Cape Abilities mobilized a multi-departmental Reopening Taskforce (CART) that is continuously monitoring the evolving situation in response to the increasing spread of the COVID-19 virus. Given the uncertainty surrounding the virus, Cape Abilities will be making careful choices to protect the health, well-being and safety of our program participants, staff and our entire community.

Some of these measures may cause disruption to our daily lives and we will seek to minimize these whenever possible. However, our top priority is protecting the health, well-being and safety of all the individuals we serve and our staff. One of the most important steps that we, as an Agency, can do now is to take the necessary precautions to minimize the risk. To that end, all Cape Abilities staff have been in-serviced with program protocols that are in alliance with the most up to date information from the Massachusetts Department of Public Health, Centers for Disease Controls and state and local agencies and officials. Please note that even with detailed steps in place, any public locations where people are present provides an inherent risk of exposure to COVID-19 and we cannot guarantee that participants will not be exposed.

This information will be updated as necessary based on evolving need. The last update to this document was made on: July 7, 2020.
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Background
What is Coronavirus Disease 2019 (COVID-19) and how does it spread?

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.

Signs and Symptoms of the Coronavirus (COVID-19)

- 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

Who should be most cautious?
Those considered “high risk” include:

- People over the age of 65
- People who live in a nursing home or a long term care facility
- People with chronic lung disease or moderate to severe asthma
- People with serious heart conditions
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- People who are immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids and other immune weakening medications)
- People with severe obesity (a body mass index of 40 or higher)
- People with Diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Even those not considered "high risk" should take appropriate precautions to limit contact and exposure, as serious illness or death is not limited to those at highest risk. In addition, the healthy well, or those who may have the virus but be asymptomatic, can expose those at high risk to the illness if they don’t take proper precautions.

Disability alone may not be related to a higher risk for getting COVID-19 or having severe illness. Most people with disabilities are not inherently at higher risk for becoming infected with or having severe illness from COVID-19. However, some people with disabilities might be at a higher risk of infection or severe illness because of their underlying medical conditions. All people seem to be at higher risk of severe illness from COVID-19 if they have serious underlying chronic medical conditions like chronic lung disease, a serious heart condition, or a weakened immune system. In addition, people with disabilities might have an increased risk of becoming infected if they have limited mobility, cannot avoid coming in to close contact with others who may be infected, if they have trouble understanding information and are unable to practice preventative measures such as hand washing and social distancing.

Role of Cape Abilities in responding to COVID-19

Cape Abilities has identified strategies to maintain operations and promote a healthy environment. The agency has developed a new control plan in alliance with the CDC, MassHealth, and OSHA regulations to ensure the health and safety of participants and employees.

Business operation decisions will be based on both the level of disease transmission in the community and Cape Abilities’ readiness to protect the safety and health of all employees, participants and patrons.

Cape Abilities will coordinate with state and local boards of health to ensure timely and accurate information is available to determine appropriate responses.

Updated strategies have been implemented to limit the spread of COVID-19, including the use of appropriate PPE, social distancing, increased cleaning and disinfecting practices and environmental adaptations.
Mitigating the Risk of Spreading COVID-19

Daily Screenings for employees

Due to the COVID-19 crisis and the evolving spread of the illness, all employees are required to take precautions for the health, well-being and safety of the entire Cape Abilities community. 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.

*Below are the precautions that all employees must self-screen before entering the workplace.*

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
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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).

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.

After employees are successfully screened, employees who provide direct care will be given a
surgical mask to wear for their shift when they are unable to maintain social distancing.

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.

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.

The isolation room will be disinfected per agency protocol and the local boards of health will be
notified. 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.

If the employee is unable to self-screen or exhibiting symptoms, they must not come into work and
will be directed to leave. The employee must contact and follow the instructions of their health care
provider and will not be allowed to return to work until they are cleared by a medical professional.

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 breathing?
   • Unexplained Rash?
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• 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)
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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.
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(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 required 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.

Precautionary Steps to Keep Participants and Employees Healthy
The precautions that congregate care programs have in place to prevent the spread of germs can help protect against COVID-19. Cape Abilities has increased the frequency of their regular cleaning and disinfection program, including:

- Use EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 (the Cause of COVID-19) to frequently clean high-touch surfaces including elevator buttons, entry and exit buttons, door handles, faucets, railings, knobs, counters, handrails and grab bars. Clean all rooms with a focus on hard surfaces (including desks, tables, countertops, sinks, and vehicle interiors) with a disinfectant on the EPA list. Use alcohol wipes to clean keyboards, touchscreens, tablets and phones.
- The use of disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills.
- All staff have a schedule to increase the frequency of cleaning practices including the cleaning of vans after each use, bathrooms will be cleaned and disinfected after each use, and all common areas will be thoroughly cleaned and disinfected at the end of each day and more frequently in high touch areas.
- Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands). Immediately throw the tissue in the trash.
- Stay away from people who are sick and stay home when you feel sick.
- Maintain social distancing except for when providing direct care.
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.

Meal and Break Time Measures:

- 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.
- Upon arrival to program, participants will put their lunches in a bin for staff to put in the lunch cabinet.
- 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.
- Participants will wash their hands before snack and lunch and will sit at an assigned table with social distancing maintained.
- Dayhab staff will deliver the lunch to their table along with paper plates, utensils and napkins if needed.
- Staff will monitor all participants at mealtimes to ensure their safety.
- Once a participant has completed their lunch or snack, staff will pick up the trash and dispose of it in a waste container.

Cleaning of Bathrooms:

Upon return to Day Program, each participant shall have the bathroom cleaned after use. The following steps will be taken:
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- Participant will enter a clean toilet and once finished will wash their hands for twenty seconds following the hand hygiene protocol.
- The bathroom then will be cleaned and disinfected all areas of high use by staff wearing disposable gloves and mask and eye protection if chance of splash: Focus especially on frequently touched surfaces, including doorknobs, light switches, handles, toilets, faucets, and sinks.
- After the cleaning and disinfecting the area should be allowed to dry for 5 minutes.
- The staff that cleaned the bathroom will then remove gloves and wash hands for twenty seconds and if soap not available, use 60% alcohol based hand sanitizer (but should wash hands as soon as possible)
- Once the bathroom has been cleaned and disinfected the next participant can use the toilet following steps 1-4 again.

Hand Hygiene for Participants and Staff

**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:

- Upon entry into and exit from program space;
- When coming in to the program space from outside activities;
- Before and after eating;
- After sneezing, coughing or nose blowing;
- After toileting;
- Before handling food;
- After touching or cleaning surfaces that may be contaminated;
- After using any shared equipment like, computer keyboards, mouse;
- Before and after administration of medication;
- After touching your eyes, nose, mouth or any non-intact skin.

Hand washing procedure:

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 participants 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 the 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.

As a reminder, CDC resources can be found here:

- Infection Control Basics
- Handwashing: Clean Hands Save Lives
- How to protect yourself

TRANSPORTATION SAFETY AND VEHICLE DISINFECTING

Safety Protocols:

1. Vehicles will be equipped with clear, impermeable barriers between operators and the rest of the cabin. Options may include Plexiglass 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:

1. Cleaning prior to disinfection to remove all surface matter
2. 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
3. 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.
4. 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.
5. Our cleaning procedures include routine cleaning and disinfection of frequently touched surfaces, including surfaces in the driver cockpit commonly touched by the driver.
6. 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.
7. 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.
8. Gloves and any other disposable PPE used for cleaning and disinfecting the vehicle should be removed and disposed of after cleaning; wash 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.

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

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

**Cases of COVID-19 in Employees or Participants**

**Suspected Cases of COVID-19**

Any congregate care program serving a participant with suspected COVID-19 should immediately contact the parents/guardians and the Local Board of Health to review the risk assessment and discuss laboratory testing and control measures.

These control measures include the following:

- Program medical staff should immediately assess the participant using appropriate PPE if the individual is on site.
- Contact the participant’s family/guardian/care provider and request the individual be picked up immediately.
- For community-based participants, the program director will isolate the ill participant, ensure they have a surgical mask and will contact the care providers directly to arrange for the participant to be picked up. Program directors will notify the nursing department of potential illness for tracking purposes.
- If the individual requires immediate medical care, 911 will be activated for an ambulance. EMS is to be informed of the individual’s symptoms and concern for COVID-19.
- Provide appropriate PPE such as a surgical mask, for the participant exhibiting symptoms of COVID-19 if they are safely able to do so.
- Isolate the participant in a private room with the door closed and window opened for ventilation. Facemasks may include cloth face coverings only if approved PPE is not available.
  - In the event of concerns relative to safety, staff will remain in the same room as the ill participant with appropriate PPE.
  - If the ill participant is able to be in the room safely by him/herself, staff will monitor the participant from the other side of the door.
- If staff is in the same room as the individual, they must wear a face mask, such as a surgical mask, and keep as much distance as possible. Facemasks may include cloth coverings only if approved PPE is not available.
- If the participant requires care which prevents maintaining social isolation protocol and physical distance, the staff should follow the CDC’s infection control guidance for healthcare personnel.
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- The CDC recommends using standard precautions when caring for any participant. The standard precautions are based on the principles that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents.
  a) A facemask and face shield should be worn during care of any resident if splashes, sprays or coughs could occur during the encounter.
  b) Gloves should be worn if contact with any bodily fluids, mucous membranes, or non-intact skin is anticipated.
  c) Gowns should be worn when providing direct personal care for an individual who is positive for COVID-19 if splashes, sprays or cough is anticipated (bathing, showering).
- Staff who develop symptoms of respiratory illness are required to report their symptoms immediately to the supervisor and will be sent home. Supervisors are to notify nursing of illness for tracking purposes.
- Any participant or staff who is sent home from program with signs of respiratory illness will not be allowed to return to program/work without written medical clearance from their health care provider.

Guidelines below are to be followed for follow up care.

Confirmed Cases of COVID-19

Reporting:
Any congregate care program serving a participant with a confirmed case of COVID-19 should immediately contact:

1. The Local Board of Health to review the risk assessment and discuss laboratory testing and control measures.
2. The program’s EOHHS funding agency (see Reporting COVID-19 cases).

Cleaning:
- Close off all areas used by the ill person. If the exposed area(s) can be isolated, the remainder of the facility may remain open.
- Open outside doors and window to increase air circulation.
- Schedule a deep clean of impacted areas. Wait as long as practical – if possible, at least 24 hours – to begin cleaning and disinfection to minimize exposure to respiratory droplets.

Close Contact with a Confirmed Case of COVID-19
An employee may have had close contact with an individual who has tested positive for COVID-19 but has not tested positive themselves.

Health care professionals, including DDS direct care workers, may continue to working, with PPE, after they have been exposed to a person with a confirmed case of COVID-19 in accordance with the DPH Revised Guidance for Allowing Asymptomatic Health Care Personnel to Work Following Exposure to COVID-19. The Designated Program Lead must approve the return to work of any staff who has tested positive for COVID-19.
“Close contact” is defined as living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or has been in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic. Close contact which occurred prior to the development of symptoms is not considered to be an exposure. Decisions about who had close contact and implementation of legal quarantine are done through the Local Board of Health.

“Quarantine’ is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from the local board of health.

- DDS staff may continue to work with PPE if they are asymptomatic.
- Participants should self-quarantine for 14 days.
- Those in self-quarantine who have not developed symptoms may return to the building once the 14-day quarantine period has ended.
- The facility does not need to be closed.
- The facility does not need to be deep cleaned at this time.
- If the exposed employee or participant subsequently develops symptoms and tests positive for COVID-19, follow the guidelines under Confirmed Cases.

**Confirmed Employee Case Outside the Congregate Care Program**

If an employee or participant tests positive for COVID-19 but was not in the facility while they were symptomatic or in the 48 hours prior to illness onset, no deep cleaning may be required.

Follow the Department of Public Health and CDC [Return to work](https://www.cdc.gov/ncidod/dh宏伟/return-to-work/index.html) guidelines to determine when an employee may safely return to the facilities.

**COVID-19 POSITIVE RESULTS NO SYMPTOMS**

For employees who have a laboratory-confirmed case of COVID-19, but are NOT showing any symptoms, you are EXCLUDED from program/ work until either test criteria are met and medical clearance is obtained.

**Time-based strategy:**

- After at least 10 days have passed since the date of first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom based or test-based strategy should be used. Note that because symptoms cannot be used to gauge where the individuals are in the course of their illness, it is possible that the duration of shedding could be longer or shorter than the 10 days after their first positive test.

**Test-based strategy:**

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected greater than
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24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where the individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to the viral culture.

- The Employee’s Primary Care Physician notifies Human Resources that the employee is cleared to return.
- If the Health Care Provider has ruled out COVID-19 and has an alternate diagnosis, than the criteria to return to work should be based on the diagnosis.

COVID-19 SUSPECTED OR POSITIVE RESULTS WITH SYMPTOMS

For employees who have a laboratory-confirmed case of COVID-19 or HAVE or HAD symptoms, you are EXCLUDED from work until either of the criteria below is met:

Symptom-based strategy:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (i.e., cough, shortness of breath); and
- At least 10 days have passed since your symptoms first appeared.

Deep Cleaning

A deep clean of a facility may be required if an employee or resident is confirmed to have COVID-19 and was present in the facility while they were symptomatic.

Definitions

Cleaning refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Timing of deep clean procedures

- Close off the areas used by ill persons.
- Open outside doors and windows to increase air circulation in the area and wait as long as practical before beginning cleaning and disinfection to minimize potential exposure to respiratory droplets. If possible, wait up to 24 hours before beginning cleaning and disinfection.

Personal Protective Equipment

When performing cleaning of any area:

- Staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
- After cleaning a room or area occupied by ill persons, remove gloves and immediately clean hands.
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- Cleaning staff and others should clean hand often – including after removing gloves and any contact with a sick person – by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used.
- Staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.

Cleaning Surfaces
- Use the attached cleaning checklist to ensure the home is thoroughly cleaned at least once per shift. Areas which are touched more often (door knobs, light switches, tables and phones) should be cleaned more frequently. Use the appropriate cleaning supplies provided at the house. Keeping the house clean will help protect residents and staff.
- Clean dirty surfaces with detergent or soap and water prior to disinfection.
- Cleaning staff should clean and disinfect all areas – such as offices, bathrooms, and common areas – that have been used by the ill persons. Focus especially on frequently touched surfaces, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

Cleaning Agents
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
- Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer’s instructions for application and proper ventilation. Never mix household bleach with ammonia or other cleanser.
- A bleach solution can be prepared by mixing 5 tablespoons (1/3 cup) of bleach per gallon of water or 4 teaspoons of bleach per quart of water.
- Products with EPA-approved emerging viral pathogens icon are expected to be effective against COVID-19 based on data for harder to kill viruses.
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
  - If the items can be laundered, launder items. Otherwise, use products with the EPA-approved emerging viral pathogens claims (examples at this link) that are suitable for porous surfaces.

Linens, Clothing, and Laundry Items
- Do not shake dirty laundry – this prevents the possibility of dispersing the virus through the air.
- Dirty laundry that has been in contact with an ill person can be washed with other people’s items.
- Wash items as appropriate in accordance with the manufacturer’s instructions, using the warmest appropriate water setting, and then dry items completely.
- Clean and disinfect hampers or other carts for transporting laundry according to above guidance on cleaning hard or soft surfaces.
Cleaning while a participant is receiving care
There are additional deep clean considerations when a participant with a confirmed or presumed positive case of COVID-19 is being cared for within the facility.

- In a day program facility where an ill person is being kept in isolation until they are picked up, focus on cleaning and disinfecting common areas where staff and any other person providing services may come into contact with ill persons.
- If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill person.
- In areas where ill persons have visited or used, continue cleaning and disinfection as provided in this guidance.

Monitoring Staff Emotional Health
Emotional reactions to stressful situations such as new viruses are expected. Remind staff that feeling sad, anxious and overwhelmed, having trouble sleeping, or other symptoms of distress are normal.

If symptoms become worse, last longer than a month, or if they struggle to participate in their usual daily activities, have them reach out for support and help.

Emotional health resources
Emotional reactions to stressful situations such as new viruses are expected. It is a normal reaction to feel sad, anxious, or overwhelmed at this time.

Cape Abilities is committed to assisting all staff in maintaining their overall wellness. If you have symptoms that become worse, or last longer than a month, or if they are causing you to struggle with your everyday life activities, please contact TotalCare EAP, our Employee Assistance Program provider. Call (800) 252-4555 to reach a counselor or you can find resources at www.theEAP.com/TotalCare-EAP.

Additional resources are the National Disaster Distress Hotline which is available 24/7. It provides emotional support and crisis counseling for anyone experiencing distress or other mental health concerns. Call (1-800-985-5990) or text (TalkWithUS to 66746). All calls are answered by trained counselors who will listen to your concerns, explore coping and other available supports.

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 should be provided with a facemask. Staff should be provided with a surgical mask. 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.

**Sequence for putting on Personal Protective Equipment**

1. 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.
2. Apply mask which should cover the mouth and nose with no gaps between the face and mask.
3. Apply goggles/face shield/glasses if you may come into contact with materials that may splash (i.e. showering and individual).

4. Apply gloves to cover the wrist of the isolation gown.

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.

1. 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.

2. 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.

3. 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.

4. Remove mask without touching the front. Grasp the bottom then top ties or elastics and remove. Discard in a waste container.

5. 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.

**COVID-19 Testing**

On 3/18/2020, the Barnstable County Health Department has sent out instructions for receiving COVID-19 testing for individuals living in Barnstable County:

In addition to following the aforementioned guidelines, if you are symptomatic, they request that you:

1) Contact your health care provider.

2) Your doctor will screen you over the phone and determine if you should be tested.

3) If your doctor determines that you should be tested, he/she will fax your information and a prescription to Cape Cod Healthcare.

4) Cape Cod Healthcare will then call you to set up an appointment at the test site. Remember, you must have an appointment to get tested or you will be turned away.

5) If you do not have a primary care provider and are symptomatic, please visit the triage tents located outside Cape Cod Hospital and Falmouth Hospital for screening.
Staffing Policy
To prevent any cross contamination, staff will be limited to work in an assigned room and will not be allowed to float to different groups. Staff may be transferred and re-assigned to another group to accommodate staffing shortages only with the approval from the Nursing Supervisor or Administrator of Day habilitation Services. In addition, Cape Abilities will not use any outside staffing agency to staff shifts in an effort to avoid the risk of the agency staff exposing participants and staff to the coronavirus.

Visitor Policy
Cape Abilities is committed to ensuring the safety and well-being of both participants and staff. Cape Abilities has instituted a no visitation policy for day programs at all locations. This includes but is not limited to vendors, other agency staff, Cape Ability employees who are not working in a day program, outside providers, and family members in an attempt to limit exposure.

All meetings will be done virtually whenever possible. Any deliveries will be left at the door, or will be received outside the door.

Signs will be posted at all entryway doors to notify visitors of our visitation policies.

Following Guidelines
All employees of Cape Abilities are expected to follow these guidelines. To ensure the safety of the individuals we serve and our staff, if staff do not or refuse to comply with these guidelines, please contact Kathy Hansen at 774.244.6759

Contact Us
For questions about these guidelines, please contact the Human Resource (HR) Office for HR or other related questions at (508) 568 2857 or the nursing department for medical questions at 508-568-2833.

Employee Attestation
I have read and I understand the Cape Abilities COVID-19 Guidelines.

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