

C19 – Family Support Protocol for Agency Employed In-Home Support Providers

Date effective: 7/22/2020
Reviews: 7/22/2020, 7/31/2020, 8/3/2020
Current revision: 8/30/2020

Applies to: Respite Providers, Skills Trainers, Agency with Choice, and SSQUAL Home, Day, and Behavioral Supports Providers

Policy number: TEMP – C19 Protocol for Agency employed In-Home Support Providers
Regulatory reference: <https://www.mass.gov/info-details/covid-19-updates-and-information>

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COVID-19 is contagious and is believed to spread mainly through person-to-person contact. The disease is thought to spread by nose and mouth droplets when someone who is infected coughs, sneezes or exhales. Not everyone who has COVID-19 has symptoms, so it is possible to be sick but not feel sick.

This protocol is being established to implement preventive measures that will provide for a daily evaluation of the status of Respite Providers, Skills Trainers, Agency with Choice and SSQUAL Home, Day Supports, and Behavioral Supports Providers working with children and adults served through DDS-funded Family Support Programs during the COVID-19 pandemic. This protocol has been developed to ensure that staff and families recognize signs and symptoms of illness to prevent the spread of viruses or illnesses.

Covid-19 Symptoms, Background and Information

1. What is Coronavirus Disease 2019 (COVID-19) and how does it spread?

- COVID-19 is a respiratory virus. Current symptoms include:
 - Fever (temperature of 100.0°F or above), felt feverish, or had chills
 - Cough
 - Sore throat
 - Difficulty breathing or shortness of breath
 - Abdominal pain
 - Unexplained Rash
 - Fatigue
 - Headache
 - New loss of smell/taste
 - New muscle aches
 - Nausea or vomiting
 - Diarrhea
- According to CDC, the virus is spread mainly from person-to-person, between people who are in close contact with each other (closer than 6 feet) for more than 10 minutes.
- Spread is from respiratory droplets produced when an infected person exhales, coughs or sneezes.

2. Who should be most cautious?

- Those considered “high risk” include people over the age of 60, anyone with underlying health conditions or a weakened immune system, and pregnant women.

Agency-employed In-home Staff Expectations

1. **Training** – All agency-employed in-home staff will be required to complete the following trainings before beginning to work with families/individuals, or within 15 days of the effective date of this protocol:
 - a. Safety Skills: COVID Prevention in the Workplace
 - b. Infection Control: The Basics:
<https://content.relias.com/resources/CoronaVirusToolKit/InfectionControlTheBasics/index.html?lms=1>
 - c. Transmission Based Precautions:
<https://content.relias.com/resources/CoronaVirusToolKit/TransmissionBasedPrecautions/index.html?lms=1>
2. **Self-screening** – All employees must self-screen daily, prior to providing services, and may not provide services if the employee;
 - a. has any of the symptoms of COVID-19 (as noted on page 1 of this policy).
 - i. If employees have any symptoms, they must contact their Health Care Provider immediately and follow their recommendations.
 - ii. must inform a supervisor immediately, and the supervisor will inform the Director of Family Services.
 - b. has tested positive for COVID-19 within the past 14 days. If an employee has tested positive for COVID-19, they
 - i. must inform a supervisor immediately, and the supervisor will inform the Director of Family Services,
 - ii. must be cleared by their Health Care Provider or local Board of Health to return to work.
 - c. lives with or has had close contact with someone who has symptoms of COVID-19 (noted on page 1 of this policy).
 - d. lives with or has had close contact with someone who has tested positive for COVID-19 within the past 14 days.
 - e. has been ordered by a Health Care Professional or local Board of Health official to quarantine due to exposure. That employee must;
 - i. immediately inform a supervisor that they have been ordered to quarantine
 - ii. the supervisor will inform the Director of Family Support
3. **Family Screening** –the employee will conduct a screening interview (see “Family/Home Expectations”) with each family
 - a. One day prior to each scheduled visit
 - b. Documented on the COVID-19 Vital Signs Form
 - c. Submit the form to the Family Coordinator weekly, along with the progress notes
 - d. Inform the Family Coordinator and Director of Family Services immediately if the family answers “yes” to any questions on the COVID-19 Vital Signs Form.
4. **Notification** – Current guidelines recommend avoiding certain activities and settings that may increase the likelihood of contracting the virus that leads to COVID-19.
 - a. The employee must notify each family prior to each visit if the employee has;
 - i. attended a large gathering of 10 or more people since the last visit.
 - ii. gone on a vacation or trip out of state within the past 14 days.

- b. The employee must notify the family and the Family Coordinator if they are providing services to any other families or individuals.
- c. The employee must notify the family if they are seeing more than one family or individual that day.

Family/Home Expectations

1. **Acknowledgment of Risk** – all families or individuals receiving services through these programs must read and sign the Acknowledgement of Risk Form.
2. **Screening** – one day prior to each visit, the employee will conduct a screening interview and complete the COVID-19 Vital Signs Form, to determine if anyone in the household has;
 - a. any of the symptoms of COVID-19 (as listed on page 1 of this policy).
 - b. tested positive for COVID-19 in the past 14 days
 - c. been told to quarantine due to exposure
 - d. attended a large gathering of 10 or more people since the last visit.
 - e. gone on a vacation or trip out of state within the past 14 days.

If the answer to any of the screening questions is “yes”, then the visit must be cancelled, and the Family Support Coordinator must be contacted immediately.

3. **Notification** – families are required to inform the employee if any other service providers have been in their home since the last visit.
4. **Other visitors** – the family should make every effort to prohibit visitors that do not have an essential need to be in the home during the time staff are working.

Expectations for In-Home Service Provision

1. **Scheduling**
 - a. All respite/skills training appointments must be scheduled in at least a week in advance in order to ensure the home, individual or family member are not under quarantine and that the provider and family are safe for the visit.
 - b. The frequency and duration of the visit will be discussed with the family and Family Support Coordinator.
2. **Location**
 - a. In-home visits will be conducted outside if possible. Suggested locations include the family’s yard, a local park, or walking trails.
 - b. In the event that visits must take place within the home, make sure rooms have good air flow, such as by an air conditioner or an opened window, weather permitting.
 - c. Hand sanitizers, wipes and trash disposal should be readily available during all visits.
 - d. When visiting in locations in the community, plan at least two ways of communicating with the family that can be used rapidly in an emergency (e.g., landline phone, cell phone, text-messaging, email). Both the family and the employee should have this information for each other. Employee and family should keep a copy with them during the visit.
3. **Precautions**
 - a. All parties to the visit (staff, family, and anyone else who will be present) must self-screen for symptoms the day of the appointment and inform the Family

Coordinator immediately if any symptoms are present so the appointment can be rescheduled.

- b. No food should be shared.
 - c. Use of facemasks;
 - i. All employees must wear clean face coverings during the time they are supporting a family. Employees should provide their own face coverings. In the event they do not have a face covering, Communitas will provide one.
 - ii. If an employee is seeing more than one individual on the same day, a fresh, clean covering must be worn for each family/individual.
 - iii. All family members over the age of 2, and Communitas' clients should also wear face covering at all times during the visit (unless they are unable to wear a covering for medical or behavioral reasons).
 - iv. Wearing cloth face coverings may be difficult for people with sensory, cognitive, or behavioral issues. Cloth face coverings are not recommended for children under 2 or anyone who has trouble breathing or is unconscious, incapacitated or otherwise unable to remove the covering without assistance.
 - d. Hygiene
 - i. Perform hand hygiene prior to the visit, and frequently throughout the visit. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60 % to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used if hands are visibly dirty.
 - ii. Avoid touching your eyes, nose, and mouth with unwashed hands.
 - iii. Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands). Immediately throw the tissue in the trash.
 - e. Social Distancing
 - i. When possible, keep at least 6 feet of distance between yourself and others in the home or community setting.
 - ii. Launder clothes after each use with detergent and the warmest appropriate water setting for the items and dry items completely.
4. **Transportation** - There are some limited instances where the employee provides transportation for their client. In that event, the employee must:
- a. Have only one client in the vehicle with the employee
 - b. Clean and disinfect frequently touched surfaces before an individual enters your vehicle (for example, the steering wheel, gear shift, door frame/handles, windows, radio/temperature dials, and seatbelt buckles).
 - c. Clean and disinfect the vehicle between clients, if the employee will have more than one client in their vehicle that day
 - d. If using a parking meter, consider using alcohol wipes to disinfect surfaces or use hand sanitizer containing at least 60% alcohol after use. Wash hands with soap and water for at least 20 seconds as soon as it is possible.
 - e. Improve the ventilation in the vehicle if possible (for example, open the windows or set the air ventilation/air conditioning on non-recirculation mode).

Acknowledgement of Risk COVID-19 Novel Coronavirus Family Support

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Date effective: 8/3/2020
Current Revision: 7/30/2020

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Print Participant Name

Print Guardian Name, if applicable

Program Name:

Date of Acknowledgement

I acknowledge that we all have an important role to play to keep ourselves, families, and in-home providers safe to stop the spread of COVID-19. I know that I and/or my son/daughter must take steps to stay well in order to protect others while receiving in-home services and supports, and I agree to take responsibility for my own health, and/or that of my son/daughter.

- ➔ I have discussed both risks and benefits of receiving in-home services including respite/skills training services with my Family Support Coordinator.

- ➔ To help stop the spread of COVID-19 I agree to:
 - Monitor my own/my son/daughter's health daily for the following:
 - Temperature of 100.0 or higher
 - Respiratory symptoms such as cough, sneezing or shortness of breath
 - Additional symptoms such as diarrhea, vomiting, or loss of taste
 - Self-isolate, contact my/my son/daughter's Health Care Provider and follow their medical advice if I/my son/daughter has;
 - Experienced any of the symptoms noted above while following the HCP's medical advice.
 - Lived with or have been in close contact with someone who has been exposed to COVID-19 in the past 14 days.
 - Been in close contact with someone who has been diagnosed with COVID-19 in the past 14 days.

- ➔ I understand that "close contact" means being within 6 feet or closer of another person, for 10 minutes or longer.

- ➔ I understand that it is my responsibility to be aware of additional COVID-19 exposure risks when planning vacations or trips out of state and agree to follow all applicable guidelines for isolation or quarantine when I/my son/daughter return(s).
- ➔ I understand that it is my responsibility to be aware of current CDC guidelines for safe practices to reduce the risk of becoming infected, and to practice those guidelines and reinforce them in my home, including, but not limited to:
 - Washing hands often, using soap and warm water, for at least 20 seconds
 - Avoiding touching my face or other people’s faces
 - Not shaking hands or hugging
 - Covering my cough or sneeze
 - Wearing a face covering over my mouth and nose when I am around people who do not live with me
 - Maintaining safe social distance of 6 feet or more from people who do not live with me
 - Avoiding large gatherings of more than 10 people
- ➔ I know that Communitas is taking steps to keep me/my son/daughter safe when receiving in-home respite or skills training, by requesting that respite providers or skills trainers monitor their health on a daily basis and requiring face coverings.
- ➔ I also understand that despite all reasonable efforts, I can still contract COVID-19.
- ➔ I have weighed the risks and benefits of receiving in home services for myself/my son/daughter and have made the decision that I feel is best for myself/my son/daughter.

<i>Print Participant Name</i>	<i>Participant Signature</i>
<i>Print Guardian Name, if applicable</i>	<i>Guardian Signature (if applicable)</i>
<i>Program</i>	<i>Date</i>