



# DIVISION OF DEVELOPMENTAL DISABILITIES

## COVID-19 QVA GUIDANCE FOR CONGREGATE SETTINGS (GROUP HOMES / DEVELOPMENTAL HOMES/ CENTER BASED SERVICES) AND DIRECT CARE WORKERS

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The Division of Developmental Disabilities has compiled these guidelines for individual and/or congregate settings to help facilitate current best practices during this COVID-19 pandemic to ensure the continued delivery of services as well as ensuring the health and safety of our members and Qualified Vendor staff.

A congregate setting is defined as an environment where a number of 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, Group Homes, Developmental Homes and some Individually Designed Living Arrangements with multiple roommates. The guidance listed below is specific to congregate and non-health care settings. For guidance on long-term care facilities, please follow the guidance issued by the Centers for Disease Control and Prevention ([CDC](https://www.cdc.gov)) and the Arizona Department of Health Services ([ADHS](https://www.azdhs.gov)).

Congregate settings are advised to engage with all of 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
- Accommodate persons with possible or confirmed COVID-19
- Ensure a way to get more supplies safely delivered to the home
- Ensure adequate staffing if a breakout occurs
- Be able to address behavioral needs of the member if there are any changes
- Establish a means of communication for members, families and/or vendors

Plans should be three-fold (See Appendix 1, 2, 3 and 4):

- Social distancing to limit further spread of COVID-19 for unvaccinated individuals.
- 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
- A strategy to support members who have confirmed cases of COVID-19

## **COVID-19 VACCINE INFORMATION**

Arizonans 5 years of age and older can receive the Pfizer vaccine. Arizonans 18 years of age and older can receive the Pfizer, Moderna, or Johnson & Johnson vaccine. The vaccines are widely available and easily accessible. Vaccines are available at pharmacies, doctor's offices and other locations run by county health departments. Vaccine sites can be found online at <https://www.azdhs.gov/findvaccine> or by calling 1-844-542-8201. People can also now text their zip code to GETVAX (438829) [English] or VACUNA (822862) [Spanish] and receive a text message with details about three locations in their area with vaccine availability. Facts and myths about the COVID-19 vaccine can be found on the [Centers for Disease Control and Prevention \(CDC\) website](https://www.cdc.gov).

The COVID-19 vaccine is available at no cost. Eligible Medicaid members can get non-emergency medical transportation (NEMT) to their vaccine appointment and should contact their [health insurance provider](#) for more details.

### **Immunocompromised Individuals**

The CDC recommends that after completing the primary series, some moderately or severely immunocompromised people should get an additional primary shot 28 days after their second shot if they received the Pfizer (people age 5 and older) or Moderna (people age 18 and older) vaccine. People are considered to be moderately or severely immunocompromised if they have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

### **Booster Shots**

The Centers for Disease Control and Prevention (CDC) recommends the following groups get a COVID-19 booster shot:

- People 12 years and older who received the second dose of the Pfizer vaccine at least 5 months ago.
- People 18 years and older who received the second dose of the Moderna vaccine at least 5 months ago.
- People 18 years and older who received the Johnson & Johnson vaccine at least 2 months ago.

Individuals 18 years and older are not required to get the same brand they received for their initial vaccine. Either the Moderna or Pfizer booster will have the desired effect of boosting the individual's immune system against COVID-19. The CDC recommends an mRNA vaccine booster even for those who received the Johnson & Johnson vaccine initially. The Johnson & Johnson booster is still available if it is preferred.

Individuals aged 12-17 who received the second dose of the Pfizer vaccine at least 5 months ago can only get the Pfizer booster vaccine.

## **MITIGATING THE RISK OF SPREADING COVID-19 IN CONGREGATE PROGRAMS**

### **Screen All Visitors, Vendors, and Members**

Individuals with any of the conditions below should be restricted from entering the program site:

- Sick with a fever, cough, or sneezing.
- Close contact with a person diagnosed with COVID-19 in the past 14 days.

Consider conducting daily screening of employees before they enter the setting.

- Implement universal use of a well-fitting respirator or facemask for source control by all staff when they enter the setting.
- Establish a process to identify staff, regardless of their vaccination status, who has any of the following so that they can be properly managed: 1) a positive viral test for SARS-CoV-2, 2) symptoms of COVID-19, or 3) who meets criteria for [quarantine](#) or [exclusion from work](#).
- Follow guidance from the [Equal Employment Opportunity Commission](#) regarding confidentiality of medical records from health checks.
- To prevent stigma and discrimination in the workplace, make employee health screenings as private as possible. Do not make determinations of risk based on race or country of origin and be sure to maintain confidentiality of each individual's medical status and history.

If possible, screen residents who attend employment or day service programs returning to the home from their jobs or program at least daily upon arriving home, for fever ( $\geq 100^{\circ}\text{F}$ ) and symptoms consistent with COVID-19.

Residents should continue to receive medical care for underlying conditions and evaluation for new symptoms or illnesses.

### **Fully Vaccinated Individuals**

\*Please consult with your Human Resources department or other resource regarding how to inquire about vaccination status. 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) says 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.

### **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. Visitors who are unable or unwilling to adhere to the requirements should not be permitted to visit or should be asked to leave.
  - Visitors, regardless of their vaccination status should wear a mask with the best fit, protection, and comfort for them using the CDC's COVID-19 Community Level tool as a guide for mask wearing, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>. This tool uses county level community levels, low, medium, and high, to determine the appropriate guideline for mask wearing.

Previously the Division indicated that DDD Group Home vendors would not be required to adhere to the exact [ADHS visitation guidelines](#) as long as they have a visitation policy documented in their pandemic performance plan that clearly specifies criteria for visitation of family members and friends as well as the appropriate safety precautions that will be put into place during on-site visits. The vendor must maintain documentation that the visitation policy has been shared with all members and legally responsible persons, upon adoption and for any revisions to the policy.

- All DDD Group Homes must continue to allow for entry of essential personnel as described in the guidance. Vendors may screen these personnel and require masks, before allowing entry to the congregate setting if their vaccination status is uncertain.
- The member's planning team should work together to identify any associated risk with the member's off-site visit and the potential impact on the other members living in the congregate setting.
- 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.
- Members who live in congregate settings may require assistance or visual and verbal reminders for the mouth and nose with a tissue, throwing it in the trash, and washing hands afterwards.

- 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 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.
- Behavioral techniques already used in the Group Homes and developmental homes can help residents adjust to changes in routines and take prevention actions. These techniques include modeling and reinforcing desired behaviors, picture schedules, timers, and visual cues.
- 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.
- When a member is discharged, moves or leaves the program permanently, their room should be thoroughly cleaned and disinfected in preparation for the next member.

### **Reminders for Members, Staff, and Volunteers**

- Wash hands often with soap and water for at least 20 seconds. Wash hands before eating, after going to the bathroom (or changing diapers), coughing, or sneezing. If unable to wash, use alcohol-based hand sanitizers with at least 60% alcohol.
- Avoid touching eyes, nose, and mouth.
- Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands). Immediately throw the tissue in the trash.
- Stay away from people who are sick and stay home from program sites when you feel sick.

### **Program and Home Protective Measures.**

- Post signs at the entrance of the program or home with instructions for hand hygiene and identifying individuals with symptoms of respiratory infection.
- Monitor and manage members who are ill, including limiting participation in and transportation to outside activities (such as day programs and jobs).
- Monitor exposed personnel for fever or signs and symptoms of respiratory illness.
- Implement strict infection control measures.
- Train and educate program staff about preventing the transmission of respiratory pathogens such as COVID-19.
- Limit the presence of non-essential volunteers and visitors in shared areas, when possible.
- Make sure that common rooms in the program or home have good air flow from an air



conditioner or an opened window.

- Consider working with building maintenance staff to determine if the building ventilation system can be modified to increase ventilation rates or the percentage of outdoor air that circulates into the system. Also consider using MERV-13 rated air filters in air handling systems.

As a reminder, CDC resources can be found here:

- [Infection Control Basics](#)
- [Hand washing: Clean Hands Save Lives](#)
- [How to protect yourself](#)

## CLEANING AND DISINFECTION

Regular cleaning with a household cleaner that contains soap or detergent reduces the amount of germs on surfaces and decreases risk of infection from surfaces. Clean other surfaces in the home when items are visibly dirty or as needed. When no people with confirmed or suspected COVID-19 are known to have been in a space, [cleaning once a day is usually enough](#) to sufficiently remove virus that may be on surfaces and help maintain a healthy facility.

Disinfecting (using [U.S. Environmental Protection Agency \(EPA\)'s List N](#) kills any remaining germs on surfaces, which further reduces any risk of spreading infection.

You may want to either clean more frequently or choose to disinfect (in addition to cleaning) in shared spaces if certain conditions apply that can increase the risk of infection from touching surfaces:

- High transmission of COVID-19 in your community,
- Low number of people wearing masks,
- Infrequent hand hygiene, or
- The space is occupied by certain populations, such as people at [increased risk for severe illness from COVID-19](#)

- 1. Cleaning:** According to the CDC, cleaning with a household cleaner that contains soap or detergent reduces the amount of germs on surfaces and decreases risk of infection from surfaces. 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. Always follow the instructions on the specific product label to ensure safe and effective use.
  - Regular cleaning should focus on high-touch areas and surfaces such as counters, appliance surfaces, tabletops/countertops, door knobs/handles, bathroom fixtures, toilets, phones, keyboards, tablets, sinks, tables, desks, remote controls, light switches, and any other surfaces that are visibly soiled.
  - Be sure to wear gloves. Additional personal protective equipment (PPE) (e.g., eye protection) might be required based on the cleaning or disinfection products being used and whether there is a risk of splash.
  - Clean visibly dirty surfaces with household cleaners containing soap or detergent **before** disinfecting
- 2. Disinfection:** Disinfection is likely not needed unless someone in the home is sick or has tested positive for COVID-19 in the last 24 hours. Always follow the directions on the label of cleaning and disinfection products to ensure safe and effective use.

- 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.
- Ensure adequate ventilation while using any disinfectant.
- Wear Gloves for all tasks in the cleaning process. Additional PPE may be required.
- Wash hands with soap and water for 20 seconds after removing gloves. You may also use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water is unavailable.
- 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.

Qualified Vendors should remind staff 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.

- 3. Cleaning agents.** For disinfection, most common [EPA-registered household disinfectants](#) should be effective. You can use the [EPA Online Tool](#) to verify that your disinfectant is effective.

Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or other cleansers.

A bleach solution can be prepared by mixing 5 tablespoons (1/3 cup) of bleach per gallon of water or 4 teaspoons of bleach per quart of water.

For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. If the items can be laundered, launder items. Otherwise, use products with the EPA-approved [emerging viral pathogens](#) claims that are suitable for porous surfaces

- 4. Laundry.** Use the warmest appropriate water setting and dry items completely. It is safe to wash dirty laundry from a person who is sick with other people's items. If handling dirty laundry from a person who is sick, wear gloves and a mask. Clean clothes hampers or laundry baskets according to guidance for surfaces. Wash hands after handling dirty laundry.
- 5. Facility staff do not need to wear respiratory protection while cleaning unless recommended on the product label.** Staff should wear disposable gloves while handling while cleaning and disinfecting surfaces, laundry or other items. Place all used gloves and other disposable contaminated items in a bag that can be tied closed before disposing of them with other waste. Staff and others should wash hands often – including after removing gloves and any contact with a person who is ill– by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used.
- 6. Wash hands with soap and water for at least 20 seconds** often and immediately after removing gloves. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol. However, if hands are visibly dirty, always wash hands with soap and water for at least 20 seconds.



7. **Soft Surfaces.** These are items like curtains, rugs and carpet. Clean the soft surfaces (carpets, rugs, and drapes) with soap and water or with cleaners made for use on these surfaces. Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely. If you need to disinfect, use a product from [EPA List N](#) approved for use on soft surfaces. [Vacuum as usual](#).
8. **Electronics.** Consider putting a wipe-able cover on electronics (for example, phones, tablets, touchscreens, keyboards, and remote controls) to make cleaning easier. Follow the manufacturer's instructions for cleaning the electronic device. For electronic surfaces that need to be disinfected, use a product on [EPA List N](#) that meets manufacturer's recommendations. Many of the products for electronics contain alcohol because it dries quickly.
9. **Outdoor Areas.** Spraying cleaning products or disinfectants in outdoor areas – such as on sidewalks, roads, or ground cover – is not necessary, effective, or recommended. High-touch surfaces made of plastic or metal, such as grab bars, play structures, and railings, should be cleaned regularly. Cleaning and disinfection of wooden surfaces (such as wood play structures, benches, tables) or ground covers (such as mulch and sand) is not recommended.

If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean and disinfect the spaces they occupied.

Before cleaning and disinfecting

- Close off areas used by the person who is sick and do not use those areas until after cleaning and disinfecting.
- Wait as long as possible (at least several hours) before you clean and disinfect.

While cleaning and disinfecting

- Open doors and windows and use fans or HVAC (heating, ventilation, and air conditioning) settings to [increase air circulation in the area](#).
- Use products from [EPA List N](#) according to the instructions on the product label.
- [Wear a mask](#) and [gloves](#) while cleaning and disinfecting.
- Focus on the immediate areas occupied by the person who is sick or diagnosed with COVID-19 unless they have already been cleaned and disinfected.
- [Vacuum the space if needed](#). Use a vacuum equipped with high-efficiency particulate air (HEPA) filter and bags, if available.
  - While vacuuming, temporarily turn off in-room, window-mounted, or on-wall recirculation heating, ventilation, and air conditioning systems to avoid contamination of HVAC units.
  - Do NOT deactivate central HVAC systems. These systems provide better filtration capabilities and introduce outdoor air into the areas that they serve.
- Ensure safe and correct use and storage of cleaning and disinfectant products, including storing such products securely and using PPE needed for the cleaning and disinfection products.

If less than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, clean and disinfect the space.

If more than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, cleaning is enough. You may choose to also disinfect depending on certain conditions or everyday practices required by your facility.

If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is needed.

## **AGENCY PREPAREDNESS**

### **Training:**

All Qualified Vendors should immediately provide refresher training to all staff on essential infection control techniques and prevention. This training should include, but is not limited to:

- Information on basic standard precautions
- Proper use of personal protective equipment (PPE)
- Environmental cleaning
- Review of activity restrictions
- Use of quarantine and isolation
- Education on COVID-19 signs and symptoms, and risk factors that increase the potential for disease transmission and complications of COVID-19.

### **Equipment and Supplies:**

Qualified Vendors must ensure all staff are using appropriate PPE when required. A complete set of guidelines can be located on the [ADHS](#) webpage as well as on the [CDC](#) webpage.

- Best practice recommends that Qualified Vendors ensure each congregate setting has a sufficient supply of personal care supplies (i.e., soap, shampoo and hand sanitizer), as well as, laundry detergent, disposable plastic bags or liners, and cleaning/disinfecting supplies.
- Ensure all first aid kits are fully stocked.
- Best practice recommends that Qualified Vendors ensure each congregate care setting has at least a two weeks supply of personal protective equipment, such as gloves.
- Ensure that there is a plan for delivering items to the group home or developmental home, if needed.
- Ensure each congregate setting has a sufficient supply of basic over-the-counter medications such as acetaminophen or Aspirin. Include such items as hydro-cortisone, Benadryl, antibiotic creams, band-aids, dressing supplies, alcohol wipes, etc.

### **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 and licensing requirements
- 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 exposed to COVID-19 and is required to be quarantined or isolated in an enclosed room, he/she may require enhanced staffing/supervision. Adjustments to staffing schedules are made in the Division's Program Staffing application (PSA) for developmental homes contact the member's Support Coordinator or DDD Network for assistance.
- Plan for activities that can be done within the home with members, if community activities are limited due to a high risk member or members living in the home.
- For those members who have family involvement, consider whether the member may be able

to go on a home visit during times of potential staffing shortages, and what, if any quarantine requirements may be necessary upon the members return to the home.

- Try to keep consistent assignments (meaning the assignment of staff to certain members) for all members regardless of symptoms or COVID-19 status. This practice can enhance staff ability to detect emerging condition changes. The goal is to decrease the number of different staff interacting with each member as well as the number of times those staff interact with the 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 homes, program sites and other congregate settings, including:

- Suspend all visitation to the congregate setting except when medically necessary (i.e., visitor is essential to the care of the member or is providing support in an imminent end-of-life situation).
- Minimize the duration and number of visits.
- See Visitation Guidelines on page 4.
- Provide other methods to meet the social and emotional needs of the member, such as video calls.
- Monitor the health of staff. Please see Staff Guidance for the Management of Coronavirus (Appendix 3).

Facilities and homes 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.

The CDC states that people of any age with the following underlying conditions **can be more likely to get severely ill** from COVID-19:

- Cancer
- Chronic Kidney Disease
- Chronic Lung Diseases including COPD, Asthma, Interstitial Lung Disease, Cystic Fibrosis, Pulmonary Hypertension
- Dementia or Other Neurological Conditions
- Diabetes (Type 1 or 2)
- Down Syndrome
- Heart Conditions (such as Heart Failure, Coronary Artery Disease, Cardiomyopathies or Hypertension)
- HIV Infection
- Immunocompromised State
- Liver Disease
- Overweight and Obesity
- Pregnancy
- Sickle Cell Disease or Thalassemia
- Smoking, Current or Former

- Solid Organ or Blood Stem Cell Transplant
- Stroke or Cerebrovascular Disease
- Substance Use Disorders

More information about these underlying conditions can be found at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.

Children who are medically complex, who have serious genetic, neurological, metabolic disorders, and with congenital (since birth) heart disease **might be at increased risk** for severe illness from COVID-19. Additionally, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk.

Most people with disabilities are not inherently at higher risk for becoming infected with or having severe illness from COVID-19. However, some people with disabilities might be at a higher risk of infection or severe illness because of their underlying medical conditions. If a person has one of the disability types listed below, there might be at increased risk of becoming infected or having unrecognized illness:

- People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members
- People who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing
- People who may not be able to communicate symptoms of illness

The [CDC](#) provides additional actions that may be taken to mitigate the spread of COVID-19 based on specific medical conditions and other risk factors.

## SUSPECTED CASES OF COVID-19 IN MEMBERS

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

These control measures include the following:

- If available, provide PPE, such as a face mask, for the resident exhibiting symptoms of COVID-19. Clear masks should be provided for members who need to read lips to communicate and others who have social and communication needs. Members who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear masks if they rely on lipreading to communicate. In this situation, consider using a clear mask.
- Isolate the resident 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.
- When available, staff should wear full PPE per CDC guidelines for the care of any member with known or suspected COVID-19.
- Communicate with the member about symptoms of COVID-19 (fever, cough, shortness of breath/difficulty breathing). Other symptoms could include chills, fatigue, sore throat, headache, muscle aches, congestion or runny nose, nausea or vomiting, diarrhea and new loss of taste or smell.
- 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.

- Encourage residents with COVID-19 symptoms and their roommates and close contacts to self-isolate – limit their use of shared spaces as much as possible.
- Staff at higher risk of severe illness from COVID-19 should not have close contact with residents who have suspected or confirmed COVID-19, if possible.

## CONFIRMED CASES OF COVID-19 IN MEMBERS

**Positive or Confirmed:** Laboratory-confirmed case of COVID-19 means that an individual has tested positive for the virus that causes COVID-19 in at least one respiratory specimen.

### Reporting

Any congregate program serving a member (including household members in a Developmental Home) with a confirmed case of COVID-19 should immediately contact:

1. The member's primary care physician or a local hospital
2. File an incident report with DDD.
3. Follow the Division's Procedure for Positive COVID-19 Reporting and Technical Assistance

[https://des.az.gov/sites/default/files/Qualified\\_Vendors\\_Positive\\_COVID19\\_Reporting\\_and\\_Technical\\_Assistance.pdf?time=1591029804461](https://des.az.gov/sites/default/files/Qualified_Vendors_Positive_COVID19_Reporting_and_Technical_Assistance.pdf?time=1591029804461)

### 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 household members in the group home or developmental home should stay in another room or be separated from the member who is ill as much as possible.
- Other household members should use a separate bedroom and bathroom, if available.
- Prohibit any visitors who do not have an essential need to be in the home.
- Clean all "high-touch" surfaces within the facility every day.
- If necessary, households should use separate staffing teams for COVID-19-positive members to the best of their ability, and work to designate separate facilities to separate COVID-19 negative members from COVID-19 positive members and individuals with unknown COVID-19 status.

### Member Care

- Make sure any assigned employees understand and can help the member follow their healthcare provider's instructions for medications and care.
- 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 when around other people, if able.
- When available, staff should also wear full PPE per CDC guidelines for the care of any member with known or suspected COVID-19.
- Avoid sharing household items with the member. After the member uses items, wash them thoroughly.
- Follow the guidelines in the [Deep Cleaning](#) section of this guidance regarding cleaning procedures of a resident'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 member may have had close contact with an individual who has tested positive for COVID-19 but has not tested positive themselves. The CDC has updated its definition and information regarding close contact.

**“Close contact”** is defined as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period\* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

If a member is fully vaccinated (primary dose[s] and booster):

- Wear a mask around others for 10 days.
- Test on day 5, if possible.
- Follow CDC guidance if symptoms develop and obtain a test for COVID-19 through their health care provider or other available means (i.e. drive up testing).
- The program or home does not need to be closed.

If a member completed the primary series of Pfizer or Moderna vaccine over 6 months ago and is not boosted, completed the primary series of Johnson & Johnson over 2 months ago and is not boosted, or is unvaccinated:

- Stay home for 5 days. After that continue to wear a mask around others for 5 additional days.
- If quarantine is not an option, the member must wear a mask for 10 days.
- Test on day 5, if possible.
- Follow CDC guidance if symptoms develop and obtain a test for COVID-19 through their health care provider or other available means (i.e. drive up testing).
- The program or home does not need to be closed.

**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.
- Follow the Division's Procedure for Positive COVID 19 Reporting and Technical Assistance

[https://des.az.gov/sites/default/files/Qualified\\_Vendors\\_Positive\\_COVID19\\_Reporting\\_and\\_Technical\\_Assistance.pdf?time=1591029804461](https://des.az.gov/sites/default/files/Qualified_Vendors_Positive_COVID19_Reporting_and_Technical_Assistance.pdf?time=1591029804461)



# RELEASE FROM ISOLATION AND QUARANTINE OF EMPLOYEES WITH POTENTIAL OR CONFIRMED CASE

The CDC has updated its guidance regarding “Managing Healthcare Personnel with COVID-19 Infection or Exposure”. The new recommendations for determining when a healthcare professional (HCP) should return to work are based on a person’s symptoms and clinical testing as outlined below:

HCP with [mild to moderate illness](#) who are not [moderately to severely immunocompromised](#):

- At least 7 days if a negative antigen or NAAT is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7) have passed since symptoms first appeared, and
- At least 24 hours have passed since last fever without the use of fever-reducing medications, and
- Symptoms (e.g., cough, shortness of breath) have improved.

HCP who were asymptomatic throughout their infection and are not [moderately to severely immunocompromised](#):

- At least 7 days if a negative antigen or NAAT is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or a positive test at day 5-7) have passed since the date of their first positive viral test.

HCP with [severe to critical illness](#) and are not [moderately to severely immunocompromised](#):

- In general, when 20 days have passed since symptoms first appeared, and
- At least 24 hours have passed since last fever without the use of fever-reducing medications, and
- Symptoms (e.g., cough, shortness of breath) have improved.
- The test-based strategy as described for moderately to severely immunocompromised HCP below can be used to inform the duration of isolation.

HCP who are [moderately to severely immunocompromised](#) may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.

- Use of a test-based strategy and consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these HCP may return to work.

The criteria for the test-based strategy are:

**HCP who are symptomatic:**

- Resolution of fever without the use of fever-reducing medications, and
- Improvement in symptoms (e.g., cough, shortness of breath), and
- Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an antigen test or NAAT.

## **HCP who are not symptomatic:**

- Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an antigen test or NAAT.

## **Return to Work Criteria**

Return to work criteria for HCPs who were exposed to individuals with confirmed COVID-19 infection can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

# **PROVIDING CARE TO MEMBERS CONFIRMED TO HAVE COVID-19**

## **Supporting Members living in Residential Settings who have Confirmed Cases of COVID-19**

Residential and congregate programs face unique considerations when a member is confirmed to have COVID-19 or PUI. Please see [Appendix 4](#) for more guidance.

# **CLEANING WHILE A MEMBER IS RECEIVING CARE IF THE MEMBER IS CONFIRMED OR A PERSON UNDER INVESTIGATION (PUI) FOR COVID-19**

There are additional deep clean considerations when a member is a PUI or confirmed case of COVID-19 and is being cared for within the facility.

- In a group home or developmental home where a person who is ill is being housed in isolation, focus on cleaning and disinfecting common areas where staff and any other person providing services may come into contact with people who are ill.
- Reduce cleaning and disinfection of bedrooms and bathrooms used by the people who are ill to an as needed level to reduce contact.
- If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by a person who is ill. If this is not possible, the caregiver should wait as long as practical after use by a person who is ill to clean and disinfect the high-touch surfaces.
- In areas where people who are ill have visited or used, continue cleaning and disinfection as provided in this guidance.

For further information on deep cleaning in a residential facility where an ill person is residing, please see [CDC's Clean & Disinfect guidance](#).

# **MANAGING STRESS DURING THE COVID-19 PANDEMIC**

It is important for residents and staff to take care of their physical and mental health as maintaining healthy behaviors and managing stress are critical to each individual'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 working and living in Group Homes may need additional assistance adapting to changes, processing emotions, or implementing wellness strategies.
  - Incorporate wellness activities to help offset restrictions of activities outside of the

## Group Home.

- Take care of your body.
  - Take deep breaths, stretch, or meditate.
  - Try to eat healthy, well-balanced meals.
  - Exercise regularly.
  - Get plenty of sleep.
  - Avoid alcohol and drugs.
- Make 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.

## APPENDIX 1: SOCIAL DISTANCING TO LIMIT FURTHER SPREAD OF COVID-19 DISEASE

Limiting the number of people who congregate and interact with one another within a program or home and allowing more physical space between people can help curb spread of this infection. Depending on specific 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 group homes or developmental homes to limit the spread of an infectious respiratory illness:**

Activity	Social Distancing Recommendations
Sleeping Arrangements	<ul style="list-style-type: none"> <li>• If space allows, have fewer members in each home</li> <li>• Move members with symptoms into separate rooms with closed doors, and provide a separate bathroom, if possible.</li> <li>• If only shared rooms are available, consider housing the person who is ill in a room with the fewest possible number of other members.</li> </ul>
Mealtimes	<ul style="list-style-type: none"> <li>• Stagger mealtimes to reduce crowding in shared eating areas.</li> <li>• Stagger the schedule for use of common/shared kitchens.</li> </ul>
Bathrooms and Bathing	<ul style="list-style-type: none"> <li>• Create a staggered bathing schedule to reduce the amount of members using the facilities at the same time.</li> </ul>
Recreation/ Common Areas	<ul style="list-style-type: none"> <li>• Create a schedule for using common spaces.</li> <li>• Reduce activities that congregate many members use at once such as “house meetings” and opt for smaller group activities.</li> </ul>
Transport	<ul style="list-style-type: none"> <li>• Opt for transporting less people per trip and ensure that passengers have more space between one another. (<a href="#">See appendix 5</a>)</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• Reduce the amount of face-to-face interactions with members for simple informational purposes.</li> <li>• Consider using bulletin boards, signs, posters, brochures, emails, phone, mailbox or sliding information under a member’s door.</li> </ul>
Staff Activities	<ul style="list-style-type: none"> <li>• Reduce unnecessary assembly of staff (e.g., large meetings where information can be communicated by written guidance).</li> <li>• When appropriate, opt for conference calls instead of in-person meetings</li> </ul>

## APPENDIX 2: ROOM ISOLATION

If a member has COVID like symptoms or has been diagnosed with COVID-19, the steps below can help prevent transmission to other members and staff.

### **The member should stay in his or her room or designated area except to get medical care.**

While the member is sick, restrict activities outside the member's room or designated area, except for getting medical care. The member should not go to work, school or public areas, and should not use public transportation (e.g., bus or subway). Ideally, the member should only travel in a private car and wear a face mask/ appropriate covering while outside of the home. If the member does not have anyone to drive a private car, then the member should use a taxi or car service, wear a face mask/ covering, sit in the back seat and open the window.

### **Separate the member from other people in the facility.**

As much as possible, the member should stay in a different room from other people. The member should also use a separate bathroom, if possible. If given a face mask/covering, the member should wear it when in the same room with other people and when visiting a health care provider. If the member cannot wear a face mask/appropriate covering, the people who live with him/ her can wear one while in the same room, or the member can stay in his/her room with the door closed.

If necessary, households should use separate staffing teams for COVID-19-positive members to the best of their ability, and work to designate separate facilities to separate COVID-19 negative members from COVID-19 positive members and individuals with unknown COVID-19 status.

### **Cover coughs and sneezes.**

The mouth and nose of a member should be covered with a tissue when he/she coughs or sneezes. The member can also cough or sneeze into his/her sleeve. Used tissues should be thrown away in a lined trash can, and the member should immediately wash his/her hands with soap and water for at least 20 seconds. Encourage the member to not use his/her hands to cover coughs and sneezes.

### **Wash hands.**

Encourage the member to wash his/her hands often and thoroughly with soap and water for at least 20 seconds. Alcohol-based hand sanitizer can be used if soap and water are not available. Remind the member to avoid touching his/her eyes, nose and mouth with unwashed hands.

### **Avoid sharing common items.**

Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding or other items with other people. After using these items, wash them thoroughly with soap and water.

### **Monitor symptoms.**

Notify someone in the home or call the member's doctor if the illness is worsening (e.g., high fevers, difficulty breathing).

### **Call ahead before visiting your doctor.**

Before a medical appointment, call the health care provider and tell them of the member's symptoms. This will help the health care provider's office take steps to keep other people from getting infected. Do not use public transportation, instead use a privately-owned car if available, or if not a taxi or car service and have the member wear a face mask/ covering while outside of the home.

## APPENDIX 3: CAREGIVER GUIDANCE

### **Help with basic needs.**

Make sure you can help the member adhere to instructions for medication and care, and provide support for getting groceries, prescriptions and other personal needs.

### **Limit the person to one room.**

Only people who are providing care for the member should enter the room or designated area.

Assign a separate bathroom, if available. If the bathroom is shared, **clean and disinfect** after each use: **focusing on frequently touched surfaces (such as door handles, sinks, paper towel dispenser/hand dryer).**

Restrict visitors who do not have an essential need to be in the room. Keep older adults, those who have compromised immune systems or chronic health conditions, and people with disabilities away from the member. This includes people with heart, lung or kidney conditions, diabetes or cancer.

### **Maintain distance when interacting with an isolated member.**

Maintain social distancing as much as possible. If you need to be within 6 feet, wear a face covering/face mask and disposable gloves as available when you enter the room where the ill member is isolated. When you have physical contact with the ill member (e.g., helping to bathroom, bathing, changing clothes), cover your clothing with a disposable gown. Whenever leaving the bedroom, carefully remove the gloves, the mask, and the disposable gown, and carefully put them in a plastic-lined trash can in the room.

### **Wash your hands.**

Wash your hands often and thoroughly with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose or mouth with unwashed hands. Always wash your hands before and after going into the bedroom.

### **Avoid sharing common items.**

You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding or other personal items with the member. After the member uses these items, you should wash them thoroughly.

### **Clean all high-touch surfaces.**

Clean frequently touched surfaces such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day.

### **Wash laundry thoroughly.**

Monitor the symptoms of the member who is ill.

Notify someone at the facility or make arrangements to have the member seen, if he/she is getting sicker. Make sure the provider is aware the member has or may have COVID-19 so that they can put appropriate infection-control measures in place.

### **Monitor your health.**

Caregivers and others in close contact with the member should monitor their own health for signs or symptoms of fever, a new cough, new shortness of breath, or new sore throat. If that occurs, the caregiver will need to be isolated.



**Off-site care**

If the member is not remaining in the home, follow the [Confirmed Cases guidelines](#).

**Additional CDC Guidance**

DSPs have close and consistent contact with people with disabilities and those providing healthcare support services in day and residential programs for people with disabilities. The CDC has provided [additional guidance for Direct Care Workers](#) to help limit the spread of COVID-19.

## **APPENDIX 4: SUPPORTING MEMBERS LIVING IN RESIDENTIAL SETTINGS WHO HAVE CONFIRMED CASES OF COVID-19**

Residential and congregate programs face unique considerations when a member is confirmed to have COVID-19 or has had close contact with a person who is ill. Generally, members should be supported in their group home or developmental home in surroundings they know. Programs should assess whether the residential setting is appropriate for home care or an alternative appropriate place should be considered/approved to ensure the safety of the member. The assessment should determine whether the member is stable enough to receive care at home, appropriate caregivers are available, and if there is a separate bedroom where the member can recover without sharing immediate space with others.

The vendor should also make every effort to use the member's own bedroom for quarantine/ isolation and use a dedicated bathroom, when possible. The vendor should follow the cleaning and disinfection guidance and use PPE, when available.

In instances where a member is having trouble complying with isolations or quarantine due to his or her ability to understand the required protocols or due to behavioral concerns that put him/ her or others at risk, other temporary living arrangements may be considered as outlined below.

### **Temporary Consolidation of Group Home Settings**

As part of their Pandemic Plan, vendors may, with the agreement of the member and legally responsible person, consolidate licensed group homes or developmental homes to create specific temporary group homes or developmental homes for members with confirmed cases. All licensing parameters for group homes and developmental homes must still be met.

The vendor shall document the impacted member/family agreement using the [Changes in the ISP form DD-224-FE](#) and ensure that any member disrupted as part of the Pandemic Planning, understands that he or she can move back to their group home or developmental home after the end of the emergency. The Support Coordinator shall be notified of the individual member/ family agreement and provided a copy of the DD-224-F. The Support Coordinator will file this agreement in the member's case record and update the planning documents at the next review.

The vendor shall notify the Division of its systemic plan to temporarily consolidate homes using the Service Delivery Notification process [https://des.az.gov/sites/default/files/media/Pandemic\\_Performance\\_Plan\\_Service\\_Delivery\\_Changes\\_031220.pdf?time=1585866465371](https://des.az.gov/sites/default/files/media/Pandemic_Performance_Plan_Service_Delivery_Changes_031220.pdf?time=1585866465371).

The Vendor shall submit revised staffing schedules through the Program Staffing Application for group homes affected by the temporary consolidation as outlined in The Division's Provider Manual Chapter 52 Daily Habilitation Staffing Schedule – Group Homes and Individually Designed Living Arrangements.

Any residential settings intended to be used to temporarily support COVID-19 positive members to isolate must be licensed by ADHS before being used to provide member care. ADHS and DES DDD will expedite all administrative steps for licensing residential locations as DDD Group Homes to support members who are positive for COVID-19.

The Division will temporarily not prohibit group home staff remaining in the home to provide care for 24 hours or other rotating schedules to limit the number of staff to the home. The Division will not prohibit staff inclusion on a schedule who are "waiting to be engaged in work" during asleep hours as long as the vendor can demonstrate the plan to respond to member needs.

## **Non-Residential Service Sites**

Non-Residential service sites have been approved by CMS under AHCCCS' Appendix K request. Specifically, it provides for:

- Authority for long-term care services and supports for impacted individuals even if services are not timely updated in the plan of care, or are delivered in alternative settings, and
- Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches)

DDD has received exemption from FEMA for inspection requirements for non-residential settings only for Life Safety Inspected Day Treatment locations where dry treatment services are not currently being provided.

The vendor shall notify the Division of its systemic plan to temporarily provide services in an alternative setting using the Service Delivery Notification process: [https://des.az.gov/sites/default/files/media/Pandemic\\_Performance\\_Plan\\_Service\\_Delivery\\_Changes\\_031220.pdf?time=1585866465371](https://des.az.gov/sites/default/files/media/Pandemic_Performance_Plan_Service_Delivery_Changes_031220.pdf?time=1585866465371).

Verification of the Setting Guidance requirements below must be sent with the notification before members receive services at the site.

### **Setting Guidance**

- Only COVID-19 positive members may be placed in the non-residential setting.
- Non-residential settings shall be staged to be as “residential” as possible and include a place to eat/store/ prepare hot and cold food, bed(s) to sleep in, places to store belongings, and bathroom(s)/ bathing facilities.
- If possible, there should be a separate room where members can recover without sharing immediate space with others. If this is not possible beds must be at least 6 feet from other beds.
- Each area for sleeping must have a smoke detector.
- Members shall not reside in non-residential settings for greater than 30 days.
- The Division will conduct an expedited Life Safety Inspection (LSI) before a member temporarily moves into a non-residential site if the proposed service site has not already been inspected by DES OLCR.

### **Billing Guidance Temporary Non-Residential Services Sites**

If the Vendor provides group home or community protection group home services:

- The vendor shall contact their assigned contract management specialist and request a COVID-19 temporary site code for the non-residential service site.
- The Division will assign a temporary site code and set capacity for the site based on the vendor's Pandemic Plan for the site.
- The vendor shall follow the Division's Provider Manual Chapter 52 Daily Habilitation Staffing Schedule – Group Homes and Individually Designed Living Arrangements and submit staffing schedules for the member's in the identified non-residential service site(s). The vendor shall adjust staffing schedules through the Program Staffing Application for each temporary site as members move in or out or staffing needs change.

- The Division will temporarily not prohibit group home staff remaining in the non- residential setting to provide care for 24 hours or other rotating schedules to limit the number of staff to the site. The Division will not prohibit staff inclusion on a schedule who are “waiting to be engaged in work” during asleep hours as long as the vendor can demonstrate the plan to respond to member needs.
- Refer to Appendix 1, 2, and 3 for member care and limiting further spread.

## APPENDIX 5: NON-EMERGENCY TRANSPORTATION SERVICES DURING THE COVID-19 EMERGENCY

The CDC recommends that individuals who are fully vaccinated, to maximize protection and prevent possibly spreading COVID-19 to others, should wear a mask indoors in public if they are in an area of substantial or high transmission. Additionally, wearing a mask over your nose and mouth is required on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and while indoors at U.S. transportation hubs such as airports and train stations.

The following guidance can help providers develop and maintain a system that promotes a healthy workforce and passenger environment and adequately decontaminates vehicles and equipment.

### For vehicle & equipment decontamination

- After transporting a passenger, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
- When cleaning the vehicle, wear a disposable gown (if available) and gloves. A face shield or face covering/ face mask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly to include the provision of adequate ventilation when chemicals are in use.
- Doors should remain open when cleaning the vehicle.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer to List N for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Clean and disinfect the vehicle between trips. All surfaces that may have come in contact with the passenger or materials contaminated during passenger care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered disinfectant in accordance with the product label.
- Clean and disinfect reusable equipment before use for another member according to manufacturer's instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.

### Workforce Precautions

All healthcare workers (including Direct Care Workers) are susceptible to exposure events due to the nature of the work. Proper use of PPE and vehicle decontamination and equipment is the key to reducing the likelihood of COVID-19 spread and infection.

- Face masks / Face Coverings: It's recommended the driver wear a face covering/ mask for the duration of transport if not fully vaccinated or if transporting those not fully vaccinated or whose vaccination status is unclear.
  - Every passenger who is vaccinated or whose vaccination status is unclear, is recommended to wear a face covering/ mask before entering the vehicle and should keep the face covering/ mask on for the duration of the transport.
  - Members who are deaf or hard of hearing—or those who care for or interact with

a person who is hearing impaired—may be unable to wear masks if they rely on lipreading to communicate. In this situation, consider using a clear mask. If a clear mask isn't available, consider whether it is possible to use written communication, use closed captioning, or decrease background noise to make communication possible while wearing a mask that blocks lips.

- **Gloves:** The driver should wear a pair of gloves before assisting the member into the vehicle and securing the member and equipment. Gloves should be changed and properly disposed of if they become torn or heavily contaminated.
  - Before re-entering the driver's compartment, the driver should remove the gloves and use hand sanitizer. If no hand sanitizer is available, the driver should re-glove with a new pair of gloves and wear them through the next load/unload of a member.
- **Eye Protection:** if not fully vaccinated or if transporting those not fully vaccinated or whose vaccination status is unclear driver is recommended to wear eye protection (i.e. goggles or disposable face shield that fully covers the front and sides of the face) while interacting with the members and not while driving or operating the vehicle.
- **Isolation Gown:** When available, an isolation gown may be worn. Alternative solutions may be available including cloth gowns, scrub tops or other easily laundered alternatives. These may be worn for an entire shift unless they become soiled or torn, in which case they should be replaced and properly cleaned or disposed of.



## APPENDIX 6: SUMMARY OF CHANGES

### July 10, 2020:

PAGE 12: Suspected Cases of COVID-19

Clarification added that any congregate care setting including day treatment facilities and other licensed settings should immediately contact the member's legally responsible person or primary care physician **and** file an incident report with DDD. This applies to the Legally responsible person or their provider agency if living in a licensed setting.

### July 21, 2020:

PAGE 13: Confirmed Cases of COVID-19

Clarification added to include reporting of COVID-19 positive cases for household members in Developmental Homes

### July 30, 2020:

PAGE 4: Precautionary Steps to Keep Members and Staff Healthy

Change of language of "should wear face masks" to "must wear face masks or face coverings."

PAGE 9: Agency Preparedness- Agencies and Supplies

Change of language of "should wear face masks" to "must wear face masks or face coverings."

PAGE 11-12: Identification Of Members At High Risk For Developing Covid-19 Related Complications- Minimize Potential Exposures

Change of language to include the CDC clarification and updated list of medical conditions that may cause an increased risk of severe illness from COVID-19

PAGE 26-27: Appendix

Change of face masks to face covering/ face masks

PAGES 2, 9, 13, 21, 23, 24: the term "COVID-19"

Grammatical change to ensure proper COVID-19 spelling and terminology

### September 3, 2020:

PAGE 3: Restrict Visitors

Information added to include the addition of ADHS guidelines that were released August 28, 2020, ADHS for Visitation at Congregate Settings for Vulnerable Adults and Children. The ADHS guidance is linked within the document

### September 29, 2020:

PAGE 3: Restrict Visitors

Information edited to include the revised ADHS guidelines that were released August 28, 2020, ADHS for Visitation at Congregate Settings for Vulnerable Adults and Children. The ADHS guidance is linked within the document on page 3.

### October 2, 2020:

PAGES 4, 13, 19, 26: Update on appropriate masks

Language edited to include information and guidance on providing clear masks for members who

need to read lips to communicate and others who have social and communication needs.

### **November 2, 2020:**

PAGE 15: Update on close contact definitions

Language edited to include updated information and definition of “close contact” exposure.

Additional information was added to include those who may be considered close contact per CDC guidelines.

### **November 19, 2020:**

PAGES 3-4: Restrict Visitors

Revision made to include the updated information from the Arizona Department of Health Services revised guidelines related to visitation at congregate settings. This latest revision includes guidance for members who leave congregate care facilities to visit or stay with a family member.

### **January 25, 2021:**

Page 2: Removed reference to staff in section, MITIGATING THE RISK OF SPREADING COVID-19 IN CONGREGATE PROGRAMS, with staff guidance moving to pages 16 and 17.

PAGES 12-13: Updated the list of underlying conditions that are at an increased risk of severe illness from COVID-19 per the latest CDC guidance.

PAGE 13: Changed heading from CASES OF COVID-19 IN STAFF OR MEMBERS to CASES OF COVID-19 IN MEMBERS to reflect the updated guidance provided.

PAGE 14: Changed heading from CONFIRMED CASES OF COVID-19 IN STAFF OR MEMBERS to CONFIRMED CASES OF COVID-19 IN MEMBERS to reflect updated guidance provided.

PAGE 15: Removed reference to employees in section, CLOSE CONTACT WITH A CONFIRMED CASE OF COVID-19, with employee guidance moving to pages 16 and 17.

PAGES 16-17: Changed heading title from CONFIRMED EMPLOYEE CASE OUTSIDE THE CONGREGATE to PROGRAM RELEASE FROM ISOLATION AND QUARANTINE OF EMPLOYEES WITH POTENTIAL OR CONFIRMED CASE and updated with new information from CDC and ADHS regarding isolation and quarantine time requirements based on the staff member’s symptoms and clinical testing as outlined in the section.

### **March 24, 2021:**

PAGE 3: Updated guidance related to visitation in congregate settings per new AHDS guidance including requirement to quarantine after off-site visit.

### **March 30, 2021:**

PAGE 12: Updated list of underlying condition which can make severe illness from COVID-19 more likely per updated CDC guidance.

### **April 22, 2021:**

PAGES 6-8: Updated the Cleaning and Disinfection section to reflect the CDC’s updated guidance.

**May 7, 2021:**

PAGE 6: Added updated CDC guidance for individuals who are fully vaccinated.

PAGE 10: Removed references to limited PPE supplies that were experienced at beginning of PHE.

THROUGHOUT: Removed all references to Executive Order Stay Healthy, Return Smarter, Return Stronger.

**May 24, 2021:**

Removed information and references to information that were obsolete or no longer required including the ENVIRONMENTAL MEASURES and ANTICIPATORY MEMBER PROTECTIONS sections.

PAGE 2: Added information about the COVID-19 vaccine.

PAGE 3: Added guidance for Fully-Vaccinated Individuals that aligns with recent CDC guidance changes.

PAGE 4: Updated visitation guidance to include instructions for fully-vaccinated individuals and those that are not fully-vaccinated.

PAGE 7: Updated guidance regarding cleaning and disinfecting.

PAGE 14: Updated information related to "Close Contact" to include information for fully-vaccinated individuals.

PAGE 15: Updated the "RELEASE FROM ISOLATION AND QUARANTINE OF EMPLOYEES WITH POTENTIAL OR CONFIRMED CASE" to reflect latest guidance from the CDC.

APPENDIX 5

**August 6, 2021:**

PAGE 4: Updated visitation guidelines to align with updated Centers for Disease Control and Prevention recommendations related to masking.

**December 23, 2021:**

PAGE 2-3: Updated information about vaccine availability and added information about vaccine booster shots.

**January 4, 2022:**

PAGE 3: Updated information regarding CDC mRNA booster recommendation.

PAGE 15: Updated CDC guidance related to isolation for close contact and suspected or confirmed positive COVID-19 cases in members. Updated CDC guidance related to healthcare professional return to work timeframe as a result of a confirmed or suspected COVID-19 infection.

**January 6, 2022:**

PAGE 3: Added recommendation from CDC for certain immunocompromised individuals to receive a third primary dose of an mRNA vaccine series.

Updated information to include CDC recommendations for booster shot eligibility to include 12-15 year olds.

PAGE 26: Updated CDC recommendations for wearing face coverings indoors and in public transportation.

**March 3, 2022:**

Adjusted grammar throughout to simplify where possible.

PAGE 4: Updated guidance on daily screening of employees and members before they enter the setting.

PAGES 4-5: Updated visitation guidelines to align with new Community Level guidance from CDC and added new link to ADHS visitation guidelines.

PAGE 14: Removed outdated section about “other people who could potentially be defined as close contacts (per the CDC).

PAGE 16: Added CDC link to Return to Work Criteria for HCPs who are exposed to individuals with confirmed positive cases.