There is an ongoing investigation to determine more about this outbreak. This is a rapidly evolving situation and information will be updated as it becomes available.

Information contained in this document came from CDC-Prevention, the World Health Organization, Missouri DMH, and NADSP.

ACT would like to thank Julie Alleman, CEO of CADES in Swathmore, PA, for the framework for a portion of Appendix B.
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1. INTRODUCTION

ACT Vision: An Inclusive Community Where Everyone Belongs, Participates, and is Valued.

ACT Mission: ACT Provides Opportunities to Individuals with Disabilities as Participating Members of the Community

To accomplish its mission, ACT must ensure that that essential functions continue during emergency situations. ACT supports some individuals who may be more vulnerable to contagious diseases such as influenza and other respiratory agents. ACT’s facility and community based programs facilitate the spread of these agents.

ACT’s Pandemic Continuity of Operations and Recovery/Reconstitution Plan (referred to hereinafter as ACT’s Plan), provides direction and guidance to ensure the ability to carry out essential functions during the COVID-19 Pandemic. ACT’s traditional continuity plans are implemented in four phases. However, given the unique nature of this pandemic, ACT’s Plan for COVID-19 is implemented in multiple phases, with the possibility of a return to previous phases. The various phases are specified under “Continuity and Recovery Action Plans & Communications Plans; Appendices A-E.

Purpose

ACT’s Plan provides guidance and direction for continuity operations to ensure essential functions continue, and reconstitution activities, for the resumption of normal operations.

Applicability and Scope

ACT’s Plan applies to all of ACT’s staff. It addresses processes, procedures, activities, actions, operations, and resources necessary to ensure the continuity of services and the effective transition from continuity back to normal operations.

Objectives

The overall objectives of ACT’s Plan are to identify and outline the processes and procedures to prepare for and operate in a continuity state, and to return to normal operations once the Executive Director determines that reconstitution operations for resuming normal business operations can be initiated. Specific plan objectives include:

- Provide an executable plan for operating and continuing essential operations during the period of crisis.
- Provide an executable plan for transitioning back to efficient normal operational status from pandemic/continuity operations status, once the COVID-19 threat has diminished or passed.
- Coordinate and pre-plan options for organization reconstitution regardless of the level of disruption which originally occurred.
- Describe procedures for conducting a smooth transition to normal operational status.
- Ensure a safe location, with appropriate environmental safeguards, PPE, and other supplies, for organization staff to resume normal organization operations.
Approval Process

ACT’s Plan is prepared, coordinated, and maintained under the direction of ACT’s Executive Director.

Planning Assumptions

ACT’s Plan for COVID-19 is based on the following assumptions:

Pandemic Assumptions:

- Susceptibility to the pandemic COVID-19 virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- Some persons will become infected but not develop clinically significant symptoms.
- Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing organizations, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for COVID-19 is approximately two days.
- Persons who become ill may shed virus and can transmit infection for up to one day before the onset of symptoms. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to post the greatest risk for transmission.
- A pandemic outbreak in any given community will last about six to eight weeks for each wave of the pandemic.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two-three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

Organizational Assumptions:

- ACT will be provided with guidance and/or direction by federal, state, territorial, and/or local governments regarding current COVID-19 pandemic status in its area.
- ACT has actionable plans and procedures to assist in the ability to remain operational during a pandemic. Plans and procedures include social distancing protocols, personal protection equipment (PPE), and temporary suspension of some non-essential activities and services.
**Signs of COVID-19**

COVID-19 can be difficult to distinguish from other viral respiratory tract infections on clinical signs alone. Common signs of infection include:

- respiratory symptoms
- fever (ear or forehead temperature of 100.4 F (38C) or higher; oral temperature of 100 F (37.8C) or higher; armpit temperature of 99 F (37.2) or higher)
- cough
- shortness of breath and breathing difficulties
- gastrointestinal issues
- loss of taste and/or smell
- body aches
- chills, or repeated shaking with chills,
- headaches
- sore throat
- muscle pain

The CDC advises that anyone that has the following emergency warning signs for COVID-19 should get medical attention immediately: Trouble breathing; Persistent pain or pressure in the chest; New confusion or inability to arouse; Bluish lips or face. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and death.

Possible risk factors for progressing to severe illness includes, but is not limited to, older age and underlying chronic medical conditions such as lung disease, cancer, heart failure, cerebrovascular disease, renal disease, liver disease, diabetes, immunocompromising conditions, and pregnancy.
2. IMPLEMENTATION OF CONTINUITY AND RECONSTITUTION PLAN

Implementation of continuity and subsequent reconstitution, focuses on the continuance of essential functions, followed by the actual recovery of ACT’s operations. It starts with a leadership decision to begin continuity operations and ends when normal operations have been reestablished.

As noted in the earlier assumptions, as this continues to be an evolving situation, it is difficult to predict if a hot spot or flair up of COVID-19 will occur at ACT. Lines of communication will be kept open as determinations are made regarding what phase of service each location and department is operating under and what additional actions might be warranted.

Key activities during this sub-phase include:

- Executing ACT’s course of actions, as approved and directed by the Executive Director;
- Keeping ACT staff, individuals, and other stakeholders informed of reconstitution progress and plans;
- Modifying and maintaining ACT’s Plan and related plans and procedures; and
- Ensuring the continued availability of essential records, essential equipment, employees, and essential supplies

Essential Services

ACT has determined that the following services must continue in-person to the maximum extent possible, and are therefore, essential services at ACT.

- Individualized Supported Living
- Community RN Services
- Job Supports
- In-Home Services

To the maximum extent possible, the services above, as well as other ACT services, will be provided via electronic means, consistent with guidance from DMH and Vocational Rehabilitation. Information regarding service provision in this manner can be found in the Telehealth Procedure.

General Safety Practices—All Locations

Keep all cleaning supplies secure and out of the reach of individuals.

1. Follow Universal Precaution Policy B-310.
2. Follow all recommendations on health professionals.
3. Hand sanitizing areas will be available at all entrances to ACT.
4. Anyone entering an ACT location must utilize hand sanitizer upon entering, wear a mask, have their temperature taken, and complete the health screening form. Temperatures will be checked under the armpit, forehead, or ear depending on the type of thermometer. For more information on this health monitoring and reporting, see the next section.
5. Avoid common locations and shared equipment and materials.
   a. Employees should avoid using other employees’ phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
b. Employees should go straight to their work stations after clearing their daily wellness check. Avoid congregating.

c. Work stations will be reconfigured or reassigned as appropriate to minimize risk.

6. Hygiene Practices and Workplace Cleaning

a. Wash hands frequently, with soap and water, for at least twenty seconds.

b. If soap and water are not available, use alcohol-based hand sanitizer.
   
i. ACT has hand sanitizer in all locations and travel bottles are provided for each employee who goes into the community to complete work.

c. Cover coughs and sneezes

d. Avoid touching face

e. Use trash cans with foot press for all items that might be contaminated.

f. ACT workspaces should be sanitized daily and more frequent sanitizing of common surfaces (door knobs, door push bars, light switches, computer stations, etc.) must occur. All cleaning products must be utilized according to the directions on the label.
   
i. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Most cleaning products must be on the surface for ten minutes in order to fully disinfect.

7. Social Distancing

a. Maintain social distancing (6 feet as much as possible). Avoid handshakes, hugging, and similar physical greetings.

b. When group in-person services at ACT resume, as much as possible the same employee(s) should remain with the same groups each day.

c. Consideration will be made to stagger the arrival and departure times of individuals, with potentials for curbside drop off and pick up, to limit contact.

8. Other safety practices

a. Mask usage is required in buildings.
   
i. Each employee will be provided with two masks. The employee can take the masks home to launder, or ACT will launder the masks.
   
ii. If an individual does not have a mask, a homemade mask will be provided upon entry into the building. When leaving, the mask should be put in the proper receptacle for washing.
   
iii. If a visitor does not have a mask, a disposable mask will be provided.

b. Cover cough and sneezes.

c. Be vigilant for symptoms, reporting any symptoms you might experience directly to your supervisor.

d. Symptomatic employees or individuals cannot enter an ACT building until cleared by the proper medical authority.

9. Communication

a. Signs must be posted at each entrance indicating current practices (i.e. no visitors allowed or do not enter if you have signs of illness)

b. Communicate to all stakeholders the importance of individuals staying home if they are sick.
Health Monitoring and Reporting—Individuals & Visitors

Individual Homes (Community Living)
1. Homes for community living will follow the screening process in Appendix B based on the level of the home.

Response to Health Concerns--Individual (Community Living)
Refer to Appendix B.

Communication plan if an individual supported tests positive for COVID-19
1. Develop a list of employees and/or individuals that have been identified as close and intermediate contacts prepared for the local health officials.
2. ACT will work with local health officials to ensure appropriate notifications occur.
   a. If the media contacts any ACT employee, they should immediately be routed to the Executive Director.

Health Monitoring and Reporting—Employees

All Employees
1. All employees must sanitize their hands upon arriving and wear a mask.
1. A Health Screening Form will be completed at the beginning of each week for employees. Employees will utilize the same form for symptom checks, temperature checks, and other necessary items for the remainder of the week.
2. Employees should electronically send this documentation to the Program Director (if feasible). If access to technology limits the ability to submit this documentation, the employee is requested to maintain the documentation to submit to ACT at a later date if needed.
2. Each employee will be responsible for completing their own Health Screening Form.
3. It is recommended employees complete the screening prior to their work shift.
4. Employees are responsible for notifying management of any changes or concerns on their Health Screening Form.
5. The completed forms must be sent weekly to the Program Director, who will forward to Human Resources.
6. Employees who have a fever (ear or forehead temperature of 100.4 F (38C) or higher; oral temperature of 100 F (37.8C) or higher; armpit temperature of 99 F (37.2) or higher), other signs of illness, or who have had close contact with someone who is being tested or has tested positive for COVID-19 should not report to work and immediately notify their supervisor. The employee should then follow the directions under “Additional Responses to Health Concerns” below.
7. **Employees who have already reported to work and their Health Screening Form indicates they should not work**, should immediately contact an Assistant Program Director or Program Director.
   
i. If there is no other employee on duty, coverage will be secured, so the employee with the concerns can leave as quickly as possible.
   
ii. If there is another staff on duty or if direct services are not being provided by the employee, the employee will be directed to leave and seek medical attention.
   
iii. The thermometer, door handle inside and outside, and any other surfaces the employee may have encountered must be sanitized.

8. **If an employee becomes ill during the course of the day**, employee should inform his/her supervisor and leave the premises as soon as coverage is obtained.
   
i. Access to the employee's work areas and supplies should be limited.
   
ii. Wait as long as possible before cleaning or disinfecting to allow respiratory droplets to settle before cleaning.
   
iii. Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
   
iv. Begin identification of all employees or individuals who might have had contact with the employee.

### Additional Responses to Health Concerns

**An employee who has had limited exposure to someone who is symptomatic and in self-quarantine and/or has a known case of COVID-19.** Employee is exposed to someone that is symptomatic and in self-quarantine and/or tested positive for COVID-19 without direct contact with the individual. Example, living in the same building with someone affected with COVID-19, or family member of the employee has had contact with someone suspected of COVID-19

1. Impacted employee must monitor signs and symptoms every 4 hours while at work. Recommend continuation of checks at home as frequently.
2. If any signs or symptoms are present, the employee must immediately report this to the supervisor and will follow the directives listed below.

**Employee who has had direct exposure to someone who tested positive for COVID-19.** Direct exposure includes anyone who has been in close proximity to someone who tested positive for COVID-19. This includes family members / anyone living in the same home, or being within 6 feet of someone who tests positive for COVID-19 with the timeline of five days before they were tested to the date they received their positive test result.

1. Employee must immediately notify supervisor and is NOT PERMITTED TO REPORT TO WORK.
   
a. If currently working: put on a mask and gloves, remove yourself from where the individuals are and call. You will be replaced immediately so you can leave.
2. Employees without symptoms must call PCP or utilize telehealth (free assessment through muhealthvideovisits.org—select the “COVID-19 Video Visit” or, if covered through ACT’s Health Insurance, go to mycigna.com) and report:
   ✓ They are a health care provider in a community setting
   ✓ Describe direct contact or symptoms
   ✓ Request a test (the provider will determine if you receive a test)
   a. Human Resources will remain in close contact with the employee presenting with symptoms.
   b. An employee presenting without symptoms who does not receive a test may return to work:
      ✓ After 14-day quarantine, provided they do not become symptomatic and do not have a fever.
   c. An employee presenting without symptoms who tests negative may return to work
      ✓ With the report of a negative test result, provided they have not become symptomatic and do not have a fever
   d. Employee who receives a positive test result but does not have symptoms may return to work when the following health conditions are met, and the following precautionary measures are taken:
      ✓ At least 10 days have passed since the date of their first positive COVID-19 test, assuming they have not subsequently developed symptoms

An employee who has symptoms of COVID-19, as identified by the Center for Disease Control and Prevention (CDC).

1. Employee must immediately notify supervisor and is NOT PERMITTED TO REPORT TO WORK.
   a. If currently working: put on a mask and gloves, remove yourself from where the individuals are and call. You will be replaced immediately so you can leave.

2. Employees with symptoms must call PCP or utilize telehealth (free assessment through muhealthvideovisits.org—select the “COVID-19 Video Visit” or, if covered through ACT’s Health Insurance, go to mycigna.com) and report:
   ✓ They are a health care provider in a community setting
   ✓ Describe symptoms
   ✓ Request a test (the provider will determine if you receive a test)
   a. Human Resources will remain in close contact with the employee presenting with symptoms.
   b. An employee presenting with symptoms who are not approved for a test, may return to work when the following health conditions are met, and precautionary measures are taken:
      ✓ After 14-day quarantine, provided all symptoms have completely resolved for at least 3 days (72 hours) defined as resolution of fever without use of fever-reducing medications;
      ✓ AND improvement of respiratory symptoms (e.g., cough, shortness of breath)
c. An employee presenting with symptoms who received a negative test result may return to work when the following health conditions are met, and the following precautionary measures are taken:
  ✓ Report of a negative test result (if tested)
  ✓ All symptoms have completely resolved for at least 3 days (72 hours) defined as resolution of fever without use of fever-reducing medications;
  ✓ AND improvement of respiratory symptoms (e.g., cough, shortness of breath)

d. An employee who receives a positive test result may return to work when the following health conditions are met, and the following precautionary measures are taken:
  ✓ All symptoms have completely resolved for at least 3 days (72 hours) which is defined as resolution of fever without use of fever-reducing medications;
  ✓ AND improvement of respiratory symptoms (e.g., cough, shortness of breath)
  ✓ AND at least 10 days have passed since your symptoms first appeared

Communication plan if the employee tests positive for COVID-19
1. Develop a list of employees and/or individuals that have been identified as close and intermediate contacts prepared for the local health officials.
2. ACT will work with local health officials to ensure appropriate notifications occur.
   - If the media contacts any ACT employee, they should immediately be routed to the Executive Director.

   Individuals Supported--Identification, Testing, and Quarantine of Suspected Cases—Community Living

As of April 8, 2020, patients exhibiting mild symptoms who have been assessed by a doctor in-person or via video should be eligible for testing.

1. Call the health care provider and tell them that the individual may have COVID-19.
   - If the primary provider is not available, choose the “COVID-19 Video Visit” option at muhealthvideovisits.org. This video visit assessment is free.
   - Follow all physician recommendations.
2. Notify the Program Manager, who will be responsible for notifying other stakeholders (internal and external) and ensuring the delivery of available PPE to the service location.
3. Provide updates to the ACT RN, Assistant Program Director, or Program Director on a regular basis, as requested.
4. If an individual is given a doctor’s order for testing:
a. Report to the MU Health Care Center drive-thru testing center at the MU Softball stadium parking lot.

OR

b. Report to Boone Hospital Center’s drive-thru testing center.

5. If an individual needs to go to the doctor’s office or emergency room
   a. Call ahead
   b. If possible, have the individual wear a facemask.
   c. Tell the medical professionals about any recent travel and any close contacts, including people in the household.

Other information—Individuals Supported

1. Seek prompt medical attention if the illness is worsening (e.g., difficulty breathing). Before seeking care, call the healthcare provider and tell them that the individual may have, or are being evaluated for, COVID-19.
2. If there is a medical emergency, call 911, notify the dispatch personnel that the individual may have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.
3. Individuals should follow all recommendations from the medical professionals, including returning for additional or follow-up examinations
4. ACT management will report all suspected or diagnosed cases of COVID-19 to Provider Relations in their local regional office, the local health department, support coordinator, and their Division Regional Office immediately.
5. People who have been exposed to COVID-19 may be placed under quarantine at their home by a health care professional or local health department official. This is to prevent them from transmitting the disease to others.
6. The person’s health care provider or local health department will provide information about how to proceed. The ill person may also be asked questions about recent travel, activity and interaction with others outside of the home. This is a normal part of contact tracing, which health care practitioners and scientists use to help determine the risk of COVID-19 exposure in communities. Provide updates to the Assistant Program Director and Program Director on a regular basis, as requested.

Quarantine

*For more specific information, please refer to Appendix B.*

**Definition: Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. For specific information and procedures, refer to the Appendix.

1. Houses where an individual has presented symptoms will follow local health authority recommendations, most likely, resulting in the members of the household being quarantined.
2. Quarantines are to protect the health of the general public, which outweighs the individual’s right to go out in public. ACT staff should explain to the person with developmental disabilities why they were quarantined and the precautions taken to prevent new infections, in order to follow quarantine guidance provided by health care professionals.

3. ACT Administration should notify their local health officer if an individual is not following quarantine orders.

Isolation

**Definition:** Isolation separates sick people with a contagious disease from people who are not sick.

*For more specific information, please refer to Appendix B.*

Homes serving a quarantined person should follow infection control measures recommended for homes and residential communities, including:

1. Separate the quarantined individual by using separate bed and bathrooms, when possible
2. Call and notify health care professionals before going to appointments to notify them that the person with developmental disabilities has or is currently being evaluated for COVID-19
3. Ask the quarantined person to wear a face mask while they are in the same room as others, or have others wear a facemask while in the same room as the quarantined person
4. Avoid sharing household items like dishes, glasses, utensils, towels, and bedding
5. Clean hard surfaces and high touch points in the home with a diluted bleach solution or EPA-approved household disinfectant at least once a day. To make a diluted bleach solution add ¼ cup of bleach to 1 gallon of water
6. Wear disposable gloves while handling soiled laundry or bedding from the quarantined individual. Wash and dry laundry with the warmest temperature recommended on the item’s label

**General Supplies---All Locations**

1. ACT will maintain a current inventory of Personal Protective Equipment (PPE) and all other necessary supplies. This is maintained by the Maintenance Supervisor
   a. The inventory will be updated as all supplies are dispersed, with a final update occurring each Friday. The document will be resaved each week, with Friday’s date. (example—Monday 5/18 edits are being made, document would be saved with 5/22 date, on 5/22 that week’s list would be finalized. The following week, the document would be renamed again).
2. ACT will identify alternate vendors for obtaining supplies if relationships with established vendors become strained or disrupted. Assistance with identification of local suppliers can be received through the local health department or the Division at ddmail@dmh.mo.gov.
3. To avoid overutilization of PPE, please remember, PPE is not necessary for healthy individuals or for those caring for healthy individuals.

Each ACT building/location will minimally have the following available:

1. Signage regarding practices and visitors
2. Thermometer
3. Cleaning wipes/solution for thermometers
4. Health Screening Forms
5. Homemade Masks
6. Hand Sanitizer
7. Sanitizing Wipes (for employees who are travelling)
8. Disinfecting Spray
9. Paper towels
10. Gloves

**Transportation Guidelines**

**General**
1. Drivers & passengers should wear masks during transportation time.
2. ACT will provide hand sanitizer and sanitizing wipes for transportation services.
3. All attempts should be made to maintain spacing in between person’s in the vehicle.

**Cleaning**
1. Employees must wear gloves and masks while cleaning and disinfecting vehicles. Immediately after cleaning and disinfecting, employees must throw away the gloves and wash their hands.
2. Windows should be kept open while cleaning to maximize airflow.
3. The interior of each vehicle will be cleaned thoroughly at the end of each route. This includes:
   a. Sanitizing all high contact surfaces that are touched by many different people (handrails, handles, etc.)
   b. Removal of trash
   c. Wiping of heating and air conditioning vents
4. The interior of each vehicle will be disinfected thoroughly at the end of each day. This includes:
   a. For hard non-porous surfaces within the interior of the vehicle such as hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles, clean with detergent or soap and water if the surfaces are visibly dirty, prior to disinfectant application. For disinfection of hard, non-porous surfaces, use Virex and follow the manufacturer’s instructions for contact time.
   b. For soft or porous surfaces such as fabric seats, remove any visible contamination, if present, and clean with appropriate cleaners indicated for use on these surfaces. After cleaning, use products disinfecting products, following the manufacturer’s instructions for use.
Operational Phases

The global plan to re-opening communities has been broken down into three phases. ACT has broken down continuity and reconstitution activities into additional phases to better meet the needs of individuals receiving services. Overall phase descriptions are below:

Phase 1
Triggering Event:
- When city, county, or state stay at home orders are in effect, or at the Discretion of the Executive Director (pending staff capacity, individual health, etc.). During this time, only those services deemed essential (described earlier in ACT’s Plan) continue.

Phase 2
Triggering Event:
- When city, county, or state stay at home orders are no longer in effect, or at the Discretion of the Executive Director.

Requirements:
- All needed supplies are on hand
- Staffing needs can be met

Phase 3
Triggering Event:
- Phase 2 has been implemented for at least two weeks with no known cases of COVID-19, or at the Discretion of the Executive Director.

Requirements:
- All needed supplies are on hand
- Staffing needs can be met

A return to phase two will occur if there is a positive case of COVID-19.

If a COVID-19 positive case is discovered, the building will be closed three days, disinfected, and a new two week period of phase 2 will begin.

Phase 4
Triggering Event:
- Phase 3 has been implemented for at least two weeks with no known cases of COVID-19, or at the Discretion of the Executive Director.

Requirements:
- All needed supplies are on hand
- Staffing needs can be met

A return to phase two will occur if there is a positive case of COVID-19.

If a COVID-19 positive case is discovered, the building will be closed three days, disinfected, and a new two week period of phase 2 will begin.
Phase 5
Triggering Event:
- Phase 4 has been implemented for at least three weeks with no known cases of COVID-19, or at the Discretion of the Executive Director.

Requirements:
- All needed supplies are on hand
- Staffing needs can be met

A return to phase two will occur if there is a positive case of COVID-19.

If a COVID-19 positive case is discovered, the building will be closed three days, disinfected, and a new two week period of phase 2 will begin.

Phase 6
Triggering Event:
- Phase 5 has been implemented for at least three weeks with no known cases of COVID-19, or at the Discretion of the Executive Director.

Requirements:
- All needed supplies are on hand
- Staffing needs can be met

A return to phase two will occur if there is a positive case of COVID-19.

If a COVID-19 positive case is discovered, the building will be closed three days, disinfected, and a new two week period of phase 2 will begin.

Phase 7
Resumption of Normal Operations, as Directed by the Executive Director.

Due to the nature of this pandemic, it is anticipated that ACT will move between these phases as needed throughout the course of this event. Each department will independently operate based on reported cases and safety to be open. In situations where departments are operating in different phases concurrently, the departments will coordinate staffing to meet the overall need of the agency while maintaining the least amount of disruption to services as possible. As such, all employees should be prepared to work in other departments during this time. *The Action and Communication Plan for Each Program and Administration based on the phrases listed above, can be found in appendices a-f.*
3. END OF RECONSTITUTION

Once ACT has resumed normal operations, ACT should confirm the agency is fully operational and review and evaluate the reconstitution process.

Key activities during this sub-phase include:

- Ensure the successful resumption of ACT operations;
- Prepare an after action report and incorporate approved recommendations into a corrective action program; and
- Revise and update plans, procedures, and checklists as appropriate.
Pandemic Continuity of Operations and Recovery/Reconstitution Plan
Coronavirus Disease 2019 (COVID-19)

APPENDICES
## Appendix B: Community Living Continuity, Recovery, and Communication Plans

### OPERATIONAL PHASES—COMMUNITY LIVING

<table>
<thead>
<tr>
<th>PHASE</th>
<th>TRIGGERING EVENT(S) &amp; REQUIREMENTS</th>
<th>SERVICE IMPLICATIONS</th>
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</table>
| 1     | When city, county, or state stay at home orders are in effect, or at the Discretion of the Executive Director. During this time, only those service deemed essential will continue (as described in ACT’s Plan). | • Maintain current support in homes for individuals based on individual needs.  
• Increase staffing as necessary to ensure health and safety of individuals.  
• Community Living Management will ensure the health and safety of the individuals by completing daily wellness checks via in person or through telehealth.  
• Community Living Management and clerical assistant will rotate in and out of the office as needed to acquire supplies or complete necessary functions to maintain operations throughout the program. Non-essential work will be completed remotely.  
• Increased health and safety practices are utilized.  
• Respecting personal space, good handwashing practices, and good cleaning/disinfecting practices must occur. |
| 2     | Triggering Event:  
• When city, county, or state stay at home orders are no longer in effect, or at the Discretion of the Executive Director.  
Requirements:  
• All needed supplies are on hand  
• Staffing needs can be met | • Maintain current support in homes for individuals based on individual needs.  
• Individuals employed in the community will begin communicating with their employers in regards to expected return dates, risk implications will be identified and processes will be put in place to support individual as needed as work schedules begin resuming.  
• Any individual reporting back to work will be supported in following proper processes upon returning home.  
• Community Activities will continue to be outdoor based.  
• Director in and out approximately 3 days per week. APD’s alternate days with their team in the office (except high risk). Team 1 is even days, Team 2 is odd days. Clerical Assistant 5 days per week in office.  
• Employees working in the homes continue to report to work as scheduled.  
• Increased health and safety practices are utilized.  
• Respecting personal space, good handwashing practices, and good cleaning/disinfecting practices must occur. |
<table>
<thead>
<tr>
<th>PHASE</th>
<th>TRIGGERING EVENT(S) &amp; REQUIREMENTS</th>
<th>SERVICE IMPLICATIONS</th>
</tr>
</thead>
</table>
| 3     | Triggering Event:  
• Phase 2 has been implemented for at least two weeks with no known cases of COVID-19, or at the Discretion of the Executive Director.  
Requirements:  
• All needed supplies are on hand  
• Staffing needs can be met  
A return to phase two will occur if there is a positive case of COVID-19.  
If a COVID-19 positive case is discovered, the building will be closed three days, disinfected, and a new two week period of phase 2 will begin. | • Maintain current support in homes for individuals based on individual needs.  
• Individuals employed in the community who have not reported back to work will continue communicating with their employers in regards to expected return dates, risk implications will be identified and processes will be put in place to support individual as needed as work schedules begin resuming.  
• Any individual reporting back to work will be supported in following proper processes upon returning home.  
• Individuals that are not high risk will resume working at CMSE.  
• Community Activities will continue to be outdoor based. Individuals not at high risk may begin receiving support in other areas of community activities ensuring gathering requirements are followed.  
• Employees working in office return alternating days based on Team (except high risk). Director, APD’s and Clerical Assistant return M-F; Program Managers alternate days based on team. Team 1 even days and Team 2- odd days.  
• Employees working in homes report to work based on the current posted schedule.  
• Increased health and safety practices are utilized.  
• Respecting personal space, good handwashing practices, and good cleaning/disinfecting practices must occur. |
| 4     | Triggering Event:  
• Phase 3 has been implemented for at least two weeks with no known cases of COVID-19, or at the Discretion of the Executive Director.  
Requirements:  
• All needed supplies are on hand  
• Staffing needs can be met  
A return to phase two will occur if there is a positive case of COVID-19.  
If a COVID-19 positive case is discovered, the building will be closed three days, disinfected, and a new two week period of phase 2 will begin. | • Maintain current support in homes for individuals based on individual needs.  
• Individuals who work at CMSE will report to work upon approval from guardian.  
• Individuals working in the community or CMSE will be supported to follow processes upon returning home from work.  
• Community Activity opportunities will be individually based on the persons current health status and risk level.  
• Resume usual working schedule in 2205; Management working in homes if necessary to absorb openings created due to other service staff needing to return to home programs as their programs resume some sort of operation.  
• Employees working in homes report to work based on the current posted schedule.  
• Increased health and safety practices are utilized.  
• Respecting personal space, good handwashing practices, and good cleaning/disinfecting practices must continue. |
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</tr>
</thead>
</table>
| 5     | **Triggering Event:**  
• Phase 4 has been implemented for at least three weeks with no known cases of COVID-19, or at the Discretion of the Executive Director.  

Requirements:  
• All needed supplies are on hand  
• Staffing needs can be met  

A return to phase two will occur if there is a positive case of COVID-19.  

If a COVID-19 positive case is discovered, the building will be closed three days, disinfected, and a new two week period of phase 2 will begin. | • Maintain current support in homes for individuals based on individual needs  
• Individuals who have not reported to work at CMSE will report to work upon approval from guardian.  
• Individuals working in the community or CMSE will be supported to follow processes upon returning home from work.  
• Community Activity opportunities will be individually based on the persons current health status and risk level.  
• Continue usual working schedule in 2205; Management working in homes if necessary to absorb openings created due to other service staff needing to return to home programs as their programs resume some sort of operation.  
• Employees working in homes report to work based on the current posted schedule.  
• Increased health and safety practices are utilized.  
• Respecting personal space, good handwashing practices, and good cleaning/disinfecting practices must continue. |
| 6     | **Triggering Event:**  
• Phase 5 has been implemented for at least three weeks with no known cases of COVID-19, or at the Discretion of the Executive Director.  

Requirements:  
• All needed supplies are on hand  
• Staffing needs can be met  

A return to phase two will occur if there is a positive case of COVID-19.  

If a COVID-19 positive case is discovered, the building will be closed three days, disinfected, and a new two week period of phase 2 will begin. | • Maintain current support in homes for individuals based on individual needs  
• Individuals who work at CMSE will report to work upon approval from guardian.  
• Individuals working in the community or CMSE will be supported to follow processes upon returning home from work.  
• Community Activity opportunities will be individually based on the persons current health status and risk level.  
• Continue usual working schedule in 2205; Management working in homes if necessary to absorb openings created due to other service staff needing to return to home programs as their programs resume some sort of operation.  
• Employees working in homes report to work based on the current posted schedule.  
• Increased health and safety practices are utilized.  
• Respecting personal space, good handwashing practices, and good cleaning/disinfecting practices must continue. |
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Resumption of Normal Operations, as Directed by the Executive Director.</td>
<td>• All services resume in manner provided pre-crisis. Telehealth will continue to be an option for services allowed by funding entities, but written consent will need to be obtained. Reengagement activities for everyone has occurred with a plan for meeting all individualized needs. • Normal operations resume. Plan to provide services remotely when needed or if crisis repeats. • Traditional health and safety practices are utilized. • Respecting personal space, good handwashing practices, and good cleaning/disinfecting practices must continue.</td>
</tr>
</tbody>
</table>

**ADDITIONAL SUPPLY INFORMATION—COMMUNITY LIVING**

**Food**  
1. Each residence will maintain at minimum a three-day inventory of food and water with the goal of working towards a seven-day and ten-day minimum. Ideally, a two-week inventory of food and water should be maintained, if feasible.  
2. Based on the needs of the individual(s), ensure there is an adequate supply of supplements (Ensure, Boost, vitamins, etc.) and food thickening agents (if required).  
3. If a residence has a need for additional food, water, or supplements, the Program Manager will be contacted and ACT will ensure the needed items are purchased and delivered.

**Personal items and Medications**  
1. Prescription medication refill requests will be submitted two weeks prior to the prescription refill need.  
2. ACT will attempt to maintain a 14 – 21 day supply of medications throughout the duration of this emergency.  
3. MO HealthNet has expanded the time period in which a refill can be requested.  
4. If needed, ACT management will identify alternate vendors for obtaining prescription and over-the-counter medications if relationship with established vendors become strained or disrupted.  
5. ACT will contact the MO HealthNet Participant Services at 1-800-392-2161 if individuals with developmental disabilities have difficulty obtaining refills.  
6. Items like incontinence briefs, disinfectant, soap, clean towels/paper towels and alcohol-based hand sanitizer should be maintained in each residence.  
7. Ensure a working thermometer is available at each residence.  
8. If additional items are needed, contact the Program Manager who will work with ACT management to obtain needed supplies (if available).
ADDITIONAL INFORMATION ON VISITORS—COMMUNITY LIVING

1. ACT will contact all families to request they utilize alternative methods for visiting ISLs. Google Hangouts is available for all locations where ISL services are provided.

2. Visitors will not be allowed in the residences where ISL services are provided at this time. ACT will follow the guidance from MO DHSS relative to long-term care facilities to determine an appropriate time to allow visitors. Exceptions can be granted by the Director of Community Living or the Executive Director.

3. ACT is discouraging home visits for individuals at this time, but if their guardian continues to want to pick up their son or daughter, ACT is requesting the family call about 15 minutes prior to arriving and staff will need to meet them at the door with the person and belongings. Upon return to the home at the end of the visit, follow the same protocol. Temperature of the individual will need to be taken immediately upon return.
**please note, this is not the same as the phases of continuity and recovery listed above.**

**PHASE 1 HOME: PREVENTION-everyone in the home is healthy**

**Separation:**
- No visitors unless granted by an Assistant Program Director or Community Living Director.
- Individuals are not permitted to go inside places of business, restaurants, places of worship, or other areas deemed by the Community Living Director.
- Individuals must sit at least 6 feet apart at all times.
- Staff must maintain 6-foot distance except for personal care, safety & mobility support.

**Precautions:**
- Everyone is practicing preventative measures
  - Frequent hand washing
  - Cover coughs & sneezes
  - Avoid touching your face
  - Keep at least 6 feet distance whenever possible
- Monitor signs and symptoms (individuals & staff)
  - Fever (ear or forehead temperature of 100.4 F (38C) or higher; oral temperature of 100 F (37.8C) or higher; armpit temperature of 99 F (37.2) or higher)
  - New cough
  - Shortness of breath
  - Mild cold, body aches
  - Loss of taste and/or smell
  - Gastrointestinal issues (that are uncommon to the person)
  - Headaches
  - Chills
  - Repeated shaking with chill
  - Sore throat
  - Muscle Pain
- The CDC advises that anyone that has the following emergency warning signs for COVID-19 should get medical attention immediately: Trouble breathing; Persistent pain or pressure in the chest; New confusion or inability to arouse; Bluish lips or face.
- Staff maintain vigilant cleaning and disinfecting practices.
- Utilize gloves and facemasks when assisting with personal care and hygiene, cooking, eating, passing medication, oral care, or any other close contact care. Individuals receiving support should also wear masks during these supports if possible. Cloth masks must be washed daily for individuals and after every staff shift.
- Staff and individuals need to wear masks when accessing the community for outdoor activities. If travelling in a car, a maximum of two people can be in the car, unless approved by an Assistant Program Director or the Program Director. One person should be in the back seat on the passenger side to promote social distancing.
- Outdoor outings are limited to one individual and one staff at a time (exceptions will only be approved an Assistant Program Director or Program Director).
- All incontinent materials with feces must be bagged and thrown out immediately.
- All laundry must be handled with gloves and moved from individual hampers to washer directly. Use disinfectant wipes or spray to clean the hamper after removing soiled items.
PHASE 1 HOME: PREVENTION-everyone in the home is healthy

Action:

- Temperature Checks for all employees at the start of each shift.
  - Anyone with a fever (ear or forehead temperature of 100.4 F (38C) or higher; oral temperature of 100 F (37.8C) or higher; armpit temperature of 99 F (37.2) or higher) MUST IMMEDIATELY CONTACT AN ASSISTANT PROGRAM DIRECTOR OR THE PROGRAM DIRECTOR. If there is no other staff on duty, coverage will be secured as immediately as possible, so the employee with the fever can leave as quickly as possible. If there is another staff on duty, staff will be directed to leave and seek medical attention.
    - Disinfect the thermometer, door handle inside and outside.
    - Report fever to the Program Manager/Program Manager on-call immediately.
- Temperature Checks for all individuals twice daily.
  - Record all temperatures in house binder.
  - The Program Manager will report any symptoms or temperatures IMMEDIATELY to their Assistant Program Director, who will then notify the Director.
Move to Phase 2 in response to an employee in the home having limited exposure to someone who is symptomatic in self-quarantine and/or has a known case of COVID-19. Employee is exposed to someone that is symptomatic and in self-quarantine and/or tested positive for COVID-19 without direct contact with the individual. Example, living in the same building with someone affected with COVID-19, or family member of the employee has had contact with someone suspected of COVID-19

Separation:

- No visitors unless granted by an Assistant Program Director or Community Living Director.
- Individuals are not permitted to go inside places of business, restaurants, places of worship, or other areas deemed by the Community Living Director.
- Individuals must be at least 6 feet apart at all times
- Staff must maintain 6-foot distance except for personal care, safety & mobility support

Precaution:

- Staff working in Community Living: Unless symptomatic, the other staff in the home will continue to work following Phase I precautions.
- The impacted employee must monitor signs and symptoms every 4 hours while at work. Recommend continuation of checks at home as frequently.
- Follow Phase I Home protocols.

Action:

- Report new signs or symptoms immediately to the Program Manager/Program Manager on-call
- Follow Phase I Home protocols
Move to Phase 3 in response to an employee:
- Option A: Who has symptoms that include a fever, cough, shortness of breath, body aches, or loss of taste and/or smell or gastrointestinal issues that are uncommon for the employee

Separation:
- The employee is responsible to immediately self-quarantine and is NOT PERMITTED TO REPORT TO WORK.

Action:
- Call Program Manager/Program Manager on-call to report symptoms
  - If currently working: put on a mask and gloves, remove yourself from where the individuals are and call on-call. You will be replaced immediately so you can leave work.
  - From home: call on-call and report symptoms. Do not report to work.
- Employees with symptoms must call PCP or utilize telehealth (free assessment through muhealthvideovisits.org—select the “COVID-19 Video Visit” or, if covered through ACT’s Health Insurance, go to mycigna.com) and report:
  - They are a health care provider in a community home setting
  - Describe symptoms
  - Request a test (the provider will determine if you receive a test)

Precaution:
- Staff working in Community Living: Unless symptomatic, the other staff in the home will continue to work following Phase I precautions.
- Human Resources will remain in close contact with the employee presenting with symptoms.
- See Health Monitoring and Reporting—Employees section in ACT’s Plan for additional information
Move to Phase 3 in response to an employee:
- **OPTION B: Who has had direct exposure to someone who tested positive for COVID-19**

Direct exposure includes anyone who has been in close proximity to someone who tested positive for COVID-19. This includes family members / anyone living in the same home, or being within 6 feet of someone who tests positive for COVID-19 with the timeline of five days before they were tested to the date they received their positive test result.

**Separation:**
- **STAFF:** The employee is responsible to immediately self-quarantine and is NOT PERMITTED TO REPORT TO WORK.
- Employees directly exposed to a Positive COVID-19 case but **without** symptoms must call PCP or utilize telehealth (free assessment through muhealthvideovisits.org—select the “COVID-19 Video Visit” or, if covered through ACT’s Health Insurance, go to mycigna.com) and report:
  - They are a health care provider in a community home setting
  - Describe direct contact and / or symptoms
  - Request a test

**Precaution:**
- **Staff working in Community Living:** Unless symptomatic, the other staff in the home will continue to work following Phase I precautions.

- Human Resources will remain in close contact with the employee directly exposed.

- See Health Monitoring and Reporting—Employees section in ACT’s Plan for additional information
Move to Phase 3 in response to an employee exposure risk (Option A & B). Follow the steps below for anyone residing in the home and staff working in the PHASE 3 HOME.

Separation:
- No visitors unless granted by an Assistant Program Director or Director of Community Living.
- Individuals are not permitted to go inside places of business, restaurants, places of worship, or other areas deemed by the Community Living Director.
- Individuals must sit at least 6 feet apart at all times.
- Staff must maintain 6-foot distance except for personal care, safety & mobility support.

Precaution:
- Cover coughs & sneezes.
- Everyone is practicing preventative measures:
  - Frequent hand washing
  - Avoid touching your face
  - Keep at least 6 feet distance whenever possible.
- Increased monitoring (individuals & staff) – 3 times per day: 8am, 4pm, 8pm:
  - Fever (ear or forehead temperature of 100.4°F (38°C) or higher; oral temperature of 100°F (37.8°C) or higher; armpit temperature of 99°F (37.2°C) or higher)
  - New cough
  - Shortness of breath
  - Mild cold, body aches
  - Loss of taste and/or smell
  - Gastrointestinal Issues (that are uncommon to the person)
  - Headaches
  - Chills
  - Repeated shaking with chill
  - Sore throat
  - Muscle Pain
- The CDC advises that anyone that has the following emergency warning signs for COVID-19 should get medical attention immediately: Trouble breathing; Persistent pain or pressure in the chest; New confusion or inability to arouse; Bluish lips or face.
- Increase vigilant cleaning and disinfecting practices to every 1 hour.
- Utilize gloves for all personal care, feeding, oral care, changing.
- All incontinence materials with feces must be bagged and thrown out immediately after each change.
- All laundry must be handled with gloves and moved from individual hampers to washer directly. Use disinfectant wipes or spray to clean the hamper after removing soiled items.
- Staffing team will review schedule and alert the homes where the staff person has worked over the last 5-14 days depending on exposure risk.
PHASE 3 HOME: HIGH RISK MONITORING

Action:

- Immediately clean the entire home following the departure of a staff with symptoms
- Temperature Checks for all employees at the start of each shift, mid shift, end of shift
- Recommend continuation of checks at home as frequently.
- Temperature Checks for all individuals increased to three times/day
  - Record all temperatures in house binder.
  - The Program Manager will report any symptoms or fevers (ear or forehead temperature of 100.4 °F (38°C) or higher; oral temperature of 100 °F (37.8°C) or higher; armpit temperature of 99 °F (37.2°C) or higher) IMMEDIATELY to their Assistant Program Director, who will then notify the Director.
Move to Phase 4 in response to an individual supported or live-in staff demonstrating symptoms associated with COVID-19 exposure

Separation Part I:
- No visitors unless granted by an Assistant Program Director or Director of Community Living
- Individuals are not permitted to go inside places of business, restaurants, places of worship, or other areas deemed by the Community Living Director
- Individuals must be at least 6 feet apart at all times
- Staff must maintain 6-foot distance except for personal care, safety & mobility support

Separation Part II:
- Symptomatic individual remains in their bedroom at all times. When possible, using their own bathroom.
- No individuals are permitted to go into the individual’s room unless they are a DSP working in the home, the nurse, or manager approved by Director of Community Living
- All meals and snacks will be served to the individual in his/her room.
- No other individuals are permitted to visit with an individual in isolation until they are cleared to do so by nursing.
- If individual is having difficulty remaining in room, staff must sit inside room with them, with mask, gloves and gown.

Precautions PART I (symptomatic individual):
- Attempt to have symptomatic individual wear mask, especially during hygiene care.
- Staff must wear gloves, mask and gown at all times when in room with individual.
- PPE station with covered trash can set up outside bedroom door
- Isolation sign mounted to outside individual’s door.
- Disinfect all items touched in the bedroom during each visit into room including bedrails, DME, PPE containers, Diaper bags, trashcans, doorknobs.
- Disinfect bathroom after each use.
- Staff should wash hands and arms up to elbows after each contact with individual
- Separate DSP responsibilities. One DSP assigned to symptomatic individual, other DSP(s) assigned to other individuals, all cooking and house cleaning.

Action:
- Immediately relocate individual who demonstrates symptoms to their bedroom
- All staff should wash hands thoroughly after finding symptoms.
- Call Program Manager/Manager on-call for further directions.
- Immediately disinfect home.
- Immediately shower all individuals under comfortably hot water.
Precautions PART II (household):

- Increase vigilant cleaning and disinfecting practices to every 1 hour.
  - Disinfect bathroom after every use from staff or individual.
- **Staff working in Community Living:** Unless symptomatic, the staff may continue to work their shifts in the high-risk home. Staff will only be assigned to work in the high-risk home and cannot cover shifts in another home.
- Everyone is practicing preventative measures
  - Frequent hand washing
  - Cover coughs & sneezes
  - Avoid touching your face
- Increased monitoring (individuals & staff) – 3 times per day: 8am, 4pm, 8pm
  - Fever (ear or forehead temperature of 100.4 F (38C) or higher; oral temperature of 100 F (37.8C) or higher; armpit temperature of 99 F (37.2) or higher)
  - New cough
  - Shortness of breath
  - Mild cold, body aches
  - Loss of taste and/or smell
  - Gastrointestinal issues (that are uncommon for the person)
  - Headaches
  - Chills
  - Repeated shaking with chill
  - Sore throat
  - Muscle Pain
- The CDC advises that anyone that has the following emergency warning signs for COVID-19 should get medical attention immediately: Trouble breathing; Persistent pain or pressure in the chest; New confusion or inability to arouse; Bluish lips or face.
- Heightened alert of subtle signs for all Individuals in the home, including:
  - Congestion or mild cold like symptoms
  - Body Aches, lethargy, changes in sleep patterns
  - Diarrhea, loss of appetite or upset stomach
- Utilize gloves for all personal care, feeding, oral care, changing.
- All incontinent materials with feces must be bagged and thrown out immediately after each change.
- All laundry must be handled with gloves and moved from individual hampers to washer directly. Use disinfectant wipes or spray to clean the hamper after removing soiled items.
Action:

- Call Program Manager/Manager on-call for anything out of the ordinary.
- Monitoring team conducts daily verification of PPE and cleaning supplies.
- Staffing team will review schedule and alert staff who have worked in the home 5 days previous to the onset of symptoms.
- All staff: when you return home after a shift if possible, should follow these recommended steps (completed by health care providers in hospitals):
  - Remove shoes at door. Spray disinfectant on shoes.
  - Immediately go to the bathroom and shower in hot water.
  - Take all clothing and place in laundry to be washed immediately, or in a self-contained basket that will not be touched by your family.
  - Wipe down surfaces in your car & home that you touch from entering the home to the time you shower.
RESPONSE TO AN INDIVIDUAL SUPPORTED OR LIVE-IN STAFF WHO TESTED FOR COVID-19 AND PENDING RESULT or POSITIVE

Separation PART I (individual):
- Individual who is tested and admitted to the hospital will be monitored by the Program Manager.
- Individual tested and not admitted will be isolated in another residence.
  ✓ Individual living alone will remain in their home with appropriate staffing ratios.
  ✓ Individuals with housemates will be isolated from the individual testing positive
- Individual is isolated to bedroom with the door closed.
- Individual will use private bathroom.
- Individual will eat all meals and snacks in their rooms.

Precautions PART I (symptomatic individual):
- Attempt to have symptomatic individual wear mask, especially during hygiene care.
- Staff must wear gloves, mask and gown at all times when in room with individual.
- PPE station with covered trash can set up outside bedroom door
- Isolation sign mounted outside individual’s door.
- Disinfect all items touched in the bedroom during each visit into room including bedrails, DME, PPE containers, Diaper bags, trashcans, doorknobs.
- Disinfect bathroom after each use.
- Staff should wash hands and arms up to elbows after each contact with individual
- Separate DSP responsibilities. One DSP assigned to symptomatic individual, other DSP(s) assigned to other individuals, all cooking and house cleaning.

Action:
- Contacts will be made to family, guardians, Support Coordinator, CMRO Nurse, Regional Office, and PR.
- Department of Health contact (CCO) for positive result
- Thorough cleaning will be coordinated by the Program Manager of bedroom, bathroom and home
- Individual will be monitored within line of sight for worsening symptoms 24 hours/day
- Vitals, including temperature, pulse ox and heart rate, as well as other symptoms will be monitored every 2 hours.
- Intake/output logs required.
- In case of a medical emergency, call 911 and notify dispatch that the individual may have, or is being evaluated for COVID-19. If appropriate and possible, put on a facemask before emergency medical services arrive.
Separation PART II (housemates):
- The house will be quarantined for 14 days from the last exposure or if not known, from the date of the last positive COVID-19 test result.
- No visitors unless granted by Program Manager or Director of Community Living
- Individuals are not permitted to leave the home.
- Individuals must be quarantined to their rooms if possible.
  ✓ If not possible, quarantine 1 individual to their room and the other to the common area/room.
  ✓ Switch out common area time, disinfecting the area in between.
- Staff must maintain 6-foot distance except for personal care, safety & mobility support

Preventative II:
- Follow all PHASE 4 preventative measure in the home.
- **Staff working in Community Living:** Unless symptomatic, the staff may continue to work their shifts in the quarantined home, or on CADES campus. Staff will only be assigned to work in the quarantined home and not assigned to cover shifts in another home.
- Staff in homes must use gloves and practice universal precautions at all times.
- Staff can wear mask in the home if they wish to do so as a comfort/preventative measure.

Action II:
- Program Manager/Manager on-call for anything out of the ordinary.
- Monitor daily verification of PPE and cleaning supplies.
- Staffing team will review schedule and alert staff who have worked in the home 5 days previous to the onset of symptoms.
- All staff: when you return home after a shift if possible, should follow these recommended steps (completed by health care providers in hospitals):
  ✓ Remove shoes at door. Spray disinfectant on shoes.
  ✓ Immediately go to the bathroom and shower in hot water
  ✓ Take all clothing and place in laundry to be washed immediately, or in a self-contained basket that will not be touched by your family
  ✓ Wipe down surfaces in your home that you touch from entering the home to the time you shower.
- Staff are highly encouraged to self-isolate from family members at home.

**RETURN OF INDIVIDUAL AFTER QUARANTINE**

SEPARATION:
- The house will be quarantined for 14 days from the last exposure or if not known, from the date of the last positive COVID-19 test result.
- If the test results come back negative for COVID-19, the individual and household return to usual measures being taken to reduce risk of exposure.
## COMMUNICATION PLAN—COMMUNITY LIVING

<table>
<thead>
<tr>
<th>Party to Notify</th>
<th>Methods of Notification</th>
<th>Notifier</th>
<th>Order of Notification &amp; Frequency</th>
<th>Contact Information</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees</td>
<td>SComm</td>
<td>Program Director and Assistant Program Director</td>
<td>First notification; weekly contact minimally</td>
<td>Therap</td>
<td>Ensure know program limitations, safety practice requirements, and any changes to practices. Ensure know fluid situation that might change again.</td>
</tr>
<tr>
<td></td>
<td>Email</td>
<td></td>
<td></td>
<td>Zimbra</td>
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<td></td>
<td>Text Messaging</td>
<td></td>
<td></td>
<td>Staff phone list</td>
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<td></td>
<td>Phone calls</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Individuals, Families, Guardians</td>
<td>Phone Letters</td>
<td>Assistant Program Directors and Program Managers</td>
<td>Weekly Contact minimally</td>
<td>Zimbra Electronic Files</td>
<td>Ensure know program limitations, safety practice requirements, and any changes to practices. Ensure know fluid situation that might change again.</td>
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<tr>
<td>BCFR SC’s for specific individuals</td>
<td>Phone Encrypted Email</td>
<td>Program Director, Assistant Program Director and Program Managers</td>
<td>As changes are made or activities occur</td>
<td>BCFR/DMH email list and phone list</td>
<td>Ensure know program limitations, safety practice requirements, and any changes to practices. Ensure know fluid situation that might change again.</td>
</tr>
</tbody>
</table>
EMPLOYEE Health Screening Form for COVID-19

Instructions:
Employees will complete the top portion and the Symptoms & Exposure History portion of this form at the start of each week.

At the start of each shift for the remainder of the week, employees will review the form, and complete the section for additional temperature checks and daily verification.

At the end of the week, employees will submit this form to their Program Director.

Please, be honest when answering all questions. We have a responsibility to each other and to those we support to ensure all symptoms are reported.

<table>
<thead>
<tr>
<th>Program Name:</th>
<th></th>
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<tbody>
<tr>
<td>Employee Name:</td>
<td></td>
</tr>
<tr>
<td>Date of Initial Screen (start of week):</td>
<td></td>
</tr>
<tr>
<td>Temperature Recorded:</td>
<td></td>
</tr>
</tbody>
</table>
| Method of Temperature check: | **FEVER DEFINED (Thermometer reading)**
  - ear or forehead temperature of 100.4 F (38C) or higher
  - oral temperature of 100 F (37.8C) or higher
  - armpit temperature of 99 F (37.2) or higher
| Work location(s): | |

**SYMPTOMS**

*Anyone reporting or exhibiting symptoms MAY be ill with COVID-19.*

*Anyone having a fever or any of the symptoms below within the last 72 hours should NOT REPORT TO WORK and should contact their supervisor. Employees who have already reported to work, if scheduled for direct support, must immediately contact their supervisor and leave the premises as soon as a replacement has arrived.*

*More information can be found in ACT’s Pandemic Continuity of Operations & Reconstitution Pandemic Plan.*

Please check each symptom currently present or experienced in the last 3 days.

- [ ] Fever (see definition above)  
  Have you used any fever relieving medications (Tylenol or Ibuprofen) in the last 3 days? Yes ☐  No ☐

  - [ ] New onset dry cough
  - [ ] New onset shortness of breath
  - [ ] Repeated shaking with chills
  - [ ] Chills
  - [ ] Headache

  - [ ] New, unexplained muscle aches
  - [ ] New, severe fatigue
  - [ ] New stomach issues (vomiting, diarrhea)
  - [ ] Sore throat
  - [ ] New loss of taste or smell

**Exposure History**

*If the response to any of these items is yes, please follow the instructions in ACT’s Pandemic Continuity of Operations and Reconstitution Plan.*

Have you had **limited exposure** to any individual who tested positive for COVID-19? Yes ☐  No ☐

Have you had **close contact** with any individual who tested positive for COVID-19? Yes ☐  No ☐

Have you had **close contact** with any individual being tested for COVID-19? Yes ☐  No ☐

*Close contact is defined as being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (15 to 30 minutes). Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).*

**Additional Temperature Checks and Daily Verification**

- ear or forehead temperature of **100.4 F** (38C) or higher
- oral temperature of **100 F** (37.8C) or higher
- armpit temperature of **99 F** (37.2) or higher
**EMPLOYEE Health Screening Form for COVID-19**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Temperature:</th>
<th>Method of Temperature check:</th>
<th>Yes</th>
<th>No</th>
<th>If yes, immediately contact your supervisor.</th>
</tr>
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<tbody>
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</tbody>
</table>

**Physical Contact Information (if needed for future exposure tracking)**

Please enter the date and all locations where work was performed (including community locations):

<table>
<thead>
<tr>
<th>Date:</th>
<th>Work location(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
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<tr>
<th>Date:</th>
<th>Work location(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Employee Screenig Result** (please check as appropriate)

- Employee CAN work (has no symptoms or only limited exposure to someone who tested positive for COVID-19)
- Employee EXCLUDED from work (symptoms displayed or close contact with someone being tested or who tested positive)

Typed Name or Signature of Employee

At the end of the workweek, please send this form directly to your Program Director.

**FOR HR USE ONLY---IF EXCLUSION ABOVE IS MARKED**

<table>
<thead>
<tr>
<th>Date employee was sent home or asked not to work:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date employee submitted documentation for work return:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date employee returned to work:</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Updated 5/12/2020
# INDIVIDUAL (Career Services or Community and Family Services) or VISITOR
## Health Screening Form for COVID-19

### Instructions:

Employees should contact the individual via phone prior to service delivery to obtain answers regarding symptoms.

- If during the phone screening, symptoms are noted, the service should be cancelled and the appropriate supervisor notified.
- If symptoms are not noted, the only remaining portion of the screening when starting work with the person will be the temperature check.

Employees will complete this form in its entirety under the following circumstances:

- Prior to working with an individual in the individual’s home. *If the form is being completed for this purpose, others residing in the home also need to be screened.*
- Prior to providing services at an ACT location.
- Upon a visitor’s arrival at any location where ACT is providing services.

Employees need to wear a mask and gloves when completing in-person screening.

*Remind everyone to be honest when answering all questions, as we all have the responsibility to keep others safe.*

### Program Name:

<table>
<thead>
<tr>
<th>Individual/Visitor Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Screening:</th>
<th>Service Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SYMPTOMS

Anyone reporting or exhibiting symptoms MAY be ill with COVID-19.

- If any symptoms are noted, the individual/visitor should NOT come to an ACT location or the in-home service should be cancelled for the day.
- For services at ACT: If the individual, a family member, or a visitor express or display symptoms after arriving at ACT, the person should not be permitted into the building past the safety/screening station.
- For services in home: If the individual or others residing in the home express or display symptoms after ACT staff have arrived, services will need to be cancelled for the day.

Follow additional directions in ACT’s Plan.

Please check each symptom currently present or experienced in the last 3 days.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used any fever relieving medications (Tylenol or Ibuprofen) in the last 3 days?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Fever</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Temperature recorded:</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Method of Temperature check:</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>☐ ear  ☑ forehead  ☑ oral  ☑ armpit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New onset dry cough</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>New onset shortness of breath</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Repeated shaking with chills</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Chills</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Headache</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

FEVER DEFINED (Thermometer reading):

- ear or forehead temperature of **100.4 F** (38C) or higher
- oral temperature of **100 F** (37.8C) or higher
- armpit temperature of **99 F** (37.2) or higher

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>New, unexplained muscle aches</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>New, severe fatigue</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>New stomach issues (vomiting, diarrhea)</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>New loss of taste or smell</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>
### INDIVIDUAL (Career Services or Community and Family Services) or VISITOR

**Health Screening Form for COVID-19**

#### Exposure History

If the response to direct exposure is yes, services should be cancelled and ACT’s plan should be followed. If limited exposure, services can continue, with increased temperature and symptom monitoring.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had limited exposure to any individual who tested positive for COVID-19?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have you had close contact with any individual who tested positive for COVID-19?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have you had close contact with any individual being tested for COVID-19?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Close contact** is defined as being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (15 to 30 minutes). Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

#### Individual/Others Residing in Home/Visitor Screening Result

(please check as appropriate)

<table>
<thead>
<tr>
<th>Services CAN be provided/Visitor permitted (has no symptoms or only limited exposure to someone who tested positive for COVID-19)</th>
<th>Services CANNOT be provided/Visitor CANNOT enter (symptoms displayed or close contact with someone being tested or who tested positive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Typed Name or Signature of Employee/Screener

---

**Individual Forms or forms for others residing in the home:**

- If no noted concerns, save the form in the individual’s electronic record.
- If concerns are noted, save the form in the individual’s electronic record AND forward the form to the appropriate Program Director.

**Visitor Forms:**

- Submit to the appropriate Program Director.

---

**FOR PROGRAM DIRECTOR USE ONLY---IF SERVICES/VISIT CANCELLED**

Date services were initially cancelled:

Date documentation received indicating services/visit could resume:

Date services resumed (individual only):

05/12/2020
Appendix H

INDIVIDUAL Health Screening Form for COVID-19 (Day Services and Community Living)

Instructions:
Employees will complete the Symptoms & Exposure History portion of this form at the start of each week for everyone receiving Day Services or Community Living.

At the start of services for the remainder of the week, employees will review the form, and complete the section for additional temperature checks, reviewing symptoms again with all individuals.

Employees should contact the individual via phone prior to service delivery to obtain answers regarding symptoms when feasible.

- If during the phone screening, symptoms or close exposure are noted, the service should be cancelled and the appropriate supervisor notified.
- If there are no symptoms or only limited exposure, the only remaining portion of the screening when the person arrives will be the temperature check.

Employees need to wear a mask and gloves when completing in-person screening. Wash/sanitize hands before and after screening.

Remind everyone to be honest when answering all questions, as we all have the responsibility to keep others safe.
INDIVIDUAL Health Screening Form for COVID-19 (Day Services and Community Living)

Program Name: 

Individual: 

Date of Initial Screening: 

Service Location: 

Temperature Recorded: 

Method of Temperature check: O ear  O forehead  O oral  O armpit 

FEVER DEFINED (Thermometer reading) : 
- ear or forehead temperature of **100.4 F** (38C) or higher
- oral temperature of **100 F** (37.8C) or higher
- armpit temperature of **99 F** (37.2) or higher

SYMPTOMS

Anyone reporting or exhibiting symptoms MAY be ill with COVID-19.

- If any symptoms are noted, the individual should NOT come to an ACT location (Day Services) or the plan for Community Living must be followed.
- For services at ACT: If the individual, a family member, or a visitor express or display symptoms after arriving at ACT, the person should not be permitted into the building past the safety/screening station.

Follow additional directions in ACT’s Pandemic Continuity of Operations and Reconstitution Plan.

Please check each symptom currently present or experienced in the last 3 days.

- [ ] Fever (see definition above) Have you used any fever relieving medications (Tylenol or Ibuprofen) in the last 3 days? Yes ☐ No ☐
- [ ] New onset dry cough
- [ ] New onset shortness of breath
- [ ] Repeated shaking with chills
- [ ] Chills
- [ ] Headache

Have you had **limited exposure** to any individual who tested positive for COVID-19? Yes ☐ No ☐

Have you had **close contact** with any individual who tested positive for COVID-19? Yes ☐ No ☐

Have you had **close contact** with any individual being tested for COVID-19? Yes ☐ No ☐

Close contact is defined as being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (15 to 30 minutes). Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

**Additional Temperature Checks and Daily Verification**

FEVER DEFINED:
- ear or forehead temperature of **100.4 F** (38C) or higher
- oral temperature of **100 F** (37.8C) or higher
- armpit temperature of **99 F** (37.2) or higher

Date: 

Temperature: 

Method of Temperature check: O ear  O forehead  O oral  O armpit

New symptoms or Exposures  Yes ☐  No ☐  If yes, immediately contact your supervisor.
**INDIVIDUAL Health Screening Form for COVID-19 (Day Services and Community Living)**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Temperature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method of Temperature check:</td>
<td>❏ ear  ❏ forehead  ❏ oral  ❏ armpit</td>
</tr>
<tr>
<td>New symptoms or Exposures:</td>
<td>Yes [ ] No [ ] If yes, immediately contact your supervisor.</td>
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<td>New symptoms or Exposures:</td>
<td>Yes [ ] No [ ] If yes, immediately contact your supervisor.</td>
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</tr>
<tr>
<td>New symptoms or Exposures:</td>
<td>Yes [ ] No [ ] If yes, immediately contact your supervisor.</td>
</tr>
</tbody>
</table>

### Individual/Others Residing in Home/Visitor Screening Result (please check as appropriate)

- [ ] Services CAN be provided/Visitor permitted (has no symptoms or only limited exposure to someone who tested positive for COVID-19)
- [ ] Day Services CANNOT be provided (symptoms displayed or close contact with someone being tested or who tested positive)
- [ ] Community Living—level of home changes may be needed (symptoms displayed or close contact with someone being tested or who has tested positive)

Typed Name or Signature of Employee/Screener

---

If no noted concerns, save the form in the individual’s electronic record.

If concerns are noted, save the form in the individual’s electronic record AND forward the form to the appropriate Program Director.

### FOR PROGRAM DIRECTOR USE ONLY---IF SERVICES/VISIT CANCELLED

<table>
<thead>
<tr>
<th>Date services were initially cancelled:</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Date documentation received indicating services/visit could resume:</td>
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<td></td>
</tr>
<tr>
<td>Date services resumed (individual only):</td>
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<td></td>
</tr>
</tbody>
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05/12/2020
Returning to work and activities depends on your health, ACT’s plans for services during this time, how many COVID-19 cases there are where you live, and if you even feel comfortable. Remember, you have the right to say, “I am not ready yet.”

Work responsibilities may be different than what they were prior to the pandemic and businesses may have different expectation of their customers. Keep in mind that a pandemic may come and go over a period-of-time and services and activities may have to change to reduce the risks.

Below are some questions that will help us decide if you are ready return to work or participate in activities that not just outdoor related.

**Health: Deciding if you are healthy enough to restart services.**
Some individuals with disabilities might be at a higher risk for becoming infected with or having severe illness from COVID-19. You should talk with your healthcare provider regarding any questions you might have about your health or how your health condition is being managed. You should also discuss your risk of illness related to COVID-19 and things you can do to reduce your risk.

**Are You Vulnerable or At a Higher Risk for Severe Illness from COVID-19?**

According to the CDC, you may be at a higher risk of getting severely ill from COVID-19 if you belong to the following populations or have any of the following underlying medical conditions (especially if the condition is uncontrolled):

<table>
<thead>
<tr>
<th>Condition</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you 65 or over?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Moderate or Severe Asthma</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Chronic Lung Disease (such as chronic obstructive pulmonary disease (COPD) (including emphysema and chronic bronchitis), idiopathic pulmonary fibrosis and cystic fibrosis).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Diabetes (Type 1, Type 2 or Gestational)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>High Blood Pressure or Serious Heart Conditions (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Chronic Kidney Disease being treated with dialysis</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Severe Obesity (defined as a body mass index (BMI) of 40 or above).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A compromised immune system? (Conditions and treatments that may cause a person to have a weakened immune system include cancer treatment, bone marrow or organ transplantation, immune deficiencies, smoking, HIV with a low CD4 cell count or not on HIV treatment, and prolonged use of corticosteroids and other immune weakening medications).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Liver Disease (Chronic Liver Disease including cirrhosis).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Any other health issue you think puts you at risk?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is the individual considered at increased risk for severe illness related to COVID-19?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you live with anyone who can say “yes” to a question above?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

A person who says yes to any of the questions is at higher risk of becoming infected or having severe illness from COVID-19. If you or someone you live with said yes – think about staying home and taking health care precautions. If you are still thinking about restarting services, think about the following:
| Possible Risks | Think About This...
<table>
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<tr>
<td><strong>Employment in the Community</strong></td>
<td>Your place of employment may have multiple people at the business with other people coming and going and could unknowingly expose you to COVID 19. Consider talking to your employer about ways to help keep you safe while at work. Once a decision is made, you’ll need to follow safety protocols like wearing a mask, having your temperature taken, reporting your symptoms, washing your hands a lot, and not getting too close to others.</td>
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<tr>
<td><strong>Employment at CMSE or Otson</strong></td>
<td>CMSE and Otson may have multiple people in the facility with other people coming and going and could unknowingly expose you to COVID 19. Consider continuing to work from home if that has been an option for you. Once a decision is made, you’ll need to follow safety protocols like wearing a mask, having your temperature taken, reporting your symptoms, washing your hands a lot, and not getting too close to others.</td>
</tr>
<tr>
<td><strong>Community Activities</strong></td>
<td>Exposure to the community could potentially infect you or others you live with. If you decide to participate in activities other than outdoor options, think about which places are really safe to go. Consider alternate activities. Once a decision is made, you’ll need to follow safety protocols like wearing a mask, having your temperature taken, reporting your symptoms, washing your hands a lot, and not getting too close to others.</td>
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</table>

If you or others in your home are considered high risk, are you still wanting to potentially return to work or participate in activities other than outdoor options?  ○yes  ○no

If no, let’s agree upon a date to check back in with each other

If yes, let’s keep talking!

**Preparedness:** are you willing to take precautions to protect your health?

- Wash your hands A LOT at work and home?  ○yes  ○no  ○Yes, but need supplies
- Wear a cloth face covering (mask, scarf, bandana)?  ○yes  ○no  ○Yes, but need supplies
- Stay 6 feet from your co-workers, friends and/or staff?  ○yes  ○no  ○Yes, but I will need help
- Answer questions about how you feel?  ○yes  ○no
- Continue to have your temperature taken by staff?  ○yes  ○no
- Change your clothes and take a shower upon returning home?  ○yes  ○no

**Differences:** you may notice some differences with resuming employment and going in the community. Are these acceptable?

- You may have different requirements for safety at your job.  ○yes  ○no  ○N/A
- You may have different job duties at your job.  ○yes  ○no  ○N/A
- You might not be able to sit close to your co-workers or staff.  ○yes  ○no  ○N/A
- You may not get to go where you choose as some locations might not be available.  ○yes  ○no  ○N/A
- You might not be able to go in to the community with your friends.  ○yes  ○no  ○N/A

If you said “yes” to all of the questions above, you might be ready to return to work or participate in activities other than outdoor options, but that also depends on the COVID-19 status where you live.

If you said “no” to any of the items listed above, now might not be the right time. You might need more information. We can talk more, you can talk to your family, or your support coordinator.

I am ready to return to work  ○yes  ○no
I’m ready to participate in activities other than outdoor options  ○yes  ○no

Completed by  
Date  

05/12/2020
Appendix K: Additional Resources


Missouri’s PPE Marketplace: https://ded.mo.gov/


State of Missouri has launched the Show Me Strong Recovery Plan.


The local health department can provide more information on quarantine procedure

Columbia/Boone County Public Health and Human Services
https://www.como.gov/health

Main Phone: 573-874-7355
Emergency/Disease Reporting 24/7: 1-800-392-0272