During the temporary COVID-19 Public Health Emergency, I/DD community-based services that are typically provided in group settings have been adversely impacted. The DBHDD provider network has ensured ongoing connection with individuals using various strategies and telehealth options to maintain necessary services.

On May 14, 2020, many provisions of the Georgia statewide shelter in place order expired. However, Governor Brian Kemp extended the order that Georgia’s citizens who are most vulnerable to COVID-19 continue to shelter in place. DBHDD recommends that all DBHDD-authorized providers of I/DD community access and pre-vocational services abide by this order and recommends that those providers not reopen community services before the shelter in place order for these populations has expired or been lifted. (Currently, the order is set to expire on June 12, 2020.) However, as we approach that date, it is expected that providers will be planning for an eventual reopening of services. This document offers guidance to assist in planning to keep individuals, provider staff, and families safe.

Each community is unique, therefore reopening strategies will vary based on the level of community transmission, as well as the characteristics of the community and the population the provider serves. When developing a reopening plan, it is important to identify ways to ensure the safety and social well-being of the population. The recommendations contained within this document is based on guidance from the Centers for Disease Control and Prevention (CDC) and Georgia Department of Public Health (DPH), and serves as a guide in the ongoing development of providers’ reopening plans. These recommendations include, but are not limited to:

- Preparation of the environment by cleaning and disinfecting;
- Having a screening process;
- Establishing safe infection control practices including social distancing and effective hand hygiene; and
- Establishing a routine that allows for sustained vigilance.

The below recommendations are for community access day services and pre-vocational services that provide services to individuals with I/DD. Individuals with I/DD are typically predisposed to physiological and neurological conditions that may have a profound impact on resistance to illness and/or may impair their ability to comply with recommended measures of COVID-19 virus mitigation.

**Environmental Management**

Cleaning and disinfection of public spaces require thoughtful planning and implementation. Cleaning with soap and water removes germs and dirt from surfaces and lowers the risk of spreading an infection. Disinfecting kills germs on a surface. By cleaning and disinfecting, providers can further reduce the risk of spreading an infection. To reduce the risk of exposure to COVID-19, consider the following recommendations when developing a reopening plan:

- Normal daily routine cleaning with soap and water will reduce the risk of exposure to the COVID-19 virus.
- Disinfect surfaces using an EPA-approved disinfectant against COVID-19. When EPA-approved disinfectants are not available, alternate disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions).

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- Frequently clean and disinfect surfaces and objects touched by multiple people. More frequent cleaning and disinfection may be required based on the level of use. Examples of frequently touched surfaces and objects that will need routine disinfection following reopening are tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks.
- Launder items such as cloth face coverings, towels, clothing, etc. Use the warmest appropriate water setting and dry items completely.
- Dispose of contaminated personal protective equipment (PPE) followed by proper hand hygiene. See Hand Hygiene below for further recommendations.
- Regular cleaning staff should be trained on appropriate use/procedures in cleaning and disinfection.
- Consider removing items that can reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them.
- Wear disposable gloves to clean and disinfect. Additional PPE may be needed based on the setting.
- Ensure PPE compatibility with cleaning products.

If determined an individual, visitor, or staff member has been infected with COVID-19 or symptomatic, consider implementing the following recommendations:

- Close off areas used by the person who is sick for 24 hours or as long as possible.
- Wait 24 hours before cleaning or disinfecting the area. If this is not feasible, wait as long as possible.
- Clean and disinfect all areas used by the person who is sick; and
- Once area has been appropriately disinfected, it can be reopened for use.

Cleaning and disinfection of non-emergency transport vehicles

Non-emergency transport vehicles are often utilized to transport individuals to and from community activities. These vehicles and the staff operating the vehicles may interact with dozens of individuals throughout the day, allowing for the potential spread of infection. As with other public spaces, routine cleaning and disinfection is recommendation to reduce the spread of COVID-19. The CDC recommends all individuals (including the driver) wear cloth face coverings while in a non-emergency transport vehicle. See Face Coverings below for further recommendations. When transporting suspected or a COVID-19 positive individual, the driver should wear a N95 respirator or facemask and should incorporate routine hand hygiene when transporting all individuals, regardless of their COVID-19 status. Consider implementing the following recommendations when developing a reopening plan:

- Clean and disinfect vehicles, at a minimum twice daily (beginning and end of each day) and when visibly soiled or after transporting a sick individual by the same principles recommended in guidance in Environmental management.
- Cleanse and disinfect commonly touched surfaces such as door handles, seat bars in the vehicle, after each transport.
- Ensure cleaning and disinfection procedures are followed correctly to include proper use of chemicals, adequate ventilation when cleaning the vehicle, and PPE compatibility with cleaning products.
Gloves and other disposable PPE used for cleaning and disinfecting the vehicle should be removed and disposed of after cleaning, followed by proper hand hygiene. See Hand Hygiene below for further recommendations.

Face coverings

The CDC recommends the use of cloth face coverings to reduce the spread of COVID-19. A face covering is not intended to protect the wearer but may prevent the spread of disease to others. It is recommended a face covering be worn, when in the community, in addition to social distancing. Cloth face coverings should fit snugly against the face, cover the mouth and nose, and allow for breathing without restriction. They may be made from common household items such as T-shirts or cotton material. Consider implementing the following recommendations when developing a reopening plan:

- Face coverings should be worn whenever people are in a community setting.
- Face coverings should be discarded or (when applicable) laundered, and machine dried after each use.
- Extreme caution is advised when placing face coverings on any individual who has trouble breathing, incapacitated or otherwise unable to remove the mask without assistance.

Screening Procedure

To limit the spread of COVID-19, it is important to promptly identify and separate individuals who are potentially infectious. Screening helps reduce the risk of exposure. Consider implementing the following recommendations when developing a reopening plan:

Prior to and upon arrival to the facility, it is recommended all individuals, visitors, and staff are screened. Consider temperature check with a no contact thermometer and screening for commonly associated symptoms of COVID-19 such as

- Cough;
- Shortness of breath;
- Chills;
- Repeated shaking with chills;
- Headache;
- Sore throat;
- New loss of taste or smell; and/or
- Muscle pain.

Consider a mid-day recheck of temperature and symptom screening. If the individual screens positive, that person should be sent home immediately and be monitored.

It is important to understand the signs and symptoms of COVID-19 and what to do if an individual, staff, or visitor becomes symptomatic. Collaboration with a staff and an individual’s caregiver is encouraged to establish an action plan if the individual becomes symptomatic while at the provider facility. This plan should include emergency contact information of the next of kin/caregiver, how the individual will be transported back to the home, and routine follow-up on the individual’s status.

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Emergency warning signs for COVID-19 which require immediate medical attention include:

- Difficulty breathing or shortness of breath;
- Persistent pain or pressure in the chest;
- New confusion or inability to arouse; and/or
- Bluish lips or face.

Social Distancing

Social distancing is a means of keeping space between yourself and other individuals. COVID-19 spreads mainly among individuals within close contact (6 feet) of one another for prolonged periods of time. Spread of this infection happens when an infected person coughs, sneezes, or talks, and droplets from his/her mouth/nose are launched into the air. Limiting face to face contact with others can reduce the risk of infection. Consider implementing the following recommendations when developing a reopening plan:

- Maintain 6 feet distance from others.
- Arrange seating of chairs and tables to be least 6 feet (2 meters) apart during shared meals or other events.
  
  Note: When supporting individuals requiring assistance during mealtimes (to avoid incidents of choking or to address PICA); providers are to consider the ability to adhere to social recommendations intended to mitigate spread.
- Install physical barriers, changing the layout of current workspace, and/or closing communal spaces.
- Reduce large gatherings.
- Alter schedules to reduce mixing (e.g. arrival/departure times, stagger meals/activities)
- Limit programs with external staff.
- Consider having residents stay in the facility and limit exposure to the general community
- Limit visitors and implement screening procedures.
- Make sure that shared rooms in the facility have good air flow from an air conditioner or an opened window.
- Minimize traffic in enclosed spaces, such as elevators and stairwells. Consider limiting the number of individuals in an elevator at one time and designating one directional stairwell, if possible.
- Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher. Wash hands after handling used food service items.

Hand Hygiene

Hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is a simple and effective way to prevent the spread of infection. Washing hands with soap and water is the best way to clean your hands. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand rub which contains at least 60% alcohol may be used. However, if hands are visibly dirty, it is
recommended to wash hands with soap and water. If not currently established, creating a hand hygiene routine, for all individuals and staff, which includes the practice of social distancing, is highly encouraged.

Key times to wash your hands:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before touching your eyes, nose, or mouth to prevent germs from entering your body
- After using the toilet
- After touching garbage
- After blowing your nose, coughing, or sneezing
- After you have been in public places and touched items or surfaces that may be frequently touched by other people (e.g. door handles, tables, shopping carts, grab bars)

Hand washing should include the following steps:

- Wet hands with running water and apply soap;
- Lather hands, rubbing together and scrub for at least 20 seconds (sing the “Happy Birthday” song twice);
- Rinse hands under clean, running water; and
- Dry hands with a clean paper towel.

Hand Sanitizer use should include the following steps:

- Apply the gel product to the palm of one hand;
- Rub hands together; and
- Rub gel over all surfaces of your hands and fingers until hands are dry (approximately 20 seconds).

For suspected COVID-19 symptoms, please refer to the Department of Public Health list of symptoms at https://dph.georgia.gov/covid-19-guidance-healthcare-professionals

Additional guidance for health care providers regarding testing sites can be found at https://dph.georgia.gov/locations/covid-19-testing-site

Additional recommendations and resources can be found at Centers for Disease Control and Prevention-Coronavirus (COVID-19) at https://www.cdc.gov/coronavirus/2019-ncov/index.html and Georgia Department of Public Health at https://dph.georgia.gov/