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 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 ACT buildings and anywhere services are provided when social distancing cannot be maintained.  
   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.

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Health Monitoring and Reporting—Individuals & Visitors

ACT Locations (2200/2205/2207 Burlington & NBC)

A Health Screening Form will be completed daily on all individuals and visitors coming to an ACT location.

1. Individual forms should be scanned and placed in the individual electronic record. If concerns are noted, the form will also be sent to the Program Director.  
2. Visitor forms should be scanned and sent to the appropriate Program Director (for future contact tracing purposes if indicated).

Phone Screening

1. Prior to individuals and visitors coming to an ACT location, a phone screening for symptoms will occur if possible. People who report any symptoms, or who have had close contact with someone who has tested positive for COVID-19 or is being tested for COVID-19 will be asked to refrain from coming to ACT and their appointments will be cancelled.
2. Individuals and visitors who do not report symptoms will be permitted to report for their appointment.

In-Person Screening

1. All individuals and visitors at ACT must sanitize their hands upon arriving and wear a mask. 
2. Employees completing the screening must sanitize their hands, wear a mask, and wear gloves to complete the screening.
3. If a phone screening occurred prior to arrival:
   a. The individual/visitor will have their temperature taken and recorded.
   b. Temperatures will be checked at ACT under the armpit, forehead, or ear depending on the type of thermometer.
4. If a phone screening has not occurred prior to arrival
   a. The entirety of the screening form must be completed, including the temperature check, as explained above.
5. **Individuals or visitors 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), report or display other symptoms, or have had close contact with someone who is positive for COVID-19 or being tested for COVID-19, should not be admitted to the ACT buildings beyond the safety check station.
   a. Make arrangements for the person to leave ACT as soon as possible.
   b. Disinfect the thermometer, door handle inside and outside, and any other surfaces the individual/visitor may have encountered.
6. **Individuals or visitors who have had limited contact with someone who is symptomatic and in self-quarantine and/or has a known case of COVID-19 needs to follow additional safety precautions while participating in services.** Limited contact: Individual is exposed to someone that is symptomatic and in self-quarantine and/or tested positive for COVID-19 without close contact with the individual. (Close contact is defined as: Individual who has had close contact (< 6 feet) for ≥15 minutes). Examples, living in the same building with someone affected with COVID-19, or family member of the individual has had contact with someone suspected of COVID-19.
   a. Temperature checks and monitoring for signs and symptoms will occur every 4 hours during service delivery. Recommend continuation of checks at home as frequently.
   b. If any signs or symptoms are present, this must be immediately reported to the appropriate supervisor and step 7 below must be followed. In addition, the individual must follow the instructions listed under “An Individual Who has Symptoms of COVID-19” prior to returning to services.
7. **If an individual becomes ill** during the course of services, the individual should be isolated until the person is able to arrange departure from ACT (as soon as possible).
   i. Close off the areas used by the person who is sick.
   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 individual and report this to the Program Director.

**Individual Homes (Day Services, Community and Family Services)**

1. Individuals will be contacted prior to the employee going to the individual’s home. Potential symptoms, including temperature of the individual and others residing within the home will be reviewed to determine safety of providing services.
   a. If the individual or anyone who resides in the home is exhibiting symptoms, or has had close contact with someone who has tested positive for COVID-19 or is being tested for COVID-19 the service will be cancelled for the day and follow-up communication to determine a restart date will occur.
   
   b. **An individual who has had limited contact with someone who is symptomatic and in self-quarantine and/or has a known case of COVID-19 needs to follow additional safety precautions while participating in services.** Limited contact: Individual is exposed to someone that is symptomatic and in self-quarantine and/or tested positive for COVID-19 without close contact with the individual. (Close contact is defined as: Individual who has had close contact (< 6 feet) for ≥15 minutes)

   i. Temperature checks and monitoring for signs and symptoms will occur every 4 hours during service delivery. Recommend continuation of checks at home as frequently.
   
   ii. If any signs or symptoms are present or if the individual becomes ill during the course of services, ACT staff will leave the home (as soon as possible) and immediately report the contact to the appropriate supervisor.
   
   iii. In addition, the individual must follow the instructions listed under “An Individual Who has Symptoms of COVID-19” prior to returning to services.
   
   c. If no concerns are noted, the service will proceed as scheduled.
   
   d. If an individual does not have access to a thermometer, ACT staff should obtain one from their department to utilize when providing services in individual homes. The temperature check portion of the screening will take place at the home.

**Community Locations**

1. Individuals who will be supported in community locations (except for Career Services) will be screened according to the location where service is being initiated (i.e. home, an ACT location, or an individual’s home for Community Living).
2. All individuals who are being supported by Career Specialists at their places of business are following the safety protocols of their work site. If the individual is permitted to work, they will have passed their employer screening process, so services can be provided.
3. All individuals who are being supported by Career Specialists in the community, who are not working will follow the procedures listed under “Individual Homes (Day Services and Community and Family Services)"

**Additional Responses to Health Concerns (Day Services, Career Services, and Community and Family Services) for Individuals Supported and Visitors**

The below protocols relate to service resumption for individuals who have had services cancelled due to COVID concerns discussed above. Program Directors should be notified of all service cancellation.

Any individual who has had services cancelled due to either close contact with someone who has tested positive, displaying COVID symptoms, or other health screening related reasons will have services resumed based on current CDC guidance. This guidance can be located at: [https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html)

**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.
2. 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.
3. 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.
4. Each employee will be responsible for completing their own Health Screening Form.
5. It is recommended employees complete the screening prior to their work shift.
6. Employees are responsible for notifying management of any changes or concerns on their *Health Screening Form*.
7. The completed forms must be sent weekly to the Program Director, who will forward to Human Resources.
8. 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. **An employee who has had limited contact with someone who is symptomatic and in self-quarantine and/or has a known case of COVID-19 needs to follow additional safety precautions while working.** Limited contact: Employee is exposed to someone that is symptomatic and in self-quarantine and/or tested positive for COVID-19 without close contact with the ill individual. (Close contact is defined as: Individual who has had close contact (< 6 feet) for ≥15 minutes). Examples, living in the same building with someone affected with COVID-19, or family member of the individual has had contact with someone suspected of COVID-19.
   i. Temperature checks and monitoring for signs and symptoms will occur every 4 hours during work delivery. Recommend continuation of checks at home as frequently.
   ii. If any signs or symptoms are present or if the employee becomes ill during the course of a shift, follow the steps in number 9 below.
   iii. In addition, the individual must follow the instructions listed under “An Individual Who has Symptoms of COVID-19” prior to returning to services.

8. **Employees who have already reported to work and their Health Screening Form indicates they should not work or they develop symptoms,** 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.

9. **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 – Employees

The below protocols relate to returning to work for employees who have not been permitted to work due to COVID concerns discussed above. Program Directors and HR need to be notified of all employees impacted.

ACT employees with COVID symptoms or expected exposure must call their 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.

Any employee who has not been permitted to work due to either close contact with someone who has tested positive, displaying COVID symptoms, or other health screening related reasons will be able to return to work based on current CDC guidance. This guidance can be located at:


Additional guidance is also found at:


Exceptions to timelines will only be made based on public health authorities or other medical personnel.

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.
   b. If the media contacts any ACT employee, they should immediately be routed to the Executive Director.
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 dmail@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 service 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

If a COVID-19 positive case is discovered, the building will be closed at least three days and disinfected. A return to a prior phase may occur based on the circumstances surrounding COVID-19 exposures or cases at ACT and/or within the community.
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

If a COVID-19 positive case is discovered, the building will be closed at least three days and disinfected. A return to a prior phase may occur based on the circumstances surrounding COVID-19 exposures or cases at ACT and/or within the community.

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

If a COVID-19 positive case is discovered, the building will be closed at least three days and disinfected. A return to a prior phase may occur based on the circumstances surrounding COVID-19 exposures or cases at ACT and/or within the community.

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

If a COVID-19 positive case is discovered, the building will be closed at least three days and disinfected. A return to a prior phase may occur based on the circumstances surrounding COVID-19 exposures or cases at ACT and/or within the community.

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)
## Appendix C: Career Services Continuity, Recovery, and Communication Plans

### OPERATIONAL PHASES—CAREER SERVICES

<table>
<thead>
<tr>
<th>PHASE</th>
<th>TRIGGERING EVENT(S) &amp; REQUIREMENTS</th>
<th>SERVICE IMPLICATIONS</th>
<th>ADDITIONAL PRECAUTIONS</th>
</tr>
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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). | - Job coaching is the only in person service, others via phone or zoom.  
- All city and state orders are followed.  
- Employees should telework as much as possible.  
- Employees should limit access to the office; all access must be approved by supervisor. | - See General Safety Practices and Health Reporting and Reporting portion of Plan. |
| 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 | - Coaching only in person service, others via phone or zoom (continue to determine which individuals are returning to work to ensure support is provided)  
- Employees working in office return (except high risk)--max 2 employees per suite at a time  
- All employees scheduled for Community Living continue with Community Living Schedule.  
- Telework continue to the extent possible.  
**Only employees are in the building at this time.** | - See General Safety Practices and Health Monitoring and Reporting portion of Plan. |
| 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  
If a COVID-19 positive case is discovered, the building will be closed at least three days and disinfected.  
A return to a prior phase may occur based on the circumstances surrounding COVID-19 exposures or cases at ACT and/or within the community. | - Coaching only in person service, others via phone or zoom (continue to determine which individuals are returning to work to ensure support is provided)  
- Employees working in office return (except high risk)--max 3 employees per suite at a time  
- All employees scheduled for Community Living continue with Community Living Schedule.  
- Telework continue to the extent possible.  
**Only employees are in the building at this time.** | - See General Safety Practices and Health Monitoring and Reporting portion of Plan. |
<table>
<thead>
<tr>
<th>PHASE</th>
<th>TRIGGERING EVENT(S) &amp; REQUIREMENTS</th>
<th>SERVICE IMPLICATIONS</th>
<th>ADDITIONAL PRECAUTIONS</th>
</tr>
</thead>
</table>
| 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  

If a COVID-19 positive case is discovered, the building will be closed at least three days and disinfected.  

A return to a prior phase may occur based on the circumstances surrounding COVID-19 exposures or cases at ACT and/or within the community.  

• Employees working in office return (except high risk)  
• Max 4 people per suite at a time  
• Continue to determine which individuals are returning to work to ensure support is provided  
• In person meetings at ACT can resume, no more than 2 individuals supported in Suites C&D at a time (one on each side, 4 total people each suite).  
• Order for service resumption:  
  • Individualized, based on Individual Planning Form and factors such as vulnerability, ability to maintain health practices and social distancing, and desire to resume services, as well as community availability for completion of specific services.  
  • Consider or continue alternatives to in-person meetings if face to face service resumption is not recommended.  
  • Continue providing services remotely when desired and appropriate.  

• See General Safety Practices and Health Monitoring and Reporting portion of Plan.  
• Only one individual at a time per Career Specialist.  
• Schedule appointments with enough time between to allow disinfection of all equipment, chairs, and tables used during the appointment.  
• Ensure everyone knows they will only be seen if they have an appointment, that temperature checks will be taken, and that they’ll need to wear a mask. |
| 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  

If a COVID-19 positive case is discovered, the building will be closed at least three days and disinfected.  

A return to a prior phase may occur based on the circumstances surrounding COVID-19 exposures or cases at ACT and/or within the community.  

• Continued resumption of individual services as indicated by individual planning form and status of community locations.  
• Employees working in office return (except high risk)  
• Maximum of 5 people in each suite at a time.  

• See General Safety Practices and Health Monitoring and Reporting portion of Plan.  
• Only one individual at a time per Career Specialist.  
• Schedule appointments with enough time between to allow disinfection of all equipment, chairs, and tables used during the appointment. |
<table>
<thead>
<tr>
<th>PHASE</th>
<th>TRIGGERING EVENT(S) &amp; REQUIREMENTS</th>
<th>SERVICE IMPLICATIONS</th>
<th>ADDITIONAL PRECAUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td><strong>Triggering Event:</strong>&lt;br&gt;• 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.&lt;br&gt;&lt;br&gt;<strong>Requirements:</strong>&lt;br&gt;• All needed supplies are on hand&lt;br&gt;• Staffing needs can be met&lt;br&gt;&lt;br&gt;Any COVID-19 positive case will be discovered, the building will be closed at least three days and disinfected.&lt;br&gt;&lt;br&gt;A return to a prior phase may occur based on the circumstances surrounding COVID-19 exposures or cases at ACT and/or within the community.</td>
<td>• Continued resumption of individual services as indicated by individual planning form and status of community locations.&lt;br&gt;• Maximum of 6 people in each suite at a time.&lt;br&gt;• All Employees working in office return (exceptions only granted by HR).</td>
<td>• See General Safety Practices and Health Monitoring and Reporting portion of Plan.&lt;br&gt;• Only one individual at a time per Career Specialist.&lt;br&gt;• Schedule appointments with enough time between to allow disinfection of all equipment, chairs, and tables used during the appointment.</td>
</tr>
<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.&lt;br&gt;• Telehealth will continue to be an option for services allowed by funding entities, but written consent will need to be obtained.&lt;br&gt;• Reengagement activities for everyone has occurred with a plan for meeting all individualized needs.&lt;br&gt;• Normal operations resume. Plan to provide services remotely when needed or if crisis repeats.&lt;br&gt;• Traditional health and safety practices are utilized.&lt;br&gt;• Respecting personal space, good handwashing practices, and good cleaning/disinfecting practices must continue.</td>
<td></td>
</tr>
<tr>
<td>Party to Notify</td>
<td>Methods of Notification</td>
<td>Notifier</td>
<td>Order of Notification &amp; Frequency</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-------------------------</td>
<td>-------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>CS Employees</td>
<td>SComm Email, Text Messaging, Phone</td>
<td>Director, APD, or PS</td>
<td>First notification; weekly contact minimally</td>
</tr>
<tr>
<td>Individuals, Families, and Guardians</td>
<td>Phone, Letters</td>
<td>APD, PS, Career Specialists</td>
<td>Weekly Contact minimally</td>
</tr>
<tr>
<td>DMH/BCFR SC’s for specific individuals</td>
<td>Phone, Encrypted Email</td>
<td>APD, PS, Career Specialists</td>
<td>As changes are made or activities occur</td>
</tr>
<tr>
<td>VR/RSB Counselors for Specific Individuals</td>
<td>Phone, Encrypted Email</td>
<td>APD, PS, Career Specialists</td>
<td>As changes are made or activities occur</td>
</tr>
<tr>
<td>Employers/Business Partners</td>
<td>Phone</td>
<td>APD, PS, Career Specialists</td>
<td>As changes are made or activities occur</td>
</tr>
<tr>
<td>Columbia Public Schools</td>
<td>Phone</td>
<td>APD</td>
<td>As changes are made or activities occur</td>
</tr>
</tbody>
</table>
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.

Program Name: 
Employee Name: 
Date of Initial Screen (start of week): 

Temperature Recorded: 
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, unexplained muscle aches

☐ New onset shortness of breath ☐ New, severe fatigue

☐ Repeated shaking with chills ☐ New stomach issues (vomiting, diarrhea)

☐ Chills ☐ Sore throat

☐ Headache ☐ 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

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
**EMPLOYEE Health Screening Form for COVID-19**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Temperature:</th>
<th>Method of Temperature check:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ear</td>
<td>Forehead</td>
<td>Oral</td>
<td>Armpit</td>
</tr>
</tbody>
</table>

**New symptoms or Exposures**  
Yes [ ] No [ ] If yes, immediately contact your supervisor.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Temperature:</th>
<th>Method of Temperature check:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ear</td>
<td>Forehead</td>
<td>Oral</td>
<td>Armpit</td>
</tr>
</tbody>
</table>

**New symptoms or Exposures**  
Yes [ ] No [ ] If yes, immediately contact your supervisor.

<table>
<thead>
<tr>
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<th>Method of Temperature check:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>Ear</td>
<td>Forehead</td>
<td>Oral</td>
<td>Armpit</td>
</tr>
</tbody>
</table>

**New symptoms or Exposures**  
Yes [ ] No [ ] If yes, immediately contact your supervisor.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Temperature:</th>
<th>Method of Temperature check:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ear</td>
<td>Forehead</td>
<td>Oral</td>
<td>Armpit</td>
</tr>
</tbody>
</table>

**New symptoms or Exposures**  
Yes [ ] No [ ] If yes, immediately contact your supervisor.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Temperature:</th>
<th>Method of Temperature check:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ear</td>
<td>Forehead</td>
<td>Oral</td>
<td>Armpit</td>
</tr>
</tbody>
</table>

**New symptoms or Exposures**  
Yes [ ] No [ ] If yes, immediately contact your supervisor.

**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>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee CAN work (has no symptoms or only limited exposure to someone who tested positive for COVID-19)</td>
<td>Employee EXCLUDED from work (symptoms displayed or close contact with someone being tested or who tested positive)</td>
</tr>
</tbody>
</table>

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>
</tr>
</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>
<td></td>
</tr>
</tbody>
</table>

Updated 5/12/2020
**Appendix G:**

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.*

<table>
<thead>
<tr>
<th>Program Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/Visitor Name:</td>
<td></td>
</tr>
<tr>
<td>Date of Screening:</td>
<td>Service Location:</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.

- [ ] Used any fever relieving medications (Tylenol or Ibuprofen) in the last 3 days?

<table>
<thead>
<tr>
<th>Fever</th>
<th>FEVER DEFINED (Thermometer reading):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐ for head or forehead temperature of <strong>100.4 F (38C)</strong> or higher</td>
</tr>
<tr>
<td></td>
<td>☐ oral temperature of <strong>100 F (37.8C)</strong> or higher</td>
</tr>
<tr>
<td></td>
<td>☐ arm pit temperature of <strong>99 F (37.2) or higher</strong></td>
</tr>
</tbody>
</table>

| ☐ | New onset dry cough | ☐ | New, unexplained muscle aches |
| ☐ | New onset shortness of breath | ☐ | New, severe fatigue |
| ☐ | Repeated shaking with chills | ☐ | New stomach issues (vomiting, diarrhea) |
| ☐ | Chills | ☐ | Sore Throat |
| ☐ | Headache | ☐ | New loss of taste or smell |
# 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 <strong>limited exposure</strong> to any individual who tested positive for COVID-19?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you had <strong>close contact</strong> with any individual who tested positive for COVID-19?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you had <strong>close contact</strong> with any individual being tested for COVID-19?</td>
<td>Yes</td>
<td>No</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

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

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date services were initially cancelled:</td>
<td></td>
</tr>
<tr>
<td>Date documentation received indicating services/visit could resume:</td>
<td></td>
</tr>
<tr>
<td>Date services resumed (individual only):</td>
<td></td>
</tr>
</tbody>
</table>

---

05/12/2020
Returning to services 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 returning to services again. Remember, you have the right to say, “I am not ready yet.”

Services that are offered may be different than what you received prior to the pandemic. 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 to return to services.

**Health: Deciding if you are healthy enough to return to 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 COPD)</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</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 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>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 returning to services, think about the following:
### Re-Started Service

<table>
<thead>
<tr>
<th>Possible Risks</th>
<th>Think About This...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Home Services</strong></td>
<td>People coming into your home could potentially and unknowingly expose you or your at-risk family member to COVID-19.</td>
</tr>
<tr>
<td><strong>Day Services</strong></td>
<td>Day services may have multiple people in the facility with other people coming and going and could unknowingly expose you to COVID-19.</td>
</tr>
<tr>
<td><strong>Community Based Services</strong></td>
<td>Exposure to the community could potentially infect you or others you live with.</td>
</tr>
</tbody>
</table>

If you or others in your home are considered high risk, are you still wanting to potentially return to in-person services?  
☐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 even at 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 friends and/or staff?  
  ☐yes ☐no ☐Yes, but I will need help
- Answer questions about how you feel?  
  ☐yes ☐no
- Have your temperature taken by staff?  
  ☐yes ☐no

#### Differences: you may notice some differences when you return to services. Are these acceptable?

- You may not be able to go into the community.  
  ☐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 into certain areas of the day services.  
  ☐yes ☐no ☐N/A
- You might not be able to sit close to your friends or staff.  
  ☐yes ☐no ☐N/A

If you said “yes” to all of the questions above, you might be ready to return to services, 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 to return to services. You might need more information to return to services again. We can talk more, you can talk to your family, or your support coordinator.

Returning to Services?  
☐yes ☐no

If yes, list service & anticipated start date:

Completed by: ___________________________ Date: ___________________________

---

ACT Staff: Contact the SC to see if an IP addendum is needed to put safety practices in place for services to resume.
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