



# South Carolina Department of Disabilities and Special Needs

COVID -19 Day Program Re-opening Guidance – May 2020

## Acknowledgement:

DDSN developed this guidance in collaboration with agencies providing facility based day services. Acknowledgement and thanks is extended to the following: Disabilities Board of Charleston Co., Dorchester County Disabilities & Special Needs (DSN) Board, Programs for Exceptional People (PEP), Georgetown Co. DSN Board, Horry Co. DSN Board, Pickens Co. DSN Board, Thrive Upstate, MaxAbilities, Adult Enrichment Program, Tri-Development Center, and United Cerebral Palsy (UCP) of SC. Some resources were also obtained from other states through the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and credit is given within those resources.

## Overview:

This guidance is intended to serve as a resource to aid agencies in planning to reopen and or maintain operations during the COVID-19 pandemic. The emphasis on sharing strategies to maintain optimal health and safety of our workforce and those served is our primary purpose for this publishing this document. The guidance was developed using input from agencies within our network and information concerning COVID-19 current as of May 30, 2020. *Each agency is unique and faces their own set of challenges.* Providers can use this tool to help ensure every potential hurdle is addressed, but this guide is not meant to be exhaustive or prescriptive. In recognizing the voluminous amounts of information that is available and the limited time of the reader, this guide will attempt to be as succinct as possible.

## Format:

The document is formatted in phases:

1. Planning the Re-Open
2. Opening
3. Contingencies for future outbreak

While the steps are designed to include considerations in each phase, the document should also be viewed as a whole, and an entire plan should be created initially with the knowledge that it will be fluid and adaptable.

In each phase evaluating the following items/areas should be considered:

- a. Attendance and Staffing
- b. Communication
- c. Screening Process
- d. Facility Changes
- e. Transportation
- f. Changes in Service Provision
- g. Personal Protective Equipment

## Phase 1: Planning the Re-Open

In this phase agencies are planning the reopening and should consider all of the information below when creating a plan.

County Surveillance Data - every agency faces different challenges and has different local ordinances and requirements. It is critical to look at your population, your staff, and the geographic area(s) of operation when developing plans. Re-opening plans may be similar to some degree, but must be specific to your situation in order to be effective.

### Attendance and Staffing

- Who can be served?
  - o Assessment ([Example 1](#), [Example 2](#)) to determine interest, accessibility and viability of attendees
    - Case Management (if available) could assist with assessing as a billable activity.
    - If the individual is unwilling to return, CM should assist with obtaining other services
  - o Census (How many attendees will come during each phase?)
    - Layout and size of facility will impact numbers
    - Allow for social distancing of staff and attendees ([CDC Info](#))
    - Can operation be done in “shifts” to increase ability to serve (with sanitation between shifts)?
    - Consider alternate day scheduling (A days/B days)
    - Return schedule for residential vs. community
  - o Statement of Risk ([Example](#)) to inform families and attendees of exposure risk
- Staffing
  - o Identify staff that are available due to other agency changes
  - o How many staff is needed based on expected attendance level?
  - o Keep staff stable, avoid moving them around, keep them working with same individuals and area

### Communication

- Who are the key stakeholders? (Individuals served & their families, staff, oversight agencies)
  - o Make a list for each person who would need to be contacted if symptomatic
  - o Know primary contact for scheduling and transportation for each attendee
  - o Ensure stakeholders are kept informed in order to help them feel safe and to avoid misinformation/miscommunication
- Create a communication map to show which stakeholders would need to be contacted for various changes, information, or if the individual or family are determined to be symptomatic
- Keep re-opening communication clear, but avoid making commitments that may have to be changed (Ex: specific dates for opening)
- Duty to report:
  - o Confirmed Cases: Each agency has a duty to report to DHEC with protocols outlining under what conditions COVID-19 must be reported

- Exposure: if anyone at a facility is potentially exposed to COVID-19, they should be informed. Communication is ideally such that any employee or participant who has been exposed or possibly exposed to the virus reports this to the agency so any necessary precautions be taken
- Communicate with suppliers of PPE and cleaning products to help them anticipate need and build that relationship
- Alternatives to standard PPE (rain ponchos, homemade masks, etc.)
- Cleaning procedures/chemicals suppliers

### Screening Process

- [CDC Symptom Guide](#)
- Encourage self-screening prior to pick up/leaving the home
  - Provide screening checklist to attendees or families ([Example](#))
  - Communicate way(s) to communicate with provider if attendee or family becomes symptomatic
- Employee self-screening prior to reporting to work and/or before entering service area
  - Self-screening tool to report and track screening
  - Ensure family members of staff are healthy (if not, they should not report to work)
- What processes are you putting in place prior to entering the building?
- What are your requirements going to be should someone not pass the test at the door?
- Does everyone know what the rules are prior to arriving at the facility?
- Are individuals able to understand the guidance; will they follow the safety guidance and rules?
- Steps to take when staff are screened as symptomatic at any time (See communication steps and contingency steps)
- Log of anyone who comes into building in case of exposure

### Facility Changes (Engineering Controls):

- Will physical barriers be needed in the facility?
  - At workstations? Sneeze guards?
  - Increase spacing to ensure workstations are six feet apart?
  - Grouping of attendees and staff to avoid mingling and control/track interactions?
  - Airflow patterns? Does an HVAC blow directly from one person to another and create airflow that might increase risk?
- Bathrooms
  - Monitor traffic and limit occupancy
  - Clean stalls between use
- Mechanical Devices: Portable HEPA filters and ionized filtration devices are options for consideration. There are two types of ionized filtration devices – Corona and Bi-Polar. Bi-polar ionization is the one that is preferred. Typical cost is \$850 per AC unit (residential unit)
- Professional cleaning: Ultraviolet lights and/or broad spectrum spraying/misting is available from any company that you might use for fire or mold elimination (Ex: Bio pure: \$.12 a foot, Rainbow International \$.18 sq. foot and \$85.00 for technician)
- UV filters
- DDSN Engineering staff can provide guidance and assistance in this area ([ATharin@ddsn.sc.gov](mailto:ATharin@ddsn.sc.gov))
- List of vendors for cleaning and engineering controls (most mitigation companies who do professional cleaning for water, fire, or mold damage can also do disinfecting type cleanings):

- Rainbow International - \$0.18/sq.ft. + \$85/hour/tech
- Belfor - Never got a price
- Servpro - Never got a price
- BioPure - \$0.12/sq.ft.

\*\*This does not constitute an endorsement by DDSN for any of the providers listed.

## Transportation

- How will transportation be provided since it is required as part of the service?
  - Stipend for families (no set amount, negotiate with families, consider IRS mileage rate as baseline)
  - Altered routes/capacity on vans
    - Maintain social distancing in Vans as much as possible
    - Feedback from providers has been an average of 3-4 passengers per van plus driver
  - PPE in vehicles
  - Sanitation of vehicles – after each route/trip
  - Assigned seat on vehicle for duration to avoid cross contamination
- Consider the route and logistics – where individuals live, max capacity on vehicles due to social distancing, increased cost due to lower capacity and more trips
- Consider transportation in your initial assessment of who will attend

## Changes in Service Provision

- Will you require masks to be worn? How will they be provided? See PPE section.
- Workstation and building layout consideration to prevent infection
- Dealing with underlying medical conditions - Consider underlying medical conditions, for both individuals and staff
- Floor stickers or signage to increase awareness (Examples: [Social Distancing](#), [Hand Washing](#), [Masks](#))
  - Use smaller stickers to illustrate the distance of 6ft
  - Also can use various media to help keep social distancing in mind ([songs](#), videos, etc.)
- Meals and meal prep
  - Where will attendees eat?
  - How will food/lunchboxes be stored and distributed?

## Personal Protective Equipment

- Consider what PPE is appropriate
  - Masks may not be required constantly if individual is fairly isolated in workspace and needs a “break”. Use common sense to mitigate risk while working with each individual
  - Masks should be required while transporting with other people (in a confined space)
- Training in its proper use for staff and attendees ([Link to CDC Training](#))
- Compliance – “practice” wearing at home could be considered for attendees
- Procurement and Burn Rate –
  - Calculator online to determine need ([Link](#))
  - Staff and attendee usage – will you provide PPE for attendees or require bring from home?
- List of PPE vendors that DDSN has located: ([Link](#))

- Be aware the IR thermometers may give false readings due to external temperatures (cool breeze or hot sun)

## Phase 2: Opening

Additional things to consider and remember (or plan for) once opening has occurred

### Attendance and Staffing

- Same as Phase 1

### Communication

- Regular updates to families to reassure them of activities.
- Have method for staff to contact facility if sick before shift and plan to call in reserve support

### Screening Process

- Same as Phase 1

### Facility Changes

- Develop and maintain a cleaning and disinfecting schedule for all areas of workplace
  - o Attendee work areas and surfaces
  - o Staff work areas and surfaces (computer keyboards/tablets)
  - o Commonly touched areas (light switches/handles/grab bars)
- Provide EPA approved disinfectant ([Link to EPA information](#))
- Train staff on proper disinfecting procedures/times.
- CDC Information on Cleaning and Disinfection: ([Link](#))
- Ensure all sinks have soap available and paper towels
- Employees should frequently wash their hands and/or use hand sanitizer

### Transportation

- Monitor routes for optimization
- Keep same individuals with same drivers to minimize contacts

### Changes in Service Provision

- Be aware of needed adjustments
- Allow staff clear avenue to provide feedback

### Personal Protective Equipment

- Monitor supply regularly
- Reorder as needed
- Sanitize/re-issue/disposable?

## Phase 3: Contingencies for Infection Control & Prevention

In addition to the steps and ideas above, plans should be developed for the possibility that an individual who had previously attended (or a staff member) informs the provider that they are symptomatic and/or confirmed to have COVID-19. Additionally a plan should be in place if an individual (staff or attendee) becomes symptomatic while at the facility.

### Attendance and Staffing

- Utilize entry logs to discover individuals potentially affected.
- Have reserve staff in place if needed

### Communication

- Communication to all staff/attendees and their families
- Communication to appropriate agencies (DDSN, DHEC, etc.)

### Screening Process

- Ensure screening continues as long as staff and attendees are entering the building for any reason (even if programming is paused)

### Facility Changes

- Isolated/Quarantine room for cases of individual(s) becoming symptomatic and needing to be isolated prior to pick up.
- Tracking/limiting contacts while in the facility in order to limit spread and notify individuals in contact with symptomatic individual

### Transportation

- Plan for transporting individual who is symptomatic/agreement from family to pick up within specified time period.
- Consider Internal Revenue Service (IRS) standard mileage rate as a baseline

### Changes in Service Provision

- Plan for notification of cessation of operation as a worst case scenario
  - o Contingency for staff to remain working (if possible)
  - o Consider if entire facility needs to close or only those in contact with the symptomatic individual need to remain home for short period
- Could off site provision of service be provided for those who were in close contact with symptomatic person in a way that protects the bigger group?

### Personal Protective Equipment

- Ensure high quality PPE on site to protect staff that has to care for symptomatic individual
- Training in proper donning/doffing is emphasized regularly

## OTHER CONSIDERATIONS

Individual who had previously been attending is reported to be infected/symptomatic:

- Communication to all staff/attendees and their families
- Communication to appropriate agencies (DDSN, DHEC, etc.)
- System in place to monitor results of tests and/or the outcome and wellbeing of staff/attendee
  - o Check in phone calls? (use Case Managers?)
  - o Plan to bring them back after symptom free for 2 weeks?

Individual who passed screening becomes symptomatic during service provision:

- Isolation of individual who is symptomatic
- Track action of that individual that day to mitigate spread
- Additional, more protective, PPE on hand for staff that may be needed to care for individual until removed from facility.
- All of the steps listed in previous section regarding a confirmed case

## Resource Links

These are some resources that can be beneficial in staying up to date on the changing information. It is recommended that you familiarize yourselves with these sites and check them regularly.

- [CDC.gov](https://www.cdc.gov)
- [CDC.gov/NIOSH](https://www.cdc.gov/niosh)
- [DHEC](https://www.dhec.ga.gov)
- [WHO](https://www.who.int)
- [SCDHHS](#) (subscribe to bulletins)
- [Governor McMaster's Executive Orders](#)
- [Labor, Licensing, Regulation](#)