

ELIZABETH LAYTON CENTER COVID-19 REINTEGRATION PLAN

Updated May 26, 2020

Introduction

Foundational Sources

This COVID-19 Reintegration Plan was developed by ELC's COVID-19 Response Team using guidance from the Centers for Disease Control (CDC), the Kansas Department of Health & Environment (KDHE), the Occupational Safety & Health Administration (OSHA), the Food & Drug Administration (FDA), the office of the Kansas Governor and the Health Departments of Franklin and Miami Counties.

Dynamic Plan

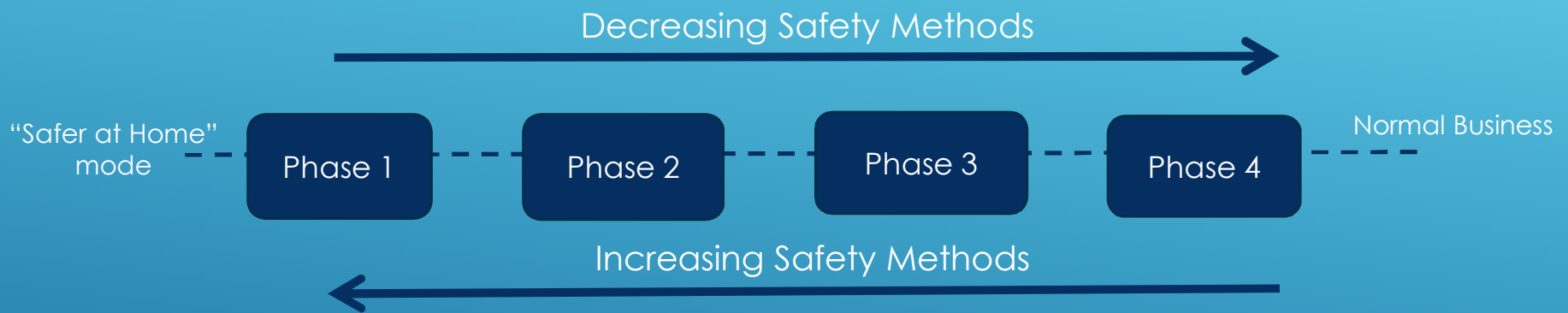
ELC's Reintegration Plan provides a series of procedural requirements based on Phases of pandemic response. ELC will determine the phase of agency response not based upon a designated timeline, but rather based upon a number of metrics including guidance from the Governor of Kansas, the Franklin County Health Department, the Miami County Health Department and the availability of necessary resources. Notification of current phase will be made through all-staff email, supervisory communication and ELC's website.

Due to the uncertain nature of the Coronavirus pandemic, as well as dynamic and changing guidance from foundational sources, ELC's COVID-19 Reintegration plan is fluid in nature and subject to change. ELC Employees are required to adhere to all procedures as indicated in the most updated COVID-19 Reintegration Plan.

Procedural Requirements

This presentation provides an overview of ELC's COVID-19 Reintegration Plan. More detailed procedures are available through your supervisor. ELC Employees must adhere to the guidance provided in this presentation as well as departmental procedural expectations. Please direct any questions or concerns you might have to your supervisor or HR Director. Clients are asked to comply with expectations; contact our Risk Manager with questions.

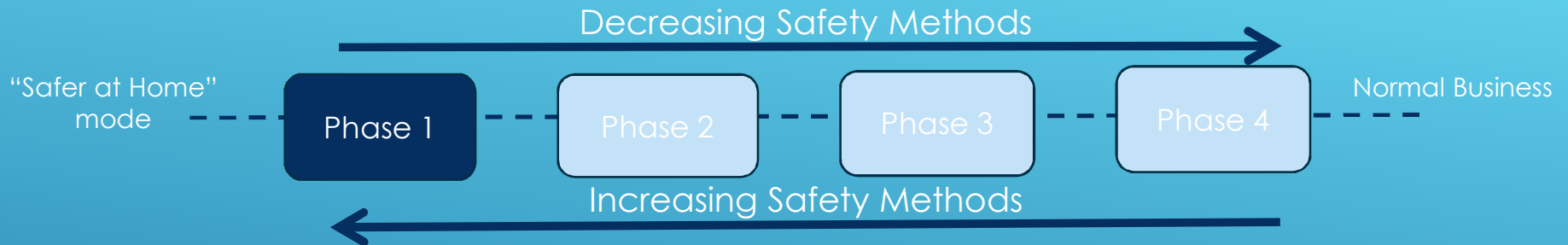
ELC REINTEGRATION PLAN CONTINUUM



**ELC will transition back and forth between phases in a fluid manner depending on current information available. Movement between phases will occur based on guidance from the Governor of Kansas, local county Health Departments, KDHE, CDC and ELC Leadership, not on arbitrary dates alone. Extenuating cases will be evaluated on an individual basis.*

ELC REINTEGRATION CONTINUUM

ELC Phase One



Phase 1: ELC Employees

- Daily COVID self-screening required; Sick employees must stay home
- Must follow CDC's COVID-19 precautions
- Must keep minimum 6-foot social distance from others
- Must follow KDHE travel and quarantine guidelines
- Must wear face mask unless alone in enclosed office*
- Majority of staff telecommuting; no non-essential work travel.
- No gatherings >10 people; most meetings by televideo
- Services primarily provided by telehealth if allowable by KDHE
 - Clients who are able to participate via telehealth must do so in that manner
 - Exception for essential services with determined clinical need for face to face delivery, including Crisis, Medication Injection services and essential Community Based Services (e.g. modified Med Drops, modified Supported Housing)
 - Face to face sessions limited to no more than 1 client (plus guardian if needed) and 1 staff
- No Transportation, non-mandated Psychological Testing services or face-to-face Group Services

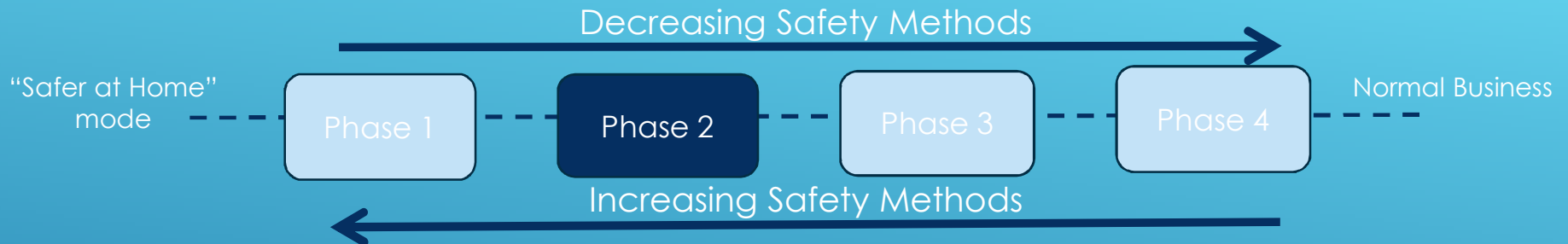
Phase 1: ELC Clients & Visitors

- Limited public access to buildings – crisis or authorized appointment only
- Verbal COVID-19 screening prior to any face-to-face service
- Must follow general COVID-19 precautions
- Must keep minimum 6-foot social distance from others (besides household)
- Must wear face mask during face-to-face services*
- Telehealth is primary method for all services if allowable by KDHE
 - Clients able to participate via telehealth must do so that way
 - “Zoom Rooms” available for telehealth on site at ELC for clients with no phone/internet
 - Exception for face-to-face services include limited Crisis, Medication Injection, and essential community based services (e.g. Med Drops, Supported Housing)
 - Face to face service is limited to provider and client (with guardian as indicated) only – no additional participants
- No Transportation, non-mandated Psychological Testing or face-to-face Group Services

**exception for medical condition prevention use of mask

ELC REINTEGRATION CONTINUUM

ELC Phase Two



Phase 2: ELC Employees

- Daily COVID self-screening required; Sick employees must stay home
- Must follow CDC's COVID-19 precautions
- Must keep minimum 6-foot social distance from others
- Must follow KDHE travel and quarantine guidelines
- Must wear face mask unless alone in enclosed office*
- Majority of staff telecommuting; no non-essential work travel.
- No gatherings >10 people; most meetings by televideo
- Services primarily provided by telehealth if allowable by KDHE
 - Clients who are able to participate via telehealth are encouraged to do so in that manner
 - Exception for services with determined clinical need for face to face delivery, including Crisis, Medication Injection services and limited Community Based Services (e.g. Med Drops, Supported Housing, modified Psychosocial, modified CPST.)
 - Face to face sessions limited to no more than 1 client (plus guardian if needed)
- Limited and modified Transportation services
- No non-mandated Psychological Testing services or face-to-face Group Therapy Services

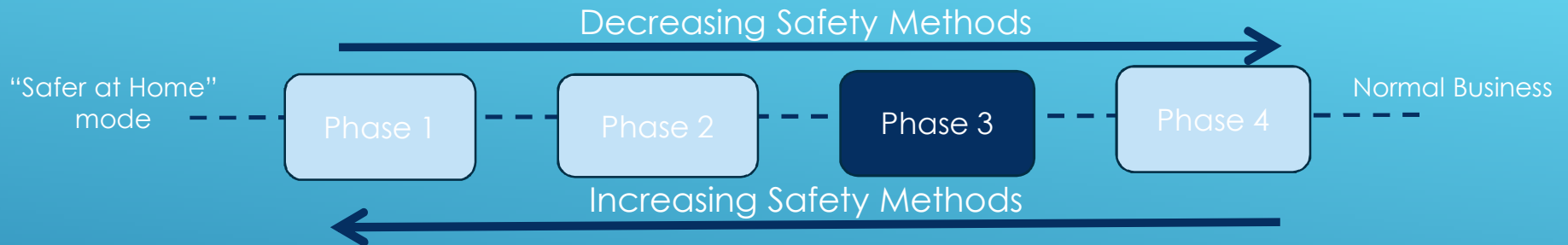
Phase 2: ELC Clients & Visitors

- Limited public access to buildings – crisis or authorized appointment only
- Verbal COVID-19 screening prior to any face-to-face service
- Must follow general COVID-19 precautions
- Must keep minimum 6-foot social distance from others (besides household)
- Must wear face mask during face-to-face services*
- Telehealth is primary method for all services if allowable by KDHE
 - Clients able to participate via telehealth are encouraged to do so
 - "Zoom Rooms" available for telehealth on site at ELC for clients with no phone/internet
 - Exception for face-to-face services include limited Crisis, Medication Injection, and essential community based services (e.g. Med Drops, Supported Employment, modified Psychosocial, modified CPST.)
 - Face to face service is limited to provider and client (with guardian as indicated) only – no additional participants
 - Legal Guardians not allowed in building for drop off/pickup of psychosocial
- Limited and modified Transportation
- No non-mandated Psychological Testing services or face-to-face Group Therapy Services.

**exception for medical condition prevention use of mask

ELC REINTEGRATION CONTINUUM

ELC Phase Three



Phase 3: ELC Employees

- Daily COVID self-screening required; Sick employees must stay home
- Must follow CDC's COVID-19 precautions
- Must keep minimum 6-foot social distance from others
- Must wear face mask unless alone in enclosed office*
- Gradual return of staff to the office setting
- Non-essential work travel allowable with supervisor approval
- No gatherings >20 people; in-person meetings increasing
- Services may be provided by telehealth if allowable by payers
 - Clients who are able to participate via telehealth may be encouraged to do so in that manner
 - Default scheduling by reception will be telehealth unless directed otherwise by provider.
- All services may be provided face-to-face in gradual and modified capacity using precautions
- Limited and modified Transportation services
- Delivery of modified home-based services to occur only a case-by-case basis with supervisor approval

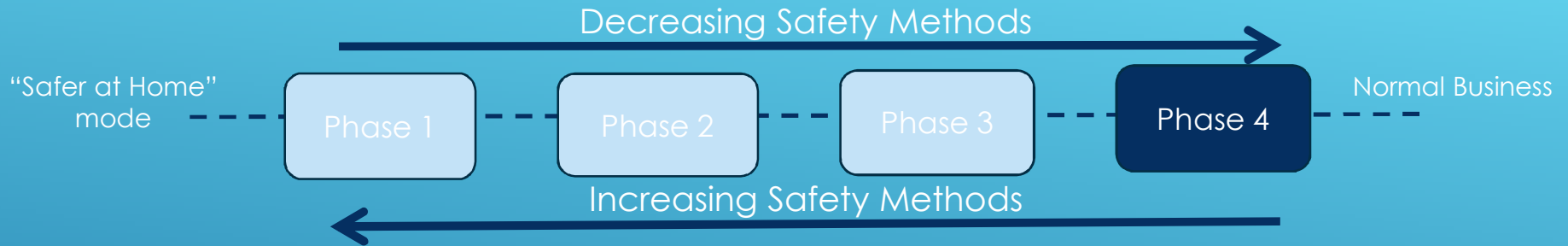
Phase 3: ELC Clients & Visitors

- Limited public access to buildings – crisis or authorized appointment only
- Verbal COVID-19 screening prior to any face-to-face service
- Must follow general COVID-19 precautions
- Must keep minimum 6-foot social distance from others (besides household)
- Must wear face mask during face-to-face services*
- Telehealth is a service delivery option if allowable by payer
 - Clients able to participate in telehealth are encouraged to do so
 - "Zoom Rooms" available for telehealth on site at ELC for clients with no phone/internet
 - Face to face service is limited to provider and client (with guardian as indicated) only – no additional participants
- Limited and modified Transportation services
- All services may be provided face-to-face in gradual and modified capacity using precautions and as deemed appropriate.

**exception for medical condition prevention use of mask

ELC REINTEGRATION CONTINUUM

ELC Phase Four



Phase 4: ELC Employees

- Daily COVID self-screening required; Sick employees must stay home
- Practice of CDC's COVID-19 precautions is strongly encouraged
- Social Distancing is recommended
- Face masks may be worn as appropriate
- Return to regular office work schedule
- No gathering restrictions
- Non-essential travel may resume with supervisor approval
- Services may be provided by telehealth if allowable by KDHE
 - Clients who are able to participate via telehealth may do so if clinically appropriate.
 - Default scheduling by reception will be face-to-face unless directed otherwise by provider.
- No face-to-face service restrictions
- Telecommuting may be approved on a case-by-case basis

Phase 4: ELC Clients & Visitors

- Public access to building resumes
- Lobby operational hours increase
- Verbal COVID-19 screening may occur prior to face-to-face service
- Practice of CDC's COVID-19 precautions is strongly recommended
- Social distancing is recommended
- Face masks may be worn as appropriate
- Services may be offered via telehealth if clinically appropriate and allowable by payer
- No face-to-face service limitations

Categories & Evaluation of COVID-19 Risk

CARRIER RISK

Refers to clients/staff who may be at risk of carrying an infectious disease.

MEDICAL RISK

Refers to clients/staff who are at higher risk for contracting or having complications from an infectious disease.

CLINICAL RISK

Refers to clients/staff who may be at risk of experiencing greater need for support or clinical intervention due to COVID-19.

It is important to understand and assess the ways in which COVID-19 can create risk. Specific evaluation methods for COVID-19 risk shall be used as a way to assess the following:

1. If staff are safe/appropriate to be working on site and around colleagues/clients, and
2. If clients are safe/appropriate to be seen via Face-to-Face service methods

Evaluation Method for Carrier Risk – COVID19 Screening (All Phases)

Note: Refer to CDC for most up-to-date screening items

- Diagnosis: Laboratory confirmed diagnosis of COVID-19
- COVID-19 Symptom Screening – refer to CDC for most up-to-date symptoms:
 - Fever (defined as temperature of 100.4 or greater)
 - Lower Respiratory Illness (cough, shortness of breath, or difficulty breathing)
 - Chills or Repeated shaking with chills
 - Body Ache
 - Fatigue
 - Headache
 - Sore Throat
 - Loss of taste or smell
 - Nausea or Vomiting
 - Diarrhea
- Travel Screening: Travel in last 14 days to a hotbed area as defined by the CDC
- Quarantine: Directed by a health professional to quarantine or self-isolate due to COVID-19
- Close Contact: Exposure in the last 14 days to someone who was confirmed positive for COVID-19
 - Prolonged contact (Within 6 feet of individual for > 10 minutes)
 - Direct contact with infectious secretions

EMPLOYEES

All ELC staff must complete a COVID-19 (Carrier Risk) screening prior to reporting to work each day. Employees who meet one or more of the above criteria shall notify their supervisor and contact HR immediately. Supervisor/HR will provide the employee with further instructions regarding the employee's ability to be at work and/or when they may return if sent home. Employees who are sent home are expected to continue working remotely whenever feasible. Employees should consult with their medical provider as indicated.

CLIENTS

Client may be asked to complete a verbal screening of Carrier Risk prior to receiving face-to-face services. Clients who meet one or more of the above criteria will not be seen for face to face appointments by providers. When feasible, services will continue to be provided via telehealth until client is cleared to resume face-to-face service options. Clients will also be encouraged to contact their primary care doctor.

Evaluation Method for Medical Risk – COVID19 High-Risk Screening Checklist (All Phases)

Note: Refer to CDC for most up-to-date screening items

- Age: Individuals 65 years and older
- Other Health Conditions:
 - Chronic lung disease or moderate to severe asthma
 - Serious Heart Conditions
 - Immunocompromised (e.g. cancer, poorly controlled HIV/AIDS)
 - Severe Obesity (e.g. BMI of 40 or higher)
 - Diabetes
 - Liver Disease
 - Kidney Disease undergoing dialysis
 - Pregnancy
- Live in a nursing care facility
- Specific Primary Care Orders of medical risk

EMPLOYEES

Employees who meet one or more of the above criteria should contact HR to provide information on their specific situation. HR will inform employee of any accommodations that may be available to them in response to falling in a high risk category for an infectious disease. Employees who cannot be in the office due to clinical risk are expected to continue working remotely whenever feasible.

CLIENTS

Clients who meet one or more of the above criteria should speak with their providers about their specific situation. Providers are encouraged to work with clients/families identified as high risk when determining the best treatment modality and take extra precautions when interacting with each other whenever feasible.

Evaluation Method for Clinical Risk – COVID19 Clinical Risk Checklist (All Phases)

- Mandated Quarantine:
 - Positive Diagnosis
 - Close contact with positive diagnosis
 - High Risk
- Barrier to receiving treatment due to infectious disease outbreak
- Increased psychological symptoms as a result of infectious disease outbreak
- Danger of harm to self or others as a result of COVID-19

EMPLOYEES

Employees who meet one or more of the above criteria are encouraged to utilize agency offered EAP and should notify their supervisor and/or HR to provide information on their specific situation. HR will inform employee of any accommodations that may be available to them in response to falling in the clinical risk category. Employees who cannot be in the office due to clinical risk are expected to continue working remotely whenever feasible.

CLIENTS

Providers are encouraged to talk to clients who, in their clinical opinion, meet one or more of the above criteria and determine if further support is needed. Providers who seek treatment exceptions to current phase restrictions based on identified clinical risk of client should request supervisor approval.

Personal Protective Measures – COVID19 Precautions (All Phases)

Note: Refer to CDC for most up-to-date COVID-19 precautions

- ✓ Stay home when sick
- ✓ Wash your hands often
 - ✓ Use soap & water for at least 20 seconds, or hand-sanitizer containing at least 60% alcohol
 - ✓ Avoid touching eyes, nose & mouth with unwashed hands
- ✓ Avoid close contact with others
 - ✓ Maintain a minimum 6-foot social distance from others
 - ✓ Avoid handshakes, high-fives and hugs
 - ✓ Avoid large gatherings
- ✓ Use a cloth or paper face covering when in public
 - ✓ See details on next slide
- ✓ Cover coughs and sneezes
 - ✓ Use a tissue to cover and throw it in the trash when finished
- ✓ Clean and disinfect
 - ✓ Use cleaners & disinfectants provided by ELC
 - ✓ Employees must clean their work station at the start and end of each work day
 - ✓ Disinfect high-touch items frequently
- ✓ Monitor your health
 - ✓ Be alert for the possible development of COVID-19 symptoms
 - ✓ Follow CDC guidance and alert your supervisor or HR Director if symptoms develop
- ✓ Adhere to procedural modifications as directed by your supervisor
- ✓ Report questions or concerns related to protocols in a timely fashion to your supervisor or HR Director

Personal Protective Measures – Cloth/Paper Face Coverings

Note: Refer to CDC for most up-to-date information on use and care of cloth face coverings

Face Coverings/Masks: Use, Care & Disposal

Use:

- ✓ Wash your hands before putting on your face covering
- ✓ Handle mask only by ear-loops or ties
- ✓ Put it under your nose and mouth and secure it under your chin
- ✓ Try to fit it snugly against the sides of your face
- ✓ Make sure you can breathe easily
- ✓ Must cover mouth & nose at all times when worn
- ✓ Avoid touching the mask while using it; If you do, wash your hands immediately
- ✓ Don't place the mask around your neck or on top of your forehead
- ✓ Avoid touching your face or the mask when removing it; use ear-loops or ties
- ✓ **Required** during Phases 1-3 or when social distancing cannot be maintained
- ✓ **Optional** during Phase 4, but strongly encouraged

Care & Cleaning of Cloth Masks:

- ✓ Masks should be stored in a clean, self-sealing container before use
- ✓ Cloth face masks must be washed after each use; Dispose of paper masks daily
- ✓ Wash cloth mask with regular laundry & laundry soap, at warmest setting indicated for fabric used, or hand-soak in bleach solution for 5 minutes and rinse thoroughly
- ✓ Allow mask to completely dry in dryer or by laying flat in direct sunlight if possible
- ✓ **Surgical/Medical N-95 masks should only be used when within 6-feet proximity to a person known to be actively positive with COVID-19; see ELC Risk Manager for more information.**

Disposal of Paper Masks:

- ✓ Place in a closed trash bin or in a separate bag before placing in the trash
- ✓ Wash hands with soap and water immediately



Resource List

Centers for Disease Control

www.cdc.gov

Kansas Department of Health & Environment

www.kdhe.gov

Occupational Safety & Health Administration

www.osha.gov

U.S. Food & Drug Administration

www.fda.gov

Governor Kelly's Plan to Reopen Kansas

www.covid.ks.gov

Franklin County Health Department

www.franklincoks.org

Miami County Health Department

www.miamicountyks.org



We're in this Together!