



COVID-19 Response (CRP) & Continuity of Operations Plans (COOP)

Effective **June 8, 2020** ~additions/changes from last update in red font~

Situation Summary

This is an emerging, rapidly evolving situation and Favarh will provide updated information as it becomes available. The latest version of this plan and other Favarh updates can be found at: favarh.org/updates. More detailed health guidance and pandemic updates can be found on the CDC website: <https://www.cdc.gov>, on CT's COVID-19 web site at <https://portal.ct.gov/Coronavirus>, and on the Farmington Valley Health District's website at <http://www.fvhd.org/> and on the DDS website at: <https://portal.ct.gov/dds>.

Send your ideas, your concerns, and your commendations to: covidsuggestions@favarh.org


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MITIGATION STRATEGIES AT FAVARH

1. **Presumptive COVID-19** (for [participants](#), employees, and visitors): We will continue to be to treat anyone with COVID-19 symptoms **as noted in Figure 1 below** as “presumptive” (assumed) COVID-19. See *Exception Protocol* for presumptive COVID-19 in Appendix C.



Updated COVID-19 Symptoms

The CDC has updated the list of symptoms for coronavirus COVID-19. People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms or combinations of symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing

Or at least 2 of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell




Figure 1

2. **We are requiring sick employees to STAY HOME:**

- a) Employees who have any COVID symptoms, or who are not feeling well due to different symptoms, should stay home. **If you have COVID symptoms or suspect that you may have COVID, you should call your PCP or healthcare provider, or find a center on your own and get tested for COVID.**

Testing Center information

- i. Staffing agencies that provide Favarh with contract or temporary employees will be contacted to reinforce the need for their employees to stay home if sick.
- b) Employees who become symptomatic during the day or during their shift should be separated from other people and be sent home immediately.
- c) Employees who have or had COVID symptoms (see fig.1) may not come to work unless they have received two negative tests in a row, 24 hours apart and can produce written verification OR until **ALL** of the following 4 things have happened:
- i. At least 10 days have passed since their symptoms first appeared Or, they have written verification of a test that shows that they are non-contagious, AND
- ii. They have been free of fever (100° F or less w/oral or ear thermometer, 99° w/forehead) for at least 72 hours without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants); AND
- iii. Any other symptoms have improved (for example, cough or shortness of breath); AND
- iv. They provide a Return to Work note from their PCP or health care provider.
- d) **CONTACT TRACING:** When an employee stays home because they are sick with COVID symptoms (see fig.1) or they fail a screening at Favarh and are sent home, contact tracing must occur to identify those employees who have had close contact with them 48 hours prior to the onset of their symptoms.
- i. These employees must begin cohorting “until further notice” as if the employee identified with symptoms was presumptive or COVID-19 positive. They must continue cohorting until one of the following occurs:
- 1) The symptomatic employee tests negative for COVID; or
- 2) 14 days have passed since the last close contact with the symptomatic employee.

3. **CLOSE CONTACT** (e.g., visiting nurses, critical maintenance personnel, etc.) Employees who are symptom free but who have had close contact¹ with someone who was exhibiting symptoms must not be permitted at Favarh for 14 days from their last contact (unless they are working in a COVID positive resident). They must be cleared by Human Resources before returning to Favarh.

- a) Notifications and Contact Tracing should occur immediately.

4. **SCREENING**

- a) **Essential Visitors** will include critical medical, maintenance, and emergency personnel.
- b) Non-essential visitors will not be allowed to enter buildings. For example, deliveries can be left outside.
- c) All employees and visitors will be screened upon entry into all Favarh operated facilities using the most recent screening checklist.
- i. **If someone needs to enter multiple facilities during a day or shift, they must be screened at every location they enter.**
- ii. **If someone needs to enter a Favarh facility that does not have a screening station (e.g., closed Day Programs), the person must first be screened in at another location.**
- d) Screeners will wear a facemask and will be provided with disposable gloves and a reusable and cleanable face shield. Face shields should be sanitized in between shifts and screeners.

¹ Contact (6 feet or less) for a prolonged period of time defined as 10 minutes or more except in a residential setting where there is a presumed or COVID positive resident, in which case “prolonged period of time” will be defined as 3 minutes or more. See Close Contact in Glossary for more details.

- e) All exterior doors must be closed and locked to prevent entry without screening.
- f) Exceptions to Screening Protocols.
 - i. When someone doesn't have a fever but does have one or more other symptoms, consult with one of the Favarh nurses. The individual can wait outside until a decision is reached. See Exception Protocol in Appendix C.
 - ii. When an employee is working in a presumptive or COVID positive setting, or is cohorting at a non-residential location, they may continue to cohort there.
 - iii. Individuals who fail a screening check may not return to Favarh until cleared by HR.
 - iv. When an employee lives in Massachusetts and commutes, they should note that on the screening form. They may come to work. Other out of state travel questions should be referred to the Executive Director.
- g) Screeners need to send a notification to the following emails immediately when someone fails screening so that contact tracing and monitoring can occur: dwilcox@favarh.org; smorris@favarh.org; pnadeau@favarh.org.

5. We are promoting good respiratory etiquette and hand hygiene by all employees and visitors.

- a) Employees, Essential Visitors, and emergency personnel at our residential settings will be required to wear a mask at all times in accordance with Favarh's mask guidelines.
- b) Employees, Essential Visitors, and Emergency Personnel at non-residential settings will be required to wear a face mask in all common areas and when within 6 feet of others.
- c) Employees and visitors will be required to use hand sanitizer upon entry and reentry to Favarh facilities.
- d) Favarh will provide tissues and no-touch disposal receptacles for use by employees and visitors.
- e) Favarh will provide ample amounts of soap and warm water in clean rest rooms for hand washing along with hand sanitizer to the degree that it is available.
- f) Posters that encourage staying home when sick, not entering buildings when sick, cough and sneeze etiquette, and hand hygiene will be posted in visible areas at our facilities and at entrances.

6. We are performing additional routine environmental cleaning:

- a) Employees are reminded to routinely clean all frequently touched surfaces in the workplace and program locations including things such as faucet knobs, countertops, and doorknobs using disinfectant agents (spray, wipes, etc.).
- b) Vehicles: Frequently touched surfaces will be wiped down daily (door handles, seat belts, steering wheel, etc.). In addition active vehicles will be deep cleaned once per week.
- c) Work Spaces: We are providing extra cleaning supplies and encourage employees to wipe down frequently touched surfaces in their work space regularly.
- d) Cleaning Supplies will be available around frequently touched shared use surfaces (e.g, kitchen, bathrooms, copy machine, etc.)
- e) Sharing Equipment: Employees are prohibited from using other employee's phones, desks, offices, or other work tools and equipment, when other options exist. Shared equipment (e.g., copiers) should be cleaned after each use.

7. Travel

- a) Employees should not use personal vehicles to transport residents.
- b) No out-of-state work travel is currently permitted.
- c) Employees should not attend meetings, conferences, or other group gatherings of any size.
- d) Employees are encouraged participate in essential meetings via remote technology.
- e) Employees and program participants must notify Favarh if they are planning to travel out-of-state.
- f) Employees and program participants will need to confirm that they are permitted to return to work by Human Resources or the Executive Director if they have traveled out-of-state.

11. Social Distancing

- a) Handshaking, hugging, and other physical contact should be avoided except in emergencies.
- b) Everyone is encouraged to avoid touching his or her face and to cover coughs and sneezes;
- c) **All Favarh non-residential facilities must reduce usage to below 50%;**
- d) Face-to face-meetings are prohibited.
 - i. Stop at the Doorway: No more than one person in single offices and no more than 2 people in multi-person offices.
- e) Maintain distance (approximately 6 feet or 2 meters) from others when possible (e.g., breakrooms, meeting rooms, and hallways).
- f) We are encouraging alternating days and shifting hours to reduce the total number of employees in a facility at a given time and to reduce periods of heavy in/out traffic at the beginning and end of the day.
- g) We encourage spending more time outside as the weather permits.
- h) Stop program tours for families or volunteers until further notice. We can continue to meet “virtually” with families and proceed with intake.
- i) Carpooling between employees is prohibited.
- j) Working From Home: We will continue to provide opportunities for employees to work from home as we seek to balance business needs and safe mitigation practices.

12. Shelter in Place Protocols: these apply to ALL Favarh residences as of 8:00 PM, 3/17/20.

- a) Pursuant to Commissioner Jordon Scheff’s [June 5, 2020 letter](#) to DDS Providers, Favarh will remain in a Shelter-in-Place status **through June 20th at which time changes will be made to reflect a phased lifting of the Shelter-in-Place guidelines.**
- b) All employees and Essential Visitors shall be screened upon entering.
- c) Other visitors, including family, will not be permitted.
- d) Regular staff schedules should continue with use of redeployed staff as needed.
- e) All residents will be checked 2x/day for fever **and PO2 (O2 levels)** at 8AM and 8PM.
- f) Face masks are required for all staff in all residential settings. See Face Mask Guidelines.
- g) Hand sanitizer should be placed inside front entrance for all staff to disinfect their hands upon entry.
- h) Residents who live in separate houses or apartments should not be brought together for any reason other than emergencies (e.g., cohorting).
- i) Supplies should be delivered outside the front door. See safe package handling protocol in Appendix A.
- j) Residents who leave *AFTER Shelter in Place* has started may not return until it is lifted unless with DDS permission and Health District guidance.
- k) If a non-symptomatic resident needs urgent care (e.g, stitches) call ahead to a local Urgent Care Center and ask if we can come in an alternate route to avoid the waiting room because of our resident with IDD.
- l) Community Trips: In an effort to prevent isolation, we may take Residents on van rides or to open spaces where social distancing can be maintained. However, no more than one Resident and one staff per trip is allowed. Further, residents should not be taken on community trips to any indoor location (e.g, grocery shopping) or outdoor location where social distancing cannot be maintained.
- m) Personal vehicles should not be used to transport residents.
- n) Provide weekly (Wednesdays) updates to DDS regarding status of all residents.
- o) **Staff should not eat with or in the vicinity of residents during Shelter in Place. An isolated and private space should be identified for staff to eat during their shift.**
- p) Stagger resident meal times to the degree practicable and maintain social distancing protocols also to the degree practicable.
- q) Employees should follow all mitigation strategies in the MITIGATION STRATEGIES AT FAVARH section of this plan

- r) When a resident becomes symptomatic: See **ISOLATE IN BEDROOM CARE PLAN** section of the plan.
- s) Lifting Shelter in Place: See REOPENING section of this plan.

14. Supplies

- a) Identify Food, household and office supplies, cleaning products, and PPE supplies that are needed for 2-**months**... order and secure in centralized locations.
- b) Create centralized and secure distribution of critical supplies.
- c) Deliveries: See Appendix A.

15. Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19:

- a) Favarh will maintain a list of employees who are symptomatic or have had contact with someone who was symptomatic. They must be cleared by Human Resources before returning to Favarh.
- b) We will limit the number of staff working at our two most vulnerable homes (Sunset & Alleluia) to the schedule. Additional staff can be used at the other homes but only for orientation in preparation for possible residential deployment (e.g., new staff and staff from other departments).
- c) We will limit employees from working in multiple residential locations to the degree possible.
- d) We will increase ventilation rates and increase the percentage of outdoor air that circulates into the HVAC system where possible and open window where possible and weather permitting.
- e) We will reduce common touch points by opening internal doors where possible.

16. COVID Response Team (CRTeam)

- a) We have created and CRTeam to meet to review and update the Agency's Emergency Response Plan (ERP) and the Continuity of Operation Plan (COOP).
- b) In the unlikely event of a True Emergency (state closure, in-state travel bans, State of Emergency declaration, or other major disruption of business or health and safety risk) this group will need to be available round-the-clock for emergency communications and decision making.
- c) See CRTeam member list below.

2020 Favarh COVID Response Team (CRT)

Title	Role	Name	Email
Executive Director	Lead	Stephen Morris	smorris@favarh.org
Residential Director	Residential	Patricia Nadeau	pnadeau@favarh.org
Finance & Operations Director	Facilities, Operations	Stephanie Hood	shood@favarh.org
Day Services Director	Day Programs	Chris Clegg	cclegg@favarh.org
Employment Director	Employment Programs	Gail Nebel	gnebel@favarh.org
Transition Director	Transition Programs	Tammy Annis	tannis@favarh.org
Nurse	Medical	Stacey Birner	sbirner@favarh.org
Nurse	Medical	Jessica Langer	jlanger@favarh.org
Mktg/Comm. Director	Communications	Penny Phillips	pPhillips@favarh.org
HR Generalist	Employee Relations	DianaEve Wilcox	dwilcox@favarh.org
Development	Related Grant needs	Ronelle Cipolla	rcipolla@favarh.org

Send your ideas, your concerns, and your commendations to: covidsuggestions@favarh.org

Setting Description	COVID-19 Mitigation Activities and Strategies by Setting			
	Preparedness (3/1 - ongoing)	Social Distancing (3/13 - ongoing)	Shelter in Place (SIP) (3/15 – June 20...or later)	Isolate in Bedroom
	<ul style="list-style-type: none"> - Create Emergency Response Team. - Review and update Emergency Response and Continuity of Operations Plans (ERT & COOP). - Develop an emergency communication plan. - Symptomatic people should stay home or will be sent home. - Promote universal precautions, respiratory and hand hygiene etiquette. - Identify Food, household and office cleaning, and PPE supplies that are needed for 2+ weeks... order, secure, make available as needed. - Perform additional routine environmental cleaning. - Identify Staffing needs, leadership backup plans, identify contingency staff. 	<ul style="list-style-type: none"> - Travel Restrictions and guidance. - Large group restrictions. - Stop handshaking. - Limit people using same spaces. - Limit or cancel voluntary activities (e.g., recreation). - Limit community outings. - Limit visitors to facilities. - Limit food sharing. - Some Program Closures 	<ul style="list-style-type: none"> - A Reopening Plan will be created as a separate document and will include phased-in lifting of SIP guidelines. - The Reopening Plan will include all programs. - Continue regular staff schedules and use contingency staff as needed. - Screen staff as they enter the home for fever. - Medical personnel treated like staff (e.g., visiting nurse). - No family or other visitors. - Supplies should be delivered outside of the front door. - Residents who leave AFTER <i>Shelter in Place</i> has started may not return until we are out of it. - Day or Employment Program Closures 	<ul style="list-style-type: none"> - When there is a presumptive or COVID-19 positive case. - See Isolate in Bedroom: Residential Care Plan starting on p. 10.
Recreation/ Thrift Shop	Preparations Made and ongoing	All Recreation Cancelled (3/12), Thrift Shop Closed (3/18) Thrift Shop to reopen with a modified schedule on 5/27.		
Transition/ BOE/ ISE	Preparations Made and ongoing	BOE programs Closed (3/11) Some ISE Open	PSEARCH and RBTA have started doing "remote learning" programs Daily check-ins with DDS clients (3/25)	
Day Programs	Preparations Made and ongoing	All Programs Closed 3/18	Daily check-ins with participants (3/25)	
Employment	Preparations Made and ongoing	All Programs Closed 3/18 Some ISE Open Some GSE reopening 5/20	Daily check-ins with participants (3/25)	
Residential	Preparations Made and ongoing	All Programs Open	Alleluia, Sunset (3/15) Other Group Homes and apts. (3/18)	As needed
Administration	Preparations Made and ongoing	Main Office, Transportation Office, Day Facilities open for cleaning, maintenance, and critical business functions		

ADDITIONAL PLANNING CONSIDERATIONS

1. **Communication:** Favarh has developed an emergency communication plan for distributing timely and accurate information internally and externally to employees, volunteers, families and those we serve.
 - a) The latest information can be found on: favarh.org/updates.
 - b) Updates to COVID-related guidance, information, and protocols will be sent out to all employees via email and Scom.
 - c) Our COVID Response Team (CRTeam) is on-call 24/7 during the pandemic.
 - d) Updates and additional information, guidance, and protocols will be communicated via emails, Favarh's internal Scom (Therap) system, phone calls, text messages, and social media (e.g., Facebook).
2. **Staying Informed:** Favarh's CRTeam will continue to monitor the CDC, state and local health officials' guidance.
3. **Staff Redeployment:** Contingency Staffing plans are in place as Favarh looks to cover all open programs and provide work to our employees who are able to work.
 - a) Employees who are out of work and wish to be redeployed in Residential should call the following people for scheduling (2nd, 3rd and wknd shifts only): Rhonda Sirianni (860-806-6564), Carol Watt (860-305-4314), Bob Sullivan (413-374-3783).
4. **Monitoring:** We are monitoring all employees and participants who are sick, have traveled outside the state, and will implement screening protocols before reentry to Favarh.
5. **Leadership Backup Plan:** We have put in place a Leadership backup plan should members of the leadership team and/or Management be unavailable during the pandemic. The appropriate authority will be given to those in charge of each Favarh location.
6. **COVID-19 DRILLS:** Beginning the week of April 13th Favarh will conduct COVID-19 Drills to simulate a real occurrence of a symptomatic resident that could be determined to be presumptive or COVID-19 positive. Drills will not be announced in advance and will be coordinated by the Nursing Team. Drills should mirror our Isolate in Bedroom protocols, Contact Tracing, and PPE use. **A questionnaire will be distributed to all employees involved in each drill for feedback and reviewed.** A debrief session will occur within 72 hours of a drill to determine what went well, what could be improved, and what needs to be changed in our CRP/COOP plan.
7. **TESTING:**
 - a) **Residents:** When a resident becomes symptomatic and our nurses determine that we will treat the situation as presumptive, we will proceed with onsite testing of all residents and staff as soon as those test become available. Tests will be conducted outside, weather permitting. One nurse will be primary tester to limit exposure.
 - b) **Employees:** Employees who are home with COVID symptoms, are home because they have had a close contact with someone with a confirmed case or with symptoms, or who suspect they may be infected are encouraged to get tested right away.

8. **TRAINING:** Additional training, communication, and guidance provided in response to COVID-19.
 - a) Online training (mandatory, all employees): *Aspects of Infectious Diseases, Infection Control and Prevention, Personal Protective Equipment, and Hand Washing Procedures.*
 - b) Written updates of CRP/COOP plans sent to all employees (3/15 – current).
 - c) Other guidelines posted, emailed, or otherwise available to all employees: Screening protocols, Facemask Guidelines, COVID-19 symptoms, Hand Washing posting, Stay Home if You're Sick posting, PPE donning and doffing posting and more.
 - d) **Instruct all residential staff in the Seal Test for N95 and KN95 masks. This is in lieu of Fit Testing as recommended by FVHD since Fit Test kits are not available**
 - e) Individualized training on PPE donning and doffing by Nurses.
 - f) **Practice donning and doffing full PPE at each house coordinated by Managers.**
 - g) Weekly COVID-19 Drills (see COVID-19 DRILLS earlier in this section).

Fiscal and Human Resources

1. Human resources policies will be reviewed to ensure policies and practices reflect public health recommendations and are consistent with existing state and federal workplace laws.
 - a) We are suspending New Applicant Drug testing until the pandemic is over.
 - b) We are suspending some new and renew training requirements until the pandemic is over.
 - c) Employees who stay home from work because of illness or child care may use available PTO.
 - d) Two weeks of Emergency PTO (EPTO) was provided to all full and part-time employees on 3/18.
 - e) Favarh will comply with the Emergency Paid Sick Leave and Paid FMLA directives from the federal government effective April 6, 2020.
2. We will anticipate employee fear, anxiety, rumors, and misinformation, and plan communications accordingly. We will create contingency plans that will include Employee Support.
3. We will identify essential business functions (see Glossary)

ISOLATE IN BEDROOM: RESIDENTAL CARE PLAN

***Presumptive COVID-19** will apply to any resident who exhibits COVID symptoms as identified in Figure 1. Fever is defined as a temperature over 100 F or higher. If taken temporal it must be confirmed with either oral or tympanic). *See 4.C on next page for when a resident can be removed from Isolate in Bedroom status.*

1. **On-Site Leadership:** Because of the added uncertainty and increased stress associated with an Isolate-in-Bedroom situation, a Manager and/or leadership staff should plan to be on site as soon as possible after the determination of Presumptive COVID-19. Extra supervision and support should be provided during the first 24-48 hours in particular and throughout the duration of the situation.
2. **Additional Mitigation Strategies for Isolate in Bedroom Residential Settings**
 - t) When feasible, enhance ventilation in bedroom and other areas including other bedrooms, common spaces, etc.
 - u) Staff should avoid “hugging” laundry before washing and wash their hands with soap and water or an alcohol-based hand sanitizer after handling dirty laundry.
 - v) Non-symptomatic residents should not eat group meals and should observe social distancing to the degree possible.
 - w) Non-symptomatic residents in that setting should be encouraged to wear a surgical mask.
 - x) Face masks are required for all staff in all residential settings. Surgical mask quality for most staff and N95 quality for staff caring for the resident in isolation.
 - y) Follow all mitigation strategies on **pp. 4-8**.
3. **Contact Tracing, Cohorting, and Limiting Exposure**
 - a. **Contact Tracing (resident):** When a resident becomes presumptive COVID-19, quickly determine which residential, Day, GSE, and/or BOE staff have worked at the setting in the past 48 hours.
 - i. **Cohorting:** Contact each and inform them that they cannot work at another Favarrh location (including transportation) until further notice. They may continue to work in the same setting.
 - ii. Contact all Residential Managers and alert them to the list of staff identified above who cannot work at another Favarrh location until further notice. If any of them are scheduled to work in another location, they must be replaced.
 - b. One (1) staff per shift should be identified to work with the resident(s) who is isolating in their bedroom.
 - c. **Consider 12-hour shifts to further limit staff interactions.**
 - d. The same staff should be used day to day, when possible, to reduce the number of different staff members working with the resident who is isolating in place.

4. **Residential protocols for supporting Presumptive COVID-19 residents and those with confirmed cases of COVID-19.**
- a. A resident with presumptive or confirmed COVID-19 must be isolated in their bedroom.
 - b. Consider **Relocation Option** (see next page)
 - c. The following must be clearly posted outside the bedroom in which a resident is being isolated.
1) The Isolate in Bedroom Residential Care Plan, 2) an "ISOLATION" sign, and 3) PPE donning and doffing requirements.
 - d. The individual should remain isolated in their bedroom with the door closed until they are 1) symptom free w/o medication for 72 hours, 2) are cleared by their PCP, or 3) determined by Favarh nurses to **NOT** be presumptive COVID-19 (see Appendix C).
 - e. If the individual shares a room, non-affected roommate will be relocated, isolated, and monitored closely for 14 days.
 - f. Staff must be considerate and compassionate in their explanation to the individual as to the reason why they must stay in their bedroom. It may be necessary to repeat this information using the approach many times.
 - g. Staff will encourage the individual to wear a face mask whenever staff are in their bedroom. If the individual is having respiratory symptoms, keep in mind, they may not be able to tolerate a mask.
 - h. Staff will enter the bedroom wearing PPE equipment (Disposable gown, gloves, surgical mask and reusable fluid shield or goggles). Staff will remove all PPE equipment and dispose of in trash receptacle in individual's room before exiting (Goggles/Fluid shields will be placed into basin for disinfecting).
 - i. Staff will wash their hands after leaving the bedroom.
 - j. Only one staff per shift will be assigned to work with the individual or individuals who are symptomatic.
 - k. Staff should limit the time spent with the individual to reduce exposure risk. Staff should provide all necessary personal care, monitor for signs and symptoms of illness or change of condition, and assist with meal time if the individual requires assistance or supervision.
 - l. Individuals will have a video monitor placed in their bedroom to further ensure the individuals safety. The staff assigned to the individual will be responsible for monitoring the individual via video camera and 2-way audio when not in the room with them.
 - m. All meals will be brought to the individual in their bedroom on paper plates with plastic utensils. All paper/plastic ware will be disposed of in trash cans provided in their bedroom.
 - n. Maintain separate laundry collection and separate washing/drying for symptomatic resident.
 - o. Trash bags from isolation rooms should be sealed and carried directly outside to the dumpster. Another staff can assist by opening doors and clearing the way. Full trash bags should never be left lying on the floor inside or outside the bedroom.
 - p. Individuals in isolation will only leave their bedroom to shower once per week or as determined by the nurse. Staff will provide daily bed baths. The bathroom and shower should be super sanitized after use.
 - q. Unless the individual has their own bathroom, they should toilet on a commode in their bedroom with appropriate privacy. Commode bags will be provided and should be disposed of following use in the appropriate trash receptacle.

- r. Notify nurse or contact 911 for any Change in Condition. Follow the nurse's instructions. If staff are contacting 911 for respiratory distress or other life-threatening issues, they should inform the dispatcher that the individual is COVID positive.
- s. Monitor daily the Coronavirus Response (CRP) for any updates or changes in protocol. These are emailed out and are also available at www.favarh.org/updates.
- t. Hands Only CPR: DDS has recommended that due to the increased risk of transmission during rescue breathing, **Hands Only or Compression Only CPR is acceptable for persons who have tested positive for COVID-19 or are PUI (Presumptive).**

5. Relocation Option:

- a. **The presumptive resident will always be immediately Isolated-in-Bedroom.**
- b. Under certain circumstances, a resident who is presumptive or COVID-19 positive may be relocated to another setting set up exclusively for this purpose.
 - i. Automatic Relocations: When the resident is expected to be unwilling, or becomes unwilling, to stay isolated in their bedroom.
 - ii. Case-by-Case Determinations: For all other residents, the nurses will consider the extent of symptoms, the ability to isolate the individual from others in the house (e.g., proximity to other living spaces), and the risk involved with Isolating-in-Bedroom vs. relocating to an alternate site in making a determination to move the resident to a relocation setting. This decision should be made quickly and if it is determined to not relocate, the decision should be reconsidered as conditions change (e.g., increased coughing or sneezing, unwillingness to stay isolated, etc.).
- c. Automatic Relocations: Those residents who we would move quickly because we anticipate their unwillingness to Isolate-in-Bedroom:
 - Two Mile J.S.
 - Main St S.E.
 - Middle L.B. and D.S.
 - Barrett C.C, J.J. and B.L.
 - Alleluia M.K.
 - Country Club G.S.
 - Sunset D. Dol.
- d. Relocation Settings: These include ALEP 2 which can accommodate 4 individuals and Boulder Ridge which can accommodate 1 individual. Access to these locations need to be available immediately (e.g., keys, supplies, meals, etc.). Logistics, staffing and supervision will be planned and overseen by Residential Leadership Team.
- e. Transportation: The resident should be transported in the back of the van and should wear a mask if tolerated. The driver should wear an N95 mask and other appropriate PPE. Windows should be open for airflow if weather permits. Vehicle should be deep cleaned before reuse.

6. Personal Protective Gear and Related Supplies

- a. All residential settings will have enough PPE to quickly respond to a presumptive COVID-19 case (e.g, N95 or KN95mask, gown, face shield, gloves, etc.)

- b. Favarh will pre-pack tubs with additional PPE and related supplies to quickly deliver to settings where a presumptive COVID-19 case has been identified.
- c. PPE donning and doffing charts should be prominently displayed in residential settings and outside the bedroom of an isolated person.
- d. Double gloves should be utilized as instructed by Favarh nurses.
- e. Pre-packed tubs will include the following supplies (unless adequate supplies are already at the location. These tubs will be sealed and delivered to each residential location only for use when and if there is a presumptive case of COVID-19. The tubs need to be secured at each location and are the responsibility of the Manager or her/his designee.
 - i. Antibacterial soap
 - ii. Hand sanitizer
 - iii. Alcohol swabs
 - iv. Disposable Gloves
 - v. Disposable Gowns
 - vi. Fluid shield or Goggles
 - vii. Paper Towels
 - viii. Clorox wipes
 - ix. Disposable plates, cutlery, cups and napkins
 - x. Video monitor
- f. N95 and KN95 Masks
 - i. Due to the shortage of N95 masks, these will continue to be centralized and distributed only if there is a presumptive case of COVID-19.
- g. N95 and KN95 Conservation and Storage Guidelines
 - i. Favarh nurses will instruct staff on the proper way to fit and wear the N95 masks.
 - ii. N95 and KN95 should be signed over to the Manager or person in charge.
 - iii. N95 and KN95 masks should be signed out to specific staff with a paper storage bag.
 - iv. N95's and KN95's should be assigned to those staff working with the person in isolation only.
 - v. Fitted N95 and KN95 masks should be covered by a regular medical-grade mask and reused by employees until they no longer fit well (i.e., when eye goggles begin to fog, this indicates that the seal is no longer secure).
 - vi. Masks should be stored in a clearly labeled paper bag between uses and stored on premises.
 - vii. Masks should not be shared.

Additional Documents Associated with this Plan (all documents filed on Directors drive)

1. DDS COVID-19 Provider Report: a regular update of COVID-19 cases at Favarh and staffing challenges we are experiencing.
2. Remote Access Capability: To get enough staff capable of working from home and communicating in an Isolate in Place scenario.
3. Staff Availability Survey: To see who, and under what circumstances, staff are willing to help cover shortages.
4. Travel Log: to monitor out-of-state employee and client travel for the purposes of tracking those that need to be cleared before returning to Favarh.
5. Staff and Participant Sick log: to monitor who is home sick or at home with a sick housemate for the purposes of tracking those that need to be cleared before returning to Favarh.
6. Residential Staff levels including emergency/low staff limits.
7. Screening Check list and Sign in.
8. Facemask use guidelines by setting and conditions.
9. DDS Hospital Admissions and ER form.
10. Strategies for Optimizing the Supply of Facemasks.
11. Respirator Seal Check
12. CT Reopen Plan/Retail

Send your ideas, your concerns, and your commendations to: covidsuggestions@favarh.org

This plan and related policies will be updated as new information is gathered. Updates to this plan will be highlighted to ensure changes are easily identified.

Plan date and updates: 3/15/2020

Revision dates: 3/16/20, 3/17, 3/18, 3/26, 3/27, 4/1, 4/2, 4/3, 4/10, 4/15, 4/22, 4/28, 5/4, 5/7, 6/8

APPENDIX A

PROCEDURES FOR PACKAGE HANDLING AND DELIVERIES

Effective 4/3/20

1. All Packages should be left outside by vendor.
2. To extent possible packages should be opened outside.
3. There is a plastic box with gloves, scissors and pen.
4. Gloves should be worn to open all boxes.
5. Emptied boxes can be left outside if they are secure and they will not blow away or get drowned from rain (snow J)
6. Maintenance will throw away packing material in dumpster daily
7. Log packages in on the COVID-19 sheet—IT WILL BE AT THE FRONT DESK ON A CLIPBOARD
8. HR will ensure that this form is available at the front desk.
9. Once unpacked bring items in, complete daily log in and decide where stuff goes and update inventory.

APPENDIX B

Harvard Pilgrim Health Insurance re: COVID-19

This is from Harvard Pilgrim Health Care with a message to our members about how to protect yourself and where to find resources during the COVID-19 pandemic.

We urge you to stay safe and stay home. If you need to go out, practice social distancing, which means staying at least 6 feet from others and do not gather in groups. Also, be sure to wash your hands immediately after returning home.

If you're experiencing any of the COVID-19 symptoms such as fever, cough or difficulty breathing contact your health care provider. Many providers are now offering video or phone visits which can be used to determine whether you need to be seen or tested. Currently, Harvard Pilgrim covers all in network telemedicine services in full with no copays, deductibles or coinsurance.

Telemedicine visits are also available for behavioral health services and non-COVID-19 related appointments.

Visit www.harvardpilgrim.org for timely and reliable information about your coverage and how to access heroes health care during the COVID-19 crisis.

Be safe and be well.

Send your ideas, your concerns, and your commendations to: covidsuggestions@favarh.org

APPENDIX C

EXCEPTION PROTOCOL FOR PRESUMPTIVE COVID-19

Based on guidance on 4/13 from Jennifer Kurtanis, Health Director of the FVHD, we are implementing the following Exception Protocol for Presumptive COVID-19.

1. Our default response will continue to be to treat anyone with COVID-19 symptoms (see Figure 1) as “presumptive” COVID-19.
2. Residents: Favarh nurses can discuss each case based on their knowledge of the individual including the person’s medical history. Their assessment may include a consultation with the person’s PCP and/or other health officials. If both nurses agree that the case is not presumptive, the resident should not be treated as presumptive.
3. Employees: If an employee does not have a fever but does have one or more other symptoms, one of our nurses can be consulted to determine if the symptoms are due to an underlying cause (e.g., allergies), or some underlying condition, based on the employee’s self-reported history and explanation and make a determination that the person should not be treated as presumptive.

The above exception protocol should be able to happen very quickly. In the meantime, the symptomatic person should always be isolated in their bedroom and otherwise treated as presumptive COVID-19.

APPENDIX D: Some older but still useful charts. These should be used only for secondary reference. See the most detailed, accurate, and up to date symptoms and guidance in the main portion of the Plan.

FVHD
Favarrh Valley Health District

DO YOUR PART---SLOW THE SPREAD OF COVID-19

I am sick with fever (100.4), cough and / or difficulty breathing

Stay **HOME**- do not leave the home unless to seek medical care (call provider or hospital first before going).

Self ISOLATION- stay away from others in the house.

Clearance Instructions:
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

I had contact with confirmed case or someone who had symptoms

Stay **HOME** for 14 days and **SELF-MONITOR** for symptoms.

1. check temperature in am and pm
2. watch for other symptoms
3. If symptoms develop- stay home (see red box)

Self-Quarantine:
Avoid going out, being in groups

I have no symptoms

DO YOUR Part:
Practice **Social Distancing**
No groups
Keep 6-foot distance

Comply with Closures
























































Wash your hands
Use hand sanitizer
Don't touch your face

If symptoms develop- stay home (see red box)

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>

COVID-19 SYMPTOMS

vs. Flu, Cold & Allergies

	 Cough	 Fever	 Breathlessness	 Body Aches	 Headache	 Fatigue	 Sore Throat	 Diarrhea	 Runny Nose	 Sneezing	 Watery Eyes
COVID-19											
FLU											
COLD											
ALLERGIES											

 Frequently
  Sometimes
  Little
  Rarely
  None

www.co.carver.mn.us/covid-19

Sources: WHO, CDC



Glossary

Close Contact: Contact (6 feet or less) for a prolonged period of time defined as 10 minutes or more except in a residential setting where there is a presumed or COVID positive resident, in which case “prolonged period of time” will be defined as 3 minutes or more.

From the CDC: Data are limited to define close contact. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk) and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment). Further, data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure from 10 minutes or more to 30 minutes or more. In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than a few minutes because the contact is someone who is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.

Cohorting: Imposed grouping of people, such as health care workers, potentially exposed to COVID-19. At Favarh, this is the practice of isolating employees at the Favarh location where they had a Close Contact with a presumptive or COVID-19 positive employee or resident.

Contact Tracing: In public health, contact tracing is the process of identification of persons who may have come into contact with an infected person and subsequent collection of further information about these contacts.

COVID-19: Favarh is responding to a pandemic of respiratory disease spreading from person to person caused by a novel (new) coronavirus. The disease has been named “coronavirus disease 2019” (abbreviated “COVID-19”). This situation poses a serious public health risk. COVID-19 can cause mild to severe illness; most severe illness occurs in adults 65 years and older and people of any age with serious underlying medical problems.

Essential Employees: Essential employees at Favarh include those employees providing healthcare and homecare services to Favarh residents in group homes and apartments. In addition, those employees engaged in essential business operations, finance, cleaning, maintenance, and various supports to our residential facilities such as shopping, cooking, resupplying, restocking, deliveries, and training for back up and relief staff.

Essential Visitors: These will include critical medical, maintenance, and emergency personnel.

Mitigation: Things that can be done and behaviors that can be changed to reduce the risk of spreading
Isolate-in-Bedroom: Favarh’s practice of isolating a resident who is Presumptive in their bedroom and following special Mitigation protocols.

Personal Protective Equipment (PPE): Personal protective equipment included protective coverings such as masks, gloves, goggles, and other garments and/or equipment designed to protect the wearer's body from infection.

Presumptive: Anyone exhibiting “Frequent” or “Sometimes” symptoms (see chart below) as “presumptive” or assumed COVID-19. See Exception Protocol, Appendix C.

Shelter-in-Place: Favarh’s practice of keeping our residents at home and isolating them from risks associated with contracting COVID-19.

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