

**DAY PROGRAM INFECTION CONTROL
PROTOCOLS & GUIDANCE
7.13.21**

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PARTICIPANT PLANNING PRIOR TO RE-OPENING

1. **Return to Program Survey** completed by enrolled participants & involved external stakeholders regarding the willingness and ability for each participant to return to site-based day programming.
 - a. The survey collected information regarding the status of each participant's possible return to program and what safeguards they would prefer to have in place prior to their loved ones return.
 - b. Questions about transportation and stakeholders/caregivers' current abilities to provide transport short and long term as well as each participant's personal needs.
 - c. Questions about virtual programming and stakeholders/caregivers/participants impressions of this program modality also included to determine interest in ongoing remote and hybrid (remote & site based) day services.
 - i. All participants that responded affirmatively to returning immediately or within the first two weeks of the program being open were contacted and the Risk/Benefit Discussion Tool was then presented as well.
 - ii. **Return to Program Risk/Benefit Stakeholder Interview** completed by the identified agency contact representative in collaboration with the involved external stakeholders, including, but not limited to; family members, guardians, and residential program representatives outlines the participant's specific diagnoses/abilities/residential setting/family & caregiver limitations and abilities to gauge the level of risk versus benefit of each participant returning to site-based day programming.
 - iii. **At this time, participants who are vaccinated or who can consistently wear a mask can be accommodated for in person program services. We will continue to review individuals we can accommodate as conditions and guidance continues to evolve.**
 - d. An agency interdisciplinary team reviewed the compiled information and made an informed, collaborative determination of initial "day one" rosters for each day program site.
2. **Participants return to program documentation** prior to program return as well as the plan for securing all medications for first group of participants
 - a. COVID – 19 Acknowledgement of Risk Form (see section 3)
 - b. New Emergency Contacts, updated EFS sheets
 - c. Risk/Benefit form (see above section 1.c.ii.)
 - d. Nursing will request new/current/updated medication documentation
 - e. Updated Seizure Protocols- Nursing based system
 - f. Updated Medical procedures- New treatments, g-tubes, meds, etc.
 - g. New adaptive Equipment, Supported Protective Devices- review all existing documentation & new equipment
 - h. Documentation from medical appointments since last attended program
 - i. COVID-19 test results (if applicable)
3. **COVID-19 Acknowledgement of Risk** must be signed by each identified returning participant/caregiver/guardian prior to attending program, acknowledging they are informed, educated and aware of the individualized identified risks of the participant attending a congregate, site-based day program.
 - a. The original signed form is stored in each participant's confidential record. In lieu of a wet signature, a record of the external stakeholder's verbal consent and agreement will be documented by the agency contact representative along with the participant's name and any other appropriate stakeholders' names.
 - b. Each involved stakeholder's phone number, email address, or other contact information, as well as copies of digital or written communication related to the Acknowledgement of Risk form will be stored in the participant's confidential record will be considered a valid form of informed consent until a wet signature is returned to the program in a self-addressed envelope by the appropriate guardian/family member of program participants.

4. **The Participant Handbook** communicates all relevant and included policies and procedures related to the re-opening of day programs and will be provided to each participant as well as all appropriate stakeholders prior to program restarting.
5. **Staff & Participant COVID-19 Screening and Risk mitigation procedures**
 - a. ***A program cohort staff will meet each participant at their vehicle and screen for the following symptoms before escorting them directly into their program room:***
 - i. Normal range 97.6-98.9, Report and monitor 99.0-100.0, Alert Nursing if temperature over 100.00°
 - ii. Alert Nursing if other symptoms are present including cough, shortness of breath, difficulty breathing, new loss of taste or smell, aches, GI upset.
 - iii. Has NOT, in the past 14 days, been in contact with a person with the above symptoms or has a suspected or confirmed diagnosis of COVID 19.
 - iv. Program nursing will monitor and observe morning screening from a safe distance and are prepared to assist in follow up if there are observed/reported symptoms that require further medical assessment.
 - b. ***During the Staff morning screening (with identical criteria as the participant screening procedure, conducted by site designee at the program entrance to the building) if a program staff displays any signs or symptoms of COVID-19 or other respiratory illness they will not be permitted to enter the building and be presented with recommendations to follow up with their primary care physician immediately.***
 - c. ***Participant is displaying any signs of Covid-19 or other respiratory illness*** the Program Manager will notify nursing and the individual will be brought to the site specific, designated isolation area for a program nurse to conduct a more comprehensive assessment while donning full PPE (mask, gloves, gown, eye protection).
 - i. ***If, upon completion of this assessment, nursing determines that the signs and symptoms observed merit immediate medical follow up and/or pose a potential threat of exposure to the rest of the program then the following steps will occur:***
 1. If participant was driven in by family / caregiver, they will be sent home with recommendations to follow up with their primary care physician (PCP).
 2. If participant was driven in by residential provider, they will be sent home with recommendations to follow up with their PCP.
 3. If participant was driven in by a transportation company / public transit, they will remain in a program isolation room and remain there until transportation arrives. The participant's caregiver (family and/or residential provider) will be contacted to immediately pick up the participant with recommendations to follow up with their PCP.
 - d. ***Participants will bring only what they need to the day program and limit their items to one bag.*** Upon arrival to program, they will put their bag in the designated area and remove their lunch bag if it is inside a backpack. Postcard sized, laminated dining placemats (if applicable) will also be provided to residential providers/caregivers as well as a daily health screening slip documenting that the participants temperature was taken prior to boarding their transportation.
 - e. ***Staff will be provided with their own FDA-approved protective mask after undergoing the morning screening procedure.***
 - f. ***When cleaning any area in the program:***
 - i. Staff should wear disposable gloves for all tasks in the cleaning process, including the handling of trash.
 - ii. After completing any tasks while wearing gloves staff will immediately wash their hands upon removing.
 - iii. Staff will wash their hands often, including before/after outing or removing gloves, as well as any physical contact with a program participant, by washing hands with soap and water for at least 20 seconds. If soap and water are not available, alcohol-based hand sanitizer containing at least 70% alcohol may be used.

6. Medication Drop Off Protocols & Program Access for External Stakeholders

- a. All visitation from external stakeholders (family members, non-essential external care providers, etc.) in day program sites will be limited and external stakeholders must obtain written approval from designated agency representatives (Program Director or designee) before entering the program site.
- b. All agency employees and external stakeholders must use the site designated entrance.
- c. Any stakeholder arriving at program sites to drop off participant medications MUST do so during designated specified times (determined by each Site Nursing team and posted on the agency Day Restarting webpage).
- d. **Medication Drop offs must be scheduled and confirmed by nursing via email:**
 - i. Nursing will confirm medication delivery by email correspondence with residential providers/caregivers:
 1. **Lawrence** - Monicah Mwangi mmwangi@incompasshs.org
 2. **Chelmsford** - Claudia Spofford cspofford@incompasshs.org
 - ii. Medication documentation will be confirmed and scanned by nursing.

7. Site Reception Areas

- a. Will have hand sanitizer stations and signage that encourages proper hand hygiene and reminds of requisite social distancing measures as people enter the building.
- b. Signage with information about COVID-19 signs & symptoms as well as reminders of mask wearing/social distancing requirements for all agency employees and external stakeholders when in the building.
- c. KN95 Protective Masks are provided to each program staff member entering the building. No masks from outside the building are permitted in program areas of the building. Agency employees working in environmentally separate areas of the building from day programming are required to wear their own face coverings when outside their office and are permitted to take their masks off when in their own office with the door closed.
- d. Agency employees working in these non-program areas of the buildings will not be permitted to enter any area that is, or will be at any time, utilized by participants and/or staff members during daily program operating hours.

8. Staff and Participant Isolation & Discharge Plan

- a. ***If an unvaccinated participant displays an escalation or emergence of COVID-19 symptoms or other respiratory illness*** at any point during the program day a staff will immediately contact the Program Manager.
 - i. The Manager will notify nursing and the individual will be brought to the site specific, designated isolation area for a more comprehensive nursing assessment with the nurse donning full PPE (mask, gloves, gown, face shield or eye protection).
 - ii. If an ill participant needs to be sent home due to showing symptoms of an illness, they will remain in an identified isolation room in the program and remain there until transportation arrives.
 - iii. Program common areas will be cleared while the ill participants exit the building and the path of their exit will be immediately sanitized before any program traffic resumes access to that area.
- b. ***If an unvaccinated participant displays an escalation or emergence of COVID-19 symptoms or other respiratory illness*** at any point during the program day they will be required to leave the program and it is strongly suggested that they contact their Primary Care Physician for follow up as soon as possible.
- c. ***There will be designated isolation rooms and isolation bathrooms located at each day program site*** that will be solely used by participants being medically assessed or for ill participants awaiting their residential providers/caregivers to pick them up. These rooms will be deep cleaned immediately by porters after each use.
- d. Response to a staff with firsthand contact with someone with a known case of COVID-19
 1. The identified staff may continue working in the program
 2. They will adhere to handwashing, respiratory hygiene & cough etiquette
 3. They will self-monitor for symptoms and immediately inform their supervisor if symptoms emerge

9. **Bathroom and Changing room Protocols**

a. ***If an unvaccinated participant needs any physical assistance with toileting, whether it be in the bathroom or changing room, staff will continue to don a mask, gown, and gloves:***

- i. Staff will be present in the bathroom to assist with hand washing and sanitizing high touch surfaces with EPA approved cleaning agents after toileting is completed.
- ii. All PPE gear worn by staff will be removed and disposed of following the prescribed steps outlined in the “PPE Usage” staff training curriculum.
- i. If a participant is fully independent with toileting staff do not need to don full PPE, with exception of mask

b. **Participants Requiring Additional ADL Support**

- i. Some participants will require unique supports in programs that may make it less possible to practice social distancing and will require ample staff support to carry out the necessary hygiene practices. Incompass will ensure that the program is adequately staffed, and that staff are prepared and properly trained to accommodate participant’s needs.
- ii. To protect themselves, staff who care for participants who are unvaccinated and require hands-on assistance for routine care activities, including toileting, feeding, washing, or dressing, and other direct contact activities will be advised to wear a gown in addition to a mask and gloves, and wear long hair up or tied back during all activities requiring direct contact with a participant. The only exception would be if staff must hold a gait belt to assist a participant’s ambulation. As soon as this assistance is completed staff will wash their hands before returning to work with any other participants.
- iii. Some participants may be unable to consistently follow the recommendation of using face covering because of intellectual, behavioral, or sensory issues. To minimize the risk of infection for participants who are unvaccinated and unable to consistently wear a face covering, social distancing must be maintained whenever possible and staff must wear a face covering at all times. If the participant, being assisted in close contact (within 6 feet) by staff, is inconsistently wearing their face mask and exhibiting any spitting, drooling, sneezing, or coughing staff will also wear eye protection.
- iv. Fully vaccinated participants are not required to socially distance or wear face masks when in program areas with other vaccinated participants. Staff will continue to wear masks at all times in program areas.
- v. When ADL tasks are completed, the area will be sanitized by staff using EPA approved cleaning agents, and then they will sanitize their goggles and dispose of all other PPE following the “PPE usage” procedures.

10. **Communication Plan**

a. **Communication with Town Boards of Health and External Stakeholders**

- i. ***Procedure:*** When a day program is made aware of a participant or staff person that has tested positive for COVID-19 the Director of the affected program, Assistant Clinical Director of Nursing, and/or other identified agency designee(s) will contact the town Board of Health that the program resides in to determine if there are any town specific actions steps required of the agency.
- ii. This contact will take place concurrent to communication with agency executive leadership, the Department of Developmental Services (DDS), MassHealth, and any other involved external stakeholders (family members, guardians, caregivers, etc.).
- iii. **Chelmsford** Hours of operation: M/W/Th 8:30-4, T 8:30-7, F 8:30-1
Health Director: Susan Rosa 978-250-5241 option 2
Public Health Inspector: Michelle Grant 978-250-5241 option 5
- iv. **Lawrence** Hours of operation: 2nd Tuesday of every month @ 6pm
Health Agent/Director: Mike Armano, 978-620-3140 Town Nurse: Jaqueline Aquilar, 978-620-32561

b. Communication with DDS

- i. **Procedure:** The Chief Operating Officer (COO) or agency designee will report any positive test result to the appropriate area office
- ii. If for any reason these calls go unanswered then a report can be made directly to **Kelly Lawless, DDS**
Regional Director

11. Education Plan

- a. Information about COVID-19 symptoms, transmission, prevention, testing and relevant industry guidance will be provided to all staff members, participants and residential providers, caregivers, family members and guardians as appropriate. The following resource links will be disseminated to all internal and external stakeholders:
 - i. <https://www.relias.com/topic/coronavirus#free-resources>
 - ii. <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>
 - iii. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>
 - iv. (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)
 - v. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>
 - vi. <https://www.mass.gov/news/coronavirus-update-for-individuals-and-families-june-24>

12. Transportation Plan

- a. The agency will receive written confirmation of protocols from all involved transportation vendors that provide transportation resources to program participants.
- b. *Community outings during program hours:***
 1. Participants are able to go on trips to outdoor community spaces.
 2. All drivers and participants are required to wear a mask, including those who are fully vaccinated. Fully vaccinated for COVID-19 means it has been 2 weeks after they have received the second dose in a 2-dose series or more than 2 weeks after they have received a single-dose vaccine.
 3. If a participant is unable to wear a mask, they must be socially distanced from other passengers (except passengers from the same household) unless they have been fully vaccinated. Fully vaccinated for COVID-19 means it has been 2 weeks after they have received the second dose in a 2-dose series or more than 2 weeks after they have received a single-dose vaccine.
 4. Masked and Vaccinated or Masked Participants can sit on the same bench seat with a space between.
 5. Masked and Vaccinated or Masked and live together all spaces on the same bench can be occupied by the participants from the same residence.
 6. All passengers must wear a mask on transportation unless clinical team has approved otherwise (must be vaccinated to seek approval)
 7. Wheelchair vans: placed where tie downs align. Must be masked or vaccinated with approved to not mask.
 8. No participants can sit in the front passenger's seat unless approved by clinical team.
 9. Drivers will ensure that all windows are rolled down if safe to do so (when possible, roll windows down before riders begin boarding). If not safe, set the air ventilation system to high with no air recirculating.
 10. Spray seat and commonly touched areas with GC2010 disinfectant at the end of the trip.

13. Program Closure and Staff Absence Policies & Procedures

- a. The agency retains the right to suspend site-based programming, including but not limited to; a cohort of participants attending program and/or the entire site, as a health and safety-based directive. These decisions would be made in response to multiple participants and/or program staff testing positive for COVID-19.
- b. Decisions about when to scale back or cancel activities should be made in consultation with your local public health official(s), or the DPH Epidemiology Line at 617-983-6800, if needed, and informed by a review of the COVID-19 situation in your community.

14. Meal and Snack plans

- a. Upon arrival to program the participant will place their lunch box and any individualized dining equipment into their specific identified storage area or in a container, provided by the agency, which will then be placed into the fridge.
- b. At mealtime, staff should wash their hands before putting on meal prep gloves, gather all necessary plastic utensils before removing the lunch box from designated area, prepare the meal as necessary before presenting the participant with their meal, and return the lunchbox to the designated area. These steps are necessary to repeat after each individualized meal preparation process.
- c. Staff will remove food prep gloves following steps outlined in the PPE staff training and wash or sanitize their hands again. Steps B & C are repeated after each individualized meal prep process.
- d. Unvaccinated participants will sit 6 feet apart and face the same direction for mealtime, a “horseshoe” design will be employed when space and resources allow for it. No social distancing is required for vaccinated participants.
- e. Vaccinated participants may also prepare their own lunches.
- f. Once dining is over, staff will encourage/assist/prompt (determined by individual specific guidelines) the participant to perform hand hygiene procedures.
 - i. Staff will assist participants to return all individualized (uncleaned) dining equipment to the designated area. All dining equipment will be sent home at the end of every program day. Any plastic utensils and meal waste go directly into the room trash receptacle at the conclusion of each participant’s mealtime.

*Participants will bring only essential items to the day program, limited to what can be secured in a backpack sized bag. Upon arrival, they will put their bag in the designated area and remove their lunch bag if it is inside a backpack or bag.

15. Medication Administration and Nursing Supports

- a. Medication/Treatments
 - i. Nursing will call Day Habilitation program rooms when medications are scheduled to be given, CBDS and Employment programs will use MAP trained staff for medication administration.
 - ii. CBDS and Employment programs will utilize nursing resources in the case of medical emergencies or to assess the appropriate level of care needed for physical injuries.
 - iii. Staff will bring a participant to the nursing area and wait outside while the individual is given medication or treatment. ***Unscheduled, “Drop in” visits to the nursing areas are not permitted.***
 - iv. Nursing will don full PPE gear when administering medications or treatments that involve the potential for exposure to bodily fluid. These treatments include but are not limited to; *G-Tube feedings, nebulizer treatments, wound & colostomy care.*
 - v. When a program nurse is administering oral medications for any participants requiring any amount of assistance, they must wear a mask and gloves.
- b. Incidents/Accidents
 - i. In the case of an incident requiring a nurse to perform hands on assessment or treatments that increase the risk of exposure, they will wear full PPE gear.
 - ii. If a nurse is not able to wear the proper PPE gear due to the urgent (i.e. life threatening) nature of the event, they will provide any and all appropriate treatments and will be assisted in putting on PPE by another member of the team as soon as possible.

STAFF PLANNING PRIOR TO RE-OPENING

16. **Staff Training Curriculum** is provided to all program staff in addition to EOHHS agency mandated trainings and includes small, social distanced site-based trainings to ensure both educational and practical knowledge of the following programmatic information.

- a. PPE: when and what type to wear, including close proximity situations such as ADL supported tasks, donning, doffing, disposal, and maintaining integrity of equipment
 - i. <https://www.relias.com/topic/coronavirus# covid-19-training-courses>
- b. Infection Control
 - i. <https://www.relias.com/topic/coronavirus# covid-19-training-courses>
- c. Signs and Symptoms of COVID-19
 - i. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- d. Hand Hygiene
 - i. <https://www.relias.com/topic/coronavirus# covid-19-training-courses>
 - ii. <https://www.cdc.gov/handwashing/when-how-handwashing.html>
- e. Hand washing protocols, scheduling, and monitoring for staff and program participants
 - i. Program staff will be trained by their director supervisor on hand washing schedules and monitoring expectations
- f. Agency Communication Plan for reporting symptomatic cases of both staff and participants
 - i. Program staff are trained on Policies & Procedures regarding self-monitoring and program expectations when experiencing potential COVID 19 symptoms
- g. Cleaning and disinfecting: site-based schedule and procedures
- h. Group management and staffing plan for day program reopening
 - i. Program staff will be trained on the programmatic cohort design, maintaining staffing ratios of at least 1:3 (staff: participant) as well as the expectations of staffing & nursing support for high risk exposure events during the program day (examples include but are not limited to; bathroom/meal times & transitions)
- i. Social distancing in a congregate setting
 - i. Program staff will be trained on the social distancing expectations and the corresponding environmental adjustments in place to maintain those expectations.

Program health & safety compliance: As mandated by state COVID-19 documented guidance Program Managers are the in-program, designated presence acting in the role of compliance monitor to observe, supervise, and provide “real-time” support to both staff and program participants.

17. **Staff Strategies to promote Safety & Minimize risk of Transmission**

- a. Avoid immediate contact (such as shaking or holding hands, hugging, or kissing)
- b. Use EPA Registered & Approved chemical agents to frequently clean and disinfect high-touch surfaces including entry and exit buttons, door handles, faucets, railings, knobs, counters, handrails and grab bars.
- c. Clean and disinfect all rooms with a focus on hard surfaces (including desks, tables, countertops, sinks) with an EPA approved cleaning agent.
 - i. 70% alcohol wipes or misters with EPA approved cleaning agent used to clean keyboards, touchscreens, tablets and phones.
- f. Staff PPEs & Social Distancing Modeling & Maintenance
 - i. Staff will be given their own FDA approved protective mask to wear while on shift in the program.

- ii. Wash hands often with soap and water for at least 20 seconds. Wash hands before eating, after going to the bathroom (or assisting with personal hygiene), coughing, or sneezing. If unable to wash, use alcohol-based hand sanitizers with at least 70% alcohol.
 - iii. Avoid touching eyes, nose, and mouth.
 - iv. Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands). Immediately throw the tissue in the trash.
 - v. Stay away from people who are sick and stay home when you feel sick.
 - vi. It is recommended to use feet for flushing and moving toilet seat positions.
 - vii. Program staff will monitor each other for fever as well as signs and symptoms of respiratory illness and report any concerns to the program manager.
 - viii. Program staff will continue to adhere to existing agency infections control measures
- g. PPE & Health and Safety Considerations for Limitations of Movement Expectations
- i. In the case of an incident that requires hands on, physical interventions with a participant the engaged staff will wear eye protection, mask and gloves for the duration of the event. Engaged staff will implement PABC prescribed interventions as needed while another member(s) of the team assists them with putting on full PPE gear as the safety of event allows. If necessary, another staff will put on the PPEs and replace the engaged staff person. The first engaged staff will then immediately go to the bathroom and wash their hands before returning to the incident location.

PROGRAM SITE PLANNING PRIOR TO RE-OPENING

18. PPE Procurement Plan

- a. The nursing department will monitor the quantity of PPE on hand and ensure there is always a two week supply available. The finance department will maintain consistent, ongoing communication with the Director of Clinical Services and Assistant Clinical Director of Nursing to address any concerns or issues.

19. Vendor Delivery Plans

- a. All vendor deliveries will be dropped off at the site-specific loading zone. One staff person in the administration or facilities department will be the point of contact for all deliveries. These contacts will arrange for vendors to communicate with them upon delivery (whether via phone or electronic alerts). If a delivery is expected, all requisite contacts on-site must be informed so arrangements are made for a safe drop off.

20. Cleaning, Sanitizing and Disinfecting Procedures

- a. Resources and Supplies
 - i. The agency has provided EPA-registered disinfectants and sanitizers for use against COVID-19 and they are stored safely in each program room, bathroom and common areas. All cleaning supplies are clearly labeled and SDS sheets are available for review. Disposable paper towels are encouraged for use at all times instead of reusable sponges and cloths. Only approved chemicals are used in the building and NO outside or unapproved chemicals will be present in the building.
- b. Proper Usage
 - i. The agency follows cleaning guidelines suggested by the manufacturer and always use soap and water first whenever possible. Cleaning products are not stored on shelves with food and is only accessed by designated staff. Chemical cleaning agents are only employed for use in well ventilated areas and are never sprayed on food.
- c. General Guidelines for Cleaning, Sanitizing and Disinfecting
 - i. A professional cleaning company is employed by the agency daily from 9a-3p at each day program site. The cleaning company routinely cleans all bathrooms and oft touched surfaces such as doorknobs and railings. Additionally, the cleaning company conduct a 'deep cleaning' after hours in each program nightly.
- d. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

ADDITIONAL RESOURCES

Massachusetts COVID-19 Updates and Information

- <https://www.mass.gov/info-details/covid-19-updates-and-information>
- <https://www.mass.gov/info-details/covid-19-travel-order>

Department of Developmental Services (DDS)

- <https://www.mass.gov/orgs/department-of-developmental-services>
- <https://www.mass.gov/dds-covid-19-resources-and-support>

Centers for Disease Control and Prevention (CDC) Resources

- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC Guidance for Group Homes for Individuals with Disabilities: <https://www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html>
- Guidance for Direct Service Providers: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html>
- Symptoms of Coronavirus: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html
- Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
- CDC: Strategies to Mitigate Healthcare Personnel Staffing Shortages: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
- Disinfection for Community Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- Protect Yourself When Using Transportation: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html>
- Cleaning and Disinfection for Non-emergency Transport Vehicles: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

Hand Hygiene

- CDC Training Courses on Hand Hygiene for Healthcare Providers **(Webpage)**: <http://www.cdc.gov/handhygiene/providers/training/index.html>
- Competency validation for soap and water, and use of alcohol based hand rub, from North Carolina Statewide Program for Infection Control and Epidemiology (SPICE)**(PDF)**: <https://spice.unc.edu/wp-content/uploads/2017/03/Hand-Hygiene-Competency-SPICE.pdf>
- Hand Hygiene in Healthcare Settings - Hand Hygiene – CDC **(Webpage)**: <http://www.cdc.gov/handhygiene/>
- Joint Commission - Measuring Hand Hygiene Adherence Overcoming the Challenges **(PDF)** http://www.jointcommission.org/assets/1/18/hh_monograph.pdf
- MMWR - Guidelines for Hand Hygiene in Health-Care Settings **(PDF)**: <https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

- Clean Hands Count for Safe Healthcare:
<https://www.cdc.gov/patientsafety/features/clean-hands-count.html>

Personal Protective Equipment (PPE)

- 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings **(Webpage)**
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
- CDC Tools for Protecting Healthcare Personnel –HAI **(Webpage)**
<http://www.cdc.gov/HAI/prevent/ppe.html>
- Management of Multidrug-resistant organisms in health care settings, 2006 **(PDF)**
<http://www.cdc.gov/hicpac/pdf/guidelines/MDROGuideline2006.pdf>
- CDC's Infection Control in Healthcare Personnel
<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>
- Contact Isolation Skills Competency Checklist Competency assessment checklist for donning and doffing gowns and gloves for contact isolation precautions, from the American Association of Nurse Assessment Coordination **(PDF)**
http://www.aanac.org/docs/2015-ltc-leader/n-coley_capstonefinal.pdf?sfvrsn=2
- CDC Sequence for Donning and Removing Personal Protective Equipment **(PDF – 3 pages)**
<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
- OSHA's Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards **(Webpage)**
<https://www.osha.gov/Publications/osha3186.html>

Respiratory Hygiene/Cough Etiquette

- Respiratory Hygiene-Cough Etiquette in Healthcare Settings - Health Professionals - Seasonal Influenza (Flu) **(Webpage)**
<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- CDC Cover Your Cough signage **(webpage)**
https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf
- FDA - Personal Protective Equipment for Infection Control Masks and N95 Respirators
<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/PersonalProtectiveEquipment/ucm055977.htm>
- 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings **(PDF)**: <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>

Environmental Cleaning

- EPA List N: Disinfectants for Use Against COVID-19 <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>
- MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH cleaning-disinfection **(Webpage)**
<http://www.mass.gov/eohhs/docs/dph/cdc/infection-control/cleaning-disinfection.pdf>
- Selected EPA-registered Disinfectants Pesticide Registration US EPA **(Webpage)**
<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
- LIST K: EPA's Registered Antimicrobial Products Effective against Clostridium difficile Spores
<https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium>
- **Environmental Protection Agency** List N: Disinfectants for Use Against COVID-19:
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>