



COVID-19 Mitigation Plan

Employees, Contractors, Temporary Staffing, Volunteers, Participants, and Visitors

This update effective March 2, 2022

KEY MITIGATION STRATEGIES

-Keeping the Virus Out by Not Bringing it in.

Please get Vaccinated

NOTES:

1. Important Definitions:
 - a. **FULLY VACCINATED:** With Pfizer or Moderna within the last 6 months or with J&J within the past 2 months OR boosted).
 - b. **NON-FULLY VACCINATED:** with Pfizer or Moderna last shot over 6 months ago and not boosted or J&J over 2 months ago and not boosted.
2. **Vaccine Booster Incentive:** \$250 (p.8)

Critical Employee Responsibilities

- 1. Get Vaccinated**
- 2. Get Boosted**
- 3. Wear a mask if you are not fully vaccinated**
- 4. Stay home if you are ill**
- 5. Report concerns, ideas, and suggestions to: covidsuggestions@favarh.org**

Important Resources

- [Find a Testing Center Near You](http://www.211ct.org) (www.211ct.org)
- [CDC](#)
- [CT COVID-19 Response](#)
- [Farmington Valley Health District](#)
- [DDS COVID Updates & Resources](#)

Table of Contents

Updated sections are highlighted in red font.

Section I: What To Do If You Have Symptoms

Symptom Monitoring, Contact Tracing, Close Contact, Quarantining, Returning to Favarh	4-5
Exceptions	6

Section II: Prevention Strategies

Screening & Reentering to Favarh.....	7
Mask Wearing.....	7
Meals	8
VACCINATIONS	8
Cohorting, Social Distancing & Staff Training	8
Facemask Guideline Chart	9

Section III: Travel, Activity Guide, Visitation

Travel, Meetings, Activity Guide, Visitation	10
Choosing Safer Activities Chart	11
Testing Algorithm Chart	12

Section VIII: Additional Plan Components

Testing, COVID Training, and more	13-14
COVID Response Team, Additional Documents	15

APPENDIX A: ISOLATION: RESIDENTAL CARE PLAN	16-19
---	-------

Glossary	20-21
----------------	-------

Section I

What to Do If You Have Symptoms

1. STAY HOME IF YOU ARE SICK

- a) ALL Employees, Participants, and Visitors should self-monitor for symptoms daily and BEFORE they leave for Favarh. Employees, Participants, and Visitors must be free of fever (100° F or less w/oral or ear thermometer, 99° w/forehead) and/or other COVID symptoms without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).
- b) **If You Have COVID Symptoms:** Anyone who has COVID symptoms must get a COVID Test. See *Testing Algorithm Chart* and additional testing details in Section VIII.

Click [here](#) for Testing Locations near you or go to <http://www.211ct.org/covidtesting>.

2. CONTACT TRACING

- a) Attendance must be kept at all group activities to be used for contact tracing purposes.
- b) When ANYONE tests positive for COVID-19, contact tracing must occur to identify people who have had **Close Contact**¹ with them 48 hours prior to the onset of their symptoms OR 48 hours prior to their test sample time/date, whichever is earlier.

3. CLOSE CONTACT & TESTING

- a) People who have come into close contact with someone with COVID-19 should be tested to check for infection 5–7 days after their last exposure or immediately if symptoms develop.

¹ Close Contact (6 feet or less) for cumulative time of **15 minutes** or more in a 24-hour period. See **Close Contact in Glossary for more details.**

SYMPTOMS OF CORONAVIRUS

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 may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. Seek medical guidance if unsure.

4. QUARANTINING AFTER A CLOSE CONTACT (NO SYMPTOMS):

- a) IMMUNOCOMPROMISED Individuals (see Figure 1) should quarantine and follow the recommendations provided by their healthcare provider.
- b) FULLY VACCINATED² individuals do not need to quarantine after a close contact. **There is a testing requirement if they live in the same household as a COVID positive individual (see 4c).**
- c) **SAME HOUSEHOLD:** If a FULLY VACCINATED individual lives in the same household as a COVID positive individual, they must take a daily at-home rapid test prior to coming to work (Favarh will supply test kits while supplies last) and wear a mask at Favarh during their household member's *infectious period*³.
- d) UNVACCINATED and NON-FULLY VACCINATED⁴ individuals must quarantine for 5 days following the last close contact with a COVID positive individual during the *infectious period*³.
- e) **WORK IN PLACE:** Employees who work in a residential setting where there is a COVID positive or Presumptive resident may continue to work in that cohort so long as they are not symptomatic. They may not work in any other cohort during the *infectious period*³.

FIGURE 1

Many conditions and treatments can cause a person to be immunocompromised or have a weakened immune system. Primary immunodeficiency is caused by genetic defects that can be inherited. Prolonged use of corticosteroids or other immune weakening medicines can lead to secondary or acquired immunodeficiency.

[Get more information on immunodeficiency](#)

- [Types of Primary Immune Deficiency](#)
- [The Jeffrey Modell Foundation](#)
- [Immune Deficiency Foundation](#)
- [Primary Immunodeficiency \(PI\) | CDC](#)

5. ISOLATING AFTER A POSITIVE TEST:

- a) IMMUNOCOMPROMISED Individuals (see Figure 1) should isolate and follow the recommendations provided by their healthcare provider.
- b) EVERYONE ELSE, REGARDLESS OF VACCINATION STATUS should isolate at home for 5 days from the onset of their symptoms or their positive COVID test, whichever is earlier.

6. RETURNING TO FAVARH

- a) IMMUNOCOMPROMISED Individuals (see Figure 1) must provide a return to work note from their healthcare provider.
- b) UNVACCINATED and NON-FULLY VACCINATED Individuals who have had a close contact and have **no symptoms** may return to Favarh after 5 days from their last close contact.
- c) **Individuals who have tested positive** for COVID may return to Favarh after they have received two negative tests in a row, 24 hours apart, OR until **ALL** of the following 4 things have happened:
 - i. At least 5 days* have passed since their symptoms first appeared; AND
 - ii. They have been free of fever (100° F or less w/oral or ear thermometer, 99° w/forehead) for at least 24 hours without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants); AND

²Fully Vaccinated: with Pfizer or Moderna within the last 6 months or with J&J within the past 2 months or Boosted.

³Infectious Period: 5-days after symptoms develop or a positive COVID test, whichever is earlier.

⁴Non-Fully Vaccinated: with Pfizer or Moderna last shot over 6 months ago and not boosted or J&J over 2 months ago and not boosted.

- iii. Any other symptoms have improved (for example, cough or shortness of breath).
- iv. **EVERYONE***, **REGARDLESS OF VACCINATION STATUS** wear a mask indoors for 5 days after their return (**UNVACCINATED** and **NON-FULLY VACCINATED** Individuals must follow other mask mandates currently in place. See Section II).

*Day Program Members who have an exemption from wearing a mask must quarantine for an additional 5 days.

- d) **Individuals who have tested positive for COVID AND who need to convalesce for more than 10 days** may not return to Favarh until they meet the above guidelines AND they provide a return to work note from a healthcare provider.

7. EXCEPTIONS

- a) The COVID Mitigation plan is meant to be a guide to help Managers respond to the most common situations we encounter regarding the pandemic. Regarding the people served by Favarh, the mitigation plan is not meant to and should never supersede an individual's Plan of Care or physician's orders. Further, Favarh nurses can make decisions for the residents/participants who they are familiar with and who may have a unique COVID-related scenario that is not explicitly covered by our mitigation plan or whose particular circumstances warrant a different approach. Exceptions should be reviewed with the relevant department director(s) and the executive director because exceptions may have program and safety implications beyond the individual's exception circumstances.

Section II

PREVENTION STRATEGIES

1. SELF-SCREENING:

- a) ALL Employees, Participants, and Visitors should self-monitor for symptoms daily and BEFORE they leave for Favarh. Employees, Participants, and Visitors must be free of fever (100° F or less w/oral or ear thermometer, 99° w/forehead) and/or other COVID symptoms without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).
If you don't have an oral thermometer, Favarh will provide one on request.

2. SCREENING at 24/7 RESIDENTIAL FACILITIES

- a) Screening for temperature should occur at all 24/7 residential facilities.
- b) Individuals who have been out of work or program for two weeks or more must either show proof of vaccination or a negative COVID test administered within 5 days (prior to their return).

3. MASK WEARING

- a) Mask wearing is optional in all circumstances except the following:
 - i. **UNVACCINATED and NON-FULLY VACCINATED**⁴ Individuals must wear a mask indoors, outdoors whenever they are working with participants, and outside when six feet social distancing cannot be maintained with anyone else.
 - ii. In all licensed **Group Home** settings **regardless of vaccination status** (residents do not need to wear masks in their own home unless there is a COVID positive household member).
 - iii. **In non-licensed residential settings when there is a positive case in the home or apartment.**
 - iv. After a **positive COVID test** and 5 days of isolation an additional 5 days of mask wearing is required regardless of vaccination status.
 - v. **Household Infection:** Regardless of vaccination status, masks must be worn at Favarh during the *infection period*³ for 5 days after the *infectious period*³ of a household member.
 - vi. **In vehicles** with more than one person (including the driver).
 - vii. Business and public settings that require mask wearing by all (e.g., schools, medical facilities, etc.).
 - viii. During procedures or medical care where it is required (e.g. aerosol generating procedures) along with other required PPE.
 - ix. **When working with immunocompromised participants.** Many conditions and treatments can cause a person to be immunocompromised or have a weakened immune system. Primary immunodeficiency is caused by genetic defects that can be inherited. Prolonged use of corticosteroids or other immune weakening medicines can lead to secondary or acquired immunodeficiency. If unsure, see Table 1 and check with a Favarh nurse.

- d) Nothing in this section shall require the use of a mask by anyone for whom doing so would be contrary to his or her health or safety because of a medical condition. Any person who declines to wear a mask because of a medical condition shall be exempt from any requirement to wear a

mask **but only if such person provides written documentation** that the person is qualified for the exemption from a licensed medical provider, the Department of Developmental Services or other state agency that provides or supports services for people with emotional, intellectual or physical disabilities, or a person authorized by any such agency. Such documentation need not name or describe the condition that qualifies the person for the exemption.

Mask-wearing, when required, is an “essential function” for employees who work directly with our program participants and residents and cannot be reasonably accommodated.

4. Meals

- a) Mealtimes should be scheduled and planned in an effort to limit close contact between cohorts.

5. VACCINATIONS

Getting vaccinated is the best thing you can do to protect yourself, your family, and the people you work with at Favarh from the COVID-19 virus. Always check with your PCP or other medical professional when making your decision. Vaccine FAQ’s can be found [here](#).

- a) As a condition of hire, new employees must have at least one vaccine shot **BEFORE** they start working or training on premises and must follow up with their second shot as scheduled and subsequent boosters as recommended by the CDC in order to continue employment.
- b) As a condition of acceptance into a Favarh Program, new participants must be fully vaccinated (including booster) prior to starting.
- c) **BOOSTER INCENTIVE:** Employees who provide documentation to Human Resources of a valid booster shot will be eligible for a one-time \$250 incentive through March 31, 2022.

6. COHORTING, SOCIAL DISTANCING

- a) COVID+ Residential Cohorting: Residential cohorts should be maintained and limited during onsite in-home infections.
- b) Unvaccinated and Non-Fully Vaccinated participants who cannot wear a mask must be placed in mask-wearing and/or vaccinated cohorts with no more than one (1) unvaccinated and non-mask wearing member per cohort.
- c) Participants who are immunocompromised should continue to cohort with vaccinated and/or mask wearing cohorts.

Face Mask Use Guidelines

Mask Quality/Durability ↓	Setting → Residential setting/ symptoms in residential setting	Residential setting/ no symptoms in residential setting	Program and other Non-residential settings	Thrift Shop
N95 (no vent version) Fit tests are required for proper usage (see Section II).	Staff working in immediate space of symptomatic person (e.g., providing care, cleaning room, serving meals, etc.)	Staff working with someone who is undergoing *aerosol producing treatments.	Staff working with someone who is undergoing *aerosol producing treatments.	
KN95	Alternative to N95 masks when they are in short supply	Alternative to N95 masks when they are in short supply	Alternative to N95 masks when they are in short supply	
Surgical Masks	Unvaccinated Staff	Unvaccinated Staff	Unvaccinated Staff	Unvaccinated volunteers Unvaccinated customers (honor system)
Cloth Masks: At least double-layered cotton or cotton blend. <u>Bandanas and gaiter</u> are NOT acceptable.	Not permitted	permitted	permitted	permitted

- **Aerosol Producing Treatments:** e.g, nurses providing care of a tracheostomy, suctioning an individual (this does not include tooth brushing with suction), nebulizer treatments, assisting or when in the room with a person using a CPAP or BiPAP machine for sleep apnea or other medical condition, and/or when administering CPR (cardiopulmonary resuscitation) utilizing bag-mask ventilation (BMV or ambu-bag). Plan needed for fit-testing. (1 mask/staff/shift)
- **N95 or KN95:** These are the only masks that provides adequate protection for the wearer (assuming proper fit and use). Anyone working in the immediate vicinity (within 6 feet or in the bedroom) of a symptomatic person needs to be wearing one of these along with other appropriate PPE. Only no-vent versions are permitted (N95's with vents are for industrial use, not medical use).
- **All Other Masks:** All other masks, including surgical masks, only reduce the spread of the virus by the wearer, primarily from coughs and sneezes. **They don't provide complete protection for the wearer.** The different types of other masks block the spread of droplets from coughs, sneezes, and exhales to one degree or another. Bandanas and gaiters are not permitted.

Section III

TRAVEL, MEETINGS, ACTIVITY GUIDE, VISITATION,

1. Travel and Meetings (program and work related)

- a) There is no out-of-state work or program-related travel until further notice.
 - i. Residents may travel out of state with family.

3. ACTIVITY GUIDE



























Fully Vaccinated and Unvaccinated
<ul style="list-style-type: none">1. Recreation activities may resume in full on March 1st.2. No sharing of Favarrh spaces with outside organizations until further notice.3. Must follow all mask requirements.4. See Choosing Safer Activities chart on the next page.

4. Residential Visitation by Family and Friends

- a) Group Home and Apartment Settings
 - i. No limitation.

Choosing Safer Activities

Accessible link: <https://www.cdc.gov/coronavirus/2019-nCoV/daily-life-coping/participate-in-activities.html>

	Unvaccinated People	Examples of Activities	Fully Vaccinated People
		Outdoor	
Safest		Walk, run, wheelchair roll, or bike outdoors with members of your household	
		Attend a small, outdoor gathering with fully vaccinated family and friends	
		Attend a small, outdoor gathering with fully vaccinated and unvaccinated people, particularly in areas of substantial to high transmission	
Less Safe		Dine at an outdoor restaurant with friends from multiple households	
Least Safe		Attend a crowded, outdoor event, like a live performance, parade, or sports event	
		Indoor	
Less Safe		Visit a barber or hair salon	
		Go to an uncrowded, indoor shopping center or museum	
		Attend a small, indoor gathering of fully vaccinated and unvaccinated people from multiple households	
Least Safe		Go to an indoor movie theater	
		Attend a full-capacity worship service	
		Sing in an indoor chorus	
		Eat at an indoor restaurant or bar	
		Participate in an indoor, high intensity exercise class	

Get a COVID-19 vaccine



Prevention measures not needed



Take prevention measures
Wear a mask, stay 6 feet apart, and wash your hands.

- Safety levels assume the recommended prevention measures are followed, both by the individual and the venue (if applicable).
- CDC cannot provide the specific risk level for every activity in every community. It is important to consider your own personal situation and the risk to you, your family, and your community before venturing out.



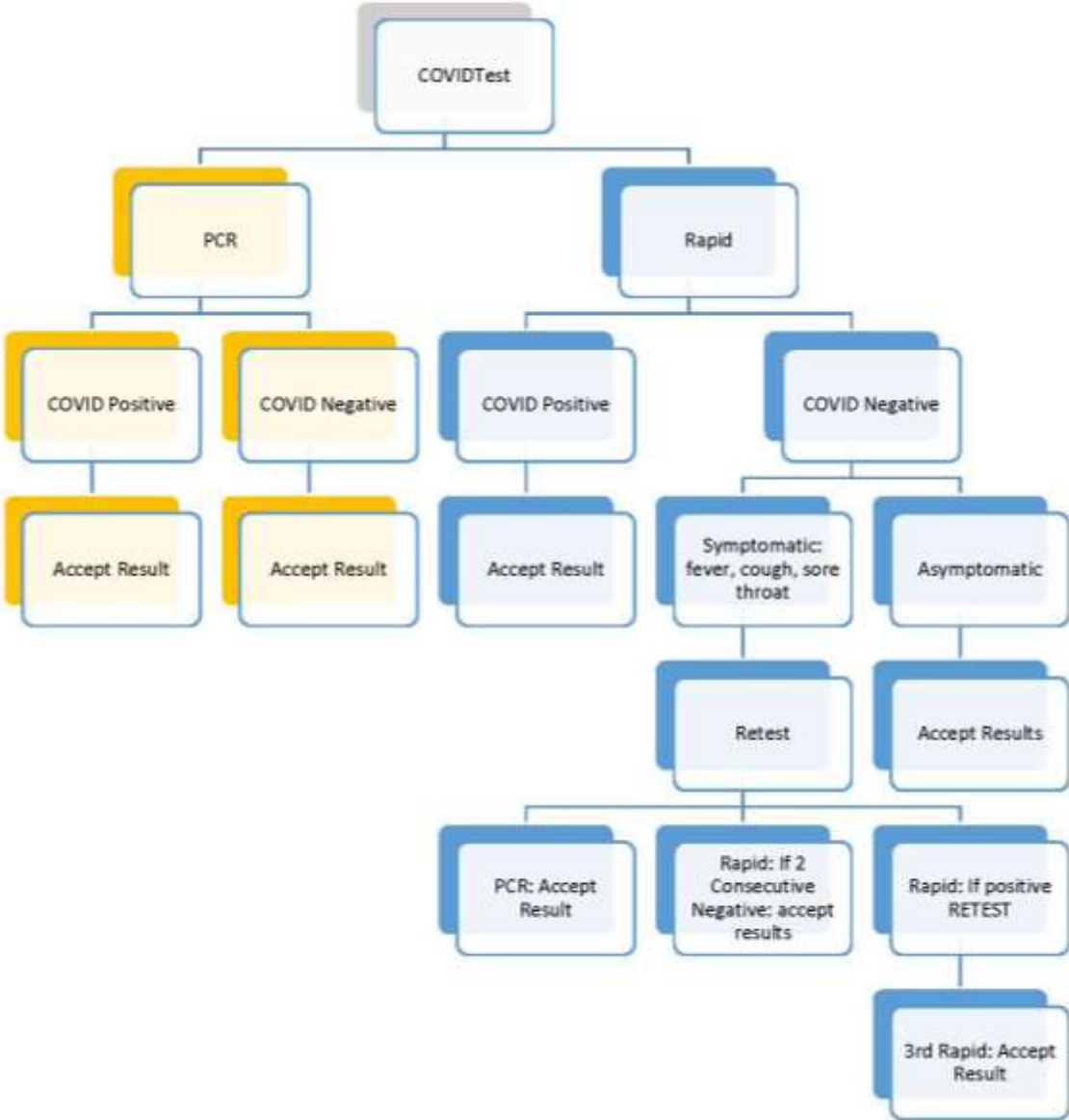
cdc.gov/coronavirus

2024 4159E

COVID-19 TESTING ALGORITHM

PCR: The Gold standard. Always accept results. PCR should be the first testing option.

Rapid: At Home or Community Provider. Use when PCR is unavailable or the turn-around time is not practicable for testing purposes.



Section VIII

ADDITIONAL PLAN COMPONENTS

1. **TESTING**: PCR tests are the Gold standard. They should always be the first testing option. However, home or community based Rapid tests (community rapid or home kit) may be used when PCR tests are unavailable or the turn-around time is not practicable for testing purposes. Testing results and acceptance of those results should be based on the *COVID-19 Testing Algorithm CHART* on the previous page.
 - a) COVID tests are required for Day Program participants who are unvaccinated or Non-Fully Vaccinated prior to returning to program or after being out of program for 2 weeks or more.
 - b) People who have come into close contact with someone with COVID-19 should be tested to check for infection 5-7 days after close contact or as soon as symptoms develop.
 - c) People who are not fully vaccinated should get tested immediately when they find out they are a close contact. If their test result is negative, they should get tested again 5–7 days after their last exposure or immediately if symptoms develop.
 - d) **WEEKLY MANDATORY TESTING**: Is discontinued until further notice.

2. **COVID 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 and Reopening 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) Individualized training on PPE donning and doffing by Nurses.
 - e) Practice donning and doffing full PPE at each location coordinated by Managers.
 - f) Individualized training for Participants for proper mask wearing.
 - g) In-person training classes may be discontinued from time to time based on outbreak status.

8. **COVID Response Team (CRTeam)**

- a) We have created a CRTeam to review and periodically update the Agency’s COVID Response Plan (CRP) and Reopening Plans.

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
Mktg/Comm. Director	Communications	Penny Phillips	pPhillips@favarh.org
HR Generalist	Employee Relations	DianaEve Wilcox	dwilcox@favarh.org
Development	Related Grant needs	Sean McCarthy	smccarthy@favarh.org
Day Program Manager	Management	Jon Stomski	jestomski@favarh.org

This plan and related policies will be updated as new information is gathered.

Plan original date: 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, 7/2, 7/10, 7/17, 7/29, 8/7, 10/1, 11/18, 11/24, **1/1/21**, 6/4, 6/11, 8/13, 8/17, 9/24, 9/27, 10/6, 10/15, 11/8, 11/10, 12/28, 12/30, 1/10, 3/1, **3/2**

APPENDIX A

ISOLATION: RESIDENTAL CARE PLAN

Isolation: keeps someone who is infected with the virus, or symptomatic/presumptive, physical separated from others, even in their home. This typically means in their bedroom at Favarrh residential settings.

Quarantining: keeps someone who might have been exposed to the virus away from others, even in their home.

1. Additional Mitigation Strategies for bedroom Isolation in Residential Settings

- a) When feasible, enhance ventilation in bedroom and other areas including other bedrooms, common spaces, etc.
- b) 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.
- c) Non-symptomatic residents should not eat group meals and should observe social distancing to the degree possible.
- d) Non-symptomatic residents in that setting should be encouraged, but not forced, to wear a surgical mask.
- e) 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. Fit test required for proper use of N95 masks.

2. Limiting Exposure

- a) One (1) staff per shift should be identified to work with the resident(s) who is isolating in their bedroom.
- b) Consider 12-hour shifts to further limit staff interactions.
- c) 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.

3. 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) 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.

- c) The individual should remain isolated in their bedroom with the door closed.
- d) If the individual shares a room, the non-affected roommate will be relocated, isolated, and monitored closely for 10 days.
- e) 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.
- f) 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.
- g) 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).
- h) Staff will wash their hands after leaving the bedroom.
- i) Only one staff per shift will be assigned to work with the individual or individuals who are symptomatic.
- j) 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.
- k) 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.
- l) 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.
- m) Maintain separate laundry collection and separate washing/drying for symptomatic resident.
- n) 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.
- o) 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.
- p) 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.
- q) 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.
- r) Monitor daily the Mitigation Plan for any updates or changes in protocol. These are emailed out and are also available at www.favarh.org/updates.
- s) 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).**

4. 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
- g) 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.
- h) N95 and KN95 Conservation and Storage Guidelines
 - i. Staff must be “fit tested” for the proper way to fit and wear the N95 masks.
 - ii. Favarh provides periodic onsite “fit testing” and will send employees for off-premises fit tests if they are unable to make an onsite fit testing session.
 - iii. N95 and KN95 should be signed over to the Manager or person in charge.
 - iv. N95 and KN95 masks should be signed out to specific staff with a paper storage bag.
 - v. N95’s and KN95’s should be assigned to those staff working with the person in isolation only.
 - vi. Fitted N95 and KN95 masks can be covered by a surgical mask to extend their useful life during a shift and when supplies are short.
 - vii. Masks should be stored in a clearly labeled paper bag between uses and stored on premises.
 - viii. Masks should not be shared.

Glossary

Close Contact: For COVID-19, a close contact is defined as any individual who was within 6 feet of an individual who has tested positive for cumulative time of 15 minutes or more in a 24-hour period starting from 2 days before symptom onset or the COVID sample date that was positive, whichever is earlier, and through the *Infectious Period* (see below)

Cohorting: At Favarh, this is the practice of grouping people and limiting interactions with others when there has been a possible close contact exposure.

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.

Direct Transportation: In GSE, when the DSP picks up workers directly at their home and transports them directly to the work site and back again without stopping at Favarh.

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.

FULLY VACCINATED: With Pfizer or Moderna within the last 6 months or with J&J within the past 2 months OR boosted.

- **NON-FULLY VACCINATED:** with Pfizer or Moderna last shot over 6 months ago and not boosted or J&J over 2 months ago and not boosted.

Infectious Period: 5-days after symptoms develop or a positive COVID test, whichever is earlier.

Isolation: keeps someone who is infected with the virus, or symptomatic/presumptive, physical separated from others, even in their home.

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.

Non-Fully Vaccinated: with Pfizer or Moderna last shot over 6 months ago and not boosted or J&J over 2 months ago and not boosted.

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. Also include Persons Under Investigation (PUI).

Quarantining: keeps someone who might have been exposed to the virus away from others, even in their home.

Shelter-in-Place: Favarh’s practice of keeping our residents at home even though they are COVID-free and have not been exposed to someone who is symptomatic or COVID+. This is a precautionary measure to mitigate the risk of infection to our more vulnerable residents.

Vaccine: One of several FDA approved COVID-19 vaccines authorized for use. Information about Connecticut’s vaccination program can be found [here](#). While the vaccine will not initially be mandatory for Favarh employees, contractors, and volunteers, it may be in the future.

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