



SCI PANDEMIC RESPONSE PLAN

ALL OFFICE AND FACILITY OPERATIONS

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Clinical & Background Information

- COVID-19 is a novel coronavirus suspected to be derived from an animal source that can cause a respiratory illness that can be spread from person to person.
- Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. People with fever, cough and difficulty breathing should seek medical attention.
- Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

SIGNS & SYMPTOMS OF COVID-19 ILLNESS:

Patients with COVID-19 have mild to severe symptoms of:

- Fever or chills
- Cough
- Shortness of breath
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea
- Vomiting (except for in childcare center)
- Diarrhea (except for in childcare center)
- **For child care center services only, if a child has vomiting or diarrhea, they may return to usual care if they are 24 hours symptom free without additional Covid-19 symptoms.**

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Incubation Period:

The “**incubation period**” means the time between catching the virus and beginning to have symptoms of the disease.

- Most estimates of the incubation period for COVID-19 range from 2-14 days, with most patients exhibiting symptoms around 5 days.

Transmission of Infection

Symptomatic Person-to-Person Transmission



- Covid-19 virus is spread mainly between people who are in close contact with one another (within 6 feet) for a period of at least 15 minutes or longer through respiratory droplets produced when an infected person coughs or sneezes.
- Close contact can be considered someone who was within 6 feet of a Covid-19 infected person for a cumulative total of 15 minutes or more over a 24-hour period, starting from 2 days before illness onset.
- **Respiratory droplets** are produced during exhalation (e.g., breathing, speaking, singing, coughing, sneezing) and can be larger (visible that fall out of the air rapidly within seconds to minutes while close to the source) or smaller droplets (formed when small droplets dry very quickly in the airstream, can remain suspended for many minutes to hours and travel far from the source on air currents).
- **Airborne transmission** can occur under special circumstances (enclosed spaces, prolonged exposure to respiratory particles, and inadequate ventilation or air handling), but these events appear uncommon and have typically involved the presence of an infectious person producing respiratory droplets for an extended time (>30 minutes to multiple hours) in an enclosed space.

Asymptomatic Person-to-Person Transmission

- The extent of truly asymptomatic infection in the community remains unknown.
- However, transmission of SARS-CoV-2 from individuals with infection but no symptoms (including those who later developed symptoms and thus were considered presymptomatic) has been well documented.
- For this reason, it will be assumed that asymptomatic transmission is possible from patients with positive Covid PCR and without symptoms until proven otherwise.

Surface Transmission

- **Surfaces or objects** can potentially hold Covid-19 virus for extended periods of time. Studies suggest that the Covid-19 virus may persist on surfaces for a few hours to many days, and this may vary under different conditions (i.e. type of surface, temperature or humidity of environment, etc.).
- It is possible that a person can get COVID-19 by touching a contaminated **surface or object** that has the virus on it and then touching their own mouth, nose, or possibly their eyes. However, this is not thought to be the main source of virus transmission and is less likely.

Covid-19 Testing by PCR and Antigen Testing

RT-PCR Testing

- **RT-PCR testing** detects SARS-CoV-2 RNA (the virus that causes Covid-19 infection) in people 1-3 days before their symptom onset, with the highest viral loads observed around the day of symptom onset, followed by a gradual decline over time. This positive test usually occurs between day 3-5 of exposure.



- The duration of RT-PCR positivity generally appears to be 1-2 weeks for asymptomatic persons, and up to 3 weeks or more for patients with mild to moderate disease. In patients with severe COVID-19 disease, it can be much longer.
- RT-PCR can detect SARS-CoV-2 RNA in upper respiratory tract specimens of infected patients for weeks after the onset of symptoms.
- Detection of viral RNA by RT-PCR does not necessarily mean that a person is infectious and able to transmit the virus to another person.
- Viral culture has demonstrated that viable virus can replicate for approximately 8-9 days after symptom onset, and for longer from severely ill patients.

Antigen Testing

- **Antigen tests** detect SARS-CoV-2 antigen and can be performed rapidly and at the point of care.
- Rapid point-of-care antigen tests may be more accessible with faster result times than RT-PCR tests.
- However, data on antigen test performance is limited, and they are typically less sensitive than RT-PCR tests.
- False-negative results with antigen tests are more likely. A negative antigen test does not rule out SARS-CoV-2 infection. Negative antigen test results should be confirmed using a sensitive RT-PCR test if the clinical suspicion is high.
- Antigen tests that have a minimum sensitivity and specificity of ≥ 80 percent and ≥ 97 percent, respectively, can be used for diagnosis of SARS-CoV-2; in such cases, the test should be performed within the first five to seven days of symptoms.



General Personal Behaviors & Prevention for Home and Work

- **WASH YOUR HANDS OFTEN** for at least 20 seconds with soap and water. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- **PRACTICE SOCIAL DISTANCING:** Keep a distance of >6 feet from others when possible, avoid public gatherings (movies, concerts, conferences, etc.)
- **STOP SMOKING OR VAPING;** reports seem to indicate the illness and mortality rate is much higher in smokers than in non-smokers.
- **AVOID TOUCHING YOUR FACE.**
- **Develop harm-reduction habits** like pushing buttons with a knuckle or using a paper towel to open a door of a bathroom.
- **Routinely clean all frequently touched surfaces** in your personal homes and spaces, such as cell phones, countertops, doorknobs, light switches.
- **Stock up on adequate personal supplies** in case grocery stores are empty due to panic buying or supply chain interruptions.
- **Practice SELF-SURVEILLANCE** of potential symptoms of respiratory infection in yourself and your close contacts.



Staff Education on Infection Prevention

- All staff will receive mandatory Infection Control module training in Relias at hire and with annual renewal.
- Email blasts will keep staff educated on local and organization-wide updates related to the COVID-19 infection related to their work areas.
- SCI Pandemic Response Plan will be located on the internal SCI Intranet site, under Covid 19-Temporary Policy Manual and updated periodically based on new guidance and new procedures.
- Instructional signage will be posted throughout physical facility locations to alert visitors and staff to Covid-19 signs and symptoms, infection control precautions, and hand hygiene requirements.
- Donning and Doffing of PPE:

- RN will complete training on Donning and Doffing PPE each month at each location using CDC Donning and Doffing video located on the SCI Intranet and on the CDC website:

[CDC Donning and Doffing PPE Guidelines and Video](#)

- RN's will require return demonstration by each facility staff each month at each location.
- Email blast will be sent out to all facility staff at first notification of facility quarantine regarding correct PPE donning and doffing procedures video.
- Point-of-care posters on appropriate PPE use will be sent to all facilities at the time of quarantine to serve as visual alerts for staff in buildings.



Core Infection Prevention Practices for ALL Locations

- Staff, Visitor or Children Screening:
 - a. All persons entering any SCI building will complete a screening questionnaire and temperature check daily.
 - b. All staff for facility-based or child-care based services, and anyone that has the potential to work in a facility or child-care center, will complete Covid-19 testing and screening **at least weekly to biweekly, scheduled by the appropriate CNO.**
 - c. All new hire staff will ideally have Covid-19 testing prior to direct client care work. However, new hires will be allowed to come in to work with their supervisor prior to testing as long as they do the facility screening measures noted above. All attempts will be made to schedule new staff for the routine Covid-19 testing prior to direct client care work as able.
 - d. **Potential Household Exposures:** It is expected that any individual (staff, child, or client) who may have a member within their household who has a potential exposure should report this to their supervisors or Directors as it occurs. **The CNO and Pandemic Committee will review each case and make the determination if 14-day quarantine is warranted and give guidance on Covid-19 testing.**
 - e. All staff will submit any Leave Requests to their appropriate supervisor for approval, and the supervisor submits to the appropriate CNO for review and approval prior to returning to work.
- Standard Precautions:
 - a. Standard precautions will be utilized as primary prevention in all physical locations and with all client contacts.
 - b. Hand washing should be done before and after client contact, and at least once per hour as primary prevention measures. Alternatively, alcohol-based hand rub can be utilized.
 - c. All staff of client-care facilities or child-care centers will wear a **disposable surgical mask** during work hours.
 - d. All staff of offices may use either a cloth face covering or disposable surgical mask while inside office buildings.
 - e. All staff will maintain 6 feet distancing from others at all times as allowable, unless direct client care prohibits this.
 - f. **All clients within any facility will wear a disposable surgical mask and this will continue to be highly encouraged for all clients who can tolerate. All strategies should be utilized to encourage mask use by clients.**
- Environmental Cleaning:
 - a. Frequently touched surfaces will be cleaned at least once per shift/every 8 hours (including but not limited to doorknobs, light switches, tabletops, countertops, keyboards, cabinet handles, phones) with approved **EPA disinfectant**.
 - b. All other routine cleaning schedules will be followed.
- DME/Adaptive Equipment Cleaning (If applicable):
 - a. DME or adaptive equipment that is shared must be cleaned before and after each client use with approved **EPA disinfectant**.
 - b. DME or adaptive equipment that is used by only one client should be cleaned at least daily with approved **EPA disinfectant**.



- **Laundry (if applicable):**
 - a. All linens and clothing contaminated with blood, body fluids and/or secretions or excretions should be transported in a lined container (such as a trash bag) to the laundry area.
 - b. Gloves should be worn if clothing or linens are soiled with body fluids as noted above.
 - c. Liners/trash bags should be disposed of properly after putting clothing or linen in the washing machine.
 - d. Linens and clothing should be laundered at the warmest temperature recommended on the item's label.
- **Communal Dining:**
 - a. The physical layout of the dining area must allow for appropriate social distancing of at least 6 feet between clients during meals and 6 feet between tables.
 - b. Stagger mealtimes to reduce number of clients sitting down at one time.
 - c. Reduce or eliminate condiments and shared items on tables. Instead, offer individual servings of condiments to each client.
 - d. Ensure food is plated individually and not family-style.
 - e. Residents should perform hand hygiene before and after meals.
 - f. Sanitize meal area with [EPA disinfectant](#) after each meal and as needed.
 - g. Regular dishware and utensils may be utilized but must be sanitized appropriately between client uses.



Routine Supply Management

- **CLIENT MEDICATIONS:**
 - All client medications will have at least a 30-day supply available, with the potential to get 90-day prescriptions filled if able.
 - All PRN stock medications will be stocked for at least a 30-day supply.
- **MEDICATION RELATED SUPPLIES:**
 - The physical locations should maintain enough supplies for at least 14-30 days of the following:
 - Trash bags
 - Tissues
 - PPE (including gloves)
 - Hand sanitizer
 - Additional PPE supplies (such as face masks, gowns, eye shields) will be purchased as available by the SCI Purchasing Agent and distributed to facilities or kept in storage as directed by the CNO's, CHO or designee.
- **DME:**
 - All client DME equipment should be assessed for needed replacement parts or servicing at this time.
- **CLEANING SUPPLIES:**
 - The physical locations should maintain an adequate supply at all times of EPA registered disinfectants to disinfect for Novel Coronavirus SARS-CoV-2, the Cause of COVID-19 available at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>
 - All cleaning supplies will be ordered by the SCI Purchasing Agent and distributed as requested or needed.
- **DISPOSABLE PRODUCTS:**
 - The physical locations will have at least a 14-day supply of disposable dishes, utensils and glassware or sufficient disposable products that are not shared with others.



Community Integration & Visitation

ICF and Residential Facilities

General Requirements:

- The following guidelines on outings and in-facility visitation are based upon knowledge that there have been no new onset Covid-19 cases in the last 14 days and the facility is not currently conducting outbreak testing.
- Any facility that is currently in quarantine due to positive Covid-19 case in the facility will not have any allowed visitation, community outings, or home visitation. Medical appointments will be restricted unless the medical need outweighs the risks.
- Visitation practices will be based upon test positivity rates for each county as provided by CMS and NC DHHS. Updates will be evaluated weekly on Mondays and sent out to all facility supervisors.
- SCI has determined the following zones based upon test positivity rates:
 - Green Zone: 0-6.9% test positivity rate
 - Yellow Zone: 7-9.9% test positivity rate
 - Red Zone: >10% test positivity rate
- Indoor visitation, outdoor visitation, attendance at Day Programs, community outings, and outside vendor services will be allowed as follows:



	<i>Indoor visitation</i>	<i>Outdoor visitation</i>	<i>Residential clients attending Day Programs</i>	<i>Community clients attending Day programs</i>	<i>Community Outings</i>	<i>Consultant and other staff visiting</i>	<i>Vendors in Building</i>	<i>Home Visitation (guardians picking up only will not need a COVID test)</i>	<i>Medical Appointments</i>
Quarantine	NO	NO	NO	N/A	NO	NO	NO	NO	NO
Red ZONE									
County positivity rates 10% or higher	NO	YES –Visitor will need a negative COVID test	NO	NO	NO	NO (Unless special permission)	NO (Unless special permission)	YES –client must return with negative COVID test	YES
Yellow ZONE									
County positivity rates 7%-9.9%	NO	YES –Visitor will need a negative COVID test	NO	YES	NO	With Caution	With Caution	YES –client must return with negative COVID test	YES
Green ZONE									
County positivity rates 0%- 6.9%	YES	YES	YES	YES	YES	YES	YES	YES –client must return with negative COVID test	YES



ALLOWED ROUTINE SERVICES IN FACILITIES:

- **Maintenance personnel, all other non-direct care staff personnel including but not limited to:** (QP's, Consultants, Exec. Directors, RN's, service contactors/vendors, barbers/hair stylists, IT, Trainers, etc.)
 - o GREEN ZONE: Routine visits are allowed.
 - o YELLOW ZONE: Facilities should use caution and limit services to issues that could impact the health, safety or welfare of the clients.
 - o RED ZONE: No outside visitation or on-site vendors without special permission from Covid Committee, COO or CEO.
- **Barbers/Hairstylists:** Haircuts allowed in GREEN ZONE facilities on carports or on porch with appropriate screening questionnaire, temperature check and use of disposable surgical mask and gloves during the visit.
- All employees must sanitize their work area before and after with approved [EPA disinfectant](#).

FACILITY FAMILY VISITATION:

- Visitation by family is ALWAYS preferred outside whenever practical based upon weather considerations and individual clients' health status.
- To limit the number and size of visits occurring at one time, family visitations must be scheduled with the Director of each facility.
- It is preferred that only 2 visitors come onsite at one time.
- Staff should be present to allow for helping screen visitors, transition clients to and from the visiting areas and sanitizing the area after visitation.
- Visitors must cooperate with the facility's guidelines and screening process at each visit and attest to not having signs of symptoms of Covid-19. Visitors unable to adhere to requirements as outlined by SCI will not be permitted to visit or may be asked to leave.
- Visitors who have traveled out of state within 14 days prior to the visit will need to provide a negative Covid-19 test prior dated within 7 days prior to the visit.
 - o **OUTDOOR VISITATION GUIDELINES:**
 - Outdoor visitation will be allowed in GREEN, YELLOW and RED ZONE facilities. YELLOW and RED ZONE facilities will require a negative Covid-19 test within the past 7 days prior to the visit.
 - Visitation is allowed outside only at picnic tables or in chairs under carports or on porches or another shaded and comfortable designated area. All designated outdoor visitation areas must be separated by at least 6 feet.



- Facility will provide families with water and fans for comfort during their visit, if necessary due to weather.
- Visits should be scheduled at the best time of day that will be the most comfortable for families and clients outdoors.
- Families may bring meals or snacks.
- Facility staff will do screening questionnaire and temperature checks of visitors, provide hand sanitizer, and leave the family to their visit unless staff are needed for other assistance. Families can knock or ring the bell when visit is over.
- Staff, clients (if tolerated) and visitors must wear a surgical facemask for the duration of the visit, unless eating. Masks will be provided to families if they do not bring their own.
- Visitors must inform the facility if they receive a diagnosis of Covid-19 or develop signs or symptoms of Covid-19 infection within 2 days of visiting the client.
- Designated indoor visitation areas must be sanitized with [EPA disinfectant](#) after each visit and as needed.
- **INDOOR FACILITY VISITATION GUIDELINES:**
 - Indoor visitation will only be allowed in GREEN ZONE facilities.
 - Using a person-centered approach, the client and guardian will be consulted and should approve visitation.
 - Indoor visitation is preferred to occur in the client's bedroom. If the client shares a bedroom, the roommate and/or guardian must approve of their roommates visit and must not be forced to relocate if they do not wish to give up their bedroom space.
 - Alternative locations should be designated at each facility for indoor visitation outside of the client's bedrooms. These designated locations should offer privacy and should be located away from the general common areas of the home and near an external entrance/exit.
 - In 15 bed facilities, this would be best located off of a back-door entrance so that visitors can enter without significant exposure to common high-traffic areas of the home. Examples: seating area with privacy setup by the back door off the carport or seating area with privacy setup by a back door in the activity room.
 - In 6 bed facilities, the best visitation location would be in individual client bedrooms. Allowing visitors in an entrance closest to access the client bedroom with the least amount of traffic through common areas is preferred.
 - In 6 bed facilities or group homes, alternative locations for visitation could include staff bedrooms, conference rooms or offices nearest an entrance/exit to prevent significant exposure to common high-traffic areas of the home.



- Staff, clients (if tolerated) and visitors must wear a surgical facemask for the duration of the visit, unless eating. Masks will be provided to families if they do not bring their own.
- Families may bring meals or snacks.
- Facility staff will do screening questionnaire and temperature checks of visitors, provide hand sanitizer, and leave the family to their visit unless staff are needed for other assistance.
- Designated indoor visitation areas must be sanitized with [EPA disinfectant](#) after each visit and as needed.

TAKING A CLIENT OFF OF SCI PREMISES:

- If a family takes the client off premises, then the client must be kept at home, tested for Covid-19 and quarantined until the test results are returned. The client can then be brought back into the facility with a negative Covid test within 72 hours.
- If a family takes the client off premises and returns them without a negative Covid test, the client will be quarantined and follow those protocols. The appropriate CNO must be notified of this scenario to offer additional guidance.
- Families/guardians will not need to provide proof of a personal negative Covid-19 test unless they remain on-site for an outdoor visit as noted above.

CLIENT OUTINGS:

- Outings into the community will be allowed in GREEN ZONE facilities only.
- Outings into the community can occur at certain outdoor venues such as parks or nature trails where appropriate social distancing from other individuals can occur (> 6 feet).
- Outings such as van rides into the community for scenic drives, program integration or drive-through visits for beverages or snacks can occur.
- Outings to SCI-managed day programs will be allowed in GREEN ZONE facilities only.
- Outings to SCI-managed day programs can occur with the following guidelines:
 - Shared day programs must develop a schedule where different residential facilities are coming on different days of the week. Schedules to be approved the appropriate COO and CNO.
 - Shared day programs with residential and community-based services clients must have a schedule to assure no interaction between residential clients and community-based services clients. This can include alternate days of service or alternate programming areas within the building. Schedules and plans must be approved by the appropriate COO and CNO.
 - All clients attending day programs must adhere to social distancing mandates (>6 feet) during group activities as much as possible.
 - All surfaces in the day programs must be sanitized with [EPA disinfectant](#) before and after each visit and as needed.



- During transportation and outings, clients who can tolerate masks should wear them. Clients who cannot tolerate masks properly can be taken on separate vehicles where social distancing in the vehicle can be maintained. This can be arranged by the facility director.
- Outings to be initially limited to 2-3 times per week.
- Any additional outing requests must be presented and approved by CNO and Pandemic Team.

INDOOR AND GROUP ACTIVITIES:

- All indoor and group activities should adhere to infection prevention measures including hand hygiene, wearing a surgical face mask (as clients tolerate) and maintaining appropriate social distancing (>6 feet).
- Individual client mask use should also be based on a person-centered approach and modified based on client-specific medical needs as appropriate.
- Perform hand hygiene before and activity.
- Limit group size such that social distancing measures can be followed.
- Clean and sanitize activity equipment and supplies, per manufacturer's instructions, between uses and as needed with [EPA disinfectant](#).

CLIENT MEDICAL APPOINTMENTS:

- Client medical appointments will occur in GREEN, YELLOW and RED ZONE facilities as necessary.
- For outside medical appointments, if the provider has a telehealth option available for our clients that would be our first choice.
- If the provider's office does not have telehealth available, then please ask what type of precautions are being taken for in-office visits due to Covid-19. If the proper precautions for Covid-19 are being taken by the offices, then it is acceptable to proceed with scheduling an in-office appointment.
- Client's and staff should wear a disposable surgical mask when going out of the facility as tolerated. If at any time the client appears agitated or in distress, the mask should be removed by supervising staff.
- If in-office visits are scheduled, do not have clients in office waiting rooms for more than 15 minutes. It is preferred to have client and staff wait in the car until the provider is ready for their visit. It is imperative that the vehicle heat and A/C are working appropriately to keep the staff and client comfortable.
- Any facility that is on quarantine due to Covid-19 should not take clients out of the facility unless a serious medical issue requires evaluation and the medical office/EMS/ED are notified of the building quarantine ahead of time.

Community-Based Services

TAKING A CLIENT OFF OF SCI PREMISES (AFL's):

- If a family takes the client off of SCI premises or out of the AFL home, then the client must be kept at home, tested for Covid-19 and quarantined until the test



results are returned. The client can then be brought back into the facility with a negative Covid test within 72 hours.

- If a family takes the client off premises and returns them without a negative Covid test, the client will be quarantined and follow those protocols. The appropriate CNO must be notified of this scenario to offer additional guidance.

CLIENT OUTINGS:

- Outings into the community should be limited to GREEN ZONE counties only.
- Outings into the community can occur at certain outdoor venues such as parks or nature trails where appropriate social distancing from other individuals can occur (> 6 feet).
- Outings such as van rides into the community for scenic drives, program integration or drive-through visits for beverages or snacks can occur.
- Outings to SCI-managed day programs are allowed for YELLOW and GREEN ZONE counties at this time.
- Outings to SCI-managed day programs can occur with the following guidelines:
 - o Shared day programs must develop a schedule where different residential facilities are coming on different days of the week. Schedules to be approved the appropriate COO and CNO.
 - o Shared day programs with residential and community-based services clients must have a schedule to assure no interaction between residential clients and community-based services clients. This can include alternate days of service or alternate programming areas within the building. Schedules and plans must be approved by the appropriate COO and CNO.
 - o All clients attending day programs must adhere to social distancing mandates (>6 feet) during group activities as much as possible.
 - o All surfaces in the day programs must be sanitized with [EPA disinfectant](#) before and after each visit and as needed.
- During transportation and outings, clients who can tolerate masks should wear them. Clients who cannot tolerate masks properly can be taken on separate vehicles where social distancing in the vehicle can be maintained.
- Any additional outing requests must be presented and approved by CNO and Pandemic Team.

INDOOR AND GROUP ACTIVITIES:

- All indoor and group activities should adhere to infection prevention measures including hand hygiene, wearing a surgical face mask (as clients tolerate) and maintaining appropriate social distancing (>6 feet).
- Individual client mask use should also be based on a person-centered approach and modified based on client-specific medical needs as appropriate.
- Perform hand hygiene before and activity.
- Limit group size such that social distancing measures can be followed.
- Clean and sanitize activity equipment and supplies, per manufacturer's instructions, between uses and as needed with [EPA disinfectant](#).



Child-Care Center

CHILD-CARE OUTINGS:

- Outings into the community are not occurring at this time.
- Any additional outing decisions will be guided by the appropriate overseeing child care agencies and will be approved by CNO and Pandemic Team.

INDOOR AND GROUP ACTIVITIES:

- All indoor and group activities should adhere to infection prevention measures including hand hygiene, allowing children to wear masks if they choose, and maintaining appropriate social distancing (>6 feet) as much as allowable within the child-care center.
- Perform hand hygiene before and activity.
- Clean and sanitize activity equipment and supplies, per manufacturer's instructions, between uses and as needed with [EPA disinfectant](#).



Return to Work Guidelines

- STAFF WITH SECOND JOBS:
 - Any staff who works at another location may continue to work at Skill Creations with clients as long as they are always wearing appropriate PPE in the alternate setting.
 - Staff are asked to change clothing between work sites.
 - Any questionable exposures to infected individuals or quarantines by second workplace should be reported by the staff to their supervisors and reviewed with the CNO's or CHO prior to returning to work.
- RETURN TO WORK AFTER EXPOSURE:
 - If a staff has been in close contact with someone diagnosed with Covid-19 or with symptoms of COVID-19, the staff can return to the work after completing at least 14 days of quarantine at home or a negative Covid-19 test initially and with a repeat serial negative Covid-19 test within 5-7 days of initial test. Quarantine should begin immediately after any known exposure and quarantine will end 14 days after the date of last exposure.
- RETURN TO WORK AFTER ILLNESS:
 - If staff have positive Covid-19 test with or without symptoms, staff should remain in isolation for 10 days and may return to work 10 days after first positive test or first day of symptoms, whichever occurred last. Staff should also ensure to be symptom and fever free without use of medications for at least 24 hours.
 - If staff have suspected Covid-19 illness with symptoms, but have a negative test, staff should remain in isolation until symptoms resolve and they remain fever and symptom free for at least 24 hours without medications. For high suspicion of false negative test (such as a rapid antigen test), repeat testing with PCR may be requested.
 - **SPECIAL CIRCUMSTANCES:** If there is a potential staff shortage situation, staff may be allowed to work with a positive Covid-19 test **IF** they remain asymptomatic and are well enough and willing to work and the following criteria are met:
 - Staff with suspected or confirmed Covid-19 may perform job duties where they do not interact with others.
 - Staff with confirmed Covid-19 staff can provide direct care for patients with confirmed Covid-19 preferably in a cohort setting.
 - Staff with confirmed Covid-19 can provide direct care for patients with suspected Covid-19.
 - Any staff with confirmed Covid-19 allowed to work **MUST:**



- Wear full PPE for positive client/staff case scenario (full PPE with face mask, gowns, etc.).
 - Keep surgical facemasks on even when in non-patient care areas such as breakrooms.
 - Separate themselves from others when eating meals with facemask removed.
 - NOT work directly with immunocompromised clients.
- **RETESTING FOR COVID-19 AFTER ILLNESS:**
 - Staff who have had an initial positive test in the past 3 months and who are now asymptomatic do not need to be retested as part of facility-wide testing.
 - Testing should be considered again (routine or response to an exposure) 3 months after the date of onset of the prior infection.
 - Staff who had a positive test at any time and later become symptomatic after recovering from the initial illness should be evaluated and may need to be retested if an alternate illness etiology cannot be identified.



Positive Covid-19 Infection Control Measures

Positive Client or Staff Case in Residential Facility:

Client Positive Cases:

- Clients with suspected COVID-19 infection should be managed, as able, within the physical locations.
 - Any client with positive Covid-19 test with or without symptoms will be isolated within the facility for 10 days from the first onset of symptoms or the date of first positive test, whichever is latest.
 - The client's PCP should be notified as well as the local health department for further guidance on Covid-19 testing and reporting.
 - The client's guardian/family should be notified of positive infection.
 - If at any time the patient develops symptoms suggesting respiratory decline, 911 should be called and they should be taken to a hospital for emergency medical treatment.
 - Severe cases of infection require care to support vital organ functions and this can and will only occur in a hospital.
- Building Quarantine:
 - a. Facility with positive client or staff case will be quarantined for a minimum of 14 days from the first positive Covid test or the first day of symptom onset noted.
 - b. During quarantine, all usual activity of the facility will be suspended (no visitation by consultation/maintenance/nonessential staff/family visitation, no outside medical appointments). Medical appointments may be necessary if a serious medical condition arises, and in these circumstances the medical office/EMS/ED will be notified of the facility quarantine prior to the visit.
 - Client Isolation of Infected Individuals:
 - a. Clients suspected of having an active infection will be maintained at least 15 feet away from non-infected individuals.
 - b. Current CDC guidelines will be followed related to suspected active infection and exposures.
 - c. The CNO will determine an isolation area for infected individuals at each physical location.
 - d. Isolation area for infected individuals will provide for a separate private bathroom, as able. If there are only 2 community bathrooms available, then one will be designed as "unclean" and the other as "clean".
 - e. Only suspected infected individuals should use the "unclean" bathrooms.
 - f. Ideally, only one dedicated staff member will work with clients who have suspected active infection.
 - g. Contact will be restricted with all other non-infected individuals for the entire 10-day isolation period.
 - Staff Screening:
 - a. All staff entering buildings will continue with screening questionnaire and temperature check daily.
 - b. Upon first knowledge of a client or staff with a positive Covid-19 test or positive symptoms, the facility will initiate testing of all staff within 72 hours.
 - c. Repeat serial testing will be implemented every 5-7 days as available until the testing identifies no new cases of Covid-19 infection in the facility for a period of at least 14 days since the most recent positive result.



- d. If staff is found to be positive on routine screening, all facility staff are not retested at that time.
- Client Screenings:
 - a. Clients will have increased temperature checks to twice daily, and additional vital signs will be measured including heart rate and pulse oximetry.
 - b. Any changes in client temperature or vital sign abnormality must be reported to the supervising RN immediately.
 - c. Upon first knowledge of client or staff with positive Covid-19 test or positive symptoms, the facility will initiate testing of all clients within 72 hours.
 - d. Repeat serial testing will be implemented every 5-7 days as available until the testing identifies no new cases of Covid-19 infection in the facility for a period of at least 14 days since the most recent positive result.
- Standard/Contact/Droplet Precautions:
 - a. In addition to standard precautions and disposable surgical face masks, contact and droplet precautions will be used requiring use of gowns, face shields at all times during work inside the facility.
 - b. Standard precautions will continue to be used as primary prevention in all physical locations and with all client contacts.
 - c. Hand washing should be done before and after client contact, and at least once per hour as primary prevention measures.
 - d. All staff entering client-care facilities will spray their shoes with approved disinfectant.
 - e. Handwashing should be done before and after removal of all personal-protective equipment.
 - f. Appropriate **donning and doffing procedures** should be followed prior to entering the facility and upon exiting the facility.
- Special Guidelines for Staff Working at Covid Positive Facilities:
 - a. Admin staff and traveling admin staff (QP's, RN's, etc.) that have worked in a positive Covid facility who remain asymptomatic will be asked to work remotely/from home until they have their first negative Covid-19 test (likely with routine weekly or bi-weekly testing). Once a negative Covid-19 test is reported, and as long as the admin staff remain asymptomatic, they can return to their usual duties at other locations.
 - b. DSP staff who have worked in a positive Covid facility and who remain asymptomatic can return to work in their usual assigned location. They must shower and change clothes between locations.
- Environmental Cleaning:
 - a. Frequently touched surfaces will be cleaned at least once per shift/every 8 hours (including but not limited to doorknobs, light switches, tabletops, countertops, keyboards, cabinet handles, phones) with approved **EPA disinfectant**.
 - b. All other routine cleaning schedules will be followed.
 - c. In addition to above noted practices, there will be a designated "unclean" supply kit that will only be used for cleaning client isolation areas including approved EPA disinfectant and additional cleaning supplies (such as trash bags, wipes, paper towels, etc).
 - d. The cleaning supplies used for non-infected areas will not be shared with the designated "unclean" supply kit.
- DME/Adaptive Equipment Cleaning:



- a. DME or adaptive equipment that is shared must be cleaned before and after each client use with approved EPA disinfectant.
 - b. DME or adaptive equipment that is used by only one client should be cleaned at least daily with approved EPA disinfectant.
 - c. In addition to above noted practices, DME or adaptive equipment that is shared should NOT be used with a client who has an active infection.
 - d. Special DME and medical treatment issues:
 - i. If a client is Covid-19 positive and has medical treatments that can aerosolize virus (including nebulizer treatments, vaporizers or CPAP machines), the medical provider should be contacted for alternative treatments for the 10-day isolation period.
 - ii. Aerosol-producing treatments SHOULD NOT be utilized during the active infection phase (up to 10 days after first start of symptoms or first positive test, whichever is latest).
 - iii. This only applies to clients who are actively infected with Covid-19 virus.
- Laundry:
 - a. All linens and clothing contaminated with blood, body fluids and/or secretions or excretions should be transported in a lined container (such as a trash bag) to the laundry area.
 - b. Gloves should be worn if clothing or linens are soiled with body fluids as noted above.
 - c. Liners/trash bags should be disposed of properly after putting clothing or linen in the washing machine.
 - d. Linens and clothing should be laundered at the warmest temperature recommended on the item's label.
 - e. In addition to above noted laundry practices, gowns may be necessary if there is potential for contamination of clothing during laundry.
 - f. Washing machines and dryers should be sanitized between washes of uninfected clients clothing.



Positive Client and Staff Case in Community-Based Services:

Client Positive Cases:

- Any client with suspected symptoms of Covid-19 with or without a positive test will not receive direct care services for a time period of 10 days of the first onset of symptoms or date of first positive test, whichever is latest.
- Any client with a reported potential exposure to someone with symptoms of Covid-19 or with a positive Covid-19 test will not receive direct care services for a time period of 14 days from the date of the last exposure.

Staff Positive Cases:

- Any staff with suspected symptoms of Covid-19 with or without a positive test should quarantine for 10 days from the first onset of symptoms or date of first positive test, whichever is latest.
- For staff with symptoms, it is recommended they get tested and report results to Skill Creations.
- Client Notification and Screenings:
 - a. For any client who has had direct contact with a staff who has symptoms of Covid-19 infection or a positive test, the responsible QP will notify the family/guardian of the client immediately.
 - b. It will be recommended to the family/guardian to obtain Covid-19 screening test based upon exposure. Repeat serial testing at 5-7-day intervals may also be recommended by the CNO's and CHO.
 - c. All attempts to maintain usual and routine services for the client will be done by SCI by providing backup staff as able.
 - d. All SCI staff who provide backup services will ensure that standard precautions and environmental cleaning procedures are followed at all times.

AFL Positive Cases:

- Any client or staff with suspected symptoms of Covid-19 who operate in an AFL setting will attempt to follow the Residential Guidelines in this written plan as much as possible and as available in the resource setting.
- COO and CNO will develop guidelines for emergency staffing and housing situations in which an AFL staff cannot care for a client due to Covid-19 illness.
- COO and CNO will work to develop a team to discuss at intervals update to the emergency staffing and housing plan.

Current Emergency Housing Plan for Western Region AFL's 10/26/2020:

Plan A - Bethel Respite house will be utilized first if available

Plan B - If Bethel Respite is not available, we will seek out respite services that are provided in a community home setting (for example.....a staff member would be working with the client 1:1 in staff's home).



Plan C - there is a back area at the Emergent Need Respite that can be utilized and it has a private entrance/exit, bathroom, and bedroom. This can be used for both positive and/or negative clients, but would be ideal for a positive client if this was needed. If the client was positive, he/she would have meals brought to them in their own area so as to not be joined with the other clients currently residing there.

Plan D - if we had several cases and all the above had been utilized, we could use a portion of the Day Program to set up beds for clients to safely stay there. There is also a bathroom nearby in the same area. At this point, we would quarantine the Day Program and no other clients would be allowed during this time, but of course services would be continued in the community.



<https://files.nc.gov/covid/documents/childcare/NC-Interim-Guidance-for-Child-Care-Settings.pdf>

Positive Child or Staff Case in Child-Care Center:

- Any child or staff with suspected symptoms of Covid-19 with or without a positive test should quarantine for 10 days from the first onset of symptoms or date of first positive test, whichever is latest.
- Child and Parent Notification:
 - a. For any child who has had direct contact with another child or staff who has a positive Covid-19 infection by testing, then the family of the children in the classroom will be notified immediately upon first knowledge.
 - b. For children displaying symptoms but with negative Covid-19 test, families will not be notified and the child with symptoms must follow procedures for returning to classroom.
- Environmental Cleaning:
 - a. The child-care center will close down either the affected classroom or the entire building, depending upon classroom contact, for at least 48 hours or maybe longer, so that environmental surfaces can be appropriately sanitized.
 - b. Routine standard precautions and environmental cleaning as noted above will continue to be used after initial sanitization.

Child Positive Case:

- For child with symptoms, it is either required to isolate from 10 days of first onset of symptoms or get a Covid-19 test and report results to their child-care center.
- ***Return to Classroom:*** In addition to isolation period, the child must be fever-free for at least 24 hours without symptoms and without the use of fever reducing medicine.
- If a child has been in close contact with someone with symptoms of COVID-19 or diagnosed with COVID-19, the child can return to the child-care facility after completing at least 14 days of quarantine at home or a negative Covid-19 test. Quarantine should begin immediately after any known exposure and quarantine will end 14 days after the date of last exposure.

Staff Positive Case:

- For staff with symptoms, it is either required to isolate from 10 days of first onset of symptoms or get a Covid-19 test and report results to their supervisor.



References:

North Carolina DHHS Long Term Care Facilities Covid-19 Guidance:

<https://covid19.ncdhhs.gov/information/health-care/long-term-care-facilities>

CDC Long Term Care Covid-19 Guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html>

EPA Covid-19 Approved Disinfectant List:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

WHO Q&A Coronaviruses:

<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

CDC Return to Work Guidelines:

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/returning-to-work.html>

NC DHHS Return to Work Guidelines:

<https://files.nc.gov/covid/documents/guidance/healthcare/Guidance-NCDHHS-Secretarial-Order-2.pdf>

NC DHHS Child Care Interim Guidance

<https://files.nc.gov/covid/documents/childcare/NC-Interim-Guidance-for-Child-Care-Settings.pdf>

NC Executive Orders

<https://www.nc.gov/covid-19/covid-19-orders#executive-orders>

NC Secretarial Orders



<https://www.nc.gov/covid-19/covid-19-orders#secretarial-orders>

CMS Covid-19 Nursing Home Data

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

CDC Scientific Brief on SARS-CoV-2

<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-sars-cov-2.html>