



# COVID-19 (CV) PREPAREDNESS PLAN

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**I. PURPOSE:**

KCCDD's COVID-19 (CV) Preparedness Plan addresses agency protocols for responding to operating during COVID-19. The CV Preparedness Plan and existing agency policies and procedures adhere to current Federal, State and County mandates, guidelines and advisories and help ensure the safety of clients, staff and the community.

**II. SCOPE:**

This plan incorporates procedures that address the following:

- Communications
- Visitors
- General operational protocols
- Timelines and persons responsible for implementing and reviewing the CV plan
- Delivering services in facility and community settings
- Quality Assurance
- Other relevant procedures identified by the agency

In the implementation of the CV Preparedness Plan, KCCDD regularly reviews and considers advisories and ongoing developments from the following entities:

- Center for Disease Control (CDC)
- Occupational Safety and Health Administration (OSHA)
- Knox County Health Department
- State of Illinois mandates, directives and current data
- Guidance put forth by the Illinois Department of Public Health and the Illinois Department of Human Services

The following current KCCDD policies and procedures are relevant to this plan and continue to be in effect and used in conjunction with this plan:

- Safety Policy
- Emergency Procedures
- Exposure Control Plan
- Hazard Communication Program
- Transportation Procedure
- Health Services Policy
- Medication Monitoring and Management Procedures
- Handling/Reporting Injuries and Illnesses Procedures
- Individual Service Plan Development and Implementation Procedures
- Implementation Strategy Development and Implementation Procedures
- Safe Client Handling Procedures
- Critical Incident Reporting Policy and Procedure
- Reporting Abuse/Neglect Allegations to OIG Policy and Procedure

**III. RESPONSIBILITY:**

The Chief Executive Officer has primary responsibility for the CV Prepared Plan. This includes checking and addressing updated health advisories; initiating updates and revisions to the plan when necessary; communication of the plan to clients, staff and community partners; and training.

**IV. REVIEW AND REVISION:**

The Chief Executive Officer will initiate a review of the plan as follows:

- One week intervals following the implementation of the plan. Soft opening is currently set for 8/10/2020.
- Two weeks following the soft opening, the review will include our residential services provider.
- One week reviews will continue until it is determined that service provision has effectively stabilized, then one month reviews will begin.

- At any time during the resumption of services, a review can be triggered by increasing instability of the service environment or the community at large or by the initiation of new guidelines by any regulatory body.
- The plan will be updated according to relevant executive orders and public health advisories.

**V. COMMUNICATIONS:**

- A. Communication with all employees is maintained by the following:
- Secure Communications (s-comm) via Therap is accessed by employees via a link on the work computers or via the employee portal at KCCDD.com.
  - All management staff and others, as designated, have email accounts.
  - A phone directory of all employees is maintained in MyMITC Mobile and can be accessed by all managers.
  - Changes in procedures are sent to all employees through s-comms. They are required to sign a user agreement upon login and acknowledge the communication. This electronic verification is available to the administrator to ensure review of required information. In person training is done as needed.
  - The CV Preparedness Plan is available to all employees for review on the KCCDD server.
- B. Communication with external partners occurs as follows:
- This plan has been made available on KCCDD's website.
  - The CV Preparedness Plan is available to guardians, families, clients, stakeholders and surveyors upon request.
  - A copy of the CV Preparedness plan has been provided to KCCDD's community residential partner. The COVID-19 Self- Assessment Checklist has been provided to IDHS.
  - The Program Manager/QIDP is responsible to provide general information regarding operational protocols, health and safety issues and updates to preparedness strategies to clients and their families, guardians, and caregivers. In-depth training and implementation of protocols by clients is the responsibility of the Direct Support Professional (DSP). More detailed and in-depth questions should be directed to the Program Director or Chief Operating Officer.

**VI. TRANSPORTATION:**

- A. Each client's ability to appropriately follow all protocols for safe transportation to and from CDS/ADS will be assessed prior to return to services.
- B. Each client receives a health screening at their residential facility, prior to boarding the vehicle. KCCDD drivers will inquire at the residential facility to ensure this has occurred.
- C. If a client appears to be experiencing symptoms consistent with COVID-19, the driver should not transport that individual to CDS/ADS.
- D. Arrival and departure times of vehicles are maintained at staggered intervals to limit congestion upon loading and unloading.
- E. Clients are only transported on vehicles with others living in the same residential facility.
- F. Guidelines for vehicle seating arrangements are as follows:
1. Each client has a designated assigned seat.
  2. Clients should not be seated directly next to each other.
  3. Seating arrangements are staggered to ensure maximum distance between clients.
  4. Barriers and/or visual cues are placed over seats which should not be occupied.
- G. Use of a face mask is required for the driver and occupants of the vehicle.
- H. Vehicle Sanitation:
1. Each vehicle maintains a supply of disinfectant, wipes, hand sanitizer and face masks. The driver should request additional supplies when quantities are low.
  2. Cleaning of high touch areas is completed following each transportation run. This includes, but is not limited to, door handles, belts, steering wheel and seat surfaces.
  3. All vehicles are treated using a 90 day effective disinfecting fogging agent on a weekly basis.
  4. If a vehicle has been used to transport an individual who is symptomatic or is diagnosed with COVID-19, that vehicle undergoes a deep clean, to include:
    - a. Use of disinfecting fogging agent
    - b. Disinfecting of all interior surfaces and outer door handles
    - c. Remaining out of service for a period of 72 hours

- I. Assigned drivers of vehicles are to remain static to the greatest extent possible.

**VII. PREVENTING THE SPREAD OF INFECTION:**

**A. Health Screening Procedures:**

1. Employees:
  - a. Employees who are sick should stay home and call in per KCCDD policy.
  - b. All employees receive a health screening upon arrival prior to the beginning of their shift.
  - c. Health screenings are consistent with current CDC guidelines and include verification of temperature.
  - d. Screenings are documented and maintained.
  - e. Refer to screening form for specific action protocols.
  - f. Employees who arrive for a 7:30 a.m. and 8:00 a.m. start time should clock in and report to the side porch of unit 7 to receive their screening. Employees who arrive after the above stated times must enter at unit 1 to receive their screening.
  - g. Employees must wear masks throughout the screening process and in all common areas of the building.
  - h. Employees must sanitize hands upon after clocking in at the time clock prior to screening.
  - i. Employees who have an unsuccessful screening are given an information sheet and asked to leave the facility.
  - j. All employees are screened for symptoms and temperature at mid-shift (four hour screening).
2. Symptomatic Employees:
  - a. If an employee is screened with a fever of 100 degrees or higher, they will be asked to leave the facility.
  - b. An employee must be fever free (below 100 degrees) for 24 hours, without the use of medication, prior to returning to work.
  - c. An employee who presents with symptoms as indicated in the screening will be asked to leave the facility.
  - d. More detailed guidance regarding potentially infectious employees and potential exposures has been provided to all supervisors.
3. Vendors, Visitors and Deliveries:
  - a. Only essential vendors, visitors and delivery persons are permitted to enter the building.
  - b. USPS pick and drop off is maintained outside the inner door entrance of the main reception area on unit 1.
  - c. Other delivery persons are directed to ring a bell for assistance. A KCCDD employee will meet them outside and either accept the delivery or direct them to the proper dock, which is isolated from all other common areas and service areas of the building. Assistance is provided for drop off to avoid entry of the delivery person into the building.
  - d. Individuals delivering items from the residential facility are directed to the appropriate door and a KCCDD employee exits the building to receive the delivery.
  - e. No food or restaurant deliveries are accepted.
  - f. All essential vendors and visitors receive a health screening upon arrival.
  - g. Health screenings are consistent with current CDC guidelines and include verification of temperature.
  - h. Screenings are documented and maintained.
  - i. Refer to screening form for specific action protocols.
4. Clients:
  - a. All clients receive a documented health screening at their residential facility, prior to boarding transportation. Clients who reside in their natural homes receive a documented health screening immediately upon arrival to CDS/ADS. See section on Transportation for addressing symptomatic individuals at transport.
  - b. All clients are screened for symptoms and temperature mid-day during CDS/ADS service hours.
  - c. Screenings are documented and maintained.

**B. Identification of Symptomatic or Ill Individuals:**

1. These protocols are to be used in conjunction with KCCDD's current Handling/Reporting Injuries and Illnesses Procedures.
  2. When an individual is identified as being ill or symptomatic, they are monitored in a designated isolation area while they await transport to their residential facility. This designated area is away from other individuals receiving CDS/ADS.
  3. Only the employee providing monitoring should be in the isolation area.
  4. The employee providing the monitoring or providing the transport will use the following PPE: mask, face shield, gloves, gown.
  5. Following transport, deep cleaning protocols are followed as identified under Transportation.
  6. Employees who become ill or symptomatic during work hours, are asked to leave the facility and provided with an information sheet regarding next steps.
  7. When a client or employee has been identified as being ill or symptomatic, the following steps are taken:
    - a. Documenting clients and employees who had close contact.
    - b. Identification of transport vehicle used and rooms accessed.
    - c. Cleaning of all areas and vehicles as identified in this plan.
- C. Delivery of Services:
1. All services are provided in areas that have been designed and configured for proper social distancing. Physical barriers, signage and tape markings are used to identify proper seating pathways and distancing. Furniture is arranged to foster social distancing.
  2. Clients participate in CDS/ADS in areas designated for individuals from the same residential facility.
  3. DSP staff remain in one service area throughout the day to the greatest extent possible. Efforts are made to keep employee assignments consistent from day to day.
  4. DSP staff provide supports throughout the day to clients with limited mobility and communication skills to ensure safety and understanding of services, activities and expectations.
  5. Each service area has a designated bathroom to be used by clients. Those areas are monitored to ensure social distancing and use by clients from a single residential facility.
  6. Employees are assigned separate bathrooms apart from clients.
  7. Personal care rooms are designated for each service area. DSP staff are trained in personal care protocols. Personal care tables and lifts are sanitized after each use. Refer to KCCDD's Safe Client Handling Procedure.
  8. Clients will eat lunch in their service area.
  9. Employees will eat lunch in an assigned lunch area.
  10. Clients remain in their service areas until transport home. DSP staff monitor for social distancing during exiting and boarding.
- D. Signage/Visual Cues:
1. Signage and visual cues are placed in service areas and bathrooms to provide guidance and direction for clients and staff to adhere to social distancing, handwashing, and wearing of masks and other applicable PPE.
  2. Furniture and other items in service areas are arranged to encourage social distancing
  3. DSP staff receive training in and are encouraged to develop strategies and activities that help clients understand signage and visual cues to support social distancing, handwashing and wearing of masks and other applicable PPE.

VIII. **INFECTION CONTROL:**

These protocols are to be used in conjunction with KCCDD's current Infection Control Plan.

A. Hand Hygiene:

1. Clients are provided support throughout the day to wash their hands frequently and as needed. Training and activities are developed and implemented to reinforce learning.
2. Hand sanitizer is located in each service area. Clients are provided training and support in proper usage.
3. Hand sanitizer is applied by clients prior to boarding a vehicle for transport.
4. Janitorial staff are responsible to supply all areas with adequate amounts of soap, paper towels and hand sanitizer. Employees should report low inventories to the Manager of Janitorial Services.

B. Face Coverings:

1. Employees:
    - a. Employees working with clients in service areas will wear disposable face coverings provided by KCCDD. These face coverings will be issued at the beginning of each shift and should be discarded after clocking out of work at the designated trash receptacle. If a face covering becomes compromised during the day, it will be replaced.
    - b. Face coverings are worn by employees at all times during transportation
    - c. Employees not working in service areas may wear cloth face coverings. Employees are responsible for cleaning and care.
    - d. Face coverings must be worn by all employees when in common areas.
    - e. Face coverings may be removed under the following circumstances:
      - When alone in your office
      - During employee only meetings when six foot social distancing can be established and maintained and with mutual agreement of all participants.
  2. Clients:
    - a. Each client is assessed regarding their ability to wear face coverings prior to return to services.
    - b. All clients are to be supported in wearing face coverings while attending CDS/ADS and during transportation.
    - c. Clients who have a doctor's statement indicating they cannot wear a face covering for medical reasons will be provided support and training in maintaining proper social distancing.
  3. Signage is posted to encourage the use of face coverings by all employees and clients.
  4. The Manager of Janitorial Services is responsible to maintain adequate supplies of face coverings, gloves, face shields, gowns and other PPE as needed.
- C. Cleaning and Sanitizing:
1. General cleaning and sanitizing are completed in all service areas by janitorial staff at the end of each service day.
  2. Each service area receives sanitizing of high touch areas at two hour intervals by service area staff. This sanitizing is documentation on the agency provided form. These high touch areas include, but are not limited to:
    - Light Switches
    - Door Handles
    - Wheelchair Handle Grips
    - Table Tops
    - Chair Arm Rests
    - Phones
    - Keyboards
    - Computer Mouse
    - Faucet Handles
    - Toilet flush handles
    - Frequently used equipment, such as I-pads and other tablets
    - Communication Devices
    - Remote Controls
    - Other Assistive Devices
    - Any other areas as identified
  3. Disinfectant is EPA-approved.
  4. To the greatest extent possible clients should have their own designated supplies of frequently used Items (i.e., pen, pencil, markers, scissors, etc.).
  5. Activity items that are shared should be sanitized after using disinfectant spray or disinfectant wipes.
- D. Activity and Service Area Items to Avoid:
1. All non-essential materials and items should be removed from service areas.
  2. Service areas should remain free of clutter.
  3. Flat service should remain clear when not in use for to provide for ease of cleaning.
  4. Soft, porous and fabric covered activity items should be avoided.
  5. Items that cannot be easily cleaned and sanitized should be avoided.
- E. Supplies:
1. The Manager of Janitorial Services is responsible to maintain adequate inventories of cleaning and

- supplies.
- 2. Primary and secondary vendors are maintained to ensure adequate supplies.
- 3. CDS/ADS management and direct service staff are responsible to communicate supply needs to the Manager of Janitorial Services.
- 4. Current inventory practices regarding supplies are followed.
- F. Miscellaneous:
  1. While employees who are working in direct service are not prohibited from leaving the building for lunch, this is strongly discouraged. Any employee who does leave must have their mid-day symptom screening upon return.
  2. Employees are prohibited from bringing open food items to share (i.e., donuts, potlucks).

**IX. PERSON-CENTERED PLANNING:**

- A. Prior to any client returning to CDS/ADS, communication with the following individuals will occur to provide for individual safety, discussion of potential risk, mitigation of potential risk and individual choice regarding services:
  - Client
  - Family/Guardian
  - ISC
  - Residential Facility
- B. The Illinois Risk/Benefit Tool is used to identify concerns and comfort level with resuming services.
- C. Timeframes, including frequency of attendance, for return of each individual are determined and documented based on specific needs and choice.
- D. The following considerations are included within the Illinois Risk/Benefit Tool:
  - Individual health status and risk level for COVID-19
  - Any medical or behavioral changes that may have manifested
  - Changes in individual choice
- E. DSP staff are assigned based on client service needs. Changes are made as necessary to provide for effective service delivery.
- F. Updates to contact information are made as notified and are maintained in the case management system.
- G. Regular and ongoing communication is maintained with residential providers, guardians, the ISC and others as necessary.
- H. All of KCCDD's current procedures regarding client services continue to be in effect.

**X. TRAINING AND SUPPORT:**

- A. In addition to already established training protocols, all employees will be trained in this CV Preparedness Plan and all elements addressed herein prior to resumption of services.
- B. Specifically, training will include:
  - Hygiene
  - Social Distancing
  - Use of PPE
  - Cleaning and Disinfecting
  - Health Screening and Recognizing symptoms of COVID-19
  - Transportation Protocols
  - Visual Signage and Cues to Reinforce Required Protocols
  - Development of Training Activities to Reinforce Required Protocols
  - Building Logistics in the COVID-19 Environment
  - Acceptable Activities in the COVID-19 Environment
- C. Training will be provided electronically and in-person and will be documented and repeated as needed.
- D. This plan is made available to all employees
- E. See Communication section for information on methods for ongoing communication and information sharing.

**XI. COMMUNITY-BASED SERVICES:**

- A. Prior to any client participating in community-based services, consideration will be given to individual safety, discussion of potential risk, mitigation of potential risk and individual choice. The following will be addressed:
- Ability to practice proper social distancing when in the community
  - Ability to follow all safety protocols, including requirements for face masks, hand sanitizing
  - Ability to practice safe personal hygiene practices
- B. Prior to client participation, all potential community-based activities will be assessed for risk factors.
- C. Community-based training will resume gradually, beginning with lower risk activities to start. This may include training and volunteer activities that occur in lesser congested areas and outdoors.
- D. Consideration will be given to scheduling activities in such a manner as to provide for social distancing during training and during transport.
- E. Consideration will be given to providing appropriate staff ratios so that proper safety protocols can be reinforced.

7/20/2020