# DEVELOPMENTAL DISABILITIES DIVISION

# COVID-19 PROVIDER PREPAREDNESS FOR DAY SERVICES

## CURRENT Status: Reopening Hawaii

The State of Hawaii continues to recover from the impact of the COVID-19 pandemic and is implementing the Governor’s phases for reopening. As of May 18, 2020, Hawaii is in Phase 2: “Act with Care.” Phase 2 is an indicator that cases are on a downward trend, or manageable within the healthcare system. In this phase, high-risk populations and kūpuna should continue to stay at home when possible. High-risk businesses and activities are scheduled to resume in Phase 3: “Recovery,” while remaining cautious and adjusting safe practices as needed. Even during Phase 3, high-risk populations and kūpuna continue to stay at home when possible. The reopening strategy includes the option to move back. Depending on health, economic, and community-based indicators, the Governor and Mayors may consider stricter response measures.

The description of the Governor’s phased reopening is found at:

* <https://health.hawaii.gov/prepare/governor-announces-phased-reopening/> and
* <https://governor.hawaii.gov/wp-content/uploads/2020/05/Gov_Reopening-Presentation-Slide-Deck_18-May-2020.pdf>

The Department of Health has issued a “Public Health Framework for Reopening” based on three principles that are used in making reopening recommendations. The three principles governing reopening are 1) evaluation of environmental conditions, 2) risk stratification, and 3) a phased approach. The phases in the Public Health Framework provide guidance for opening businesses and venues with modifications from lowest to highest risk. The following conditions must be followed in order for a phased in approach to be successful:

* All employees and customers must follow **“Safe Practices”** at all phases
* Higher levels of **safety precautions** specified by the CDC, OSHA, NIOSH, and/or Industry-specific regulatory agencies must be followed at all phases
* Individuals at **higher risk of severe disease** must continue to minimize time and contacts outside the household at all phases

## DDD Guidance for Day Services

DDD is providing guidance through a self-assessment approach to assist providers in planning and implementing day services in order to ensure:

* an organization-wide systematic implementation,
* support for participant needs and choice,
* the safety of participants, families, caregivers and provider staff, and
* proper training for staff to support participants as they phase back into services.

Providers of group day services, including Adult Day Health (ADH) and Community Learning Services-Group (CLS-G), should use the self-assessment to prepare for reopening and/or resuming services.

Providers of individual day services, including Community Learning Services-Individual (CLS-Ind), Discovery and Career Planning (DCP), and Individual Employment Supports (IES), should use the self-assessment to review how they are delivering services and incorporate guidance needed to assure safe practices.

## Important Considerations

***Not everyone will come back to services at the same time.***

Participants may be using a combination of COVID-19 services and their “pre-COVID” services during this transition time. **It is important to work closely with participants, families and case managers to have conversations about what people want as they transition**. A “COVID Person Centered Tool to Discuss Transition Readiness” has been developed for use by DDD Case Managers to have these conversations. We encourage agencies to inquire about the information learned from the person-centered tool to optimize service delivery.

Programmatic considerations that will impact participants phasing back into services could include participants and families’ comfort with returning, their changes in preferences, the needs of the family, the level of risk for the participant, staffing levels, transportation considerations, access to Personal Protective Equipment (PPE) and the site’s ability to accommodate social distancing. There may be additional considerations and readiness factors that impact the phase in process.

***Participants and families may be rethinking what they want.***

Each participant will require an individualized transition that supports their needs. Transitions are critical periods that can be supported by anticipating the needs of all involved.

***Being knowledgeable about risk and tracking changing guidance is critical.***

Knowing current guidance is important in planning transitions*.* Information from national, state, and county organizations should be continuously monitored, and updates should be incorporated into your agency’s plan.

* Resources from the Department of Health can be found at: [https://hawaiiCOVID19.com/guidance-for-everyone/](https://hawaiicovid19.com/guidance-for-everyone/)
* Providers must follow the current Governor’s Emergency Proclamations. The Ninth Supplementary Proclamation Related to the COVID-19 Emergency was posted on June 10, 2020.

The Ninth Proclamation states that the elderly and others at high risk for COVID-19 are urged to stay in their residences to the extent possible, except as necessary to seek medical care. At this time, day programs such as Adult Day Health are not explicitly named in the proclamation as being able to open, but that could change at any time. As the situation changes, you can find Emergency Proclamations here: <https://governor.hawaii.gov/emergency-proclamations/>

* The Centers for Disease Control and Prevention (CDC) Coronavirus site is: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. The CDC advises that based on currently available information and clinical expertise, **older adults and people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>
* CDC has recently released COVID-19 guidance with a primary focus on family members and caregivers who support people with developmental disabilities.
  + - [Guidance for Direct Service Providers](https://urldefense.com/v3/__https:/www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html__;!!LIYSdFfckKA!gQ1r8hPFVGeLd0TQbie3K12QdSj5fexqUyCU2wb_5W4Npa583iv9EPxrMxpsqwefW7s_idCU$)
    - [Guidance for Group Homes for Individuals with Disabilities](https://urldefense.com/v3/__https:/www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html__;!!LIYSdFfckKA!gQ1r8hPFVGeLd0TQbie3K12QdSj5fexqUyCU2wb_5W4Npa583iv9EPxrMxpsqwefW8bQb8G-$)
    - [Guidance for Direct Service Providers, Caregivers, Parents, and People with Developmental and Behavioral Disorders](https://urldefense.com/v3/__https:/www.cdc.gov/coronavirus/2019-ncov/hcp/developmental-behavioral-disorders.html__;!!LIYSdFfckKA!gQ1r8hPFVGeLd0TQbie3K12QdSj5fexqUyCU2wb_5W4Npa583iv9EPxrMxpsqwefW8LSouth$)
    - [People with Developmental and Behavioral Disorders](https://urldefense.com/v3/__https:/www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-developmental-behavioral-disabilities.html__;!!LIYSdFfckKA!gQ1r8hPFVGeLd0TQbie3K12QdSj5fexqUyCU2wb_5W4Npa583iv9EPxrMxpsqwefW3Nx2lUl$)

Link to the CDC website: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/developmental-behavioral-disorders.html](https://urldefense.com/v3/__https:/www.cdc.gov/coronavirus/2019-ncov/hcp/developmental-behavioral-disorders.html__;!!LIYSdFfckKA!gQ1r8hPFVGeLd0TQbie3K12QdSj5fexqUyCU2wb_5W4Npa583iv9EPxrMxpsqwefW8LSouth$)

* CDC further describes people with disabilities who might be at increased risk of becoming infected or having unrecognized illness:
  + - People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members
    - People who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing
    - People who may not be able to communicate symptoms of illness

Link to the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>

* If a participant resides in a home with an individual considered vulnerable, it is recommended the participant be phased in at a later time.

***Providers may need to adapt the checklist to meet the individualized needs and circumstances of their programs and settings.***

In addition, providers who support participants in community settings may have additional guidelines to follow and incorporate, as State and County orders change.

***Providers are responsible for implementing standards and safeguards to help protect participants’ health and safety.***

# COVID-19 PROVIDER SELF-ASSESSMENT PREPAREDNESS TOOL

## Instructions:

1. All providers of day services (ADH, CLS-G, CLS-Ind, DCP, IES) must complete the self-assessment.
2. Read each statement carefully. Check or click the box that best describes the status of each “Item” as related to your preparation for phasing in the reopening or resuming of group day services (ADH and CLS-G) and/or resuming or continuing individual day services (CLS-Ind, DCP and IES).
3. Use the “Strategies and Supporting Documents” column to briefly describe or list strategies and include the titles of supporting documents, such as policies & procedures and documentation of training. Supporting documents demonstrate how your agency is addressing each item, includes clear procedures for staff training, and frames how the agency will deliver services in a way that ensures consistent implementation and management.
4. The “Notes/Questions for Agency Use” column is optional.
5. Questions and/or technical assistance may be requested by email to [doh.dddcrb@doh.hawaii.gov](mailto:doh.dddcrb@doh.hawaii.gov).
6. Send completed assessment by email to [doh.dddcrb@doh.hawaii.gov](mailto:doh.dddcrb@doh.hawaii.gov" \t "_blank):

* Providers of group day services (ADH and CLS-G) who may also provide individual day services (CLS-Ind, DCP, and IES) must submit **no less than 10 calendar days before the anticipated date you plan to begin phasing in or resuming ADH or CLS-G group services**. As a reminder, the timing of reopening of group day services must be in accordance with the Governor’s proclamation and a phased approach based on risk based on age and underlying health conditions.
* Providers of individual day services (CLS-Ind, DCP, and IES) only must submit **within 10 calendar days of receiving the self-assessment tool.**

1. DDD will review completed assessments and provide written feedback to providers within 5 business days of receipt.

|  |  |
| --- | --- |
| PROVIDER INFORMATION | |
| Provider Name: | Services Covered (check all that apply):  ADH  CLS-G  DCP  IES.  CLS-Ind |
| Provider address and phone number: |
| Name of Person Completing Form: | Date Completed: |

### PLAN AND PREPARE: Emergency Preparedness

*Providers must maintain a current written Emergency Preparedness Plan that addresses agency protocols for responding to declared emergencies, including the COVID-19 pandemic. The Emergency Preparedness Plan and agency procedures must adhere to current Federal, State and County mandates, guidelines and advisories and help ensure the safety of participants, staff and the community. The Emergency Preparedness Plan must include, at a minimum, the following Core Elements: Transportation, Preventing the Spread of Infection (Screening, Social Distancing, and Infection Control), Person-Centered Planning, Training and Support, and Community-Based Services (Supports in the Community and Supports in the Participant’s Workplace).*

| **Item** | **Completed** | **In Progress** | **Not Started** | **N/A** | **Strategies and Supporting Document(s)** | **Notes/Questions for Agency Use** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. COVID-19 specific procedures are incorporated into our agency’s Emergency Preparedness Plan.   Address the following:   * Communications (e.g. phone trees, signs) * Visitor policy * Reopening operational protocols * Timelines and persons responsible for implementing and reviewing the plan * Delivering services in center and community settings * Quality assurance * Other relevant procedures identified by the agency |  |  |  |  |  |  |
| 1. Federal, state, and county public health advisories for COVID-19 have been reviewed and incorporated into our agency’s Emergency Preparedness Plan.   Address the following:   * Ensuring the plan will continue to be updated to reflect current information from resources, such as executive proclamations and public health advisories.   For more information, see   * <https://www.cdc.gov/coronavirus/2019-ncov/index.html> * [https://www.osha.gov/COVID-19](https://www.osha.gov/covid-19) * <https://www.osha.gov/Publications/OSHA3990.pdf> * <https://health.hawaii.gov/coronavirusdisease2019/> |  |  |  |  |  |  |
| 1. Our agency’s Emergency Preparedness Plan is available if requested by staff, and families/participants. |  |  |  |  |  |  |
| 1. Our agency’s Emergency Preparedness Plan addresses how to immediately notify the Hawaii Department of Health, Disease Outbreak Control Division for clusters of respiratory infections, severe respiratory infections, or suspected COVID-19.   Information on Reporting an Illness can be found at: <https://health.hawaii.gov/docd/reporting-an-illness/individual/> |  |  |  |  |  |  |
| 1. The following staff have been assigned to communicate information with staff, participants, and their families/guardians/caregivers regarding operational protocols, health and safety, and updates to workplace preparedness strategies.   Insert names, titles, or contact information: |  |  |  |  |  |  |

### Transportation

*Participants often depend on provider supports to assist with their transportation needs to attend center-based activities and engage in activities in the community. It is important to carefully assess the changes needed to ensure transportation can be delivered in ways that keep participants, staff and the community safe and minimize the potential spread of infection.*

| **Item** | **Completed** | **In Progress** | **Not Started** | **N/A** | **Strategies and Supporting Document(s)** | **Notes/Questions for Agency Use** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Our agency has completed an assessment and identified strategies to ensure social distancing and infection control during transportation when using agency vehicles or staff personal vehicles.   Address the following:   * Scheduling and/or route changes, such as limiting number of vehicle occupants, staggering arrival and departure times, etc. * Pick-up and drop-off location and procedures * Participants who use a wheelchair or other device * Other transportation options that may be available, such as family willing and able to transport |  |  |  |  |  |  |
| 1. Our agency has contacted public transportation entities used by participants to travel to/from service setting(s) and has identified strategies to ensure social distancing and infection control during transportation.   Address the following:   * Communicating public transportation changes to participant and families * Changing agency scheduling to adjust to public transportation routes or schedules * Staggering arrival and departure times * Pick-up and drop-off location and procedures * Participants who use a wheelchair or other device |  |  |  |  |  |  |
| 1. Our agency has a written procedure for staff to follow when transporting participants.   Address the following:   * Use of PPE, such as face coverings, gloves, seat covers * Health checks before participants get in the vehicle at pick-up and before departure * What to do if a participant appears to have symptoms of illness at pick-up |  |  |  |  |  |  |
| 1. Our agency has a written procedure for proper cleaning and disinfecting of vehicles used to transport participants.   Address the following:   * Keeping a supply of cleaning supplies, hand sanitizer & PPE available for the driver and agency staff to take with them on every trip * Cleaning high touch surfaces after each use, such as door handles, seat bars/belts, window control buttons, steering wheel, etc. * Protocol and schedule for routine vehicle cleaning after each use * Protocol for deep cleaning after transporting someone who was sick or symptomatic |  |  |  |  |  |  |

### Preventing the Spread of Infection

*COVID-19 spreads mainly among individuals within close contact of one another for prolonged periods of time and when droplets from an infected person are launched into the air and/or onto surfaces. It is important to assess the setting(s) and changes needed to implement proper screening, social distancing, hand hygiene, face coverings, cleaning and disinfecting to reduce the risk of exposure and limit the spread of infection. The guidance in this section applies recommendations by public health experts to assure health and safety in our community.*

#### Screening

| **Item** | **Completed** | | **In Progress** | | **Not Started** | **N/A** | | | | **Strategies and Supporting Document(s)** | **Notes/Questions for Agency Use** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Our agency has a written procedure and designated roles for screening everyone upon entering the setting, including all staff, participants, visitors, and deliveries.   Address the following:   * Designating adequate space for screening * Posting signs at the entrance(s) * Developing a process that includes a symptoms checklist, temperature check, hand sanitizer, sign-in list, etc. * Developing criteria limiting visitors and deliveries * Reminding people to stay home if sick   <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>  <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> |  | |  | |  |  | | | |  |  | |
| 1. Our agency has a written process to identify and safely support participants or staff who become sick with symptoms concerning for infection during service delivery.   Address the following:   * Posting signs * Training staff and participants * Establishing and communicating a pick-up policy |  | |  | |  |  | | | |  |  | |
| 1. Our agency has designated an isolation room or area for people who become ill or symptomatic while in our setting(s) and must await transfer to another setting.   Address the following:   * Designating space for isolation to prevent exposure to others while awaiting transport to another setting * Planning for those who are ill or symptomatic to be transported to an appropriate setting as soon as possible * Communicating with families and caregivers about pick-up policy |  |  | |  | | |  | |  | |  |
| **Social Distancing** | | | | | | | | | | | | |
| 1. Our agency has completed (or will complete) an assessment of services delivered in our setting(s) and strategies have been identified to meet social distancing guidelines (e.g. remain at least 6 feet distance, determining appropriate space capacity for a small group to ensure that all participants in a group have at least 36 square feet each of personal space to allow for physical distancing).   Address the following:   * Placement furniture and other items to enforce social distancing * Schedules for staff and participants to limit the number of social contacts * Providing extra support for participants with limited mobility and language * Posting visual cues (e.g. signs, floor tape) * Monitoring common areas, restrooms, waiting areas for transportation for social distancing |  | |  | |  | | |  | |  |  | |
| 1. Our agency has a plan for on-going training and support for staff and participants to learn the practice of social distancing. |  | |  | |  | | |  | |  |  | |
| **Infection Control** | | | | | | | | | | | | |
| 1. Our agency has a written procedure for proper hand hygiene and strategies have been identified to ensure adherence to procedures.   Address the following:   * Alcohol-based hand sanitizer available as appropriate * Ensuring sinks kept clean and well-stocked with soap and paper towels for hand washing * Posting signs throughout the setting highlighting good daily hygiene tips (e.g. washing hands, properly covering when sneezing/coughing, and avoiding touching eyes/nose/face) * Staff training * Maintaining supplies   <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html> |  | |  | |  | | |  | |  |  | |
| 1. Our agency has a written procedure for wearing face coverings and gloves in alignment with CDC guidelines and strategies have been identified to ensure adherence to procedures.   Address the following:   * Availability of face coverings and gloves * Assisting participants to wear face coverings * Posting signs * Staff training * Maintaining supplies   <https://www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-covering-instructions.pdf>  <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/gloves.html> |  | |  | |  | | |  | |  |  | |
| 1. Our agency has a written procedure to ensure proper cleaning and disinfecting, particularly of high-touch areas and items and strategies have been identified to ensure adherence to procedures. Examples of high-touch surfaces and objects include doorknobs, tables/countertops, desks, light switches, handles, phones, keyboards, toilets, faucets and sinks.   Suggest using EPA-approved disinfectants for frequent cleaning of high-touch surfaces and shared equipment. If EPA-approved products are not available, follow CDC recommendation on how to prepare a bleach solution.  EPA-Approved Disinfectants:  <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>  CDC Cleaning & Disinfection for Community Facilities:  <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>  Address the following:   * Cleaning and disinfecting mobility and other assistive devices (e.g. wheelchair handles, walkers, etc.) * Removing non-essential items, for example, removing soft, porous materials, such as area rugs and seating, to reduce the challenges with cleaning and disinfecting them * Avoiding use of items that are not easily cleaned, sanitized, or disinfected * Maintaining a cleaning schedule * Maintaining supply of cleaning and disinfecting products |  |  | |  | | |  | |  | |  |
| 1. Our agency has a plan for maintaining an adequate supply of PPE (face coverings, gloves, etc.) and other infection control supplies for staff and participants, when applicable.   Address the following:   * Anticipating PPE and infection control supply needs of staff and participants * Designating staff to monitor and re-stock supply levels * Identifying resources to purchase PPE and infection control supplies * Training staff and participants on use of PPE and supplies in accordance with CDC guidelines |  |  | |  | | |  | |  | |  |

### Person-Centered Planning

*Person-centered planning is the process through which the participant’s needs, goals, and preferences are identified and through which the participant may exercise choice and control. Person-centered planning is especially important during the coordination and phasing-in of services as participant’s needs, goals, preferences and family situations may change, may have changed and/or may continue to change.*

| **Item** | **Completed** | **In Progress** | **Not Started** | **N/A** | **Strategies and Supporting Document(s)** | **Notes/Questions for Agency Use** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Our agency has contacted each participant and/or family/guardian, and the DDD case manager to discuss our plan to reopen and resume services and the participant’s transition and phase-in of services in the center and/or community.   Address the following:   * Continuing with telehealth, if applicable * Concerns and comfort level with resuming services in the center and/or community * Timeframe for resuming services in the center and/or community * Pace the transition for re-entry to accommodate participant goals and interests |  |  |  |  |  |  |
| 1. Our agency has a strategy for monitoring for and recognizing signs of trauma in participants and/or their family/household members and assisting in identifying resources.   Address the following:   * Helping to ensure the participant receives services in a setting where they feel safe * Helping participants identify relationships/people that help them feel safe |  |  |  |  |  |  |
| 1. Our agency has a process to assess the needs of each participant for consideration in planning the transition and phase-in from home to day services. Our process involves engagement with the participant, family, guardian, caregiver, and case manager,   Address the following:   * Participant’s health status and risk level for COVID-19 (e.g. underlying medical conditions or circumstances) * Any important changes that may have occurred during time away from the center or community. * Any changes or updates to the participant’s preferences, activities, and the ISP that may affect services (e.g., new goals, new skills, new needs) * Flexibility of staff availability to meet the needs of the participant |  |  |  |  |  |  |
| 1. Our agency has updated the contact information for participants, family members, guardians, caregivers and/or case managers. |  |  |  |  |  |  |
| 1. Our agency has developed a plan and materials to communicate program changes to participants, families, guardians, caregivers and case managers prior to opening.   Address the following:   * What to expect from a transition from home to day services * How the transition will be managed * Safety precautions to be implemented in the setting to keep everyone safe and healthy * Instructions such as staying home if sick |  |  |  |  |  |  |

### Training and Support

*Training and support are essential to implementing and sustaining procedures through continuous monitoring and quality assurance. They help build the foundation for a shared understanding of the processes developed to help assure the health and safety of everyone. Training and support should be available and provided to staff, participants, and family/caregivers when applicable.*

| **Item** | **Completed** | **In Progress** | | **Not Started** | **N/A** | **Strategies and Supporting Document(s)** | **Notes/Questions for Agency Use** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Staff are trained in essential pandemic operational protocols prior to delivering day services.   Participants are trained at the earliest opportunity in hygiene, social distancing, use of PPE, cleaning, and recognizing symptoms prior to or following the opening of day services.  Training may be provided in-person or via technology, such as use of videos or other media from trusted public domains. Training will be reinforced on an as needed basis.  At a minimum, training must include, but not limited to:   * Emergency Preparedness Plan * Proper hand hygiene * Social distancing * Proper use of PPE (e.g. putting on, taking off) * Use of cleaning and disinfecting products * Recognizing the signs and symptoms of COVID-19 |  |  | |  |  |  |  |
| 1. Our agency has a plan for training staff to monitor for and recognize signs of trauma in themselves and others.   Trauma Resources:  UC Berkeley:  <https://news.berkeley.edu/2020/04/28/trauma-informed-approaches-for-individual-and-organizational-resilience-during-the-covid-19-crisis/>  CDC:  <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>  <https://emergency.cdc.gov/coping/selfcare.asp>  National Institute of Mental Health: <https://www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml#part_153960>  <https://www.nimh.nih.gov/news/science-news/2020/supporting-mental-health-during-the-covid-19-pandemic.shtml> |  |  | |  |  |  |  |
| 1. Staff and participant trainings are documented.   Address the following:   * Maintaining documentation of staff training * Ensuring competency of training when applicable |  | |  |  |  |  |  |
| 1. Our agency has a plan to support staff, participants, and families/caregivers in the following areas:  * Coping with trauma * Assessing and addressing staff questions and concerns regarding returning to work * Communicating health and safety measures in place for staff and participants * Encouraging anyone who is sick to stay home * Planning when an employee or participant gets sick   CDC Business and Workplaces. Plan, Prepare, and Respond:   * <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>   <https://www.cdc.gov/coronavirus/2019-ncov/community/mental-health-non-healthcare.html>  <https://emergency.cdc.gov/coping/index.asp>  OSHA Guidance on Preparing Workplaces for COVID-19:  <https://www.osha.gov/Publications/OSHA3990.pdf> |  | |  |  |  |  |  |

### Community-Based Services

*Participants may need additional supports and training to navigate the community safely, such as learning to practice social distancing and infection control. The statements and considerations listed below focus primarily on issues that are specific to small groups; however, many are applicable and should be considered for all services in the community whether delivered as 1:1 or in small groups.*

#### Supports in the Community

| **Item** | **Completed** | **In Progress** | **Not Started** | **N/A** | **Strategies and Supporting Document(s)** | **Notes/Questions for Agency Use** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Our agency has a system to assess the community locations where participants have typically received community-based services to identify strategies for supporting participants in accordance with CDC guidelines.   Address the following:   * Availability of/access to community resources and settings; for example, the library is open but hours and number of visitors are limited * Availability of/access to public restrooms * Proper hand hygiene * Ability to maintain social distancing, such as whether the participants are able to practice social distancing or if the setting presents challenges for a small group * Proper use of PPE, including the length of time participants can wear a face covering during community activities * Modifying staff to participant ratios and/or size of small groups * Adjusting or staggering scheduled activities * Flexible scheduling of options for participant choice based on community activities that may change with short notice |  |  |  |  |  |  |
| 1. Our agency has a written procedure that staff can follow during community activities with participants and have trained the staff in the procedures.   Address the following:   * Maintaining a pre-prepped bag is ready with extra PPE and infection control supplies, hand sanitizer, soap, hand towels, etc. for the staff and participants * Proper hand hygiene * Maintaining social distancing in the community * Proper use of PPE * What to do if a participant appears to have symptoms of illness while in the community * Using a public restroom * Alternate community activities identified if a setting is unavailable or at capacity when the participants arrive |  |  |  |  |  |  |
| **Supports in the Participant’s Workplace** | | | | | | |
| 1. Our agency is working with participants (and their families/guardians and case managers) who are supported with waiver services for their jobs and will develop individual strategies to meet the participant’s needs.   Address the following:   * Is the participant (and family) interested in returning to work? * What do they feel they need for safety and success before the participant would want to go back to their job? * Does the participant or members of the household have underlying health issues or other risk factors that need to be considered before the participant returns to work? * Is the participant’s job available or when it will become available again? * What transportation options are available for the participant’s use to get to and from the job? * Is the participant able to wear PPE, as well as practice social distancing and proper hand hygiene in the workplace? |  |  |  |  |  |  |
| 1. Our agency has a system to contact the participant’s employer to discuss strategies for supporting the participant’s return to the workplace.   Address the following:   * What are the employer’s expectations and requirements for the participant to return to work? * Will the participant need training and/or support to follow the employer’s new safety requirements? * What supplies or equipment does the participant need while on the job, such as what the employer will provide and what the participant be expected to bring? * What other environmental factors should be considered, such as frequent contact with co-workers or the public; cleaning protocols within the workplace, including the restrooms and break rooms; etc. |  |  |  |  |  |  |