



COVID-19 Mitigation Plan

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

This update effective **November 8, 2021**

KEY MITIGATION STRATEGIES

-Keeping the Virus Out by Not Bringing it in.

PLEASE GET VACCINATED

NOTES:

1. 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.
2. We are now recommending **only PCR tests** for symptomatic individuals and Close Contact exposures.

Critical Employee Responsibilities

- 1. Get Vaccinated**
- 2. Wear a mask indoors regardless of your vaccination status**
- 3. Stay home if you are ill**
- 4. Report concerns, ideas, and suggestions to: covidsuggestions@favarh.org**

Important Resources

- [Vaccine 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](#)

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

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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 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.**
- b) UNVACCINATED INDIVIDUALS who have COVID symptoms must quarantine, notify Favarh, and get a COVID Test. A negative PCR test will be required prior to return. 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 an UNVACCINATED INDIVIDUAL becomes presumptive with COVID symptoms, or 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/MONITORING

- a) People who have come into close contact with someone with COVID-19 should be tested to check for infection.
- b) **Fully vaccinated people should be tested 5–7 days after their last exposure.**
- c) **People who are not fully vaccinated should get tested immediately when they find out they have been in close contact with a COVID positive individual. If their test result is negative, they should get tested again 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. CDC will continue to update this list as they

4. QUARANTINING:

- a) FULLY VACCINATED individuals who are immunocompromised (see Figure 1) should quarantine and follow the recommendations provided by their healthcare provider.
- b) FULLY VACCINATED and non-immunocompromised individuals do not need to quarantine unless they develop symptoms. Fully Vaccinated Individuals who are symptomatic must quarantine for 10 days following the onset of symptoms or a positive PCR COVID test, whichever is earlier. **If a negative PCR COVID test is obtained, the individual can end the quarantine and return to Favarh after they have been symptom free for 24 hours.**
- c) UNVACCINATED and must quarantine for 10 days following the last close contact with a COVID positive or presumptive individual. Quarantine can end early if the person they came into contact with was presumptive and that individual subsequently tests negative.

5. RETURNING TO FAVARH

- a) Individuals who are home with symptoms may return to work after a negative COVID PCR test AND after they have been symptom-free for 24 hours (we don't want to spread non-COVID germs either).
- b) **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 3 things have happened:
 - i. At least 10 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
 - iii. Any other symptoms have improved (for example, cough or shortness of breath).
- c) **Individuals who have tested positive for COVID AND who need to convalesce for more than 10 days** may not return to Favarh unless 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 10 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);
 - iii. Other symptoms have improved (for example, cough or shortness of breath); AND
 - iv. A return to work note from a healthcare provider.

6. 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 (a text is the best way to do this quickly).

Section II

PREVENTION STRATEGIES

1. SCREENING & REENTERING PROGRAMS

- a) Screening at Favarh facilities and vehicles should continue for all guests and visitors (regardless of vaccine status), unvaccinated employees, unvaccinated volunteers, and unvaccinated participants. Only fully vaccinated employees and participants who have provided documentation to Human Resources (staff) or to Program (participants) do not need to screen.
- 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).

2. MASK WEARING

- a) ALL must wear a mask in the following situations:
 - i. **ALL INDOOR SETTINGS** except when alone in a private office.
 - ii. In group home settings (residents do not need to wear a mask in their own home).
 - iii. In vehicles with more than one person (including the driver).
 - iv. Businesses and public settings that require mask wearing by all (e.g., schools, medical facilities, etc.).
 - v. During procedures or medical care where it is required (e.g. aerosol generating procedures) along with other required PPE.
 - vi. 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, check with a Favarh nurse.

FIGURE 1

[Get more information on immunodeficiency](#)

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

- b) UNVACCINATED must wear a mask in the following situations:
 - Indoor settings.
 - Outdoor settings when keeping socially distant from others is difficult or not practical.
 - All settings when working with individuals who are unvaccinated or immunocompromised.

- Not wearing a mask when you are not fully vaccinated in the presence of program members or residents is considered **NEGLECT** by DDS.

-

- c) **VACCINATED** individuals have the option of wearing a mask in all situations other than those listed in 2 a) above.
- d) Nothing in this section shall require the use of a mask or cloth face covering 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 or face covering 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.

3. Meals

- a) Mealtimes should be scheduled and planned in an effort to avoid close contact between diners. Employees should find a space at least 6' from others while eating and minimize talking, singing, etc. while unmasked and eating in the same room as others, even when socially distanced. Eating outside or in a private indoor space is best when possible.

4. 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 in order to continue employment. New employees must be fully vaccinated prior to working in programs or in the vicinity of program participants (exceptions will be considered based on staffing needs and other relevant circumstances).
- b) As a condition of acceptance into a Favarh Program, new participants must be fully vaccinated prior to starting.

5. COHORTING AND SOCIAL DISTANCING

- a) Unvaccinated 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.
- b) 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.	For unvaccinated staff who have underlying breathing issues or allergy issues and can't wear surgical Masks.	For unvaccinated staff who have underlying breathing issues or allergy issues and can't wear surgical Masks.	For unvaccinated staff who have underlying breathing issues or allergy issues and can't wear surgical Masks.	Unvaccinated volunteers Unvaccinated customers (honor system)

- **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.
- b) Employees should not attend meetings, conferences, or other group gatherings of any size outside of Farmington Valley towns² until further notice.
- c) Carpooling between employees who are fully vaccinated is permitted but masks are required in the vehicle.

3. ACTIVITY GUIDE

Fully Vaccinated and Unvaccinated
<p><u>Effective June 4, 2021</u></p> <ol style="list-style-type: none">1. No limitations except in-state only.2. Must follow all mask requirements.3. See Choosing Safer Activities chart on the next page.



























4. Residential Visitation by Family and Friends

- a) Group Home Settings with Immunocompromised Residents (as determined by Favarh nursing)
 - i. Outdoor visits only.
- b) All Other Group Home Settings
 - i. Indoor okay if fully vaccinated and masked.
 - ii. Outdoor okay for all others. Mask guidelines must be followed.
- c) Apartment Settings
 - i. No limitations except mask guidelines must be followed.

² Farmington Valley Towns: Avon, Simsbury, Canton, Farmington, Burlington

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

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Section VIII

ADDITIONAL PLAN COMPONENTS

1. **TESTING:**

- a) COVID tests are required for Day Program participants who are unvaccinated 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.
- c) Fully vaccinated people should be tested 5–7 days after their last exposure.
- d) 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.
- e) **WEEKLY MANDATORY TESTING:** We learned from DDS on September 10, 2021 that the Governor’s Executive Order # 13D applies to Favarh and our employees. Executive Order 13D compels us to take the following actions.
 - i. Effective immediately, employees who are not fully vaccinated will need to obtain a COVID test each week and submit the results to HR by Friday at 12:00 PM/Noontime. The test must have been administered within the past 7 days. **This is a condition of continued employment for all unvaccinated employees.**
 1. The first test results must be submitted on Friday, October 1, 2021 by 12:00 noon.
 2. **Employees who have had a documented positive COVID test within the past 90-days (from the onset of symptoms or the positive test date, whichever is earlier) are temporarily waived from weekly testing until after 90 days have passed so long as they have provided appropriate documentation to HR.**
 - ii. If you are fully vaccinated and haven’t already submitted your vaccine card to coviddocs@favarh.org, you must submit your valid vaccine card before Friday, October 1st, by 12:00 noon (scanned or copied vaccine cards must include the front & back of the card). Otherwise, you are subject to the weekly testing mandate.
 - iii. Weekly COVID test results:
 1. Can be copied and submitted to HR in person, or
 2. Scanned and emailed to coviddocs@favarh.org.
 3. Copied and Scanned test results must include all pages of the test results.
 - iv. The weekly mandatory testing can be either a Rapid test or a PCR from a community testing location (home testing kits not allowed) **unless there has been a close contact or if**

you have COVID symptoms in which case a PCR test is required. Keep in mind the PCR test can take longer to receive results. It is each employee's responsibility to ensure they have test results ready to submit each week by noon on Friday.

- v. Favarh must report vaccination and testing status to the state. We will be fined for each day and for each employee who is not fully vaccinated and who does not comply with the testing requirement IF we allow them to work. To avoid this:
 - 1. Employees who do not comply with the testing requirement by 12:00 noon each Friday will be taken off the schedule without pay and subject to disciplinary action up to and including termination.
 - 2. Employees who continue to work without submitting a weekly negative COVID test will be subject to immediate termination.
 - 3. Falsifying vaccine documentation or test results is considered a Misdemeanor under CT State law.

 - vi. Convenient testing locations can be found at 211ct.org. For the purposes of the Governor's Executive Order 13D, Favarh employees are being treated as "state employees" as directed by DDS and the Governor's office. **You can inform the testing location that you are considered a state employee subject to mandatory testing under Executive Order 13D.** Testing costs, if there are any, and time to get tested will be the sole responsibility of the employee.
2. **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.

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

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
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

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 (working draft), 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**

Glossary

Close Contact: For COVID-19, a close contact is defined as any individual who was within 6 feet of an infected person for cumulative time of 15 minutes or more in a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.

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.

Isolation: keeps someone who is infected with the virus away 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.

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