



COVID PREPAREDNESS PLAN

August 2020

Contents

Introduction 3

Plan Monitoring and Responsibilities 4

Preventing the Spread of Infection 5

 Prevention 5

 Management of Employees and Staffing 5

 Assessments of Clients 5

 Screening 5

 Social Distancing 6

 Infection Control 6

 Management of Environment/Cleaning and Disinfecting 7

 Face Covering 8

 Agency Response to Client Illness 8

 Training 9

Transportation 10

Introduction

Illinois continues to reopen through its Restore Illinois phase structure. As of June 26, Illinois is in Phase 4 and working towards Revitalization. Little City provides programs and services that have been greatly affected by the spread of COVID-19 and must put forth a plan to reopen programs that have closed to in person service due to the virus. Our first goal in the reopening of programs is doing so in a manner that protects the health and safety of the clients we serve and the individuals we employ. This plan addresses the operating policies and procedures for our day program sites located at:

- 1700 W. Algonquin Rd. (CEBO)
- 1720 W. Algonquin Rd. (Art Center)
- 1740 W. Algonquin Rd. (Horticulture)
- 1610 Community Center (Recreation)
- 2360 Palmer Dr (Countryside Center)
- 1301 S. Lewis Ave (Lakeside Center)

Little City follows the guidelines set forth by the CDC and Illinois Department of Public Health to mitigate the spread of all communicable diseases within our facility. Current guidelines for prevention of community spread include:

- Universal masking and appropriate use of PPE
- Staff self-monitoring/reporting of symptoms
- Reduction of any visitors (including parents/guardians) into our facilities
- Frequent hand washing with soap and water for at least 20 seconds
- Avoidance of touching your eyes, nose, or mouth with unwashed hands
- Social distancing
- Clean and disinfect frequently touched objects and surfaces using an EPA approved disinfectant

The development of this plan is influenced by the guidance of the Center for Disease Control (CDC), Illinois Department of Public Health (IDPH), Department of Human Services (DHS) and any other Federal, State or County guidance applicable to our setting.

The COVID-19 crisis continues to evolve at a rapid pace, as do related best practices, legislative and regulatory requirements, federal, state and local guidance, and the latest science on transmission, testing, and immunity. This guide provides general information available at the time of drafting and we will diligently update it as the landscape changes and evolves. Given the pace of developments, however, this guide may contain information that is no longer applicable. Please always consult your supervisor or other member of Executive Leadership about our practices and policies to mitigate the risk of COVID in our environments.

Plan Monitoring and Responsibilities

Given the critical importance in limiting COVID-19 exposure within the DD community, decisions on relaxing restrictions will be made with careful review of several facility-level, community, and State factors/orders, and in collaboration with State and/or local health officials. Because the pandemic is affecting communities in different ways, Little City will regularly monitor the factors for reopening and adjust our plans accordingly. Factors that will inform decisions about relaxing restrictions and keeping day program open include:

- **Case status in community:** Little City's Community Day Services serves individuals from the community at large and from several congregate care communities. An outbreak in any of these areas will be considered in Little City's assessment of risk in our settings.
- **Adequate staffing:** Little City will continue to assess our staff and ensure we have adequate staff to meet the needs of the clients we are serving.
- **Universal source control:** Clients and staff will be required to wear a cloth face covering and when possible, practice social distancing.
- **Close Contact:** Anyone (with or without a face covering) who was within 6 feet of a confirmed case of COVID-19 (with or without a face covering), for at least 15 minutes throughout the course of a day. The period of close contact begins 2 calendar days before the onset of symptoms (for a symptomatic person) or 2 calendar days before the positive sample was obtained (for an asymptomatic person).

This plan will be reviewed at least monthly by the CDS Reopening Committee, which includes a representative from Community Day Program, Centralized Supports, Transportation, and Human Resources. Updates to the plan may occur at a greater frequency if public health advisories are issued that immediately affect the way services are provided.

The Deputy Chief, Centralized Support will be responsible for monitoring health advisories and updating the team to new developments.

The respective CDS Site Director in collaboration with Facilities Maintenance will be responsible for implementing health and safety protocols in their respective sites.

The respective CDS Site Director is responsible for monitoring their supply of PPE and utilizing the Non-PAR level form to request the PPE needed to meet the site's needs.

The Deputy Chief, Centralized Support in collaboration with Facilities Maintenance will be responsible for monitoring the agency's on hand supply of PPE and work with the agency's purchasing staff to ensure adequate on hand supply.

The Facilities Maintenance Department is responsible for the distribution of cleaning and disinfecting supplies as well as ensuring adequate agency supply.

Preventing the Spread of Infection

COVID-19 spreads mainly among individuals within close contact of one another for prolonged periods of time (excess of 15 minutes) and when droplets from an infected person are launched into the air and/or onto surfaces. Little City recognizes our best defense in limiting the spread of disease among our staff and clients is to have robust procedures and strict adherence to proper screening, social distancing, hand hygiene, face coverings, cleaning and disinfecting. The guidance in this section applies recommendations by public health experts to assure health and safety in our community.

Prevention:

Management of Employees and Staffing

Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 72 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees will notify their supervisor and stay home if they are sick. Employees who report to work and appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day will be separated from other employees/clients and be sent home immediately.

Little City policies in support of maintaining a healthy workforce include:

HR04b Sick Time Benefits

HR51 Work Attendance during Cold and Flu Season

HR54 Emergency Staffing Procedures

HR67 Symptom Monitoring Protocol

HR68 Employee Domestic and International Travel

Assessments of Clients

Each client interested in returning to in person day program will be assessed by their case manager using the Individual Benefit/Risk Tool. Clients who meet the criteria for returning to program along with their guardian and/or residential provider will be informed of the expected health and safety rules that must be adhered to when program reopens, and Little City's policies and procedures for ensuring an ongoing healthy environment.

Clients who are assessed to not be appropriate for return will be provided guidance on other day program options or instructions on gaining the skills necessary to ensure community safety.

Screening:

All entrances will be equipped with signage that indicates the CDC's most recently published COVID symptoms checklist, hand sanitizer, a sign in sheet, and a thermometer for temperature check.

- All staff will be responsible for self-checking/certifying that they are healthy prior to entering the building. All Little City policies regarding staying home if ill will be in effect.
- All clients will be screened either at check in prior to their transportation leaving the site or prior to transportation if Little City is transporting. Clients who are displaying symptoms will not be transported.
- All visitors will be screened prior to building entry. Until otherwise advised, Little City will follow the IDPH guidelines of no guardian visits indoors. Visitors allowed entry will include abuse/neglect investigators and ISC representatives.
- Clients will continue to be monitored throughout their time in program for development of symptoms

Social Distancing:

Little City has assessed our Community Day Sites and have implemented the following environmental controls to encourage social distancing:

- Individual classrooms will be limited to 50% of their original capacity and will be signed to designate maximum capacity
- Tables and chairs will be arranged to encourage at least 6 ft. of space between clients; extras will be removed from the area
- Transitions will be limited throughout the day to avoid hallway/common area/doorway congestion
- Staff leading the classroom with transition as necessary as opposed to clients transitioning between rooms
- Physical plexiglass barriers will be installed at manned entrances
- Any emergency drill (fire, tornado, etc.) will be done on a room by room basis and universal masking will be expected
- Congregate lunch will be suspended, and client will have lunch in their assigned room
- Floors will be marked to denote spacing and traffic flow

Infection Control:

- Hand sanitizer will be available at entrances and in all classrooms
- Little City will provide cloth face coverings to staff. Clients will be expected to arrive with their own face coverings; however, the agency will maintain a supply for clients whose face coverings become soiled, wet or torn. (see section on face covering below)
- Vending machines will be suspended
- Proper handwashing signs will be posted near all sinks
- Sinks will have adequate supply of paper towels and soap
- Proper signage regarding covering mouth/nose when sneezing/coughing and avoiding touching face will be displayed throughout the building
- Classrooms will be supplied with EPA Approved Disinfectants to use. It will be the assigned classroom staff's responsibility to clean and disinfect high touch areas (tables, doorknobs, light switches, etc.) every 2 hours. When applicable, clients will be encouraged to participate in cleaning their area. (See management of environment/cleaning and disinfecting below)

- Assigned classroom staff will be responsible for helping clients clean/disinfect classroom bathrooms after each client use
- When possible, shared technology will be limited. When not possible, assigned classroom staff will be responsible for helping clients clean/disinfect classroom between use
- Assigned classroom staff will assist clients to clean and disinfect their mobility devices every 2 hours
- Classrooms will limit items that are not easily cleaned or sanitized
- Shared/common area bathrooms will have a classroom schedule for use. Assigned classroom staff will be required to clean/disinfect after their classes use
- Water fountains will be cautioned off

Management of Environment/Cleaning and Disinfecting

Coronaviruses can live on surfaces for hours up to days – Warm temperature and exposure to sunlight reduces viral lifespan but doesn’t instantly kill viruses. Little City CDS sites will follow CDC’s guidance for cleaning and disinfecting public spaces and classrooms. Cleaning and disinfection products will be handled by staff and staff should ensure that there is adequate ventilation when using these products to prevent clients or themselves from inhaling toxic fumes.

Surfaces

Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces and should not be used for other purposes. Clean hands immediately after gloves are removed.

Enhanced standards of cleaning and disinfection practices are in place at all sites. Increase frequency of cleaning and disinfection with a focus on areas that are commonly touched, such as doorknobs, stairwells, light switches, elevator buttons, etc. Will be subjected to a staff cleaning schedule. Disinfection of seats and rails on buses will occur after each use. Shared objects such as games, art supplies, will be cleaned and disinfected between uses.

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA registered household disinfectants should be effective.

Diluted household bleach solutions can be used if appropriate for the surface.

Prepare a bleach solution by mixing:

- 5 tablespoons (1/3 cup) bleach per gallon of water or
- 4 teaspoons bleach per quart of water

For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning launder items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.

Face Covering

The Illinois Department of Public Health (IDPH) has communicated that face coverings and social distancing are the goal whenever and wherever possible. Face shields have not been deemed effective for source control and are only to be used when other methods of protection are not available or appropriate. IDPH arrived at this determination after lengthy additional collaboration with the communicable disease team, infection preventionists, and infectious disease specialists and after reviewing available Centers for Disease Control and Prevention guidance.

Clients who do not tolerate a mask but will tolerate a face shield will be allowed to wear a face shield with the following heightened provision such as greater attention and adherence to 6-foot social distancing and increased collaborate with clinical and behavioral teams to increase mask wearing tolerance.

IDPH also appreciates that there may be a small minority of individuals who have a medical contraindication to using face coverings. If face shields can be tolerated, face shields might be utilized in these situations, understanding their limitations and the heightened need for strict adherence to social distancing.

Face coverings may be temporarily removed while at day programming:

- When eating
- When outdoors and physical distancing of at least 6 feet can be maintained
- If using a face shield when other methods of protection are not available or appropriate

Strict adherence to social distancing should be maintained when face coverings are removed in limited situations.

Agency Response to Client Illness:

Any staff or client suspected of COVID-19 will be immediately removed from program and contact with others. Little City will maintain an isolation room near the entry that individuals who are suspected of COVID will be placed until such time as they can be picked up from programming. Little City will designate one staff who is responsible for monitoring the client. Staff will be provided with appropriate PPE and will follow all standard and transmission-based precautions (N95, gloves, gown, face shield). Ill clients may not return to program until one of the following criteria has been met:

- At least 10 days has passed since onset of symptoms with at least 72 has elapsed from resolution of fever without fever reducing medication
- Negative COVID test

In the case of a client with suspected illnesses who lives in the household with any other clients (I.e. residential setting, siblings), all individuals in that household will be excluded from program until a negative test has been produced or for a quarantine period of 14 days.

Staff and clients from the classroom where the ill client originated will be directed to hand hygiene and moved to a new environment. Staff and clients in those areas will be monitored twice per day for symptoms of COVID-19 for the next 14 days if the original client tests positive for COVID. Guardians and/or

residential providers will be notified of potential exposure via a phone call/email by the assigned case manager before the end of day.

The originating room will be closed for 24 hours. After 24 hours, it will be cleaned and disinfected prior to reopening.

An outbreak will be defined by 2 positive cases of COVID at any time in any site. Decisions for temporary closure of a site will be made by site leaders in consultation with Public Health during its investigation of a case or cluster of cases. If the Public Health determines that there is a risk to the CDS community, the site may be closed temporarily for cleaning and disinfection. During that time, in home day program or virtual day program services may be offered.

Training:

Little City will utilize a variety of training modalities to provide instruction and education for both staff and clients regarding hand hygiene, social distancing, use of PPE, cleaning and recognizing the signs and symptoms of COVID-19.

The above topics will be a regular and routine part of each day's training curriculum for clients.

All video trainings are maintained on Little City's training platform, Cornerstone. Videos have been assigned to CDS staff and their completion of the training will be documented in their training record.

Transportation

Drivers will wear appropriate PPE (face mask, gloves and a face shield while taking temperature) during transportation.

The driver will be responsible to ensure the individual is wearing a mask and for taking the temperature of each individual and ask everyone. If the individual passes screening, the van driver will provide the individual with hand sanitizer to use and the individual can enter the van. If they feel ill before the individual boards the vehicle. If the individual has a temperature over the recommended safe number or is showing any signs of being sick, they will not be allowed to transport, and driver will report findings to Case Manager and Nurse.

Individuals living in same residences will be transported together.

Pickup and drop-off locations will be the individuals regularly scheduled addresses. Any changes must be approved by Management before transportation.

Individuals will be seated separately at least 6 feet apart from each other and must wear masks during the entire transportation process.

If the individual uses a walker, wheelchair, cane etc. the driver will use appropriate cleaner to clean/disinfect the mobility aids before loading it into the vehicle.

14 passenger LCF Vans or Shuttle Buses will be limited to a total of 4 passengers' maximum capacity. Any Pace vans will be limited to 2 passengers' maximum capacity.

Individuals will sit in the following seat assignments. Seat -1 left, 3 left, 5 right, and 7 right. Everyone will be seated in the seat furthest away from the aisle and at least 6 feet apart.

When using an agency vehicle for transportation, there will be a chart for staff to check inventory of all cleaning supplies, hand sanitizer, PPE and a check list for cleaning surfaces after each use. All touch surfaces will be disinfected after each trip and documented by the person doing the disinfection process. Any issues with the process or lack of supplies will be reported to supervisor immediately.

In addition, the vehicle will be suspended for 24 hours for deep cleaning after transporting someone who was sick or symptomatic. This process will be documented on the cleaning chart and signed off by person doing the disinfection process. Vehicle will be then removed from service for 24 hours.

All agency drivers will be trained on all transportation procedures before the first day of service.