

ADMH-Division of Developmental Disabilities**Operational Guidelines**

Subject: Infectious Disease Emergency Plans for Direct Support Providers		OG#:
Approved By: Terry L. Pezent, ADMH-DDD Associate Commissioner	Responsible Office: Office of Quality & Planning and Office of Community Services	
Effective Date: 6/10/20	Reviewed/Revised Date(s):	
Reference:		

Statement: Direct Service providers must be prepared to serve persons receiving Waiver services during an infectious disease emergency with the utmost accountability to meet the health and safety needs of individuals with Intellectual Disabilities, who are considered “vulnerable persons” by the CDC, due to higher potential for underlying conditions that may place them and the direct support staff who assist them at an increased health risk, particularly as related to COVID-19. Examples include those *Individuals 65 or older and/or with underlying medical conditions that may increase risk of serious COVID-19 include but are not limited to: Blood Disorders (e.g. sickle cell or on thinners) Chronic Kidney Disease (medication treatment or dialysis) Chronic Liver Disease (cirrhosis, chronic hepatitis) Compromised Immune System (immunosuppression) cancer, chemotherapy/radiation, organ or bone transplant, high doses of corticosteroids or immunosuppressant medication, HIV/AIDS. Endocrine Disorder (diabetes mellitus) Metabolic Disorder (inherited or mitochondrial disorder) Heart Disease (Congenital, congestive or coronary artery disease) Lung Disease (Asthma, chronic obstructive pulmonary disease, bronchitis, emphysema, impaired lung function, or required oxygen), Intellectual Disability, Neurological, neurologic and neurodevelopmental conditions (brain spinal cord disorders, spinal cord injury, peripheral nerve, cerebral palsy, epilepsy, seizures, stroke, moderate to severe developmental delay, muscular dystrophy).*

Purpose/Intent:
Direct Support agencies will compose and maintain written emergency plans, policies, and procedures to ensure they can successfully implement strategies to mitigate and respond to an outbreak of epidemic/pandemic proportions of an infectious disease (e.g., COVID-19).

Scope:
Direct Service Providers; Office of Quality & Planning; Office of Community Services, Support Coordination Entities, Individuals served

Definitions: Division of Developmental Disabilities (DDD); Regional Community Services (RCS); Community Services Director (CSD); Support Coordination Entities (SCE’s); Incident Management & Prevention System (IPMS); Occupational Safety & Health Administration (OSHA); Centers for Disease Control (CDC);

Procedures:

1. All Direct Support Service agencies serving persons receiving Waiver services must compose, maintain and implement an emergency plan for mitigating and responding to epidemic/pandemic outbreaks of infectious disease (e.g., COVID-19). This emergency plan must include, at a minimum, the following elements:
 - a. Distinct phases of the Direct Support Service agency activity, dependent upon governmental/public health mandates (e.g., work from home, infection control, social distancing, quarantine, shelter in place, etc.).
 - b. Specific changes to Direct Support Service agency operations in each phase, including:
 - i. Methods to access necessary records and information for persons receiving Waiver services by oversight and service coordination entities.
 - ii. Methods for maintaining reliable and consistent communication between RCS, SCE’s, persons receiving Waiver services, and families/caregivers.
 - iii. Methods for communicating emergency plans, and their level of implementation, to persons receiving Waiver services, families/caregivers, SCE’s and RCS.

- iv. Methods for communicating any changes in staffing ratios as a result of the infectious disease emergency occurring.
- v. Methods for communicating with persons receiving Waiver services, SCE's, RCS, and families/caregivers regarding, and acting expeditiously upon, the potential need for emergency services or emergency changes to existing services, should the person, provider, family, caregiver, or other critical supports become unavailable as a result of the infectious disease emergency occurring.
- vi. Plan for effectively continuing operations if/when the Direct Support Service agency experiences reduced staffing capacity as a result of staff contraction of the infectious disease.
- vii. Screening and Policies (including reporting of positive results and time frames for such) for Employees Exhibiting Signs and Symptoms per CDC guidelines.
- viii. Screening and Policies (including reporting of positive results and time frames for such) for Persons Served Exhibiting Signs and Symptoms per CDC guidelines.
- ix. Screening and Policies (including reporting of positive results and time frames for such) for anyone (e.g., Department Staff, members of the community, maintenance personnel) entering settings.
- x. Notification of Exposure per ADMH directives through IPMS, and other reporting requests, and also in compliance with standards of the federal Health Insurance Portability and Accountability Act (HIPAA).
- xi. Full compliance with CDC guidelines relating to safe practices that reduce risk of exposure of the virus by individuals served, staff and family members at a minimum should include the following:
 - 1. Handwashing and sanitary practices per CDC guidelines to include respiratory etiquette (e.g., covering your cough or sneeze).
 - 2. Social distancing strategies, per CDC guidelines, to include the following:
 - a. Physical environments will be adapted based on square footage and (per ADMH/APDH/CDC guidelines) limitations on group sizes in individual rooms throughout the Center;
 - b. Measures to prevent cross contamination (e.g., no rotation of classes);
 - c. In-person and large group meetings relating to service coordination and planning;
 - d. Administrative function of the entity;
 - e. Restrooms;
 - f. Meal planning and communal dining; or
 - g. Creating more space between work or training stations.
- xii. Housekeeping (all settings) – sanitizing and disinfecting, at a minimum, tables, other surfaces, door handles, light switches, bathrooms, vehicles, technology and equipment (e.g., computers, phones, etc.) and other common touch points throughout the day, using a CDC-approved sanitizer/disinfectant and the frequency these tasks should be accomplish.
- xiii. Transportation, public and private, to include social distancing requirements and sanitation practices per CDC guidelines will be accomplished.
- xiv. Procedures for identifying and correcting non-compliance with health and safety procedures (e.g., refusal to wear mask during transportation).
- xv. Provider requirements for signed assurance statements by and between the agency and individual/family.
- xvi. Procurement, distribution and use of personal protective equipment, and the maintenance thereof, according to CDC and OSHA guidelines.
- xvii. Managing employment outcomes for people served to include individual risk assessments and employer work environment.

xviii. Collaborative engagement with the person, family, support Team and led by the Support Coordinator, to complete an Individual Risk Assessments for participation in community activities, visitation with family, and day services, etc.

xix. Distinct communications and training plans to mitigate risk so to ensure best possible health and protections of individuals served, families, and staff, to include utilization of communications that best meets the needs and learning styles of individuals served.

2. As circumstances dictate shifting through the phases of the Infectious Disease Emergency Plan, the Direct Support Service agency is to report these changes to the SCE and RCS CSD(s) immediately as they occur.
3. The Infectious Disease Emergency Plan must be composed, updated and implemented within thirty (30) days of the publication of this Operational Guideline, or as mandated by DDD if required during an infectious disease emergency (e.g., COVID-19). Upon completion, it is to be immediately submitted for review/approval to the Community Services Director(s) (CSD's) of the Region(s) in which the Direct Support agency operates.
4. The Infectious Disease Emergency Plan is to be reviewed and updated as new ADMH and/or ADPH/CDC guidelines are released during the pandemic and annually when there is no pandemic. The Infectious Disease Emergency Plan is subject to review by RCS and Certification staff persons to ensure compliance.