positive members and:**
 - a. **Be the point of contact for the QV to assist with discharge or other required medical follow up**
 - b. **Provide clinical support if member's status changes and support is needed**

- c. **Verify the vendor has adequate PPE or assist to identify and provide an emergency short-term supply of PPE, while options are explored for a longer-term supply.**
- d. **Approve negotiated rates for each member diagnosed as positive for COVID-19.**

Supporting Members living in Residential Settings who have Confirmed Cases of COVID 19:
--

1. Residential and congregate programs face unique considerations when a member is confirmed to have COVID-19 or has had close contact with a person who is ill.
2. Generally, members should be supported in their group home or developmental home in surroundings they know. We will assess whether the residential setting is appropriate for home care or an alternative appropriate place should be considered/approved to ensure the safety of the member.
3. Our assessment should determine whether the member is stable enough to receive care at home, appropriate caregivers are available, and if there is a separate bedroom where the member can recover without sharing immediate space with others.
4. We will also make every effort to use the member's own bedroom for quarantine/ isolation and use a dedicated bathroom, when possible.
5. We will follow the Cleaning and Disinfection and use PPE, when available. Full PPE should be worn per CDC guidelines for the care of any member with known or suspected COVID-19 per CDC guidance on conservation of PPE.
6. If COVID-19 transmission occurs in a congregate setting, staff should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms, if available. When possible, members, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Members can use tissues for this. They could also use cloth, non-medical masks when those are available. Members should not use medical face masks unless they are COVID-19-positive or assumed to be COVID-19-positive. In instances where a member is having trouble complying with isolations or quarantine due to his or her ability to understand the required protocols or due to behavioral concerns that put him/ her or others at risk, other temporary living arrangements may be considered as outlined below.
7. If necessary, households should use separate staffing teams for COVID-19-positive members to the best of their ability, and work to designate separate facilities to separate COVID-19 negative members from COVID-19 positive members and individuals with unknown COVID-19 status.
8. If given a face mask, the member should wear it when in the same room with other people and when visiting a health care provider. If the member cannot wear a face mask, the people who live with him/ her can wear one while in the same room, or the member can stay in his/her room with the door closed.
9. If necessary, households should use separate staffing teams for COVID-19-positive members to the best of their ability, and work to designate separate facilities to separate COVID-19 negative members from COVID-19 positive members and individuals with unknown COVID-19 status.

On-going:

1. Provide accurate information about COVID-19, including the use of the following resources:
 - a. ADHS has developed FAQs about COVID-19 that can be shared with others.

For additional information please visit:

www.azdhs.gov

https://des.az.gov/sites/default/files/COVID19_QVA_Guidance_for_Congregate_Settings_Group_Homes_Developmental_Homes.pdf?time=1592247434577

<https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/covid-19-qualified-vendor-provider-faq>

www.coronavirus.gov

www.ready.gov

<https://www.cdc.gov/coronavirus>

https://azahcccs.gov/AHCCCS/Downloads/COVID-19_FAQs.pdf
2. Key succession and performance planning if there is a sudden significant decrease in our workforce.
3. Seek alternative methods to ensure there are services or products in the supply chain, including reparations in place to cover 14 days should it become necessary.
4. Ensure our list of company contacts and organizational chart is current and available.
5. Review Continuity of Operations Plan (COOP) to include:
 - a. We are assessing essential functions and the reliance that others and the community have on their services or products.
 - b. We are considering cross-training personnel to perform essential functions so the workplace is able to operate even if key staff members are absent.
 - c. Demonstrating flexibility to the degree allowable regarding teleworking agreements. Including and if possible, maintain flexible policies that permit employees to stay home to care for a sick family member.
 - d. If it becomes necessary to change a service delivery location for a member or service site, we will work collaboratively with the Division of Developmental Disabilities to ensure a coordinated and seamless transition.

- e. Update this policy consistent with changes from the CDC, AZDHS and/or the DDD.

Screening individuals and protocol in offices:

1. Consistent with ADHS guidelines, we reserve the right to screen anyone who is coming into the facility, including: Staff, essential outside contractors and visitors, (restricted to compassionate care only) Visitor documentation shall be retained.
2. We will utilize the AZDHS visitor protocols. (Please see attached) This includes:
 - a. Signage
 - b. Education
 - c. Limit touching
 - d. Remaining in designated areas
3. We reserve the right to monitor for fever and the results are documented in our records.

Visitation:

On August 28, 2020, the Arizona Department of Health Services (ADHS) released [new guidance for visitation at congregate settings for vulnerable adults and children](#). ADHS has outlined two key components that will determine what level of visitations can occur at each setting. The first component is the quality of the facility’s implementation of COVID-19 mitigation strategies. The second component is the level of spread occurring in the community. As with other business reopening plans, the level of visitation in congregate settings will be determined by the level of community spread in the county where the setting is located. The level of community spread is determined by county public health benchmarks that are available on the [ADHS website](#).

Facilities must allow visitation at least to the level prescribed in the chart on page 6 of the [congregate settings recommendations found on the ADHS website](#) based on the county public health benchmarks. The guidance is full of information that can assist facilities in preparing to allow in-person visitation. A few key sections are highlighted below:

1. Facilities are required to enforce rules regarding mitigation measures including requiring face masks, visitor screening and social distancing. Visitors who refuse to comply with these mitigation measures may be denied access or removed from the premises.

2. Ability will allow visitors at their discretion if the visitor is tested according to the testing guidelines. The visitation must follow these measures while on the premises:
 1. Symptom screening/temperature screening is performed before entering member care areas
 2. Visitor must sign in and attest that they have been free of symptoms within the last 14 days
 3. A mask is worn at all times
 4. Visitor must remain 6 feet from all members and staff

Communication to Residents and Families Regarding Visitation Policies
--

We will use this policy along with our pandemic plan to communicate to member, staff and visitors:

Our policy will:

- A. All visitors will be screening for temperature and we may have an attestation for them to complete.
- B. Time and location of visits will be recorded.
- C. Our agency will make available this policy and related links available with the opportunity for clear communication to residents and families this visitation policy.