

COVID-19 HANDBOOK

HBIC



Giving Hope

Help for Brain Injured Children, Inc

HBIC-ADP

ADULT DAY PROGRAM

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INTRODUCTION

Help for Brain Injured Children, Inc. (HBIC) and their non-public school the Clela Harder Developmental School (CHDS) and ADP have created this plan to assist families and staff as we navigate the reopening of our school and day program during the COVID-19 pandemic. While no public service entity can ensure the absence of COVID-19 in its building and in its activities, HBIC is working diligently to reduce the impact of COVID-19, to the extent feasible. The procedures in this plan are to protect the well-being of clients and staff, to establish a sense of normalcy, and to provide support. The guidelines referenced in this plan are based upon guidance from the Center for Disease Control and Prevention (CDC) and California and Orange County Departments of Public Health (CDPH / OCDPH). This plan is fluid as the situation with COVID-19 changes from day to day. Regular updates will be made to this plan based on information provided by CDC, CDPH / OCDPH, and applicable federal, state, and local agencies.

For the purposes of this plan, the following terms are defined:

- **Contact/Exposure** – In the presence of an individual with symptoms of COVID-19, or experiencing symptoms of COVID-19, without physical distancing, for a daily cumulative total of at least 15 minutes.
- **Disinfecting** – Cleaning with an approved disinfectant spray or wipe.
- **Face Covering/Mask** – A single use or reusable mask that completely covers the wearer’s nose, mouth, and chin.
- **Physical (Social) Distancing** – Six (6) feet apart or more.
- **PPE** – Personal Protective Equipment.

HBIC recognizes that each individual is unique, with their own challenges, and believes that everyone should be afforded the opportunity to reach their full potential. It is our philosophy that *“All individuals have the right and ability to learn,”* even during these novel and difficult times during the COVID-19 pandemic.

GUIDING PRINCIPLES

To ensure the continued well-being of our clients and staff, the following guiding principles have been put in place:

- 1) Safety measures are first and foremost on the agendas of HBIC when handling reopening during the COVID-19 pandemic.
- 2) Health guidelines are non-negotiable, but fluid, as the situation with COVID-19 evolves.
- 3) Support for families and clients is essential
- 4) Continual, pertinent communication with all constituents is paramount.

REOPENING PLAN – 3 PHASES

Responsible for Implementation: Administration & Program Management

The reopening of the ADP program will occur in a 3-phase plan. The purpose of the structure of this plan is to allow CHDS flexibility to continue to provide services while responding to the everchanging COVID-19 pandemic situation guidelines. As we move through each phase, we can identify potential issues or address COVID-19 cases fluidly by advancing to the next phase or moving back a phase in response. The phases that ADP will be following are as follows:

Phase 1 (100% Remote Services) – All services are conducted via alternative, remote methods including, but not limited to email, text, phone calls, and video conferencing, drop of off materials, supplies, PPE, etc

Phase 2 (Staggered schedule, shorter days/remote services) – Clients will be scheduled on-site either Mondays, Wednesdays, and Friday's or Tuesday's and Thursday's for four hours. Staff and clients will be assigned into ratios which will then be assigned to specific work rooms. Remote services will continue.

Phase 3 ("Regular" Operation) – All operations will return to (a new) "normal." This will most likely not occur until a COVID-19 Vaccine has been developed. Remote services will continue to be an option for clients and families.

REOPENING PLAN

Responsible for Implementation: Administration & Management

During Phase 2, clients will be placed in assigned ratios. Staff within a specific ratio are expected not to enter other work areas or have prolonged interaction with members of other ratios. This is done to limit cross contamination between clients/staff from different ratios. Maintaining ratio stability is important to minimize exposure and for effective contact tracing. All persons will be situated at least six feet apart unless support for feeding and toileting is needed. PPE (masks, gloves, and shields) are to be worn. Temperature checks will be taken upon entry and an isolation room has been set-up in the event an individual exhibits symptom.

If a client/staff member contracts COVID-19 and it is determined that clients/staff were exposed to the individual, this ratio will close and move to Remote Services for at least 14-days. Once the staff have recovered and returned to work, clients who do not still exhibit any COVID-19 symptoms may return.

ADP may consider full closure when there are multiple cases in multiple ratios, or when 5 percent of the total number of clients/staff have tested positive for COVID-19 within a 14 day

period of time. Final determination to close will be made by Administration, with input and guidance from local health officials.

SAFETY OF CLIENTS, STAFF, AND VISITORS

Responsible for Implementation: Administration & Management

EMPLOYEE SCREENING PROTOCOLS (Active and Passive)

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to employees and clients, employees will self-monitor (passive) each morning for signs/symptoms of COVID-19 including, but not limited to:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore Throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.4 degrees Fahrenheit
- Known close contact with a person who is lab confirmed to have COVID-19

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to individuals *on site*, staff must participate in a touchless temperature reading. Staff that have a fever of 100.4 or higher, or report having symptoms related to COVID-19, will be sent home immediately for further observation. If an employee is exhibiting symptoms of COVID-19 while on-site, they will be asked to leave work and seek medical attention immediately. If an employee has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, it is assumed the employee has COVID-19 and may not return to work for a minimum of 10 calendar days.

Employees returning to work from an approved medical leave will contact HBIC Administration and may be asked to submit a healthcare provider's note before returning to work. Employees who test positive for COVID-19 will be required to meet all three of the following criteria below:

- 1) A quarantine of 10 days has been met, and
- 2) At least 24 hours have passed since recovery (no fever without the use of fever-reducing medications), and
- 3) Respiratory symptoms have improved (cough, shortness of breath, etc.)

CLIENT SCREENING PROTOCOLS (Active and Passive)

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to employees and other clients, parents/conservators will complete a self-screening clients each morning, which includes a temperature reading and monitoring & reporting COVID-19 symptoms including, but not limited to:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore Throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.4 degrees Fahrenheit
- Known close contact with a person who is lab confirmed to have COVID-19

If clients have a fever of 100.4 or higher or any of the symptoms listed above, they must be kept home for observation and or medical attention.

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to individuals' clients must participate in a touchless temperature reading each morning before entering the building. Clients that have a fever of 100.4 or higher will immediately be sent home for further observation for other symptoms to arise. If a client has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, it is assumed the client has COVID-19 and may not return to school for 10 calendar days.

Parents/Conservators are required to notify ADP if the client has COVID-19, someone in the home has COVID-19, or if the client/family has been exposed due to close, direct contact to someone with COVID-19.

Clients who have been diagnosed with COVID-19 may return to program when all three (3) of the following criteria are met:

- 1) A quarantine of 10 days has been met, and
- 2) At least 24 hours have passed since recovery (no fever without the use of fever-reducing medications), and
- 3) Respiratory symptoms have improved (cough, shortness of breath, etc.)

VISITOR PROTOCOLS

Due to COVID-19 transmission, visitation will be restricted (including parents/family of clients/staff). The following protocol will be used:

- 1) Visitor must contact the Program Director prior to arrival
 - a. In most cases, visitors will not be allowed. Rather, visitors can relay messages through phone communication with the Program Director.
- 2) If deemed necessary (deliveries/approved appointments/etc.), visitors will be screened (touchless temperature, COVID-19 specific questionnaire, etc.) before entry into the building during normal business hours.
 - a. Allowable visitors will be required to wear a mask in public areas.
- 3) Physical Distancing

GUIDANCE AFTER CASE IDENTIFICATION ON-SITE

Responsible for Implementation: Administration & Management

If an employee or client becomes ill, they will immediately report to the Program Director who will immediately direct them to the isolation room. This procedure is to help protect other employees and clients and prevent the spread of the potential virus. The following should occur once an individual has been identified as ill and is being isolated:

- If it is an employee who is well enough to transport themselves home / to the hospital, they will be released to do so.
- If it is an employee who is not able to transport themselves, arrangements will be made to do so via one of their emergency contacts or ambulance.
- If it is a client, who is not displaying serious illness (i.e. shortness of breath, blue lips/fingertips, extreme fever), an individual from their emergency contacts will be contacted to transport the client home / to the hospital.
- If it a client who is displaying serious illness (i.e. shortness of breath, blue lips/fingertips, extreme fever), an ambulance will be contacted to transport them to the hospital.
- Any individuals who come into contact with the individual after identification must wear proper PPE.
- Any individuals who may have come into contact with the individual who is ill will be notified. If they have been in direct and/or close contact with the individual, they will be directed to quarantine for 14-days to watch for symptoms.
- After the ill individual's departure from program, the isolation area and the individual's work area must be thoroughly cleaned and disinfected, in addition to all other common surfaces shared by the individual.
- Proper health officials will be contacted as needed.
- Personal health information cannot and will not be shared with the public.

PROGRAM COVID-19 MANAGEMENT PROCEDURES

Responsible for Implementation: Administration & Management

SOCIAL DISTANCING ON-SITE

Social distancing is an effective way to prevent potential infection. HBIC employees, clients, parents, and visitors should practice staying 6 feet away from others and eliminating contact with others, to the extent feasible. However, in a program setting, proper social distancing is not always feasible in all areas/duties. Procedures will be implemented to help eliminate direct exposure including, but not limited to:

- No work area or common area should exceed a capacity that allows for proper physical distancing.
- Limiting client movement during the day where feasible (i.e. staggered schedules for use of technology/computer equipment, fitness equipment, etc.).
- Staggered meal preparation and dining schedules/locations.
- Directing movements on-site via taped lines and signage (ordering walking directions throughout common areas of the program to reinforce social distancing requirement of 6 feet). Signage will promote social distancing guidelines and expectations in public entrances, hallways, and rooms throughout the site.
- Ad-hoc Interactions/Gatherings – Non-essential/informal meetups and visitations will be avoided during this time (i.e. large group assemblies, break area gatherings, hallway/doorway discussions, etc.).
- Common use equipment will be restricted/limited.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

To minimize exposure to COVID-19, Personal Protective Equipment (PPE) is needed to prevent certain exposures when staff are making direct contact with clients and/or other staff while on site.

PPE can include:

- **Masks/Facial Coverings**
 - All HBIC employees MUST wear masks/facial coverings while on site
 - HBIC encourages clients to use masks/facial coverings while on site, but it is not required.
 - Face masks or disposable masks from home will be allowed but must meet current dress code policy (specifically as it relates to slogans – should not be controversial or inappropriate for a work setting).
- **Gloves**
 - Disposable gloves are available to staff to wear throughout the day.
 - Gloves are required to be worn by staff when encountering an individual or situation that exposes them to bodily fluids or matter (i.e. feces, blood).
 - Wearing gloves does not diminish the need to wash hands.



HAND WASHING PROCEDURES

Touching one's face with contaminated hands, whether gloved or not, poses a significant risk of infection. In an effort to reduce potential infection via hand-to-face contact, HBIC is requiring all staff and clients to wash their hands while on site. Our expectations for hand washing are:

- Hand washing is encouraged to occur at least every hour.
- When washing hands, soap and water is required. Warm water is encouraged.
- Hand washing should occur for at least 20 seconds (i.e. the duration of singing "Happy Birthday" twice).
- When soap and water is not available, the use of fragrance-free hand sanitizer with at least 60% ethyl alcohol content is encouraged to be utilized.
 - Hands should then be washed immediately when soap and water become available.

EMPLOYEE OFFICES/WORKSPACES AND CLIENT WORKSPACES

HBIC employees and clients are expected to follow guidelines and signage provided to perform adequate hygiene, distancing, and PPE protocols during the COVID-19 pandemic. Employees and clients will have specific expectations placed upon them for maintaining clean/hygienic workspaces during this time.

- HBIC Employees
 - Staff will be assigned to specific ratios and rooms. Once assigned, it is expected that they will not enter other work rooms or have prolonged interaction (i.e. visitation) with members of other ratios
 - Staff desks/work areas will be assigned and, to the extent possible, will not be shared by other staff or clients.
 - Staff desks/work areas will be cleaned on a regular basis
 - Staff desks/work areas will be clear of clutter and personal items that may either contaminate or be contaminated.

- Clients
 - Clients will be assigned to specific ratios. Once assigned, it is expected that they will not enter other work rooms or have prolonged interaction (i.e. visitation) with other ratios
 - Client tables and chairs will be cleaned on a regular basis
 - Special dividers may be utilized to structure the program environment if deemed necessary to maintain cleanliness if clients engages in behaviors that involve bodily fluids/matter (i.e. saliva, purposely sneezing on others, smearing blood/feces, etc.).

SHARED WORKSPACES AND COMMON AREAS

There will be limited access to certain communal workspaces and areas to reduce exposure to risk and cross-contamination. Please consider the following areas:

- Copy Machine/Printers – There will be limited communal access to copy machines and printers. These machines will require sanitation prior-to and after each individual use. As with every area on-site, strict social distancing guidelines are to be practiced while using the copy machine or other printers.
- Break Rooms – This space will be closed for gatherings until further notice, including eating of meals.

Additionally, commonly touched surfaces will be given special attention and staff are required to disinfect these spaces multiple times throughout the day.

Lastly, please note that proper equipment such as acceptable disinfectants and PPE should be used when cleaning.

DAILY PROGRAM PROCEDURES

Responsible for Implementation: Administration, Management

WORK AREA ARRANGEMENTS

Staff will maintain a clean environment free of clutter and unnecessary furniture/personal belongings. Tables will be arranged so that clients will be spaced as far apart as possible, aiming at 6 feet distance between everyone.

RESTROOMS

All restrooms will be cleaned throughout the day: prior to the start of the day, after each use, and at the end of the day. Clients and staff must use social distancing while entering and exiting the restrooms. Signage reinforcing the importance of proper handwashing techniques in stopping the spread of COVID-19 will be in-place.

MEAL PREPARATIONS

Use of the kitchen for preparing meals for clients (i.e. accessing lunch boxes, warming meals, making meals from scratch) will be primarily by staff unless otherwise indicated as an IPP goal for a particular client. The use of shared appliances, such as the stove, microwaves, refrigerators, and dish washer will require sanitation prior to and after each individual use.

MEAL PERIODS

Meals, such as snacks and lunches, will be served within the work area (or outside when feasible).

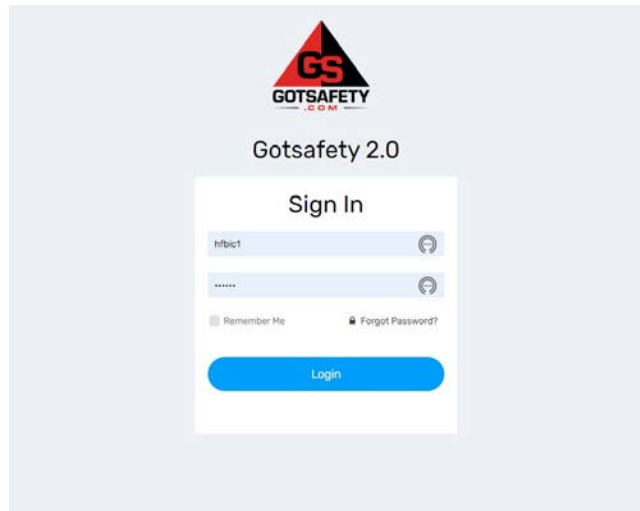
PROGRAM CLEANING PROTOCOLS

Responsible for Implementation: Management and Staff

Category	Area	Frequency
Workspaces	Work areas, Offices	At the beginning and end of each day; before/after shared use between users.
Appliances	Refrigerators, Microwaves, Coffee Machines	Prior to and after each use; at the end of each day.
Electronic Equipment	Copier, Shared Computers, TVs, Telephones, Keyboards, iPads	Prior to and after each use; at the end of each day.
General Use Objects	Door Handles, Light Switches, Faucet Handles, Restrooms	At the beginning and end of each day; prior to and after each use.
Common Areas	Rest and Recovery Room	At the beginning and end of each day; prior to and after each use.
Outdoor Areas	Benches	Prior to and after each use.

MISCELLANEOUS INFORMATION

From the time of program closure on March 16, 2020 HBIC Administration has been in regular contact with state and local health officials, as well as the Orange County Department of Education. All HBIC staff members have completed multiple training units on communicable diseases, pandemics, and COVID-19 through our insurance providers and the GotSafety online safety application. It is the goal of HBIC to ensure that all constituents return to a safe and healthy environment.



ADDENDUMS

As the COVID-19 Pandemic is a fluid, ever-evolving situation, the response(s) must be as well. In this section we will add ADDENDUMS as information necessitates.

- ADDENDUM 1 (12/01/2020) – Staff members who travel out of state, regardless the reason, must self-quarantine for ten days upon their return to home. This is not to be interpreted as “time off,” as you are still able to telecommute (work remotely). You will not be able to physically return to campus until after the ten-day self-quarantine is complete.