



Coronavirus Response (CRP) & Continuity of Operations Plans (COOP)

Effective April 2, 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, in addition to updated guidance that can be found at: favarh.org/updates

Introduction

This interim response plan is based on what is currently known [about the coronavirus disease 2019 \(COVID-19\)](#). Favarh will update this interim guidance as needed and as additional information becomes available. This plan is based on the **US Centers for Disease Control and Prevention (CDC)** most recent data and suggested guidelines.

Background

CDC is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in more than 100 locations internationally, including in the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “[public health emergency of international concern](#)” (PHEIC). On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to COVID-19. On March 11, 2020 [WHO publicly](#) characterized COVID-19 as a pandemic.

Corona Virus Definition

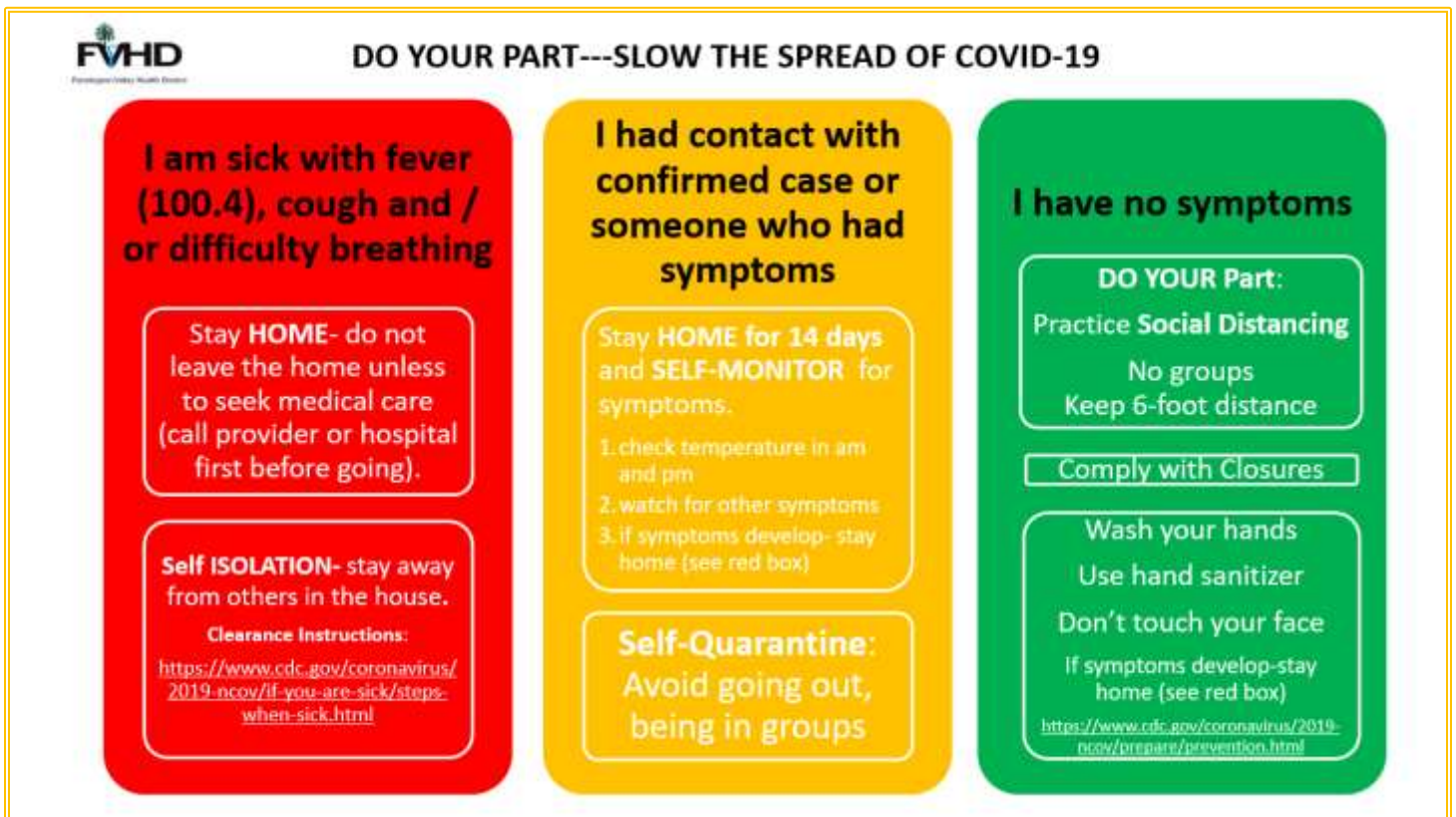
Coronaviruses are a large family of viruses that are common in humans and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people, such as with MERS-CoV and SARS-CoV.

The following interim response plan will be used to help prevent workplace exposures (both employees and program participants) to acute respiratory illnesses, including COVID-19. The guidance also provides planning considerations if there are more widespread, community outbreaks of COVID-19.

To prevent stigma and discrimination in the workplace, use only the guidance described below to determine risk of COVID-19. Favarh does not make determinations of risk based on race or country of origin, and be sure to maintain confidentiality of people with confirmed COVID-19. There is much more to learn about the transmissibility, severity, and other features of COVID-19 and investigations are ongoing. Updates are available on CDC’s web at <https://www.cdc.gov>.

MITIGATION STRATEGIES AT FAVARH

1. **From the Farmington Valley Health District (FVHD 3/25):** Due to the rapid escalation of COVID-19 cases across the country, in our state and our District and the proportionately small number of individuals that are actually being tested in CT, **we need to move to a model that assumes that anyone suffering fever, cough or difficulty breathing has COVID-19.***
2. Please study this simple chart below to help you determine what actions you and your family need to take to protect yourselves and slow the spread of this virus in our communities.



3. **We are requiring sick employees to stay home:**
 - a) We are assuming that anyone suffering from symptoms of Acute Respiratory Illness (fever, cough, difficulty breathing) has COVID-19 (see above*).
 - b) Employees who have symptoms of *Acute Respiratory Illness* should stay home and 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 3 things have happened:
 - i. At least 7 days have passed since your symptoms first appeared Or, they have written verification of a test that shows that they are non-contagious
 - ii. 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. Other symptoms have improved (for example, when your cough or shortness of breath have improved), AND

4. **Employees and Essential Visitors** (e.g., visiting nurses, critical maintenance personnel, etc.) who are symptom free but who have had contact (been within 6 feet) of someone who was exhibiting symptoms must not be permitted at Favarh for 14 days from contact UNLESS they were wearing appropriate Personal Protective Equipment (PPE).
 - a) 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.
5. **SCREENING and sending symptomatic people home.**
 - a) Employees, Essential Visitors (e.g., visiting nurses, critical maintenance personnel, etc.), and Emergency Personnel must pass a screening check point at each Favarh location they enter. We will implement the same screening check list at all facilities.
 - b) Employees who pass the screening but who become symptomatic during the day should be separated from other people and be sent home immediately.
6. **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 surgical mask at all times.
 - b) Employees, Essential Visitors, and Emergency Personnel at non-residential settings will be required to wear a face covering (surgical mask, bandana, scarf, etc.) in all common areas and when within 6 feet of others.
 - c) Non-essential visitors will be encouraged to not enter buildings. For example, deliveries can be left outside.
 - d) Posters that encourage staying home when sick, not entering buildings when sick, cough and sneeze etiquette, and hand hygiene are posted in visible areas at our facilities and at the entrance to our facilities.
 - e) Employees and visitors will be required to use hand sanitizer upon entry and reentry to Favarh facilities.
 - f) Favarh will provide tissues and no-touch disposal receptacles for use by employees and visitors.
 - g) 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.
7. **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 such as faucet knobs, countertops, and doorknobs using the disinfectant agents (spray, wipes, etc.) that are provided.
 - b) No additional disinfection beyond routine cleaning of frequently touched surfaces is recommended at this time. However, if time and resources permit, deep cleaning is encouraged.
 - c) Frequently touched surfaces in Favarh vehicles will be wiped down at least daily.
 - d) Cleaning contractors will be reminded to enforce best practices when disinfecting frequently touched surfaces and for general cleaning.
 - e) **Vehicles: Frequently touched surfaced will be wiped down daily (door handles, seat belts, steering wheel, etc.). In addition vehicles will be deep cleaned once per week.**
8. **Travel**
 - a) If you have been to NYC in the past two weeks, you are being urged to self-quarantine for 14 days from the date of your return to prevent the spread of the virus (FVHD).
 - b) No out-of-state work travel will be permitted.
 - c) Employees should not attend meetings, conferences, or other group gatherings of more than 10 people.
 - 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 if they have traveled out-of-state.
- g) Favarh will maintain a list of out-of-state travel by employees and program participants and create an updated clearance procedure as recommended by the CDC and/or local health authorities before permitting a return to Favarh.

9. Social Distancing

- a) Stop handshaking and hugging as much as we may need it these days.
- b) Encourage habits to avoid touching your face and to cover coughs and sneezes;
- c) All Favarh facilities must reduce usage to below **50 people/day**, and we will cancel or postpone in-person events consisting of 50 people or more;
- d) Do not gather in groups of **no more than 10** (e.g., meetings, lunch room, training, etc.). This does not apply to group homes where the regular staff and residents plus medical or emergency may exceed 10.
- e) Maintain distance (approximately 6 feet or 2 meters) from others when possible (e.g., breakrooms, meeting rooms, and lunchrooms).
- f) Employees are discouraged from using other workers' phones, desks, offices, or other work tools and equipment, when possible.
- g) We will consider alternating days or shifting hours that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- h) Provide employees with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- i) Encourage spending more time outside as the weather permits.
- j) Stop program tours for families or volunteers until further notice. We can continue to meet with families and proceed with intake.
- k) **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.

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

- a) Continue regular staff schedules and use contingency staff as needed.
- b) Hand sanitizer should be placed inside front entrance for all staff to disinfect their hands upon entry.
- c) Medical personnel who perform critical services (e.g., visiting nurse) and critical maintenance personnel will be treated as Essential Visitors.
- d) Emergency Personnel will also be considered Essential Visitors (First responders, Emergency Medical Services, law enforcement, firefighting and Emergency Management personnel).
- e) Other visitors, including family, will NOT be permitted.
- f) All staff and Essential Visitors shall be screened before they enter (see Section 5 a) and Screening Checklist and Sign In form)
- g) Supplies should be delivered outside of the front door. Staff should use protective gloves to handle all incoming deliveries;
- h) Residents who leave *AFTER Isolate in Place* has started may not return until we are out of it.

11. Handle food carefully

- a) Limit food sharing.
- b) No food should be brought in or left out for community consumption or for meetings.

12. Supplies

- a) Identify Food, household and office supplies, cleaning products, and PPE supplies that are needed for 2-weeks... order and secure.
- b) Create centralized and secure distribution of critical supplies.

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

- a) Employees and program participants (or guardians/caregivers) who are well but who have a sick family member at home with COVID-19 should notify their supervisor and the Human Resources Department and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure. They must be cleared by Human Resources before returning to Favarh.
- b) If an employee or a program participant is confirmed to have COVID-19, Favarh will inform employees and program participants (or guardians/caregivers) of their possible exposure to COVID-19 at Favarh while maintaining confidentiality as required by ADA and HIPPA. Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.
- c) 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.
- d) If an employee or a program participant is confirmed to have COVID-19, Favarh will inform employees and program participants (or guardians/caregivers) of their possible exposure to COVID-19 at Favarh while maintaining confidentiality as required by ADA and HIPPA. Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for how to conduct a risk assessment of their potential exposure.
- e) 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).
- f) Limit employees from working in multiple residential locations to the degree possible.

14. Emergency Response Team (ERTeam)

- a) We have created and ERTeam 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 ERTeam member list on the following page.

2020 Favarh Emergency Response Team (ERT)

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	rcipola@favarh.org

Setting Description	COVID-19 Mitigation Activities and Strategies by Setting			
	Preparedness (3/1 - ongoing)	Social Distancing (3/13 - ongoing)	Isolate in Place (3/15 - ongoing)	Quarantine
	<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"> - 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>Isolate 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"> - The location will be in lock-down. - No one enters or leaves the facility except for medical emergencies. - Supplies can be delivered outside of the location. - All non-Residential Programs Closed.
Recreation/ Thrift Shop	Preparations Made and ongoing	All Recreation Cancelled (3/12), Thrift Shop Closed (3/18)		
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	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)	
Administration	Preparations Made and ongoing	Main Office, Transportation Office, Day Facilities open for cleaning, maintenance, and critical business functions		

PLANS FOR COVID-19 OUTBREAK IN THE US & CONNECTICUT

COVID-19 Now a Pandemic

A pandemic is a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there is little to no pre-existing immunity against the new virus, it spreads worldwide.

The virus that causes COVID-19 is infecting people and spreading easily from person-to-person. Cases have been detected in most countries worldwide and community spread is being detected in a growing number of countries. On March 11, the COVID-19 outbreak was characterized as a pandemic by the [WHO](#).

This is the first pandemic known to be caused by the emergence of a new coronavirus. In the past century, there have been four pandemics caused by the emergence of novel influenza viruses. As a result, most research and guidance around pandemics is specific to influenza, but the same premises can be applied to the current COVID-19 pandemic. Pandemics of respiratory disease follow a certain progression outlined in a “[Pandemic Intervals Framework](#).” Pandemics begin with an investigation phase, followed by recognition, initiation, and acceleration phases. The peak of illnesses occurs at the end of the acceleration phase, which is followed by a deceleration phase, during which there is a decrease in illnesses. Different countries can be in different phases of the pandemic at any point in time and different parts of the same country can also be in different phases of a pandemic.

There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.

Current Situation in U.S. (3/21/20)

Different parts of the country are seeing different levels of COVID-19 activity. The United States nationally is in the initiation phase of the pandemic. States in which community spread is occurring are in the acceleration phase. The duration and severity of each pandemic phase can vary depending on the characteristics of the virus and the public health response.

- CDC and state and local public health laboratories are testing for the virus that causes COVID-19. View [CDC's Public Health Laboratory Testing map](#).
- All 50 states have reported cases of COVID-19 to CDC.
- U.S. COVID-19 cases include:
 - Imported cases in travelers
 - Cases among close contacts of a known case
 - Community-acquired cases where the source of the infection is unknown.
- Twenty-seven U.S. states are reporting some community spread of COVID-19.
- View [latest case counts, deaths](#), and a [map of states with reported cases](#).

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) Our Emergency Response Team (ERTeam) is on-call 24/7 during the pandemic.
 - c) Additional information will be communicated via emails, Favarh's internal Scom system, phone calls, text messages, and social media (e.g., Facebook).
2. **Staying Informed:** Favarh's ERTeam will continue to monitor the CDC, state and local health officials and directives.
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. **Relocation** options have been identified.
7. **Work-from-home** contingency plans have been made.

Fiscal and Human Resources Outbreak Response Plan:

1. Human resources policies will be reviewed to ensure policies and practices are reflective with 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 FMLA directives from the federal government effective April 1, 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 including:
 - a) **Finance:** managing cash and reserves in the event that there is a financial need.
 - b) **Billing** - to ensure ongoing financial resources.

- c) Purchasing – to ensure adequate supplies and food for programs.
- d) Maintenance – only priority projects will be completed (those projects that must be completed to ensure the health, safety and welfare of individuals served and employees).
- e) Program Closures – Day and Employment programs have closed and will be reassigned to support residential as needed.
- f) Technology – ongoing monitoring to ensure infrastructure intact.
- g) Human Resources – will monitor the health of employees and provide guidance on sick/ leave policies.

ISOLATE IN PLACE CARE PLAN

1. Additional Mitigation Strategies for Residential Settings
 - a) When feasible, enhance ventilation in common areas such as bedrooms, common spaces, etc.
 - b) Staff should avoid “hugging” laundry before washing it to avoid self-contamination.
 - c) Staff should wash their hands with soap and water or an alcohol-based hand sanitizer after handling dirty laundry.
 - d) Screen all residents 2x/day for fever (8AM and 8PM).
 - e) Provide weekly (Wednesdays) updates to DDS regarding status of all residents.
 - f) Eliminate group meals to the extent possible.
 - g) Use sanitizer immediately after handling laundry.
2. Residential protocols for Isolating in Place
 - a. Face masks required all residential settings. Surgical or Procedural mask quality.
 - b. Observe all hygiene, cleaning, and social distancing protocols appropriate to each setting.
3. Residential protocols for supporting symptomatic residents (with acute respiratory illness) and those with confirmed cases of COVID-19.
 - a. Isolate individual in their bedroom and provide exclusive bathroom if possible.
 - b. Encourage face mask use for resident with symptoms.
 4. Eating utensils for those who are symptomatic should be of the disposable type. Safe handling and storage of trash should be planned (e.g., larger trashcans for sick rooms, double bagging of that trash, carried directly to dumpster by shortest route through house, etc.).
 5. Separate laundry collections and washing/drying for symptomatic residents.
 - a. Appropriate PPE required of all staff and authorized visitors.
 - b. Limit the number of staff to care for symptomatic residents (1 staff per person/shift)
 6. Maintain Standard, Contact and Droplet Mitigation (including eye protection)
 - a. Limit staff time with symptomatic individuals to reduce exposure.
 - b. Monitor signs and symptoms per direction from nursing.
 - c. Notify nurse or contact 911 for a Change in Condition.

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.

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