Trinity Services

COVID-19 PREPAREDNESS PLAN FOR DAY PROGRAMS IMPLEMENTED 4/1/2021

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27. **Trinity Services has a process to assess the needs of each program participant for consideration in planning the transition and phase-in from home or congregate residential settings to day services. Trinity’s process involves engagement with the participant, family, guardian, caregiver, other service provider(s) and case manager. The QIDP form addresses the process.**
28. **Trinity Services has included a question to verify contact information on the QIDP form.**
29. **Trinity Services has developed a plan and materials to communicate program changes to program participants, families, guardians, caregivers, other service providers, and case managers prior to opening.**
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31. **Staff are trained in essential pandemic operational protocols prior to delivering day services.**
32. **Staff and Individual Trainings are documented.**
33. **Trinity Services has a plan to support staff, persons served, and families/caregivers.**
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35. **Trinity Services has a system to assess the community locations where program participants have typically received community-based services to identify strategies for supporting people in accordance with CDC guidelines.**
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38. **COVID-19-specific procedures are incorporated into Trinity Services’ CV Preparedness Plan.**

Day programs may include sites offering CDS, PSR, or other services. These locations will be reviewed on an ongoing basis to ensure that safety, engagement, and satisfaction are addressed through the strategies instituted. Trinity Services will seek ongoing input from our stakeholders, including parents, guardians, and program participants. We recognize that the safety of the participants and staff is paramount during a pandemic, and ongoing evaluation must be conducted. The Program Coordinators will also assess program implementation to ensure that a variety of appropriate opportunities are presented. Lastly, the unique needs and interests of each participant will remain a chief focus as ongoing updates are made to the program’s services.

 Trinity Services will utilize resources from the Illinois Department of Public Health (<https://dph.illinois.gov/covid19>)

  Trinity Services will utilize resources from Centers for Disease Control and Prevention (CDC)

(<https://www.cdc.gov/coronavirus/2019-ncov/index.html>)

**Communications (e.g. phone trees, signs)**

Stakeholders will receive communication via phone, email, and/or postal mail regarding the status of any concerns.

Signs have been put up in all areas regarding handwashing. Signs have been placed at strategic locations throughout buildings to remind people to maintain 6 feet of distance from each other and to wear masks. People’s temperatures are being taking twice a day.

**Visitor Policy**

Trinity Services asks a standard set of questions that are recommended by the CDC. Visitors need to have an appointment to visit. Visitors must agree to notify relevant Trinity staff and to cancel any scheduled visit if they have an above normal temperature or are experiencing other symptoms. Visitors must wear masks and maintain 6 feet of distance from others. Trinity’s visitor policy is subject to change based on public health guidance and evolving public health conditions.

**General Operational Protocols**

The General Operational Protocols can be found throughout this document. Please refer to the Table of Contents to locate specific protocols and their location within this document.

**Timelines and Persons Responsible for Implementing and Reviewing the CV Plan**

Each Network Director and Associate Director are responsible for reviewing the CV plan as CDC guidelines change and for communicating updates to the rest of their staff.

**Delivering Services in Facility and Community Settings**

Procedures described in this document provide guidelines for service provision within day programs and the community. Each program may provide additional clarification or specification regarding how these rules are enacted within that particular site. When such additional clarification is needed, it will be provided in that site’s self-assessment.

**Quality Assurance**

Program locations will be reviewed on an ongoing basis to ensure that safety, engagement, and satisfaction are addressed through the strategies instituted. Trinity Services will seek ongoing input from our stakeholders, including parents, guardians, and program participants. We recognize that the safety of program participants and staff is paramount as we reopen, and ongoing evaluation must be conducted. The Program Coordinators will also assess program implementation to ensure that a variety of appropriate opportunities are presented. Lastly, participant satisfaction will be considered as ongoing updates are made to the program’s services.

**Other Relevant Procedures Identified by Trinity Services**

A person diagnosed with COVID-19 will quarantine in accordance with CDC recommendations. That person will remain at their home during the quarantine period and will be encouraged to limit contact with housemates or family, for example by remaining in his or her room. The person will not attend their day program during the quarantine period. In addition (if applicable), his or her housemates will not attend their day programs until the quarantine period has passed.

Use of personal protective equipment (PPE) is encouraged for all persons in common areas within the residential environment, if they are not vaccinated. Handwashing and social distancing is also routinely encouraged. This has promoted wellness within the residential sites.

Social Distancing: Participants may not move about the program freely and must maintain social distance of at least 6 feet from others at all times. Program spaces have been arranged to allow for at least 6 feet of social distancing between participants. Marked entry and exit ways with signage and safe physical barriers to maintain social distancing standards remain in place. Participants are asked to avoid contact with others while engaging in services. Participants will not be allowed to bring personal items to the CDS site other than their lunch (if applicable), tablet/laptop and adaptive equipment. Participants will be allowed to use the restroom one at a time to maintain proper social distance. In settings where the restroom accommodates multiple people, those who live together residentially may share that space. Participants will eat lunch in the room where their programing takes place at least 6 feet apart (unless they are from the same residential home) to account for proper social distancing.

Sanitation Procedure: Staff will wear disposable gloves when cleaning and disinfecting surfaces. Gloves are to be discarded after each cleaning. Staff will wash their hands immediately for 20 seconds after gloves are removed. Additional PPE might be utilized based on the cleaning/disinfectant products being used. Cleaning and/or disinfecting will be accomplished by using household cleaners and EPA-registered disinfectants that are appropriate for the surface. All label instructions for safe and effective use of the cleaning product or disinfectant will be followed, including precautions to take when applying the product, such as wearing gloves and making sure there is proper ventilation during use of the product. When cleaning and disinfecting surfaces and areas, the following procedures will be followed:

* + If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
	+ For disinfection, most common EPA-registered disinfectants should be effective. We will utilize products from the DHS-approved list. We will follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
	+ If EPA-registered disinfectants are not available, diluted household bleach solutions can be used if appropriate for the surface. We will check to ensure the product is not past its expiration date and will never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. We will prepare a bleach solution by mixing 5 tablespoons (1/3 cup) bleach per gallon of water or 4 teaspoons of bleach per quart of water and apply to all high-contact surfaces every 2 hours.

Hand Hygiene: Trinity Services will require frequent and proper handwashing. We will ensure the availability of supplies, such as soap and paper towels, hand sanitizer and tissues, for all areas of our buildings. Handwashing with soap and water is the recommended first line of defense against COVID-19, but where this is not feasible or readily accessible, the use of hand sanitizer with at least 60% alcohol may be used. Hands should be washed often with soap and water for 20 seconds. It is recommended that hand hygiene is performed upon arrival and before departure; after blowing one’s nose, coughing or sneezing; following restroom use; before and after eating; before and after routine care for another person after contact with a person who is sick; and following glove removal.

* Alcohol-based hand sanitizer must be properly stored away from high temperatures or flames, in accordance with the National Fire Protection Agency recommendations.
* Hand sanitizers are not effective when hands are visibly dirty. Participants and staff should be encouraged and directed to avoid touching the face (eyes, nose, and mouth) to decrease the transmission of COVID-19 or other infectious diseases.

Testing: Trinity Services is requesting that staff and people served residentially are tested for COVID-19 on a periodic basis, pending test availability. People who have received the vaccination will undergo testing in situations when there is cause to administer a test.

Staff Vacation: Trinity is requiring staff to comply with the CDC travel guidelines for COVID-19 before returning to their worksite. This policy is reviewed and updated on an ongoing basis in response to changing conditions and new public health advisories issued by state and local authorities.

1. **Federal, State, and County public health advisories for COVID-19 have been reviewed and incorporated into Trinity Services’ CV Preparedness Plan.**

The procedures described in this document reflect the federal, state, and county advisories for COVID-19. The document will be updated as needed to reflect changes in these advisories.

1. **Who is responsible for checking and/or addressing updated health advisories?**

The Chief Operations Officer, Medical Director and Network Directors are responsible for remaining abreast of any updated health advisories. This plan will be altered as needed so that it remains in compliance with these advisories. The Chief Operations Officer or other designated personnel will oversee any changes to procedures dictated by updated health advisories. The Medical Director is responsible for addressing and updating the Executive Team at Trinity Services concerning health advisories.

1. **What is Trinity Services’ plan to update the CV Preparedness Plan, if necessary?**

When updates are needed, the Executive Team will oversee the updating of protocols and associated forms.

For more information, see:

* <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
* <https://www.osha.gov/COVID-19>
* <https://www.osha.gov/Publications/OSHA3990.pdf>
* <https://www.dhs.state.il.us/page.aspx?item=123451>

Information on COVID-19 resources can be found at:

* <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/symptoms>
1. **How will unexpected suspension of services, if it becomes necessary, be communicated?**

The leadership staff will be informed by the Network Director. Day program staff will be informed by their supervisor and be offered a reassignment at a residential worksite. QIDPs or other designated staff will inform all program participants when closure of a day site is indicated.

If there is a positive case confirmed, the program will close for 12 hours for deep cleaning. Residents of the house that was infected will stay home and quarantine. The residents of other houses that were not affected would resume program attendance.

The Medical Director and Executive Team will ensure the plan will continue to be updated to reflect current information from resources, such as executive proclamations and public health advisories.

1. **Trinity Services’ CV Preparedness Plan is available to persons served, staff, guardians, families, stakeholders and surveyors.**

A link to the CV PP will be posted on Trinity Services’ website and made available to persons served, staff, guardians, families, stakeholders and surveyors.

1. **Trinity Services’ CV Preparedness Plan addresses how to access resources if there is a person who is suspected to have COVID-19.**

The Medical Director will provide consultation and resources when a staff or person served is suspected to have COVID-19. Testing may be facilitated for individuals receiving services. Testing has been made available at the Trinity clinic and at a Trinity location in partnership with IDPH. Staff are also provided with lists of free testing sites in the area.

1. **Notifications**

Program Coordinators notify Staff (ILC/DSP)

Associate Directors notify Staff (CDS Leadership, Residential Leadership)

Network Directors notify Staff (CDS Leadership, Residential Leadership, and Executive Team)

QIDPs of CDS notify those served in Trinity’s CDS programs and their families

QIDPs of residential sites notify those served in Trinity’s residential CILAs and their guardians

1. **Transportation**
2. **Trinity Services has completed an assessment (Ohio) and identified strategies to ensure social distancing and infection control during transportation when using agency vehicles or staff personal vehicles.**

**Evaluating people BEFORE entering transportation vehicles or accessing the CDS site**

The Ohio assessment is given to people prior to them reengaging in transportation services. Assessments are kept on file in the administrative area of the network that houses the CDS program. Part of this assessment is the evaluation of a person’s ability to social distance during transportation. Individuals who do not reside in Trinity-operated living arrangements are asked to complete a survey concerning their ability to participate in transportation.

When possible, people residing in Trinity CILAs or other residential sites will ride in a van with housemates and attend day program as a cohort.

Some programs may delay reintroduction of people from non-Trinity-operated residential sites. Decisions regarding reintroduction of these people will be made based on program size and current conditions. People from non-Trinity-operated residential sites will secure their own ride, drive themselves, or be picked up by a driver provided by Trinity. When Trinity is providing transportation to such persons, the driver will maintain a reduced capacity in the van to allow for each rider to practice social distancing. The driver will take the temperatures and ask standard screening questions of all riders. This will be done before riders board the vehicle. If a person’s temperature exceeds 99.9 degrees or they report any symptoms of concern, they will not be permitted to board the van. In addition, if the driver learns that anyone in the individual’s household is exhibiting symptoms of or has tested positive for COVID-19, the person will not be transported to the program.

**Scheduling and/or route changes, such as limiting number of vehicle occupants, staggering arrival and departure times, etc.**

Pick-up and drop-off times will be scheduled such that a large congregation of people at building entrances and exits is avoided. This may involve staggering arrival and departure times for some programs. Large groupings are a concern when people are from different residential sites and when the number of people in a given area does not allow for social distancing.

**Encouraging a cohort model so people who live in the same home also receive programming together**

A cohort model will be used when possible in day sites. People will be transported to programs with housemates. In addition, housemates will participate in day program activities together. In cases in which people have been vaccinated, they will be able to congregate with other vaccinated people following the CDC guidelines.

**Pick-up and drop-off locations and procedures**

When arriving at the home of someone who lives in the community, the driver will exit the van and take the person’s temperature. The driver will sanitize the thermometer after each use. When appropriate, the driver will ask screening questions, as well. Drivers will wipe down the interior of the vehicle and sanitize the door handles and other touchpoints before and after each trip.

**Procedures to maintain social distancing and limit contact during loading and unloading**

Community riders (those who do not live in the same home) and drivers must wear masks during transport. Community riders will sit one person per row maximum during transport.

**People who use a wheelchair or other device**

Wheelchairs, walkers, and other assistive equipment will be wiped down prior to boarding transportation. Sanitizing high-touch areas of such equipment throughout the day will be encouraged.

1. **Trinity Services has developed a plan to ensure people are socially distant when transporting to and from an activity in the community.**

When possible, people from the same home will transport together when participating in community activities. In the event that people from different residential sites are transported together, these individuals will not sit adjacent to one another and will alternate rows. Individuals will generally be encouraged to sit in alternating rows whenever possible. In addition, people will not participate in activities within community locations where social distancing cannot be maintained. For example, crowded locations with multiple people from different residences are to be avoided. Staff will follow advisories issued by federal, state, and local authorities when planning any community activity.

1. **Trinity Services has a written procedure for staff to follow when transporting people.**

People must wear PPE, such as face coverings and/or gloves, to board a vehicle. This is of particular importance when riders do not reside in the same home. In addition, it is the expectation that all employees wear face masks while in contact with others.

**Health checks before people get in the vehicle at pick-up and before departure**

All people living in Trinity-operated sites are screened prior to leaving their residential sites to be transported to day programs. Screening will include temperature checks and screening questions (when appropriate). Drivers will perform screenings when picking up people who do not live in Trinity-operated sites. If a person’s temperature is over 99.9 degrees and/or other symptoms are present, the person will not be transported to the day program site. Thermometers will be sanitized between uses.

**What to do if a person appears to have symptoms of illness at pick-up**

When a person appears to have symptoms of COVID-19, they will not be transported to the day program. In addition, if any person in an individual’s residence exhibits a temperature or other symptoms or has tested positive for COVID-19, the person will not be transported to the program. This may result in all residents of a location being held back from the day program, due to one symptomatic person. If the person lives within a Trinity site, the appropriate department nurse will be notified as soon as possible after symptoms have been detected.

1. **Trinity Services has a written procedure for proper cleaning and disinfecting of vehicles used to transport people.**

The vehicles used for the transportation of people served will be sanitized after each transportation run. Door handles will be wiped down between riders if more than one person (not residing in the same home) enters the van.

The interior of the vehicle, exterior door handles and other touchpoints will be wiped down and sanitized after each route is completed.

**Keeping a supply of cleaning supplies, hand sanitizer and PPE available for the driver and agency staff to take with them on every trip**

The drivers will have cleaning supplies, hand sanitizer and PPE available in the van. When a driver is running low on supplies, they will place an order with the Trinity Distribution Center (TDC). In the event they need supplies the same day, an emergency order can be approved, and the driver can pick up the needed supplies from the TDC.

**Cleaning high-touch surfaces after each use, such as door handles, seat bars/belts, window control buttons, steering wheels, etc.**

These high-touch areas will be sanitized before and after each transportation run.

**Protocol and schedule for routine vehicle cleaning after each use**

The driver assigned to the vehicle will be responsible for cleaning the van before and after each use, following CDC guidelines. The Transportation Coordinator will inform the drivers of this information as it updates to ensure the latest recommendations are being employed.

**Protocol for deep cleaning after transporting someone who was sick or symptomatic**

Anytime a van is used to transport an individual who is sick or symptomatic, the van will be thoroughly cleaned and sanitized. The residential Network Director will determine if that van will be grounded for a period of time before being placed into rotation.

1. **Preventing the Spread of Infection**
2. **Trinity Services has a written procedure and designated roles for screening everyone upon entering the setting, including all staff, persons served, visitors, and delivery personnel.**

VISITOR PROCEDURES: COVID-19 Pandemic

Trinity will monitor the directives provided by Governor Pritzker in the Restore Illinois Plan. Protocol for visits will be based on the following:

1. The current phase for Illinois as mandated by the Governor.
2. The current staffing pattern of the CDS site.
3. The individuals who attend that CDS site.
4. The medical needs and/or medical vulnerability of the program participants attending the CDS site.
5. If in-person visitors are not allowed, then visits may occur through the utilization of technology (Skype, Zoom, FaceTime, etc.)
6. If a family member or guardian would like to take their loved one residing in a CILA home, the visit must be approved by the residential Network Director and follow the CDC guidance available. It also must adhere to Trinity’s family visitation policy, which is updated on an ongoing basis. In some situations, the person may be required to take a Covid test prior to returning to CDS.

The Network Director will determine if a visit can or cannot be scheduled based on the criteria indicated above. If it is determined that a visitor is authorized, all family members, guardians, etc., must comply with the following guidelines for visits:

1. Visitors will be subjected to wellness monitoring procedures and will be checked for the following symptoms:
2. Temperature greater than 99.9 degrees
3. Cough
4. Shortness of breath
5. Sore throat
6. Possible exposure to someone with COVID-19
7. Out of state travel in the last 10 days
8. Visitors will not be allowed if they have a temperature over 99.9 degrees, a cough, shortness of breath, sore throat, or exposure to someone with COVID-19 in the past 10 days. Travel out of state will be evaluated.
9. The program participant and the visitors are expected to wear masks. If the program participant is unable to wear a mask, additional social distancing will be expected.
10. All visits must be pre-arranged/scheduled. Unscheduled visits will not be permitted. No visits will be conducted inside the CDS program. This is for the safety of the other individuals in the program and staff members.
11. A maximum of two visitors are allowed per visit.
12. Visits will be conducted outside of the CDS program, when possible. Visits may occur in outside areas such as: the porch, front yard, back yard, garage, etc. The location of the visit will be determined by Trinity prior to the visit. A walk may be permitted if it is determined that all of the guidelines can be followed by the program participant and family members or guardians.
13. Social distancing is expected at all times.
14. All visits will be monitored by a Trinity staff member.
15. Visits will be discontinued if the guidelines are not followed.

**Designating adequate space for screening**

Each building has an area in which the preapproved visitor is screened.

**Posting signs at the entrance(s)**

Each building has a sign instructing visitors where to check in.

**Visual cues to show appropriate social distance**

Visual cues, such as stickers on the floor and signs, appear throughout the buildings to encourage social distancing.

**Screening process including a symptoms checklist, temperature check, hand sanitizer, sign-in list, etc.**

When a visitor checks in, he or she is screened. A temperature check is performed, and the person is asked screening questions that appear above.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

1. **Trinity Services has a written process to identify and safely support people who become sick with COVID-19 symptoms during service delivery.**

**Posting signs**

The CDS programs display signs and graphics that are visual prompts to help people remember to practice safety in relationship to COVID-19.

**Training staff and program participants**

Prior to reopening day program sites, staff will be trained on multiple areas, including CDC guidelines, use of PPE, cleaning procedures, etc. Many of the people supported by Trinity have been receiving COVID-19 educational materials on a weekly basis since March 2020. These materials are generated by CDS staff and distributed to all Trinity residential sites. Additional training materials will be provided as needed. Additional training on COVID-19 symptoms will be provided when persons return to day programs, as appropriate. Supports will be provided in a manner that is most effective for the person receiving services. In some programs, this may involve education sessions and verbal prompts. Other people might require gestural prompts or techniques such as video modeling.

**Establishing and communicating a pick-up policy**

Depending on the needs of the site, pick-up times will be staggered to prevent a large grouping of people near the exit waiting to board their van. If symptoms of COVID-19 become evident during the day, the person exhibiting these symptoms will be placed in isolation. The Network Director or designated member of the leadership team will be notified. The Program Coordinator will ensure that transportation home is facilitated in a timely fashion.

1. **Trinity Services has designated an isolation room or area for people who become ill or symptomatic while in Trinity setting(s) who must await transfer to another setting.**

**Designating space for isolation to prevent exposure to others while awaiting transport to another setting**

Program Coordinators have a dedicated space as an isolation area in the event that someone becomes ill while in attendance of a CDS program.

**Infection control during the time the person is waiting to leave**

If possible, that person will remain isolated until transportation arrives. Staff will wear increased PPE when assisting the person. If the person does not require assistance, staff will monitor the person from outside of the room when possible. Other program participants will be directed away from the isolation room during this time.

**Documenting program participants and staff who had close contact, and vehicles and rooms the person accessed**

When a person displays symptoms requiring isolation, staff will notify the Program Coordinator. If the person lives in a Trinity residential site, the leadership team of the CILA will be responsible for identifying people who may have been in contact and making notifications, if and when appropriate. If the person lives in the community, the Program Coordinator will make sure to notify the driver and any passengers (and associated support staff) who may have been in contact so they can self-monitor their health. Guardians will be notified, if applicable.

The Program Coordinator will clean the space in which the person received programing and relocate people to another space, if appropriate, for the day.

**Planning for those who are ill or symptomatic to be transported to an appropriate setting as soon as possible**

If the person served lives in the community, their family member has agreed to transport them home as soon as possible after symptoms have been identified. For people served in a residential CILA, the Network Director or designated member of the leadership team will be notified. The Program Coordinator or other designated staff will work with the residential leadership team to arrange for a safe pick-up after evaluating the resources available at the time.

1. **Trinity Services has completed an assessment of activities and services delivered in Trinity setting(s), and strategies have been identified to meet social distancing guidelines.**

**Placement of furniture and other items to enforce social distancing for staff and program participants**

Tables are spread out, and chairs have signs/graphics on them to provide a visual prompt to show where people should or should not sit. If possible, programs will remove any chairs that should not be used. There are visual prompts on the floor to demonstrate 6 feet of distance.

**Schedules for staff and program participants to limit the number of social contacts**

Staff will be assigned to specific rooms or locations in a building to limit the number of interactions between different people. Program participants will also be assigned to specific rooms/areas in the building. Lunches will be scheduled around each group, so that only one specific group will eat at one time.

**Providing extra support for people with limited mobility and language**

When possible, Program Coordinators will limit the number of staff who provide assistance to any given person. Masks will be worn by both staff and people receiving services at all times. When close contact is required, gloves will be worn. Gloves will be removed when a staff member has finished assisting an individual, and the staff member will then wash his or her hands. If participants use assistive devices, such as tablets, then these devices will be sanitized between uses. Tablets will be sanitized before they are used by another person. When assisting persons using wheelchairs, walkers, and other assistive devices, staff will sanitize devices they come into contact with.

**Providing extra support for people who have limited control of bodily fluids**

As noted previously, masks will be worn at all times. When someone requires assistance with toileting tasks, the staff providing assistance will wear gloves. When they are finished providing assistance, they will remove their gloves and wash their hands. The person being assisted will also be supported in washing their hands and in cleaning the changing/toilet area. In addition, only one person will be permitted in the restroom/bathroom at a time.

**Posting visual cues**

The CDS programs will display signs and graphics that are visual prompts to help people remember to practice social distancing and to report any relevant symptoms. Handwashing signs will also be posted in the building.

**Monitoring common areas, restrooms and transportation waiting areas for social distancing**

All program and waiting areas and rooms will be assigned to specific people. The restrooms will be determined by capacity. In situations where it is a single use or small restroom, one person at a time will be permitted. If there is already someone in the restroom, the next person will wait to enter until it is available. In some programs, staff may be assigned to monitor the program and to support program participants in adhering to safe practices.

**Installation of physical barriers as needed**

<https://dceocovid19resources.com/restore-illinois/>

1. **Trinity Services has a plan for ongoing training and support for staff and persons served to learn the practice of social distancing.**

As noted above, prior to reopening day program sites, staff were trained on multiple areas, including CDC guidelines, use of PPE, cleaning procedures, etc. Many of the people supported by Trinity have been receiving COVID-19 safety materials on a weekly basis since March 2020. These materials were generated by CDS staff and distributed to all Trinity residential sites. Additional training materials will be provided as needed. Additional training on safe practices will be provided when people return to day programs. In addition, implementation of safe practices will be shaped and reinforced on an ongoing basis at day programs. For example, staff may provide a high ratio of positive reinforcement for behaviors such as mask wearing and handwashing.

1. **Trinity Services has a written procedure for proper hand hygiene, and strategies have been identified to ensure adherence to procedures.**

**Alcohol-based hand sanitizer available as appropriate**

Hand sanitizer will be available in all programs and in the rooms where programs are being held. Staff will be responsible for keeping the hand sanitizer in their care. In addition, staff and individuals receiving services will be trained on CDC guidelines for proper hand hygiene and hand awareness. For example, people will be provided with guidelines explaining the need to wash hands after touching a surface and the importance of avoiding touching hands to one’s face.

**Ensuring sinks are kept clean and well-stocked with soap and paper towels for handwashing**

Bathrooms will be cleaned and disinfected throughout the day. Program Coordinators will be responsible for ensuring that this is completed. Staff will regularly check bathrooms for cleanliness.

**Posting signs throughout the setting highlighting good hygiene tips**

Signs will be placed throughout the CDS programs highlighting good hygiene tips, like handwashing, properly covering one’s nose/mouth when sneezing/coughing, and avoiding touching one’s eyes/nose/face.

<https://www.cdc.gov/handwashing/when-how-handwashing.html>

**Staff Training**

Staff will be trained on hygiene and cleaning procedures. Program Coordinators will review the procedures with the program staff during the morning meetings.

**Maintaining Supplies**

Each site can contact the Trinity Distribution Center (TDC) to order supplies as needed. The TDC houses a surplus of supplies for Trinity use. However, the availability of supplies during a pandemic may vary. Substitutions and alternative products may need to be used if this occurs.

1. **Trinity Services has a written procedure for wearing face coverings and gloves in alignment with CDC guidelines, and strategies have been identified to ensure adherence to procedures.**

**Availability of face coverings and gloves**

All staff and persons served have been provided face masks. The programs also have extra disposable and cloth masks to provide to anyone who will need one.

Gloves will be located in the program rooms, bathrooms and offices. The gloves will continue to be replenished as they run low when the staff puts in an order to TDC.

**Assisting people to wear face coverings**

Staff will provide assistance to ensure that persons served are able to appropriately wear masks. The nature of assistance provided will depend on the needs of the individual. If the person needs physical assistance, staff will wear gloves while providing this assistance. When staff use gloves while assisting a person, they will remove the gloves afterwards and wash their hands.

Some people may be able to learn to independently put on a mask with hand-over-hand prompting. Others will learn with gestural or verbal prompts. Most people will need ongoing assistance in the form of reminders and/or use of positive reinforcements that encourage mask-wearing and other preventative behaviors.

**Posting signs**

Signs promoting proper hygiene and mask-wearing will be put around the building as reminders of the importance of PPE.

**Staff training**

Staff were initially trained on the CVPP via in-service and will continue to review proper PPE in daily meetings.

**Maintaining supplies**

Each site can contact the Trinity Distribution Center (TDC) to order supplies as needed. The TDC houses a surplus of supplies for Trinity use. However, the availability of supplies during a pandemic may vary. Substitutions and alternative products may need to be used if this occurs.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/gloves.html>

1. **Trinity Services has a written procedure to ensure proper cleaning and disinfecting, particularly of high-touch areas and items, and strategies have been identified to ensure adherence to procedures.**

High-touch areas will be wiped down throughout the day. Examples of high-touch surfaces and objects include doorknobs, tables/countertops, desks, light switches, handles, phones, keyboards, toilets, faucets, water fountains and sinks. The Program Coordinator is ultimately responsible for ensuring that this is completed appropriately. EPA-approved disinfectants for frequent cleaning of high-touch surfaces and shared equipment will be used. If EPA-approved products are not available, CDC recommendations on how to prepare a bleach solution will be followed.

EPA-Approved Disinfectants:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

CDC Cleaning and Disinfection for Community Facilities:

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

**Cleaning and disinfecting mobility and other assistive devices (e.g. wheelchair handles, walkers, etc.)**

People who use assistive devices will wipe down their wheelchair handles/walkers prior to boarding the transportation vehicle and once they enter the program. Communication devices will also be disinfected when the person enters the program building.

**Removing non-essential items (for example: removing soft, porous materials, such as area rugs and seating) to reduce the challenges with cleaning and disinfecting them**

Trinity staff will remove items in programs that would be considered non-essential and put them in a room/area that will not be utilized.

**Removing clutter and non-essential items from flat surfaces to allow for easier cleaning and avoiding use of items that are not easily cleaned, sanitized or disinfected**

Items that would create clutter or cannot be easily cleaned, sanitized or disinfected will be removed from the program areas that are being utilized.

**Maintaining a cleaning schedule**

Every program will have a cleaning schedule that will be created by the leadership staff. The leadership staff will review the schedule with the staff and specify the time(s) of the day that it is implemented.

**Maintaining supply of cleaning and disinfecting products**

Each site can contact the Trinity Distribution Center (TDC) to order supplies as needed. The TDC houses a surplus of supplies for Trinity use. However, the availability of supplies during a pandemic may vary. Substitutions and alternative products may need to be used if this occurs.

1. **Trinity Services has a plan and supplier for maintaining an adequate supply of PPE (face coverings, gloves, etc.) and other infection control supplies for staff and persons served, when applicable.**

Supplies will be fully stocked as long as they are available for purchase on the open market. As Trinity Services experienced in March 2020, shortages of supplies may occur as the pandemic continues. Alternative substitutes may be identified if this occurs.

**Anticipating PPE and infection control supply needs of staff and persons served**

PPE will be stocked with the following items: gloves, masks, hand sanitizer, soap, paper towels, and plastic bags.

**Designating staff to monitor and restock supply levels**

A person will be assigned to monitor and take inventory of the supplies in the main closet on a daily basis. A weekly order of supplies will be placed. If needed, an emergency order will be placed to be delivered or picked up on the same day.

Each staff assigned to a room will take inventory of the supplies in their room on a daily basis. They will be able to take supplies from the main closet to stock their rooms.

**Identifying minimum supply levels to trigger reorder and resupply**

Each location will have a minimum supply order to restock a week’s worth of supplies; an emergency order may be placed if supplies run low.

**Identifying resources to purchase PPE and infection control supplies**

PPE supplies and resources are purchased through various vendors depending on availability of stock. The following is a list of suppliers:

ProMed Inc.

Medline Industries

Ecolab

Meikem Supply Inc.

Professional Medical

Staples

Amazon

**Sanitizing of reusable PPE before reuse**

Cloth masks will be laundered regularly. Any goggles or face shields will be washed daily at the end of the day. The following procedure will be used:

1. Place face shields or goggles on a paper towel.
2. Wash hands with soap and water for 20 seconds.
3. Put on gloves, apply soap to the gloves, and lather on face shield or goggles for 20 seconds.
4. Place the shield or goggles on dry paper towel and allow to air dry.
5. Properly remove and dispose of gloves, and wash hands for 20 seconds.

**Training staff and program participants on use of PPE and supplies in accordance with CDC guidelines**

All staff were trained upon reopening on the use of PPE and supplies in accordance with the CDC guidelines. Ongoing training will be provided for new staff or any staff who may require it.

Most persons served at day programs have already been trained on effective use of masks and other PPE. Additional training on safe practices will be provided as needed. Supports will be provided in a manner that is most effective for the person receiving services. In some programs, this may involve education sessions and verbal prompts. Other people might require gestural prompts or techniques such as video modeling.

1. **Person Centered Planning**
2. **Trinity Services has contacted each program participant and/or family/guardian and their ISC to discuss the plan to reopen and resume services, and the participant’s transition and phase-in of services in the facility and/or community. Trinity QIDP staff have a form to record the discussion of the following areas:**
* The Ohio risk benefit tool
* Concerns and comfort level with resuming services in the facility and/or community
* Timeframe for resuming services in the facility and/or community
* Pace the transition for re-entry to accommodate individuals’ goals and interests
1. **Trinity Services has a process to assess the needs of each program participant for consideration in planning the transition and phase-in from home or congregate residential settings to day services. Trinity’s process involves engagement with the participant, family, guardian, caregiver, other service provider(s) and case manager. The QIDP form addresses the following:**
* Individual’s health status and risk level for COVID-19 (e.g. underlying medical conditions or circumstances)
* Any important changes that may have occurred during time away from the center or community
* Any changes or updates to the individual’s preferences, activities, and any new plans that may affect services (e.g., new goals, new skills, new needs)
* Flexibility of staff availability to meet the needs of the individual
* Verified contact information

**QIDP Contact Form Community CDS**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of person served:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of QIDP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact information of person served verified (initial)\_\_\_\_\_\_\_\_\_\_

Is the person vaccinated?\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of vaccination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify the parties spoken to and date:

Person served \_\_\_\_\_\_\_\_\_\_\_

Family\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other service provider(s)\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Trinity staff consulted (list titles, names, and dates)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ohio was conducted on this date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ohio score(s) and comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Concerns and comfort level with resuming services in the facility and/or community**

Identify any concerns and how they will be addressed. What is the comfort level on a scale of 1-10 (10 being highest)?

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**Timeframe for resuming services in the facility and/or community**

When is the person able to return? Would they prefer to only be at the CDS building? If they are interested in community outings, where are they comfortable going?

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**Pace the transition for reentry to accommodate individuals’ goals and interests**

What type of reentry schedule is needed for this person? How many days a week can they attend? How many hours per day can they attend?

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What type of transportation will be required (indicate one)?

PACE\_\_\_\_\_ Family will transport/ transport self**\_\_\_\_\_\_** Other**\_\_\_\_\_\_\_\_\_**

**Individual’s health status and risk level for COVID-19 (e.g. underlying medical conditions or circumstances)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any important changes that may have occurred during time away from the center or community**

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**Any changes or updates to the individual’s preferences, activities, and the PP and IS that may affect services (e.g., new goals, new skills, new needs)**

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**Flexibility of staff availability to meet the needs of the individual**

What accommodations, if any, do staff have to make to better support this person attending CDS?

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Other notations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Trinity Services has included a question to verify contact information on the form above.**
2. **Trinity Services has developed a plan and materials to communicate program changes to program participants, families, guardians, caregivers, other service providers and case managers prior to opening.**

This document will be made available to families, guardians, caregivers, etc. This will provide these parties with information regarding changes and address the areas identified below. In addition, residential staff, QIDPs, Program Coordinators, and day staff will coordinate to ensure that program participants, families, guardians, caregivers, other service providers and case managers are contacted prior to the opening of day programs. These people will be provided with information pertaining to the areas below and will be provided with the opportunity to ask follow-up questions. It will be the ultimate responsibility of the Network Director to ensure that department staff carry out this coordinated effort effectively.

**How programming has changed to keep people safe**

Day programs look different since they reopened. New routines were introduced to ensure safety. When rejoining CDS, some people may exhibit difficulty adjusting to the altered routine. Specific routines occurring within each program will be communicated to assist in easing this transition. Appropriate staff, such as QIDPs or QMHPs, will provide information about changes in a manner appropriate for each person given their unique learning style and strengths. In some cases, it may be appropriate to create social stories or other aids for people that assist them in preparing for changes. Stakeholders will need to be made aware of safety measures being taken and allowed the opportunity to ask questions and pose concerns.

**What to expect from a transition from home or residential setting to day services**

Day and residential staff will work together to provide information regarding how programs will be different to people who have not yet returned. Once again, some people may exhibit difficulty adjusting to the altered routine. Specifics regarding changes in routines occurring within each program will be communicated to assist in easing this transition. Program participants and stakeholders will be provided the opportunity to ask questions and voice concerns about changes. Appropriate staff, such as QIDPs or QMHPs, will provide information about changes in routine and the transition back to day programs in a manner appropriate for each person given their unique learning style and strengths.

**How the transition will be managed**

Staff will provide advance notice to those still transitioning back to day programs and the changes in operation of these programs so that there is ample opportunity to ask questions and to digest this information. Residential and day staff will work collaboratively to assist people in coping with transition effectively. Program Coordinators and other leadership staff will work to address any concerns raised by stakeholders, such as guardians or ISSAs.

**Safety precautions to be implemented in the setting to keep everyone safe and healthy**

Safety precautions that were put in place will also be communicated. Since reopening, this has been communicated to staff and program participants on an ongoing basis.

**Instructions on staying home if sick**

It will be communicated to program participants, residential staff, day staff and caregivers that a person will not be permitted to attend a program if he or she is exhibiting symptoms, such as a fever, chills, sore throat, etc.

1. **Training and Support**
2. **Staff are trained in essential pandemic operational protocols prior to delivering day services.**

Staff and program participants received training in the above mentioned protocols prior to the opening of day services. Trainings were provided in person and via technology, such as through use of videos or other media from trusted public domains. Training will be reinforced on an as-needed basis. Trainings addressed protocols pertaining to:

1. **Emergency preparedness plan**
2. **Proper hand hygiene**
3. **Social distancing**
4. **Proper use of PPE (e.g. putting on, taking off)**
5. **Use of cleaning and disinfecting products**
6. **Recognizing the signs and symptoms of COVID-19**
7. **Staff and Individual Trainings are documented.**

**Maintaining documentation of staff training**

An in-service training occurred, and all staff were trained on proper procedures of handwashing, wearing PPE, disinfecting surfaces, staying 6 feet apart, staying safe while in the building, using bathrooms in the day program or in public, and keeping safe while out in the community.

They were also trained on recognizing signs and symptoms of COVID-19, and what to do in case someone shows symptoms.

A sign-in sheet documenting all trainings will be kept at the Community Day Services administrative office for all initial trainings and any additional trainings completed after.

**Ensuring competency of training when applicable**

Program Coordinators may, when applicable, request that staff demonstrate competency in new procedures. In addition, Program Coordinators will continuously monitor staff for best practices. Additional trainings will continue as needed to enhance workforce development planning, safety training, and staff performance, among other activities, while in the program space or while in the community.

**Agencies should be able to access these records during monitoring visits/audits/reviews**

All training sign-in sheets and pertaining documentation will be kept at the Community Day Services administrative office.The sign-in sheet will also be available at the Staff Development office.



**TCEU ATTENDANCE REGISTER- SINGLE PARTICIPANT**

 **Date: Start Time: End Time:**

Session Title:

Session Type: (Circle one) Live Training Webinar Tele-conference Reading Video

Session Description

Presenter/Facilitator Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Participant printed name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Participant signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Supervisor Initial



1. **Trinity Services has a plan to support staff, persons served, and families/caregivers in the following areas:**

**Assessing and addressing staff questions and concerns regarding returning to work**

Trainings were held with all day program staff on all protocols. Each department operating day programs is responsible for carrying out trainings. All staff will have had the opportunity to review and practice the procedure manual prior to the reopening of programs. Leadership are available to answer any questions and concerns. Staff had an additional day to go over procedures prior to the reopening of a CDS location.

**Communicating health and safety measures for staff and persons served**

For people served in a residential CILA, the Network Director or designated member of the leadership team will be notified. If the person served lives in the community, the QIDP or a member of the leadership team will notify the guardian. The leadership team will communicate with the staff.

**Encouraging anyone who is sick to stay home**

If a person served is displaying symptoms and their temperature exceeds 99.9 degrees, the person should stay home and follow proper procedure. If the person lives in a Trinity residential CILA, the leadership team of the CILA will be responsible for identifying people who may have been in contact and making notifications, if and when appropriate.

If the person lives in the community and is displaying symptoms, the person will need to stay home. Their driver will take their temperature prior to the person entering the vehicle. If the temperature exceeds 99.9 degrees, the person will be asked to stay home.

**Planning when a staff member or program participant gets sick**

TheCDS location will use the designated isolation area in the event that someone becomes ill while in attendance of a CDS program.

If the person served lives in the community, someone will pick them up to transport them home within 30 minutes of isolation.

For people served in a residential CILA, the Network Director or designated member of the leadership team will be notified. The residential leadership team will arrange for a safe pick-up after evaluating the resources available at the time.

If a staff member is ill, the supervisor will need to be notified in a timely manner, and the staff member should stay home. The staff member will be required to follow Trinity’s procedure COVID-19 Related Return to Work Guidance.

CDC Business and Workplaces Plan, Prepare, and Respond:

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/mental-health-non-healthcare.html>

<https://emergency.cdc.gov/coping/index.asp>

OSHA Guidance on Preparing Workplaces for COVID-19:

<https://www.osha.gov/Publications/OSHA3990.pdf>

1. **Community-Based Services**
2. **Trinity Services has a system to assess the community locations where program participants have typically received community-based services to identify strategies for supporting people in accordance with CDC guidelines.**

**Availability of/access to community resources and settings (for example, the library is open, but hours and number of visitors are limited)**

Staff will be responsible for proactively looking up the hours of operation of the location of the activity. Staff should also research requirements pertaining to number of visitors and procedures put in place by the location. If it is determined that safe social distancing cannot be maintained at the location, either due to the expected number of people present, characteristics of the space, and/or the individual’s ability to maintain personal space, the activity will not take place.

**Availability of/access to public restrooms**

People will be encouraged to not use public restrooms. Should the unavoidable need arise for use of a public restroom, COVID-19 cleaning and PPE practices will be adhered to as best as possible, given the situation. A prepared bag of PPE items will be used during this time.

**Proper hand hygiene**

Staff will carry hand sanitizer with them and use it as needed. Staff and persons served will wash their hands after eating and using restrooms. A prepared bag of PPE will be carried around with the staff person.

**Ability to maintain social distancing, such as whether people are able to practice social distancing or if the setting presents challenges for a small group**

Staff will be responsible for proactively considering the possibility of maintaining social distancing during community outings. Outdoor activities are preferred, as social distancing is typically easier to maintain in outdoor environments and evidence indicates there is less risk in outdoor or well ventilated environments. Some individuals do not have a preference for outdoor activities, however; and often a person’s goals necessitate indoor activities. When planning any activities, staff will, when possible, research capacity of the location of the activity and safety measures in place to ensure social distancing. An individual’s capacity to maintain appropriate space with others should be considered as well as vulnerability related to his or her health status. In addition, current recommendations of federal, state, and local authorities will be adhered to when planning outings and determining whether conditions are safe. If staff arrive at an outing and determine that social distancing cannot be maintained, then the activity will be terminated. It will be necessary to prepare persons being served in advance for this possible necessity. People will be expected to wear a mask when attending large, public gatherings even if they are vaccinated.

**Proper use of PPE, including the length of time people can wear a face covering during community activities**

The length of time that a person can wear a face mask will be taken into consideration as community activities are planned.

**Modifying staff to program participant ratios and/or size of small groups**

Staff will be working with small groups, and leadership staff will monitor the number of people per group depending on the CDC requirements.

**Adjusting or staggering scheduled activities**

The schedules for the day will be adjusted depending on the number of people allowed in each program per CDC requirements.

**Flexible scheduling of options for choice based on community activities that may change with short notice**

All schedules for the day will be based on what the CDC requirements are at the time of planning. It will be communicated to staff that changes to the schedules may be needed due to the CDC requirements. All persons served will be given the choice to attend the planned community activity. Other activities in the program will be offered, as well. Vaccination status might be a factor in determining the availability to partake in community activities.

1. **Trinity Services has a written procedure that staff can follow during community activities with program participants and have trained the staff in the procedure. It is as follows:**

**Ensuring a prepared bag is ready with extra PPE and infection control supplies, hand sanitizer, soap, hand towels, etc. for the staff and program participants**

Vans will each be equipped with a prepared bag containing extra PPE items. The van driver will be responsible for checking that the items are intact prior to use. The van driver will also be responsible for replacing items as they are used.

**Proper hand hygiene**

People will continue to wash their hands frequently with soap according to CDC guidelines. The prepared bag of PPE will be available to the staff person.

**Maintaining social distancing in the community**

Persons served and staff will follow social distancing guidelines as recommended by the CDC. People will stay 6 feet away from each other and follow the directives of signs and social distancing dots.

**Proper use of PPE**

Persons served and staff will wear masks at all times and utilize the prepared bag of PPE to access needed supplies while in the community.

**What to do if an individual appears to have symptoms of illness while in the community**

The person served would return to the CDS location and be placed in isolation (see isolation procedures). The van driver would be responsible for cleaning the van after transport.

**Using a public restroom**

People will be encouraged to not use public restrooms. Should the unavoidable need arise for use of a public restroom, COVID-19 cleaning and PPE practices will be adhered to as best as possible, given the situation. A prepared bag of PPE items will be used during this time.

**Alternate community activities identified if a setting is unavailable or at capacity when people arrive**

The location is operating under capacity, therefore even when attendance is at 100% it will not reach capacity. If a setting is unavailable for the day, participants will not attend the program.