



# COVID-19 ReOpen DC: Day Services Best Practice Guidance

## For Owners, Managers, Provider Staff, Participants and Their Families

This guidance has been crafted for the participants, their families, owners, managers and provider staff of all day services providers in the District of Columbia who participate in the Home and Community Based Services (HCBS) settings Day Services programs. Individualized Day Service (IDS) providers are also encouraged to use the guidance as they plan for and safely implement IDS in the new COVID reality in the District of Columbia.

The recommendations herein are based on best practices, good common sense solutions, and public health standards for the mitigation and prevention of contracting COVID-19, based on current [www.DCHealth.dc.gov](http://www.DCHealth.dc.gov) directives and recommendations for all District of Columbia citizens. You can also get real-time current COVID-19 information, video briefings, and testing site information from Mayor Muriel Bowser's <https://coronavirus.dc.gov/>. The Department on Disability Services (DDS) remains committed to providing the latest information to the people and stakeholders of people who live with disability. DDS encourages day providers, participants and families to review <https://dds.dc.gov/publication/dds-guidance-COVID-19> for up to the moment details on the DDS response to COVID 19.

DDS would like for the provider community and program participants, including family members and decision makers, to use this guidance as a resource to prevent, prepare, and respond to the COVID-19 pandemic. As the District enters Phase 2 of [ReOpen DC | coronavirus](#), DDS is safely in step with The Mayor's priorities:

**ReOpen DC is about working together as a community to reopen Washington, DC in a way that is safe and sustainable. Together, we will create a plan that is based in science and tailored to the needs of our community.**

Mayor Bowser Administration

As the Department on Disability Services works tirelessly with the participants and the day services providers to envision a new way of ensuring safety, based on the most current DC Health data, CDC recommendations, and on the desires and choices of the people who live with disability and those who support them and the goals wishes, and dreams of their lives, this is a collaborative process document.

The following are 12 Core Competencies DDS recommends HCBS Day Providers implement while assessing and adopting these based on the unique community-based provider setting.

These are the minimum DDS COVID-19 requirements, based on [www.dc.DCHealth.gov](http://www.dc.DCHealth.gov) and [Guidance for Direct Service Providers](#) from the CDC for people living with a disability in the day setting:

### 1. Personal Protective Equipment

#### a. Requirements - Staff, Participants, Guests

- i. Follow DC Health guidance on PPE usage here [March 25, 2020 Coronavirus 2019 \(COVID-19\): Guidance for Essential \(Non-Healthcare\) Workers on How to Stay Safe in the Workplace](#)



- ii. Assess your facility-based program with this customizable non-healthcare facility tool: [Interim Customizable Non-Healthcare Workplace Infection Control Assessment and Response \(WICAR\) tool — Coronavirus disease 2019](#)
- iii. Provide PPE doffing & donning training for all. Use CDC guidelines and useful video presentations that have been pre-recorded to train staff and the people we support.
- iv. Pre-Assess your stockpile of PPE and determine facility “burn rate” of PPE (i.e. how much you need, how often PPE needs to be changed) [Summary Strategies to Optimize the Supply of PPE during Shortages](#)
- v. Plan to secure necessary supply of PPE for staff (masks, face shields, disposable gloves, etc.) for conventional capacity, contingency capacity, and crisis capacity (for foreseeable national shortages or Federal stockpile shortages) and develop a plan for PPE for participants, including a policy for guests.
- vi. Understand current PPE inventory, and once assessment of necessary PPE is established, understand the supply chain and utilization rate per day and week.
- vii. Train staff (with follow up written competency) and participants on safe use of PPE per DC Health and CDC guidelines.

[\(COVID-19\): Guidance about Cloth Face Coverings and Masks for the General Public Preventing the spread of COVID](#)

- viii. Mandate and enforce that every person entering the facility wears an approved/acceptable face covering or mask (cloth, medical/surgical/procedural, etc.) at all times that covers the mouth and nose.

(\*\*Unless face coverings are contraindicated for an individual served\*\*)

When masks can't be used by individuals being served (mealtime, etc.), social distancing must be in place and staff must wear masks.

b. Protocol for Safe Disposal of Used PPE

- i. Develop facility policy and protocols on PPE disposal for masks, gloves, and gowns, etc. Consider using CDC recommendations on the disposal of COVID PPE.
- ii. Incorporate “step-to-open” biohazard trash receptacles in designated areas by bathrooms, entrances, mealtime spaces, etc., per the facility layout and COVID emergency plan you have developed based on DC Health guidelines.

## **2. Intensive Universal Precautions - Use Signage Throughout the Facility**

a. Handwashing / Hand Sanitizer

- i. Staff and persons served must wash their hands upon arrival at the day program, and throughout the day, at the intervals you put in place for your facility to reduce the rate of possible infection.



- ii. There shall be touchless hand sanitizer in each area of the program, near the entrance, outside the bathroom, in any classrooms, in the lunch area. Participants should be encouraged to have personal-size hand sanitizers with them at all times.
  - iii. Prominently display proper hand hygiene and social distancing, per CDC and DC Health Guidelines. [Protect Against COVID-v2-20200723](#)
- b. Enforce Social Distancing
- i. Providers should consider staggered schedules for participation in facility-based programs to minimize the number of participants and staff people inside the facility throughout the day per DC Health guidelines.
  - ii. Develop a cue/staggered entry process so that people remain at least six feet apart while they check into your program and have staff escorts available to take all participants to their program area within the facility.
  - iii. Providers should consider marking walls and floors at the entry area and throughout the facility with signage to ensure and enhance proper distancing inside the facility. Signage and visual indicators on floors/walls shall be prominently displayed to emphasize social distancing.  
[https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page\\_content/attachments/Social-Distance\\_7-23-2020.pdf](https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Social-Distance_7-23-2020.pdf)
  - iv. In rooms/classrooms, each person served will be separated by at least six feet and the maximum number of participants per room shall be followed per the DC Health guidelines per square foot.

### **3. Daily Mandatory COVID 19 Screening Protocol - For Staff and Participants**

- a. Temperature Screening
- i. Body temperature must be no greater than 99.4 degrees or lower in order to be admitted into the facility.
  - ii. Each person (staff and participants) will have his/her temperature checked (before entering the building for staff) each day at home before attending a day program to ensure that this COVID 19 indicator is not present before being transported to the facility.
  - iii. Each participant will have their touchless temperature checked upon arrival at the facility (preferably outside of the facility before entering or in a secure area inside the building away from staff and other participants already inside) to avoid exposing a person with a temperature to other participants and staff.
  - iv. Each person will have their temperature checked before departing the day program by program staff to avoid exposing a person with a temperature to other people in the outgoing transportation.



b. COVID Health Screening Questionnaire / Disclosure Form

- i. Residential providers or family members must submit a fully completed disclosure form **each day an individual attends day programming verifying** 1) The participant has had no known exposure to COVID, 2) The participant currently is not exhibiting symptoms of COVID 19, and 3) The no touch body temperature check was completed prior to arrival at the facility.
- ii. If a participant arrives at the day program facility without documentation, the day services provider will immediately contact the residential provider or family to verify health status disclosures. If family or the residential fails to provide verification, and the person is unable to provide the necessary information for a screening, the person will not be admitted to the facility and must return home.

c. Maintaining Confidentiality and Dignity

- i. COVID screening areas must be a private space (i.e. behind a screen, in a separate room, etc.)
- ii. All screening documentation should be treated as confidential and protected health information per Federal requirements.

**4. COVID-19 Testing for Staff, Managers, and Participants**

- a. All staff and participants must be free of communicable diseases prior to returning/participating in the program.
- b. Providers shall implement a COVID-19 testing protocol regarding requirements for testing prior to program participation for all people supported and for all staff who work on site or in direct contact with people supported.
- c. Providers testing protocol requirements for testing prior to program implementation and on-going testing requirements shall be consistent with testing guidance issued by DC Health.
- d. If a participant or staff member reports the onset of COVID symptoms, verified testing is required for known exposure. Staff and participants who test positive for COVID-19 shall demonstrate evidence of a negative test, and clearance from a physician.

**5. Required Facility Sanitation & Cleaning Protocols**

- a. Develop, document, and post cleaning schedule & protocol for the facility-based day program.
- b. Cleaning frequency should be based on CDC & DC Health guidelines (e.g. including but not limited to entryways, hallways, restrooms, treatment rooms, stairways, doors, desks, tables, countertops, file cabinets, telephones, shelves, computer screens, keyboards, etc.)
- c. The cleaning should occur with CDC-approved disinfectants and antibacterial solutions [Interim Recommendations for US Community Facilities with Suspected/Confirmed Coronavirus Disease 2019](#)



## **6. Workplace Safety Controls for Shared/Common Community Spaces**

(Restrooms, staff room, printer area, cabinets and files, kitchen area, and other areas that staff/participants share and utilize)

- a. [https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/ReOpening\\_America\\_Cleaning\\_Disinfection\\_Decision\\_Tool.pdf](https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/ReOpening_America_Cleaning_Disinfection_Decision_Tool.pdf)
- b. Minimize the use of shared spaces and office supplies, and develop a plan with facility-specific protocols for managing commonly touched surfaces and equipment.

## **7. COVID Mealtime Safety Protocol**

(When meal support is needed)

- a. Staff and participants should wear PPE appropriate to the activity they are engaging in per DC Health guidelines during mealtime.
- b. The participant being assisted should wear a disposable apron and any other appropriate PPE per DC Health guidelines when being assisted with meals.
- c. Ensure individuals are at least six feet apart when eating.

## **8. COVID Bathroom Safety Protocol (When bathroom support is needed)**

- a. Follow DC Health guidance on cleaning frequency and protocol and develop a plan that can be enforced by staff.
- b. Follow DC Health and CDC guidance on PPE use while using public facilities.
- c. Consider dedicating restroom facilities to participants supported by the DDA, and consider separate bathroom facilities for visitors and staff to reduce exposure.
- d. Restrict the number of people allowed into the restroom at the same time per DC Health recommendations based on the square footage of the restroom.
- e. Restrict participant loitering in the restroom with staff providing support.

## **9. COVID-19 Emergency Response Plan**

- a. Develop an Emergency Response Plan and Protocols for training, communication, and reporting of newly discovered or suspected COVID cases.
- b. Follow DC Health guidance on self-quarantining.

### [What to Do If You Are Sick](#)

- c. Reported COVID Exposure
  - i. When a staff member or participant reports COVID exposure, contact DC Health before allowing a person to have direct contact with staff and participants.
  - ii. Before the staff member or participant can return to the program, require self-quarantine and verified COVID testing documentation per DC Health guidance.



d. Confirmed COVID Exposure

- i. If a staff member or participant reports exposure to COVID, they should not be allowed to enter the facility.
- ii. Once tested, and self-quarantine is completed, verified results should be presented to the day program (and the DDS Services Coordinator/DDS Health and Wellness Division) prior to the staff or participants'-admittance to day services.

e. Positive COVID Test

- i. Develop day program policy and protocol for reported COVID infection for staff members and participants supported. Coordinate with DC Health to perform contact tracing activities to investigate exposure of day program staff and participants. Develop a plan to notify participants (and their families/decision makers) and staff members. Consider temporarily suspending onsite services to allow everyone affected the opportunity to self-quarantine / get tested, and for the facility to be professionally sanitized.
- ii. The COVID infected staff or participant should follow the treatment protocol of their physician.

[https://dchealth.dc.gov/sites/default/files/dc/sites/DCHealth/publication/attachments/COVID-19 DC Health Guidance for Persons who Tested Positive for COVID-19 0.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/DCHealth/publication/attachments/COVID-19%20DC%20Health%20Guidance%20for%20Persons%20who%20Tested%20Positive%20for%20COVID-19%200.pdf)

- iii. The staff or participant should notify DDS and DC Health.

## **10.COVID Community Outing/Safe Engagement Practices**

a. Practices when using shared space with any organization/Public Access

- i. Whenever possible each organization should have separate entrances and exits for DDA participants and the public.
- ii. Each organization should have separate protocols and practices for checking temperatures for visitors, staff and DDA participants.
- iii. To protect the health of DDA participants, shared space, such as: conference & break rooms, kitchen areas, and restrooms, should be marked, monitored, and separated.
- iv. Each organization should have areas that are their own and not shared with any other organization (i.e. office space, classrooms/treatment rooms).

b. Restrict bathroom access to participants and staff only. No public use.

c. Develop bathroom safety plans while in the community.

d. Pre-Map Working and available restroom resources in the community to include:

- i. Staff to carry disinfectant/antibacterial spray/wipes for cleaning and wiping down all surfaces.



- ii. Staff have appropriate PPE for themselves and participants and extra supplies, including disposable toilet seat covers.
- iii. Public sinks and faucets should be wiped down before use.
- iv. Staff should carry paper towels and toilet paper with them in case it is not available in the restroom while in the community.

## **11. Update COVID Transportation Protocols**

- a. Work collaboratively with the person's family or provider support team to identify and establish safe and appropriate transportation methods (i.e. provider transportation, [Metro COVID-19 Service](#), [MTM Guidance and Response to the Coronavirus](#) )
  - i. Develop a minimum safety standard that meets DC Health guidelines on public transportation.
  - ii. Plan/guidance for individuals who refuse/can't use masks while being transported. These persons may not be eligible for transportation at this time.
- b. Work collaboratively with residential providers to understand the use of provider vehicles and the safety precautions therein.

## **12. Staff and Participant Training & Competency (On this DDS Guidance)**

- a. Day Providers must develop training, protocols and staff competencies to ensure staff and participant understanding of their plans and COVID safety requirements.
- b. As the COVID pandemic evolves training, policies, protocols, and competencies need to be updated per DC Health and CDC guideline changes.
- c. Day Providers should check the DC Health and CDC guidelines daily for updates to PPE and other recommendations and update or revise plans accordingly to protect the health of the participants and staff members.