



Protocol for Prevention and Management of COVID-19

BACKGROUND: COVID-19 is a respiratory disease caused by the SARS-CoV-2 virus. Illness severity ranges from asymptomatic to life-threatening. Signs and symptoms of infection can include fever, cough, and difficulty breathing. Fatigue, muscle aches, sore throat, headache, and less frequently, gastrointestinal symptoms, such as nausea, vomiting, or diarrhea also have been reported in some patients. Older adults and those with chronic medical conditions are at highest risk for severe illness.

For the purpose of this guidance:

- *Fever is defined as temperature at or above 100.4°F (100.0°F using contactless thermometer.)*
- *Respiratory symptoms are defined as new cough, sore throat, difficulty breathing, or shortness of breath.*

Ill visitors and staff are the most likely sources of introduction of COVID-19 into a home. Spread can occur between and among clients, staff, and visitors. Screening of all staff, including those not directly involved in care, is important to prevent introduction of COVID-19 into a home.

GENERAL MEASURES TO BE IMPLEMENTED:

To help protect staff and clients from being exposed to COVID-19, please:

1. Screen all staff and visitors prior to entering the workplace or client home at the beginning of each shift. Require employees to take their temperature with a thermometer and report to their supervisor any cough, sore throat, shortness of breath, temperature, and any other symptoms.
2. Restrict any staff or visitors from entering a workplace or client home, including family members, who are ill, experiencing COVID-19 related symptoms or have tested positive for COVID-19.
3. Minimize work activities and restrict client activities/community outings with potential for exposure. Encourage clients to wear a mask when community access is necessary.
4. All staff and visitors must wear face masks at all times while in a client's home or when assisting/caring for a client. Masks must be worn appropriately as indicated in CDC guidelines.
5. Staff will correctly use and remove personal protective equipment (PPE).
 - a. Apply and use PPE correctly as per CDC guidelines. N95 masks are to be used when assisting individuals with confirmed/suspected COVID-19 positive cases.
 - b. Surgical or cloth masks may be used for all other daily wear.
 - c. Wash hands before putting on PPE; do not touch the front of the mask; ensure mask has a proper seal around the face, etc.
 - d. Follow guidelines for removal of PPE: grab from edges instead of the front; remove and dispose carefully; wash hands afterwards.
 - e. Staff will be provided information on proper use of PPE.



- f. PPE (including facemasks, eye protection, gowns, and gloves) will be available for use to every employee.
6. Encourage hand hygiene and respiratory etiquette by all clients, visitors, and staff:
 - a. Staff should review and follow recommendations for hand hygiene before and after contact with client, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).
 - b. Encourage handwashing and/or use of alcohol-based hand sanitizer;
 - c. Hand sanitizer, soap and paper towels will be available for handwashing.
 - d. Frequently wash hands with soap and water for at least 20 seconds or use alcohol-based hand sanitizer containing at least 60% ethanol or 7% isopropyl alcohol (hand washing preferred whenever possible), especially after going to the bathroom, before and after eating, before and after providing care.
 - e. Always wash hands with soap and water if hands are visibly dirty. All staff and visitors must wash their hands immediately after entering the workplace or client home and prior to leaving.
 - f. Staff and visitors must use "cough etiquette." Cover mouth and nose with a flexed elbow or tissue when coughing and sneezing. Throw away the used tissue immediately and wash hands or use alcohol-based hand sanitizer.
 - g. Staff and visitors will be encouraged to avoid touching face, nose, eyes or mouth.
 - h. Do not shake hands or hug each other. Other means of greeting is encouraged.
 - i. Signs will be posted encouraging hand hygiene and respiratory etiquette.
7. Exercise infection control practices and frequent disinfecting of high touch surfaces and common areas:
 - a. Cleaning of high touch surfaces and common areas should occur regularly, at a minimum of every 2 hours while providing service in the client's home.
 - b. Clean and disinfect high touched objects and surfaces using EPA-registered disinfectants (refer to list of approved disinfectants on CDC website).
 - c. High touch surfaces include, but are not limited to, commodes, toilets, faucets, bathroom counters/faucets, hand and/or bed railings, telephones, door handles and knobs, computer equipment, kitchen counter/faucet and other kitchen food preparation surfaces.
 - d. Make sure to not wipe disinfectant right away; allow to stay on surface for at least 10 minutes, or as per manufacturer's recommendations for utmost effectiveness. Use all cleaning products according to the directions on the label. Use gloves when handling disinfectants/cleaning. Wash hands after removing gloves.
 - e. Clean and disinfect work areas after each meeting and interactions between client and visitor.
8. Encourage visits outside to optimize social distancing.
9. Management of food service utensils, client laundry, and medical waste should be performed in accordance with routine procedures.
10. Staff and visitors must practice/maintain six (6) feet of social distance.



CLIENT SPECIFIC MEASURES TO BE IMPLEMENTED

1. Actively evaluate clients when providing services at least once daily for symptoms (new cough, sore throat, shortness of breath), fever (using a thermometer).
2. In shared client households, reduce communal dining to minimize potential transmission between clients.
3. If client needs to leave the house for essential services/medical care, please implement the following:
 - a. Notify medical care facility if symptoms are experienced or possible exposure for rescheduling of appointment.
 - b. Staff and client must wear masks at all times.
 - c. Practice social distancing.
 - d. Upon return, practice hand hygiene, sanitize used equipment (e.g. wheelchair), and ask client to change clothes.
 - e. Staff and client will continue to monitor for symptoms.
4. Set up a process to allow communication for clients and others:
 - a. Ensure emergency contact information for family members and the client's responsible party is up to date.
 - b. Develop alternative means of communication for clients to visit and talk with loved ones, support circle, such as video chat, telephone, texting, or social media.
 - c. Ensure proactive communication with clients, loved ones, support circle, contractors, volunteers, etc. to make them aware of these restrictions and to keep them up to date.
 - d. Communicate with the client's Service Coordinator and team in order to get their concerns or questions answered.

POSSIBLE EXPOSURE TO COVID-19: STAFF

1. Staff should notify human resources upon knowledge of possible exposure—while at work or outside of work—or if experiencing symptoms. N95 masks are to be worn when working directly with clients. Staff are encouraged to obtain a COVID-19 test 3-5 days after exposure.
2. Staff developing symptoms while at work should immediately notify their supervisor and leave work. Once identified, staff with respiratory or influenza-like illness should not work and are recommended to obtain a COVID-19 test.
3. Staff should self-monitor for symptoms, and seek re-evaluation from their health care provider if respiratory symptoms recur or worsen. Staff should quarantine at home under current protocol from local health authorities in coordination with the CDC.
4. Staff will work with human resources to develop a return-to-work plan following current protocol from local health authorities in coordination with the CDC.



POSSIBLE EXPOSURE TO COVID-19: CLIENT

1. Clients developing symptoms should quarantine for 14 days and limit their contact with others as much as possible. COVID-19 testing is highly recommended.
2. Implement standard, contact, and droplet precautions:
 - a. Wear gloves, gown, respiratory protection (fit-tested N95 respirator), and eye protection (e.g., goggles or face shield).
 - b. Change gloves and gowns after each person encounter and perform hand hygiene.
 - c. If client must leave for medically necessary procedures, they must wear a facemask.
 - d. Closely monitor for symptoms or changes in baseline.
 - e. Practice enhanced (more frequent/at least once every hour) infection control and disinfecting.
3. Avoid cross staffing between other clients until after the potential contagious phase.
4. If essential personnel must cross between homes, staff must shower and change clothes prior to going to the other home. Dedicated staff should be assigned to provide care if possible.
5. Contact the client's health care provider for an evaluation, and, if needed, local public health department for guidance.
6. The Chief Executive Officer or Program Director/Manager will notify the appropriate Regional Center. Service Coordinators will be responsible for the notification of family or the client's authorized representative or conservator.

CONFIRMED COVID-19: STAFF

1. Staff will isolate and follow return-to-work criteria as per local health authority guidelines in coordination with the CDC. (See Attachment #1)
2. After returning to work, staff must follow return-to-work practices:
 - a. Wear a facemask at all times while in the home.
 - b. Restricted from contact with severely immunocompromised clients.
 - c. Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles). Wash hands afterwards.
 - d. Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.
3. If staff were never tested for COVID-19, but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

CONFIRMED COVID-19: CLIENT

1. Isolate client until determined by health care provider or by local health authorities in coordination with the CDC to no longer be infectious.
2. Designated staff must follow isolation protocols immediately upon knowledge of client's positive test.



3. Immediately contact the client's health care provider for evaluation and, if needed, the local health department for directions and further guidance.
4. 911 to be called as indicated for respiratory distress or emergent issues.
5. Contact human resources for assistance and direction on completing contact tracing to identify other clients and/or staff who might have potentially been exposed.
6. Monitor others for symptoms.
7. Implement standard, contact, and droplet precautions:
 - a. Wear gloves, gown, respiratory protection (fit-tested N95 mask), and, when working within 6 feet of client, eye protection (e.g., goggles or face shield).
 - b. Change gloves and gowns after each client encounter and perform hand hygiene.
 - c. Closely monitor for symptoms or changes in baseline.
 - d. Practice enhanced (more frequent/ at least once every hour) infection control and disinfecting.
 - e. Wear PPE when disinfecting (gloves, mask).
8. Avoid cross staffing between other clients until after the isolation phase.
9. If essential personnel must cross between residences, staff must shower and change clothes prior to going to the other home.
10. Dedicated staff to be assigned to provide care for client 10 days from first date of symptoms, or, if asymptomatic, 10 days from test date.
11. Take additional preventative measures that may include: serving meals to all persons in their rooms rather than in common areas for those sharing housing, canceling outings, and limiting visitors.
12. Staff must exercise infection control practices listed above before and after bathroom use.
13. Immediately contact the appropriate Regional Center and the client's authorized representative or conservator.

COVID-19 RELATED STAFF TRAINING

1. Provide training on implementing recommended COVID-19 and infection prevention:
 - a. Direct care staff demonstrate competency with putting on and removing PPE.
 - b. Effective infection control practices.
 - c. Hand hygiene and respiratory etiquette.
 - d. Self-care best practices.
2. Encourage staff to stay up to date with local and state COVID-19 activity and developments (in addition to CDC)



Protocol for Prevention and Management of COVID-19
Attachment #1
SAFETY PRECAUTIONS

Taking Temperature	All direct service employees will test temperature prior to shift. In SLS client homes touchless thermometers will be provided. ILS and EPP employees will be provided an individual use thermometer. A temperature above 100.4 (or 100.0 with touchless thermometer) is considered symptomatic and you should not report to work. Call your Supervisor immediately. All office employees will test temperature prior to shift. Touchless thermometers are available in office reception areas and the HR Department.
Assessing Conditions	Do not report to work if you have any of the following symptoms: fever, cough, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.
Social Distancing	Maintain 6-foot distance from others, and limit outings in the community.
Sanitizing	Wash hands, disinfect surfaces regularly.
Masks	Wear masks when working in or around clients and in public, when social distancing is not possible (i.e. providing client care).

EMPLOYEES

Procedures for Office Staff and Direct Service Providers in SLS, ILS and EPP

Steps	1-Employee Reports Direct Exposure to COVID-Positive Person	2-Employee Becomes Symptomatic or Tests Positive for COVID	3-Employee Working for Clients who Test Positive for COVID*
1	Are they symptomatic? If yes, must stay off work immediately and follow steps in Column #2. If no, proceed with steps 2-9. Contact HR for guidance.	Employee must immediately be removed from all shifts. Contact HR for guidance.	Contact HR for guidance. Follow the steps outlined in Column #1 and:
2	Employee will review, sign and follow <u>COVID-19 Exposure Safety Practices Agreement</u> and receive an approved face mask and appropriate PPE. Training will include: -Implementing Safety Practices -Safely Wearing Face Masks -Proper Use of PPE -Tips for Caregivers -Steps for Cleaning & Prevention COVID-19 Plan Documents	<u>If employee tests positive:</u> Complete Contact Tracing going back to date employee became symptomatic and two days prior.	Employee will review, sign and follow <u>Caring for Clients with COVID-19 Safety Practices Agreement</u> and receive an approved face mask and appropriate PPE. Training will include: -Implementing Safety Practices -Safely Wearing Face Masks -Proper Use of PPE -Tips for Caregivers -Steps for Cleaning & Prevention COVID-19 Plan Documents



	1-Employee Reports Direct Exposure to COVID-Positive Person	2-Employee Becomes Symptomatic or Tests Positive for COVID	3-Employee Working for Clients who Test Positive for COVID*
3	Employee will self-monitor for symptoms and wear a mask (provided by OMO) at all times while in the workplace.	Exposed clients, staff and community members will be informed of exposure within (1) one day—maintaining confidentiality of source.	Employee will receive appropriate PPE along with CDC recommended training before providing care, including:
4	Employee will practice social distancing and disinfect workspaces regularly.	For exposed employees, follow steps in Column #1.	Employee may be asked to isolate with client as outlined below. Additional compensation may be considered.
5	COVID-19 nasal swab testing will be provided <u>if suspected exposure came from work.</u> HR will supply an authorization form for approved Occupational Health Provider.	Return to work criteria: At least 10 days have passed <i>since symptoms first appeared (up to 20 days if severely ill or immunocompromised) and</i> At least 24 hours have passed <i>since last fever without the use of fever-reducing medications and</i> Symptoms (e.g., cough, shortness of breath) have improved.	Client must be hospitalized, cared for by family, or be isolated until: At least 10 days have passed <i>since symptoms first appeared (up to 20 days if severely ill or immunocompromised) and</i> At least 24 hours have passed <i>since last fever without the use of fever-reducing medications and</i> Symptoms (e.g., cough, shortness of breath) have improved. *Isolation phase may be with or without staff. *See Client’s individual COVID PLAN
6	If test is positive, follow steps in Column #2.	Asymptomatic employees may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test (date of the test, not date results received).	If employee becomes symptomatic, follow steps in Column #2. Supervisor will consult with HR and Program Director to confirm next steps to ensure continued client coverage and client/staff safety.
7	If client is exposed, follow Client Procedures below.	Upon return to work, employee must wear a face mask at all times.	
8	Supervisor and HR will check on employee regularly, monitor clients’ well-being.	Employee must self-monitor for and report any return of symptoms.	

*Refers to SLS clients only



Clients

Procedures for Clients in All Programs

	1-Client Reports Direct Exposure to COVID-Positive Person	2-Client Tests Positive for COVID
1	Are they symptomatic? If yes, will seek medical attention and be tested immediately.	Follow the steps outlined in Column #1
2	*Client provided with a <u>Client COVID Safety Precaution Packet</u> and signs Release of Information if needed.	<p>Client must be hospitalized, cared for by family, or isolate until at least 10 days have passed <i>since symptoms first appeared (up to 20 days if severely ill or immunocompromised)</i> and</p> <p>At least 24 hours have passed <i>since last</i> fever without the use of fever-reducing medications and</p> <p>Symptoms (e.g., cough, shortness of breath) have improved.</p> <p>*Isolation phase may be with or without staff. *See Client’s individual COVID PLAN</p>
3	Client will be provided with mask (or face shield if an accommodation is needed).	Complete Contact Tracing going back to date client became symptomatic and two days prior, or, if asymptomatic, the date the test was administered.
4	If client is symptomatic or being tested, caregivers will be notified of medical status prior to providing care to client.	Exposed individuals will be informed of exposure—maintaining confidentiality of source.
5	Caregivers will be provided and trained on appropriate use of PPE.	*Client provided with a <u>Client COVID Safety Precaution Packet.</u>
6	If employees were directly exposed, see Employee section of this document for procedures.	Caregivers will be notified of COVID-19 status prior to providing care to client. See Employee section for procedures.
7	Supervisor will check on client and monitor employees’ well-being.	Supervisor will check on client and monitor employees’ well-being.

**Refers to SLS clients only*



Useful Links

DDS: Coronavirus Information and Resources:

<https://www.dds.ca.gov/corona-virus-information-and-resources/>

CDC: General Information for Essential Employees about COVID-19:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

CDC: Safety Practices for Essential Employees Exposed to Suspected or Confirmed COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

CDC: Return to Work Criteria for Essential Employees with Suspected or Confirmed COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

CDC: Contact Tracing for Potential Exposure to COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC: Infection Control Guidance for Essential Employees about COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html