



Pandemic Planning and Response Guidelines

Coronavirus Disease 2019 (COVID-19)

Revised March 2021

*As new information becomes available about the novel COVID 19 virus
information will be updated in this plan.*

OVERVIEW

Preface: Cottonwood, Inc. supports individuals who are vulnerable to Covid-19 due to co-morbidities and/or advanced age and the environment of communal living facilitates the spread of respiratory agents. Through education and the implementation of best practice guidelines, we can reduce exposure to potentially life threatening illness, reduce all of the working days lost due to illness, and stop or slow the spread of COVID-19 if it arrives at one of our locations.

Personal Preparedness: What you should do now

- **Make sure your contact information is correct.** Contact HR to verify. Cottonwood, Inc. is a closed point of distribution so we may have access to safety equipment and medication before the general public that could benefit you AND your family. Contacting employees by text may be crucial.
- **Wear a Mask at all times when in the presence of other people.** Make sure you wash cloth masks often. Masks should be made of a tightly woven material at least two layers thick. Bandanas and neck gators are not considered to be as effective as snug fitting and layered woven masks. Do not wear masks made of stretchy material. Keep your nose and mouth covered with the mask. Don't take it off to talk, sneeze, or cough, and when you eat seat yourself away from people if you can.
- **Clean your hands often.** With an alcohol-based hand sanitizer that contains at least 60-95% alcohol or wash your hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty. Use ONLY your knuckle to touch light switches, payment systems (check out /ATM) buttons, touchscreens etc. Lift the gasoline dispenser with a paper towel or use a disposable glove. Keep a bottle of sanitizer in your car for use after getting gas or touching other contaminated objects when you can't immediately wash your hands.
- **Make sure you have all your medications stocked**-preferably a few months' worth if you can. There was an early concern about the supply chain for medications, but this has lessened in recent months.
- **Practice Social Distancing**-Keep a distance of **6 feet** from others when possible. Avoid public gatherings such as movies, concerts, and church or community meetings. Avoid indoor activities such as eating in restaurants. Bars and parties are super spreaders. Even small family or close friend gatherings are risky as of this revision date. Isolation and quarantine are also part of social distancing. They are common healthcare practices used to control the spread of a contagious disease such as Covid- 19 by limiting people's exposure to it.
- **If you have not already done so GET A FLU SHOT**- You don't need to be fighting a war on two fronts.
- **STOP SMOKING OR VAPING.** Reports seem to indicate the illness and mortality rate is much higher in smokers than non-smokers.
- **Routinely clean** all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents provided to you by Cottonwood.
- **Stock up with some non-perishable foods**, such as canned soup, noodles, hydrating fluids, etc., in case the grocery stores are empty due to either panic buying or supply chain interruptions.

The purpose of this document: This guide is designed to provide resources and up to date information. It is to provide education and best practice guidelines for: preparing, preventing, identifying and managing outbreaks of COVID-19 Virus as we better understand the virus.

CONTENTS

Section 1	Activity Risk Chart	
Section 2	Clinical	Symptoms and signs of COVID-19
Section 3	Monitoring and Surveillance	Recognizing Covid/influenza-like illness and Covid/Influenza surveillance Response to a single case of Covid/influenza Response to an outbreak of Covid/influenza
Section 4	Treatment	Mild cases of COVID-19 Severe cases of COVID-19
Section 5	Infection Prevention & Control	Key elements for infection control Social Distancing Hygiene Contact Precautions (Inc. PPE's, isolation, quarantine and cohorting) Cleaning & Environmental Decontamination
Section 6	Staffing	Allocation of staff
Section 7	Care of Person's Supported	Minimum levels of care during pandemic
Section 8	Rights of Persons Supported	Quarantine and Isolation Fundamentals
Section 9	Supplies and Stockpiles	Food / Water Medications Personal Protective Equipment
Appendix 1	<i>What to do if you are sick with coronavirus disease 2019 (COVID-19) <CDC></i>	
Appendix 2	<i>Flowchart to Identify and Assess 2019 Novel Coronavirus <CDC></i>	
Appendix 3	<i>Standard Precautions</i>	
Appendix 4	<i>Social Distancing</i>	
Appendix 5	<i>How to Hand Wash / How to Hand Rub</i>	
Appendix 6	<i>PPE reminder</i>	
Appendix 7	<i>Interim Guidelines for Cleaning and Disinfection of COVID-19</i>	
Appendix 8	<i>No Visitor Signs (Droplet and Contact Precautions)</i>	
Appendix 9	<i>Putting on and Removing PPE's</i>	
Addendum 10	<i>Pandemic Exposure Guidelines</i>	
Addendum 11	<i>Health Supports/Re-opening Day Services</i>	
Flyer	<i>COVID-19 Vaccine Resources for Health Care Workers</i>	
Addendum 12	<i>Post Vaccination Quarantine</i>	

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not rely up this document for emergency medical treatment. The content on this document is not intended to be a substitute for professional medical advice, diagnosis or treatment.



BE INFORMED:

Know Your Risk During COVID-19

On a scale of 1 to 10, how risky is...

Ranked by physicians from the TMA COVID-19 Task Force and the TMA Committee on Infectious Diseases



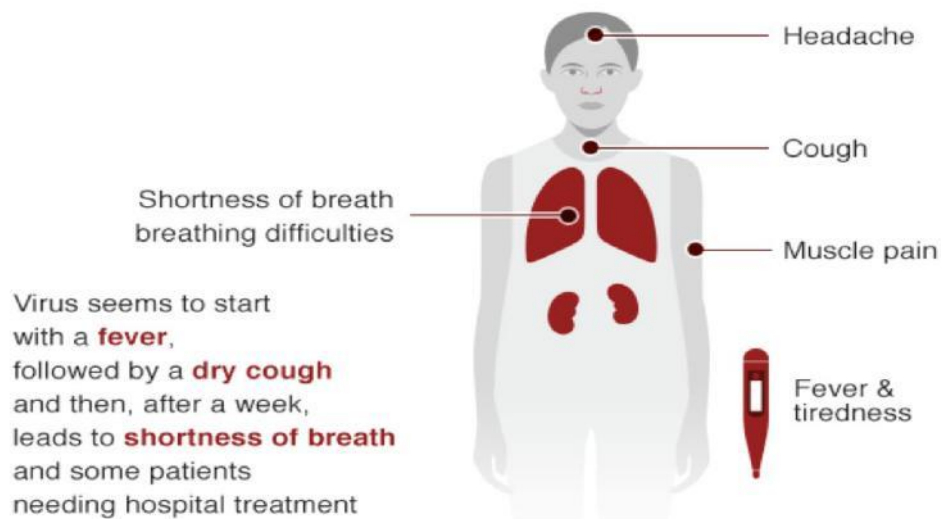
Incubation

For comparison, the incubation period for the common flu (seasonal influenza) is typically around 2 days. Incubation period for Covid-19 is 2 to 14 days.

Virus	Incubation Period (typical cases)
Novel Coronavirus (2019-nCoV)	2-14 or 0-24 days *most symptoms develop at day 5 to 6
SARS	2-7 days, as long as 10 days
MERS	5 days (range: 2-14)
Swine Flu	1-4 days, as long as 7 days
Seasonal Flu	2 days (1-4 range)

SECTION TWO CLINICAL

Symptoms of coronavirus (Covid-19)



Source: WHO

BBC

Symptoms and signs

COVID-19 can be difficult to distinguish from other viral respiratory tract infections on clinical signs alone.

2/24/2020 update: People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, on an average of 5-6 days after infection.

Typical signs and symptoms include: fever (87.9%), dry cough (67.7%), fatigue (38.1%), sputum production (33.4%), shortness of breath (18.6%), sore throat (13.9%), headache (13.6%), myalgia or arthralgia (14.8%), chills (11.4%), nausea or vomiting (5.0%), nasal congestion (4.8%), diarrhea (3.7%), and hemoptysis< coughing up of blood> (0.9%), and conjunctival congestion (0.8%). Clinical signs and symptoms may worsen with progression to lower respiratory tract disease in the second week of illness; all patients should be monitored closely.

9/4/2020 update: Loss of smell and taste has also been identified as an early symptom.

Possible risk factors for progressing to severe illness may include, but are not limited to, older age, and underlying chronic medical conditions such as lung disease, cancer, heart failure, obesity, cerebrovascular disease, renal disease, liver disease, diabetes, immunocompromising conditions, and pregnancy.

SECTION 3 MONITORING AND SURVEILLANCE

Effective outbreak management has four phases:

- Preparation: plan is in place
- Response: to activate the outbreak management plan
- Monitor outbreak progress: assess and report outbreak control activities
- Conclusion: declare the outbreak over, review events and lessons learned for future outbreaks

Recognizing Covid- 19 illness and Influenza like outbreaks

Three (3) or more people (Person Supported or staff) with Covid/influenza like illness within the same 3 days (72-hour period) indicates a potential outbreak at that location. A Cottonwood nurse should be notified immediately in the event you see signs of an influenza like illness so we can begin our surveillance.

Covid/Influenza surveillance

The aim of Covid/influenza like illness surveillance is to ensure early identification of symptoms in the person supported and staff that may precede or indicate early stages of an outbreak. It is also to allow the Cottonwood, Inc. nursing staff to monitor the progression on the illness and provide the most appropriate interventions in a timely basis.

Prompt detection of outbreaks allows early implementation of control measures.

Early implementation of control measures and notification has been associated with shorter duration of outbreaks.

RESPONSE TO A SINGLE CASE OF COVID ILLNESS OR INFLUENZA IN A PERSON SUPPORTED-See Addendum 10 for more detail.

- Follow Cottonwood, Inc. policy 05-017 with extra precautions outlines here with a potential infection person.
- The Health Support nurse will call the healthcare provider and tell them that the individual has or may have COVID-19.
- Isolate the infected Person Supported or cohort and minimize interaction with other person supported /staff.
- Provide updates to the Cottonwood, Inc. nurse on a regular basis, as requested.
- Seek prompt medical attention if the illness is worsening (e.g., difficulty breathing). **Before** seeking care, the Cottonwood, Inc. nurse will call the healthcare provider and/or Lawrence Douglas County Health Department and tell them that the individual may have, or is being provider's office to keep other people in the office or waiting room from getting infected or exposed.
- If they have a medical emergency and need to call 911, notify the dispatch personnel that the individual may have, or are being evaluated for COVID-19. Keep a facemask on the sick individual at all times.

RESPONSE TO AN OUTBREAK OF COVID-19 OR INFLUENZA

An outbreak is defined as 3 or more cases at any location (staff or persons supported).

Cottonwood, Inc. will activate Pandemic Plan interventions when one positive case is identified and continue adhering to standard precautions as well as increasing surveillance. Response will be driven by the instructions from the Lawrence Douglas County Health Department.

SECTION 4 TREATMENT OF THE PERSONS SUPPORTED FOR COVID-19

There is no specific antiviral treatment recommended for COVID-19 that is readily available.

People with most cases of COVID-19 should receive supportive care to help relieve symptoms as they would for other respiratory viral illnesses such as:

- **Drink plenty of liquids.** Choose water, juice and warm soups to prevent dehydration.
- **Rest.** Get more sleep to help the immune system fight infection. Individuals may need to change their activity level, depending on the symptoms.
- **Consider Fever & pain relievers.** Use an over-the-counter pain reliever, such as acetaminophen (Tylenol, others) to combat the achiness associated with the virus. Ibuprofen is not indicated.

In consultation with the Lawrence Douglas County Health Department, Cottonwood, Inc. nursing staff will help set up the home for best care. These include:

- The individual is stable enough to receive care at home and does not need hospitalization.
- Appropriate staffing is available at home.
- There is a separate bedroom where the individual can recover without sharing immediate space with others.
- Resources for access to food and other necessities are available.

- The individual and other household members have access to appropriate, recommended personal protective equipment and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);
- Household members who may be at increased risk of complications from Covid 19 infection (e.g., people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions) will be protected as much as possible but cohabitation may have to continue with precautions.

For severe cases, treatment should include care to support vital organ functions which will occur in a hospital.

Staff who think they may have been exposed to COVID-19 should contact their healthcare provider and supervisor immediately. This may trigger a call to the Lawrence Douglas Co. Health Department.

In the event that Antiviral medication for prophylaxis is made available during an outbreak – Cottonwood, Inc. will take the lead from Public Health. As appropriate, Cottonwood, Inc. will implement Closed Point of Distribution (C-POD) procedures when vaccine is available.

SECTION 5 INFECTION PREVENTION AND CONTROL/TRANSMISSION

Key elements for infection controlling:

- Social distancing
- Mask wearing at all times when in contact with other individuals
- Develop harm-reduction habits like pushing buttons with a knuckle and not touching face
- Flu vaccination
- hand hygiene before and after personal care activities
- use of appropriate personal protective equipment (PPE)
- regular cleaning
- increased cleaning of shared equipment
- infected person supported placement - isolation and cohorting
- minimizing person supported transfer or transport

Social distancing is a strategy where you try to avoid crowded places, large gatherings of people or close contact with a group of people. In these situations, viruses can easily spread from person to

person. In general, a distance of 6 feet will slow the spread of a disease, but the more distance the better.

Hygiene: Replace handshakes, hugs and kisses with a gentle fist bump/elbow-bumps or practice no-touch greetings like 'Namaste' (Namaste is a traditional greeting in India said with a hand gesture, in which the palms are pressed together at the chest or head accompanied by a slight bow or arm raise).

All staff, persons supported, and visitors will perform hand hygiene:

- BEFORE initial contact
- AFTER body fluid exposure risk
- AFTER person supported personal or environmental contact

In addition, persons supported will be expected to perform and/or be assisted to perform hand hygiene after toileting, before snacks or mealtimes, and periodically throughout the day.

CDC recommends washing hands with soap and water whenever possible because handwashing reduces the amounts of all types of germs and chemicals on hands. But if soap and water are not available, using a hand sanitizer with at least 60% alcohol can help you avoid getting sick and spreading germs to others.

Contact Precautions: To protect staff and peers from the risk of occupational exposure to COVID-19, it has been advised that an N95 mask is especially useful on infected individuals to help prevent transmission. It is also recommended for staff to use N95 masks when in a room/area with infected individuals. Recommended are N95 masks, eye protection, gloves, and gowns for direct care encounters within 6 feet of the ill person. N95 mask supply has been problematic throughout the early months of the pandemic and may continue to be in short supply.

Isolation:

Isolation is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well.

Quarantine:

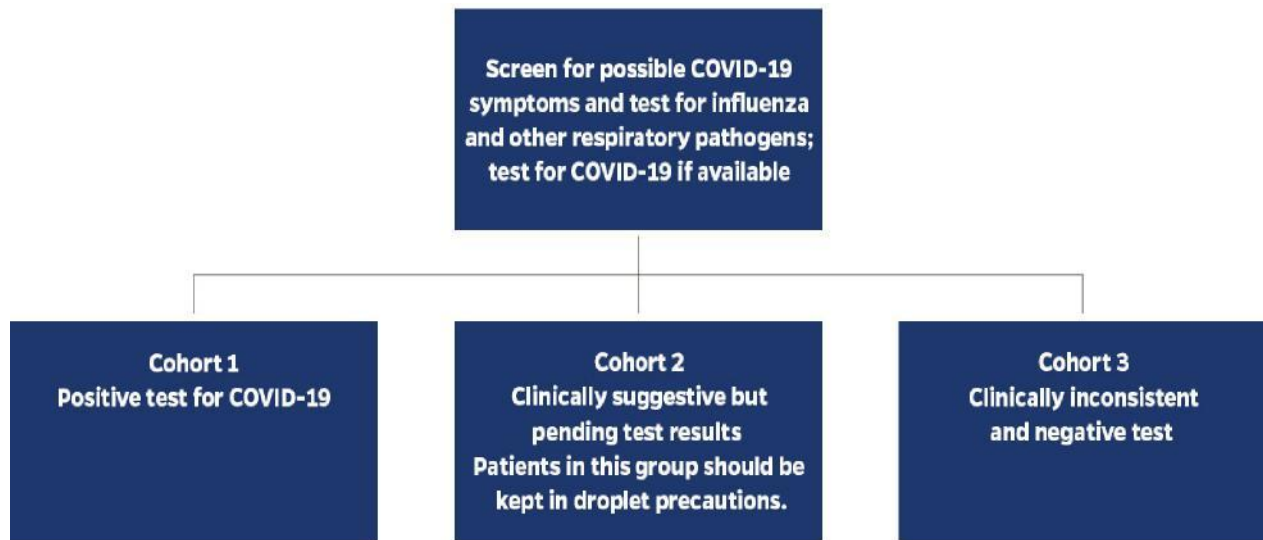
Is defined as the separation of people who have been exposed to a contagious disease from those not exposed. For people who have been exposed to a contagious disease but who may or may not become ill.

Working quarantine:

Refers to persons who are at occupational risk of influenza infection, such as Direct Support Professionals, who may be restricted to their homes or designated facilities during off duty hours.

Cohorting:

Cohorting is the practice of grouping together individuals who are infected with the same organism to confine their care to one area and prevent contact with other individuals.



Interaction with Community Partners

Transfer to Family:

If a person supported has been determined to be best supported at home temporarily with family members, the multidisciplinary team will: provide support, education, medication and personal care items to facilitate transfer of care activity to the community setting. **NOTE:** This temporary transfer will not be considered a discharge to the community.

Transfer to hospital will be required if:

- A person supported requires care involving equipment or skill sets not available in the home and cannot be brought to the home.
- A person supported requires care involving supplies not available at the home and cannot be brought to the home.
- A person supported is not palliative but has experienced a life-threatening event
- The Physician/NP determines transfer to hospital is necessary.

If transfer to hospital is required, notify the ambulance service and receiving hospital of the outbreak and the suspected or confirmed diagnosis.

Re-entry of person supported, who were transferred to hospital or another facility, requires the provision of appropriate accommodation, care and infection prevention and control.

Visitor restriction and signage

During an outbreak prevent the movement of visitors into and within the locations. Inform regular visitors and families of persons supported of the transmission guidelines .

Ensure that appropriate respiratory outbreak signage indicating additional precautions and updates are posted.

Cleaning & Environmental Decontamination

Clean frequently touched surfaces and objects daily (e.g., tables, countertops, light switches, doorknobs, and cabinet handles) using an approved disinfectant.

1. First, clean dirt off of the surface with regular cleaner. Then wipe the surface with disinfectant. Leave the surface you are cleaning wet with disinfectant for as many minutes as the product instructions require. This step is key, and people often miss this important step. It is not enough to just wipe a surface with a rag dampened with disinfectant.
2. Clean and disinfect high-touch areas such as door handles, phones, remote controls, light switches and bathroom fixtures. Clean and disinfect horizontal surfaces such as countertops, kitchen tables, desktops and other places where cough droplets could land frequently. The most important factors to disinfecting are cleaning frequently, thoroughly, and using the product correctly.
3. Follow standard procedures for cleaning and disinfecting with an Environmental Protection Agency (EPA) registered disinfectant with a claim for human coronaviruses.

Always follow the disinfectant manufacturer's instructions for use, including:

- Use the proper concentrations of disinfectant
- Allow required wet contact time
- Pay close attention to hazard warnings and instructions for using personal protective items such as gloves and eye protection
- Use disinfectants in a sufficiently ventilated space
- Follow the safety data sheets (SDS) for each disinfectant chemical

SUMMARY: The spread of respiratory viruses can be greatly reduced by hygiene measures (hand hygiene, cleaning), barriers to transmission (masks, gloves, eye protection, gowns), and isolation of infected persons supported (social distancing).

SECTION 6 STAFFING

Staffing will be a critical issue for Cottonwood, Inc. There will be no restrictions prohibiting staff from working at multiple sites. The agency will attempt to maintain standard staffing until such time the outbreak results in excessive absences. Cottonwood will endeavor to provide care using existing staffing resources. Because of the differing nature of each residential setting as well as the fluidity of the current situation, **staffing responses will be individually tailored to each location and its unique needs.**

Allocation of staff

- Once person supported isolation measures are in place, to further reduce the risk of transmission, it is preferable to allocate specific staff to the care of person supported.
- Staff members should self-monitor for signs and symptoms of respiratory illness and self-exclude from work if unwell.
- When influenza like illness is apparent, COVID-19 can be spread within a location by non-symptomatic staff, who should work only if well. Non-symptomatic staff or exposed staff should not work with individuals who have not had a confirmed exposure or illness if possible, but this may not always be known or possible. Testing will help guide staffing decisions.
- Creative staffing may be necessary should the agency be overwhelmed with absences.
- Asymptomatic positive staff may work with a household of all confirmed or symptomatic positive individuals if necessary.
- Formerly positive staff may work at all sites until such time as their supposed immune status is no longer present, as of late 2020 that is at least 3 months.

SECTION 7 CARE OF PERSON SUPPORTED

The level of care to be provided to person supported s during a pandemic is dependent upon the staffing levels available. The minimum basic care will be provided as follows:

- Essential personal care (essential bathing limited to baths/showers as needed only; face hands and perineum twice daily and as needed to maintain skin integrity).
- Medication administration- delegation will be flexible during staff shortages
- Personal hygiene and grooming may be modified depending on staff availability.
- Oral care BID.
- Ongoing assessment of care needs.
- Clothing and bedding will be changed only as needed.
- Routine toileting and continence care will be based upon the person's individual need to maintain skin integrity. Routine catheter care will be maintained as ordered.
- Skin and wound care management including routine aseptic dressings and sterile dressings, and colostomy care must be maintained.
- Assistance with eating as needed. G-tube feeding, and maintenance will be maintained as ordered.
- Oxygen therapy as required (a one-month stockpile of O2 supplies will be available for use).

- Bedridden person supported will be repositioned every two hours and as needed.
- Maintain regular communication with the relatives/substitute decision makers of person supported to keep them updated and reassured about the situation and prohibit unwarranted visiting.
- Non urgent medical appointments will be cancelled and rescheduled.
- Person supported with Acute Respiratory Infections (ARI) will automatically be isolated in a designated area or cohorted in a room/unit with person supported exhibiting like symptoms.
- All person supported with Acute respiratory infections will be requested to remain to their rooms or the designated area.
- Nursing staff or case managers will ensure consent for administration of antiviral and pandemic influenza vaccinations are obtained from the person supported should they become available.

SECTION 8 RIGHTS OF PERSONS SUPPORTED DURING PANDEMIC EVENTS

As it relates to services at Cottonwood, Inc., an individual's basic rights remain intact during a pandemic event. Quarantine and isolation should be voluntary whenever possible, and, when that is impossible, they should be enforced by the least intrusive means available.

The Department of Health and Human Services (HHS) guidelines cite two important principles designed to help ensure that those in quarantine are not placed at increased risk:

1. Quarantined individuals will be closely monitored in order to detect earliest onset of symptoms and separation from those who are well.
2. Persons in isolation will be among the first to receive any disease-prevention interventions.

In addition, the HHS plan recommends that they should be provided with all needed support services, including psychological support, food and water, and household and medical supplies.

Rights restrictions will only be enforced when directed by public health or other medical professionals.

Quarantine and isolation are the most complex and controversial public health powers. Given that they involve a significant deprivation of an individual's liberty in the name of public health, quarantine and isolation expose the tension between the interests in protecting the health of the community and the civil liberties of individuals, such as privacy, non-discrimination, freedom of movement, and freedom from detention. Any rights restrictions such as voluntary isolation or quarantine will be approved by Cottonwood, Inc. leadership and the Lawrence Douglas County Health Department.

SECTION 9 SUPPLIES AND STOCKPILES

Access to essential supplies may be disrupted. Cottonwood, Inc. will attempt to maintain a two-week inventory of PPE, as available from medical supply agencies.

FOOD / PERSONAL ITEMS

Cottonwood, Inc. will maintain at a minimum a three-day inventory for current census of food and water and other medical supplies, such as incontinent care products. Ideally a two-week

inventory of foods should be maintained, if feasible. Canned foods that have a long storage life and need little or no cooking are recommended. Meat products, fish or beans, soups, broths and stews, fruits and fruit juices, vegetables, canned (or powdered) milk, are among good supply choices. For COVID-19, we do not expect the utilities (electrical grid & water) to be impacted, so frozen foods are an option, too. Other recommended foods are peanut butter, jelly, crackers, nuts, trail mix, dried fruits, granola bars, bouillon cubes, and staples like sugar, salt, pepper. (Keep in mind you may need to include some special foods for individuals on special diets.)

Water and liquids. It is suggested to have plenty of fluids on hand, such as bottled water and supply of fluids with electrolytes, such as Pedialyte or Gatorade. Again, the water utilities probably will not be impacted but you will need drinks with electrolytes for hydration of individuals that may be infected.

MEDICATIONS

Cottonwood, Inc. staff should order as much medication as allowed. Typically, a 30-day supply is provided. Individuals will want to have a minimum of a 14-day supply of any prescription medications. You may also want over-the-counter pain relievers, antacids, cough and cold medicines, and vitamins stocked.

PERSONAL PROTECTIVE EQUIPMENT

Each location will provide an adequate supply of personal protective equipment (PPE) to staff, and persons supported as needed and requested. The PPE must always be readily available and accessible to staff during suspected outbreak, heightened surveillance and declared outbreaks.

- There will be a 14-day stockpile of PPE available as allowed by distribution networks. N-95 masks are stockpiled for distribution as appropriate.
- Cottonwood will closely monitor the use of supplies and ensure adequate replenishment of PPE stock is done routinely if possible. Education and training will be provided on the proper use and application of PPE per incident. The goal of the training is to increase the safety of the work environment, promote person supported safety through proper use of PPE and hand hygiene, reinforce safe practices and limit the transmission of Infection.

If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home

People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: Do not handle pets or other animals while sick. See [COVID-19 and Animals](#) for more information.

Call ahead before visiting your doctor

If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a facemask

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Avoid sharing personal household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

Clean your hands often

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all "high-touch" surfaces every day

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

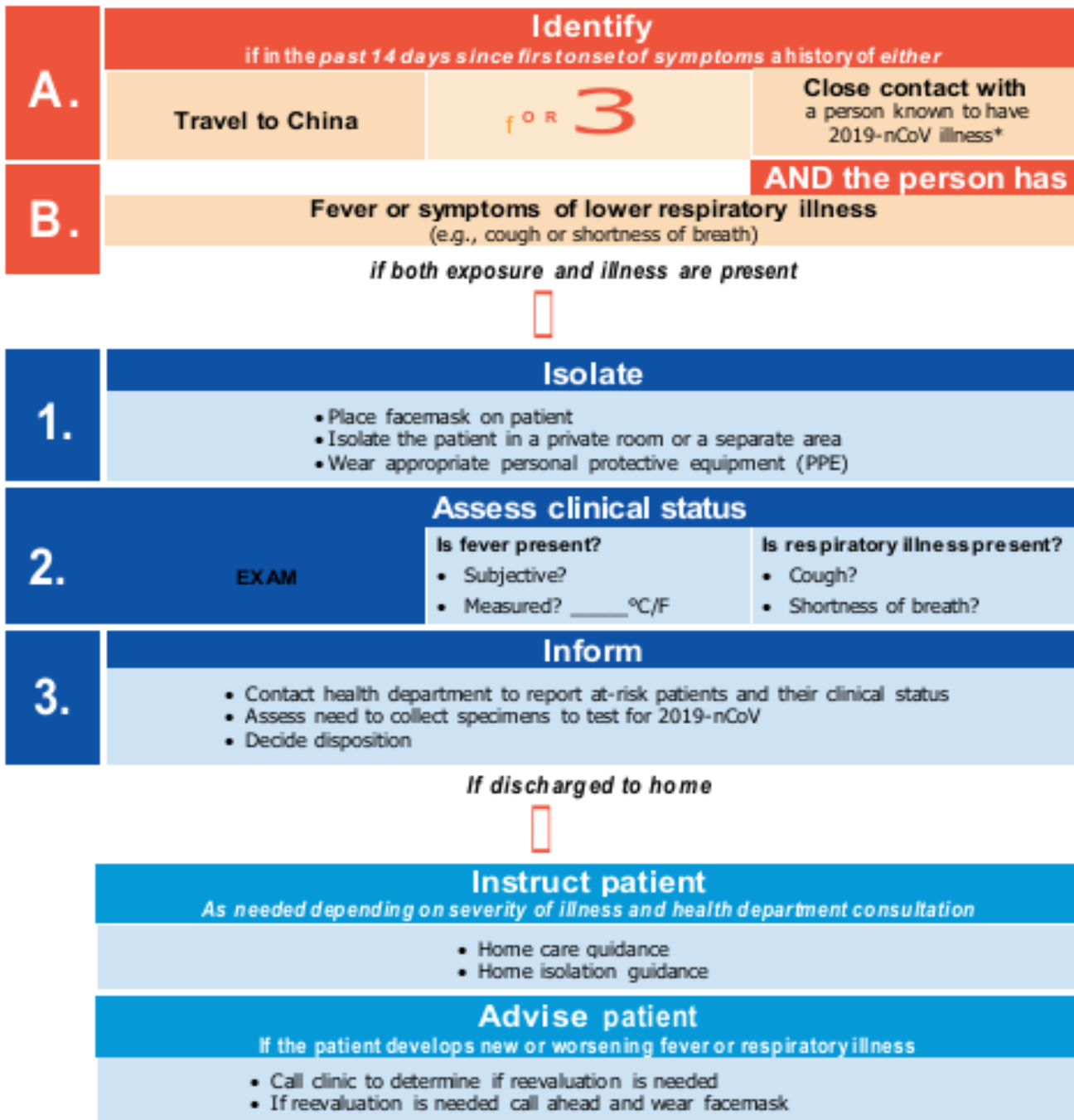
Discontinuing home isolation

Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments. For more information: www.cdc.gov/COVID19



Flowchart to Identify and Assess 2019 Novel Coronavirus

For the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV)



* Documentation of laboratory confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries. For more clarification on the definition for close contact see CDC's Interim Guidance for Healthcare Professionals: www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

Standard Precautions

USED FOR THE CARE OF ALL PATIENTS

Applies to blood, all body fluids, non-intact skin and mucous membranes

Utilize **transmission-based precautions (airborne, contact, droplet)** in addition to standard precautions as indicated



Wash hands for 20 seconds with soap and water or use an alcohol based hand gel

- When touching blood, body fluids, secretions, excretions, and contaminated equipment
- After gloves are removed
- Before and after patient contact
- Alcohol-based hand gel is not recommended for use when the skin is visibly soiled



Wear gloves

- When touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin and contaminated items/equipment

Change gloves

- Between tasks/procedures on the same patient after contact with contaminated material

Remove gloves

- Promptly after use
- Before touching non-contaminated items and environmental surfaces



Wear a mask, eye protection or face shield

- To protect mucous membranes of the eyes, nose and mouth during procedures likely to generate splashes/sprays of blood, body fluids, secretions and excretions



Wear a gown

- During procedures likely to generate splashes or sprays of blood, body fluids, secretions or excretions

Remove gown

- Promptly after use to avoid transfer of microorganisms to other patients or environments



Cleaning and disinfection

- Clean common-use equipment before removing from room



Avoid/prevent injury:

- Utilize safety needles
- Utilize needleless intravenous connections
- Sharps containers should be leak-proof and puncture resistant
- Never recap used needles
- Do not bend, break or remove used needles by hand
- Place used needles/ sharps in appropriate sharps containers
- Never attempt to remove sharps from containers
- Do not eat, drink, handle contact lenses, apply cosmetics or lip balm in any patient care area
- Staff with exudative lesions or weeping dermatitis should not provide direct patient care until the condition has resolved

Pandemic Flu

Social Distancing



SOCIAL DISTANCING

Social distancing is a way for people who are not ill to limit or avoid contact with viruses that cause illness such as pandemic flu by spreading easily from person to person. Learning about and practicing social distancing can help you, your family, and community delay or reduce the impact of a pandemic.

What you can do AT HOME

- When ill, avoid contact with people, even your family, as much as possible.
- When ill, keep your children home from school.
- Cover your coughs and sneezes.
- Clean your hands frequently.
- Keep a distance of 6 feet from others when possible.

What you can do ABOUT WORK

- Stay home from work if you are ill.
- Do not return to work for at least 48 hours after your last fever.
- Work from home if possible.
- Use email, conference calls or video conferencing instead of face-to-face meetings when possible.
- Carry your lunch and eat away from others.
- Cover your coughs and sneezes.
- Clean your hands and work surfaces (phones, headsets and keyboards) frequently.
- Keep a distance of 6 feet from others when possible.

What you can do IN YOUR COMMUNITY

- Plan home entertainment that limits contact with others.
- Avoid public gatherings such as movies, concerts, and church or community meetings when possible.
- Shop at non-peak times.
- Avoid public transportation or travel during non-peak hours.
- Cover your coughs and sneezes.
- Clean your hands frequently.
- Keep a distance of 6 feet from others when possible.

Isolation vs. Quarantine

Isolation and quarantine are also part of social distancing. They are common healthcare practices used to control the spread of a contagious disease such as pandemic flu by limiting people's exposure to it.

Isolation: For people who are ill with a contagious disease.

Quarantine: For people who have been exposed to a contagious disease.

**Stay home when sick • Clean your hands
Cover your coughs and sneezes**

How to hand wash

Lather hands for 20 seconds



1
Wet hands with warm water.



2
Apply soap.



3
Lather soap and rub hands palm to palm.



4
Rub in between and around fingers.

Lather hands for 20 seconds



5
Rub back of each hand with palm of other hand.



6
Rub fingertips of each hand in opposite palm.



7
Rub each thumb clasped in opposite hand.



8
Rinse thoroughly under running water.



9
Pat hands dry with paper towel.



10
Turn off water using paper towel.



11
Your hands are now safe.



JUST CLEAN
YOUR HANDS

How to hand rub

Rub hands for 20 seconds



1 Apply 1 to 2 pumps of product to palms of dry hands.



2 Rub hands together, palm to palm.



3 Rub in between and around fingers.



4 Rub back of each hand with palm of other hand.

Rub hands for 20 seconds



5 Rub fingertips of each hand in opposite palm.



6 Rub each thumb clasped in opposite hand.



7 Rub hands until product is dry. Do not use paper towels.



8 Once dry, your hands are safe.



PPE Reminder

CONTACT PRECAUTIONS

IN ADDITION TO ROUTINE PRACTICES



Wear long-sleeved
gown for direct care



Wear gloves for
direct care



Dedicate equipment to resident or
disinfect before use with another

Interim Guidelines for Cleaning and Disinfection of COVID-19 (Coronavirus Disease 2019) in Residences

Guidance for environmental cleaning of residences that may be exposed to the COVID-19

Items you will need:



Disposable gloves



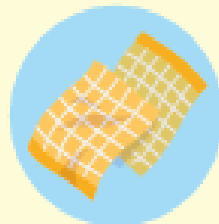
Surgical mask



Change of clothes



Plastic/ trash bags



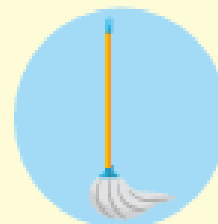
Disposable cloths/ rags



Bleach/ disinfectant



Water and pail



Mop

How to clean/ disinfect:

- 1 Put on mask and gloves. Do not touch your face further.
- 2 Prepare bleach solution/ disinfectant, according to manufacturers' instructions.
- 3 Open windows.
- 4 Mop floor with bleach solution/ disinfectant, from one end to the other.
- 5 Soak cloths in bleach solution/ disinfectant, and use to wipe all frequently touched areas and toilet surfaces.
- 6 Wash all bed linen with detergent in a washing machine.
- 7 If person is being tested for the COVID-19, do not use the bedding that he/ she has used, until he/ she is determined to be free of infection.
- 8 Repeat mopping, as before.
- 9 Put all used cloths/ rags and other waste into double-lined plastic/ trash bags.
- 10 Remove gloves and wash your hands with soap and water.
- 11 Remove mask and wash your hands with soap and water.
- 12 Put used gloves and mask into double-lined plastic/ trash bags.
- 13 Separate plastic/ trash bags generated from the clean-up from other household waste, and throw them away as regular waste, as soon as possible.
- 14 Shower and change clothes immediately.
- 15 Air/ ventilate your home.

Common Lysol products found in just about every grocery store that can potentially deactivate COVID-19. They also kill other viruses, such as HIV and various Flu strains (H1N1):

- EPA Registration Number 777-69 – Lysol Aerosol Disinfecting Spray
- EPA Registration Number 777-127 – Lysol Aerosol Disinfectant Max Cover Mist
- EPA Registration Number 777-71 – Lysol Foaming Disinfectant Basin Tub & Tile Cleaner II (Must have the "II" at the end)
- EPA Registration Number 777-91 – Lysol Citrus Scent Antibacterial Kitchen Cleaner II (Must have the "II" at the end)



NO VISITORS!

DROPLET PRECAUTIONS
IN ADDITION TO ROUTINE PRACTICES



**Wear mask and eye protection
within 6 feet of the resident**



**Residents must wear a
mask if they leave the
room and when staff
enters the room**

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

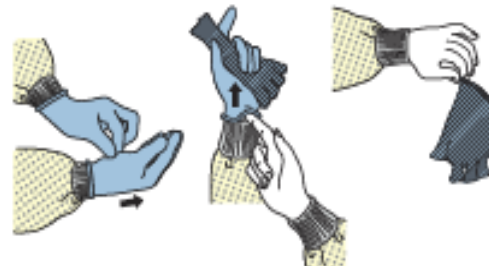


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

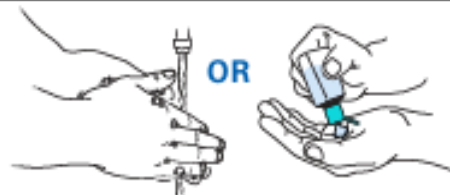


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

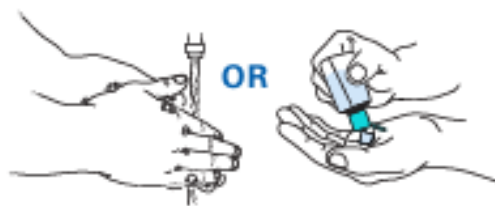


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



Addendum 10 - Pandemic Exposure Guidelines

The following guidelines have been developed to address the potential of increased infections in our communities as well as within Cottonwood. As always, the safety of the people supported, and our staff is critical to the successful functioning of Cottonwood. In order to reduce community spread, continue to do the following:

- Maintain physical distancing when possible at work and in your personal life. Wear a mask at all times.
- Increase capacities to keep the environment in your location free of the virus that causes COVID-19.
- Clean residences routinely and effectively including homes of people supported.
- Clean frequently touched surfaces, such as doorknobs, door handles, handrails and telephones, as well as non-porous surfaces in bathrooms, sleeping areas, dining areas and office spaces using a disinfectant that is registered with the Environmental Protection Agency (EPA) as active against viral pathogens.
- Place waste baskets in visible locations and empty regularly.
- If feasible, enhance ventilation in common areas such as bedrooms, TV rooms and etc. Open windows.
- Linens, eating utensils and dishes belonging to those who are sick do not need to be cleaned separately but should be thoroughly washed before sharing.
- Staff should avoid “hugging” laundry before washing it to avoid self-contamination.
- Staff should wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling laundry.

RESPONSE TO PERSON SUPPORTED HAVING BEEN TESTED FOR COVID-19 AND PENDING TEST RESULTS

- Person supported is isolated to their room and bathroom to the greatest extent possible, ensuring physical distancing between housemates.
- Person supported is provided a mask to wear at all times if tolerated.
- All outside activities for the person supported and housemates remain cancelled.
- The Direct Support Professionals, nurses and any other employees who had contact with that person supported/household will be notified.
- Notify all guardians.
- Ensure staff have necessary PPE including gloves, masks, gowns and goggles, reminding staff to use.
- Maintain Standard, Contact and Droplet Precautions (including eye protection, if available).
- All persons supported should be screened **twice a day** for temperatures.
- Ensure staff have an adequate supply of disinfecting supplies and increase the disinfecting and cleaning protocols of common surface areas.
- Follow reporting notification for suspected diagnosis.

- Seek prompt medical attention if the illness is worsening (e.g., difficulty breathing, confusion, Bluish lips or face). **Before** seeking care, call your healthcare provider and tell them that the individual may have, or are being evaluated for, COVID-19. Keep the facemask on the individual before they enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed. The office will likely have protocols in place.
- If there is a medical emergency and you need to call 911, notify the dispatch personnel that the individual may have, or are being evaluated for COVID-19. Keep the facemask on the individual before emergency medical services arrive.

If the test results come back negative for COVID-19, the person supported and household will return to usual measures being taken to reduce risk of exposure.

RESPONSE TO A POSITIVE TEST RESULT OF A PERSON SUPPORTED

- The residence will be quarantined for **7 to 10** days from the last exposure or, if not known, from the date of the positive COVID-19 test result. If in a group home, the home and its residents will be asked to quarantine according to Lawrence-Douglas County Health Department instructions and CDD guidelines. The new guidelines, as of 12-1-2020, recommend that close contacts of those infected with the coronavirus should quarantine for 7 to 10 days after last exposure, down from the 14 days previously recommended. Individuals can end their quarantine after 7 days if they receive a negative test, or 10 days without getting tested
- Cottonwood will consult with Lawrence-Douglas County Health Department (LDCH) and the Kansas Department of Health and Environment (KDHE) regarding if quarantine site is available or quarantine at home is recommended/available. It is likely that Cottonwood will quarantine at home.
- Unless symptomatic, the staff may continue to work their shifts in the home, using all PPE for safeguards, practicing universal precautions always. Upon returning to their home after shift, they are to quarantine at home. They should not work second jobs.
- Individuals are isolated to their rooms and bathrooms to the greatest extent possible, ensuring physical distancing between housemates.
- Individuals will eat meals and snacks in their rooms as communal meals will not be allowed during the quarantine period.
- Notify all guardians.
- No visitors to the house other than essential staff. Place droplet and contact caution signs (found at pages 21 and 23) at each room door where a positive person is isolated.
- Ensure staff have necessary PPE including gloves, masks, gowns and goggles, reminding staff of proper use.

- Maintain Standard, Contact and Droplet Precautions (including eye protection, if available).
- Ensure staff have an adequate supply of disinfecting supplies and increase the disinfecting and cleaning protocols of common surface areas.
- Follow reporting notification for suspected diagnosis.
- If any persons supported or staff develop symptoms of COVID-19 during the quarantine period they will be tested and if positive must remain in isolation for 10 days and are 72 hours symptom free without fever reducing drugs. If negative a second test may be performed to assure outbreak hasn't spread to housemates.
- Seek prompt emergency medical attention if the illness is worsening (e.g., difficulty breathing, confusion, Bluish lips or face). If individual has a medical emergency and you need to call 911, notify the dispatch personnel that the individual may have, or is being evaluated for COVID-19. Keep a facemask on the individual before emergency medical services arrive.
- Recovered individuals can return to their normal routine when the above criteria are met and are presumed to be immune for at least 3 months following recovery.

RESPONSE TO EMPLOYEE HAVING FIRSTHAND CONTACT WITH ANY PERSON WITH A KNOWN CASE OF COVID-19

- The employee should quarantine for 7 to 10 days, but may test out of quarantine on day 7 if a test was performed at least 5 days after exposure, their test comes back negative, and they are symptom free.

RESPONSE TO EMPLOYEE RECEIVING A POSITIVE COVID-19 DIAGNOSIS

- The following steps will be taken for any home where the staff has worked in the last two weeks:
 - ✓ Individuals will be isolated in the home for **7 to 10 days** from date of last known exposure. All community activities remain cancelled during this time. Staff will continue to monitor exposed individuals for symptoms.
 - ✓ Management/Supervisor will verify the house has sufficient supplies of PPE and cleaning supplies, within existing supplies.
 - ✓ Emphasis placed on cleaning and disinfecting protocols and PPE use in the home.
 - ✓ Guardians of all impacted Individuals will be notified.
- The employee is to quarantine at home and is not allowed to work until the following conditions are met:
 - ✓ At least 10 days have passed and employee has gone 72 hours fever free and no symptoms without the use of fever-reducing medication.

- The employee may return to work provided the above health conditions are met and the following precautionary measures are taken:
 - ✓ Employee must adhere to respiratory hygiene, hand hygiene, and cough etiquette; and
 - ✓ All staff are required to wear a facemask.
 - ✓ Recovered staff can return to full duties since they may no longer be able to spread the virus. Immune status is presumed for at least three months after recovery.

Personal Protective Equipment

Cottonwood has limited amounts of personal protective equipment (PPE) but supply availability has improved as of this plan's revision. The PPEs available are ready for rapid deployment to where the need actually exists in order to maximize this resource. Cloth masks are widely available and should be worn at all times when in the presence of other people.

In the event that PPEs are not available, or supplies become critically low, Cottonwood will follow the available CDC guidance on reuse, extended use, and/or reprocessing of PPEs.

***This should only be done as a last resort.
You will be instructed and trained if this is necessary.***

Implement limited re-use of facemasks: Limited re-use of facemasks is the practice of using the same facemask by one staff member for multiple encounters with different individuals but removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for COVID-19, care should be taken to ensure that staff do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- Not all facemasks can be re-used.
- Facemasks with elastic ear hooks may be more suitable for re-use.
- Staff should leave patient care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.

Selected Options for Reprocessing Eye Protection: When manufacturer instructions for cleaning and disinfection are unavailable, consider:

1. While wearing gloves, carefully wipe the *inside, followed by the outside* of the goggles or face shield using a clean cloth saturated with neutral detergent solution, or cleaner wipe.
2. Carefully wipe the *outside* of the goggles or face shield using a wipe or clean cloth saturated with disinfectant solution.
3. Wipe the outside of the goggles or face shield with clean water or alcohol to remove residue that may be left by the disinfectant.
4. Fully dry (air dry or use clean absorbent towels).
5. Remove gloves and perform hand hygiene.

Prioritize facemasks and eye protection for selected activities such as:

- During care activities where splashes and sprays are anticipated.
- During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable.

Prioritize gowns for selected activities such as high-contact care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, and wound care.

When No Facemasks or other PPE's Are Available, Options Include:

Consider staff at a higher risk for severe illness from COVID-19 from contact with or support of known or suspected COVID-19 individuals if there is not sufficient PPE available. ***This is not anticipated at the writing of this revision.***

Addendum 11 - Pandemic Health Supports/Re-opening Day Services

Reopening Day Services

To assist in infection risk reduction as we move towards Consumers returning to Day Services Programs, the following protocols are now effective:

Day Services:

Routine/regular/typical Assessment:

- Consumers needing a Nurse Assessment will notify their Work Supervisor.
- The Supervisor will call the Nurse by phone. If the Nurse is not available, leave a voice mail (see attached list of Nurse Assignments).
 - Robin Wood, LPN x. 1678
 - Chelsea DeSoto, LPN x. 1679
- The Nurse will visit the work area and see the Consumer there.
- If the Nurse requires the Consumer to leave the Day Services area for further assessment, the Nurse will accompany the Consumer to the designated area and then back to the work area.

Suspected COVID-19 symptom Assessment: (see symptom list below)

- Supervisor will ensure Consumer is wearing a mask.
- Supervisor will reach any nurse by phone requesting Assessment for possible COVID-19.
 - Robin Wood, LPN x.1678
 - Chelsea DeSoto, LPN x. 1679
 - Susan Rogers, RN x. 1670
- In order to minimize contact with others in the Day Services area, the Nurse will retrieve the Consumer from their area and accompany them to the Clinic or Murphy Bed Room for assessment.
 - For CW HCC: Nurse will contact PCP when appropriate requesting appointment and/or COVID-19 testing. Nurse/HS Staff will take the Consumer home, arrange/transport for testing or arrange for testing, and stay with Consumer in quarantine until Residential Staff arrives.
 - For Non-CW HCC: Nurse will contact the HCC directly by phone to report symptoms and ask that they come pick up the Consumer from Day services and inform the HCC their Consumer must receive treatment/testing through their PCP. The Nurse will enter a MedNote to communicate this contact with the team. Return to CW Day Services can occur after Consumer is 72 hours symptom free and/or evidence of negative COVID-19 test results are provided.
 - If Consumer receives CW Residential Services:
 - Treatment/testing through PCP must occur prior to Consumer's return to the CW residential site.
 - The Non-CW HCC will provide care/supervision for the Consumer at least until staff arrives at the Consumer's home.

Med Pass:

- For consumers requiring staff to administer their prescribed medications during the day, HS Staff will pass medications to the consumer in their Day Services area.

- For consumers requesting OTC medications on a PRN basis (ex: Tylenol for shoulder pain), the Supervisor will follow the same procedure as before: check the current Standing Orders, administer the medication, and document on the “Administration by Day Staff” log and Contact Note.

Please Note: All of these modifications are in place to reduce hallway traffic, control the flow of foot traffic in and out of the Clinic, and promote social distancing. In general, Consumers are not to go to the Clinic without a Nurse escort.

Residential Services:

Routine/regular/typical Assessment:

To maintain social distancing in the Clinic, staff bringing consumers into the Clinic upon arrival in the morning is no longer allowed. Similarly, SIL Staff are not to bring Consumers to the Clinic without Nurse Instruction to do so.

Group Home:

- When a Consumer requires Nurse Assessment, Staff e-mails the Assigned Nurse and the clinic@cwood.org to ensure a nurse sees the request.

SIL:

- SIL staff observes need for assessment during an SIL visit.
 - SIL staff calls the Assigned HS nurse (if available, otherwise an alternate nurse) to make arrangements for an assessment.
 - HS Nurse determines whether to complete assessment at Consumer’s home or in the clinic.
 - If SIL staff cannot wait for instructions due to scheduled visits, they will contact (phone, text, or email) the SIL Residential Coordinator and/or Director to hand-off the assessment coordination.

Suspected COVID-19 symptom Assessment: (see symptom list below)

Group Home:

- Staff calls Residential On-Call Manager noting any suspected symptoms not having another known cause.
- Staff assists individual with mask compliance and assists Consumer to their bedroom to rest. Limits Consumer, with suspected case, to movement between their own room and assigned bathroom.
- On-call Manager contacts On-call Nurse for further instruction.
- By phone or in person, when the HS Nurse suspects a case, Nurse will act as though it is a positive case and will proceed as if it is in order to protect others.
 - HS Nurse instructs staff about isolating Consumer, using separate bathroom if possible, and pushing fluids and OTC medications to treat symptoms.
 - HS Nurse & Residential On-call Manager create plan for notifying PCP after-hours or once PCP office opens in the morning.
- HS Nurse will gather information from staff and/or go to the house first thing in the morning to assess Consumer and deliver appropriate PPE. The Nurse/HS Staff may remain at the house during Day Services Hours on the first day of isolation. Staffing of the house for the remainder of the duration will be determined on a case-by-case basis.
- Should more than one house need coverage on any given day the On-Call Nurse will contact the Work Enrichment Coordinator to determine coverage for the additional sites.
- Housemates remain home at this time out of an abundance of caution. No one in; no one out (excluding staff). Limit the number of staff in/out of the house to reduce community spread.

- The Assigned Nurse informs/follows up with the Consumer's PCP and sends a MedNote when PCP's directions/orders received. HS Nurse communicates with on-site staff to ensure prompt compliance.
- "Stay-at-home" ends after Consumer is 72 hours fever-free and quarantine timelines have been met.

SIL:

- SIL staff observes, or SIL Consumer self-reports to SIL staff, possible COVID-19 symptoms.
- SIL staff instructs Consumer to put on mask when others are present in their home and instructs the Consumer to stay home until they receive further instruction from Nurse/HS Staff.
 - During CW office hours,
 - SIL staff contacts a HS Nurse immediately to report concern and receive further direction.
 - If SIL staff are unable to wait for instruction due to scheduled visits, they will contact (phone, text, or email) the SIL Residential Coordinator and/or Director to hand-off the assessment coordination.
 - Outside CW office hours,
 - SIL staff contacts On-call Manager, noting any suspected symptoms not having another known cause.
 - On-call Manager contacts On-call Nurse for further instruction.
- By phone or in person, when the HS Nurse suspects a case, Nurse will act as though it is a positive case and will proceed as if it is in order to protect others.
 - HS Nurse instructs staff about isolating Consumer as needed and pushing fluids and OTC medications to treat symptoms.
 - HS Nurse & Residential On-call Manager create plan for notifying PCP after-hours or once PCP office opens in the morning.
- HS Nurse will gather information from staff and/or go to the Consumer home/apartment first thing in the morning to assess Consumer and deliver appropriate PPE.
- Limit the number of staff in/out of the house to reduce community spread.
- The Assigned Nurse informs/follows up with the Consumer's PCP and sends a MedNote when PCP's directions/orders received. HS Nurse communicates with SIL staff to ensure prompt compliance.
- "Stay-at-home" ends after Consumer is 72 hours fever-free and quarantine timeframes have been met.

Symptoms of COVID-19: (When any of the following symptoms can't be explained by another cause)

- Fever of 100.4 or greater
- Lower Respiratory illness (cough, shortness of breath, or difficulty breathing)
- Chills
- Rigors (sudden feeling of cold chills, often with sweating, indicating increased fever)
- Myalgia (muscle pain)
- Malaise (general feeling of discomfort or illness)
- Headache
- Sore throat
- New onset olfactory and taste disorders (unable to smell or taste things)
- Runny nose
- Diarrhea

COVID-19 VACCINE

RESOURCES FOR HEALTH CARE WORKERS



CDC

- [Facts about Covid-19 vaccines](#)
- [FAQ's about Covid-19 vaccination](#)
- [Monitoring vaccine effectiveness](#)
- [mRNA vaccines and how they work](#)
- [Benefits of Covid-19 vaccines](#)
- [Guiding principles for vaccine prioritization](#)

FDA

- [Effectiveness of the Covid-19 vaccine](#)
- [FDA's considerations for Covid-19 vaccine developers](#)
- [Development and approval of vaccines](#)

ADDITIONAL

- [Dr. Fauci on "Meet the Press": what to expect with Covid-19 vaccination](#)
- [Lawrence-Douglas County Public Health materials and guidance](#)
- [Vaccine prioritization considerations by WHO](#)

FAQs

[WHAT DO WE KNOW ABOUT POSSIBLE SIDE EFFECTS?](#)

[WHY HAVE VACCINES BEEN APPROVED SO QUICKLY?](#)

[HOW LONG IS THE VACCINE EFFECTIVE?](#)

[WHO'S RECEIVING THE VACCINE FIRST?](#)

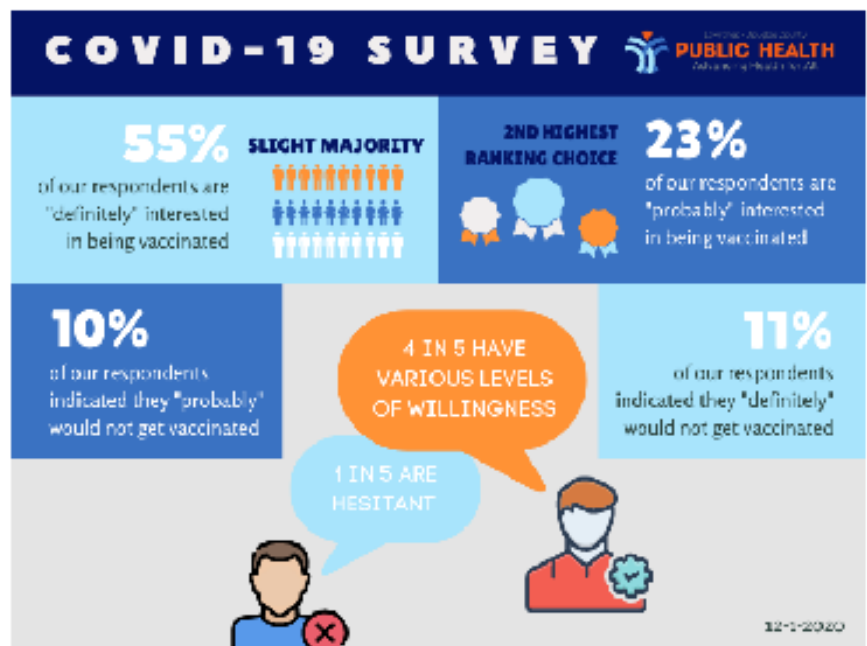
[WHAT'S THE DIFFERENCE BETWEEN AVAILABLE VACCINES?](#)



Recent survey results: 78% are interested in being vaccinated

We conducted a survey in October 2020 inquiring into the willingness and hesitance of Douglas County residents to be vaccinated, their decision-making factors, and their preferences around vaccine resources and locations. The Vaccination Unit, a dedicated team operating under the Unified Command, is carefully analyzing and utilizing these survey results for Covid-19 vaccination planning. The team is composed of leadership from Lawrence-Douglas County Public Health, LMH Health, Douglas County Emergency Management, Lawrence-Douglas County Fire Medical, Haskell Indian Health Center, KU Office of Public Safety, KU School of Pharmacy, Heartland Community Health Center, and Pioneer Ridge Health and Rehab.

In addition to the survey's results, the Vaccination Unit is engaged in vigorous research of available materials, studies, guidelines from national health agencies, and more. We are planning a Covid-19 vaccine response reflecting the best ideas from similar communities and only the most credible research. We are confident in our community's ability to continue adapting as we enter new stages of the pandemic together.



SPECIAL MESSAGE

It's normal to feel hesitant about a new vaccine you haven't received before. We take pride in knowing our community seeks to be informed and plan carefully. We hope Douglas County can set a positive example

for the rest of Kansas and beyond- that we care about protecting one another and doing all we can to reduce Covid-19's impacts. We applaud all the researchers, clinical trial participants, and our health care workers!

12-1-2020

Addendum 12

Post Vaccination Quarantine

Quarantine Guidelines for Vaccinated Persons:

Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine)
- Are within 3 months following receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure

Persons who do not meet all 3 of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19.

It is expected that since the vaccine is so new to the population and efficacy hasn't been tested past the clinical trial periods, guidelines will be adjusted past three months, but Cottonwood will monitor this and follow the recommended guidelines. At some point in time, a booster dose may be recommended.

The protocols found in **"Reopening Day Services"** will remain in effect except for the need to quarantine individuals exposed to a COVID-19 positive person if they meet the above vaccination criteria.