Massachusetts Day Program COVID-19 Planning and Preparedness Checklist

Issue Date: July 2, 2020

Participant Planning Prior to Re-Opening

☐ Survey All Enrolled Participants/Caregivers/Guardians called 6/5/20 and 7/13/20
  o Does the participant wish to return to the program upon re-opening?
  o Does the participant wish to participate in virtual/remote programming?
  o If the participant wishes to return upon re-opening, what days would they plan to attend?
  o If the participant does not wish to return in-person to the program upon re-opening, does the participant wish to return at a later date or attend virtual sessions?
  o Note: If the participant does not wish to continue in-person or virtual day program services, the provider should assist in referring and establishing alternative services in coordination with the participant as appropriate.

☐ Send Risk/Benefit Discussion Tool to all participants/caregivers/guardians identified as wishing to return to the program in-person. Providers should prioritize in-person services for participants whose needs cannot be adequately provided via telehealth or in the home.

☐ Create Roster of Expected Attendees. Program occupancy upon re-opening must comply with the applicable social distancing protocols described in the Massachusetts Day Program Reopen Approach guidance document [link].

☐ Create a COVID-19 Acknowledgement of Risk Form to be signed by each participant/caregiver/guardian before returning to the program. The signed form must remain in the participant’s record. In lieu of a wet signature, providers may obtain a verbal acknowledgement but must record the participant/caregiver/guardian name, phone number or email address, relationship to the participant (where appropriate), and date and time of the acknowledgement.

☐ Create/update the following plans to prepare for re-opening in light of COVID-19:
  o Staff and participant COVID-19 screening plan attached protocol staff/participants
  o Staff and participant isolation and discharge plan attached protocol staff/participants
  o Communication plan that outlines, at a minimum, steps for contacting local boards of health, staff, participants, participant caregivers/guardians/emergency contacts attached protocol staff/participants
  o Education plan for staff, participant and participant caregiver/guardian to share information about COVID-19 symptoms, transmission, prevention, program policies, and COVID-19 testing attached Covid-19 symptoms, transmission, policies and testing
  o Transportation plan attached Bus Cleaning
  o Program closure and staff absences attached Program closure Eastham and Hyannis
  o Meal and snack plan Meal time protocol
  o Medication plan Nebulizer and Med administration Policies

Staff Planning Prior to Re-Opening

☐ In addition to EOHHS agency mandated trainings, programs must train all staff in the following areas:
  o Social distancing in a congregate setting Social distancing
  o PPE Use: when and what type to wear under various scenarios, including scenarios where social distancing cannot be maintained (e.g., supporting ADL tasks); donning; doffing; disposal; and maintaining integrity of equipment PPE (Protective Personal Equipment) PROTOCOL
  o Cleaning and disinfecting schedule and procedure
  o Identifying signs and symptoms of COVID-19 attached Covid-19 symptoms, transmission, policies and testing
Program Site Planning Prior to Re-Opening

☐ PPE Procurement Plan that identifies how the provider will acquire and maintain appropriate PPE for all staff. Adequate PPE supplies must be available on site prior to opening the program.

☐ Cleaning Plan that identifies what items must be cleaned, sanitized, or disinfected and with what frequency. This must include a daily cleaning schedule for staff (before, during, and after programming) to ensure that all areas, materials, furniture, and equipment used for participant care are properly cleaned, sanitized, or disinfected. Programs must also have a plan in place to obtain and maintain inventory of essential cleaning supplies.

☐ Vendor Delivery Plan, if applicable. Non-contact delivery protocols must be arranged whenever possible.

☐ Prepare program space to promote small groups and social distancing.

Attestation

The attestation must be signed by the program provider’s designated compliance leader. Providers with multiple locations may sign and maintain one attestation on behalf of providers at all locations, as long as the designated compliance leader has clinical and operational control over the other locations. Providers must maintain a signed copy of the attestation form at any and all service locations.

☐ I acknowledge the completion of all planning documents and the execution of all preparedness actions outlined in the Massachusetts Day Program Reopen Approach guidance document and this Checklist.

Signature:___________________________________ Signature Date:_______________

Printed Name: _______________________________

Title: _________________________________

Program Name: _______________________________

Service Location(s): _______________________________

Service Location(s) Re-open Date: ________________
Massachusetts Return to Day Program Risk/Benefit Discussion Checklist

This tool is designed for use by participants, caregivers, and providers collectively to help inform the decision to return to a day program. Checked boxes should be tallied for each section. Upon completion, you will have a visual representation of risks and benefits associated with returning to a day program. Higher tallies in the risk categories indicate a greater risk of poor health outcomes from COVID-19 infections.

Note: This Risk/Benefit Tool is meant to assist participants and their loved ones in determining their comfort level in returning to a day program based on their individual experiences.

There is not a specific designated score that qualifies or excludes a participant from returning to their day program.

<table>
<thead>
<tr>
<th>Part A: Situational Risks</th>
<th>Check box if present ( \times = 1 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>The participant is not able to follow social distancing protocol with 6 feet of distance</td>
<td>☐</td>
</tr>
<tr>
<td>The participant needs prompting/assistance to socially distance</td>
<td>☐</td>
</tr>
<tr>
<td>The participant is not able to use personal protective equipment (PPE) for extended periods of time</td>
<td>☐</td>
</tr>
<tr>
<td>The participant requires physical assistance or prompting to complete ADLs, such as toileting, eating, or mobility</td>
<td>☐</td>
</tr>
<tr>
<td>The participant is not willing or able to answer a series of health screening questions at several intervals throughout the day</td>
<td>☐</td>
</tr>
</tbody>
</table>

Name of Participant: __________________________  Date of Completion: ___/___/_____

Total # of Situational Risks (Part A): __________

<table>
<thead>
<tr>
<th>Part B: Health Related Risks</th>
<th>Check box if present ( \times = 1 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>The participant has diabetes</td>
<td>☐</td>
</tr>
<tr>
<td>The participant is severely obese</td>
<td>☐</td>
</tr>
</tbody>
</table>
## Total # Health Related Risks (Part B): ____________

<table>
<thead>
<tr>
<th>Health Risk Description</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>The participant is older (increased age = higher risk)</td>
<td>☐</td>
</tr>
<tr>
<td>The participant has known respiratory issues</td>
<td>☐</td>
</tr>
<tr>
<td>The participant has known serious heart conditions, including coronary artery disease and hypertension</td>
<td>☐</td>
</tr>
<tr>
<td>The participant has immunocompromising conditions (i.e. HIV, cancer, post-transplant, prednisone treatment, etc.)</td>
<td>☐</td>
</tr>
<tr>
<td>The participant has a chronic kidney disease</td>
<td>☐</td>
</tr>
<tr>
<td>The participant has any other underlying health problems which could be considered a risk</td>
<td>☐</td>
</tr>
</tbody>
</table>

## Part C: Benefits to Participant

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant cannot be left home alone and supervision at home is likely unavailable</td>
<td>☐</td>
</tr>
<tr>
<td>Needs the medical support of day programming (i.e. med admin, medical check-in)</td>
<td>☐</td>
</tr>
<tr>
<td>If not in a structured program, the participant may be wandering in the community or engaging in risky, non-distanced activities.</td>
<td>☐</td>
</tr>
<tr>
<td>Socialization is important to the participant’s health; or, lack of socialization has known serious risks to mental health conditions.</td>
<td>☐</td>
</tr>
<tr>
<td>A sense of normalcy/routine is important to the participant’s health; or, lack of routine has known serious risks to mental health conditions</td>
<td>☐</td>
</tr>
<tr>
<td>Daily activity outside the home is likely to reduce the frequency of behavioral issues</td>
<td>☐</td>
</tr>
<tr>
<td>The participant is unable or unwilling to engage in virtual/video programming</td>
<td>☐</td>
</tr>
<tr>
<td>Other Benefit(s):</td>
<td>☐</td>
</tr>
</tbody>
</table>

## Total # Benefits (Part C): ____________

## Overall Total Risk Score (Part A + Part B): ____________

## Overall Total Benefit Score (Part C): ____________

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*MA Day Program COVID-19 Checklist Issue Date: July 6, 2020*
Note: This Risk/Benefit Tool is meant to facilitate discussion and to assist participants and their loved ones in determining their comfort level in returning to a day program based on their individual experiences.
ACKNOWLEDGMENT OF COVID-19 RISK

Our goal is to provide a safe environment for our participants, staff, and their families. This document contains information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. Even though Cape Abilities has put in place reasonable preventative measures aimed to reduce the spread of COVID-19 among staff and participants, there is no guarantee that you will not be infected. The COVID-19 virus has a long incubation period. You, other staff, or participants may have the virus and not show symptoms but still be contagious.

Due to the group setting of the center based Day Programs and the nature of our work, there is an elevated risk of you contracting the virus simply by being at the program centers and working in Cape Abilities programming.

Please read and sign or verbally acknowledge below to confirm your understanding of the risk of COVID-19.

**********

I confirm that I understand and accept that there is an increased risk of contracting the COVID-19 virus by being in Cape Abilities center based programming or offices. I also acknowledge that I or by could contract the COVID-19 virus from outside the Agency and unrelated to my work at Cape Abilities.

I have read or verbally authorize and understand the information stated above:

Participants Name: __________________________________________________________

Name of Person Authorizing Return to program: __________________________

Relationship to participant: ______________________________________________

Contact information phone number/ email: _________________________________

Date of Completion: ___/___/____

Time of completion______________

Provider Name: __________________________
Purpose: To prevent the potential spread of Covid 19 amongst our participants and employees and to provide the optimal environment within the day habilitation setting.

Cape Abilities follows the Employee Heath Protection of ZERO Tolerance.

- ZERO TOLERANCE FOR SICK WORKERS REPORTING TO WORK. IF YOU ARE SICK, STAY HOME. IF YOU FEEL SICK WHILE AT WORK, GO HOME. IF YOU SEE SOMEONE SICK, SEND THEM HOME.
- If you are exhibiting any of the symptoms below, you are to report this to your supervisor immediately and head home from the job or stay home if you are already there.
Screening and Monitoring of Employees

A. **Daily Self Screening:** All employees seeking entry into the program space must be directed to **self-screen at home, prior to coming to the program for the day.**

   (1) Self-screening shall include checking temperature (temperature of 100.0°F or above is considered a fever), and checking for symptoms including:
   - Fever (temperature of 100.0°F or above), felt feverish, or had chills?
   - Cough?
   - Sore throat?
   - Difficulty breathing?
   - Abdominal pain?
   - Unexplained Rash?
   - Fatigue?
   - Headache?
   - New loss of smell/taste?
   - New muscle aches?
   - Nausea or vomiting?
   - Diarrhea?

   (2) Have you received a positive test result for COVID-19? When was the date of the test? Are you waiting to receive results of a COVID-19 test?

   (3) In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)?

B. **Daily Screening at Program Site:** All employees must be screened before they are permitted to enter the workplace following the requirements below.

   (1) All employees will use a single point of entry to the program to ensure that no individual is allowed to enter the building until they successfully pass the screening.

   (2) A licensed nurse or trained staff will conduct all screening activities including having their temperature taken using a touchless thermometer in a designated screening area with good air ventilation (e.g., a side room or area close to the point of entry, if possible) that will allow for more privacy in order to ask questions. Unless a physical barrier, such as a plexiglass screen, is used, the space used for screening must allow for social distancing of staff from participant while screening is being conducted (i.e. at least 6 feet of separation).
1) Employees will not be allowed on the building if they are positive for any signs of COVID-19, have tested positive for COVID-19, are awaiting test results, or if they have been in close contact with a person who has tested positive for COVID-19.

2) After employees are successfully screened, they will be instructed to use hand sanitizer and employees who provide direct care will be given a surgical mask to wear for their shift when they are unable to maintain social distancing. Once the screening process is complete, employees should proceed directly to their assigned work area.

3) If the employee has a fever or any signs of COVID-19, they will be asked to leave work immediately through the side entrance and will be instructed to contact their health care provider for guidance. If the employee is unable to drive, they will be given appropriate PPE (KN95 mask) and will be brought to an isolation room with windows opened for ventilation. 911 will be activated for any signs of respiratory distress or any other symptoms that require emergent care.

4) Any employee who is sent home will NOT be allowed to return to program until medical clearance is obtained from the PCP or department of public health.

5) The isolation room will be disinfected per agency protocol and the local boards of health will be notified for any positive cases. For the Lyndon Center, contact the Hyannis Board of Health at 508-862-4644. For the Cochran Center, contact the Eastham Board of Health at 508-240-5900. For the Falmouth office, contact Falmouth Board of Health at 508-495-7485.
COVID SCREEN PARTICIPANT PLAN/PROTOCOL

Purpose: To prevent the potential spread of Covid 19 amongst our participants and employees and to provide the optimal environment within the day habilitation setting.

2. Screening and Monitoring of Participants

A. Daily Self Screening: All caregivers/guardians, participants, and any individuals seeking entry into the program space must be directed to self-screen at home, prior to coming to the program for the day.

(1) Self-screening shall include checking temperature (temperature of 100.0°F or above is considered a fever), and checking for symptoms including:

- Fever (temperature of 100.0°F or above), felt feverish, or had chills?
- Cough?
- Sore throat?
• Difficulty breathing?
• Abdominal pain?
• Unexplained Rash?
• Fatigue?
• Headache?
• New loss of smell/taste?
• New muscle aches?
• Nausea or vomiting?
• Diarrhea?

(2) Have you received a positive test result for COVID-19? When was the date of the test? Are you waiting to receive results of a COVID-19 test?

(3) In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)?

B. Daily Screening by Transportation Personnel: Any entity providing participants with direct transportation to and from the program must conduct the following screening to all staff, participants and personnel planning to travel on the vehicle before they are permitted to enter the vehicle

(1) Today or in the past 24 hours, have you or any household members had any of the following symptoms (not associated with a pre-existing condition)?

• Fever (temperature of 100.0°F or above), felt feverish, or had chills?
• Cough?
• Sore throat?
• Difficulty breathing?
• Abdominal pain?
• Unexplained Rash?
• Fatigue?
• Headache?
• New loss of smell/taste?
• New muscle aches?
• Nausea or vomiting?
• Diarrhea?

(2) Have you received a positive test result for COVID-19? When was the date of the test? Are you waiting to receive results of a COVID-19 test?

(3) In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)?

(4) If the person answers yes to any of the signs for COVID-19, they will not be allowed to enter the transportation van and will be instructed to follow up with their health care provider.

(5) The day programs will require medical clearance before an individual is allowed to return to day program.

C. Daily Screening at Program Site: Programs must screen all staff and participants before they are permitted to enter the space following the requirements below.

(1) All participants will use a single point of entry to the program (Lyndon Center-through the kitchen door in the day program area (Cochran- the side door near the bathrooms) to ensure that no individual is allowed to enter the building until they successfully pass the screening.
(2) A licensed nurse or a trained staff will conduct all screening activities including having their temperature taken using a touchless thermometer in a designated screening area with good air ventilation (under a tent which is located outside the entrance) that will allow for more privacy in order to ask questions. Participants will be brought to the screening area one person at a time allowing for social distancing of 6 feet of separation. Once the participant has been successfully screened, they will be given hand sanitizer and cued to clean their hands prior to entering their assigned room.

(3) Verbally screen participants and caregivers/guardians, as applicable, asking the following questions. If any of the below are yes, the participant must not be allowed to enter transportation vehicles or the program building. The participant must stay or return home with their caregiver/guardian.

(a) Today or in the past 24 hours, have you or any household participants had any of the following symptoms?

- Fever (temperature of 100.0°F or above), felt feverish, or had chills?
- Cough?
- Sore throat?
- Difficulty breathing?
- Abdominal pain?
- Unexplained Rash?
- Fatigue?
- Headache?
- New loss of smell/taste?
- New muscle aches?
- Nausea or vomiting?
- Diarrhea?

(b) Have you received a positive test result for COVID-19? When was the date of the test? Are you waiting to receive results of a COVID-19 test?

(c) In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)?

(4) Participants or caregivers/guardians must provide verbal attestations daily regarding any household contacts with COVID-19, symptoms (e.g., fever, sore throat, cough, shortness of breath, loss of smell or taste, or diarrhea), or if they have taken medicine to lower a fever, and provider must maintain log of who was at the program each day.

(5) Individuals who decline to complete the screening questionnaire must be isolated immediately and steps must be taken to return the participants back to their place of residence with instructions to seek testing, and/or self-isolate. Refer to isolation procedures within this document for more information.

(6) Anyone with a fever of 100.0°F or above, or any other signs of illness, or who answered positively to the screening criteria above must be isolated immediately and steps must be taken to return the participants back to their place of residence with instructions to seek testing, and/or self-isolate. Refer to isolation procedures within this document for more information.

(7) Staff must make a visual inspection of each participant for signs of illness, which could include
flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), or fatigue. Confirm that the participant is not experiencing coughing or shortness of breath. In the event a participant is experiencing new, sudden shortness of breath or extreme difficulty breathing, call emergency medical services immediately.

D. Other guidelines for participants

1) All participants will be encouraged to wear a face mask on the transportation van and at day program when they are unable to maintain social distancing.

2) If a participant has a fever or any signs of COVID-19, they will be brought immediately to an isolation room. The isolation room will have windows which will be opened for ventilation.

3) The ill participant will be given appropriate PPE (KN95 or surgical mask) Nursing or program director will contact responsible party to pick up. Staff will remain with the individual with appropriate PPE until they are picked up.

4) Any participant who is sent home will NOT be allowed to return to program until medical clearance is obtained from the PCP or department of public health.

5) The isolation room and van that the ill participant was transported on will be cleaned and disinfected per agency protocol. The local boards of health will be contacted for any positive cases. For the Lyndon Center, contact the Hyannis Board of Health at 508-862-4644. For the Cochran Center, contact the Eastham Board of Health at 508-240-5900. For the Falmouth office, contact the Falmouth Board of Health at 508-495-7485.
COVID SIGNS AND SYMPTOMS PLAN

Purpose: To prevent the potential spread of Covid 19 amongst our participants and employees and to provide the optimal environment within the day habilitation setting.

ABOUT THE CORONAVIRUS (COVID-19)

The Coronavirus (COVID-19) is a respiratory virus. Current symptoms have included mild to severe respiratory illness with fever, cough and difficulty breathing. According to the Center for Disease Control (CDC), the virus is spread mainly from person to person, between people who are in close contact with each other (within about 6 feet). In addition, there is the possibility of transmission from contact with a contaminated surface. The spread is from respiratory droplets produced when an infected person coughs or sneezes. People considered at high risk include individuals who are over the age of 60, have underlying health conditions or a weakened immune system and pregnant women.

COVID-19 affects different people in different ways. Infected people have had a wide range of symptoms reported – from mild symptoms to severe illness. Symptoms may appear 2-14 days, which include but not limited to the following:
Trouble breathing
Persistent pain or pressure in the chest
New confusion
Inability to wake or stay awake
Bluish lips or face
Fever or chills (temp of 100.0 F or above)
Cough
Shortness of breath or difficulty breathing
Fatigue
Muscle or body aches
Abdominal pain
Unexplained Rash
Headache
New loss of taste or smell
Sore throat
Congestion or runny nose
Nausea or vomiting
Diarrhea

If someone is showing any of these signs, seek emergency medical care immediately.

Contact your medical provider for any other symptoms that may be concerning.

TRANSMISSION AND PREVENTION OF COVID-19 PLAN

**Purpose:** To prevent the potential spread of Covid 19 amongst our participants and employees and to provide the optimal environment within the day habilitation setting.

**The virus is thought to spread mainly from person-to-person.**

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- COVID-19 may be spread by people who are not showing symptoms.

**The virus spreads easily between people**
How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious, like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, which means it goes from person-to-person without stopping.

**The virus that causes COVID-19 is spreading very easily and sustainably between people.** Information from the ongoing COVID-19 pandemic suggests that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious. In general, **the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.**

**The virus may be spread in other ways**

It may be possible that a person can get COVID-19 by **touching a surface or object that has the virus on it** and then touching his or her own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning more about how this virus spreads. At this time, the risk of COVID-19 spreading **from animals to people** is considered low.

**The best way to prevent illness is to avoid being exposed to this virus.**

You can take steps to slow the spread.

- **Maintain good social distance** (about 6 feet). This is very important in preventing the spread of COVID-19.
- **Wash your hands** often with soap and water. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- **Routinely clean and disinfect** frequently touched surfaces.
- Cover your mouth and nose with a **cloth face covering** when around others.
- **Covid Testing**
- Any participant/staff who is sent home will NOT be allowed to return to program until medical clearance is obtained from the PCP or department of public health. Below is the Massachusetts testing sites.

TRANSPORTATION SAFETY AND VEHICLE DISINFECTING PLAN

PURPOSE: TO PREVENT THE POTENTIAL SPREAD OF COVID 19 AMONGST OUR PARTICIPANTS AND EMPLOYEES AND PROVIDE THE OPTIMAL ENVIRONMENT DURING TRANSPORT FOR COVID 19 PREVENTION.

POLICY: CAPABILITIES HAS PROCEDURES IN PLACE TO ENSURE THAT PASSENGER VANS ARE CLEANED AND DISINFECTED ROUTINELY TO REDUCE THE RISK OF THE SPREAD OF COVID 19 FOR HIGH RISK INDIVIDUALS AND THE EMPLOYEES THAT CARE FOR THEM. CAPABILITIES PROTOCOLS FOR “DEEP CLEANING” AND “PROVIDING CARE TO RESIDENT’S THAT HAVE CONFIRMED COVID 19” WILL BE IMPLEMENTED IF AN EMPLOYEE OR RESIDENT IS CONFIRMED TO HAVE COVID 19 AND WAS IN THE FACILITY/BUS WHILE THEY WERE SYMPTOMATIC.

SAFETY PROTOCOLS:

1. Vehicles will be equipped with clear, impermeable barriers between operators and the rest of the cabin. Options may include Plexiglas or flexible plastic sheeting and are used only according to manufacturer and vehicle safety guidelines.
2. Routes will be planned and seats assigned to maintain social distancing (6 feet) on board the vehicle. No passengers will sit up front with the driver. At most, we will place only one rider per seat in every other row. Mark restricted seats using signage, decals, colored striping, etc.
3. Routes will be planned to minimize the time participants spend in group transportation
4. All staff who drive agency vehicles and transportation staff have been trained on our transportation plan prior to reopening.
5. All drivers have been trained on precautions, including how to use masks and gloves and proper hand-washing, prior to having them transport participants. Drivers and monitors will wear masks or face coverings whenever they are in the vehicle, or when they are near other people outside of the vehicle. Drivers and monitors will wear masks and gloves whenever they are securing participants’ seatbelts, car seats, Wheelchairs, etc. in the vehicle.
6. Prior to driving, each driver will confirm that their masks and any other equipment – such as gloves – do not impact their ability to operate the vehicle safely.
7. Drivers are instructed to stay home if they are sick. Program staff will not schedule drivers when they are sick.
8. Any staff who might be called upon to clean the vehicle has been trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills, according to the EPA-Registered Products for Use Against Novel Coronavirus SARS-CoV-2 (the cause of COVID-19).

CLEANING PROTOCOLS:

Driver or other designated staff will thoroughly clean the vehicle at the beginning and end of each shift and after each use. This cleaning will include all of the following steps:

1. Sweeping or vacuuming thoroughly
2. Dusting and wet-mopping vehicle floors
3. Using EPA-Registered Products for Use Against Novel Coronavirus SARS-CoV-2 (the cause of COVID-19) to clean high-touch surfaces, including buttons, handholds, pull cords, rails, steering wheels, door handles, shift knobs, dashboard controls, and stanchions
4. Removing trash
5. Wiping heat and air conditioner vents
6. Spot cleaning walls and seats
7. Dusting horizontal surfaces
8. Cleaning spills
9. If soft or porous surfaces (e.g., fabric seats, upholstery, carpets) are visibly dirty, clean them using appropriate cleaners and then disinfect soft or porous surfaces using EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2

Driver or other designated staff will disinfect each vehicle after each use. This disinfection will include all of the following steps:

- Cleaning prior to disinfection to remove all surface matter
- Using EPA-Registered Products for Use Against Novel Coronavirus SARS-CoV-2 (the cause of COVID-19) to clean high-touch surfaces, including buttons, handholds, pull cords, rails, steering wheels, door handles, shift knobs, dashboard controls, and stanchions
- If soft or porous surfaces (e.g., fabric seats, upholstery, carpets) are visibly dirty, clean them using
appropriate cleaners and then disinfect soft or porous surfaces using EPA Registered Antimicrobial Products for Use against Novel Coronavirus SARS-CoV-2.

- If hard porous surfaces (e.g., arm rests, hard seats, door handles, seat belt buckles, light and air controls, doors and windows, grab handles) are visibly dirty, clean them with appropriate cleaners like soap and water or detergent and then disinfect the hard surfaces using EPA Registered Antimicrobial Products for use against Novel Coronavirus SARS-CoV-2.

- Our cleaning procedures include routine cleaning and disinfection of frequently touched surfaces, including surfaces in the driver cockpit commonly touched by the driver.

- All transportation and day program staff are trained to use disinfectants in a safe and effective manner wearing appropriate PPE and to clean up potentially infectious materials and body fluid spills.

- When cleaning and disinfecting vehicles, all employees will wear disposable gloves compatible with the products being used as well as a mask, and disposable coveralls for visibly contaminated surfaces. In addition, all doors and windows should remain open during the cleaning process.

- Gloves and any other disposable PPE used for cleaning and disinfecting the vehicle should be removed and disposed of after cleaning; was hands immediately after removal of gloves and PPE with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available. If a disposable gown or overalls was not used, clothing worn during the cleaning process should be laundered afterwards using the warmest appropriate water settings and dry items completely.

- We will keep drivers and monitors adequately supplied with soap, paper towels, tissues, hand sanitizers, cleaning supplies, and garbage bags.

- Van drivers will have a schedule for cleaning and disinfecting the van which will be overseen by the Director of Transportation.

### VAN CLEANING PROCEDURE and CHECKLIST

<table>
<thead>
<tr>
<th>Date:</th>
<th>Route #</th>
</tr>
</thead>
</table>

All transportation and day program staff are trained to use disinfectants in a safe and effective manner wearing appropriate PPE and to clean up potentially infectious materials and body fluid spills. When cleaning and disinfecting vehicles, all employees will wear disposable gloves compatible with the products being used as well as a mask, and disposable coveralls for visibly contaminated surfaces. In addition, all doors and windows should remain open.

Driver or other designated staff will thoroughly clean the vehicle at the beginning and end of each shift and after each use. This cleaning will include all of the following steps:
### Checklist:

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<tbody>
<tr>
<td>1</td>
<td>Sweep or vacuum thoroughly</td>
</tr>
<tr>
<td>2</td>
<td>Dust and wet-mop vehicle floors</td>
</tr>
<tr>
<td>3</td>
<td>Clean high-touch surfaces, including buttons, handholds, pull cords, rails, steering wheels, door handles, shift knobs, dashboard controls, and stanchions using EPA-Registered products for use against Novel Coronavirus SARS-CoV-2.</td>
</tr>
<tr>
<td>4</td>
<td>Remove trash</td>
</tr>
<tr>
<td>5</td>
<td>Wipe heat and air conditioner vents</td>
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<tr>
<td>6</td>
<td>Spot clean walls and seats</td>
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<tr>
<td>7</td>
<td>Dust horizontal surfaces</td>
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<tr>
<td>8</td>
<td>Clean spills</td>
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<tr>
<td>9</td>
<td>If soft or porous surfaces (e.g., fabric seats, upholstery, carpets) are visibly dirty, clean them using appropriate cleaners and then disinfect soft or porous surfaces using EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2</td>
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**Driver or other designated staff will disinfect each vehicle after each use. This disinfection will include all of the following steps:**

### Checklist:

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<tbody>
<tr>
<td>1</td>
<td>Clean prior to disinfection to remove all surface matter</td>
</tr>
<tr>
<td>2</td>
<td>Clean high-touch surfaces, including buttons, handholds, pull cords, rails, steering wheels, door handles, shift knobs, dashboard controls, and stanchions using EPA-Registered products for use against Novel Coronavirus SARS-CoV-2.</td>
</tr>
<tr>
<td>3</td>
<td>If soft or porous surfaces (e.g., fabric seats, upholstery, carpets) are visibly dirty, clean them using appropriate cleaners and then disinfect soft or porous surfaces using EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2</td>
</tr>
<tr>
<td>4</td>
<td>If hard porous surfaces (e.g., arm rests, hard seats, door handles, seat belt buckles, light and air controls, doors and windows, grab handles) are visibly dirty, clean them with appropriate cleaners like soap and water or detergent and then disinfect the hard surfaces using EPA Registered Antimicrobial Products for use against Novel Coronavirus SARS-CoV-2.</td>
</tr>
<tr>
<td>5</td>
<td>Clean and disinfection of frequently touched surfaces, including surfaces in the driver cockpit commonly touched by the driver.</td>
</tr>
</tbody>
</table>

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**Staff Signature:**
In the event there is a positive case of Covid 19

If a participant/staff has a fever or any signs of COVID-19, they will be brought immediately to an isolation room. The isolation room will have windows, which will be opened for ventilation. (Art room in Cochran)

**Notifying Required Parties:** In the event that a program experiences an exposure, programs must notify the following parties.

1. Employees and participants and/or caregiver/guardians should be notified about exposure but maintain confidentiality.

2. Local board of health if a participant or staff has tested positive.

3. Funding and licensing agencies if a participant or staff has tested positive.

**Cleaning, Sanitizing, and disinfecting After a Potential Exposure in Day Programs:** If a program suspects a COVID-19 potential exposure, they must conduct cleaning and disinfecting as follows.

1. Close off areas visited by the participant suspected of COVID-19. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection. Programs must plan for availability of alternative space while areas are out of use.
(2) Cleaning staff must clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (e.g., tablets, touch screens, keyboards) used by the suspect case(s)ill persons, focusing especially on frequently touched surfaces.

A. Additional Considerations: Programs must also consider the following precautions. Staff/participant clothing must not be worn again until after being laundered at the warmest temperature possible.

If no alternative site is available for staff/participant Covid-19 exposure, program closure will take place for 24-48 hours for cleaning/disinfecting as described above.

Participant/staff absences

Participants and Staff Absences or substantial increases in respiratory illnesses (like the common cold or the “flu,” which have symptoms similar to symptoms of COVID-19). Absences will be documented and communicated with staff and participants and Nursing or Administration will be responsible to inform the funding agency, local board of health, and other appropriate audiences while maintaining confidentiality.

Supplementary staff will be available to cover any staff absentee due to illness. Covid or otherwise. Director will take responsibility to insure all guidance and ratios as required by Mass Health and other funding sources are within compliance.

For the Lyndon Center, contact the Hyannis Board of Health at 508-862-4644.
For the Cochran Center, contact the Eastham Board of Health at 508-240-5900.
For the Falmouth office, contact Falmouth Board of Health at 508-495-7485.
In the event there is a positive case of Covid 19

If a participant/staff has a fever or any signs of COVID-19, they will be brought immediately to an isolation room. The isolation room will have windows, which will be opened for ventilation. (Blue room in Lyndon)

**Notifying Required Parties:** In the event that a program experiences an exposure, programs must notify the following parties.

(1) Employees and participants and/or caregiver/guardians should be notified about exposure but maintain confidentiality.

(2) Local board of health if a participant or staff has tested positive.

(3) Funding and licensing agencies if a participant or staff has tested positive.

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A. Additional Considerations: Programs must also consider the following precautions. Staff/participant clothing must not be worn again until after being laundered at the warmest temperature possible.

Alternative site for staff/participant Covid-19 exposure to stay if blue room is not available is the sensory room then the gym.

Participant/staff absences

Participants and Staff Absences or substantial increases in respiratory illnesses (like the common cold or the “flu,” which have symptoms similar to symptoms of COVID-19). Absences will be documented and communicated with staff and participants and Nursing or Administration will be responsible to inform the funding agency, local board of health, and other appropriate audiences while maintaining confidentiality.

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MEALTIME PROTOCOL

Purpose: To prevent the potential spread of Covid 19 amongst our participants and employees and to provide the optimal environment during meal and breaktime.

1) Each participant will bring their lunch and snacks in a disposable brown paper bag with disposable utensils. The individual’s name must be clearly written on the bag. No reusable lunch boxes or thermoses will be allowed. No extra bags or back packs to be brought into program. No plastic containers, flasks, thermoses. All food containers should be disposable.

2) Upon arrival to program, participants will put their lunches in a bin for staff to put in the lunch cabinet.

3) Heat up lunches will be discouraged to reduce the need for microwave use. If participants do bring in heat up lunches, staff will microwave the food. Participants will not be allowed to use the microwave.

4) Participants will wash their hands before snack and lunch and will sit at an assigned table with social distancing maintained.

5) Dayhab staff will deliver the lunch to their table along with paper plates, utensils and napkins if needed.

6) Staff will monitor all participants at mealtimes to ensure their safety.

7) Once a participant has completed their lunch or snack, staff will pick up the trash and dispose of it in a waste container.

HAND HYGIENE PROTOCOL
**Purpose:** To prevent the potential spread of Covid 19 amongst our participants and employees.

**Definition:** Hand hygiene is a general term that describes handwashing using soap and water or the use of an alcohol-based hand rub (ABHR) to destroy pathogens, such as bacteria or viruses, on the hands.

Hand hygiene should always be performed:

1. Upon entry into and exit from program space;
2. When coming in to the program space from outside activities;
3. Before and after eating;
4. After sneezing, coughing or nose blowing;
5. After toileting;
6. Before handling food;
7. After touching or cleaning surfaces that may be contaminated;
8. After using any shared equipment like, computer keyboards, mouse;
9. Before and after administration of medication;

**Hand washing schedule:**

1. Wet your hands with clean, running water (warm or cold), and apply soap.
2. Lather the soap over the top and bottoms of your hands, fingers and wrists using quick motions.
3. Interlace your fingers to clean between them. Clean your fingernails by rubbing them against the palm of your other hand to force the soap under the nails.
4. Continue to lather the soap over all surfaces of the hands and fingers for at least 20 seconds. Hum the “Happy Birthday” song from beginning to end twice.
5. Rinse your hands well under clean, running water keeping your fingers pointed downwards.
6. Dry your hands thoroughly using a clean disposable paper towel or air dryer. Do not shake the water from your hands.
7. Drop the used paper towel in the trash can without touching the container.
8. Use a clean paper towel to shut off the water.

**ABHRs (alcohol-based hand rubs):**

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol.

ABHR may NOT be used when working with food.

1. Apply an appropriate amount (as recommended by the manufacturer) and spread the product to ensure that all surfaces of the hands and fingers are covered.
2. Continue rubbing your hands together until all areas are dry.

Hand washing scheduling by staff and participant should be done when following hand washing procedures 1-8. Each staff and participant should be 6 feet apart before washing hands and distance should be marked on floor for spacing.

Hand washing monitoring of the staff and participants should be performed by staff cueing participants and staff should reinforce proper hand washing procedures.
Agency Communication Plan

The ill participant/staff will be given appropriate PPE (KN95 or surgical mask) Nursing or program director will contact responsible party to pick up. Staff will remain with the individual with appropriate PPE until they are picked up.

Communicate. In the event that a participant or staff tests positive for COVID-19, all staff and participants who have had close contact with them should be tested ASAP. Programs should have a plan in place for how they would communicate to all appropriate individuals about possible exposure and testing resources, while maintaining the confidentiality of the person who was confirmed COVID-19 positive.

(1) Immediately isolate from other participants and minimize exposure to staff.

(2) Whenever possible, cover participant’s noses and mouths with appropriate PPE (i.e., a facemask or face covering, if not available) or cloth face covering.

(3) Contact the participant’s caregivers/guardians to indicate that they must be picked up or transported to their place of residence as soon as possible.

(4) Provide the participant and participant’s caregiver/guardian with information outlining that they should contact their health care provider, how and where they can obtain testing, and proper self-quarantining and self-isolating procedures.

Self-Quarantining and Self-Isolating Following Exposure or Potential Exposure: In the event that a staff or a participant is exposed to a sick or symptomatic person, the following protocols must be followed:
(1) If a participant or staff has been exposed to COVID-19, regardless of whether the individual has symptoms or not, the participant or staff must not be permitted to enter the program space and must be sent home. Exposed individuals must be directed to stay home for at least 14 days after the last day of contact with the person who is sick. The program must consult the local board of health for guidance on quarantine for other participants and staff and what additional precautions will be needed to ensure the program space is safe for continued services.

(2) If an exposed participant or staff subsequently tests positive or their doctor health care provider reports they have confirmed or probable COVID-19, they must be directed to stay home for a minimum of 10 days from the 1st day of symptoms appearing AND be fever-free for 72 hours without fever reducing medications AND experience significant improvements in symptoms. Release from isolation is under the jurisdiction of the local board of health where the individual resides.

(3) If a participant’s household member tests positive for COVID-19, the participant must self-quarantine for 14 days after the last time they could have been exposed.

G. If an Exposed Participant Remains Asymptomatic and/or Tests Negative for COVID-19: If the exposed individual remains asymptomatic and/or tests negative for COVID-19, they must remain in quarantine and continue to monitor for the full 14 days.

H. If Exposed Staff Remains Asymptomatic and/or Tests Negative for COVID-19: If the exposed individual remains asymptomatic and/or tests negative for COVID-19, they may continue working in accordance with the DPH Occupational Exposure & Return to Work Guidance.

how and where they can obtain testing,

https://www.mass.gov/info-details/about-covid-19-testing

https://www.mass.gov/doc/ma-covid-19-testing-sites/download
CAPEABILITIES MEDICATION ADMINISTRATION POLICY DURING COVID PANDEMIC:

7/9/2020

PURPOSE: This policy will provide guidelines for the licensed staff nurse to administer medications to individuals who require them (as ordered by their physician) during the Covid pandemic at day program. To ensure the health and safety of the individuals, all day programs should have a licensed nurse who has the knowledge and skills required for the delivery of medication and the assessment of the individual’s health.

Policy:
1. Any individual who must take medication during the day program hours should do so in compliance with all federal and state laws and day program policies.

2. To protect individuals safety and prevent medication error. Program will have a confidential, timely and accurate record of the service provided. The licensed nurse will follow the “5 rights of medication administration”, the right individual, the right medication, the right dose, the right route and the right time.

3. A written medication form, signed by the authorized prescriber with the name of the individual, the drug, the dose, approximate time to be taken, and the diagnosis or reason the medication is needed. This is a requirement of all prescription medications.

4. Day program licensed nurse will wash hands using proper hand hygiene.

5. Day program licensed nurse will wear a surgical mask and don gloves.

6. The licensed nurse will wear other ppe as so determined for the protection of his or herself and the individual.

7. The licensed nurse will attain medication and go to the individual to administer the medication in the dayhab.

8. The medication administration requires licensed nurse and individual to have close contact and unable to social distance, as such; appropriate ppe will be used and the individual will wear cloth mask and nurse a surgical mask. The mask will be removed by participant to take oral medication.

9. During medication administration the licensed nurse and individual will will not be able to maintain social distancing of 6 feet during medication administration.

10. After medication administration the individual will wash hands using hand hygiene protocol.

11. After medication administration licensed nurse will properly dispose of ppe and wash hands using hand hygiene protocol.

12. Equipment that has a hard porous surface used to take vital signs or to perform other evaluations will be wiped down with appropriate antimicrobial products for the use against covid-19. Following the manufacturer’s guidelines for concentration, application and drying time. Soft porous surfaces such as the “blood pressure cuff” can be cleaned using epa disinfecting cleaners for covid 19, appropriate for porous surfaces and following manufacturer’s guidelines. If possible use disposable equipment.
CAPEABILITIES NEBULIZER POLICY AND PROCEDURE DURING COVID PANDEMIC:
7/8/2020

PURPOSE: THIS POLICY WILL PROVIDE GUIDELINES FOR THE APPROPRIATE USE AND CARE OF NEBULIZER EQUIPMENT FOR AEROSOL THERAPY AT CAPEABILITIES. THE NEBULIZER SYSTEM PROVIDES A SAFE, EFFECTIVE AND SIMPLE MEANS OF DELIVERING MEDICATION IN AEROSOL FORM, CONVERTING LIQUID MEDICATION INTO A “MIST” THAT IS INHALED INTO THE BRONCHIAL TREE FOR THERAPEUTIC REASONS.

POLICY:

1. THE ADMINISTRATION OF A NEBULIZER TREATMENT MAY ONLY BE PERFORMED IN AN OUTDOOR SPACE AND USING “CLEAN TECHNIQUE” AS WELL AS STANDARD PRECAUTIONS UNLESS ADDITIONAL PRECAUTIONS ARE WARRANTED (DROPLET/RESPIRATORY.)

2. THE HEALTH CARE PROVIDER ADMINISTERING THE NEBULIZER TREATMENT WILL WASH HANDS USING PROPER HANDWASHING TECHNIQUE BEFORE AND AFTER ADMINISTERING NEBULIZER TREATMENT, WEAR GLOVES DURING TREATMENT, DON A RESPIRATOR (SUCH AS AN N95), AND WEAR EYE PROTECTION DURING ENTIRE TREATMENT. OTHER PPE AS APPROPRIATE, AS DETERMINED BY HEALTH CARE PROVIDER AS 6’ SOCIAL DISTANCING WILL NOT BE POSSIBLE DURING NEBULIZER TREATMENT.

3. THE NEBULIZER SHALL ONLY BE USED FOR AEROSOL THERAPY UPON THE VALID ORDER OF A PHYSICIAN, WHICH MUST INCLUDE ALL COMPONENTS OF AN ORDER. IF THE INDIVIDUAL CAN “HOLD THE NEBULIZER MOUTHPIECE TO ASSIST WITH ADMINISTRATION THE MD ORDER MUST STATE THAT ONCE MEDICATION IS PREPARED THE INDIVIDUAL MAY HOLD TO MOUTH AFTER HEALTH CARE PROVIDER SETS UP.” ASSEMBLE EQUIPMENT AND APPROPRIATE MEDICATION AFTER VALIDATING PHYSICIAN ORDER AND COMPARING TO MEDICATION LABEL. THE NEBULIZER TREATMENT IS TO BE ADMINISTERED FOR USE IN INDIVIDUALS EXPERIENCING WHEEZING, INCREASED SOB OR ADVENTICIOUS LUNG SOUNDS PER MD ORDERS. LUNG SOUNDS NEED TO BE AUSCULTATED BEFORE AND AFTER NEBULIZER TREATMENT FOR EFFECTIVENESS AND DOCUMENT IN THE CLIENT’S CHART.

4. TAKE EQUIPMENT AND MEDICATION TO WHERE IT IS TO BE USED OUTDOORS. DO NOT PLACE NEBULIZER ON SOFT SURFACE AND DO PLACE ALWAYS ON A HARD SURFACE. ASSURE THAT THERE IS A “GROUNDED “OUTLET TO PLUG MACHINE INTO.

5. PROVIDE APPROPRIATE TEACHING TO THE INDIVIDUAL REGARDING PROCEDURE TO ASSURE THAT THE INDIVIDUAL UNDERSTANDS AND CAN/WILL COOPERATE.

6. ATTACH THE CLEAR CONNECTING TUBING TO THE NEBULIZER AND ENSURE THAT IT IS CLEAN AND INTACT.

7. UNSCREW THE “NEBULIZER CUP” AND PLACE IT ON A CLEAN DRY SURFACE (STAFF MAY PERFORM THIS “NURSING ACTION” IN THE MEDICATION ROOM.)

8. CHECK THE PHYSICIAN’S ORDER FOR TYPE AND AMOUNT OF MEDICATION PRESCRIBED, AND POUR INTO NEBULIZER CUP (FOLLOWING THE 6 RIGHTS OF MEDICATION ADMINISTRATION.)

9. SCREW THE “NEBULIZER CUP” BACK ONTO THE NEBULIZER ASSEMBLY.

10. HAVE THE INDIVIDUAL HOLD THE “WATER TRAP” UPRIGHT AND PLUG THE COMPRESSOR INTO THE “GROUNDED” WALL OUTLET. BE SURE THE INDIVIDUAL IS IN A COMFORTABLE POSITION OR PREFERRED SEMI-FOWLERS POSITION. ENSURE THAT THE “WATER TRAP” HOLDING COMPONENT IS UPRIGHT TO PREVENT LIQUID FROM SPILLING. IF INDIVIDUAL CANNOT HOLD THE “WATER TRAP” PROPERLY, HEALTH CARE PROVIDER MAY ASSIST.

11. SWITCH NEBULIZER MACHINE ON AND THE MOUTHPIECE WILL EMIT AEROSOLIZED MEDICATION.

12. INSTRUCT THE INDIVIDUAL TO PLACE THE “MOUTHPIECE” BETWEEN TEETH AND BREATHE THROUGH IT.

13. KEEP THE NEBULIZER CUP UPRIGHT AT ALL TIMES TO ENSURE ADEQUATE NEBULIZATION OF THE MEDICATION. GIVE THE INDIVIDUAL INTERMITTENT REST PERIODS LASTING MORE THAN ONE MINUTE TO FREELY COUGH AND DEEP BREATHE.
14. EACH INDIVIDUAL UTILIZING THE NEBULIZER SHALL HAVE HIS/HER OWN MOUTHPIECE AND TUBING. TUBING AND MOUTHPIECE WILL BE PROPERLY DISPOSED OF WHEN TREATMENT IS FINISHED. THE NEBULIZER MACHINE AND CORD AS WELL AS ANY EQUIPMENT USED (STETHASCOPE) WILL BE PROPERLY CLEANED AND SANITIZED (PER MANUFACTURERS GUIDELINES) AFTER USE AND STORED PROPERLY.

15. CLIENT’S RESPONSE TO TREATMENT AND EFFECTIVENESS WILL BE DOCUMENTED IN THE MEDICAL RECORD.
SOCIAL DISTANCING PROTOCOL

Purpose: To prevent the potential spread of Covid 19 amongst our participants and employees and to provide the optimal environment within the day habilitation setting.

Social Distancing is a public health practice designed to limit the spread of infection by ensuring sufficient physical distance between individuals. Taking measures to ensure social distancing decreases opportunities for close contact among persons, thereby decreasing the potential for disease transmission among people and slowing the spread of disease.

Social distancing measures include:

- Limiting face to face contact with others is the best way to reduce the spread of coronavirus disease 2019.
- Avoid in person meetings. Use on line teleconferencing, email, or the phone when possible, even when people are in the same building.
- When possible, work remotely.
- If you must meet in person, maintain a personal distance between oneself and other people of 6 feet. (about 2 arms length).
- If unable to maintain a personal distance of 6 feet (such as when providing direct care), use appropriate personal protective equipment.
- Do not congregate in work rooms, copier rooms, or break rooms.
- Bring lunch and eat at your desk away from others.
- Personal contact can be further minimized by avoiding shaking hands or hugging.
- Cancel public events, including civic, cultural, athletic, educational, social, and others.
- Suspending all but critical operations.
- If you have any symptoms of coronavirus disease 2019, stay at home.
PPE (Protective Personal Equipment) PROTOCOL

Purpose: To prevent the potential spread of Covid 19 amongst our participants and employees and to provide the optimal environment within the day habilitation setting.

The Use Of Personal Protective Equipment (PPE)

COVID-19 is primarily spread through droplets in the air. Maintaining physical distance from others is critical to avoid droplets that are formed when a person sneezes, coughs, yells, etc. With or without the use of PPE, strict physical distancing, to the extent possible is important.

Persons who are ill with COVID-19 or a COVID-like illness (defined as fever, cough, shortness of breath/difficulty breathing, or sore throat) should be provided with a facemask. Staff should be provided with a facemask. Facemasks may include cloth face coverings only if appropriate PPE is not available.

Providers should determine PPE needs in accordance with CDC guidelines and DPH guidelines and priorities for PPE use, depending on the setting in and the type of care being administered.

- In settings where isolation protocol and physical distance can be maintained, providers should follow guidance for the care of individuals at homes and community facilities, including CDC guidance for caring for someone at home.

- If the individual requires care that prevents maintaining social isolation protocol and physical distance, providers should follow the CDC’s infection control guidance for healthcare personnel. Including the use of appropriate PPE.

With the PPE that is appropriate for and available to providers, providers should follow the CDC’s guidance for optimizing the supply of PPE and when to use different types of PPE.

PPE Supply

The Commonwealth of Massachusetts is acutely aware of rapidly expanding needs for personal protective equipment (PPE) for numerous organizations across the state including masks, gowns, gloves, eye
protection. PPE resources are limited in the Commonwealth and we must conserve the use of PPE. The Commonwealth is not able to supplant the normal supply chain for PPE.

Additional PPE considerations

In programs where facemasks are available but only in limited supply, the CDC offers guidance on the extended use of facemasks and the limited re-use of facemasks. In programs where facemasks are not available, staff and residents might use homemade masks (e.g., bandana, scarf); however, homemade masks are not considered PPE and should only be used with caution, since their ability to protect against infection is unknown. If cloth masks are used by the residents or staff, the masks should:

- Fit snugly but comfortably against the side of the face;
- Be secured with ties or ear loops;
- Include multiple layers of fabric;
- Allow for breathing without restriction; and
- Be able to be laundered and machine dried without damage or change to shape.

When putting on and taking off the mask, do not touch the front of it; you should only handle the ties or ear straps, and make sure that you wash the mask daily regularly. Wash your hands or use hand sanitizer after touching the mask.

Cloth masks should not be placed on children under the age of 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

1) **Sequence for putting on Personal Protective Equipment**
   a) Apply the gown which should fully cover the torso from the neck to the knees and the arms. It should be fastened in the back and waist.
   b) Apply mask which should cover the mouth and nose with no gaps between the face and mask.
   c) Apply goggles/face shield/glasses if you may come into contact with materials that may splash (i.e., showering and individual).
   d) Apply gloves to cover the wrist of the isolation gown.

2) **Sequence for removing Personal Protective Equipment.** This should be done only after all direct care is completed on the resident. Remember that the outside of all PPE’s is now considered contaminated.
   a) Remove gloves. Grasp the outside of the gloves with the opposite gloved hand and peel off. Hold the removed glove in the gloved hand. Slide fingers of ungloved hand under remaining glove at the wrist. Peel glove off over first glove and discard in waste container.
   b) Remove goggles or face shield. Handle by the earpieces or head band. Discard in waste container if disposable. Reusable goggles or glasses should be washed thoroughly with soap and water.
   c) Remove gown. The front of the gown is contaminated. Unfasten ties and pull away from shoulders, touching the inside of the gown only. Fold or roll into a bundle and discard in waste container.
d) Remove mask without touching the front. Grasp the bottom then top ties or elastics and remove. Discard in a waste container.

e) Wash hands thoroughly with soap and water after removing all PPE.

The Center for Disease Control recommends strategies for optimizing PPE supply during periods of supply shortage.

1) Wear glasses/ sunglasses.

2) Utilize gowns during high contact patient care activities such as bathing and providing hygiene with infected participants.

3) Utilizing coveralls/ lab coats in the event gowns are unavailable. Items that are not disposable need to be washed immediately.