

RCRC Vendor COVID19 Support and Guidance

Best Practices for Residential Providers

Re-Opening/Risk Mitigation Plans for COVID19

California Department of Public Health and local Public Health Departments have indicated all businesses in the state of California, including all service providers, should develop a re-opening/risk mitigation plan and submit to local Public Health Department for approval.

Note: In addition to an RCRC Contract, some Vendors may be licensed by another agency such as Community Care Licensing (CCL), or other licensing agencies associated with their service(s). Vendors are responsible for ensuring they are following any additional requirements from those agencies. Each type of service requires it's own re-opening/risk mitigation plan.

Most materials referenced in the links included in this document are also attached in the appendix. However, the most current and up to date guidance would be best accessed through the links.

Glossary of Terms:

Risk mitigation: strategies, protocols and procedures to reduce spread and exposure (specifically for COVID19)

Re-opening/risk mitigation plan: plan created to minimize potential for and identify response to spread of COVID 19

PPE- Personal Protective Equipment: items used to protect oneself from contamination or infection (ex. Masks, gloves, etc)

Burn Rate: how quickly specific types of PPE are being used

Burn Rate Calculator: CDC tool to determine how much PPE is needed and when more should be obtained

Cloth Facial Covering: 2 or more layers of washable, breathable fabric covering nose and mouth, fitting snugly against side of face and chin, worn to protect others from the wearer's respiratory droplets

Paper/Surgical mask: disposable mask designed to protect others from the wearer's respiratory droplets

N95 Respirator: mask that filters tiny particulates out of air/breath

- Some facial hair styles interfere with the effectiveness of the seal for N95 respirators
<https://www.cdc.gov/niosh/npptl/pdfs/FacialHairWmask11282017-508.pdf>

COVID 19 Exposure/Exposed: anyone within 6 feet of an infected person for a TOTAL of 15 minutes within a 24 hour period (per CDC)

Contact Tracing: a tool used by Public Health to identify all people an individual has come into contact with during a specified time frame. Vendor must ensure COVID positive staff notify Public Health Department that they work with a HIGH RISK population. Public Health will STILL be contacting ALL positive cases for triage. Self-tracing alone is not appropriate for vendor staff or vendor agencies unless directed by Public Health.

Essential Medical Services: Medical Care and interventions required for Emergent Health Care needs, does NOT include routine medical care visits (ex: cuts requiring stiches, difficulty breathing, broken bones, etc.)

Glossary of Terms (continued):

Pods: small self-contained network of people who limit their non-social distanced interactions to one another, ideally no more than 10 people/pod

Universal (Standard) Precautions: preventive measures such as handwashing and the use of PPE to avoid contact with others' bodily fluids intended to prevent spread of infection

Sick: signs of being contagious (runny nose, cough, sneezing, etc.) not associated with known chronic condition (i.e. runny nose and/or cough associated with allergies)

TIPS!

1. **Re-opening /Risk Mitigation Plan** -Each Vendor needs a re-opening/risk mitigation plan for COVID 19
2. Each Vendor should use a **Burn Rate Calculator** (or equivalent) for Personal Protective Equipment (PPE) distribution (including disposable masks, N95 respirators, face shields, etc.)
3. **COVID19 Positive/Exposed Clients** - Non-residential (i.e. day program/work program, etc.) services should NOT be providing DIRECT service to COVID POSITIVE/COVID Exposed client
4. **Sick Staff** - If STAFF are sick (REGARDLESS OF CAUSE OF ILLNESS), they should NOT be working!
5. **Sick Client** - If the CLIENT is sick NOT COVID/NOT SUSPECTED COVID, they should be staying home regardless of cause of illness
6. **N95 Masks and Full PPE** - If CLIENT is COVID POSITIVE/SUSPECTED COVID EXPOSURE (per CDC definition of exposure or as part of Contact Tracing through local Public Health), Residential STAFF should use N95 mask and other precautions (gowns, face shields, etc.) until cleared by Public Health (or primary care provider). CLIENT SHOULD NOT BE LEAVING HOME DURING THIS TIME EXCEPT TO SEEK ESSENTIAL MEDICAL CARE (or as instructed by Public Health or Health Care Practitioner)

CREATING A PLAN

All Re-opening plans/risk mitigation plans should include at least two components:

1. **Prevention** – focuses on steps taken to avoid an outbreak of COVID19
2. **Preparation** – focuses on training, materials and supplies needed to minimize the spread of COVID19 if there is a potential exposure or confirmed diagnosis of COVID19.

CDC guidance for Best Practices for Direct Support Providers is available here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html>

Appendix A

Links to County Specific information for Re-opening/risk mitigation plans:

Mendocino: <https://www.mendocinocounty.org/business/business-resource-for-covid-19>

Lake: <http://health.co.lake.ca.us/Assets/Departments/Health/Public+Health+Division/COVID-19/Business/WorkTool.pdf>

Humboldt: <https://humboldt.gov/2756/Business-Compliance>

Del Norte: <https://www.covid19.dnco.org/business-support>

Once Re-opening/risk mitigation plans are approved by local Public Health Department, they should be displayed at your agency's main office. Copies of re-opening/risk mitigation plans should also be provided to your agency's RCRC Community Resource Manager.

1. Prevention: Review and implement recommendations from the CDC Interim Guidance to Businesses and Employers:

https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Forganizations%2Fbusinesses-employers.html

Appendix B

Prevention Plan Components to consider:

- **Pods** – limit client/staff exposure by utilizing pod structures for staffing patterns
- **PPE** - Personal Protective Equipment - maintain and utilize adequate PPE supplies (see page 5)
 - **PPE Burn Rate Calculator** – providers should use the burn rate calculator linked below to determine how much PPE they will need, and use this information to request PPE from RCRC, or purchase PPE if necessary.
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
Appendix C
 - Tip: Masks, one per staff, per shift, per client home
**if mask is used in one client's home a separate mask should be used in another client's home
 - Tip: Gloves – for providing personal care
**Gloves must be changed between each client and each task.
 - Summary of strategies to optimize PPE:
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>
Appendix D
 - General strategies to optimize PPE:
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/general-optimization-strategies.html>
Appendix E
 - Facial Covering Guidance:
 - <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>
Appendix F
 - Sequence of how to Don and Doff PPE:
 - <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
Appendix G
 - How to Don and Doff N95 Mask:
 - <https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf>
Appendix H
- **Sanitation:** maintain adequate sanitation supplies and implement frequent sanitation schedules for high touch surfaces.
 - Cleaning and Disinfecting Guidance:
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfecting-decision-tool.html>
Appendix I
- **Screening:** taking temperatures and asking questions related to COVID19 symptoms prior to shifts (see pages 6-8 for specific CDC information regarding employees self-screen vs employer screening)
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html>

- **Universal (Standard) Precautions:** provide frequent training to staff and clients on Universal (Standard) Precautions, and implement rigorously. Ensure client homes are stocked with soap and paper towels.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/overview/index.html>

2. Preparation:

- **COVID19 Individual Safety Plans:**
 - Ensure each client served has a Safety Plan in place including for exposure to or development of COVID19. Link to example from Golden Gate Regional Center:
http://www.ggrc.org/storage/documents/Coronavirus_COVID_19/COVID-19_GGRC_Individ._Response_Plan.pdf
Appendix J
 - **Back up plans will need to be considered in the event that some or even ALL staff are not available due to COVID19 or in the event that the client needs to quarantine or isolate.**
 - **Natural Supports** - Consider what role natural supports may play,
 - **Interagency Agreements** - Consider staff from other agencies* in the client's circle of support. Identify who is willing to provide supports if there is a disruption to residential staffing.
 - **Release of Information (ROI)** – make sure ROIs are obtained prior to needing to implement the back up staffing plan.
 - **Copies of Individual Safety Plans** should be provided to the client, legal representative (as appropriate) and RCRC Service Coordinator.
- **COVID19 Health and Safety Rates:** consider what the cost would be if your agency needed to provide services to a client in isolation or quarantine. Do you have staff willing to do this service? Or will you need to offer a financial incentive/hazard pay?
- **Go Bags/Kits:** for isolation/quarantine. In the event that the client needs to quarantine/isolate outside their home have kits prepared with all the necessary PPE, sanitation supplies, etc.
- **Emergency PPE supply:** in addition to the daily PPE available, maintain an emergency store of PPE. Please include this in your initial burn rate calculation. Emergency PPE supplies including but not limited to:
 - Sanitation supplies – including trash bags, paper towels, rags, sanitizing solution, etc.
 - N95 masks - minimum of 5 masks per staff person.
 - Disposable masks
 - Face shields
 - Disposable gowns
 - Gloves
- **Client training:** ensure clients are familiar with their own COVID19 Individual Safety Plan and that they have an opportunity to make choices about how their plan will be implemented.
- **Staff training:**
 - COVID19 Individual Safety Plans – ensure staff who support each client are familiar with the client's specific COVID19 Individual Safety Plan.
 - Support Service Considerations for persons in isolation/quarantine:
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>
Appendix K
 - <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/support-services.html>
Appendix L

RCRC GUIDE FOR PPE USE

STAFF MUST USE SEPARATE PPE FOR EACH CLIENT SERVED

	Cloth Face Coverings	Paper/Surgical mask	Gloves	Face Shield (must be used with either attached drape or other mask)	Gowns	N95 mask
According to current CA State mandate	X	x				
In Vehicle	X	x		X(optional)		
Close Personal Care (healthy client)	X	x	x	X(optional)		
COVID19 Exposed (quarantine/isolation per MD/Public Health)			x	X(optional)	X	X
COVID19 POSITIVE			x	x	X	x
Other illness (not COVID19)	X	x	x	X(optional)		
Re-usable**	X			x		
One-time use		x	x		X	x

**items must be cleaned/sanitized between use

From the CDC website - employees self-screen vs employer screening:

Screening employees is an optional strategy that employers may use. Performing screening or health checks will not be completely effective because asymptomatic individuals or individuals with mild non-specific symptoms may not realize they are infected and may pass through screening. Screening and health checks are not a replacement for other protective measures such as social distancing.

Consider encouraging individuals planning to enter the workplace to **self-screen** prior to coming onsite and not to attempt to enter the workplace if any of the following are present:

- [Symptoms](#) of COVID-19
- Fever equal to or higher than 100.4°F*
- Are under evaluation for COVID-19 (for example, waiting for the results of a viral test to confirm infection)
- Have been diagnosed with COVID-19 and not yet cleared to discontinue isolation

*A lower temperature threshold (e.g., 100.0°F) may be used, especially in healthcare settings.

Content of screening questions

If you decide to actively screen employees for symptoms rather than relying on self-screening, consider which symptoms to include in your assessment. Although there are [many different symptoms that may be associated with COVID-19](#), you may not want to treat every employee with a single non-specific symptom (e.g., a headache) as a suspect case of COVID-19 and send them home until they meet [criteria for discontinuation of isolation](#).

Consider focusing the screening questions on “new” or “unexpected” symptoms (e.g., a chronic cough would not be a positive screen). Consider including these symptoms:

- Fever or feeling feverish (chills, sweating)
- New cough
- Difficulty breathing
- Sore throat
- Muscle aches or body aches
- Vomiting or diarrhea
- New loss of taste or smell

Protection of screeners

There are several methods that employers can use to protect the employee conducting the screening. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others), or physical barriers to eliminate or minimize the screener’s exposures due to

close contact with a person who has symptoms during screening. Examples to consider that incorporate these types of controls for temperature screening include:

- **Reliance on Social Distancing:** Ask employees to take their own temperature either before coming to the workplace or upon arrival at the workplace. Upon their arrival, stand at least 6 feet away from the employee and:
 - Ask the employee to confirm that their temperature is less than 100.4° F (38.0° C) and confirm that they are not experiencing coughing or shortness of breath.
 - Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue.
 - Screening staff do not need to wear personal protective equipment (PPE) if they can maintain a distance of 6 feet.
- **Reliance on Barrier/Partition Controls:** During screening, the screener stands behind a physical barrier, such as a glass or plastic window or partition, that can protect the screener's face and mucous membranes from respiratory droplets that may be produced when the employee sneezes, coughs, or talks. Upon arrival, the screener should wash hands with soap and water for at least 20 seconds or, if soap and water are not available, use hand sanitizer with at least 60% alcohol. Then:
 - Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue.
 - Conduct temperature and symptom screening using this protocol:
 - Put on disposable gloves.
 - Check the employee's temperature, reaching around the partition or through the window. Make sure the screener's face stays behind the barrier at all times during the screening.
 - **If performing a temperature check on multiple individuals, make sure that you use a clean pair of gloves for each employee and that the thermometer has been thoroughly cleaned in between each check.** If disposable or non-contact thermometers are used and you did not have physical contact with an individual, you do not need to change gloves before the next check. If non-contact thermometers are used, clean and disinfect them according to manufacturer's instructions and facility policies.
 - Remove and discard PPE (gloves), and wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol.

If social distance or barrier controls cannot be implemented during screening, PPE can be used when the screener is within 6 feet of an employee during screening. However, reliance on PPE alone is a less effective control and more difficult to implement given PPE shortages and training requirements.

- **Reliance on Personal Protective Equipment (PPE):** Upon arrival, the screener should wash their hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol, put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a

single pair of disposable gloves. A gown could be considered if extensive contact with an employee is anticipated. Then:

- Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue, and confirm that the employee is not experiencing coughing or shortness of breath.
- Take the employee's temperature.
 - **If performing a temperature check on multiple individuals, make sure that you use a clean pair of gloves for each employee and that the thermometer has been thoroughly cleaned in between each check.** If disposable or non-contact thermometers are used and you did not have physical contact with an individual, you do not need to change gloves before the next check. If non-contact thermometers are used, you should clean and disinfect them according to manufacturer's instructions and facility policies.
- After each screening or after several screenings, where you did not have physical contact with an individual, remove and discard PPE and wash hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.

Resources Referenced in this document and included in the Appendices:

Appendix A. CDC guidance for Best Practices for Direct Support Providers (Pages 1-5)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html>

Appendix B. CDC Interim Guidance to Businesses and Employers (Pages 6-9)

https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Forganizations%2Fbusinesses-employers.html

Appendix C. PPE Burn Rate Calculator (Page 10)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

Appendix D. Summary of strategies to optimize PPE (Pages 11-12)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>

Appendix E. General strategies to optimize PPE (Page 13)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/general-optimization-strategies.html>

Appendix F. Facial Covering Guidance (Pages 14-17)

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>

Appendix G. Sequence of how to Don and Doff PPE (Pages 18-20)

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

Appendix H. How to Don and Doff N95 Mask (Page 21)

<https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf>

Appendix I. Cleaning and Disinfecting Guidance (Pages 22-30)

<https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfecting-decision-tool.html>

Appendix J. COVID 19 Individual Safety Plan – sample (Pages 31-33)

http://www.ggrc.org/storage/documents/Coronavirus_COVID_19/COVID-19_GGRC_Individ._Response_Plan.pdf

Appendix K. Support Service Considerations for persons in isolation/quarantine (Page 34)

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

Appendix L. Support Service Considerations for persons in isolation/quarantine out of home (Page 35)

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/support-services.html>