



# **PRIDE INC.**

## **Pandemic Plan**



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## 1. Introduction & Purpose of Guidelines

This manual has been created based on the requirements set forth by the Executive Office of Health and Human Services (EOHHS) in response to the COVID-19 pandemic. Its purpose is to outline PRIDE’s policies and procedures to ensure the health and safety of all program participants and staff during a pandemic. This guidance meets the “Minimum Requirements for Health & Safety”.

PRIDE will continue to align its service delivery with all guidance mandated by the state, including (but not limited to) the following entities:

- The Executive Office of Health and Human Services (EOHHS)
- The Centers for Disease Control and Prevention (CDC)
- The Department of Developmental Services (DDS)
- MA Health
- The Massachusetts Rehabilitation Commission (MRC)

## 2. Planning & Preparedness (Policy #900)

**Policy** PRIDE Inc. has developed plans to reopen (and maintain them once reopened) to address how we will meet the new health and safety requirements. PRIDE will identify all the ways reopening during the COVID-19 pandemic might affect our program and develop a plan of action. The procedures to reopen and provide in-person services include:

### PROCEDURE

1. Provide all participants/caregivers/guardians with the Risk/Benefit Discussion Tool. After identifying participants who wish to return to the program in-person, PRIDE will discuss the Tool with all participants/caregivers/guardians prior to their in-person return to the program. PRIDE will consult with them to determine if the benefits of the participant returning to the program outweigh the risks. PRIDE will attempt to prioritize in-person services for participants whose needs cannot be adequately provided via telehealth or in the home (e.g., have experienced a loss of a caregiver or informal supports). If there are participants who do not want to return upon re-opening or at a later date, PRIDE will follow the steps for proper discharge, making sure that participants are referred to appropriate services, as needed ([See Policy #901 Measuring Risk vs. Benefit](#))
2. Create a roster of expected attendees for each day the program is scheduled to operate. Program occupancy upon re-opening will comply with the applicable social distancing protocols mandated by EOHSS.
3. A cleaning plan that identifies what items must be cleaned, sanitized, or and/or disinfected and with what frequency.
4. A plan for identifying and addressing the risks associated with caring for sick, symptomatic, & exposed participants & staff that includes daily screening checks, location of screening activities, staff responsible for screening, and any barriers to accomplishing screening.
5. A plan for the isolation and discharge of sick, symptomatic, and exposed participants or



staff, including procedures for contacting caregivers/guardians/emergency contacts immediately, criteria for seeking medical assistance, protocols for ensuring care provided to participants who may require isolation while at the program site, transportation of participants or staff who have developed symptoms related to COVID-19 during the day and who rely on program transportation, mitigation of transmission until a sick individual can safely leave the program, cleaning and disinfection of the isolation space after the individual has departed and notification to the local health department.

6. A plan to work with local and state health departments to ensure appropriate local protocols and guidelines are followed.
7. A plan for safe vendor deliveries. Non-contact delivery protocols must be arranged whenever possible.
8. A PPE procurement plan that identifies how the PRIDE will acquire and maintain appropriate PPE for all staff and participants. Adequate PPE supplies (ideally a two-week supply of PPE on-hand) must be available on site prior to opening the program.
9. Transportation for the participants should be coordinated independently with the participant/caregiver/guardian and, if applicable, residential and housing programs for those participants returning to the program.
10. A plan for handling program closings, staff absences, and gaps in attendance.
11. A meal and snack provision plan
12. A plan for the administration of medication including a plan for the treatment of participants with asthma and other chronic illness
13. A plan for sharing information and guidelines with participants and/or caregivers/guardian.

#### **Attestation for COVID-19**

1. Before resuming programs, PRIDE INC. completed the EOHHS Day Program Planning and Preparedness Checklist and attested to adherence to the protocols and standards set forth in the EOHHS guidance. The attestation was signed by the chief executive officer of the program.
2. PRIDE must maintain the signed attestation form as well as written policies and protocols that incorporate or exceed the standards outlined in the issued guidance for PPE and supplies, workforce safety, patient safety, and infection control at any and all program provider locations. Such policies, protocols, and documentation must be regularly updated and made available to the appropriate EOHHS agency upon request at any time.
3. The appropriate EOHHS agency will monitor and assess compliance and may require remedial action or suspension of programs warranted.



### **Preparedness upon opening (Policy #902-Preparedness)**

**Policy** PRIDE Programs must prepare their program environment to promote the new health and safety requirements and to facilitate infection control activities.

#### **Procedure**

1. PRIDE has prepared materials and equipment to be used by participants to minimize sharing and promote distancing. Items that cannot be easily washed will be removed. If participants bring in items from home, PRIDE has a plan in place to ensure the cleanliness of these items and will carefully monitor use to ensure that these objects are not shared between participants.
2. PRIDE has identified all cleaning, sanitizing, and disinfecting solutions as well as a safe place for storage that is accessible to staff in each area of the program, but out of reach of participants. Supplies for hand hygiene are adequate and placed appropriately throughout the program space, including in all group, transition (e.g., hallways), and common spaces
3. The program space has been organized to promote social distancing. Programs must consider the physical building capacity limitations and the total number of participants anticipated to be in any one area. Decisions about organization of the program space must be guided by the program's ability to implement adequate and consistent social distancing, especially in terms of utilization of common spaces that need to be shared by all participants. Areas occupied by individual groups must be defined by permanent walls, movable walls, visual demarcation on the floor, or other partitions.
4. Programs with large spaces will consider using barriers to create clearly defined and separate areas for small groups of participants, or, at a minimum, adding visual demarcations on the floor. Program staff must review the social distancing requirements (in one on one or group sessions) for participants in the program, and be prepared to support participants with adjustments to new systems and routines.
5. PRIDE has created and secured floor markers to denote directional and safe distancing parameters. PRIDE has also measured all seating to assure adequate social distancing between each participant during seating time.

PRIDE has also implemented the following changes:

1. All stable groups (pods) will be in smaller clusters as outlined below to promote infection control and minimize the impact and spread of COVID-19. Participants in these smaller groups (less than 10 individuals) will be consistent throughout the day.
2. A consistent staff member will facilitate the same group throughout the day and across days, if possible.
3. PRIDE will ensure that there are adequate provisions for the storage of participant and staff belongings so that they do not touch.
4. Motion activated or touchless drinking fountains are available for use only when filling cups, water bottles, or other receptacles.



5. Insurance that ventilation systems operate properly, have been serviced in accordance with manufacturer recommendations and increase circulation of outdoor air as much as possible.
6. PRIDE will take steps to ensure that all water systems and features (e.g., decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of diseases associated with water.
7. Signage is posted throughout the facility for face mask use, handwashing, social distancing, and sanitizing stations.

### **3. Daily Operations**

During business hours PRIDE will be restricting community access when social distancing is not possible. All visitors should be scheduled by appointment and call the number listed outside entrance for assistance.

PRIDE will avoid holding activities involving multiple groups attending at the same time and strictly enforce the restrictions of non-essential visitors. This includes caregiver/guardian volunteers and consultants who are not providing health services to participants. PRIDE will promote the use of outdoor space where social distancing can be maintained, as available.

#### **a. Building Entrance & Exit**

**Doors to be Identified:** PRIDE will be unlocking doors starting at 8:00 AM for staff (8:15 AM for Day Hab. members) to enter the building for the day. One identified door will be unlocked during the period of individual arrival and will be re-locked after the last individual is dropped off. While this door is unlocked, a staff will be stationed outside the door to ensure no un-authorized people enter the building. All screening will happen prior to entering the building.

#### **Staff Entrance Policy**

1. Staff must perform the PRIDE COVID screen prior to arriving to PRIDE.
2. All staff must arrive wearing a mask.
3. No staff will be permitted on the premises without a mask properly secured.
4. Upon entrance to the building staff must immediately apply hand sanitizer.
5. All staff will be screened when reporting on shift. If any staff has a temperature higher than 100.0 F or they do not pass the screening, they will not be permitted on site and will be sent home.
6. If symptoms develop during program hours, the staff member should follow the isolation protocol.

#### **Individual Entrance Policy**

1. All individuals must enter through one assigned program entrance door.
2. Individuals should arrive wearing masks (as tolerated and to the best of their ability).
3. Individual drop off will occur one-by-one.
4. All individuals should remain in their vehicles until otherwise directed by the PRIDE screener (staff).
5. The participant will be screened while in their vehicle.



6. The driver will be asked to remain on site until after the individual passes screening.

#### **b. Staffing**

PRIDE Inc. will always have appropriate staff for back up in case there are gaps in attendance. This may include but is not limited to per diem staff, Part time staff, staff within other programs & senior leadership.

#### **4. Screening & Monitoring of Participants and Staff (Policy #903)**

##### **POLICY**

It is the policy of PRIDE, Inc. to screen and monitor participants, staff, and visitors for COVID-19 symptoms upon entry into the building and prior to boarding any PRIDE or PRIDE-associated vehicle. Self-screening is required by all individuals seeking entry into PRIDE, Inc. *prior* to their arrival.

##### **PROCEDURE**

1. All staff, caregivers/guardians, participants, and any individuals seeking entry into PRIDE, Inc. will utilize the PRIDE, Inc. COVID-19 Screening Tool to self-screen at home *prior* to coming to PRIDE, Inc.
2. PRIDE, Inc. will conduct a screening utilizing the PRIDE, Inc. COVID-19 Screening Tool for all staff, participants, and personnel planning to travel on PRIDE-affiliated vehicles before they are permitted to enter the vehicle.
3. PRIDE, Inc. will conduct a screening utilizing the PRIDE, Inc. COVID-19 Screening Tool for all staff and participants before they are permitted to enter the building based on the following criteria:
  - a. All individuals seeking entry will be required to do so at a single point of entry to ensure screening is performed on anyone looking to enter the building.
  - b. While maintaining a social distance of 6 ft., a PRIDE Inc. staff member designated to conduct screenings will do so outside of the PRIDE Inc. building
  - c. A verbal screen of participants and caregivers/guardians, as applicable, will be conducted using the PRIDE Inc. COVID-19 Screening Tool while the participant's transportation waits to ensure screening has granted the individual entry into the building. If any of the answers to the screening are yes, the participant must not be allowed to enter PRIDE Inc.-affiliated transportation or the PRIDE building and must be directed to return to the vehicle they arrived in and return to their place of residence.
  - d. In addition to the screening tool, staff conducting the screen must make a visual inspection of participants for signs of illness (flushed cheeks, rapid or difficult breathing without recent activity, or fatigue, etc...) and confirm that the participant is not experiencing coughing or shortness of breath. In the event a participant is experiencing a new, sudden shortness of breath or extreme difficulty breathing, call 911 immediately.
  - e. Any individual or staff member who declines to answer the screening tool must not be allowed entry into PRIDE, Inc. or onto PRIDE, Inc.-affiliated transportation and must return to their place of residence.



4. Staff must actively monitor themselves and participants throughout the day for symptoms. Participants who appear ill or are exhibiting signs of illness must be separated from the larger group and isolated until able to leave the program (see policy regarding Isolation and Discharge of Sick Participants and Staff). If any participant appears to have severe symptoms (extreme difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, severe persistent dizziness or lightheadedness, new confusion or inability to rouse someone, or new seizure or seizures that won't stop), call 911 immediately.

## 5. Cleaning Disinfection & Sanitizing (POLICY #904)

It is the expectation that all environments will be cleaned and disinfected frequently. This is to include all frequently-touched surfaces within the program at least daily or between uses as much as possible. If vans are used by the program, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, face coverings). All vans will be cleaned and disinfected after each use. All vans will have a supply of masks for any member requiring one. PRIDE Inc. will ensure safe and correct use and storage of cleaning and disinfecting products.

### POLICY

It is the policy of PRIDE Inc. to guide day program staff, management, participants, and essential personnel on optimal cleaning, sanitizing, and disinfecting procedures to provide a healthy and safe environment for individuals returning to program during COVID-19. Staff and participants will follow the following procedure for all cleaning practices.

### PROCEDURE

#### DEFINITIONS:

**Clean** – Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

**Disinfect** – Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection. Disinfecting may be appropriate for door and cabinet handles, toilets, and other bathroom surfaces.

**Sanitize** – Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by cleaning and then sanitizing surfaces or objects to lower the risk of spreading infection. Surfaces used for eating and objects intended for the mouth (food service tables) must be ***cleaned and then sanitized both before and after each use.***

#### 1. Resources and Supplies -

- (a) Pride Inc. will properly utilize safe EPA-registered properly-labeled and non-expired disinfectants and sanitizers for use against COVID-19 according to manufacturer's directions. Participants should never be present when mixing solutions.



- (b) If EPA-approved disinfectants are not available, a bleach solution (1/3 cup of disinfecting, non-expired bleach: 1gallon water – add bleach to water) freshly mixed (within a 24-hour period) or a 70% isopropyl alcohol solution will be utilized. Bleach solution preparation must be done far enough away from program participants and staff, and with adequate ventilation, so as not to expose any compromised individual to the fumes. The solution should be labeled with contents and date mixed. Manufacturer’s instructions for application and ventilation of bleach solution will be followed. Never mix bleach with ammonia or other cleaners. Bleach solutions should be left on surfaces for at least 1 minute prior to wiping/rinsing.
  - (c) Single-use disposable paper towels will be used for cleaning, sanitizing, and disinfecting. Sponges or cleaning towels shall not be used for these purposes.
  - (d) All sanitizing and disinfecting solutions will be kept out of reach of participants, and stored separately from food items. Only pump and trigger sprays will be used – aerosol sprays and sprays with propellants will not be used.
  - (e) While cleaning and disinfecting, staff must wear gloves. Handwashing or use of an alcohol-based hand sanitizer is always required after cleaning. Refer to PPE Procurement Protocol for specifics on supply inventory and processes.
  - (f) Obtaining and maintaining of essential cleaning supply inventory will be conducted by both Nursing & the Director of Operations.
2. Proper Usage -
- (a) All sanitizing and disinfecting solutions must be used in areas with adequate ventilation and never in close proximity to participants as to not trigger acute symptoms in participants with asthma or other respiratory conditions. Do not spray chemicals around participants. If possible, move participants to another area.
  - (b) To ensure effective cleaning and disinfecting, always clean surfaces with soap and water first, then disinfect using a diluted bleach solution, alcohol solution, or an EPA-approved disinfectant for use against the virus that causes COVID-19. Cleaning first will allow the disinfecting product to work as intended to destroy germs on the surface.
  - (c) Surfaces and equipment must air dry after sanitizing or disinfecting. Do not wipe dry unless it is a product instruction. Careful supervision is needed to ensure that participants are not able to touch the surface until it is completely dry.
  - (d) Programs must store all chemical products in a safe and secure manner and limit access of chemical products only to those staff or participants who have been trained to use them.
  - (e) Do not mix chemicals. Doing so can produce a toxic gas.
  - (f) Store all chemicals in a cool, dry, secure location and in their original containers if possible. If not possible, label the alternate container to prevent errors.
3. General Guidelines for Cleaning, Sanitizing, and Disinfecting -
- (a) Items to be cleaned, sanitized, and disinfected: Surfaces in common areas, activity



rooms, bathrooms and any shared spaces. Also, items such as tabletops and chairs, doorknobs, sinks and handles, keyboards and keypads, banisters, light switches, and any other items or surfaces used by multiple people should be cleaned, sanitized, and disinfected after each use and throughout the day.

- (b) Schedule of cleaning, sanitizing, and disinfecting: Staff and/or janitorial personnel will be responsible for cleaning, sanitizing, and disinfecting their program space before participants arrive, after they leave at the end of the day, and periodically throughout the day. Staff and janitorial personnel will utilize a schedule, at the discretion of the program directors. Staff will follow the guidance throughout this policy for best cleaning, sanitizing, and disinfecting practices.
  - (c) Method of cleaning, sanitizing, and disinfecting: Staff and janitorial personnel will perform a vigorous cleaning daily before participants arrive and after they leave. All objects, materials, and surfaces will be sanitized and disinfected with appropriate approved products in a safe and effective manner as outlined within this protocol.
4. Cleaning, Sanitizing, and Disinfecting Indoor Areas -
- (a) Programs should conduct regular inspection and disposal of books or other paper-based materials that are heavily soiled or damaged.
  - (b) Items that are contaminated by body secretions or excretions must be set aside until they are cleaned by hand by a person wearing gloves.
  - (c) Remove visible contamination, if present, on all electronics (i.e. tablets, touch screens, keyboards, and remote controls). Follow manufacturer's instructions for cleaning and disinfecting. If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Wait in accordance with manufacturer's directions and then dry surface thoroughly or allow to air dry. Provide cleaning materials for participants to clean their own electronics.
5. Cleaning, Sanitizing, and Disinfecting Outdoor Areas –
- (a) Communal outdoor spaces may be used at program site with proper sanitizing and disinfecting practices in place as outlined in the “General Guidelines for Cleaning, Sanitizing, and Disinfecting” section of this protocol.
  - (b) High touch surfaces made of plastic or metal should be cleaned and disinfected before and after each use.
  - (c) Cleaning and disinfecting of wooden surfaces or ground covers is not recommended.
6. Routine Cleaning of Vehicles – The interior of each vehicle must be cleaned and either swept or vacuumed thoroughly after each route and disinfected after each transport
- (a) Clean the area prior to disinfection to remove all surface matter
  - (b) Use EPA-registered products for use against Novel Coronavirus SARS-CoV-2 (the cause of COVID-19) to clean high-touch surfaces (including buttons, handholds, pull cords, rails, steering wheels, door handles, shift knobs, dashboard controls, and stanchions).
  - (c) Dust- and wet-mop vehicle floors
  - (d) Remove trash
  - (e) Wipe heat and air conditioner vents



- (f) Spot cleaning walls and seats
  - (g) Dust horizontal surfaces
  - (h) Clean spills
  - (i) If soft or porous surfaces (e.g. fabric seats, upholstery, carpets) are visibly dirty, clean them using appropriate cleaners and then disinfect soft or porous surfaces using EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2
  - (j) Staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills
7. Cleaning, Sanitizing, and Disinfecting After a Potential Exposure in Day Program – If a program suspects a COVID-19 potential exposure, the must conduct cleaning and disinfecting as follows: \_
- (a) Close off areas visited by the participant or staff suspected of COVID-19. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection. Programs must plan for availability or alternative space while areas are out of use.
  - (b) Cleaning staff must clean and disinfect all areas (such as offices, bathrooms, common areas, shared electronic equipment, etc.) used by the suspected COVID-19-infected person, focusing especially on frequently touched surfaces.
8. Additional Considerations -
- (a) Programs must comply with OSHA’s standards on Blood borne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste and PPE (29 CFR 1910.132).
  - (b) Programs shall follow CDC infection control guidelines:
    - a. Non-latex gloves shall be provided and used for the clean-up of blood and bodily fluids
    - b. Used gloves and any other materials containing blood or other bodily fluids shall be thrown away in a lined, covered container. Only material saturated/ dripping with blood is considered medical waste and must be stored and disposed of pursuant to any regulations. Materials such as Band-Aids, tissues and others with minimal blood are not considered medical waste and can be placed in regular garbage.
    - c. Contaminated clothing will be sealed in a plastic container or bag, labeled with the participant/staff’s name, and returned home with the participant at the end of the day.
    - d. Sharps waste shall be stored and disposed of in appropriate containers.

## **6. Hygiene and Health Practices (Policy #905)**

**Policy** It is the policy of PRIDE, Inc. to promote hygiene and health practices to protect staff and participants from COVID-19 transmission. In order to do so, PRIDE, Inc. will provide resources, supplies, and guidance on hygienic and health-conscious practices and will ensure staff and participants are utilizing these resources and supplies and employing these practices while on the premises.

### **Procedure**



1. Handwashing facilities, equipped with soap and water, are readily accessible to all participants and staff. Handwashing instructions are posted near every handwashing sink in clear view.
2. Hand sanitizer with at least 60% alcohol will be utilized at times when handwashing is not available, and/or in between handwashing.
3. Hand hygiene stations, equipped with at least 60% hand sanitizer, are set up at the entrance to the premises and all participants and staff will be required to clean their hands upon entry to the building.
4. Staff and participants will be signed-in by the individual who is screening them in order to avoid sign-in stations which involve communal use of pens and papers.
5. Handwashing shall occur, at a minimum, during the following instances:
  - upon entry into and exit from program space
  - when coming into the program space from outside activities
  - before and after eating
  - after sneezing, coughing or nose blowing
  - after toileting
  - before handling food
  - after touching or cleaning surfaces that may be contaminated
  - after using any shared equipment like (e.g. keyboards, mouse, common printers, etc...)
  - before and after administration of medication
  - before entering and after exiting vehicles used for transportation of participants
  - after contact with facemask or cloth face covering
  - before donning and after doffing gloves
6. Participants and staff must avoid touching their eyes, nose and mouth whenever possible.
7. Sneezes or coughs should be covered with a tissue (or inside of elbow) – tissue should immediately be thrown in the trash and sneezing and coughing will be followed-up immediately with hand washing.
8. Handwashing will be taught, modeled, and reinforced on a regular basis with visual steps posted.
9. Sharing of food and drinks will not be allowed.

## **7. MEDICATION ADMINISTRATION FOR TREATMENT OF INDIVIDUALS WITH RESPIRATORY DISEASES & OTHER CHRONIC DISEASES (POLICY # 906)**

**POLICY:** PRIDE, Inc. acknowledges the elevated COVID-19 risks of individuals with respiratory diseases and other chronic illnesses. It is the policy of PRIDE, Inc. to ensure safety of staff and participants in the administration of nebulizers and inhalers.

### **PROCEDURE:**

Participants who have symptoms of COVID-19 should not attend PRIDE, Inc. Symptoms of respiratory diseases and COVID-19 may overlap, including cough and shortness of breath. Therefore, participants experiencing complications with respiratory diseases (e.g. acute asthma attacks, COPD exacerbations, etc.) should not be attending PRIDE, Inc. without approval by a healthcare provider; if complications arise at PRIDE Inc., a participant may need a bronchodilator treatment before being sent home or



before an ambulance arrives. The American Lung Association's Model recommends using inhalers with disposable spacers/mouthpieces and nebulizers with disposable tubing with mask/mouthpieces. Inhalers and nebulizers should be used and cleaned according to the manufacturer's instructions.

- During COVID-19 pandemic, respiratory disease treatments using inhalers with spacers (with or without face mask, according to each participant individualized treatment plan) are preferred over nebulizer treatments whenever possible.
- During this COVID-19 pandemic, nebulizer treatments at PRIDE, Inc. should be reserved for participants who cannot use or do not have access to an inhaler (with or without spacer or face mask).
- Nebulizer use will only occur in an outdoor area or room separate from all other participants that has a door that can close. The nurse who is assisting with the nebulizer treatment must done appropriate personal protective equipment (PPE), including N95 mask, gloves, and eye protection.
- During this COVID-19 pandemic, if a nebulizer treatment or use of peak flow meter is necessary at PRIDE Inc. for a participant, the number of people present in the room should be limited to the participant and the nurse administering the treatment or peak flow meter. After the nebulizer treatment or use of peak flow meter, this room should undergo routine cleaning and disinfection. This includes leaving the room empty with the door closed and if possible opening a window for at least 30 minutes prior to thoroughly cleaning, as the use of a nebulizer can increase risk of the virus being aerosolized.

## **8. Protocols for a Symptomatic or Positive Case**

### **ISOLATION FOR DISCHARGE OF SICK PARTICIPANTS & STAFF POLICY (POLICY #907)**

**POLICY:** It is the policy of PRIDE, Inc. to plan for, and take action when a staff or participant becomes sick with COVID-19 symptoms. PRIDE INC.- designated staff will isolate and discharge any staff or participant who is exhibiting mild to moderate symptoms of COVID-19 and will direct them on how to seek care and testing and who to follow-up with in order to return to PRIDE, Inc. Emergency services will be sought if a staff or participant exhibits severe symptoms. This policy will outline the procedure for staff to identify, isolate, and discharge sick participants and staff or when to seek emergency services in the case of severe symptoms.

### **PROCEDURE**

#### **A. PLANNING FOR ISOLATION AND DISCHARGE:**

1. A designated isolation room to separate and isolate participants will be utilized for any person who becomes sick. The isolation room can be seen on the building layout in *Figure 1* below (highlighted in yellow). Isolated participants must be provided with, and don appropriate PPE as tolerated (facemask, face shield, gown, and gloves) and be supervised at all times. Supervising staff must only enter the isolation room with the same appropriate PPE (facemask, face shield, gown, and gloves). Supervising staff will open the window in the isolation room and position themselves in the opposite corner of the room from the sick individual. The nurse will be notified.



2. In the event the isolation room is occupied or the sick/symptomatic individual is very close to an alternate exit (different from the main egress), the sick/symptomatic individual will be escorted to a safe outside area (weather permitting).
3. The emergency back-up plan for staff coverage will be activated to replace the staff supervising the individual in isolation.
4. The individual's emergency contact(s) will be notified and they will be required to pick up the individual immediately as long as emergency services are not required. If the individual is experiencing a medical emergency (difficulty breathing, chest pain, or the need for CPR) 911 will be called.
5. Once the individual's emergency contact(s) arrives, COVID-19 information materials (outlining their need to contact their health care provider, where they can obtain testing, and proper self-quarantining and self-isolating procedures) will be distributed to them.
6. PRIDE's communication strategies and management of information regarding the sick/symptomatic individual will be conducted as outlined in the *Information & Sharing Guidelines with Participants and/or Caregivers or Guardians* policy.

**FIGURE 1 – BUILDING LAYOUT HIGHLIGHTING ISOLATION ROOM**



**B. IF A PARTICIPANT BECOMES SYMPTOMATIC:**

1. Immediately provide PPE to participant (face mask and face shield – as tolerated by participant, gloves, and gown) and supervising staff and isolate participant.
2. Contact the participant’s emergency contact(s) to inform them of their immediate need to be picked up.
3. Provide participant and emergency contact(s) with information on contacting their healthcare provider, testing, and self-quarantining and self-isolating procedures.

**C. IF A STAFF BECOMES SYMPTOMATIC:**

1. If a staff becomes symptomatic, they must cease duties immediately, be provided appropriate PPE (face mask and face shield – as tolerated, gloves, and gown) and be isolated until they can leave.
2. Staff must regularly self-monitor throughout the day to screen for new symptoms.
3. If new symptoms are detected among a staff, follow the steps outlined in this policy above (Sections A and B).



**D. IF A PARTICIPANT OR STAFF CONTRACTS COVID-19:**

1. Sick or symptomatic participants or employees who are COVID-19 positive, symptomatic, or presumed to have COVID-19 must not return to day program until they have met the criteria for discontinuing home isolation *and* have consulted with a healthcare provider, in accordance with DPH guidance. Determine the date of symptom onset for the participant/staff. Determine if the participant/staff attended/ worked at the program while symptomatic or during the two days before symptoms began. Identify what days the participant/staff attended/worked during that time. Determine who had close contact with the participant/staff at the program during those days (staff and other participants).
2. If the individual tests positive for COVID-19 but is asymptomatic, isolation may be discontinued when at least 10 days have passed from the date of the positive test, as long as the individual remains asymptomatic.
3. If the individual tests positive for COVID-19 but is symptomatic, isolation may be discontinued after at least 10 days have passed since symptoms first appeared (onset date of symptoms would be considered “day zero”) AND at least 3 days (72 hours) have passed since recovery (resolution of all symptoms without the use of fever-reducing medications).

**E. NOTIFYING REQUIRED PARTIES:**

In the event that a program experiences an exposure, programs must notify the following parties...

1. Employees and participants and/or caregiver/guardians should be notified about exposure but maintain confidentiality.
2. Taunton Board of Health if a participant or staff has tested positive.
3. Funding and licensing agencies if a participant or staff has tested positive.

**F. SELF-QUARANTINING AND SELF-ISOLATING FOLLOWING EXPOSURE OR POTENTIAL EXPOSURE:**

1. If a participant or staff has been exposed to COVID-19, regardless of whether the individual has symptoms or not, the participant or staff must not be permitted to enter the program space and must be sent home. Exposed individuals must be directed to stay home for at least 14 days after the last day of contact with the person with COVID-19. The program must consult the Taunton Board of Health for guidance on quarantine for other participants and staff and what additional precautions will be needed to ensure the program space is safe for continued services.
2. If an exposed participant or staff subsequently tests positive or their healthcare provider reports they have confirmed or probable COVID-19, they must be directed to stay home for a minimum of 10 days from the 1<sup>st</sup> day of symptoms appearing AND be fever-free for 72 hours without fever reducing medications AND experience significant improvements in symptoms. Release from isolation is under the jurisdiction of the local board of health where the individual resides.



- G. IF AN EXPOSED PARTICIPANT REMAINS ASYMPTOMATIC AND/OR TESTS NEGATIVE FOR COVID-19:  
If the exposed individual remains asymptomatic and/or tests negative for COVID-19, they must remain in quarantine and continue to monitor for the full 14 days.
- H. IF EXPOSED STAFF REMAINS ASYMPTOMATIC AND/OR TESTS NEGATIVE FOR COVID-19:  
If the exposed individual remains asymptomatic and/or tests negative for COVID-19, they may continue working in accordance with the CDC guidelines.

### 9. Testing (Policy #908)

**Policy** PRIDE will have a comprehensive plan to educate and train both staff and participants on the following: Education, Communication, Tracking, Contact Tracing and Locations to obtain a test for Covid-19.

#### Procedure

- (a) **Educate.** Educate your staff, participants and participants family/caregivers/guardians about testing, when and how to schedule a testing appointment, and where they can get tested. Massachusetts COVID-19 testing information can be found online: <https://www.mass.gov/info-details/about-covid-19-testing>
- (b) **Communicate.** In the event that a participant or staff tests positive for COVID-19, all staff and participants who have had close contact with them should be tested ASAP. Programs should have a plan in place for how they would communicate to all appropriate individuals about possible exposure and testing resources, while maintaining the confidentiality of the person who was confirmed COVID-19 positive.
- (c) **Track.** Keep Logs of participants and staff who have been tested, when they were tested, and the results of their tests should be maintained as best as possible.

### 10. PPE--Personal Protective Equipment (Policy #909)

**POLICY** It is the policy of PRIDE, Inc. to outline requirements on the use of personal protective equipment (PPE) as it pertains to staff and participants during program hours and while on the PRIDE, Inc. premises. PPE includes (but is not limited to): facemasks, face coverings, face shields, gloves, isolation gowns, and eye protection. PPE necessary to comply with program requirements will be made available to staff and participants. PRIDE, Inc. will have appropriate PPE available at all times (see Plan for Procurement of PPE). Staff will be trained on the CDC guidance for the donning and doffing of PPE and signs will be posted.

#### PROCEDURE

##### 1. Facemasks and face coverings (staff):

- a. Assist in slowing the spread of COVID-19 and must be worn by all staff at all times while they are in the building (unless alone in their own office) or outside the building within 6 feet of others.
- b. Transparent face coverings will be utilized when possible.



- c. Facemasks (**not** face coverings) must be worn by staff providing **any** direct contact assistance (e.g. assistance with activities of daily living). Face coverings should only be used when face masks are unavailable.
2. Facemasks and face coverings (participants):
    - a. Assist in slowing the spread of COVID-19 and must be worn by participants who can safely and appropriately wear, remove, and handle masks.
    - b. Facemasks and face coverings do **not** need to be worn while engaging in outdoor activities if participants are able to keep physical distance of at least 6 feet from others.
    - c. Participants must be supervised when wearing a facemask or covering and staff must evaluate appropriateness of this type of PPE for participant based on their tolerance for it (touching face frequently, having trouble breathing with it on, etc.)
  3. Facemasks and face coverings (general):
    - a. Ensure proper donning and doffing of mask (grasping by ties or ear loops and not front of mask) and washing of hands before and after touching mask
    - b. The importance of wearing face masks/coverings in public and within 6 feet of others, as well as the proper use, removal, and washing of cloth face coverings will be taught and reinforced
  4. Use of Face Masks/Coverings (may include, but not limited to):
    - a. Individuals who cannot safely and appropriately wear, remove and handle masks
    - b. Individuals who have difficulty breathing with the face covering or who are unconscious, incapacitated, or otherwise unable to remove the cover without assistance
    - c. Individuals with severe cognitive or respiratory impairments that may have a hard time tolerating a face mask
    - d. Individuals where the only option for a face covering presents a potential choking or strangulation hazard
    - e. Individuals who cannot breathe safely with a face covering, including those who require supplemental oxygen to breathe
    - f. Individuals who, due to a behavioral health diagnosis or intellectual impairment, are unable to wear a face covering safely; and
    - g. Individuals who need to communicate with people who rely upon lip-reading or use of their mouth for adaptive equipment
  5. Gloves:
    - a. Handwashing should occur before donning gloves and after doffing gloves
    - b. Gloves should be worn whenever preparing food, assisting with activities of daily living, and/or any activity requiring direct contact with participants or others
    - c. Gloves should be disposed of after visible soiling or contamination with bodily secretions or damage to integrity (holes/degradation)
    - d. Gloves should be removed between activities and should never be reused once they have been removed

6.



7. Isolation Gowns:

- a. Isolation gowns should be worn whenever contamination of clothing from bodily fluids can be anticipated or when within 6 feet of distance of an individual who has a suspected or known case of COVID-19.
- b. Gowns should be disposed of following use.

8. Eye protection:

- a. Goggles, safety glasses, and face shields provide protection to eyes and one of these forms of eye protection should be worn whenever contamination from bodily fluids into eyes can be anticipated or when within 6 feet of distance of an individual who has a suspected or known case of COVID-19.
- b. Disposable eye protection should be disposed of immediately following interaction with individual. Reusable eye protection should be properly cleaned, disinfected, and sanitized and is **not** to be shared.

**11. Strategies to Reduce Risk of Transmission of COVID-19 (Policy #910)**

**Policy** It is the policy of PRIDE, Inc. to educate, train, and provide opportunities on reducing the risk of transmission of COVID-19. Appropriate personal protective equipment and hand hygiene are discussed in other policies. Social distancing of 6 feet (per the Center for Disease Control guidelines) also reduces the risk of transmission. The following procedure outlines ways in which PRIDE, Inc. promotes and adheres to this policy.

**Procedure**

Social Distancing

1. Program spaces are organized such that participants and staff will be able to maintain consistent social distancing guidelines.
2. Programs will enforce that all participants and staff maintain at least 6 feet of distance from each other at all times on premises and with outdoor activities (entry into and exiting from building, waiting for bathrooms, using transportation, during group activities, etc...) unless assistance or direct contact is **required** for any reason (e.g. activity of daily living, first aid, etc...).
3. Programs will prohibit hand-holding, hand-shaking, hugging, kissing, and other forms of direct and mediated contact.
4. Drop-offs and pick-ups will be managed such that they are staggered.
5. Individuals will have their own storage space for personal items to avoid contact between individual's belongings.
6. Single participant-assigned materials will be provided as much as possible in order to prevent sharing of items. If items must be shared or touched by multiple individuals, the items will be cleaned and disinfected between uses.
7. No events will be hosted that will encourage non-essential individuals and any gatherings or events that do occur will abide by state and local gathering mandates.
8. Safe vendor deliveries with non-contact delivery options will be provided by PRIDE Inc.
9. PRIDE Inc. will, where possible, arrange for administrative staff to telework from home.



## **12. TRAINING/COMPLIANCE MONITORING (Policy #911)**

**Policy** It is the policy of PRIDE to provide staff with comprehensive training on all policies implemented as a result of COVID-19 as well as any other relevant training. PRIDE will provide agency mandated trainings and all Executive Office of Health and Human Services (EOHHS) mandated trainings.

### **Procedure**

1. In addition to EOHHS agency mandated trainings, PRIDE, Inc. staff will be trained and oriented in the following areas:

- Social distancing in a congregate setting
- PPE (when and what type to wear, donning, doffing, disposal, maintenance)
- Cleaning, sanitizing and disinfecting
- Screening and monitoring of signs and symptoms of COVID-19
- Transporting participants safely and vehicle disinfection protocols
- Hand washing protocols
- Agency communication plan for reporting symptomatic cases of both staff and participants
- Sanitizing and disinfecting
- Entrance and exit procedures (staff and persons served)
- Bathroom use
- Traffic flow of Individuals and Staff
- Kitchen and communal area usage
- Classroom and materials
- Activities outside of building
- Covid-19 testing information
- Isolation procedures

2. Participants will receive ongoing education and training on the following specified topics:

- PPE
- hygiene and hand washing
- social distancing
- cleaning, sanitizing, and disinfecting

## **13. Meals and Food Preparation (Policy #912)**

**Policy** It is the policy of PRIDE, Inc. to provide a safe and healthy environment, particularly surrounding the preparation, serving, delivery, and handling of food. Staff will be diligent in adhering to this policy during meal and snack time and any other time where food is present.

### **Procedure**

1. Snacks should be pre-packaged or ready to serve in individual portions to minimize handling and preparation. Meals shall not be served family style.
2. Cafeterias and dining rooms will be avoided. Participants will eat at socially distant spaces – a minimum of 6 feet away from the next person.
3. Multiple participants shall not use the same serving or eating utensils. Each participant must have an individual cup to use.
4. Sinks used for food preparation must not be used for any other purpose.



5. Staff and participants must wash hands prior to and immediately after eating. It is the responsibility of staff to ensure participants do this.
6. Staff must wash their hands before preparing food and after assisting participants with eating.
7. Gloves must always be worn during food preparation, food handling, or while assisting a member to eat. Wash hands or use hand sanitizer before donning gloves and after doffing gloves.
8. Tables and chairs used for meals must be cleaned and sanitized before and after use.
9. All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of food products must be washed, rinsed and sanitized before each use. Additionally, programs must frequently clean non-food contact surfaces, such as doorknobs, tabletops, and chairs. Use sanitizers approved the by EPA for use against COVID-19 and for food-contact surfaces.
10. All reusable dishes and utensils should be washed in a dishwasher or in warm soapy water.
11. When disinfecting for coronavirus, EPA recommends following the product label use directions for enveloped viruses, as indicated by the approved emerging viral pathogen claim on the master label. If the directions for use for viruses/viricidal activity list different contact times or dilutions, use the longest contact time or most concentrated solution. Be sure to follow the label directions for FOOD CONTACT SURFACES when using the chemical near or on utensils and food contact surfaces.

#### **14. Communication Systems (Policy #913)**

PRIDE will make accessible an array of systems for communication inside the building between staff, Nursing & Senior Leadership. Phones are available in all set stable groups. In addition, all staff will have access to Walkie-Talkie systems that all leadership & nursing will have access to. All management will have the same device day in and day out.

Both The Assistant Executive Director & Executive Director will be the key point of contact. Along with these employees The Health Care Supervisor will not only serve as one of the main points of contact but will also be corresponding with both city & state governances.

#### ***External.***

All information will be shared with families, State agencies, & Caregivers via a phone call or email.

#### **Information & Sharing Guidelines with Participant's and/or Caregivers or guardian's (Policy #914)**

**POLICY:** A system to check with the participant and/or caregivers/guardians daily on screening all participants and staff upon arrival to the program.

#### **PROCEDURE:**

1. PRIDE will ensure information and communication can be provided in the primary languages spoken by the participant and/or caregivers/guardians.



2. PRIDE will obtain emergency contact information for all participant's email addresses, and home, work, and mobile phone numbers from caregivers/guardians of participants at the program so that the program can reach them at any time.
3. PRIDE will provide all participants and/or caregivers/guardians with information on COVID-19 including symptoms, transmission, prevention, and when to seek medical attention. Encouraging caregivers/guardians to share discuss the information with the participants as appropriate.
4. PRIDE will provide all participants and/or caregivers/guardians with information on the program's policies for preventing and responding to infection and illness.
5. When necessary/appropriate, providing caregivers/guardians with guidance on how to share information with the participants in appropriate ways and encouraging caregivers/guardians to share the information with the participant, as appropriate.
6. The Senior Leadership will be responsible for sharing information with participants and/or caregivers/guardians if an exposure occurs, and how that information will be communicated

#### **14. ABSENCE'S & ATTENDANCE GAPS (POLICY 915)**

**POLICY:** PRIDE will have a comprehensive plan to handle all program closings, staff absences and gaps in participant's attendance.

**PROCEDURE:**

1. Senior Leadership will alert all local health officials about large increases in participant and staff absences or substantial increases in respiratory illnesses (like the common cold or the "flu,"
2. These symptoms may be similar to symptoms of COVID-19 but PRIDE will treat all symptoms universally.
3. On a daily basis an attendance sheet will be taken for all programs and staff. All absences will be noted on a spread sheet. Anyone out of work for more than 3 days will be communicated with Senior Leadership. A phone call will go out to individuals missing work to be sure they are ok.
4. Any absence of more than 3 days will need a doctor's note to return. A doctor's note may be required if an individual is out for any length of time due to Covid-19 symptoms. This is at the discretion of the Senior Leadership team.
5. The Senior Leadership will be meeting daily to discuss any gaps in attendance for both participants and staff.
6. All Set Stable Groups (POD) will close immediately if someone becomes symptomatic within the group. The POD will remain closed until person is tested with a Negative Covid Test

#### **15. Transportation (Policy #916)**

**IMPORTANT: For program-based transportation not provided through the EOHHS Human Service Transportation (HST) brokerage system, vendors must meet all health and safety requirements and service standards established by EOHHS HST.**



## POLICY

Pride Inc. will provide transportation services that adhere to the guidelines issued by The Executive Office of Human Services. Programs utilizing vendors, HST and/or the PT-1 demand-response transportation shall confirm that the following protocols are in place.

## PROCEDURE

Transportation usage:

1. It is the expectation that participants and/or caregivers will screen for COVID-19 prior to boarding a PRIDE Inc. vehicle.
2. Social distancing of 6ft will be maintained at all times in a PRIDE vehicle without barriers. Space will be maximized between riders by having only one rider per seat in every other row. There will be no rider behind the driver. All drivers and riders will wear masks or face coverings at all times while in the vehicle. If possible, windows will be kept open. If not possible or comfortable to open windows, the ventilation system will be set to high. Conditioned air will not be recirculated.
3. Screening Protocols: All drivers and riders will be screened by a designated screener following all PRIDE Inc. screening guidelines. please see guidelines 913.
4. Routine Cleaning of vehicles: The interior of each PRIDE Inc. vehicle will be cleaned and either swept or vacuumed thoroughly after each route and disinfected after each transport. Cleaning will be as listed below:
  - a. the area will be cleaned prior to disinfection to remove all surface matter.
  - b. PRIDE will use EPA-Registered Products for Use Against Novel Coronavirus SARS-CoV-2 to clean high- touch services, including buttons, handholds, pull cords, rails, steering wheels, door handles, shift knobs, dashboard controls, and stanchions.
  - c. Dust and wet mop vehicle floors.
  - d. Remove trash.
  - e. Wipe down heat and air conditioner vents.
  - f. Spot clean walls and seats.
  - g. Dust horizontal surfaces.
  - h. Clean spills.
  - i. If soft or porous surfaces (e.g., fabric seats, upholstery, carpets) are visibly dirty, PRIDE staff will clean them using appropriate cleaners and then disinfect soft or porous surfaces using EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2.
  - j. Staff will be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills.
  - k. If a driver is sick they must stay home or will be sent home if he/she becomes sick while on shift. PRIDE will not schedule any staff to work if they are sick.



Transportation for Participants: To ensure that participants who rely on transportation will be able to access program services, the following transportation protocols will be followed:

- a) Screenings must be conducted before participants, vehicle drivers, and vehicle staff board the PRIDE van.
- b) Transportation practices will adhere to social distancing guidelines, as discussed above.
- c) Vehicle pick up and drop off must be adjusted to meet social distancing guidelines.
- d) PRIDE will coordinate with residential and housing programs to ensure the transportation procedures align with protocols that housing and residential programs may have established to ensure the safety and social distancing of participants when residents prepare for pickup and drop off.