NORTH
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ND Dept of Human Svc - Developmental Disabilities Division:
Restart Guidance

This guidance is to provide recommendations to DD licensed providers to assist in evaluating their readiness and plans for re-opening and restart. This guidance will also assist providers in considering all the necessary precautions to keep the disability population safe and healthy.

This will be applicable to any services or programs that were suspended, such as day programming, IHS, employment, community activities, etc. There were no executive orders that reduced provider's program operations. Additionally, the DD Division did not direct providers to discontinue specific programs or services. Operational decisions were decided and implemented at each individual provider level.

The Restart Plan should occur in phases. Providers are to evaluate the risks of in-person service delivery and the needs/preparatory status of their agency. Considerations should also be given to which phase North Dakota is in as well as the COVID-19 status of their county. Strategies may be based on feasibility given the unique space of the settings and needs of individuals. Providers will need to evaluate their individual settings and programs, which portions of this guidance are applicable to each, and when they should be implemented. This document is to provide recommendations only. Each situation is unique and may require alternative considerations to provide for the health and safety of individuals.

This document may be updated as we move into phases of reopening and when new information arises. Modifications identified in ND's Appendix K waiver (e.g. service planning, training, etc.), may still occur as teams and providers deem appropriate. Additionally, in preparation for future disruption to services due to COVID-19 periodic resurfacing, providers should review their emergency plan and make changes to enhance it for the future.

> Link to ND Smart Restart
> https://www.ndresponse.gov/covid-19-resources/covid-19-business-and-employer-resources/nd-smart-restart

Applicable to All Services
- Providers should reach out individuals, families, and residential providers to determine interest and their needs in returning to services.
- Ensure the team is aware of any changes prior to re-start and contact the team to discuss additional strategies as on-going needs occur.

- Providers must maintain open communication with people receiving services, families/guardians, other shared service providers, and DDPA/DDPM's. Communicate and collaborate with other DD providers or community employers.
- Monitor the individual's mental health well-being and how social isolation has impacted the person.
- Recognize that both individuals and staff may be dealing with grief, anxiety, stress and fears and develop tools and resources to support their mental health (self-care training, stress management, encouraging breaks and lunches, disaster track trainings, debriefing opportunities, etc.).
- Plan on how individuals will transition back into their communities. It is important for individual's receiving services to make informed decisions regarding when and how they will integrate back into their community.
- Decisions should be based on individualized risks, needs, and choices. Individual planning and support is important in order to have the necessary information to identify their potential risk and appropriate strategies that can be implemented to support their health and well-being.
- Consideration may be given to individuals at higher risk for COVID-19 to determine if they should continue to stay home until the risks are reduced.
- Consider if there are housemates that are at greater risk to get sick and discuss potential ways to decrease their possible risk of exposure.
- Assess the needs of people and consider how needs can be met while maintaining safe social distancing.
- Develop plans to educate individuals on social distancing, hygiene expectations, and community activities.
- Develop plans or criteria to resume community-based activities (consider type of activity, locations, times of day with low traffic, individual compliance, etc.). Identify activities that can accommodate social distancing.
- Assess individual's compliance with social distancing and tolerance to wear masks.
- Consider how to protect individuals that are not able to social distance or tolerate masks.
- Develop expectations, protocol, and mitigation for someone refusing to use PPE or practice safety precautions.
- Provide information around potential exposure when going into the community and if going to work.
- Work with the person's team and explore ways to mitigate risks (e.g. employer accommodations, alternate transportation means, interact in areas with fewer people, brainstorm creative alternatives, identify alternate services).
- Assess work sites compliance with social distancing.
- Identify opportunities to continue or substitute with remote support (e.g. in-person job coach).
- Assess transportation options to mitigate any risks or exposure concerns with transport provided by staff vehicles, provider vans and public transportation.
- Develop supports regarding sanitizing expectations upon arrival and after leaving the person's home/setting.
- Develop supports surrounding basic health assessment of all individuals in the home/setting upon arrival.
- All staff should wear a face mask.
- People receiving services and family members are encouraged to wear a face mask, if possible. Cloth face coverings should not be placed on anyone who has trouble breathing or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Re-evaluate visitor policies on a case-by-case basis.
- If visitors are allowed, screen visitors for fever and other symptoms before they enter the facility. If fever or COVID-19 symptoms are present, the visitor should not be allowed entry

into the facility. Visitors must follow the same hygiene practices required of staff and individuals.

- Refer to DD Provider COVID-19 Guidance for more information regarding visitors: https://www.nd.gov/dhs/info/covid-19/docs/guidance-covid-19-dd-provider.pdf
- Ensure and monitor sufficient resources including PPE, workforce, sanitation supplies, etc.

Restarting In-Person Services

Providers who are currently providing virtual visits should keep in mind that virtual visits are only authorized during the in ND's Appendix K waiver effective dates. which is valid through 2.28.21. Virtual visits are not authorized to continue past the waiver's expiration.

Considerations for the Office Setting

- Assess staff needs for training on universal precautions, using personal protective equipment (PPE), and sanitizing office spaces, equipment and materials taken into homes.
- Assess the need to purchase PPE for staff and/or individuals, additional disinfecting cleaning supplies for the office, hand sanitizer for staff to carry and other items needed to maintain a safe environment. You can find recommended methods and supplies for disinfecting a variety of surfaces here.
- Ensure public areas and all surfaces in the office have been cleaned. The CDC website has a Cleaning and Disinfecting Decision Tool to help determine how to clean and disinfect different office areas. Develop a plan for continued disinfecting and cleaning.
- Develop a plan for using office space in a way that allows for social distancing. This may mean phasing in the return of staff over time or staggering which days and hours during the week each staff person can be in the office.
- Develop a plan for group meetings that will allow staff to maintain a distance of at least six feet from each other.

Considerations for in-person home or community visits

- Work with staff to develop a plan for gradually implementing in-person visits, based on a variety of factors, such as:
  - Preference of individual or family/decision maker.
  - Number of COVID-19 cases in a particular county or part of your service area.
  - Risk to individuals (for example, a person's medical conditions).
  - Risk to staff.
  - Needs of individuals and others in the home.
- Develop a plan for prioritizing evaluations/assessments and Service Plans (IFSPs/PCSPs/OSPs) for individuals whose eligibility determinations and/or plans are overdue.
- Develop a plan for assessing the needs of individuals who suspended services to determine if service needs have changed.
- Encourage individuals to practice everyday prevention actions, if possible, and assist them when needed.
- Develop a protocol for staff to follow when they are in the field, including at a minimum:
  - Contacting each individual before their visit to screen for symptoms or risks. Conduct a phone screening prior to each in-person visit with the family. The screening tool can be found here.

- - Do not allow staff to enter homes where someone has symptoms or has been exposed to COVID-19 in the past 14 days.
  - Washing or disinfecting hands before entering and after leaving each home.
  - Wearing a facemask, unless personal health conditions make mask wearing prohibitive, in which case a face shield should be used as an alternative.
    - If there is the potential of being exposed to bodily fluids, use standard precautions and personal protective equipment (PPE).
  - Making every effort to maintain a six-foot social distance from the individual and others in the home.
  - Cleaning and disinfecting frequently touched objects and surfaces. Disinfecting any items taken into the home.
- Consider if in-person visits in various community settings should occur, including:
  - Libraries
  - Parks, unless tables and play equipment can be disinfected
  - Community centers
  - Churches
  - Stores
  - Restaurants
- Provide information for individuals and guardians about why providers are wearing masks (and other PPE, if applicable) and ask others in the home over the age of 3 to wear masks if they are willing. Determine how your program will address services for individuals who choose not to wear masks. Each case may need to be handled differently based on risk to the provider and the needs of the individual. In some cases, a program may determine the risk is low if the provider wears a mask and the individual doesn't. These situations will require a sensitive and thoughtful discussion with the individuals involved.
- Provide staff and individuals with information on how an individual's social-emotional needs might be impacted by COVID-19. For young children, the ECTA Center has a variety of resources on their COVID-19 webpage.
- When in-person visits resume, it should be reported to the DD Division via the previously distributed tracking spreadsheet.

Facility Based Day Programming
Prior to providers re-starting their programs, they must submit their plans to the DD Division and the regional DDPA must complete a site visit to review the setting's physical readiness. These plans must be in place prior to any restart activities.

The facility cannot be physically connected to a setting where people with COVID-19 are being supported unless separate entrances, restrooms and program rooms are utilized without the ability to cross into the other service areas.

Group Sizes and Staffing
- Establish modified group sizes to comply with CDC and ND guidance. to avoid groups and gathering of more than 10 staff and individuals in room or area. Providers shall determine the capacity based on the providers ability to maintain appropriate social distancing and CDC guidance.
- Keep the same staff and individuals grouped together as much as possible each day. Groups should remain separated as much as possible.

- Staff and individuals should social distance by remaining 6 feet from one another as much as possible.

Screenings and Arrival
- Stagger arrival and leaving times.
- Provide markers for lines to allow minimum of six feet separation upon entry.
- Each employee and individual must be screened upon arrival each day for fever, symptoms, and risk of COVID-19. Only staff and individuals not exhibiting symptoms can enter the facility. Consider checking symptoms at other times through out the day.
- Day program staff should meet individuals at the door to limit the amount of other people entering the building during arrival.   This should also occur when individuals are leaving the facility at the end of their day.
- Limit and monitor entry points.
- Keep a log of staff and individuals entering the facility each day.

Daily Operations
- Bring people back to the setting in small groups ~~(10 or fewer including staff)~~ who can maintain social distance or tolerate and will remain compliant with wearing mask.
- Consider changes to hours of operation. Provide individuals the option of attending alternate days or attend half days.
- Consider staggering start dates so that the most vulnerable are the last to reintegrate.
- Post visual alerts (e.g., signs, posters) in strategic places (e.g., bathrooms, break areas, kitchens, etc.) to provide instructions about hand hygiene, respiratory hygiene, and cough etiquette.
- Stagger/limit common area usage as much as possible.
- Minimize interactions that could facilitate community spread.
- Enforce visitor precautions ~~Limit non-essential visitors.~~
  - If visitors do come in, screen visitors for fever and other symptoms before they enter the facility. If fever or COVID-19 symptoms are present, the visitor should not be allowed entry into the facility. Visitors must follow the same hygiene practices required of staff and individuals.
- Alter or halt daily group activities that may promote transmission.
- Meals and snacks should be distributed in a way that limits person to person contact outside of each group. Use disposable plates, cups, bowls and utensils
- Staff and individuals should be staggered at tables to minimize close contact. Clean all surfaces between seatings.
- Providers will need to think creatively about how they might use the space in a way that meets CDC guidance.
  - Utilize shelving units, accordion walls, privacy panels, room dividers, etc. Ensure they are not a tipping hazard.
  - Rearrange furniture and create visual cues (e.g. tape on the floor)
  - ~~o~~ Increase table spacing to allow for social distancing. ~~Table seating must be limited to 10 people.~~
- All staff must wear face masks. Staff should wear facemasks rather than cloth face coverings, if at all possible.

- Encourage individuals (i.e., non-staff) to wear cloth face masks, as tolerated. Cloth face coverings should not be placed on anyone who has trouble breathing or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Individuals may utilize the yard and/or outdoor space immediately surrounding the facility or other outside locations if physical distancing can be maintained.
- If staff/client leave the facility for community activities, advise them to wear their own cloth face covering or face mask (if cloth face covering is unavailable).
- Consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials (e.g. rugs) may be removed to reduce challenges with cleaning and disinfecting.
- Establish procedures to ensure staff and individuals who come to the facility sick or become sick while at the facility are sent home as soon as possible. Plan to have an isolation area or room to separate ill staff and individuals until they are able to go home.
- Develop plans in the event of increased staff absences.

Hygiene and Cleaning
- Staff and individuals should wash hands or use hand sanitizer upon arrival and whenever they enter another room or join a different group of people.
- Handwashing will take place at frequent intervals throughout the day including (but not limited to) prior to meals, after meals, after bathroom use, after using a tissue, and upon entering the from home or activities outside of the facility.
- Open windows to provide fresh air, as weather permits.
- Frequent cleaning and sanitizing will be completed throughout the day with use of high touch areas (e.g. food prep surfaces, tabletops, doorknobs, light switches, phone, keyboards, faucets, etc.)
- Only use activity items that can be cleaned. Items could be rotated so that half the items will be available in the morning and the other half in the afternoon. All items will be sanitized after use as well as prior to closing each day.
- Staff should deep clean the facility at the end of each day. The provider may need to adjust the daily operating times to accommodate this task.
- Consider dedicated cleaning staff, if feasible.
- For additional CDC information: https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html

Additional Resource, ND DoH Workplace Assessment for COVID-19:
https://www.health.nd.gov/sites/www/files/documents/Files/MSS/coronavirus/Workplace_self_assessment_ND.pdf

Steps That Will Be Taken Should Exposure Occur in Day Service Facilities
- Day service facilities will close for 72 hours following a confirmed case in employee or client
  - This 72-hour period will allow for contact tracing and cleaning of the facility. This will then allow those who are not identified by NDDoH to return to the facility. If contact tracing and identification of close contacts is not able to be completed during this time, the facility should remain closed until NDDoH completes their investigation.
- The confirmed case of COVID-19 will be excluded from day services for 10 days after onset of symptoms AND cannot return until fever free for 72 hours without the use of fever reducing

medications. Individual must also have improvement in respiratory symptoms before being allowed to return. The North Dakota Department of Health (NDDoH) will provide guidance to the provider and the individual and/or their guardian.

- Close contacts to a confirmed case of COVID-19 must stay home for 14 days from their last exposure. Close contacts will be identified by the NDDoH contact tracing team.
- If a second case occurs in the facility within 14 days of the first case, then the facility will close for 14 days.
  - o Environmental cleaning will occur
- If 3 or more cases have occurred in the facility, then ongoing spread is likely. The NHDoH will provide guidance as to how long the facility should close when ongoing spread is identified.
- It is encouraged for all individuals and providers to have a back-up plan for services in the event that the facility closes due to exposure, potential exposure or staffing shortages.
- Refer to the ND DoH Employee Screening and Work Practices/Exclusion for additional information: https://www.health.nd.gov/sites/www/files/documents/Files/MSS/coronavirus/ND_Smart_Restart_Workplace_Screening_and_Guidance_for_Employees.pdf