Eric Holcomb, Governor
State of Indiana

Division of Disability and Rehabilitative Services
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Back on Track Indiana:
Additional Guidance for Providers to
Safely Reopen Day Service Programs

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On May 1, 2020, Governor Holcomb issued Executive Order 20-26 announcing a roadmap to reopen Indiana for Hoosiers, businesses, and state government. With the recent announcement that Indiana is moving to phase three of the plan, suggested guidelines for day services were added to the Industry Guidelines section of the Back on Track site.

As Day Service Providers begin to plan for the successful and safe reopening of day service program settings the following guidance builds off the Back on Track guidelines and provides additional considerations that providers may choose to incorporate into their specific plans, practices and/or policies as it relates to COVID-19 and the public health pandemic that currently exists.

As a starting point, the Bureau of Developmental Disabilities Services recommends that as day service providers develop and implement their plans for a gradual and safe reopening, they do so in accordance with federal, state, and local authorities as well the COVID-19 goals established by the Division of Disability and Rehabilitative Services which include:

- o **H**elp prevent the spread of COVID-19 and keep people alive
- o **O**perationalize flexibilities
- o **P**rovider network maintained
- o **E**mpower person-centered decision-making for self-advocates, families, case managers and providers

Decisions regarding the reopening of day programs should be influenced by four guiding factors:

- The specific needs, health considerations and risk factors of the individuals utilizing day services and staff.
- The ability of the day program setting to institute necessary environmental allowances for social distancing and infection control procedures.
- Guidelines from federal, state and local authorities, including the Centers for Disease Control and Prevention, Indiana State Department of Health, Governor Eric Holcomb, and county health officials

- Availability and access to appropriate PPE and necessary sanitation supplies including the capacity to adequately train staff on the proper use, handling and disposal of PPE/sanitation supplies.

Providers should use sound judgement and take into account any circumstances or situations that are unique to their specific day service program setting, their staff and the individuals who access their service. The following are considerations and recommendations by the Bureau of Developmental Disabilities Services. Any mandates or requirements will be issued in a separate document should the need arise.

- Consider developing a phased approach of reopening that allows for a slow re-entry that reduces the risk of spread of COVID-19.
- Consider polling individuals and families who were previously attending the day program for interest, ability, comfort level and necessary accommodations needed in the return to day programs.
- Review day program staff availability, changes in health status, willingness to work and concerns
- Consult with local health department regarding local infection rate, trends and any specific considerations for reopening
- Consider developing clear communication strategies to inform and educate individuals, families, and caregivers on
  - The phases of reopening
  - The established PPE guidelines
  - The health screening requirements
  - New policies/procedures and expectations of staff, individuals, families, and visitors upon return to day service setting.
- After identifying individuals and families who express an interest in returning to day services, consider resuming day services for those individuals who are identified as low-risk. Low risk individuals may include:
  - Individuals who are not identified as high-risk as defined by the CDC.
  - Individuals supported in provider's residential services, where quarantine recommendations were practiced and no cases of COVID-19 exposure and/or illness currently or have existed.
  - Individuals who reside in the family home where the household has self-quarantined and no cases of COVID-19 exposure and/or illness currently or have existed.
- Consider starting with smaller groups with staggering days and hours or an altered schedule.
  - Staggering days may be a defined group on Monday, Wednesday, Friday and different group on Tuesday and Thursday, with the day services on staggered days continuing to be provided in the home and/or via telemedicine
  - Altered schedules may include earlier start time, later stop time or half days
  - Determine if and type of community outings that will be offered

- o Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with family members, other providers' staff, and others as much as possible
- Consider physical space and typical census of each site to ensure acceptable social distancing can take place.
  - o Consider occupancy limit for each building to ensure social distancing
  - o Communicate the capacity for each room including activity areas, office spaces, meeting rooms and public gathering areas such as entry areas via signage and room reservation tools.
  - o Hold as few in-person meetings as possible and limit any necessary in-person meetings to 10 people with social distancing
  - o Reduce capacity of meeting spaces
  - o Prohibit shared use of small rooms by groups
  - o Consider movement restrictions/control (i.e. not moving from room to room during the day)
  - o Space individuals/seating to at least six feet apart to the extent possible
  - o Remove or rearrange furniture to promote social distancing
  - o Consider keeping communal use spaces closed, such as break rooms and cafeterias, if possible; if this is not possible, stagger use and disinfect in between uses.
  - o Modify procedures for times and locations when individuals typically congregate (i.e. storing items in lockers upon arrival/departure, breaks, lunch time, certain activities, restrooms, transportation drop-off/pick-up, etc.)
  - o Ensure that individual and staff groupings are as static as possible by having the same group of individuals stay with the same staff. Restrict mixing between groups.
  - o Provide visual cues for social distancing such as tape on floor, cones, taped off areas
  - o Provide auditory cues for social distancing (periodic announcements, videos, timers)
- Modify client and staff food and beverage storage and/or heating procedures to prevent cross contamination
  - o Consider prohibiting food that needs to be heated (i.e. picnic lunch instead of microwaved meal)
  - o Stagger times between use of microwave and develop sanitization plan between uses.
  - o Implement individual storage options for individuals to store food
  - o Water fountains should be closed. Staff and individuals should bring drinks. Bottled water should be made available to those unable to bring drinks
  - o Consider closure of concession machines or, if they remain available, implementing additional cleaning/sanitization, limited times of use

- Establish a cleaning and infection control process using CDC guidance and approved cleaning solutions. Provide clear guidelines and staff training on PPE use along with continuous ongoing communication and updates.
  - Specify any precautions for staff during personal care
  - Keep each individual's belongings separated from others' and in individually labeled containers, lockers, or areas.
  - Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single individual) or limit use of supplies and equipment by one group of individuals at a time and clean and disinfect between uses.
  - Avoid sharing electronic devices, books, games, etc. and disinfect after use
- Establish clear guidelines on the procedures of infection control practices which may include visitor restrictions, cleaning of frequently touched areas, frequent handwashing, wearing masks, and social distancing.
- Establish clear guidelines that support hand and respiratory hygiene, including cough etiquette for individuals, visitors, and staff, as well as having handwashing stations available at facility entry and supplies of alcohol hand rub for staff to use before and after individual interactions
- Establish clear guidelines that all staff who have direct contact with individuals should wear a mask for the duration of their shift. Those guidelines should indicate that hospital/surgical masks are recommended. However, if such masks are not available, the provider will follow CDC "Strategies for Optimizing the Supply of Facemasks"
- Establish guidelines that staff or other agency personnel in the high-risk category (over 65 or with an underlying health condition) should not be providing care and that individuals in the high-risk category should not participate
- Establish guidelines for determining on an individualized basis whether individuals present other vulnerabilities (e.g. significant personal care or behavioral needs) that may impact their ability to attend day services. Individualized adjustments should be made
- Begin developing and implement staff training based on ISDH and CDC guidance and information, including but not limited to, the following topics:
  - Client rights within the public health emergency
  - Social distancing
  - Isolation area per site
  - Cleaning routine
  - Universal precautions
  - Staff arrival/dismissal plan
  - Client arrival/dismissal plan
  - Symptom tracking and temperature taking
  - Visitor restrictions
  - Hand hygiene
  - Storage and handling of chemicals and procedures
  - Group ratios
  - Putting on/removing/storing/disposing of PPE
  - Requirements for masks
  - Symptom and symptom monitoring

- Inventory PPE, cleaning and sanitation supplies, hand soap and sanitizers
  - Identify resources to replenish these supplies when needed
- Establish clear guidelines for monitoring individuals, staff, and visitors for fever or respiratory symptoms. If fever (temperature over 100.4) or symptoms are present, they should be restricted from entry
- Establish guidelines for an infectious disease plan that includes actions needed when an individual or staff member presents with symptoms during the course of the day. These actions should include:
  - Determine monitoring of symptoms
  - Determine area/space for individuals/staff to be isolated if they are unable to readily access transportation to leave
  - Ensure isolation room is safe and adequately stocked with any necessary PPE
  - Determine how the individual will exit the building that is dignified, respectful and ensures minimum exposure
  - Determine cleaning/disinfection protocol for areas the individual was present including when and to what extent the disinfection practices takes place
  - Determine protocol to inform individuals/families of possible exposure to individual exhibiting symptoms that may be COVID-19, flu and/or cold.
  - If staff tests positive, protocol to inform individuals/families of exposure
  - Determine protocol for staff/individuals to return when no longer ill
  - Ensure staff and individual emergency contact information is up to date and readily available
- Determine protocols and procedures if providing transportation
  - Reduce number of individuals that are transported at one time
  - When possible have open seats and/or rows between riders
  - Driver and riders wear appropriate face masks when possible
  - Symptom screening of driver and riders
  - Temperature monitoring of driver and riders
  - Cleaning/sanitizing protocols, recommend at minimum that disinfection occurs at the end/beginning of each route

All policy, procedures and practices should be shared with individuals, families, visitors, and staff in a manner that is accessible to individuals with disabilities and persons with limited English proficiency. Key aspects of the policy, procedures, and practices should also be displayed within the appropriate areas of the day program setting (i.e. visitor restrictions and health screenings should be displayed on the entry doors.)

BDDS recommends that Individualized Support Teams meet to discuss and determine the individual's desire, anticipated needs and capacity of the day program as it relates to the return to the Day Service setting. If the team determines that a return to the day program setting is optimal, the team should develop an appropriate transition plan that includes any necessary accommodations, individualized safety concerns and/or specialized support needs as well as an anticipated timeline for the transition to

occur. As part of this planning, the team should determine whether and to what extent the individual needs education and practice with infection control practices, like more frequent handwashing, wearing masks, and social distancing. If a need is determined, the plan should reflect how the day service provider, residential provider, and/or family will support the individual in building these skills.

If the team determines that a return to the day program setting is not optimal, the team should work to identify appropriate supports that assist the individual in living their vision of a good life as identified in their Person Centered Individualized Support Plan.

The following information may be a useful resource to assist individuals, families, case managers and teams to discuss and assess both the risks and benefits of an individual's return to Day Services.

:

Assessing Benefits and Risks of Returning to Day Programing

Physical Health Status
- Is the individual identified as being at low risk by their Healthcare provider?
- Is the individual 60 years of age or older?
- Does the individual have diagnoses that indicate an elevated risk?
- Has the individual been exposed to COVID-19 or exhibited signs or symptoms of COVID-19 in the last 14 days?
- Has the individual been tested for COVID-19? If so, what were the results and any subsequent actions taken?

Infection Control Measures
- Is the individual able to follow the social distancing protocol with minimal prompting or assistance?
- Is the individual able to use personal protective equipment (PPE) for extended periods of time with minimal prompting or assistance?
- Will the individual agree to the required health screenings, infection control protocols, social distancing, face coverings, and hand washing or gloves as needed?

Individual Support Needs
- Does the individual require physical prompting or assistance for activities of daily living (ADLs) or otherwise require close contact?
- Does the individual utilize public transportation to and/or from the day service program?
- Does the individual require medical support from the day service provider?
- Would the individual be unsupervised if they don't participate in day services?
- Can the individual's needs be appropriately addressed by the day service provider?

Provider Preparedness
- Does the day service provider have a plan to ensure safe environment as identified by the Indiana State Department of Health (ISDH) and the CDC?
- Has the day service provider communicated staffing plans, service hours, and changes in existing services to all individuals, families, case managers, and individuals they support?
- Does the day service provider have policies and procedures to for individual and employee screening on daily basis?
- Does the day service provider have a protocol to address potential COVID-19 exposure to or illness

of an individual or employee or participant to COVID-19?
- Does the day service provider have adequate staffing to meet the individual's outcomes and strategies and ensure health and safety?

Benefits to the Individual
- Is socialization necessary for the individual's mental or physical health?
- Has participating in day service programming improved the individual's behavior and positively addressed outcomes and strategies?
- Does the individual need medical support that is provided at the day program?
- Does income provided through sheltered work address the individual's wants and needs?
- Is the individual's COVID-19 risk reduced by participating in day services?

GENERAL RESOURCES

- ISDH 24/7 call center 317-233-7125 (M-F, 8:15 a.m. – 4:45p.m.) 317-233-1325 (after hours)
- Indiana Small Business PPE Marketplace
- ISDH dedicated email box
- Provider webcast recording available on the ISDH video center (Internet Explorer only)
- Sign up for the Indiana health alert network. Specific resources for business, employers and healthcare workers
- ISDH – Information for healthcare professionals
- CDC - Interim guidance for business and employers to plan and respond to COVID-19
- CDC - Information for healthcare professionals