



1116 W Palo Verde Dr., Chandler, AZ 85224
Phone: 480.964.7676 fax: 480.668.4977

COVID-19 PANDEMIC POLICY AND PROCEDURES WITH DDD COVID-19 GUIDANCE FOR CONGREGATE SETTINGS

To ensure the continued delivery of services as well as ensuring the health and safety of our members and staff, the Division of Developmental Disabilities has compiled guidelines for DTAs to help facilitate current best practices during this COVID-19 pandemic. These practices are incorporated in our Pandemic Policy.

A congregate setting is defined as an environment where several people reside, meet or gather in close proximity for either a limited or extended period of time. Common examples of congregate settings in the Arizona DDD community include: Day Treatment Programs (DTA), Group Homes and Developmental Homes. The guidance listed below is specific to our DTA setting.

Congregate settings are advised to engage with all their partners to develop specific protocols and procedures (plans). As listed below, these plans should be implemented to:

- Prevent the introduction of COVID-19 and other respiratory pathogens into the facility
- Rapidly identify persons with respiratory illness that could be COVID-19
- Prevent the spread of COVID-19 and other respiratory pathogens within and between the facility or facilities
- Manage and isolate persons with suspected or confirmed COVID-19
- Be familiar with infection prevention guidance
- Ensure adequate staffing if a breakout occurs
- Establish a means of communication for members, families and/or vendors

Plans should be three-fold:

- Social distancing to limit further spread of COVID-19
- Room isolation: what someone should do if a member presents with flu-like symptoms or has been diagnosed with COVID-19
- Caregiver guidance: how to provide care for a person who is sick with a flu-like illness or has been diagnosed with COVID-19

The following policies and practices address these needs.

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DTA PROGRAM PROCEDURES DURING COVID-19 PANDEMIC

Alexander's Abilities, Inc. DTA programs will take the following measures to help keep our staff, members and families safe.

- Screen all members, staff and visitors for illness.
- No persons displaying signs of illness will be allowed in the service site.
- All persons entering the service site must wear a face covering when possible.
- Limit visitors and staff to those needed only.
- Visitors must stay in the designated area.
- Practice "social/physical distancing" within program.
- Cancel community outings.
- Increase site cleaning and disinfection.
- Train and practice proper hygiene skills with members and staff. Training on Hand Washing, Cough Etiquette and Respiratory Hygiene will take place no less that every 2 weeks.
- Post signs at the entrance and other strategic areas related to hand washing, cough covering, signs of COVID-19, social distancing, and other preventative measures.
- Train all staff on COVID-19 policies and procedures.
- Follow DDD outlines for reporting and controlling presumptive and positive COVID-19 cases.
- *Stay away from people who are sick and stay home if you feel sick.*

REDUCING THE RISK OF SPREAD

The following policies must be followed to help mitigate the risk of spreading COVID-19 in our DTA Programs.

- **Monitoring and Screening:** Individuals will be monitored and screened before entering the program site. Anyone who meets the following criteria will not be allowed into the program site:
 - Anyone presenting signs of illness. Each member and staff will be screened for fever using a forehead thermometer and assessed for other signs of illness (i.e. coughing, shortness of breath). Screening will take place twice per day as follow:
 - Within 30 minutes of arrival
 - Immediately before lunch
 - Individuals with a temperature of 100°F or higher and who are symptomatic will be isolated in a separate room until transportation home can be arranged. He/She may not return to program until they are fever free for 72 hours without the aid of medications, other symptoms have improved, and at least 10 days have passed since symptoms first appeared. A negative COVID-19 PRC/Antigen test is also acceptable.
 - Individuals with a temperature of 99.0°F-99.9°F will be assessed on a case by case basis.
 - Anyone who suspects they are ill, or who have household members that are ill must stay home.
 - Anyone who has traveled to a location reporting widespread community transmission has occurred, or international travel, within the past 14 days.
 - Anyone who has had close contact with a person diagnosed with COVID-19 in the past 14 days.
- **Restrict Visitors and Non-essential Staff:** Only staff and visitors essential to the DTA shall be allowed in the program site. All visitors shall sign into the Visitor Log with the date, time in and time out. Visitors shall be kept to the designated area near the entrance of the building.
- **Social/Physical Distancing:** Members, staff and visitors shall follow social distancing guidelines of maintaining a 6' distance from one another when viable. Behavioral and medically fragile individuals may need closer supervision. Use personal protective equipment, such as gloves and masks, when working hands on with individuals. Limiting the number of people who congregate and interact with one another within a facility and allowing more physical space between people can help curb spread of this infection. Depending on specific facility needs and severity of exposure to persons with COVID-19, social distancing can range from decreasing the number of people who can congregate at a time for different activities to suspending all nonessential activities. Explain to members and staff why people are isolated from others to avoid stigmatizing those who are affected.

The following are examples of social distancing that can be considered in congregate setting to limit the spread of an infectious respiratory illness:

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Mealtimes:

- Stagger mealtimes to reduce crowding in kitchen and dining areas.
- Maintain 6 foot spacing between members who are eating.

Recreation/Common Areas:

- Create a schedule for using common spaces.
- Reduce activities that congregate too many members at once.
- Opt for smaller group activities.
- Groups of 10 or fewer in any given space/room of the site.

Transportation:

- Seat members as far away from one another as possible on the vans.

Staff Activities:

- Reduce unnecessary assembly of staff.
- Keep consistency of staff and members assigned to one another.

- **Proper Hygiene:** All members and staff shall be trained on proper hygiene and hand washing every 2 weeks.
 - Wash hands often with soap and water for at least 20 seconds. Wash hands before and after eating, after removing gloves, going to the restroom (or changing diapers), coughing or sneezing. Use a 60% alcohol-based hand sanitizer if soap and water are not available. Soap and water should be used if hands are visibly soiled.
 - Each member and staff shall wash their hands with soap and water for at least 20 seconds and hands dried with disposable paper towels. Members are to be supervised during handwashing.
 - Avoid touching eyes, nose, and mouth.
 - Cover coughs and sneezes using a tissue or the inside of an elbow (not your hands). Immediately discard tissue in the trash.
- **Cancel Community Outings:** Until directed otherwise, all community outings are cancelled. Individuals may take community walks near the program site while maintaining social distancing guidelines. Within the program site, activities will be done while maintaining social distancing guidelines.
- **Personal Protective Equipment:** Personal Protective Equipment (PPE) is used to help prevent the spread of germs in congregate settings.

Face Coverings: Staff must wear a face cloth cover when at work. Wearing a cloth face covering may be difficult for people with sensory, cognitive, or behavioral issues. Members are required to wear face coverings when social distancing is not possible. Cloth face coverings should not be placed on anyone who has trouble breathing or cannot remove the mask without assistance. See attachment on Member Requirements.

Gloves: Staff should wear disposable gloves when touching members (e.g dressing, bathing, transferring, toileting, feeding) or handling tissues. Safely dispose of gloves after use. Wash hands before and after taking off disposable gloves. If gloves are unavailable, wash hands immediately after touch the member or handling their belonging.

Guidance for Fully Vaccinated Individuals

Governor Ducey's Executive Order 2021-09 prohibits documentation of vaccinations status as a condition of receiving services. The Executive Order specifically says:

A business receiving public funds from the State of Arizona pursuant to a contract to provide services to the public, shall not require a customer to provide documentation regarding the individual's COVID-19 vaccination status as a condition of receiving state contracted services unless proof of vaccination is a requirement under state law.

The Centers for Disease Control and Prevention (CDC) has released updated guidelines for people who have been fully vaccinated. Individuals are considered fully vaccinated after:

- 2 weeks of their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks of a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.

Fully vaccinated individuals can:

- Resume activities they did prior to the pandemic.
- Resume activities without wearing a mask or staying 6 feet apart, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance. This means that Qualified Vendors may elect to adopt more stringent mask guidance, at their discretion.

Visitation Guidelines

Congregate setting operators have the right to ask visitors if they have received the COVID-19 vaccine. Visitors can choose whether they want to answer the question. However, visitors are required to follow the facility's guidance related to COVID-19 mitigation.

- Congregate programs/ homes should follow the most recent guidance issued by the CDC, ADHS, AHCCCS, and/or DES or by their contingency/pandemic plan regarding visitation and restrictions of all non-essential personnel.
- The congregate program/home should develop and issue communications to all potential visitors, family members and funding agencies regarding any changes.
- ADHS guidance for visitation at congregate settings for vulnerable adults and children includes:
 - Outdoor visitation is allowed at all times for all visitors.
 - Indoor visitation is allowed without testing with few exceptions, during high community transmission and during an outbreak at the facility.
 - Community spread is determined by the percent positivity of tests in each county.
 - Clarification on compassionate care visits, visits required under federal disability rights law, and other legally permissible visits regardless of outbreak status or community transmission.
 - Requirements for visitations during a facility outbreak
 - Screening of all visitors must continue

Fully vaccinated visitors:

- Wearing a mask and social distancing are not required during the visit unless the member they are visiting has a weakened immune system or autoimmune condition that prevents them from receiving the COVID-19 vaccine.

Visitors who have not received their second dose of either the Pfizer or Moderna vaccine at least 14-days prior to their visit, those who have chosen not to receive a COVID-19 vaccination and those whose vaccine status is uncertain:

- For all visitation, individuals will be required to wear a cloth face covering that covers their nose and mouth at all times while they are visiting their loved ones. They must also maintain appropriate social distancing from other residents and staff during their visit. Visitors who are unable or unwilling to adhere to the requirements should not be permitted to visit or should be asked to leave.

Additional Information for Visits:

- Facilities must allow visitation to the level prescribed in the ADHS guidelines.
- Facilities should enable visits to be conducted with an adequate degree of privacy by requiring staff to maintain a reasonable distance during visitation.
- Additional considerations and precautions listed below:
 - If signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat develop while a member is on-site, the member should put on a mask and move to an isolated area of the program site and make arrangements to go home. Clear masks should be provided for members who need to read lips to communicate and others who have social and communication needs. Group home or developmental home staff should notify the program manager and/or director or licensing worker immediately.
- Congregate programs/homes should contact any entities that have staff regularly visiting their programs (e.g., contracted/per diem staffing agencies, attorneys, pharmacy delivery organizations, itinerant provider staff, cleaning agencies, etc) to review and approve their protocols for identifying and preventing the spread of respiratory diseases, including COVID-19.
- Keep a daily log of names and contact information for those who enter and leave the property, including employees, clients, visitors, and vendors.

Precautionary Steps to Keep Members and Staff Healthy

The best precaution against having an adverse reaction to COVID-19 is to receive a COVID-19 vaccination. The precautions that congregate programs have in place to prevent the spread of germs can help protect against COVID-19.

- An individualized approach for COVID-19 may be needed for individuals with physical and intellectual disabilities who have limited mobility and difficulty accessing information, require close contact with direct service providers, have trouble understanding information, have difficulties with changes in routines, or have other concerns related to their disability.
- Encourage all unvaccinated members or members whose vaccination status is uncertain to cover their mouths and noses with a cloth face cover when they go out in public or when around staff or other members that they don't live with.
- Wearing cloth face coverings may be difficult for people with sensory, cognitive, or behavioral issues. Teams should include training about the reasons for and tolerance of face coverings in member's plans, where possible. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Staff who are not fully-vaccinated must wear a cloth face cover when at work.
- Staff and residents who are not fully-vaccinated should maintain a distance of at least 6 feet

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between individuals whenever possible.

- Educate staff and members on symptoms of respiratory illness including COVID-19 and encourage members to notify staff and staff to notify the program manager if they experience any of the symptoms.
- Staff should wear disposable gloves when touching members (e.g., dressing, bathing/showering, transferring, toileting, feeding), handling tissues, when changing linens or doing laundry. Safely dispose of gloves after use. As noted above, wash hands before and after taking off disposable gloves. If gloves are unavailable, wash hands immediately after touching the member or handling their belongings.

All congregate programs should increase the frequency of their regular cleaning and disinfection program, including:

- Use EPA Registered Products to disinfect 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, counter tops, sinks, and vehicle interiors) with a disinfectant on the EPA list. Use alcohol wipes to clean keyboards, touchscreens, tablets and phones.

CLEANING AND DISINFECTING

No less than twice per day (start of day and end of day), staff should perform targeted cleaning and disinfection of frequently touched hard, nonporous surfaces, such as counters, appliance surfaces, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, remote controls, light switches, cabinet doors, bedside tables, and any other surfaces that are visibly soiled. Tables and food prep areas will be disinfected immediately before and after lunch. Be aware that cleaning and disinfecting may affect those with sensory or respiratory issues.

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

Always clean surfaces prior to use of disinfectants. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. Clean surfaces using water and soap or detergent to reduce soil and remove germs. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure safe and effective use.

- **Deep Cleaning:** A deep clean may be required if a staff or member is confirmed to have COVID-19 and was in the facility while they were symptomatic. Close off areas used by people who are ill. Open doors and windows to increase air circulation. If possible, wait 24 hours before beginning cleaning and disinfecting.
- **Disinfection:** 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.

Disinfect surfaces using a disinfectant labeled to be effective against rhinovirus and/or human coronavirus.

- Label directions must be followed when using disinfectants to ensure the target viruses are effectively killed. This includes adequate contact times (i.e., the amount of time a disinfectant should remain on surfaces to be effective), which may vary between five and ten minutes after

application. Disinfectants that come in a wipe form will also list effective contact times on their label.

- Following contact time any leftover cleaning fluids are to be wiped and discarded after use.
- For disinfectants that come in concentrated forms, it is important to carefully follow instructions for making the diluted concentration needed to effectively kill the target virus. This information can be found on the product label.
- Staff are reminded to ensure procedures for safe and effective use of all products are followed. Safety instructions are listed on product labels and include the personal protective equipment (e.g., gloves) that should be used.
- **Cleaning Agents:** For disinfectant, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
 - A bleach solution can be prepared by mixing 5 tablespoons (1/3 cup) of bleach per gallon 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 furniture, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
 - Staff do not need to wear respiratory protection while cleaning unless recommended on the product label.
- **Ensure waste baskets available and visible.** Make sure wastebaskets have a disposable plastic lining and are emptied on a regular basis. Persons emptying waste baskets should wear gloves to do so and dispose of the gloves immediately and wash hands with soap and water for at least 20 seconds.
- **Other Considerations:**
 - Bathrooms are to be kept in good condition and cleaned on a regular schedule with cleaners and/or disinfectants.
 - Soap and paper towels are always to be available in bathrooms.
 - Ventilation may help reduce transmission. Open windows/doors and use fans when practical.

AGENCY PREPAREDNESS

- **Training:** All staff should refresh themselves or ask for guidance on the following infection control and prevention techniques:
 - Information on basic standard precautions: social distancing, small groups, hand washing.
 - Proper use of personal protection equipment: refer to CPR/First Aide training
 - Environmental cleaning: Follow cleaning and disinfecting guidelines provided
 - Review of activity restrictions: No community outings, activities with social distancing, staggered mealtimes.
 - Use of isolation: Any member presenting symptoms should be isolated in separate room until they can be transported home. Staff should monitor but maintain a 6ft distance from the member.

- COVID-19 symptoms and risk factors that increase the potential for disease transmission and complications. The most common symptoms are fever, cough, and tiredness. Identification of at-risk members is addressed in these guidelines.
- **Equipment and Supplies:**
 - Ensure all first aid kits are fully stocked.
 - Best practices recommend that each DTA has at least a two week supply of personal protective equipment and cleaning supplies, such as gloves, soap, bleach.
 - Each DTA shall have a sufficient supply of basic over-the-counter medications such as acetaminophen or Aspirin. Include such items as hydrocortisone, Benadryl, antibiotic creams, band-aids, dressing supplies, alcohol wipes, etc. as appropriate.

ANTICIPATORY MEMBER PROTECTIONS

Member Supervision and Activities:

- It is important that all staff are aware that regardless of the level of quarantine or isolation required, the supervision levels of the members we support must continue to be maintained in accordance with the staffing matrix.
- Staff may need to implement an enhanced supervision level for a member who may not have already had one. For example, if a member is displaying symptoms and is isolated in an enclosed room, he/she may require enhanced staffing/ supervision. Contact the member's Support Coordinator.
- Plan for activities that can be done within the home with members.
- Try to keep consistent staffing assignments to reduce the number of different staff interacting with each member.

IDENTIFICATION OF MEMBERS AT HIGH RISK FOR DEVELOPING COVID-19 RELATED COMPLICATIONS

Minimize Potential Exposures

If there is exposure of COVID-19 to members or staff, a range of practices can be used to minimize exposure at residences, programs, and other congregate settings, including:

- Suspend all visitation to the DTA.
- Require visitors/staff wear cloth face covers while in the DTA.
- Post signage notifying the public of the suspension of visitation and proactively notify family members of the members we support.
- Monitor the health of staff.

Facilities are expected to identify members who may be at risk for complications of COVID-19. Identifying such members at present, and in advance of onset of symptoms, is necessary so that treatment is not delayed. The CDC has identified the following as characteristics which place individuals at high risk of adverse outcomes associated with infection with COVID-19.

- Adults 65 years of age and older.
- Children with underlying respiratory or chronic medical conditions.
- Individuals who have pre-existing medical conditions including:
 - Members who are considered medically fragile
 - Any member who is more vulnerable to illness/infection
 - Asthma
 - Neurological and neurodevelopmental conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy, stroke, intellectual/developmental disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury)
NOTE: Having such conditions may also compromise a member's ability to manage respiratory secretions.
 - Chronic lung disease (such as COPD or cystic fibrosis)
 - Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
 - Blood disorders (such as sickle cell disease)
 - Endocrine disorders (such as diabetes mellitus)
 - Kidney disorders
 - Liver disorders
 - Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
 - Weakened immune system due to disease or medication (such as people with HIV or AIDS, cancer, or those on chronic steroids)
 - People younger than 19 years of age who are receiving long-term aspirin therapy
 - People who are morbidly obese (BMI of 30 or greater)

CASES OF COVID-19 IN MEMBERS – DDD Guidelines

SUSPECTED CASES OF COVID-19

Any congregate program serving a member with suspected COVID-19 should immediately contact the member's primary care physician or a local hospital and file an incident report with DDD.

These control measures include the following:

- If available, provide PPE, such as a face mask, for the member exhibiting symptoms of COVID-19.
- Isolate the member in a private room with the door closed.
- In the event of concerns relative to self-harm, programs should follow behavioral health provider's guidance.
- If you are in the same room as the member, wear a face mask and stand at least 6 feet away.
- Communicate with the member about symptoms of COVID-19 (fever, cough, difficulty breathing). Other symptoms could include: chills, sore throat, headache, muscle aches, abdominal pain, vomiting, and diarrhea.
- If the individual requires immediate and emergency medical care, call 911 for an ambulance and inform EMS of the individual's symptoms and concern for COVID-19.

CONFIRMED CASES OF COVID-19 IN MEMBERS

Reporting

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

- A healthcare provider associated with the facility;
- Lindsey Coleman @ 480-964-7676
- Lindsey will file an incident report with DDD and follow the Division's Procedure for Positive COVID-19 Reporting and Technical Assistance.

Cleaning

- Close off all areas used by the member who is ill. If the exposed area(s) can be isolated, the remainder of the facility may remain open.
- Open outside doors and windows to increase air circulation.
- Conduct 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.

Limiting Further Spread

- Other members should stay in another room or be separated from the member who is ill as much as possible.
- Prohibit any visitors who do not have an essential need to be in the DTA.
- Clean all "high-touch" surfaces within the facility every day.

Member Care

- Make sure any assigned staff understand and can help the member follow their healthcare provider's instructions for medications and care.

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- Help the member with basic needs and provide support, as needed, for getting groceries, prescriptions, and other personal needs.
- The member should wear a face covering, if able.
- Staff should wear full PPE per CDC guidelines, when available.
- Follow the guidelines in the Deep Cleaning section of this guidance regarding cleaning procedures of a member's space.
- Additional information can be found in the CDC's Implementing Home Care Guidelines.

CLOSE CONTACT WITH A CONFIRMED CASE OF COVID-19

A staff or member may have had close contact with an individual who has tested positive for COVID-19 but has not tested positive themselves.

“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 a cumulative 15 minutes in a 24-hour period starting from 2 days before the onset of symptoms, 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.

If a staff or member may have had close contact he or she should:

- The staff or member should self-quarantine for 14 days.
- Obtain a test for COVID-19.
- For staff in self-quarantine who have not developed symptoms and are not considered a high risk for transmission of the virus, they may return to the building once the 14-day quarantine period has ended.
- For members in self-quarantine, who have not developed symptoms and are not considered a high risk for transmission of the virus, they may return to normal group activities once the 14-day quarantine period has ended.
- The facility does not need to be closed or deep cleaned.

If a member develops symptoms and tests positive for COVID-19 the congregate program should immediately contact:

- The member's primary care physician or a local hospital;
- File an incident report with DDD and follow the Reporting and Technical Assistance procedures.

CONFIRMED STAFF CASE OUTSIDE THE CONGREGATE PROGRAM

Follow the CDC Return to work guidelines to determine when a staff may safely return to the facilities. See AZDHS “Release from Isolation” Guidance attached (pg 15).

REPORTING COVID-19 CASES

All confirmed COVID-19 cases associated with a residential or congregate program should be reported to DDD through an Incident Report within 24 hours of confirmation and the member's primary care physician or a local hospital should be notified.

Each residential and congregate program should assign one staff as the Designated Program Lead to report any confirmed COVID-19 cases (either members or staff) to DDD. Each agency will identify the Agency Point of Contact to whom to report.

Lindsey Coleman is Alexander's Abilities, Inc. main point of contact.

COVID-19 RELATED PAID LEAVE FOR STAFF

Staff who have been employed with Alexander's Abilities, Inc. for a minimum of 30 days are eligible for COVID-19 related paid leave, and all staff are eligible for paid sick time, between 4/1/2020 and 12/31/2020. Please refer to the Labor Posting of Staff Rights located at your site for details and qualifying reasons. Contact Lindsey Coleman at 480-964-7676 for more information if you are requiring time off for a COVID-19 related reason.

MANAGING STRESS DURING THE COVID-19 PANDEMIC

It is important for members and staff to take care of their physical and mental health as maintaining healthy behaviors and managing stress are critical to everyone's well-being. The CDC recommends these important steps to take to help manage and cope with stress:

- Maintain routines as much as possible.
 - Watch for changes in sleep, eating, and mood as indications that individuals may need additional assistance adapting to changes, processing emotions, or implementing wellness strategies.
 - Incorporate wellness activities to help offset restriction of outside activities.
 - Take care of your body:
 - Take deep breaths, stretch, meditate.
 - Try to eat healthy, well-balanced meals.
 - Exercise regularly.
 - Get plenty of sleep.
 - Avoid alcohol and drugs.
- Take time to unwind and remind yourself that strong feelings will fade. Try to do some other activities you enjoy.
- Take breaks from watching, reading, or listening to news stories. It can be upsetting to hear about the crisis and see images repeatedly.
- Connect with others in a safe way (maintaining social distancing). Talk with people you trust about your concerns and how you are feeling.

NON-EMERGENCY TRANSPORTATION

The following guidelines are to help promote health and safety while transporting members during the COVID-19 pandemic. Members and staff who are fully vaccinated are not required to wear a mask or social distance during transportation.

Vehicle and Equipment Decontamination

After each transportation route, vehicles must be cleaned and disinfected to promote wellbeing and limit the potential spread of diseases and ensure adequate ventilation.

- Open all vehicle doors and leave them open during cleaning to allow sufficient air changes.
- Wear gloves when cleaning.
- Clean and disinfect between trips. All surfaces that may have come into contact with passengers or materials contaminated during passenger care should be thoroughly cleaned.
- Dispose of waste and PPE following standard procedures for medical waste.

Workforce Precautions

All DCWs are susceptible to exposure events due to the nature of the work. Use of proper PPE and vehicle decontamination is key in reducing the spread of COVID-19.

- All occupants of a vehicle should wear facemasks for the duration of transportation.
- Drivers should wear gloves when physically assisting members in or out of the vehicles, and when securing the member and equipment. If gloves are unavailable, use hand sanitizer.
- Eye protection should be worn when interacting directly with individuals.
- Passengers should be spaced out as much as possible on vehicles.

MEMBER REQUIREMENTS

Attending congregate settings, such as DTA programs, increases the risk of potential exposure to illnesses including COVID-19. We are taking necessary steps to ensure the health and safety of all our members, staff, and their families; however, the risk of exposure still exists. The following member requirements are put into place to help ensure everyone's health and wellbeing during this pandemic.

- Members returning from vacation must self-isolate at home for 14 days before returning to program. Members may be able to return after 7 days with a negative COVID-19 test taken on days 3-5.
- Members and members' families are encouraged to continue to socially distance (i.e. avoid large gatherings, bars, dine-in restaurants, etc.) to reduce the spread of COVID-19 and help protect all members and staff at DTA. Member's may be asked to stay home for 14 days and self-isolate if they or their household members are actively participating in public gatherings and outings without taking necessary precautions and following local ordinances to reduce transmission.
- Members displaying signs of illness, or who live with other individuals presenting symptoms, must self-quarantine for 14 days. After 14 days they may return to program if they have not developed any signs of illness. Please refer to the "Release from Isolation" Guidance attached (pg. 15).
- Members are required to wear face coverings at program when social distancing is not possible. A team meeting will need to be held to discuss service options for members who cannot, or refuse, to wear a face covering and cannot, or refuse, to maintain social distancing. This is to ensure the safety of all our members and staff.
- If your member is considered to be "High Risk for Developing Complications" (pg. 9) please contact your DTA supervisor and/or Support Coordinator to determine if participating in a DTA program is appropriate and to discuss other service delivery options.



ARIZONA DEPARTMENT
OF HEALTH SERVICES

'Release from Isolation' Guidance

Recommendations for discontinuation of transmission-based precautions and home isolation, based upon a person's symptoms and clinical testing are below. The most recent updates to this document can be found at azdhs.gov

- If a person is **symptomatic*** and **awaiting**** COVID-19 test results:
 - Stay home away from others or under isolation precautions until results are available. If results are delayed, follow guidance for symptomatic and tested positive for COVID-19. Once results are available, follow the recommendations below based on results.
- If a person is **symptomatic*** and tested **positive** for COVID-19 by PCR, or antigen testing:
 - Stay home away from others or under isolation precautions until you have had no fever for at least 24 hours without the use of medicine that reduces fevers; AND
 - Other symptoms have improved; AND
 - At least 10 days have passed since symptoms first appeared.
- If a person is **symptomatic*** and tested **negative**** for COVID-19 by PCR, or antigen testing:
 - Stay home away from others or under isolation precautions until you have had no fever for at 24 hours without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.
- If a person is **symptomatic*** and has **not been tested**** for COVID-19 by PCR, or antigen testing:
 - Stay home away from others or under isolation precautions until you have had no fever for at least 24 hours without the use of medicine that reduces fevers; AND
 - Other symptoms have improved; AND
 - At least 10 days have passed since symptoms first appeared.
- If a person is **asymptomatic** and **awaiting**** COVID-19 test results:
 - No isolation is required while waiting for test results. Take everyday precautions to prevent the spread of COVID-19. Once results are available, follow recommendations based on results.
- If a person is **asymptomatic** and tested **positive**** for COVID-19 by PCR or antigen:
 - Stay home away from others or under isolation precautions until 10 days have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while asymptomatic. If symptoms develop, follow guidance for symptomatic and tested positive for COVID-19.



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- If a person is **asymptomatic** and tested **positive**** for COVID-19 by serology:
 - No isolation is required since there is a low likelihood of active infection. Take everyday precautions to prevent the spread of COVID-19.
 - If a person is **asymptomatic** and tested **negative**** for COVID-19 by PCR, antigen testing, or serology:
 - No isolation is required. Take everyday precautions to prevent the spread of COVID-19.
 - If a person has other non-compatible symptoms and has not been tested for COVID-19:
 - Stay home away from others or under isolation precautions until you have had no fever for at least 24 hours without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.
-

* People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. Public Health will [continue to update](#) this list as we learn more about COVID-19.



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*A person who had severe/critical illness or is severely immunocompromised should:

- If symptomatic, stay home away from others or under isolation precautions until:
 - At least 20 days have passed since symptoms first appeared; AND
 - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.
- If asymptomatic, stay home away from others or under isolation precautions until:
 - At least 20 days have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while asymptomatic. If symptoms develop, follow guidance for symptomatic and tested positive for COVID-19.

Outside of these criteria above, extension of isolation is not routinely recommended if an individual is retested within 3 months of onset of symptoms or date of first positive test while asymptomatic. However, if a person within 3 months of symptom onset of their initial illness or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test has a new exposure to a person with suspected or confirmed COVID-19 and recovered from laboratory-confirmed infection and has met criteria to end isolation, but has or develops new symptoms consistent with COVID-19 within 14 days of the new exposure, consultation with a health care provider is recommended, and consultation with infectious disease or infection control experts may be necessary. If an alternative cause of the symptoms cannot be identified, retesting for SARS-CoV-2 infection may be warranted. In the absence of clinical evaluation to rule out SARS-CoV-2 reinfection, this person should be isolated following the recommendations above.

**A person who had known close contact with a confirmed COVID-19 case should quarantine for 14 days from their last exposure to the case. However, individuals may be eligible for the acceptable options to shorten quarantine outlined below. Individuals may use the alternatives only if the following conditions are met:

- Individual does not live in a congregate setting; AND
- No clinical evidence of COVID-19 has been elicited by daily symptom monitoring during the entirety of quarantine up to the time at which quarantine is discontinued; AND
- Daily symptom monitoring continues through quarantine Day 14; AND
- Strict adherence to all recommended non-pharmaceutical interventions (e.g., correct and consistent mask use, physical distancing) continues through quarantine Day 14.

If symptoms develop, they should immediately self-isolate and contact the health department or their healthcare provider to report this change in clinical status.

The following options to shorten quarantine are acceptable alternatives if the conditions above are met:

- Quarantine can end on Day 11 (i.e., quarantine at home for 10 full days) without testing and if no symptoms have been reported during daily monitoring.
- Quarantine can end as early as Day 8 (i.e., quarantine at home for at least 7 full days) if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring. The specimen must be collected and tested no earlier than Day 6 (i.e., after at least 5 full days) following their last known exposure, and quarantine still cannot be discontinued earlier than Day 8.

However, if they test positive for COVID-19 by PCR or antigen testing, they should follow the relevant isolation guidance.



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Healthcare workers and critical infrastructure workers should follow guidance that includes special consideration for these groups. If you are a healthcare worker or critical infrastructure worker, please follow-up with your employer or HR for specific guidelines. Employers may consider allowing exposed and asymptomatic critical infrastructure workers to continue to work in select instances when it is necessary to preserve the function of critical infrastructure workplaces. This option should be used as a last resort and only in limited circumstances, such as when cessation of operation of a facility may cause serious harm or danger to public health or safety.

For a person previously diagnosed with COVID-19 who recovered from laboratory-confirmed infection and has met criteria to end isolation and remains asymptomatic, quarantine is not recommended in the event of close contact with an infected person within 3 months of symptom onset of their initial illness or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test. However, if a person is identified as a contact of a new case 3 months or more after symptom onset or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test, they should follow quarantine recommendations for contacts. Post acute care facilities should utilize the same quarantine criteria for patient admissions and readmissions

