



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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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To ensure the continued delivery of services as well as ensuring the health and safety of our members and Qualified Vendor staff, 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.

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](#)) and the Arizona Department of Health Services ([ADHS](#)).

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
- 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

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

### **Screen All Staff, 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.
- Recent travel (i.e., within the past 14 days) from a [COVID-19-affected geographic area](#).

- Close contact with a person diagnosed with COVID-19 in the past 14 days.

Consider conducting daily in-person or virtual health checks (e.g., symptom and/or temperature screening) of employees before they enter the facility, in accordance with state and local public health authority guidance.

- If implementing in-person health checks, conduct them safely and respectfully. Employers may use social distancing, barrier or partition controls, or personal protective equipment (PPE) to protect the screener.
- Complete the health checks in a way that helps maintain social distancing guidelines, such as providing multiple screening entries into the building.
- 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 with the same protocols developed for screening staff for symptoms of COVID-19.

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

### **Restrict Visitors**

- Congregate programs/ homes should follow the most recent guidance issued by the CDC, ADHS, AHCCCS, DES and/or Governor Ducey's Executive Orders or by their contingency/ pandemic plan regarding visitation and restrictions of all non-essential personnel.
- The congregate program/ home should develop and issue communications to all potential visitors, family members, and funding agencies regarding any changes.
- As of August 28, 2020, ADHS, released further guidance to for [visitation at congregate settings for vulnerable adults and children](#). There are two key components to resuming visitation:
  - First is the quality of the establishment's implementation of COVID-19 mitigation strategies.
  - The second is the level of spread occurring in the community.
  - This guidance also gives facilities the ability to allow for compassionate care visits regardless of the level of community spread.
- 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. 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.

- Reduce access to the program site to one point of entry, if possible.
- Maximize the use of “social distancing” in program sites, the practice of keeping at least six feet between individuals at all times.
- 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 precautions that congregate programs have in place to prevent the spread of germs can help protect against COVID-19.

- Follow the Governor’s Executive Order: [Stay Healthy, Return Smarter, Return Stronger](#).
- 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 members 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 must wear a cloth face cover when at work.
- 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 Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 \(the Cause of COVID-19\)](#) to frequently 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.
- Follow the Governor's Executive Order: [Stay Healthy, Return Smarter, Return Stronger](#).
- 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 staff entering member's rooms or living quarters unless it is necessary. Use virtual communications and check-ins (phone or video chat), as appropriate.
- Limit the presence of non-essential volunteers and visitors in shared areas, when possible.
- Use physical barriers, such as sneeze guards, or extra tables or chairs, to protect front desk/check-in staff who will have interactions with members, visitors, and the public.
- Consider how you can use multiple strategies to maintain social (physical) distance between everyone in common spaces of the program or home.
- Arrange seating of chairs and tables to be at least 6 feet (2 meters) apart during shared meals or other events.
- Alter schedules to reduce mixing and close contact, such as staggering meal and activity times and forming small groups that regularly participate at the same times and do not mix.
- Ensure that social distancing can be maintained in common rooms, such as television, game, or exercise rooms.

- 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

Each shift should perform targeted cleaning and disinfection of frequently touched hard, nonporous surfaces, such as counters, appliance surfaces, tabletops/countertops, door knobs/handles, bathroom fixtures, toilets, phones, keyboards, tablets, sinks, tables, desks, remote controls, light switches, cabinet doors, bedside tables, and any other surfaces that are visibly soiled. For further information on deep cleaning in a residential facility where an ill person is residing, please see [CDC's Clean & Disinfect guidance](#). Be aware that cleaning and disinfecting may affect those with sensory or respiratory issues.

### Deep Cleaning

A deep clean of a facility may be required if an employee or member is confirmed to have COVID-19 and was in the facility while they were symptomatic.

### Definitions

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

**Disinfecting** refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

1. **Cleaning:** Always clean surfaces prior to use of disinfectants. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. Clean surfaces using water and soap or detergent to reduce soil and remove germs. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure safe and effective use.
2. **Disinfection:** Disinfect surfaces using a disinfectant labeled to be effective against rhinovirus and/or human coronavirus.
  - Label directions must be followed when using disinfectants to ensure the target viruses are effectively killed. This includes adequate contact times (i.e., the amount of time a disinfectant should remain on surfaces to be effective), which may vary between five and ten minutes after application. Disinfectants that come in a wipe form will also list effective contact times on their label.
  - Following contact time any leftover cleaning fluids are to be wiped and discarded after

use.

- For disinfectants that come in concentrated forms, it is important to carefully follow instructions for making the diluted concentration needed to effectively kill the target virus. This information can be found on the product label.

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, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be 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. Products with [EPA-approved emerging viral pathogens icon](#) are expected to be effective against COVID-19 based on data for harder to kill viruses.

For soft (porous) surfaces such as carpeted floor, rugs, and 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. Wash all bedding, linens and clothing.** Do not shake dirty laundry – this prevents the possibility of dispersing the virus through the air.

Dirty laundry that has been in contact with a person who is ill can be washed with other people's items.

Wash and dry with the warmest temperatures recommended on the fabric label and follow detergent label and instructions for use. Use a plastic bag lined container to transport bedding, linens and clothing. Once the bedding, linens and/or clothing is placed in the washer, be sure to dispose of the plastic lining.

Clean and disinfect hampers or other carts for transporting laundry according to above guidance on cleaning hard or soft surfaces.

- 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 potentially soiled items/bedding and while cleaning and disinfecting surfaces. 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** immediately after removing gloves or use an alcohol-based hand sanitizer if soap and water are not available. Soap and

water should be used if hands are visibly soiled.

7. **Ensure waste baskets available and visible.** Make sure wastebaskets have a disposable plastic lining and are emptied on a regular basis. Persons emptying waste baskets should wear gloves to do so and dispose of the gloves immediately.
8. **Timing of deep clean procedures.** Close off the areas used by people who are ill. Open outside doors and windows to increase air circulation in the area and wait as long as practical before beginning cleaning and disinfection to minimize potential exposure to respiratory droplets. If possible, wait up to 24 hours before beginning cleaning and disinfection.

## ENVIRONMENTAL MEASURES

1. Shared bathrooms should be cleaned regularly using EPA-registered disinfectants, at least twice per day (e.g., in the morning and evening or after times of heavy use).
  - Make sure bathrooms are continuously stocked with soap and paper towels or automated hand dryers. Hand sanitizer could also be made available.
  - Make sure trash cans are emptied regularly.
  - Members should be instructed that sinks could be an infection source and should avoid placing toothbrushes directly on counter surfaces. Totes could also be used for personal items to limit their contact with other surfaces in the bathroom.
  - Shower and/or bathe members who are not presenting with symptoms first and then shower/ bathe members who are suspected or confirmed last.
  - Clean showers and bathtubs well with disinfectant between members.
2. Shared kitchens and dining rooms
  - Restrict the number of people allowed in the kitchen and dining room at one time so that everyone can stay at least 6 feet (2 meters) apart from one another.
  - Eating utensils, cups, and dishes belonging to those who are sick do not need to be cleaned separately in the dishwasher, but it is important to note that these items should not be shared without washing thoroughly first. Eating utensils should be washed either in a dishwasher or by hand with hot water and soap.
  - Use gloves when removing garbage bags and handling and disposing of trash. Wash hands thoroughly after disposal.
3. Laundry Rooms
  - Maintain access and adequate supplies to laundry facilities to help prevent spread of COVID-19.
  - Restrict the number of people allowed in laundry rooms at one time to ensure everyone can stay at least 6 feet (2 meters) apart.
  - Provide disposable gloves, soap for washing hands, and household cleaners and EPA-registered disinfectants for residents and staff to clean and disinfect buttons, knobs, and handles of laundry machines, laundry baskets, and shared laundry items.
  - Post guidelines for doing laundry such as washing instructions and handling of dirty



laundry.

4. Recreational areas such as activity rooms and exercise rooms
  - Consider closing activity rooms or restricting the number of people allowed in at one time to ensure everyone can stay at least 6 feet (2 meters) apart.
  - Consider closing exercise rooms.
  - Activities and sports (e.g., ping pong, basketball, chess) that require close contact are not recommended.
5. Pools and hot tubs
  - Consider closing pools and hot tubs or limiting access to pools for essential activities only, such as water therapy.
  - While proper operation, maintenance, and disinfection (with chlorine or bromine) should kill COVID-19 in pools and hot tubs, they may become crowded and could easily exceed recommended guidance for gatherings. It can also be challenging to keep surfaces clean and disinfected.
  - Considerations for shared spaces (maintaining physical distance and cleaning and disinfecting surfaces) should be addressed for the pool and hot tub area and in locker rooms if they remain open.
6. Ventilation may help reduce transmission. Open windows and use fans when practical and keep ventilation systems and filters clean.

## 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:

At this time, [ADHS](#) has stated that agencies and healthcare personnel both nationally and statewide are experiencing shortages in personal protective equipment (PPE).

In the midst of national and statewide PPE shortages, we cannot continue to utilize PPE in typical fashion.

Optimizing the use of PPE includes implementing administrative and environmental controls to optimize the use of PPE, as well as utilizing reusable supplies, extending the life of supplies where appropriate, and prioritizing supplies for higher-risk patients and procedures.

Qualified Vendors must ensure all staff are using appropriate PPE when they are interacting with members, to the extent PPE is available and per CDC guidance on conservation of PPE:

- For the duration of the state of emergency in their State, all staff should wear a face mask or face covering while they are in the program or home.
- Full PPE should be worn per CDC guidelines for the care of any member with known or suspected COVID-19 per CDC guidance on conservation of PPE.
- If COVID-19 transmission occurs in the home, all staff should wear full PPE for the care of all members irrespective of COVID-19 diagnosis or symptoms.
- Members in the home should not use medical face coverings/ face masks unless they are COVID-19-positive or a Person Under Investigation (PUI). They should use face coverings when around staff or other members that they don't live with, as possible

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.

## **ANTICIPATORY MEMBER PROTECTIONS:**

- Speak to the dispensing pharmacy for the group home or developmental home to be sure the home is able to receive deliveries and discuss how this might need to temporarily change if there is a need to restrict the activity/movement of individuals in that group home/ developmental home.
- Ensure there is a sufficient supply for those members who use supplies such as lancets, strips utilized for glucometers, tube feeding supplies, Ensure, chux, and/or ostomy supplies as applicable.
- Consider reaching out to vendors to determine if there are any concerns with obtaining needed
- Medical supplies.
- Ensure there is enough food in the group home or developmental.
- Stock up on non-perishables
- Ensure that any stocked foods will be able to meet the needs of any members with dietary modifications (i.e., foods that will be able to be cut to size). The Arizona Department of Health Services issued this [COVID-19 Infection Control and Personal Protective Equipment \(PPE\) Guidance](#) to assist providers in obtaining PPE and cleaning supplies.
- Contact the primary care provider in order to learn how their practice will manage visits

for individuals with symptoms of COVID-19. Some practices have implemented special procedures. Please refer to the DDD COVID-19 [web page](#) for more information.

### **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
- Require visitors to wear a cloth face cover while in the congregate setting and should be allowed only in the room of the member they are visiting.
- Provide other methods to meet the social and emotional needs of the member, such as video calls.
- Post signage notifying the public of the suspension of visitation and proactively notify family members of the members we support.
- Monitor the health of staff. 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 made revisions on July 17, 2020 to update the list of underlying medical conditions of those who are or may be at an increased risk of severe illness from COVID-19. The CDC states that people of any age with the following underlying conditions **are at an increased risk** of severe illness from COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

People of any age with the following conditions **might be at an increased risk** for severe illness from COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

Children who are medically complex, who have serious genetic, neurologic, 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.

## **CASES OF COVID-19 IN STAFF OR MEMBERS**

### **Suspected Cases of COVID-19**

Any congregate program serving a member with suspected COVID-19 should immediately contact the member's primary care physician or 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.
- 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 and per CDC guidance on conservation of PPE.
- 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 STAFF OR 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 and per CDC guidance on conservation of PPE.
- 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**

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

“**Close contact**” is defined as living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or has been in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic.

**Close contact which occurred prior to the development of symptoms is not considered to be an exposure.** If an employee or member may have had close contact he or she should:

- The employee or member should self-quarantine for 14 days.
- Obtain a test for COVID-19 through their health care provider or other available means (i.e.. drive up testing)
- For employees/staff in self-quarantine who have not developed symptoms and are not considered a high risk for transmission of the virus, they may return to the building once the 14-day quarantine period has ended.
- For members in self-quarantine, who have not developed symptoms and are not considered a high risk for transmission of the virus, they may return to normal group activities once the 14- day quarantine period has ended.
- The 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)

## **CONFIRMED EMPLOYEE CASE OUTSIDE THE CONGREGATE PROGRAM**

Follow the [CDC Return to work guidelines](#) to determine when an employee may safely return to the facilities.

## **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.

Source: NYS Department of Health Guidance Document entitled “Interim Guidance for Cleaning and Disinfection for Non-Healthcare Settings Where Individuals Under Movement Restriction for COVID-19 are Staying” [https://www.health.ny.gov/diseases/communicable/coronavirus/docs/cleaning\\_guidance\\_nonhealthcare\\_settings.pdf](https://www.health.ny.gov/diseases/communicable/coronavirus/docs/cleaning_guidance_nonhealthcare_settings.pdf)

Source: Massachusetts Department of Public Health (DPH) General COVID-19 Guidance and Recommendations Document entitled “Congregate Care Programs 2019: Novel Coronavirus (COVID-19) Guidance” <https://www.rfkchildren.org/wp-content/uploads/2020/03/3.20.20.-MASTER-Residential-and-Congregate-Care-Program-Guidance-for-COVID-19-Exposure-3-20-20.pdf>

## 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:**

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>

Source: NYS Department of Health Guidance Document entitled “Coronavirus Disease (COVID-19) Guidance for Congregate Settings.” <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-congregate-settings-covid19.pdf>

## APPENDIX 2: ROOM ISOLATION

If a member has these symptoms or has been diagnosed with COVID-19, the steps below can help you not get others sick.

### **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/ 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/ 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.

Source: NYS Department of Health Guidance Document entitled "Coronavirus Disease (COVID-19) Guidance for Congregate Settings." <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-congregate-settings-covid19.pdf>

## 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.

*Source: NYS Department of Health Guidance Document entitled “Coronavirus Disease (COVID-19) Guidance for Congregate Settings.” <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-congregate-settings-covid19.pdf>*

*Source: Massachusetts Department of Public Health (DPH) General COVID-19 Guidance and Recommendations Document entitled “Congregate Care Programs 2019: Novel Coronavirus (COVID-19) Guidance” <https://www.rfkchildren.org/wp-content/uploads/2020/03/3.20.20.-MASTER-Residential-and-Congregate-Care-Program-Guidance-for-COVID-19-Exposure-3-20-20.pdf>*

## **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-FF 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 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:** The driver should wear a face covering/ mask for the duration of transport. PPE is in limited supply, a mask may be used for the entire shift unless it is damaged or becomes contaminated.
  - Every passenger, if possible, should wear a face covering/ mask before entering the vehicle and should keep the face covering/ mask on for the duration of the transport, when PPE is available.
- **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:** The driver should wear eye protection (i.e. goggles or disposable face shield that fully covers the front and sides of the face) while interacting with the member and not while driving or operating the vehicle. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Due to a shortage of PPE, goggles may be all that is available and are adequate if appropriately cleaned between shifts.
- **Isolation Gown:** When available, an isolation gown may be worn. Due to limitations in the availability of PPE, 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.

Source: <https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/ems-911-resources/guidance-non-emergency-transport-services.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

## 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