

Procedure OM.02.3(2) Guidelines to Service and Business Operation(s) During Covid-19 Pandemic

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Purpose

The purpose of this document is to provide guidance to all aspects of operation during the pandemic. The focus will be placed on 3 key areas: 1) disease prevention 2) response to potential case/symptomatic persons and 3) response to confirmed case of disease. MYEP will strive to balance risk-mitigation efforts with the rights of the people we support in the decisions made throughout the pandemic.

Special Note:

Due to the relative newness of COVID-19, health experts are continually evaluating response measures and their effectiveness, therefore, these policies may change frequently and with little or no advance notice. MYEP reserves the right to update these policies and our response measures based on current public health guidance, positive case rates within the county or state, guidance from Worker's Compensation Insurance, OSHA, etc.

What is Covid-19 (Coronavirus Disease 2019)

- Covid-19 is caused by a coronavirus called SARS-CoV2. The disease emerged from China in December 2019 and has caused a worldwide pandemic. Covid-19 can be severe and, in some cases, may result in death.

SYMPTOMS:

- Symptoms of Covid-19 are:
 - Cough
 - Fever
 - Shortness of breath
 - Muscle aches
 - Sore throat
 - Unexplained loss of taste or smell
 - Diarrhea
 - Headache

TRANSMISSION OF DISEASE:

- The primary and most important mode of transmission is through close contact from person-to-person via transmission of particles through the air when a person talks, yells, coughs, sneezes, etc.
- The CDC states it may be possible that a person can contact the virus by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly eyes, but this isn't thought to be the main way the virus

General Operational and Administrative Guidelines During Pandemic:

ADMINISTRATIVE OFFICES

GENERAL GUIDELINES FOR PREVENTATIVE MEASURES:

- Strict social distancing of 6 feet in all meetings and offices-
 - Rooms and offices will be arranged to accommodate this and will not be allowed to be altered
 - rooms will be marked with a maximum occupancy
- Strict use of masks when in common areas where a 6-foot distance may not be possible
- No meetings will be allowed of more than 10 people
 - team meeting days will be staggered in an attempt to minimize the overall number of people in the building at any given time
- Individual printers will be placed in certain offices to reduce the number of users at the common printers
- Lockers have been placed in the computer lab and each Lead will be assigned a locker for storage of any personal supplies or items- this will reduce the use of shared items
- Those with offices are asked to work with their doors shut to the greatest reasonable extent
- CLEANING, CLEANING, CLEANING!!!
 - Minimally, at the end of each business day, all common surfaces will be sanitized by facilities staff
 - Throughout the day we will all rely on each other to do our part and take individual responsibility
 - Each office and meeting room will be stocked with sanitizing cleaners to be used by all of us throughout the day
- Each office and meeting room will be supplied with hand sanitizers
- If an administrative employee is presenting with any illness symptoms, they are asked to stay home
- Thermometers are available at each administrative office for employee use should the need arise
- Currently, the office is closed to the public and no visitors are allowed
 - Visitor protocols will be established once the office is open to the public and external business partners

STAFF TRAINING

GENERAL GUIDELINES FOR CLASSROOM TRAINING

- MYEP employee Orientation training classes will resume in-person May 1st, 2021 with some restrictions. All remaining MYEP employee training classes will resume in-person June 1st, 2021 with some restrictions.
- Classrooms will be set up to ensure participants can maintain at least a 6-foot distance from each other.
- Class size will be limited to no more than what has been designated by MYEP as the maximum occupancy of the room, to include the instructor of the course.
- Since most classes will be taught in the Training Center at the 418 Administrative Offices, the typical capacity for a training class will be 10 people (including instructor(s)).

- Classrooms will be sanitized before and after the class, and participants will be encouraged to wear masks during the class.
- Per agency policy, if one participant prefers masks to be worn, it is expected that all participants will wear a mask; however, because the instructor needs to be heard clearly by all participants, if the instructor is wearing a mask and thus becomes difficult to understand, the instructor may remove his/her mask.
- Participants will be encouraged to provide their own writing utensil, and if unable, the instructor will provide them with a pen/pencil they will take with them upon completion of the course. Sharing of pens/pencils is strongly discouraged.
- MYEP reserves the right to revert to on-line course instruction for employee training if the MYEP SLT determines the risk level in the county or state is too high to safely continue in-person training courses.

COURSE SPECIFIC GUIDELINES

- Some courses or portions of courses require specific instruction. The following expectations are outlined for these specific courses:
 - Medication Administration – During the competency skills portion of the Medication Administration course, the instructor will need to be close enough to the participant to observe them handling the sample medication. It is expected the instructor maintain at least a 3’ distance from the participant during this portion of the course. During this portion of the class, mask wearing is mandatory.
 - CPR/First Aid/AED training – MYEP will follow Red Cross instructor guidelines for instructing during the pandemic for each of these courses. Class size for CPR will be limited to the number of training mannequins the agency has available
 - Safety Care – We have determined the safest way to teach this course will be to focus only on the lecture portions of it (Introduction, Incident Prevention, Incident Minimization and Post-Incident Procedures). By only teaching these portions of the course, we are forgoing Safety Care certification for our courses for the duration of the pandemic. If the MYEP CPO determines there is a need to teach staff at a site the Physical Safety techniques or do the Role-Play sections of the course, a specific course for that site may be taught. If this occurs, the course instructor will follow Safety Care pandemic guidelines for modifications to the course to ensure safety of the instructor and all participants.

Service Operation

GENERAL GUIDELINES FOR DISEASE PREVENTION:

MYEP is committed to putting practices into place to aid in the prevention of the disease within our service programs and environments. Effective May 1st, 2021, due to a high percentage of the people we support and our employees reaching full vaccination status, there may be some changes to the prevention strategies outlined below. These changes can be found in the [Vaccination Addendum](#) at the end of these policies. However, due to ever-changing risk levels in the county and the state, MYEP reserves the right to revert to the practices outlined below if the MYEP SLT determines the risk level in the county or state has reached an unacceptable level:

PREVENTATIVE MEASURES FOR EMPLOYEE(S):

Masks:

- All employees providing direct care are **required** to wear a mask their entire shift. Effective 2/1/2021, double-mask usage, to include **both** of the mask types described below, was required for all employees during their entire shift. This change was put into effect in response to more contagious virus variants being present in the community, and will continue to be in effect until further notice.
- **Cloth masks (reusable):**
 - All employees will be provided with a cloth mask.
 - The cloth masks are reusable and are the employee's property and is to not be shared with others
 - It is the responsibility of the employee to take care of their mask- including regularly washing the mask to prevent germs from being spread
- **Disposable Medical Masks:**
 - Each house will be provided with disposable medical masks to provide to employees in the event they do not have their mask, or it has become damaged during their shift
 - It is the responsibility of the Lead to ensure medical disposable masks are available and easily accessible for staff members at the locations
 - **Corrective Action for non-usage of mask:**
 - If it is discovered an employee is not wearing their mask while providing direct care, the agency's disciplinary policy may be followed to correct the issue with the employee

PPE Usage

- MYEP has secured the following PPE items for usage by employees:
 - Cloth masks
 - Disposable medical masks
 - N-95 masks
 - Safety goggles
 - Face Shields
 - Protective medical gowns
 - Protective vinyl covering
- Due to shortages of certain PPE items throughout the pandemic, MYEP has classified the items into the following categories in order to prevent the over-usage and avoid PPE shortages:
 - **Low Risk PPE Items:**
 - Low risk items should be utilized on a routine, daily basis without the evidence of an active case of Covid being present.
 - **PPE items that are classified as low risk PPE items are:**

- ❖ Cloth masks
- ❖ Disposable medical masks
- ❖ Gloves- to be used when providing personal cares, handling bodily fluids, etc.
There SHOULD NOT be worn the entirety of the shift as the risk of spread of contamination is high due to not washing hands
- **Mid-Risk PPE Items and Recommended Usage:**
 - Mid-Risk PPE items should be utilized if a person served is presenting symptoms of an illness
 - **PPE items that are classified as mid-risk PPE items are:**
 - ❖ Cloth Masks (continued use)
 - ❖ Medical masks
 - ✓ The recommended wear of masks would be 2 layers
 - ✚ layer #1 = medical masks
 - ✚ layer #2= cloth mask
 - ❖ Safety Goggles
 - ✓ Safety goggles will be provided for staff to wear while in close proximity with the person.
 - ✓ Examples of times where a staff person would be in close proximity are:
 - ✚ Providing personal cares
 - ✚ Providing behavioral supports
 - ✚ Providing mobility supports
 - ✚ Providing sick care to them while they are in the room
 - ✚ Providing bathroom/toileting supports
- **High Risk PPE Items and Recommended Usage:**
 - High risk items will be provided and should be utilized if there has been a confirmed case of Covid-19 within the environment (staff or person served)
 - **PPE items that are classified as high risk are:**
 - ❖ Medical mask (continued use)
 - ❖ N-95 masks
 - ❖ Recommended wear of high-risk mask usage is 2 layers:
 - ✓ Layer #1= N-95
 - ✓ Layer #2= medical mask
 - ❖ Face shields:
 - ✓ Face shields will be provided to houses where personal cares or high behavioral cares are needed
 - ✓ Face shields should be utilized when providing close proximity cares (as outlined above) or can be worn the entirety of the shift
 - ❖ Protective medical gowns and/or protective vinyl coverings:
 - ✓ Should only be utilized when providing direct cares to a person served who has the confirmed case (when in their bedroom with them)

Storage of PPE:

- **Main Storage for All PPE:**
 - The main storage area for all PPE items is located at the 407 Highland Ct Building.
 - Only certain staff members will have access to the storage area
 - Requests for PPE items can be made to any member of SLT or a member of the HR/Fleet & Facilities Department
- **Storage of PPE At the Residential Locations:**

- Staff will be responsible for taking their cloth masks to and from the location. A storage unit will not be provided
- In the event there is an active case of Covid, or a person is symptomatic, PPE kits will be put together, in separate storage containers for each staff person, and stored at the house.
 - ❖ Please see 'Staff PPE Kits': [Staff PPE Kits.docx](#)

Temperature Checks:

- Staff will be required to take their temperatures upon arrival to shift and 2-3 times throughout their shift
- Each location will have a staff temperature log in which staff will record their temperatures
 - Temperature check log: [..\Staff Temperature Log.xlsx](#)
- Staff members who register a temperature of 100 degrees or higher will follow the following protocol:
 - **Registered Temperature Protocol:**
 - If a staff person registers a temperature of 100 degree or higher, it will be considered a fever
 - Staff will call the supervisor of the house (during business hours) or the agency on-call (after business hours) to notify them of their temperature
 - The supervisor, or agency on-call, will ask the staff to take their temperature while speaking to them to verify the temperature
 - If the staff person's temperature is 100 degree or higher, the staff person will be sent home.
 - If they are the only staff person on (or are needed due to strict ratio conditions), and need to wait to find coverage, they will be asked to continue to wear their mask and isolate themselves as much as possible, keeping a minimum of 6' from person served and other staff members.
 - The supervisor should then notify their Service Coordinator to determine length of quarantine for the employee
 - ❖ Please note-the standard rule of thumb is an employee is not allowed to return to work prior to being fever free for 72 consecutive hours without the use of fever reducing medications

Hand Hygiene:

- Staff persons must practice appropriate hand hygiene. Appropriate hand hygiene practices include:
 - Washing hands on a routine basis, especially before and after physical supports, community activities, possible contamination from sneezing/coughing, use of restroom, etc.
 - Handwashing should occur with soap and water and last a minimum of 20 seconds
 - Hand sanitizers have also been provided within all programs. Staff should utilize hand sanitizer if/when washing hands is not readily available

Self-reporting of Symptoms, Contact with Confirmed Case, Travel, etc.

Please see the [Vaccine Addendum](#) for any changes to this section for fully vaccinated persons.

- Employees are asked to self-report the following information:
 - Symptoms of illness
 - Travel plans outside the state of Iowa
 - Known contact with a confirmed case
- **Risk Assessments:**
 - Risk assessments will be completed whenever an employee self-reports the above information.

- Who has authority to complete them:
 - Risk assessments should be completed by a Service Coordinator or a member of Sr. Leadership.
 - Risk assessment information may be gathered by the LDSP, but assessment analyzation will be completed by the prior mentioned parties
 - Each category will have a low risk, mid-risk, and high-risk category
- **Categories and Risk Levels/Actions:**
 - **Self-Reporting of Symptoms:**
 - It is the responsibility of all employees to report to their supervisors any symptoms of illness that they may be experiencing
 - **Low Risk Symptoms:**
 - ❖ Fever below 100 degrees
 - ❖ Fatigue
 - ❖ Nausea
 - ❖ Body aches
 - **Actions for Low-Risk Symptoms:**
 - ❖ The staff person will be quarantined for a minimum of 72 hours (from day of onset of symptoms)
 - ❖ The Service Coordinator, or member of Sr. Leadership, who completed the risk assessment will log the staff person's quarantine on the 'Staff Quarantine Log'
 - **Release Back to Work:**
 - ❖ An employee can only return to work with approval from a supervisor
 - ❖ The supervisor will contact the employee when it nears the end of their quarantine to determine if the person meets the criteria to return
 - ❖ Criteria to return to work:
 - ✓ Fever free for 72 hours without the use of fever reducing medications
 - ✓ Symptoms have improved or subsided
 - ✓ If the employee meets the criteria, the supervisor of the home will discuss the employee's symptoms with a Service Coordinator, or member of Sr. Leadership, for final approval and release date
 - ✓ The release date will then be logged on the 'Staff Quarantine Log'
 - **Mid-risk symptoms:**
 - ❖ Fever higher than 100 degrees
 - ❖ Congestion
 - ❖ Vomiting/Diarrhea
 - **Actions for Mid-risk Symptoms:**
 - ❖ Staff person will be quarantined for a minimum of 7 days
 - ❖ The employee should be encouraged to seek out testing
 - ❖ Service Coordinator, or a member of Sr. Leadership, who completed the risk assessment will log the staff person's quarantine on the 'Staff' Quarantine Log'
 - **Release Back to Work:**
 - ❖ An employee can only return to work with approval from a supervisor
 - ❖ The supervisor will contact the employee when it nears the end of their quarantine to determine if the person meets the criteria to return
 - ✓ Criteria to return to work:
 - ✓ Fever free for 72 hours without the use of fever reducing medications
 - ✓ Symptoms have improved or subsided

- ✓ If the employee meets the criteria, the supervisor of the home will discuss the employee's symptoms with a Service Coordinator, or member of Sr. Leadership, for final approval and release date
- ✓ The release date will then be logged on the 'Staff Quarantine Log'

- **High Risk Symptoms:**

- ❖ Cough
- ❖ Tightness in the chest
- ❖ Difficulties breathing
- ❖ Fever higher than 103 degrees
- ❖ Chills
- ❖ Loss of taste and smell

- **Actions for High Risk Symptoms:**

- ❖ The employee will be quarantined for a minimum 10-14 days, dependent upon symptoms.
- ❖ The employee should be asked to have a Covid-19 test completed
- ❖ Service Coordinator, or a member of Sr. Leadership, who completed the risk assessment will log the staff person's quarantine on the 'Staff' Quarantine Log'

- **Release Back to Work:**

- ❖ An employee can only return to work with approval from a supervisor
- ❖ The supervisor will contact the employee when it nears the end of their quarantine to determine if the person meets the criteria to return
- ❖ **Criteria to return to work:**
 - ✓ Fever free for 72 hours without the use of fever reducing medications
 - ✓ Symptoms have improved or subsided
 - ✓ If the employee meets the criteria, the supervisor of the home will discuss the employee's symptoms with a Service Coordinator, or member of Sr. Leadership, for final approval and release date
 - ✓ The release date will then be logged on the 'Staff Quarantine Log'

- **Self-Reporting of Travel:**

- **Low Risk Travel:**

- ❖ Low risk travel is travel that occurs within the state of Iowa via non-public transportation modes (i.e. personal car)

- **Actions for Low-risk Travel:**

- ❖ None- the employee is safe to return to work, as long as they are symptom free from any illness, upon their return from travel

- **Release back to work:**

- ❖ None- the employee can return to work upon their return from travel

- **Mid-risk Travel:**

- ❖ Mid-risk travel is travel that occurs outside the state of Iowa via non-public transportation mode (i.e. personal vehicle)

- **Actions for Mid-risk Travel:**

- ❖ A risk assessment will need to be completed by a Service Coordinator, or a member of Sr. Leadership, to determine if the location of travel is of higher risk (i.e. highly populated) and identify what types of activities the employee will be participating

- ❖ Dependent on the risk determined from the assessment, the employee may be asked to quarantine from MYEP properties if it is determined the location, they are traveling is of higher risk
- ❖ If it is determined a staff person will need to be quarantined due to travel, the quarantine will be logged in the 'Staff Quarantine Log' by the Service Coordinator, or member of Sr. Leadership, who completed the risk assessment
- **Release to Work:**
 - ❖ An employee can only return to work with approval from a supervisor
 - ❖ The supervisor will contact the employee when it nears the end of their quarantine to determine if the person meets the criteria to return
 - ❖ **Criteria to return to work:**
 - ✓ Fever free for 72 hours without the use of fever reducing medications
 - ✓ Symptom free
 - ❖ If the employee meets the criteria, the supervisor of the home will discuss the employee's symptoms with a Service Coordinator, or member of Sr. Leadership, for final approval and release date
 - ❖ The release date will then be logged on the 'Staff Quarantine Log'
- **High Risk Travel:**
 - ❖ High risk travel is travel that occurs outside the state of Iowa via public transportation modes (i.e. airplane, train, bus, etc.)
- **Actions of High-Risk Travel:**
 - ❖ A risk assessment will need to be completed by a Service Coordinator, or a member of Sr. Leadership, to determine if the location of travel is of higher risk (i.e. highly populated) and identify what types of activities the employee will be participating.
 - ❖ The risk assessment should also include mask usage and policy of the type of travel mode
 - ❖ Dependent on the risk determined from the assessment, the employee may be asked to quarantine from MYEP properties if it is determined the location they are traveling is of higher risk and the travel mode presents a risk (i.e. no health screenings, lack of 6' social distancing, non-usage of masks, etc.)
 - ❖ Quarantine length may range between 72 hours-14 days
 - ❖ If it is determined a staff person will need to be quarantined due to travel, the quarantine will be logged in the 'Staff Quarantine Log' by the Service Coordinator, or member of Sr. Leadership, who completed the risk assessment
- **Release to Work:**
 - ❖ An employee can only return to work with approval from a supervisor
 - ❖ The supervisor will contact the employee when it nears the end of their quarantine to determine if the person meets the criteria to return
 - ❖ **Criteria to return to work:**
 - ✓ Fever free for 72 hours without the use of fever reducing medications
 - ✓ Symptoms have improved or subsided (or has remained symptom free)
 - ❖ If the employee meets the criteria, the supervisor of the home will discuss the employee's symptoms with a Service Coordinator, or member of Sr. Leadership, for final approval and release date
 - The release date will then be logged on the 'Staff Quarantine Log'
- **Self-reporting of Contact with a Confirmed Case:**
 - **Low risk:**

- ❖ Low risk contact with a confirmed case would be 2+ times removed from the direct contact (i.e. came into contact with a person who lives with a person who is a confirmed case)
- **Actions for Low Risk Contact:**
 - ❖ None- The employee may continue to work as long as they are symptom free
- **Release back to Work:**
 - ❖ None- the employee can continue to work
- **Mid-risk:**
 - ❖ Mid-risk contact would be known direct contact with a person outside of staff's living environment (i.e. co-worker at place of employment outside of MYEP)
- **Actions for Mid-risk contact:**
 - ❖ A risk assessment will be completed by the Service Coordinator, or a member of Sr. Leadership
 - ❖ The level of contact will be assessed based upon the extent of contact the employee has had (i.e. space shared with employee, amount of time spent directly with the employee)
 - ❖ Based upon the information provided, the employee will be placed on quarantine a minimum of 72 hours-7 days (based upon level of contact and safety measures utilized at place of employment)
 - ❖ Dependent on the extent of the contact, the employee may be asked to complete Covid-19 testing
 - ❖ If it is determined a staff person will need to be quarantined due to travel, the quarantine will be logged in the 'Staff Quarantine Log' by the Service Coordinator, or member of Sr. Leadership, who completed the risk assessment
- **Release to Work:**
 - ❖ An employee can only return to work with approval from a supervisor
 - ❖ The supervisor will contact the employee when it nears the end of their quarantine to determine if the person meets the criteria to return
 - ❖ **Criteria to return to work:**
 - ✓ Fever free for 72 hours without the use of fever reducing medications
 - ✓ Symptom free
 - ❖ If the employee meets the criteria, the supervisor of the home will discuss the employee's symptoms with a Service Coordinator, or member of Sr. Leadership, for final approval and release date
 - ❖ The release date will then be logged on the 'Staff Quarantine Log'
- **High Risk:**
 - ❖ High risk contact is when an employee lives with a person who has been diagnosed with Covid-19
- **Actions for High Risk Contact:**
 - ❖ A risk assessment will be completed by a Service Coordinator, or a member of Sr. Leadership, to confirm the employee resides with a person who has been tested and confirmed positive of the Covid-19 virus
 - ❖ The employee will be immediately quarantined from MYEP programs and properties for 10-14 days, dependent upon symptoms
 - ❖ The employee may be asked to seek out testing to determine if they are positive
 - ❖ If the employee is negative, but continues to reside with the person who has tested positive during their 10-14 day quarantine, the employee should be asked

to seek out second testing before being released back to work (to ensure contraction of the disease did not occur during quarantine)

- **Release Back to Work:**
 - ❖ An employee can only return to work with approval from a supervisor
 - ❖ The supervisor will contact the employee when it nears the end of their quarantine to determine if the person meets the criteria to return
 - ❖ **Criteria to return to work:**
 - ✓ Negative Covid-19 test
 - ✓ Fever free for 72 hours without the use of fever reducing medications
 - ✓ Symptom free
 - ❖ If the employee meets the criteria, the supervisor of the home will discuss the employee's symptoms with a Service Coordinator, or member of Sr. Leadership, for final approval and release date
 - ❖ The release date will then be logged on the 'Staff Quarantine Log'

PREVENTATIVE MEASURES PERSON SERVED:

Please see the [Vaccine Addendum](#) for any changes to this section for fully vaccinated persons.

Masks and PPE Usage:

- Persons served do not need to wear masks within their homes ***if they are symptom free***
 - ***Please see symptomatic person for guidance on mask wearing if a person is presenting symptoms***
- In accordance with CDC guidelines and local mask ordinances, persons served should wear masks when accessing the community, particularly within enclosed spaces and/or outdoor spaces in which maintaining a 6' social distance is not viable
- Masks should be worn when more than one service recipient is being transported in the same vehicle. If a person is not able to wear a mask and must utilize a vehicle, the person may only be transported by themselves- maintaining as much distance from the driver as possible

Social distancing:

- Staff will be responsible for ensuring persons served maintain 6' of social distance when participating in community activities or events
- Social distancing and appropriate interpersonal boundaries, outside of service supports, should be encouraged within the person's home, amongst roommates, and staff (i.e. 'elbows' versus hugs, reminders of personal space when engaging in conversation, etc.)

Hand hygiene:

- Staff are responsible for ensuring persons served are engaging in appropriate hand hygiene practices, which includes washing hands and the use of hand sanitizer.
- **Handwashing:**
 - Staff should verbally and physically support persons served to engage in handwashing practices that meet CDC recommendations
 - Hand washing should occur multiple times throughout the day, including but not limited to:
 - ❖ After use of restroom
 - ❖ After participation in community activities
 - ❖ Before and after eating
 - ❖ After possible contamination from sneezing, coughing, picking nose, etc.
 - Handwashing should occur for a minimum of 20 seconds (singing 'happy birthday' twice)

- Hand sanitizer is also available in all programs and should be used if/when handwashing is not immediately available

Temperature Checks:

- Persons served must have their temperature checked multiple times throughout the day
- All temperatures will be logged on a temperature check log
 - [Persons Served Temperature Log](#)

Contact with a Confirmed Case:

- **Low risk:**
 - ❖ Low risk contact with a confirmed case would be 2+ times removed from the direct contact (i.e. came into contact with a person who lives with a person who is a confirmed case)
- **Actions for Low-Risk Contact:**
 - ❖ Monitoring of symptoms
- **Mid-risk:**
 - ❖ Mid-risk contact would be known direct contact with a person outside of staff's living environment (i.e. co-worker at place of employment outside of MYEP)
- **Actions for Mid-risk contact:**
 - ❖ Monitoring of symptoms
 - ❖ Based upon information collected in a risk assessment, the person may be encouraged to quarantine in his/her room for a minimum of 72 hours to 7 days; and/or to wear a mask when in common areas of their home.
 - ❖ Testing will be sought out for the person
- **High Risk:**
 - ❖ High risk contact is defined as prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period).
- **Actions for High-Risk Contact:**
 - ❖ Monitoring of symptoms
 - ❖ The person will be encouraged to quarantine in his/her room for 10-14 days and/or wear a mask in the common areas of their home.

Testing will be sought out for the personVisitors to MYEP Properties/Residential Homes:

- **Essential vs. Non-essential Visits**
- **Essential Visits:**
 - Essential visits are visits that are needed in order to maintain a person's health of safety
 - ❖ Examples of essential visits are medical personnel such as VNA, EMTs, etc.
 - **Guidelines for Essential Visitors:**
 - ❖ All essential visitors must wear a mask
 - ❖ Prior to entering the property, the essential visitor must be greeted at the door and asked the following questions:
 - ✓ Who are you here for?
 - ✓ What type of visit are you here for?
 - ✓ Do you have a temperature or any other symptoms of Covid-19?
 - ❖ Essential visitors should be limited to no more than **2** at any given point in time.
 - ✓ It is important to coordinate essential visits, so they are not occurring all at the same time within the same home environment
 - **Visitor Log:**

- ❖ Essential visitors will be asked to 'sign in' and 'sign out' on the visitor's log, which should be kept located by the main entrance of the homes/environments
 - ✓ [Visitor Log](#)
- **Non-essential Visits:**
 - Non-essential visits are defined as visits that are not related to the health and safety of the person and oftentimes are social in nature.
 - Examples of non-essential visits are:
 - ❖ Family visits
 - ❖ Friend visits
 - **Guidelines for Non-essential visits:**
 - ❖ Non-essential visits should occur outside, if possible.
 - ❖ All non-essential visitors must wear a mask if the visit occurs inside of the home and/or there are other housemates or staff in the near vicinity (if outside)
 - ❖ If visits outside are not possible due to weather, visits should occur in the person's bedroom to limit contact with other housemates
 - ❖ No more than 2 non-essential visitors should be at the house at any given point in time
 - ❖ Prior to entering the properties, the non-essential visitor must be greeted at the door and asked the following questions:
 - ✓ Who are you here to visit?
 - ✓ Do you have a temperature of any other symptoms of Covid-19?
 - ✓ Have you recently been in contact with a person diagnosed with Covid-19?
 - **Visitor Log:**
 - ❖ Non-essential visitors will be asked to 'sign in' and 'sign out' on the visitor's log, which should be located by the main entrance of the homes/environments
 - ✓ Link located above

RISK ASSESSMENTS AND APPROVAL FOR COMMUNITY ACTIVITIES, HOME VISITS, TRAVEL & WORK

Community Activities & Participation:

Please see the [Vaccine Addendum](#) for any changes to this section for fully vaccinated persons.

Effective November 1, 2020 Person-Centered Community Participation COVID Risk Assessments are being used by MYEP to determine the level of community participation that is safe for each person we support. The person and his/her Interdisciplinary Team will make decisions on the level of safe community participation based on the results of the risk assessment. Each activity requested by the person will continue to be assessed to determine whether it is a low, moderate, or high-risk activity. Below are general guidelines for all community activities.

- **Essential Vs. Nonessential Community Activities:**
- **Essential Community Activities:**
 - Essential activities are activities that are needed in order to maintain a person health and safety
 - Examples of essential activities are:
 - ❖ Medical appointments
 - ❖ Securing food supply

- ❖ Securing medications
- **Guidelines for Participation in Essential Activities:**
 - ❖ When the MYEP SLT determines the risk of community spread has reached an unacceptable level, our employees will be asked to follow these best practices:
 - ✓ Identify possible alternative methods to participate in essential activities such as:
 - ✓ Telehealth appointments vs. in-person appointments
 - ✓ On-line grocery shopping and delivery or staff complete task on behalf of the person
 - ✓ Medication delivery or staff complete task on behalf of the person
 - ❖ In accordance with CDC guidelines and local mask ordinances, if a person must participate in an essential activity, they should wear a mask
 - ❖ If wearing a mask is not an option, they should not participate in the activity or arrangements should be made with the medical provider to determine best practice for the person to safely participate in the appointment (i.e. waiting in car vs. waiting room, entering/exiting through alternative routes, etc.)
- **Non-Essential Activities Community Activities:**
 - Non-essential activities are activities that are elective in nature and are not essential to the persons health and safety
 - Non-essential activities are typically recreational in nature and may include, but is not limited to:
 - ❖ Vacation
 - ❖ Recreational activities
 - ❖ Interpersonal activities such as visits with friends and family
 - ❖ Eating out
 - ❖ Dances
 - ❖ Special Olympics
 - **Best Practices:**
 - ❖ It is best to assist the person in choosing 'low risk' activities
 - ❖ Examples of 'low risk' activities are:
 - ✓ Activities that can occur outside with limited crowds and/or 6' social distancing is attainable
 - ✓ Activities that are virtual in nature
 - If a person requests to participate in a non-essential activity, a risk assessment should be completed by a supervisor to determine if the activity is safe to participate in and/or determine supports needed to engage in the activity
 - **Community Activity Risk Assessment:**
 - ❖ Risk assessments should be completed by the supervisor prior to engagement in non-essential community activities that are of higher risk.
 - ❖ **High risk community activities are defined as activities that are:**
 - ✓ Highly populated
 - ✓ In an enclosed environment
 - ✓ 6' social distancing is difficult to maintain
 - ✓ Persons participating in the activity are not from within the same household (i.e. friends form other homes, providers, etc.)
 - ❖ When completing a Community Activity Risk Assessment, the following questions should be considered:
 - ✓ What is the activity?

- ✓ Is it inside or outside?
- ✓ What type of crowd does the activity draw (i.e. densely populated)?
- ✓ Who will be there?
- ✓ Will the usage of masks be enforced?
- ✓ Will 6' social distancing be enforced?
- ✓ What risks may be presented by others participating in activity (i.e. will they be wearing masks and adhering to social distancing)
- ❖ The supervisor will discuss the answers to the risk assessment with the Service Coordinator and determine if the activity is safe to participate in and presents low risk of cross contamination. If the activity presents moderate or high risk, education will be provided to the person on the risks and mitigation efforts will be put into place.

Home Visit Risk Assessment:

- All home visits must be arranged and approved by a supervisor
 - This includes routine home visits.
- Supervisors must report to their Service Coordinator if/when a home visit is being requested and complete a risk assessment.
- **Home Visit Risk Assessment:**
 - When completing a home visit risk assessment, the following questions will be asked:
 - ❖ Does anyone in the family have symptoms of Covid-19
 - ❖ Has anyone been in contact with a person diagnosed with Covid-19?
 - ✓ If so, when and what type of contact was it?
 - ❖ What activities will the person be participating in when on a home visit?
 - ❖ Who all will be a part of the home visit?
 - ✓ If it is more than the people who reside in the home, please ask the above questions
 - ✚ will people be wearing masks?
 - ❖ Has anyone in the household traveled?
 - ✓ If so, when, where and what mode of transportation was utilized
 - Review of the answers to the risk assessment questions will occur with the Service Coordinator and a decision will be made based upon the level of risk.
 - ***If a risk is present, the request should be delayed for 7-14 days to ensure no symptoms are present within the home at the time of the visit. If the family declines this option, education on the risks associated with the visit will be provided to the family and the person, and mitigation efforts will be put into place.***

Travel:

- Risk assessments must be completed prior to a person served traveling (with family, with organization, etc.)
- **Low Risk Travel, Mid-Risk Travel, and High-Risk Travel:**
 - **Low Risk Travel:**
 - ❖ Is defined as travel that is within the state of Iowa in which the mode of transportation is private vs. public (i.e. personal vehicle)
 - **Mid-Risk Travel:**
 - ❖ Is defined as travel that occurs out of the state of Iowa in which the mode of transportation is private vs. public
 - **High-Risk Travel:**

- ❖ Is defined as travel that occurs out of the state of Iowa in which the mode of transportation is public (i.e. bus, train, plane)
- **All persons served must notify an MYEP representative if the plan to travel/participate in a vacation**
 - Once notified of the desire to travel, a risk assessment will be completed to determine the level of risk associated with the travel.
 - The following questions should be asked as when completing a travel risk assessment:
 - ❖ Where are you traveling to?
 - ❖ What mode of transportation will you be utilizing?
 - ❖ What types of activities will be you participating in?
 - ❖ Who are you traveling with?
 - ❖ What type of lodging will you be utilizing?
 - ❖ What supports will be provided to ensure you safety (i.e. mask wearing etc.)
 - Results of the risk assessment will be shared with the Service Coordinator and a decision will be made on what actions are needed, if any.
 - **If it is determined the travel request is of high risk, MYEP may ask for the person to be quarantined from MYEP properties upon their return from travel for a minimum of 14 days.**
 - ❖ If the person does not have a viable option to stay for quarantine off MYEP premises, they may be asked to quarantine within their bedrooms for a minimum of 10-14 days upon return

Work:

- Many of the people we serve have jobs that are important to them. It is our job to ensure they are able to maintain their jobs and are safe in doing so
- **The completion of a risk assessment is to occur only to ensure all supports are in place to ensure the health and safety of the person while performing their job duties**
 - Supervisors will be responsible for the completion of the risk assessment.
 - When completing the risk assessment, the following questions should be asked:
 - ❖ What type of job will they be performing?
 - ❖ What type of environment will they perform their job in?
 - ❖ How close are they to the general public and/or co-workers?
 - ❖ How do they get to and from work?
 - ❖ What supports are provided when performing their jobs (i.e. use of PPE)
 - Supervisors will share the information from the risk assessment with their Service Coordinator
 - If there are any areas of concern, the supervisor and/or Service Coordinator will work with the employment provider in determining what supports need to be added to ensure the person's safety

CLEANING OF ENVIRONMENTS:

CLEANING OF PROGRAM ENVIRONMENTS:

- Home environments must be cleaned regularly with CDC approved disinfectants such as Lysol, Pine-sol, bleach-based disinfectants, etc.
- CDC and IDPH cleaning guidelines will be utilized on a routine basis (daily, weekly)
 - CDC guidelines for cleaning: [CDC general cleaning recommendations and hand hygiene guidance.pdf](#)
 - IDPH cleaning guidelines: [COVID-19 Environmental Cleaning Guidance3 10 20 \(1\).pdf](#)

- MYEP has purchased a commercial grade electrostatic mist sanitizer that will be kept at the MYEP administration building
 - Only approved personnel will be allowed to utilize the mist sanitizer.
 - Utilization of the mist sanitizer process:
 - ❖ The mist sanitizer will only be utilized within the residential homes if/when there is a confirmed case of Covid-19 (staff and/or individuals served)
 - ❖ Arrangements to utilize the mist sanitizer will occur by emailing the facilities department @ maintenance@myep.us.
 - ❖ Coordination of the use of the mist sanitizer must occur with the Service Coordinator and Lead of the house as the house will need to be vacated for a period of time.
 - ***The mist sanitizer should only be utilized if/when the level/need for cleaning outweighs the risk of transferring potential confirmed cases to another location***

General Guidelines for Symptomatic Person

SYMPTOMATIC EMPLOYEE & RESPONSE

- See Section [Staff Reporting of Symptoms](#)

SYMPTOMATIC PERSON SERVED & RESPONSE

- If a person served presents symptoms of Covid-19, the following steps will be taken:
 - **Protocol for Response to Symptomatic Person Served:**
 - ❖ **For Persons Served in Residential Program (step by step guidelines for care):**
 - ✓ [Protocol for symptomatic person.docx](#)
 - ❖ Staff will immediately notify supervisor of the symptoms being presented
 - ❖ Staff will complete a Minor Incident Report outlining the symptoms present
 - ❖ Supervisors should seek out Covid-19 testing for the person served
 - ✓ Testing can be sought out the following ways:
 - ✚ **UIHC (test results are typically back within 12-24 hours):**
 - Call (319) 384-9010
 - Report the person's symptoms
 - Report the person resides in a group home setting with other vulnerable people
 - Based upon the information provided, they will determine if testing is approved and will schedule an appointment for the testing to be completed
 - ✚ **Contact the Persons Primary Care Physician (test results typically back within 2-5 business days)**
 - ❖ High Risk PPE kits should be put together and taken to the locations immediately
 - ✓ All staff will immediately implement the use of High-Risk PPE:
 - ✚ [High risk PPE Useage](#)

General Guidelines for Confirmed Case within Programs

CONFIRMED CASE(S) & RESPONSE:

CONFIRMED CASE WITH STAFF MEMBER

Within the Adult Day Program:

- ❖ The supervisor in which the positive case was reported to should immediately notify their Service Coordinator, who will report it to the CPO (or another member of Sr. Leadership if the CPO is not available)
- ❖ **MYEP Adult Day Program Shutdown:**
 - ✓ The Adult Day Program will be immediately shut down for a 14-day period to allow to self-quarantines to occur for both persons served and staff members
- ❖ **Notification of Staff:**
 - ✓ The Service Coordinator will consult with the COO and CPO to determine who and what will be communicated.

- ✚ Please note: if the COO and CPO are not available for consultation, the Service Coordinator will consult with another member of Sr. Leadership
- ✓ The COO and CPO, in conjunction with the Service Coordinator, will identify the 'high risk' staff vs. low risk staff and contact them to notify them of their potential exposure
- ✚ **High Risk staff are defined as:** staff members who work directly (on shift) with the staff person 24-72 hours prior to the staff person's diagnosis.
 - **Example #1:**
 - The staff person was diagnosed on a Friday and they worked on Wednesday and Thursday
 - All staff person who worked with that staff member on Wednesday and Thursday will be notified of their potential direct contact
 - **Example #2:**
 - The staff person was diagnosed on a Wednesday, but the last day worked was Friday of the previous week
 - No staff persons are classified as 'high risk' b/c it had been longer than 72 hours of the staff person with the confirmed case being in contact with other staff members
- ✚ **All High-Risk staff member should be asked to seek out Covid-19 testing to determine if there is potential of further spread within the program beyond the 1 confirmed case**
- ✓ **Low Risk staff are defined as:** staff members not having worked directly with the staff member with the confirmed case within the 24-72-hour timeframe
- ✚ All low risk staff members will be notified of the positive case within the program and can seek out Covid testing if desired and may continue work

❖ **Notification of Person Served and/or Parent/Guardians:**

- ✓ The CPO (or another member of Sr. Leadership if the CPO is not available) will consult with the Service Coordinators to determine who and what will be communicated.
- ✓ The CPO, in conjunction with the Service Coordinator, will identify 'high risk' persons served and contact them to notify them of the potential exposure
- ✚ **High Risk persons served is defined as:** persons served whom the infected staff person provided *direct care* to 24-72 hours prior to the diagnosis (see examples above for timeframe)
- ✚ **All High-Risk persons served should be asked to seek out Covid-19 testing to determine if they have contracted the illness and/or if there is further spread within the program**

Within the Residential Program:

- ❖ The supervisor in which the positive case was reported to should immediately notify their Service Coordinator, who will report it to the CPO (or another member of Sr. Leadership if the CPO is not available)
- ❖ **Due to the Residential Program(s) being 24-hour program(s), a shutdown is not an option and continued case will be provided**
- ❖ **Notification of Staff:**
 - ✓ The Service Coordinator will consult with the COO and CPO to determine who and what will be communicated.
 - ✚ Please note: if the COO and CPO are not available for consultation, the Service Coordinator will consult with another member of Sr. Leadership
 - ✓ The COO and CPO, in conjunction with the Service Coordinator, will identify the 'high risk' vs. 'low risk' staff and contact them to notify them of their potential exposure

- ✚ **High Risk staff are defined as:** staff members who worked directly (on shift) with the staff person 24-72 hours prior to the staff person's diagnosis.
 - **Example #1:**
 - The staff person was diagnosed on a Friday and they worked on Wednesday and Thursday
 - All staff person who worked with that staff member on Wednesday and Thursday will be notified of their potential direct contact
 - **Example #2:**
 - The staff person was diagnosed on a Wednesday, but the last day worked was Friday of the previous week
 - No staff persons are classified as 'high risk' b/c it had been longer than 72 hours of the staff person with the confirmed case being in contact with other staff members
- ✚ **All High-Risk staff member should be asked to seek out Covid-19 testing to determine if there is potential of further spread within the program beyond the 1 confirmed case**
- ✚ **Quarantine of High-Risk Staff Members:**
 - All staff classified as 'high-risk' staff members will be quarantined from the house and ALL MYEP properties
 - The length of quarantine is as follows:
 - **7 full days from the last date worked with the infected staff person**
 - **Example #1:**
 - The infected staff person was diagnosed on Friday, 6/4
 - Staff Person A worked with the infected staff person on Wednesday, 6/2, but has also worked Thursday, 6/3
 - Staff Person A will be pulled off the schedule IMMEDIATELY and quarantined until Thursday, 6/11 (a FULL 7 DAYS from last day of contact is 6/2-9/6, therefore they cannot return until day #8, which is Thursday, 6/11)
 - Please note: if the staff person becomes symptomatic, and/or tests positive for Covid-19, please follow the protocol(s) for:
 - **Symptomatic Employee & Response:** [Staff Reporting of Symptoms](#)
 - **Confirmed Case of Employee & Response (as outlined above)**
- ✓ **Low-Risk is Defined as:** staff members who have not worked with the infected staff person within the 24-72-hour timeframe
 - ✚ All low risk staff members will be notified of the positive case within the program and can seek out Covid-19 testing if desired, but may continue working
- ❖ **High Risk PPE kits should be put together and taken to the location**
 - ✓ All staff will immediately implement the use of High-Risk PPE:
 - ✚ [High risk PPE Usage](#)
- ❖ **Notification of Person Served and/or Guardian**
 - ✓ The CPO (or another member of Sr. Leadership if the CPO is not available) will consult with the Service Coordinators to determine who and what will be communicated
 - ✓ All persons served are classified as high-risk due to the size and set-up of the home environments
 - ✚ **All High-Risk persons served should be asked to seek out Covid-19 testing to determine if they have contracted the illness and/or if there is further spread within the program**

CONFIRMED CASE OF PERSON SERVED:

Within the Adult Day Program:

- ❖ The supervisor in which the positive case was reported to should immediately notify their Service Coordinator, who will report it to the CPO (or another member of Sr. Leadership if the CPO is not available)
- ❖ **MYEP Adult Day Program Shutdown:**
 - ✓ The Adult Day Program will be immediately shut down for a 14-day period to allow to self-quarantines to occur for both persons served and staff members
- ❖ **Notification of Staff:**
 - ✓ The Service Coordinator will consult with the COO and CPO to determine who and what will be communicated.
 - ✚ Please note: if the COO and CPO are not available for consultation, the Service Coordinator will consult with another member of Sr. Leadership
 - ✓ The COO and CPO, in conjunction with the Service Coordinator, will identify the 'high risk' staff vs. 'low risk' and contact them to notify them of their potential exposure
 - ✚ **High Risk staff are defined as:** staff members who worked (on shift) while the person served was in attendance (does not need to just be directly with the person as supports are fluid) 24-72 hours prior to the person's diagnosis.
 - **Example #1:**
 - The person was diagnosed on a Friday and the staff member worked on Wednesday and Thursday
 - All staff members who worked on Wednesday and Thursday will be notified of their potential direct contact
 - **Example #2:**
 - The person served was diagnosed on a Wednesday, but the last day they attended program was Friday of the previous week
 - No staff persons are classified as 'high risk' b/c it had been longer than 72 hours of the person attending program
 - ✚ **All High-Risk staff member should be asked to seek out Covid-19 testing to determine if there is potential of further spread within the program beyond the 1 confirmed case**
 - ✓ **Low risk Staff** is defined as all other staff members who did not work during the 24-72-hour timeframe prior to the person diagnosis
 - ✚ All low risk staff members will be notified of the positive case within the program and can seek out Covid testing if desired
- ❖ **Notification of Person Served and/or Parent/Guardians:**
 - ✓ The CPO (or another member of Sr. Leadership if the CPO is not available) will consult with the Service Coordinators to determine who and what will be communicated.
 - ✓ The CPO, in conjunction with the Service Coordinator, will identify 'high risk' persons served and contact them to notify them of the potential exposure
 - ✚ **High Risk persons served is defined as:** persons served whom the participated in programming on days that were 24-72 hours prior to the diagnosis (see examples above for timeframe)
 - ✚ **All High-Risk persons served should be asked to seek out Covid-19 testing to determine if they have contracted the illness and/or if there is further spread within the program**

Within the Residential Program

- ❖ The supervisor in which the positive case was reported to should immediately notify their Service Coordinator, who will report it to the CPO (or another member of Sr. Leadership if the CPO is not available)
- ❖ ***Due to the Residential Program(s) being 24-hour program(s), a shutdown is not an option and continued case will be provided***
- ❖ **Notification of Staff:**
 - ✓ The Service Coordinator will consult with the COO and CPO to determine who and what will be communicated.
 - ✚ Please note: if the COO and CPO are not available for consultation, the Service Coordinator will consult with another member of Sr. Leadership
 - ✓ ALL staff members will be notified of the positive case
 - ✚ Due to the nature of residential services, and to avoid cross contamination, all staff members will remain working unless they begin to exhibit symptoms and/or test positive
 - ✓ ***All staff members will be asked to immediately seek out Covid-19 testing***
 - ✓ Staff members will be asked to monitor symptoms and immediately report any symptoms to management personnel
- ❖ Staff members who sub at other locations will immediately be pulled from those schedules for 7-14 days to prevent cross contamination
- ❖ Staff members should be encouraged to isolate themselves from other members within their household in case they become infected
- ❖ **Notification to Persons Served and/or Parent/Guardians:**
 - ✓ The CPO (or another member of Sr. Leadership if the CPO is not available) will consult with the Service Coordinators to determine who and what will be communicated.
 - ✓ Permission from parent/guardian to seek out Covid-19 testing for persons served should be sought out to determine if further spread has occurred amongst roommates
- ❖ **Response to Confirmed Case:**
 - ✓ **High Risk PPE kits should be put together and taken to the location**
 - ✓ All staff will immediately implement the use of High-Risk PPE:
 - ✚ [High risk PPE Usage](#)
 - ✓ Guidelines for Care will be followed for a person who has a confirmed case
 - ✚ [Protocol for symptomatic person or confirmed case.docx](#)

Additional Information

GUIDELINES FOR DAY PROGRAM PARTICIPATION:

- The MYEP Adult Day Program is categorized as a 'congregate' service environment. Meaning, the services provided are in an environment in which groups of people gather for a specific period of time
- The numbers of persons receiving Day Program services will range from 4 to no more than 21 persons served at any given point in time
- Due to the nature of the services, Program Guidelines for Participation have been established. All staff members and persons served must agree to the terms of the guidelines in order to participate

- **Guidelines to Day Program Participation:**
 - [Guidelines for Day Program Participation.docx](#)

INFORMATIONAL LINKS ON THE CORONAVIRUS PANDEMIC:

- **CDC (Center for Disease Control Prevention)**
 - Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- **IDPH (Iowa Department of Public Health)**
 - Website: <https://idph.iowa.gov/>
- **Johnson County Department of Public Health**
 - Website: https://www.johnson-county.com/dept_health.aspx?id=4485
- **UIHC Coronavirus Resources**
 - Website: <https://uihc.org/2019-novel-coronavirus-covid-19>

Vaccine Addendum – Effective May 1, 2021

COVID Vaccinations

What are they?

- The CDC states Covid-19 vaccinations are one of the tools used to fight the Covid-19 pandemic. Studies have shown the Covid-19 vaccinations are safe.
- There are currently 3 vaccinations that have been approved for emergency use in the United States. They are:
 - Pfizer: 2 doses needed to be fully vaccinated, plus two weeks following the final dose
 - Moderna: 2 doses needed to be fully vaccinated, plus two weeks following the final dose
 - Johnson & Johnson: 1 dose needed to be fully vaccinated, plus two weeks following the dose

MYEP Vaccination Requirements

- Currently, MYEP does not require staff members or persons served to be vaccinated. MYEP strongly encourages both staff and persons served to be vaccinated as the benefits of vaccination improves the overall health and safety of MYEP employees and those receiving services, resulting in safer operations and delivery of services. Responses to Covid related incidents with non-vaccinated staff or persons served may differ than responses to vaccinated staff or persons served.

Vaccination Benefits

- **Efficacy and Safety:** Studies on the efficacy and safety of the vaccines are consistently showing the vaccinations are safe and effective and significantly decrease the chance of severe illness and death as well as decrease the risk of widespread disease from person to person. MYEP believes receiving the vaccination is another line of defense, adding another layer of protection to ensuring persons served and staff members remain healthy and safe.
- **Socialization and Community Participation:** As more and more people become vaccinated, immunity will continue to build within the community, allowing for people to reengage in pre-pandemic activities.

Documentation of Vaccination

- **Persons Served:**
 - MYEP will require a record of a person's (current) vaccination. A copy of the person's vaccination card will be kept within the person's main file located at the MYEP office as well as having it uploaded into EDoc
- **Staff Persons:**
 - MYEP will require a record of a staff person's (current) vaccination. A copy of the vaccination card will be kept in the person's employee record

General Guidelines for Business Operations (Administrative Offices)

Since MYEP does not require employees or persons served to be vaccinated, general operation protocols will continue to be enforced to prevent the spread of the disease. All business operation and training guidelines will be followed as outlined within: [General Operational and Administrative Guidelines During Pandemic](#):

Guidelines for Preventative and Response for Vaccinated Persons

COVID PREVENTATIVE MEASURES FOR NON-VACCINATED PERSONS

- **Persons Served:**

- All preventative measures will continue to be followed as outlined within: [Preventative Measures Person Served:](#)
- **Staff Persons:**
 - All preventative measures will continue to be followed as outlined within [Preventative Measures for Employee\(s\):](#)

COVID PREVENTATIVE MEASURES FOR VACCINATED PERSONS

- **Persons Served:**
 - Completion of COVID Risk Assessments:
 - COVID Risk Assessments will continue to be utilized as a tool to assess a person's COVID skills and abilities to safely participate in various social and community activities.
 - It is important to note MYEP supports the participation of all persons in low-risk and low to moderate-risk activities while taking precautionary measures such as mask-wearing and social distancing.
 - Low-risk activities include such activities as going for a walk or hike, riding bikes, eating takeout, camping, going to a park, etc.
 - Low to moderate-risk activities include such activities as grocery shopping, dining outdoors at a restaurant, etc.
 - People who are vaccinated have an additional layer of protection, decreasing their risk for severe illness compared to non-vaccinated persons.
 - Considerations should be made when completing Risk Assessments for vaccinated persons, including engagement in higher-level risk activities such as going to a vaccinated friend's home, shopping at the mall, dining indoors at a restaurant, etc.
 - Preventative measures will continue to be followed as outlined within: [Preventative Measures Person Served:](#)
 - This includes, but is not limited to:
 - Daily Health Screenings
 - Mask usage when participating in group or community activities, in accordance with local mask ordinances
 - Maintaining social distance when participating in group or community activities
 - Engagement in activities as outlined with the COVID Risk Assessment
 - Support in hand and respiratory hygiene
 - Completion of risk assessments of requested activities such as:
 - Travel
 - Vacation
 - Community activities that do not fall into categories outlined with the person's Risk Assessment
 - New protocols for vaccinated persons:
 - Masks do not need to be worn if the person is visiting others outside of their home environment (i.e., home visit with immediate family all of

whom live under the same roof) and members of the household who have been vaccinated.

➤ **Staff Persons**

- All preventative measures will continue to be followed as outlined within: [Preventative Measures for Employee\(s\)](#):
- This includes, but is not limited to:
 - Double masking while in MYEP living and programmatic environments
 - Health screening completed at beginning of shift
 - Completion of appropriate hand hygiene
 - Reporting and completion of risk assessments of activities such as:
 - Travel
 - Vacation
 - Reporting of exposure or symptoms

COVID RESPONSE MEASURES FOR VACCINATED PERSONS

➤ **Persons Served:**

- **Response to a COVID Exposure**
 - Due to the nature of the living environment, we strongly encourage a person we serve who has a known exposure to someone with COVID-19 to quarantine in their room as much as possible for 10-14 days and to wear a mask when in common areas of their home, regardless of vaccination status.
 - If a person served, who has been vaccinated, has been exposed to someone diagnosed with COVID-19, steps will be taken as outlined in: [Contact with a Confirmed Case](#):
- **Response to a Vaccinated-Symptomatic Person**
 - If a vaccinated person is experiencing symptoms of COVID-19 (i.e. fever, cough, difficulties breathing, loss of taste and/or smell, etc.) all protocols will be followed as outlined in: [Symptomatic Person Served & Response](#)
- **Response to a Vaccinated COVID-19 + Person**
 - If a vaccinated person tests positive for COVID-19, all protocols will be implemented as outlined in: [Confirmed Case of Person Served](#):

➤ **Staff Person:**

- **Response to a COVID Exposure**
 - If a staff member, who has been vaccinated, has been exposed to someone diagnosed with COVID-19, the following steps will be taken, as outlined by the CDC:
 - **DOES NOT NEED TO QUARANTINE IF:**
 - They are asymptomatic (presents no symptoms such as fever, cough, loss of taste or smell, fatigue, etc.)
 - They have received **all** doses of the vaccination (see [above](#))
 - It has been 2 weeks since receiving the full dose(s)
 - The vaccination has been received within the past 3 months
 - The staff will be requested to seek out testing to determine if they are positive

- **DOES NEED TO QUARANTINE IF:**
 - They are symptomatic
 - They have not been fully vaccinated (i.e., not received all doses of the vaccination)
 - It has been less than 2 weeks since receiving the vaccination
 - It has been more than 3 months since they were fully vaccinated
- **Response to a Vaccinated-Symptomatic Person**
 - If a vaccinated staff tests positive for COVID-19, all protocols will be implemented as outlined in: [Confirmed Case with Staff Member](#)

Other COVID-19 Guidelines and Protocols

All other COVID-19 guidelines and protocols as outlined within [OM.02.3\(2\) Guidelines – Service and Business Operation During COVID-19 Pandemic](#) will continue to be followed. Due to the relative newness of this disease, health experts are continually evaluating response measures and their effectiveness, therefore, these policies may change frequently and with little or no advance notice. MYEP reserves the right to update these policies and our response measures based on current public health guidance, positive case rates within the county or state, guidance from Worker’s Compensation Insurance, OSHA, etc.