



Reopening and COVID-19 Mitigation Plan

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

Effective **July 2, 2020**

REOPENING PHASES

PHASE 1: JULY 15TH

PHASE 2: SEPTEMBER 1ST

PHASE 3: OCTOBER 1ST

NOTE: COVID MITIGATION GUIDELINES WILL REMAIN IN PLACE UNTIL SUCH TIME THAT THERE IS A WIDELY AVAILABLE VACCINE AVAILABLE TO OUR PARTIPANTS AND EMPLOYEES (February 2021 – February 2022).

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

Throughout this pandemic, Favarh has been COVID-free and all of our employees have been working hard to keep it that way. Our primary goal is to **keep the virus out by not bringing it in**. As we now begin to reopen our M-F programs, we must ask all of our participants, their families and caregivers, and our Volunteers to do the same.

The following protocols and guidance will need to be strictly adhered to as we systematically reopen. Please familiarize yourself with the details and check for regular updates at www.favarh.org/updates. It's important to remember that we're in this for the long haul... that is until there is a widely available effective vaccine for participants and staff which may be available between February 2021 and February 2022 or even later.

Key Mitigation Strategies

1. Mask wearing
2. Cohorting (keep people in small groups and avoid mingling groups)
3. Screening & Monitoring

Reopening Guiding Principles

1. Health & Safety of Participants and Staff
2. Person-Centered
3. Creativity

Important Resources

- [CT Travel Advisory](#)
- [Find a Testing Center Near You](#) (www.211ct.org)
- [CT Reopening Plans](#)
- [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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Face Mask Use Guidelines.

Updated 7/2/20 (updates in *red font*)

Setting → Mask Quality/Durability ↓	Residential setting/ symptoms in setting	Residential setting/ no symptoms in setting	Program and other Non- residential settings	Thrift Shop
N95 (no vent version) A second surgical mask should be worn over the N95 for conservation purposes.	Staff working with someone who is COVID-19 positive and undergoing aerosol producing treatments	Staff working with someone who is undergoing aerosol producing treatments.	Staff working with someone who is undergoing aerosol producing treatments.	
KN95	Staff working in immediate space of symptomatic person (e.g., providing care, cleaning room, serving meals, etc.)	KN95 + surgical mask is the backup plan for aerosol producing treatments when N95 supply is less than 2 weeks.	KN95 + surgical mask is the backup plan for aerosol producing treatments when N95 supply is less than 2 weeks.	
Surgical Masks	Staff, residents and essential visitors working beyond immediate vicinity of symptomatic person (other parts of the house).	Staff Essential Visitors	All Staff Participants* Essential Visitors	Staff Volunteers Patrons Essential Visitors
Cloth Masks: preferably cotton or cotton blend.	For staff who have underlying breathing issues or allergy issues and can't wear surgical Masks.	Staff who have underlying breathing issues or allergy issues and can't wear surgical Masks.	All Staff Participants* Essential Visitors	Patrons

- Aerosol Producing Treatments: e.g, nurses providing care of a tracheostomy, suctioning an individual (this does not include toothbrushing 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. The most effective is the surgical mask and the least effective is the non-cotton face covering.
- Why are we requiring all staff and visitors to wear masks? If everyone wears them, we reduce the risk of someone spreading the virus through coughs, sneezes, and possibly exhaling. *We will make accommodations (e.g., cohorting) for participants who cannot wear a mask due to medical reasons.

MITIGATION STRATEGIES

1. **IDENTIFYING SOMEONE WITH COVID SYMPTOMS:** We will treat anyone with COVID-19 symptoms as noted in Figure 1 as “**Presumptive**” (assumed) COVID-19. See *Exception Protocol* for presumptive COVID-19 in Appendix C.
2. **STAY HOME IF YOU ARE SICK**
 - a) Employees and Participants should screen for symptoms (Fig. 1) daily and BEFORE they leave for Favarh. Employees and Participants 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 and can’t get one, Favarh will provide one on request.
 - b) Individuals who have COVID symptoms, or who are not feeling well due to other symptoms, should stay home. Individuals who have COVID symptoms or suspect that they may have COVID, should call their PCP or healthcare provider, or find a testing center and get tested for COVID: [Testing Locations](#) or go to www.211ct.org
 - c) Anyone who becomes symptomatic while at Favarh or at an off-site Favarh program should be separated from other people and sent home ASAP. A quarantine area at each Favarh site should be identified and a backup transportation plan should be in place should this occur off-site.
3. **CONTACT TRACING:** When someone 1) stays home because they are sick with COVID symptoms, 2) fails a screening at Favarh and are sent home, or 3) tests positive for COVID-19, contact tracing must occur to identify people at Favarh who have had **Close Contact**¹ with them 48 hours prior to the onset of their symptoms.
4. **COHORTING** (Close Contact)
 - a) Individuals who have been identified through **Contact Tracing** must begin *Cohorting* until further notice. They must continue *Cohorting* until one of the following occurs:
 - i. The symptomatic individual tests negative for COVID; or
 - ii. 14 days have passed since the last close contact with the symptomatic or COVID positive person.

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 learn more about COVID-19.

Figure 1

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.**

5. **RETURNING TO FAVARH** (after being symptomatic or COVID positive)

- a) Individuals who have had COVID symptoms (Fig.1) or who tested positive for COVID may not return to Favarh unless 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 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).

6. **SCREENING**

Definitions & Details

- The ***Point-of-Entry*** into Favarh will be the first entry point, each day, through one of the following: a Favarh vehicle, a Favarh facility, an off-site location where Favarh programs or supports occur.
 - **Screening Station:** Each Favarh facility and each Favarh vehicle will have a screening station which must be successfully passed through.
 - **In-Home Day Supports:** Participants who live in a non-Favarh supported home and receive Day, Employment, or Board of Education services in that home.
 - **Off-Site Employees:** Employees who start their shift from their home. For example, a GSE job coach who keeps a Favarh vehicle at their home and does ***Direct Transportation*** to an off-site location.
 - **Essential Visitors** will include critical medical, maintenance, and emergency personnel.
 - **Group Home and Apartment Screening:** Favarh supported residents can be screened each morning at home. Must be documented. Residents can get a hand stamp or a dated Favarh Screening Pass to display to the van driver and/or the next Favarh screening station. This must be displayed at the screening station at each Favarh facility they enter.
- a) All Employees, Contractors, Temporary Staffing, Volunteers, Participants, and Essential Visitors will be screened at the ***Point-of-Entry*** using the most recent Favarh Screening Checklist.
 - i. If someone needs to enter multiple facilities during a day or shift, they can get a colored wristband at their Point-of-Entry. This must be displayed at the screening station at each Favarh facility upon entry.
 - ii. Vehicles dropping participants off at the Point-of-Entry must wait until all passengers are screened in.
 - iii. Vehicles dropping off Favarh residents who have Favarh Screening wristbands must wait until all passengers are safely in the building.
 - b) **Independent Employment (SEI):** If you work independently, have your own transportation, and arrive at your worksite without a Favarh employee, you must follow the screening protocols of your employer.
 - c) Non-essential visitors will not be allowed to enter Favarh facilities during Phase 1, 2, and 3 and until further notice.
 - d) 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.
 - e) **Self-Screening:** For Off-Site employees doing Direct transportation or going directly to an off-site location (that does not screen), must self-screen by filling out the screening checklist and initialing.

- f) Screeners will wear a facemask and will be provided with disposable gloves and a personal, reusable and cleanable face shield.
- g) All exterior doors must be closed and locked to prevent entry without screening.
- h) 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.
- i) 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.

7. Respiratory Etiquette and Hand Hygiene.

- a) Face Masks
 - i. Everyone must wear a mask while indoors with the following exceptions:
 - When alone in an office, conference room, or designated lunch area.
 - Participants do not need to wear a mask in their own home.
 - Exceptions for Participants who refuse to wear a mask or cannot wear a mask because of an underlying health condition will be considered in Phase 2 or 3.
 - ii. Everyone must wear a mask while outdoors except when they are alone or more than 6 feet away from other people.
- b) Everyone will be required to use hand sanitizer upon entry and reentry to Favarh facilities and vehicles.
- c) Everyone is encouraged to avoid touching his or her face and to cover coughs and sneezes;
- d) Favarh will provide tissues and no-touch disposal receptacles in all facilities.
- e) Favarh will provide ample amounts of soap and warm water in clean rest rooms for hand washing along with hand sanitizer.
- 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.

8. Cleaning

- a) Specialized Cleaning: Daily cleaning of bathrooms at all locations. Weekly deep cleaning.
- b) Supplemental Cleaning: Employees will supplement professional cleaning by routinely cleaning frequently touched surfaces in the workplace and program locations throughout the day. We will use CDC-approved disinfectant agents (spray, wipes, etc.) which will be made readily available.
- c) Vehicles: Frequently touched surfaces will be wiped down after each use with CDC-approved disinfectant agents. In addition active vehicles will be deep-cleaned once per month. Vehicles will also be deep-cleaned whenever they transport a symptomatic (see Fig. 1) individual.
 - i. Deep-Cleaning: Frequently touched surfaces will be wiped down with CDC-approved disinfectant (door handles, seat belts, steering wheel, etc.) PLUS a complete interior cleaning such as provided by Russell Speeder's Car Wash in Avon (we may purchase a company plan for Favarh vehicles).
- d) Work Spaces: We are providing extra cleaning supplies and require employees to wipe down frequently touched surfaces in their work and program spaces regularly.
- e) CDC-approved Cleaning Supplies will be available around frequently touched and shared use surfaces (e.g, kitchen, bathrooms, copy machine, vehicles, etc.)
- f) 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.

9. **Travel (program and work related)**

- a) We will follow CT's guidance and recommendations on self-quarantining and out-of-state travel.
 - i. If you travel to a ["hot spot" state identified by CT](#), you must quarantine (shelter-in-place) for 14 days after you return.
 - ii. If you travel out of country, you must quarantine (shelter-in-place) for 14 days after you return.
- b) No out-of-state work-related travel until further notice.
- c) Employees should not attend off-premises meetings, conferences, or other group gatherings of any size until further notice.
- d) Carpooling between employees should be avoided until further notice.

10. **ACTIVITY GUIDE (Pre-Phase 1):** Only for residential settings not in Shelter-in-Place status (apartments) and programs operating pre-Phase 1 (BOE, GSE).

a) **Pre-Phase 1: Avoid elective indoor activities of more than a 30 minute duration.**

Acceptable examples	Avoid examples	Strongly Encouraged
With Masks: <ul style="list-style-type: none">1. Picking up take-out food.2. Grabbing a coffee or snack at a convenience store.3. Grocery shopping (1:1 or drop-off).4. Other necessary shopping (1:1 or drop-off).5. Critical dental/medical appoints.6. Outdoor family and friend visits.7. Haircuts.	<ul style="list-style-type: none">1. Indoor restaurant dining.2. Indoor Movie Theaters.3. Indoor Concerts and Sporting Events.4. Dental cleanings and routine checkups that can be delayed a month or two without harm.5. Going to the gym or indoor recreation center.6. Outdoor activities where social distancing can't be observed and others are not wearing masks.	<ul style="list-style-type: none">1. Online ordering and delivery.2. Curb side pick-up.3. Drive-thru service
Without Mask but With Social Distancing: <ul style="list-style-type: none">8. Outdoor recreation (e.g., walking)9. Swimming: outdoor pools, some state parks.		
Without Masks and Without SD <ul style="list-style-type: none">10. Outdoor Dining with cohorts only.11. Drive-in movies with cohorts only.		

- b) **Phase 1:** TBD
- c) **Phase 2:** TBD
- d) **Phase 3:** TBD

11. **Social Distancing**

- a) Handshaking, hugging, and other physical contact should be avoided except for critical care and emergencies.
- b) All Favarh non-residential facilities must reduce usage to below 50% of capacity during Phase 1, 75% during Phase 2, and 100% during Phase 3.
- c) **Room Capacity Signage (phase 1, 2, and 3):**
 - i. Meeting, Gathering, and Program Spaces: each common area or meeting room should have a posted capacity limit based on 1 person/50 sq. ft.
 - ii. Offices: each office should have a posted capacity limit for shared use based on 1 person/75 sq. ft.

- d) Maintain a 6 foot distance from others when possible. Passing in hallways is okay. Stopping and talking in hallways is not.
- e) Elevators: should be avoided unless you need the accommodation or you are carrying or moving something. When needed, a capacity of 2 people should be posted and adhered to.
- f) Out-of-Doors: We encourage spending more time outside as the weather permits (meetings, lunch, other work).
- g) Program Tours: Program tours for families are discontinued until further notice . We can continue to meet “virtually” with families and proceed with intake.
- h) Remote Technology: Employees are expected to participate in essential meetings via remote technology.
- 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.
- k) Staggered Start Times: We will provide some flexibility in start times for shifts and programs to minimize crowding at building entries.
- l) Eating: The following strategies should be employed to facilitate additional social distancing during meal times. Staggered lunches, eating outside, social distancing (at least 6’), eating in designated locations, limiting group size, etc.
- m) **Off-Duty and Out-of-Program Guidelines**: Employees, Volunteers, and Participants are strongly encouraged to follow all CDC, state, and local health official guidance in the conduct of their personal lives outside of work and outside of program. All employees and participants are requested to monitor their symptoms including daily temperature checks. Oral digital thermometers are available upon request for anyone who does not have one and can’t get one.

12. Visitation with Family and Friends (residential settings)

- a) **Phase 1**:
 - i. Apartments: Indoor visits can occur within the context of mitigation protocols (e.g., pre-screening, mask wearing, group size 5 or less). Hand sanitizer should be available and used at the main entrance. Opening windows and limiting indoor group time to less than 45 minutes is also recommended.
 - ii. Group Homes/CRS (except A&S): Outdoor visits can occur within the context of mitigation protocols (e.g., pre-screening, mask wearing, limited group size). Hand sanitizer should be available.
 - iii. Sunset & Alleluia Group Homes: Sunset and Alleluia remain in Shelter-in-Place with no in-person visitors (virtual visitations and phone calls should be available and encouraged).
- b) **Phase 2**: TBD
- c) **Phase 3**: TBD

13. Cohorting (Program)

- a) Programs will identify groupings of 8 or less people (Participants and staff). These cohorted groups will stay separated from others groups to the greatest degree possible while at Favarh and in the community.
 - i. Strategies include **Direct Transportation** for GSE, dividing program space at Day Programs, Using physical barriers to separate groups when necessary, all social distancing protocols, etc.

14. Transportation

- a) **Pre-Phase 1**: LIMITED to Direct Transportation for GSE and 1:1 community trips with residents (roommates may be on van together). Direct Transportation for GSE is limited to 5 passengers and they must be the same **Cohort** each day (no substitutions). In addition to previously detailed cleaning guidelines (see 8c), all windows must be at least 2” or more open (weather permitting). If weather doesn’t permit, the “fresh air” setting must be selected and interior fans must be set to “high”.

- b) **Phase 1: LIMITED** to no more than 5 **Cohorted** passengers. In addition to previously detailed cleaning guidelines, all windows must be at least 2” or more open (weather permitting). If weather doesn’t permit, the “fresh air” setting must be selected and interior fans must be set to “high”.
- c) **Phase 2: LIMITED** to no more than 7 **Cohorted** passengers. In addition to previously detailed cleaning guidelines, all windows must be at least 2” or more open (weather permitting). If weather doesn’t permit, the “fresh air” setting must be selected and interior fans must be set to “high”.
- d) **Phase 3: FULL OPERATION.** In addition to previously detailed cleaning guidelines, all windows must be at least 2” or more open (weather permitting). If weather doesn’t permit, the “fresh air” setting must be selected and interior fans must be set to “high”.

ISOLATE IN BEDROOM: RESIDENTIAL 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**
 - 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 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.
 - f) 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 KN95 mask, 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.

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

Reopening Plan Summary (all programs)

Pre-Phase 1	Phase 1 July 15, 2020	Phase 2 September 1, 2020	Phase 3 October 1, 2020
<ul style="list-style-type: none"> - <u>SEI</u>: Some SEI jobs did not stop because they were essential. Daily phone calls and/or virtual services offered to all others. Others can start to go back to work on/after June 20th. - <u>GSE</u>: One restaurant location reopened on 5/20/20 and crew members were called back. Other work crews will start as recalled. All other GSE remain closed. Daily phone calls and/or virtual services have been offered to all others. In-home program provided to Favarh residents. - <u>Day Programs</u>: Facility-based programs CLOSED. Daily phone calls and/or virtual services have been offered to all. In-home program provided to Favarh residents. - <u>BOE</u>: Some SEI jobs did not stop because they were essential or because the individual risked losing their job. Daily phone calls and/or virtual services have been offered to all others. Some in-home programing provided. Summer programs will begin on July 6th. - <u>Apartments/IHS</u>: SHELTER-IN-PLACE thru 6/20. Employment Program provided in-house prior to 6/20 and in community after 6/20. - <u>Group Homes/CRS</u>: SHELTER-IN-PLACE. Day programs provided in-house - <u>Transportation</u>: LIMITED to Direct Transportation for GSE and 1:1 community trips with residents (roommates may be on van together). - <u>Thrift Shop</u>: Reopened on 5/27/20 w. limitations. - <u>Recreation</u>: CLOSED 	<ul style="list-style-type: none"> - <u>SEI</u>: OPEN Graduates and age-outs may start. - <u>GSE</u>: OPEN. Community programming offered to those whose job sites are not yet open. Graduates and age-outs may start. - <u>Day Programs</u>: OPEN with 50% facility capacity. Day Program will be provided in-house for Favarh residents. 1:1 in-family home service provision 1 hr/day up to 3 days/week. Daily phone calls and/or virtual services will continue for others. - <u>BOE</u>: Summer programs OPEN. Graduates and age-outs may start. - <u>Apartments/IHS</u>: SHELTER-IN-PLACE LIFTED - <u>Group Homes</u>: SHELTER-IN-PLACE LIFTED for all settings except Alleluia and Sunset. - <u>Transportation</u>: Limited to no more than 5 passengers. - <u>Thrift Shop</u>: OPEN w. limitations. - <u>Recreation</u>: CLOSED 	<ul style="list-style-type: none"> - <u>SEI</u>: OPEN - <u>GSE</u>: OPEN. Community programming offered to those whose job sites are not yet open. - <u>Day Programs</u>: OPEN with 75% capacity. Day Program will be provided in-house for Favarh residents. 1:1 in-family home service provision 1 hr/day up to 5 days/week. Daily phone calls and/or virtual services will continue for others. Graduates and age-outs may start. - <u>BOE</u>: OPEN. - <u>Apartments/IHS</u>: SHELTER-IN-PLACE LIFTED - <u>Group Homes</u>: SHELTER-IN-PLACE continues for Alleluia and Sunset. - <u>Transportation</u>: Limited to no more than 7 passengers. - <u>Thrift Shop</u>: OPEN w. limitations. - <u>Recreation</u>: CLOSED 	<ul style="list-style-type: none"> - <u>SEI</u>: OPEN - <u>GSE</u>: OPEN. Community programming offered to those whose job sites are not yet open. - <u>Day Programs</u>: OPEN. - <u>BOE</u>: OPEN. - <u>Apartments/IHS</u>: SHELTER-IN-PLACE LIFTED - <u>Group Homes</u>: SHELTER-IN-PLACE continues for Alleluia and Sunset. - <u>Transportation</u>: FULL OPERATION. - <u>Thrift Shop</u>: OPEN w. limitations TBD. - <u>Recreation</u>: GRADUAL REOPENING

PROGRAM REOPENING DETAILS: **GSE**

- a) **Pre-Phase 1** starting 6/29/20: OPEN (with restrictions)
- i. Team Review: Worker has had a documented Team meeting at which the Team agrees that it is okay to return to work or a work-related program.
 - ii. Cohorts: Workers are cohorted into groups of no more than 8 people including DSP's.
 - iii. Mask Wearing and Mitigation: Worker agrees to comply with all mitigation guidelines including social distancing, face mask wearing, etc. included in this Reopening Plan and understands that the plan will change based on changing circumstances and new information.
 - iv. Screening: Worker agrees to all screening and self-monitoring guidelines.
 - v. Transportation: A transportation plan is in place (see Transportation section).
 - vi. Each Cohort will have a Plan completed and will include the following:
 - Job Site name, address, employer contact and contact information (email, phone, etc.)
 - Mask break plan.
 - Lunch plan.
 - Isolation plan
 - PPE availability should a crew member develop symptoms during the day.
 - Transportation Plan including
 - Cleaning regimen.
 - mitigation strategies (e.g., open windows, fresh air settings)
 - Screening Plan.
 - Hand sanitizer.
 - vii. Workers are responsible to have and to wear their own masks. DSP's will have a backup supply of masks and other PPE.
 - viii. **Space Plan**
 - Comprehensive space-use plan will be created to safely use the space at 225 CD between the following work crews: Shredding, Cleaning, Clothing, and Contract Services. The plan should include bathroom sharing, cleaning, and cohorting groups within the building, along with a separate back to work plan for each of these crews.
 - ix. **Graduate Plan**

Graduates Plan

- b) **Phase 1**: OPEN (with restrictions)
No changes.
- c) **Phase 2**: OPEN (with restrictions)
No changes.
- d) **Phase 3**: OPEN (with restrictions)
No changes

PROGRAM REOPENING DETAILS: **Day Program**

e) **Pre-Phase 1: CLOSED**

f) **Phase 1: OPEN (with restrictions)**

- i. Team Review: Member has had a documented Team meeting at which the Team agrees that it is okay to return to Day program.
- ii. Cohorts: Members are cohorted into groups of no more than 8 people including DSP's.
- iii. Mask Wearing: Accommodations will be made for those who cannot tolerate wearing a mask.
 - Members will be separated into buildings (or separate sections of buildings with separate bathrooms) based on mask wearing and non-mask wearing cohorts.
 - Non-mask wearing cohorts may also transport together.
- iv. Screening: Member and/or Caregiver agrees to all screening and self-monitoring guidelines.
- v. Transportation: A transportation plan is in place (see Transportation section).
- vi. Each program location will have a Reopening Plan completed and will include the following:
 - Space use plan based on cohorting, room capacities, bathroom use, lunch space, etc.
 - Community plan.
 - Outdoor space use plan.
 - Mask break plan.
 - Lunch plan.
 - Isolation plan
 - PPE availability should a program member develop symptoms during the day.
 - Transportation Plan including
 - Cleaning regimen.
 - mitigation strategies (e.g., open windows, fresh air settings)
 - Screening Plan.
 - Hand sanitizer.
- vii. Members are responsible to have and to wear their own masks if tolerated. Each site will have a supply of PPE.
 - i. **Space Plan**
 - Comprehensive space-use plan will be created to safely use the space at 150 CD. The plan should include bathroom sharing, cleaning, and cohorting groups within the building.
 - ii. Graduate Plan.

g) **Phase 2: OPEN (with restrictions)**

TBD

h) **Phase 3: OPEN (with restrictions)**

TBD

PROGRAM REOPENING DETAILS: **BOE**

i) **Pre-Phase 1:** OPEN (with restrictions)

- i. Summer Program: begins 7/6/20
- ii. Student Review: Family and the District agrees that student is okay to return to program.
- iii. Cohorts: Students are cohorted into groups of no more than 8 people including staff.
- iv. Mask Wearing and Mitigation: Student agrees to comply with all mitigation guidelines including social distancing, face mask wearing, etc. included in this Reopening Plan and understands that the plan will change based on changing circumstances and new information.
- v. Screening: Student and family agree to all screening and self-monitoring guidelines.
- vi. Transportation: A transportation plan is in place (see Transportation section).
- vii. Each cohort will have a plan that will include the following:
 - In-facility space use plan based on room capacities, bathroom use, lunch space, etc.
 - Community plans.
 - Outdoor space use plan.
 - Mask break plan.
 - Lunch plan.
 - Isolation plan
 - PPE availability should a student develop symptoms during the day.
 - Transportation Plan including
 - Cleaning regimen.
 - mitigation strategies (e.g., open windows, fresh air settings)
 - Screening Plan.
- viii. Students are responsible to have and to wear their own masks.
- ix. **Space Plan**
 - Comprehensive space-use plan will be created to safely use the space at 150 CD. The plan should include bathroom sharing, cleaning, and cohorting groups within the building, along with a separate plan for each cohort.

j) **Phase 1:** OPEN (with restrictions)

- i. TBD- Riverbend (10)
- ii. TBD- Project SEARCH (6-8)

k) **Phase 2:** OPEN (with restrictions)

TBD

l) **Phase 3:** OPEN (with restrictions)

TBD

ADDITIONAL PLAN COMPONENTS

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. **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.
3. **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.
4. **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.
5. **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.
 - c) **City Residents:** If you live in one of our cities, the CT recommendation is to get tested monthly, "no matter what". All COVID testing is free. [Find a Testing Center Near You](http://www.211ct.org) (www.211ct.org)
6. **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) 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 location coordinated by Managers.
- g) Weekly COVID-19 Drills (see COVID-19 DRILLS earlier in this section).
- h) Individualized training for Participants for proper mask wearing.

7. **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) Distribute PPE supplies to all locations 1x/week.
- d) Deliveries: See Appendix A.
- b) 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.
- c) 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).
- d) We will limit employees from working in multiple residential locations to the degree possible.
- e) 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.
- f) We will reduce common touch points by opening internal doors where possible.

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

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 and/or changing in-person training requirements until the pandemic is over.
 - c) Two weeks of Emergency PTO (EPTO) was provided to all full and part-time employees on 3/18 and can be used through 12/31/20.
 - d) Favarh will comply with the Emergency Paid Sick Leave and Paid FMLA directives from the federal government effective April 6, 2020.
 - e) Retention Incentives have been put into place and change each month.
 - f) We will continue to hire and onboard new employees.
 - g) Health insurance and 403B information has been updated because of the pandemic.
2. Health Insurance Message for Employees: See appendix B.
3. We will provide employee support during the pandemic including the Employee Assistance Plan (EAP), options for employees to not work if they are at high risk without fear of losing their jobs, and additional employee morale support (weekly lunches, “essential” t-shirts, free thermometers, etc.).
4. We will identify essential business functions (see Glossary).

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

1. 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.
2. 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.
3. Residential Staff levels including emergency/low staff limits.
4. Screening Check list and Sign in.
5. DDS Hospital Admissions and ER form.
6. Respirator Seal Check

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, 7/2

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

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.

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. Participants (non-Favarh residents): If a Participant 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 Participant’s or Caregivers self-reported history and/or Staff’s knowledge and make a determination that the person should not be treated as presumptive.
4. 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 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 **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/stops-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

Source: 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.

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.

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.

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