

October 6, 2020

ND Dept of Human Svc - Developmental Disabilities Division: COVID-19 Return/Continuation of Activities and Services Assessment

This document is to assist teams in discussing individual's return or continuation of services, such as day programming, employment, in home supports, attend community activities, resume visitations, etc.* Individuals must have an opportunity to make informed choices. If delays continue, the decision to delay must be re-assessed at a later time determined by the team.

There were no executive orders or DD Division guidance that discontinued provider's program operations, specific programs/services, and other activities. Decisions were decided and implemented at each provider or individual level.

***Summary of the discussion and decisions must be documented in the person's OSP by the DDPM in the DDPM Final Review and Discussion box under "A". The attached worksheet is an optional tool to use in team meetings.**

The following is guidance for teams to use during discussions that evaluate both risks and benefits, and development of mitigation plans to reduce or avoid risks. The decision should be individualized. This is not an exhaustive list, and current CDC, State, and DD Division guidance should continue to be referenced.

- Individual's level of interest:
 - What they want to do and want to avoid
 - Community access and social connections preferences
 - Service needs, supports available, and how services are delivered
 - Options available
 - Resources individual has or needs to ensure health & safety
 - Benefits & risks
 - Employment considerations – job considered essential, risk of losing job if work is not resumed, dependency on income from employment, impact on other benefits
- Team members' level of comfort and concerns
- Individual's understanding of risks involved
- Individual's health status - do they have underlying medical conditions. This may include health status concerns with other household members. CDC link to list of underlying medical conditions https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html
- Impact of the individual's well-being or mental health
- Individual and staff ability to follow safety precautions:

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- Wearing mask
- Handwashing
- Physical distancing
- Wearing gloves
- Limiting touching surfaces
- Practices upon leaving and returning
- Other
- Barriers and supporting strategies that can be put into place (supports to stay safe):
 - Coping techniques for stress and anxiety
 - Appropriate PPE available
 - Education & training
 - Visual or verbal reminders, cuing, modeling, behavior support
 - Alter frequency or duration
 - Accommodations
 - Alternate transportation
 - Other
- Setting considerations:
 - Location, outdoor/indoor
 - Number of people or size of groups
 - Shared spaces
 - Nature of support, business, or type of activity
 - Length and time in environment
 - Frequent contact with others
 - High touch activities
- Risk of COVID-19 in the setting/location and risk of staff spread of the virus
- Ability to quarantine, including quarantine location available, if exposed to COVID-19
- Prevention protocols:
 - Screening
 - Cleaning
 - Ability to maintain safe distance
 - Hygiene practices
 - Access to PPE
 - Community employer precautions
 - Other
- Mode of transportation considerations:
 - Private or public options
 - Number of individuals traveling together
 - Individuals of same household
 - Cleaning between uses
 - Ability to maintain safe distance, wear mask, and adhere to safety precautions
 - Length or time of travel

Resuming In-Person Visitation

- Consider if the individual has indicated a desire to have visitors
- Consider and discuss plan/desire for visits with roommates and teams
- Consider implications for a person's physical and mental well-being
- Discuss COVID-19 precautions, face coverings, social distancing, handwashing, hand sanitizer, surface cleaning, etc.
- Educate individuals and family/friends of the risks of spread for COVID-19, the appropriate safety precautions, and expectations during the visit
- Solutions to consider:
 - Preschedule visits

- Visitor screening process
- Sign-in sheets to track visitors
- Designated location for visitors
- Establish contact free visits. Plan for if contact does occur-e.g. wash hands, change clothes, etc.
- Establish number of visitors per day (e.g. amount of visitor/staff movement at a given time)
- Plan to avoid sharing items or activities that would require removing face masks.
- Use of outdoor space. If outdoor visitation is not possible due to weather conditions, indoor visitation solutions should be pursued utilizing CDC guidelines (e.g. PPE, social distancing, etc.)
- For situations where the individual's emotional wellness needs to be addressed despite the potential health risks, the provider will need to make every effort to mitigate risks.
- Continue to encourage utilization of technology if necessary

COVID-19 Return/Continuation of Activities and Services Assessment Worksheet

This worksheet is optional to use in documenting the discussion and decision with individuals, guardian, DDPM, DD providers, and other necessary team members when considering to resume day services outside of the home that were suspended due to COVID-19*. It should be used to elicit people's choices, desires, and weigh the benefits and risks.

**These changes are time limited, effective only during the Appendix K approval dates, and tied specifically to individuals impacted by COVID-19.*

Date of discussion:

What activities or services would you like to resume or start?

- Day Program:
- Employment:
- Volunteer:
- Community activities, rec/leisure:
- Other (list):

How often would you like to engage in these activities or services?

- How it used to be
- Less often
- More often
- Other:

How have you been spending your day?

What new activities or services would you like to try?

What's most important to you or the benefits of resuming?

- Routine
- Socialization, contacts with family and friends
- Decrease stress
- Maintain mental well-being
- Physical activity or exercise
- Enjoying outdoors
- Activity outside of the home
- Access to income
- Other:

Have you acquired any new skills or ways to cope to help deal with COVID-19?

What are your fears, concerns, worsening symptoms, or traumatic events experienced with COVID-19 that you need support with?

Do you have any health-related risks based on conditions identified by the CDC? If yes, what are the supports to mitigate or minimize the risk? CDC link to list of underlying medical conditions?

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html

List any other risks specific to you and supports to mitigate or minimize the risk (e.g. number of people, size, frequency of contact, length, location, etc.):

Individual’s level of independence with self-care skills

Independent Some Support Full Support

Understanding when hands should be washed/sanitized _____

Ability to sanitize or wash hands for 20 seconds _____

Avoid touching face, eyes, and mouth with unwashed hands _____

Recognize symptoms of illness, staying home & notifying supports _____

Individual’s level of independence with social distancing

Independent Some Support Full Support

Understands how far six feet is _____

Maintain social distancing from who they do not live with in community settings _____

Correctly covers cough and sneezes with the inner elbow _____

Avoid personal contact like hugs, handshakes, high fives _____

Avoids participating in social gatherings of more than 10 people _____

Individual’s use of protective resources/PPE

Independent Some Support Full Support

Individual’s use of face mask _____

Individual’s willingness to use face masks _____

Individual’s use of gloves (if needed for activity) _____

Individual’s use of hand sanitizer _____

Comments and supports to mitigate or minimize the risk:

Any specific individual, guardian, or other team member comments:

Decision (not to resume, resume after certain protections in place, resume) and rationale:

If delayed, date this will be reviewed again:

List of participating team members: