



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

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DDS TRANSMITTAL# 20-01

TO: All Developmental Disabilities Administration (DDA) Residential Providers

FROM: Kirk Dobson, Deputy Director, Quality Assurance and Performance Management Administration
Winslow Woodland, Deputy Director, Developmental Disabilities Administration

DATE: April 24, 2020

RE: Protocols Required at All Residences and Facilities to Comply with Mayor's Order 2020-063

On March 11, 2020, the Mayor issued Mayor's Orders 2020-45 and 2020-46, which declared a public emergency and a public health emergency, respectively, in the District of Columbia in response to the novel coronavirus (COVID-19) pandemic. In meeting the challenges and issues that have developed in responding to the emergency for vulnerable populations, the Mayor issued Mayor's Order 2020-063 dated April 15, 2020, which extended the public emergency and public health emergency through May 15, 2020, and set forth detailed protocols of the actions that must be taken at all residential facilities and community-based residences, other than host homes and natural homes, for people with intellectual disabilities served by DDA for the safety of both the employees and the people.

The D.C. Department on Disability Services (DDS) releases this transmittal to DDA Residential Providers to outline the minimum requirements necessary to be in compliance with Mayor's Order 2020-063. Furthermore, this DDS Transmittal# 20-01 and the contents of Mayor's Order 2020-063 shall serve as a DDS emergency policy until notified otherwise. All DDA Residential Providers must effectuate these protocols immediately as Mayor's Order 2020-063 was effective on April 17, 2020.

Providers Must Implement Exclusion and Screening Protocols for Employees and Essential Visitors at Each Residence or Facility

Providers are required to create and implement an exclusion and screening process that includes the following activities:

- A. Exclude all visitors and non-essential personnel from entry the residence or facility. Only essential personnel that are necessary for the operation of the residence or facility, or who provide support(s) for a person served within that residence or facility, should be permitted to enter the residence or facility.
- B. Maintain a daily log of essential visitors and staff that are entering and exiting the home that includes the time and date of entry and the purpose of the visit.
- C. Check the body temperature of the essential visitors and staff entering the residence or facility and record that temperature in the daily essential staff daily log. Anyone registering a temperature of 100.4 or above¹ should not be permitted to enter the residence or facility.
- D. Screen each essential visitor and staff by asking the following questions:
 - a. **Are you currently exhibiting any COVID-19 or flu-like symptoms?**
 - b. **Have you been in contact with a person recently diagnosed with COVID-19?**If the answer to either question is “Yes,” then the person should not be permitted entry to the residence or facility.
- E. *Please note that emergency services personnel are exempt from the protocols detailed in this section.*
- F. Require that each person entering the residence or facility wash their hands with soap and water for at least twenty (20) seconds or disinfect their hands with an approved hand sanitizer.

Providers Must Implement Screening and Quarantine / Isolation Instructions from DC Health

Providers must implement and adhere to all instructions or directions provided by DC Health whether written or otherwise, including instructions on screening people that are served who share common areas or facilities with a person who tests positive for COVID-19 (which should include inquiring into their symptoms, a temperature check, and arrangements for a COVID-19 test as soon as practicable).

Providers Must Implement, Post, Distribute, and Share Information Found in DC Health Guidance

Providers must post and/or distribute guidance documents from DC Health, including the guidance on the proper procedures for hand washing, social distancing (including not shaking hands or engaging in any other unnecessary physical contact), cancelling all group activities (except required to address a medical need), and restricting all seating in communal dining areas

¹ Per CDC Guidelines which can be found at <https://www.cdc.gov/quarantine/maritime/definitions-signs-symptoms-conditions-ill-travelers.html>.

or other meal time strategies (*i.e.* grab and go meals, other seating arrangements, or staggering meal times). If residents are eating together at the same time, providers should ensure that they maintain social distancing protocols. The documents can be found online at <https://dchealth.dc.gov/page/health-notices>.

Providers must inform all employees in writing that they should not come to work if sick and of applicable paid leave provisions, if any.

Providers are required to provide all essential personnel with a printed copy of the guidance highlighting the requirements for hand washing and social distancing.

Providers should encourage and facilitate the use of electronic communication platforms for videoconference or telephone visits with residents for non-essential visitors, but must provide secure and private videoconference or telephonic communication platforms for lawyers and legal guardians.

Providers Must Ensure a Clean Environment

Providers must implement and adhere to the following requirements to promote a clean environment at all residences and facilities:

- A. Carry out an at-least daily cleaning that includes disinfection procedures.
- B. Carry out frequent disinfection procedures of high-touch surfaces and shared equipment throughout the day.
- C. Provide face masks or coverings for all employees providing direct individual care and for any personnel that handle food or are involved in food preparation.
- D. Ensure that each residence or facility has running water and soap; tissues and lined trash receptacles that are frequently emptied; store-bought alcohol-based hand sanitizer (containing at least sixty (60) percent alcohol); and disinfectant sprays or wipes.

Providers Must Continuously Update Their Comprehensive Emergency Preparedness Plans (CEPP)

Providers are required to frequently update their CEPPs as operational limitations or resource issue are identified. Plans should also identify alternative locations within each residence or facility or alternative residences or facilities where quarantine and isolation functions can be carried out, where applicable and possible. Providers should coordinate the planning for such alternative locations with their assigned Quality Resource Specialist (QRS).

Providers Must Report COVID-19 Infections and Transmissions

Providers must implement and adhere to a reporting protocol if any person is exhibiting signs of COVID-19 including:

- A. Report the instance of when someone is exhibiting symptoms of COVID-19 to the appropriate supervisor or person in charge.
- B. Direct any person exhibiting symptoms to medical care, including the option for COVID-19 testing, if available.
- C. Notify DDS and DC Health when anyone, a staff member or resident, tests positive for COVID-19.
- D. Follow protocol and instructions provided by DC Health for quarantining of other persons and sanitization of the residence or facility.
- E. Following guidance from DC Health when a staff person who was positive for COVID-19 may return to work; and, requiring written documentation from a healthcare professional allowing them to return to work.
- F. Providers must enter COVID-19 interactions into MCIS as Reportable Incidents (RIs) or Seriously Reportable Incidents (SRIs) as applicable.
 - a. **Reportable Incident / COVID-19 (DDA Person):** For a person served who has been diagnosed and tested positive (Non-Hospitalization). The description for this incident needs to be as detailed as possible and include names and relations of people that they have come **in direct contact with if available. The description should also contain details regarding** the notification to DC Health and the instructions given.
 - b. **Reportable Incident / COVID-19 (Person Exposed):** For a person served who has been in *direct* contact with someone diagnosed (Non-Hospitalization) of person served. The description for this incident needs to be as detailed as possible and include names and relations of people that they have come in direct contact with. The description should also contain details regarding the notification to DC Health and the instructions given. *Please note that this category does not include staff that they have had contact with that have tested positive for COVID-19 (please see paragraph c below for how to enter those interactions.)*
 - c. **Reportable Incident / COVID-19 (Staff-Specific-ONLY):** Staff with direct contact with people served – If a member of a provider’s staff tests positive for COVID-19, or the member is alerted to or has strong suspicions that they have come into *direct* contact with someone who has COVID-19, then a separate RI should be entered for every person served that they are assigned to or have direct contact with. The RI description should be as detailed as possible and **SHOULD NOT INCLUDE THE STAFF’S NAME** when reported.

- i. **Staff without direct contact with people served** – If a member of a provider’s staff tests positive for COVID-19 and they had no direct contact with the people supported, then you must select “**Provider Staff (Internal) – COVID19**” from the **Person selection options** to enter this incident (*This is a new category to only track staff with no contact with the people*). You will then select **REPORTABLE / COVID-19 (Staff Specific-ONLY)**. The RI description should be as detailed as possible and it **SHOULD NOT INCLUDE THE STAFF’S NAME**, but the dates of diagnosis, and details regarding job assignments. There should also be indication if that person has come into direct contact with other staff.

- d. **Serious Reportable Incident / COVID-19 (Person Supported - EIH) – MUST BE ADDED BY IT AS AN OPTION:** An SRI/EIH should be entered for anyone admitted to the hospital **only when their primary reason for hospitalization is related to COVID-19**. If they are admitted for any other reason (*e.g.* heart failure not related to COVID-19, diabetic issues not related to COVID-19, trauma, kidney failure, etc.), but also test positive for COVID-19, then **an SRI/EH should be entered for the reason they are hospitalized not related to COVID-19** and then a **SEPARATE RI should be entered for the same person indicating that they have been diagnosed with COVID-19**, as required above.

Enforcement

DDS will enforce these provisions through frequent compliance checks and other mechanisms conducted by the Quality Resource Unit, the Health and Wellness Unit, the Incident Management and Enforcement Unit, and the Service Coordination and Planning Division. Failure to comply with any provision of this transmittal shall result in the issuance of DDA provider sanctions against provider agencies. Please note that Mayor’s Order 2020-063 specifically states that knowing violations of the Order may subject the individual or entity to civil, criminal, and administrative penalties authorized by law. Individuals are requested to call 311 to report any suspected violations of any Mayor’s Order related to the COVID-19 public health emergency.

Contacts

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