

Updated IDD Response Plan 1-11-2022

Changes from previous plan in Red

On Dec 23rd 2021, the Centers for Disease Control and Prevention (CDC) updated their Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2. On Dec 28th the Department of Health (DOH) released an update for Return to Work for Healthcare Personnel (HCP) with Confirmed or Suspected COVID-19. These updated guidelines are meant to enhance protection for HCP, the individuals we serve, their families, and address concerns about potential impacts on the healthcare system given a surge of SARS-CoV-2 infections. At CSG employees in IDD who work directly with individuals are considered healthcare workers

As a reminder, in addition to reviewing these guidelines when exposure situations/scenarios occur, the core CSG team for individuals should still have conversations with the individuals and their families regarding detailed plans for events/spending time with one another. Important details to review include: mitigation strategies such as the ability to social distance, adherence to masking, number of people at the gathering, travel distance, the individual's medical diagnosis (ex: immunocompromised), etc.

1) Screening procedures

CSG will continue screening in residential homes and day programs for anyone who is not a CSG employee.

- CSG employees should continue to monitor themselves for symptoms. Non-CSG staff include vendors, visitors, licensing representatives, support coordinators etc.
- Take temperatures of each person entering the work location or for in-home services, ask the individual and/or family member to take their temperature prior to service delivery.
- Ask if the person has COVID symptoms, has been diagnosed with COVID-19 in the last 14 days, or if they have been in contact with anyone with COVID-19.
 - Any visitor with a COVID diagnosis, fever or COVID-19 symptoms may not enter the home.
 - Visitors may be asked their vaccination status in order to determine if masking is required. If individuals are present masking is required.
 - Advise visitors that maintaining physical distance (6ft or greater) and wearing a mask can help reduce the spread of the virus even if fully Vaccinated.

2) Daily mitigation strategies

- DSPs or others performing direct support tasks are considered healthcare personnel for purposes of PA DOH COVID-19 guidance.
- **KN95 respirator masks must be worn at all times when working in a home or day program setting regardless of the employee/individual's vaccination status.**
 - KN95 masks may be worn for 3-5 days, as long as it is not torn or soiled, and should be stored in paper bags when not in use.

-The KN95 mask should be changed each shift if being worn in a home where there has been covid exposure or where a covid positive individual lives.

- Staff who are medically exempt from wearing KN95's must wear a surgical mask when in a residential home. Cloth masks are no longer sufficient. Additionally, if staff are unable to wear a respirator due to a medical exemption, they must be reassigned so that they are not working in an exposed/covid positive home.

- Follow standard universal precautions-- anytime staff may come into close contact with bodily fluids while assisting an individual, staff should don the necessary PPE (facemask or eye protection, disposable gloves, and a gown).

- Frequently disinfect high touch surface areas, equipment (ex: thermometers), bathrooms, etc.

- All staff and individuals should frequently wash their hands and/or use hand sanitizer with at least 65% alcohol content.

- Disinfect transportation vehicles, both company vans and personal vehicles after each use for transportation.

2) Determining Exposure- For the purposes of this response plan, the source of the exposure can occur while at work or outside of work.

- Employees/individuals present in an IDD residential home 48 hrs prior to the start of an employee/individual's symptoms/positive test (whichever comes first) are considered "potentially exposed" and must undergo serial testing.

- To determine the potentially exposed group, PDs and managers will complete contact tracing and review staff schedules to determine who worked at the home in the 48 hours prior to the start of the employee/individual's symptoms/positive test (whichever came first).

- Serial testing is the process where we test the potentially exposed weekly until the testing identifies no new cases of COVID-19 for at least 14 days from the most recent positive result. If staff opt to have their testing completed elsewhere for serial testing (PCP, CVS, urgent care, etc.) they must provide CSG with the test results. **At-home tests will not be accepted instead of participating in serial testing.**

- Any other persons briefly visiting the home (ex: vendors, program specialists) should

Sources referenced:

[-DOH Response to an Outbreak and Residents with Exposure to COVID-19](#) (updated 12/01/21)

[-CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2](#) (updated 12/23/21)

[-DOH Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19](#) (updated 12/28/21)

be considered “potentially exposed” if they were within 6 feet of others, for a cumulative total of at least 15 minutes within a 24 hour period.

3) Employee/HCP Return to Work Criteria

- In light of the critical staffing situation CSG is experiencing, we will temporarily follow the guideline below for all employees. We will revert back to the recommended guidelines of a 10 day quarantine when appropriate and as determined based on circumstances.

- HCP who were initially suspected of having COVID-19 but following evaluation another diagnosis is suspected or confirmed, return to work decisions should be based on that other suspected/confirmed diagnoses. Staff who feel unwell despite being negative for Covid should be encouraged to RTW when symptoms have resolved.

- Return to work criteria in the chart below are defined as:

Mild Illness: Any of the various signs and symptoms of COVID 19 are present- fever, cough, sore throat, malaise, headache, and muscle pain.

Moderate Illness: Evidence of lower respiratory issues (shortness of breath, dyspnea, or abnormal chest imaging).

Severe to Critical Illness: Individuals who have respiratory frequency >30 breaths per minute, who have respiratory failure, septic shock, and/or multiple organ dysfunction, may be hospitalized.

Contingency Capacity Strategy to Mitigate Staffing Shortages – -HCP who tested positive for Covid, but are well enough and willing to work may return to work as follows:	
For HCP Mild to Moderate Illness	For HCP Asymptomatic
1) At least 5 days have passed since symptoms first appeared (day 0), And 2) At least 24 hours have passed since last fever without the use of fever-reducing medications. And 3) Symptoms (e.g-cough, shortness of breath) have improved.	1) At least 5 days have passed since the date of their first positive viral test.

Sources referenced:

[-DOH Response to an Outbreak and Residents with Exposure to COVID-19](#) (updated 12/01/21)

[-CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2](#) (updated 12/23/21)

[-DOH Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19](#) (updated 12/28/21)

Covid Exposure & asymptomatic HCP-- Return to Work (RTW) Guidelines

- When staff are exposed to anyone (within the workplace or outside of work) who has tested positive for Covid, they may continue to work as long as:
 - 1) they are asymptomatic and
 - 2) wear full PPE for the entire shift.
- Full PPE must be worn regardless of vaccination status.
- If exposed staff develop symptoms, they may no longer work.

4) Client/Individual exposure

Client/Individual Exposure and Quarantine Guidelines

Fully Vaccinated	<ul style="list-style-type: none">• Fully vaccinated individuals and individuals who were covid positive in the last 90 days do not need to be quarantined, or restricted to their room following an exposure unless:<ol style="list-style-type: none">a) They develop symptoms of COVID-19b) Are diagnosed with Covidc) Are moderately to severely immunocompromisedd) If the initial covid test may have been a false positive test resulte) If the facility is directed to do so after consultation with the local public health department.
Unvaccinated	<ul style="list-style-type: none">• Unvaccinated residents should be placed in quarantine for 14 days after their exposure.

- Individuals who have tested positive for COVID-19 within the past 3 months and recovered: should not be tested with residential serial testing (unless they develop new symptoms).

Sources referenced:

[-DOH Response to an Outbreak and Residents with Exposure to COVID-19](#) (updated 12/01/21)

[-CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2](#) (updated 12/23/21)

[-DOH Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19](#) (updated 12/28/21)

5) Actions to take when staff/individuals have tested positive

- When there is an exposure at an IDD residential home, the entire home is quarantined (see exceptions listed above). Individuals should remain in the home, no visitors, or outings to the community, including staying home from the day program.
- PPE supplies should be obtained from the closest PPE hub location. Submit a help desk ticket to the purchasing department indicating what PPE supplies were removed and from which location.
- **All employees working in a potentially exposed home must wear a respirator (N95 if fitted or KN95), eye protection, gloves, and gown regardless of vaccination status.**
- Employees and individuals who are considered to have been “potentially exposed” will be tested weekly until the testing identifies no new cases of COVID-19 for at least 14 days from the most recent positive result (known as serial testing).
- Any persons who develop symptoms may no longer work and must follow the return to work guidelines.
- No communal meals during the quarantine period. Encourage the use of plastic and paper-ware utensils.

6. Community based services

- For community based services and when community participation support (CPS) services are provided in community settings, state and local guidelines for physical distancing and masking for the applicable community setting should be followed.

7. In CSG vehicles

- Everyone should wear a KN95 mask regardless of vaccination status when riding in a CSG vehicle.

Sources referenced:

[-DOH Response to an Outbreak and Residents with Exposure to COVID-19](#) (updated 12/01/21)

[-CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2](#) (updated 12/23/21)

[-DOH Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19](#) (updated 12/28/21)