

# *S<sup>D</sup> Associates, LLC*

**Behavioral Services** Assessment, Consultation, Training and Direct Service  
*www.sdplus.org* referrals: (802) 662-7831

---

## **COVID-19 Program and Exposure Control Training Plan**

### **Re-opening S<sup>D</sup> on site programming**

#### **Table of Contents:**

Purpose

Plan Updates

Definitions

- Materials that are PPE
- Materials that are not PPE

Responsibilities

- Health/Safety Officers
- Administrative Persons
- Employment Supervisors
- Employees
- Travel

Exposure Determinations – General Information

- Medium Risk Category
- Low Risk Category
- Additional Risk Considerations

A. Hazard Elimination

B. Engineering Controls

- Client Eligibility for Live (in person) Services
- Hygiene

C. Administrative Controls

- Daily Health Screenings
- Additional Considerations for Safety Officers
- Close Contact, Contact Tracing, and COVID-19 Cases in Programs
  - If Someone Has a Confirmed Case of Covid-19
  - Additional Contact Tracing Considerations
  - Staff or Clients are Symptomatic Inside Program Spaces
  - Testing
- Physical Distancing Strategies: Class Size and Group Activities
- Healthy Hand Hygiene Behavior for Staff and Clients
  - Washing Hands Procedure
- Disinfecting Schedule and Checklists
- Cleaning and Disinfecting
- Approved cleaning materials for usage
- Diaper changing procedures
- Food Preparation and Meal Service
- Daily Preparation – Contamination Packs
- Contamination responses
- Cleaning Procedure Following Physical Intervention

- Break/Lunch Room
- D. Personal Protective Equipment
  - Face Masks/PPE
    - For Clients
    - For Staff
    - Face Shields
    - For Families
  - Employee Training
  - Medical Records

**PURPOSE:** The purpose of this program is twofold:

1. To continue to protect the health and safety of our work force and by extension their families, and our clients.
2. To implement the **Mandatory Health and Safety Requirements for all Business, Nonprofits & Governmental Operations** as required by:
  - The Vermont Department of Health ( Childcare Guidance, School Guidance, Outpatient Services for Healthcare Providers, & Public Health Response)
  - Centers for Disease Control and Prevention (CDC) Back to School Guidance
  - Vermont Occupational Safety and Health Administration (VOSHA)
  - The Vermont Agency for Commerce and Community Development (ACCD) (Restart Vermont)

Using the measures, guidance provided by these agencies, in addition to guidance from our company, we will strive to protect the health of our clients and employees. This program will document the measures we use to comply with the provided guidelines. Since the original release of the plan, important new information has become available, including but not limited to, recommendations from the American Academy of Pediatrics and the National Academies of Sciences, Engineering, and Medicine. This information informs many of the revisions.

## **PLAN UPDATES**

This plan is a living document and will be updated regularly as new information becomes available and requirements change over time. When changes to the plan do occur they will be highlighted in yellow and the document will be updated. Staff will be notified via the weekly “Hoopla” email on Wednesdays that changes have occurred and to review the document.

## **DEFINITIONS**

**COVID-19** - COVID-19 is a respiratory disease spread from person to person, mostly through droplets that are released when people talk, cough, or sneeze. SARS-CoV-2 is the virus that causes COVID-19.

**Close Contact** – Close contact means being within 6 feet, for a total of 15 minutes or more over a 24-hour period.

**Exposure** - Coming into *close contact* with a person who has COVID-19 within the last 14 days.

**PPE** - Personal Protective Equipment worn to minimize exposure to, and transmission of, diseases and biological hazards.

## **Materials that are PPE:**

**Gloves** - Various gloves protect against varying hazards, most commonly, medical grade Nitrile or latex gloves are used to protect against pathogenic hazards

**Surgical Face Masks** - Healthcare-grade face masks. Single use per day and should be worn throughout entire day while interacting with staff, clients, and/or in an S<sup>D</sup> or home location.

**Face Shield** -A clear face covering that protects the eyes, nose and mouth; extending below the chin and to the ears laterally with no gap between the forehead and the shield's headpiece. Mainly used to supplement surgical face masks for those at potentially higher exposure levels (E.g. Safety Officers conducting screenings or BIs working with students that do not wear a facial covering).

**Goggles** - Eye covering that fully protects from droplets/liquids on all sides. Goggles can be vented, but lab goggles with holes may not be used.

**Isolation Gowns** – Disposable gowns that cover the torso, arms and top half of the legs. These can be used in conjunction with other required forms of PPE when cleaning contaminated areas where secretions or bodily fluids are involved.

### **Materials that are not PPE**

**Cloth Face Masks** - Often homemade, but *not* considered PPE, have been determined to be helpful in protecting others from coughing, sneezing or spraying droplets when talking. Recommended use by clients and families.

## **RESPONSIBILITIES**

### **Health/Safety Officers**

- Responsible for ensuring compliance with the Executive Order and the Addenda thereto and applicable Restart Vermont guidance
- This person shall have the authority to stop or modify activities to ensure work conforms with the mandatory health and safety requirements

Our Health and Safety Officers are: Conor Simmons, Anthony Carace, Wendy Bronner, Jake St. Pierre (Williston), Lindsay Carey (Montpelier), and Libby Dusablon, Maggie LaFlame (Georgia), Matt Rodovick (Mt. Abe), Josie Thibault (BHS).

### **Administrative Persons**

Derek Barrows, Jacob Saunders, Sarah Kitchen and Lesha Rasco will be responsible for the administration of the following plan:

- Assess the hazards in this workplace (see Hierarchy of Controls in this document)
- Administer and update this program as necessary
- Regularly review guidance from the CDC, OPR, Vermont department of Health, Vermont ACCD
- Review the effectiveness of this program
- Participate in any investigation of employee complaints, failure to comply with company rules
- Provide effective training reference COVID-19 and the preventive measures the company has taken and that the employee must follow.

### **Employment Supervisors**

- Ensure that all employees follow the protective measures outline in this program.
- Enforce compliance with this program using the existing disciplinary structure of the company
- Ensure training for COVID-19 protections has been completed and documented in accordance to the Restart Vermont guidelines

## **Employees**

Follow all rules and practices created by the company, including, but not necessarily limited to:

- Participate in all trainings relative to COVID-19
- Stay home if you are sick
- Wash hands frequently
- Practice Social Distancing – 6 foot minimum as much as possible, even when outside
- Report to your HR person if you feel sick, have a temperature, or you have had close contact with a person suspected of having COVID 19
- Wear protective PPE as outlined by this company
- Wear protective cloth mask as outlined by this company

## **Travel**

Please use the link below to find more information about travel to high risk areas and general guidance about traveling to, from, and throughout the state.

<https://www.healthvermont.gov/response/coronavirus-covid-19/traveling-vermont>

## **EXPOSURE DETERMINATION - General Information**

- ❖ This information is provided from the **VOSHA's Mandatory Health and Safety Requirements for all Business, Nonprofits & Government Operation as required by the Vermont Dept of Health, CDC Guidelines and VOSHA**  
<https://labor.vermont.gov/VOSHA>
- ❖ Workers that are in a medium exposure risk are:
  - Jobs that require frequent (i.e., more than a few minutes) and/or close (i.e., within 6 feet) contact with people who may be infected with SARS-CoV-2, but who are **not** known or suspected COVID-19 patients.

**Positions at S<sup>D</sup> Associates fall mainly under the Medium Risk category**

### **Medium Risk Category**

#### **Behavior Instructors**

Rationale: Our BI staff work with individuals with developmental disabilities, mostly in 1:1 settings. Clients may require physical assistance for teaching and safety reasons, which may cause proximity between individuals closer than what is currently denied as “physical distancing.” This may include, but is not limited to, hand-over-hand physical motor guidance in the use of eating utensils or writing implements, as well as hands-on protective restraints during instances of aggression in which the client or others have the potential to become harmed.

#### **Program Support Instructors, Program Managers, Behavior Analysts, Coordinators**

Rationale: Medium and Low risks based on given daily responsibilities. Some days these staff will operate in remote settings and have no direct contact with clients or staff, but may be asked to support staff and clients as-needed.

### **Low Risk Category**

#### **Directors, Operations Staff**

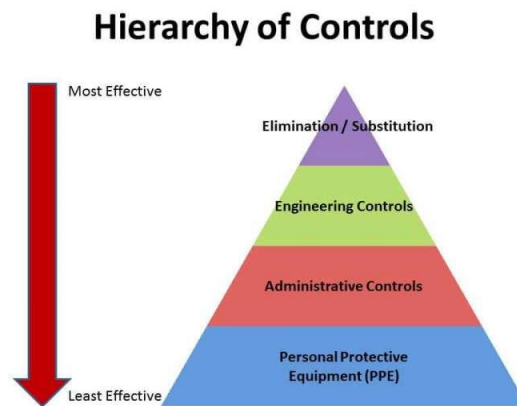
Rationale: These staff operate primarily in remote settings and do not make direct contact with

clients or staff.

### **Additional Risk Considerations**

-Some individuals are at higher risk of developing severe COVID-19. Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at higher risk. Older adults working around clients and those with specific underlying medical conditions are encouraged to talk to their healthcare provider to assess their risk and to determine if they should avoid in-person contact in which physical distancing cannot be maintained.

A list of conditions for individuals who *might be* at increased risk for severe illness from COVID-19 can be found on the CDC's website.



### **A. Hazard Elimination**

We have reduced the possibilities for exposure by increasing telecommuting, remote meetings, and video observations of programming and limiting the duration and size of in-person meetings. At this time staff receive monthly updates about the nature of which activities should occur on site or remotely from the regional director based on factors including number of people in the building, community spread, and air quality.

### **B. Engineering Controls**

Within each workspace, use of either physical barriers and/or preventative positioning to limit face-to-face exposure will be implemented alongside physical distancing and PPE.

Clients will be assigned designated work spaces and client-to-client contact will be limited. Team sizes, or number of staff working with a particular client, will also be limited. Efforts will be made to maintain physical distancing whenever possible and appropriate.

Each night, and as necessary during business hours, window fans will be used to intake and exhaust air through the building as well as air conditioners will be utilized to maximize air flow.

Staff and clients will be asked to keep all personal belongings in one contained area of the fridge. Access to common areas will be limited and cleaned between uses. Staff and clients will have an area designated to them for keeping other personal belongings in their designated location/environment to minimize cross contamination of items.

**Other environmental controls in place include, but are not limited to:**

- Staff will be asked to dress in layers, as well as bring extra clothing to change in to if items are soiled.
- Clients will also be expected to pack extra clothing to change as appropriate.
- Soiled clothes will be put in a plastic bag and sealed to be cleaned prior to reuse.
- Items will not be shared between clients when possible.

**Client eligibility for live (in person) services**

Clients must be able to pass a health screening in order to receive in person services. Thoughtful planning with families and team members must occur to ensure the safety and appropriateness of services for each client. Individual Exposure Plans will be made for each client, added to their Behavior Support Plan, and based around their risk levels and specific needs.

The Health Department encourages all providers and families to coordinate decision making around the client's care with the family health care provider if there are specific health concerns, chronic disease, or complex social or emotional dynamics in the home.

Clients who arrive from out-of-state need to follow state guidance to remain eligible for services. Questions should be directed to Operations.

**Contact: [lesha.rasco@sdplus.org](mailto:lesha.rasco@sdplus.org)**

**Hygiene**

Staff will be provided with hygiene breaks throughout their shift and they can request them as needed throughout the day. Towels and body wash will also be provided to ensure opportunity for thorough cleaning if clothes are soiled. Additional PPE in the form of face shields, disposable gloves and gowns will also be available upon request.

**C. Administrative Controls**

The Administrative Controls that this company has implemented are:

- Training – All staff will receive VOSHA training and direct support from Safety Officers as well as thorough review of this document.
- Behavior Modification - physical distancing will be implemented when appropriate/possible for all staff and clients.
- Personal Cleanliness: Hand washing will occur immediately upon entering the building and before leaving for all staff and clients. Hand sanitizing stations are set up in each room for regular access and all staff and clients will wash hands prior to eating, when they have become soiled, and/or on a scheduled basis.
- All staff are required to clean their area after use prior to the start of session and at the end of session
- Work Surface Cleanliness
  - Support staff will clean all high touch points at least twice per day
- Employee self-monitoring – Employees have been advised to stay home if they are feeling ill and will also be pre-screened before being permitted entry into the building to work with clients.

- Temperature testing –
  - Clients receiving services in our building will have their temperature taken during the daily health screening.
  - Clients receiving services out of a school building will follow the schools designated health screening.
  - All staff will include temperature checks in their daily health screening.
- No more than three people, staff or client, are permitted to ride in a single vehicle. All occupants must wear appropriate PPE (staff) or face coverings (client) and the staff will clean in and out of the vehicle.
- Work shifts will be staggered, as will arrival times for clients, to limit the number of potential contact points between individuals.
- Safety officers have received special training and will be responsible for either facilitating, or directly carrying out, the supply of any necessary materials to staff and clients.

### **Daily Health Screening**

- Safety Officers (or individuals trained to do so by a Safety Officer) will conduct a Daily Health Check for the clients receiving services and staff upon arrival or remotely before starting work each day. Parents will be asked screening questions if the client is not able to reliably report on their health.

### **Below are the prescreening questions you need to be prepared to answer each day before coming to work.**

- In the past 14 days have you had close contact with a person confirmed to have COVID-19?
- Have you traveled outside of VT since last coming to work?
- Do you have any of the following symptoms?
  - Fever (100.4 or greater)
  - Cough
  - Shortness of breath or difficulty breathing
  - Chills
  - Fatigue
  - Muscle pain or aches
  - Headache
  - Sore throat
  - New loss of taste or smell
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea

### **If you answer yes to any of the prescreening questions, please follow the below steps:**

1. If on direct services call third # line first – They will just ask who you are scheduled with.
2. Then email HR the reason you did not pass the daily health check and CC your employment supervisor.

All staff will be assigned a safety officer and are able to perform the daily health screening remotely by answering the questions and sending a picture of their temperature.

### **Additional Considerations for the Safety Officers**

1. The Safety Officer will wear a face mask/PPE, eye protection (goggles or face shield), and a single pair of disposable gloves. Preventative positioning should also be used. Note: Personal glasses and safety glasses are inadequate.
2. If performing a temperature check on multiple clients, ensure that a clean pair of gloves is used for each client and that the thermometer has been thoroughly cleaned in between each check.
3. If disposable or non-contact thermometers are used and the screener did not have physical contact with a child, gloves do not need to be changed before the next check. If non-contact thermometers are used, they must be cleaned routinely. Follow instructions provided by the manufacturer for any device used.
4. Remove and discard gloves in between clients
5. Wash hands immediately upon entry to the building

### **Close Contact, Contact Tracing, and COVID-19 Cases in Programs**

#### COVID-19 isolation, quarantine, and self-observation guidance

#### **IF SOMEONE HAS A CONFIRMED CASE OF COVID-19**

S<sup>D</sup> Associates will work closely with The Vermont Department of Health with concerns about COVID-19. If a case of COVID-19 is confirmed in a client or staff member, the Health Department will provide detailed guidance and information, help identify close contacts, and work in consultation with S<sup>D</sup> Associates on next steps. Below is a general list of what to expect if there is a confirmed case of COVID-19.

- Schools and families will only be informed by the Health Department or S<sup>D</sup> Associates about an individual with COVID-19 if they were believed to be in a school or in close contact with your child while infectious. If someone tests positive for COVID-19 but was not in the school or in close contact with your child while they were infectious, there are no additional steps necessary because there was no risk for COVID-19 exposure.
  - Close contact means being within 6 feet, for a total of 15 minutes or more over a 24-hour period, of someone who has tested positive for COVID-19 during their infectious period.
  - The infectious period starts two days before any symptoms began – or for people with COVID-19 who don't have symptoms, two days before they got tested – and continues until they are recovered.
- The Health Department will work with S<sup>D</sup> Associates to determine the period in which the person with COVID-19 was infectious.
- There may be misinformation circulating and concerns about getting COVID-19. We ask that you remember to treat clients and staff with respect and confidentiality.
- You may be notified of a case of COVID-19 in the following ways:
  - The Health Department may contact you.
  - You may be informed by S<sup>D</sup> Associates Human Resources



To know when it is safe for a client or staff to return to programming, refer to the following two strategies:

1. For people who have symptoms, use the symptom-based strategy. Exclude from work until:
  - Fever has resolved for at least 24 hours without the use of fever-reducing medications, and other symptoms (like cough or shortness of breath) have improved; and
  - At least 10 days have passed since symptoms first appeared.
2. For people who do not have symptoms, use the time-based strategy. Exclude from work until 10 days have passed since the date of their first positive COVID-19 test if they have not developed symptoms. If they develop symptoms, then use the symptom-based strategy outlined above.

People who had close contact with someone with COVID-19 may be asked by the Vermont Department of Health to stay home from work/programming for 14 days since the last day they were in contact with the person who tested positive. People in quarantine can contact their primary care provider about getting tested on or after day 7 of their quarantine period if they have had no symptoms. If the test is negative, they may notify S<sup>D</sup> Associates to end quarantine early and go back to work/programming. Quarantine may not be required for fully vaccinated individuals

### **Additional Contact Tracing Considerations**

- Records will be kept of all staff, clients and outside service providers entering the building each day.
- Staff will report their close contacts on a daily basis to their safety officer.
- Any illnesses that are identified during the daily health screenings will be recorded.
- Staff and families are encouraged to maintain personal contact journals to support contact tracing should it be needed.

### **Staff or Clients are Symptomatic Inside Program Spaces**

If there is a confirmed case of COVID-19 within the building, or someone is presenting symptoms, they should be isolated and sent home as soon as possible. Response plans and procedures will be specific to each program building/location, but will include the following.

- A specific location used for isolating sick individuals
- Closing off affected areas until they can be properly disinfected
- Increasing ventilation in affected areas

### **Testing**

Staff may randomly be asked to take an asymptotic test at a pop-up test site. Staff will be paid for that time and, in good faith, provide the results. If staff are asked to test and have concerns, they are encouraged to speak with the company's Human Resources department.

### **Physical Distancing Strategies: Class Size and Group activities**

Physical distancing is still the best way to slow the spread of the virus, although it is recognized that this is frequently not possible in some settings with clients. All clients will have 1:1 support from staff in order to help them maintain distancing when possible and appropriate.

- Group activities must be approved on a case by case basis by clinical supervisors.

- Facilities and programs will maintain operations up to 25% of the total occupancy limits for their programs as long as children/clients are able to maintain physical distancing-
- Increase the distance between children during table work. When possible, staff will also maintain distancing.
- Planning will occur to ensure activities that do not require close physical contact between multiple children/clients.
- Common use items such as water or play tables will not be used by multiple clients at the same time. Clients and staff will wash hands immediately before and after any use of these tools and items will be cleaned between client usages.
- When/if standing in line clients should be spaced apart as much as possible and maintain social distancing.
- Staff should ensure that one group passes through or uses a corridor or hallway at a time.
- Windows will be opened frequently when air conditioning is not being used. Air conditioners will be used in areas when able to do so. Window fans will be provided, when able, to circulate air.
- The system that circulates air through the facility will be adjusted to allow for more fresh air to enter the program space.
- There will be no outside visitors or volunteers allowed in S<sup>D</sup> buildings except for employees or contracted service providers for the purpose of special education or required support services. However, individuals who ensure the health and safety of the program/building, such as licensors, inspectors, maintenance, etc. are allowed following proper screening procedures and do not count in the group size.
- Each client will have a transition/conversation log, or a phone conversation when able to do so, to have conversations about a client's day as communication with caregivers will be kept at a minimum at drop off and pick up to ensure physical distancing and minimize exposure.
- All clients will maintain 3 feet between them at all times.
- Staff within schools should maintain a distance of 6 feet from students as much as possible, however, brief periods of closer contact are expected and permitted. In these cases, staff should stand/kneel/sit side-by-side near clients (rather than face-to-face).

### **Healthy Hand Hygiene Behavior for Staff and Clients**

All clients, staff, and contracted service providers should engage in hand hygiene at the following times:

- Arrival to the facility
- After staff breaks
- Before and after preparing food or drinks
- Before and after eating or handling food, or feeding clients
- Before and after administering medication or medical ointment
- After diapering
- After using the toilet or helping a client use the bathroom
- After coming in contact with bodily fluid
- After playing outdoors
- After playing with sand and sensory play
- After handling garbage
- After cleaning

## **WASHING HANDS PROCEDURE**

All staff and clients will be expected to follow these guidelines:

- a. Wet your hands with clean, running water (warm or cold), turn off the tap with paper towel and apply soap.
- b. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- c. Scrub your hands **for at least 20 seconds**. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- d. Rinse your hands well under clean, running water.
- e. Dry your hands using a clean towel or air dry them.

Wash hands with soap and water **for at least 20 seconds**. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available. Use of hand washing in designated areas is encouraged over use of hand sanitizer as much as possible. Follow these 5 steps for hand washing or hand sanitizing every time.

Staff will supervise clients when they use hand sanitizer to prevent ingestion.  
Staff will assist clients with handwashing ensure thorough handwashing is achieved.  
After assisting clients with handwashing, staff should also wash their hands.  
Posters have been posted describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

As much as possible, we will have lotion to support healthy skin for clients and staff.

## **Disinfecting Schedule Checklists**

Visual supports and checklists will be kept on site for specific locations.

## **Cleaning and Disinfecting**

Based on available epidemiological data and studies of environmental transmission factors, surface transmission is not the main route by which SARS-CoV-2 spreads, and the risk from surfaces is considered to be low. The principal mode by which people are infected with SARS-CoV-2 is through exposure to respiratory droplets carrying infectious virus.

Cleaning surfaces using soap or detergent, and not disinfecting, is enough to reduce risk in most situations. When focused on high touch surfaces, cleaning with soap or detergent should be enough to further reduce the relatively low transmission risk.

Disinfection is recommended in indoor settings where there has been a suspected or confirmed case of COVID-19 within the last 24 hours. Even without cleaning or disinfecting, the risk of transmission from any surfaces is minor after 3 days (72 hours).

- Staff should clean all high touch points before and after a shift.
- Clean surfaces before and after eating.
- Clean all touched surfaces at the end of the session.
- Clean bathrooms after use.

- Disinfect any items that were placed in a mouth.
- Disinfect all areas accessed but someone that is sick or with a confirmed case of covid-19
- Specific areas may need to be cleaned more frequently based on factors like mask use, community spread, and risk to staff/clients.

Cleaning refers to wiping down surfaces with soap or detergent and water or all-purpose cleaners.

Disinfecting refers to using an approved disinfectant (most commonly diluted bleach or Lysol) with the designated duration of contact time on the surface.

### **APPROVED CLEANING/DISINFECTING MATERIALS FOR USEAGE:**

The following products may be used for cleaning:

- Soap and water
- Detergent and water
- All-purpose cleaners

The following products may be used for disinfecting:

- Diluted household bleach solutions
- Alcohol solutions with at least 70% alcohol
- Most common EPA-registered household disinfectants
- See List N: Disinfectants for Use Against SARS-CoV-2

### **Diaper changing procedures:**

1. When diapering a client, wash your hands and wash the client's hands before you begin.

Always wear gloves. Follow safe diaper changing procedures. Additional PPE, such as gowns, will be available to staff upon request.

2. After diapering, wash your hands (even if you were wearing gloves) and clean and disinfect the diapering area.

3. If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/ guardians or laundry service.

- Staff can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other up-do.
- Staff should wash their hands, neck, and anywhere touched by a client's secretions.
- Staff should change the client's clothes if secretions are on the client's clothes, including drool.
- Should change the button-down shirt, if there are secretions on it, and wash their hands again.
- Contaminated clothes should be placed in a plastic bag or washed in a washing machine. Clients and staff should have multiple changes of clothes on hand in the office.

### **Food Preparation and Meal Service**

- Each client will have a designated space for eating while maintaining physical distancing.
- Clients will wash hands with soap prior to eating and staff serving them will also wash hands.
- Staff will have designated locations for eating as well. This will be done in an area without other people so that masks can be removed temporarily. If no space is available

staff can eat in a room with other people if they are able to maintain physical distancing and orient their body away from others.

- Staff will clean surfaces before and after eating.
- Staff should ensure that they are washing hands in between handling different clients different materials or food items.

### **Daily Preparation – Contamination Packs**

Every staff and each client will be expected to come to the office with a “Contamination Pack.” This pack must include the following:

- Two (2) full changes of clothes
- Towel
- Antibacterial Soap

### **Contamination Responses**

**In the event an employee comes into contact with a secretion of a client, whether that is via a sneeze, spit, sweat, cough, nasal discharge, or other bodily fluid, this will be the plan to follow for disinfecting:**

1. Individual will call in their designated support person, who may don additional PPE as-necessary (E.g. gown, gloves, etc.) and provide the *contaminated individual* (CI) with a plastic bag and then take their place with the client.
2. Before leaving the room, the CI will contact the support person for the zone they will be passing through, notifying them of their potential contamination and the need for the support person to disinfect frequently touched surfaces in the areas the CI will have passed through.
3. After removing themselves from the room, CI will grab their *contamination pack* (CP) and proceed to the full bathroom upstairs in the old portion of the building.
4. All affected areas will be disinfected, and there will be access to a shower as necessary.
5. Contaminated clothes will be placed in a sealed container.
6. Once the CI is fully clear of the bathroom, the support staff assigned to that section of the building will then proceed to disinfect frequently touched surfaces in the bathroom: handles, faucets, edge of the shower curtain, etc.

**CI will then return to their assigned client, freeing up the support person who had taken their place.**

### **Cleaning Procedure Following Physical Intervention**

**Should staff be required to physically assist a client, the following procedure will take place to ensure proper disinfecting/health measures are followed:**

1. If physical intervention techniques are required, the BI staff will call for assistance from the support staff via the buzzer.
2. The BI staff will instruct the support staff on how to proceed with the incident, whether that is observing and taking data or physically assisting the ratio staff with implementing a protective hold. Support staff will put on a pair of gloves prior to entering the room to assist the ratio staff.
3. Following an incident, a support staff will sit with the client. The BI staff will then follow the decontamination procedure as outlined previously.
4. The support staff will sit with the client at this time. If necessary, they can assist the client with changing if clothes have likewise come into prolonged contact with a staff.
5. Once the BI staff has cleaned themselves, the support staff will clean the area as needed.

## **Break/Lunch Room**

Access to common areas, break or lunch rooms will be closed or controlled.

No more than one person will be allowed in a break/lunch space at a time. Staff will clean in and out of these spaces.

## **D. Personal Protective Equipment**

### **Face Masks/PPE**

Wearing facial coverings has been shown to be effective in reducing the risk of spreading coronavirus. This is because the virus can spread even if a person does not have any symptoms.

**All staff must wear a PPE face mask and a cloth facial covering while providing care.** Facial coverings are recommended for clients with additional guidance (see below). Instructions for wearing and making facial coverings can be found on the [CDC website](#). Face shields can also be provided to staff that are concerned about secretions.

#### **For clients:**

- Cloth facial coverings for clients are recommended at the S<sup>D</sup> Office.
- Clients who have a medical/behavioral reason for not wearing a cloth facial covering will not be required to wear one. Specific Exposure Plans will be created for each client based on their specific needs and added to their respective BSPs.
- Clients will be required to wear cloth facial coverings when accessing the community or in order to participate in small group activities (2-4 clients in a single space engaging in a shared activity and from separate households, each with 1:1 support) when possible. While there will be no instances of large group gatherings, small groups may occur based on clients' goals.
- Tolerance training can be provided if/when appropriate to do so. Providers and staff may take off their facial covering in very select instances, such when a parent/caregiver is hearing impaired and reads lips to communicate.
- Clients will be encouraged to join all of the adults in behaviors that prevent the spread of germs.
- It is developmentally appropriate for clients to wear cloth facial coverings when clients can properly put on, take off, and not touch or suck on the covering.
- Clients can remove facial coverings during outdoor activities when they can maintain physical distancing and have ready access to put them back on as needed when activity stops.
- Facial coverings should not be worn while sleeping, eating, or swimming. Staff should always attempt to use the best conservative and functional approach to also practice social distancing during meal times.

#### **For staff:**

It is required that all staff wear a surgical mask and cloth facial covering while providing care. S<sup>D</sup> will provide surgical masks and cloth facial coverings daily.

- Staff should always attempt to use the best conservative and functional approach to practice social distancing when they need a break, food, or water, and when a client is eating.

- Face masks should not be worn while sleeping, eating, or swimming. Staff should always attempt to use the best conservative and functional approach to also practice social distancing during these times.
- Staff may remove facial coverings indoors for brief periods of time including during eating and drinking while also using best-judgement while distancing and orienting away from others.

**Face shields:** The CDC does not recommend using face shields or goggles as a substitute for masks. Face shields or goggles are primarily used to protect the eyes of the person wearing it. Staff working with clients that are unable to control their secretions should wear eye protection in addition to masks for added protection.

**For families:**

Adults doing drop-off and pick-up are **required** to wear cloth facial coverings. This includes during at-home screenings where S<sup>D</sup> staff are transporting a client. Instructions for wearing face masks and cloth facial covering and making cloth facial coverings can be found on the CDC website.

Family members must also wear facial coverings when within 6 feet of clients and staff within home-based settings.

<https://www.healthvermont.gov/sites/default/files/documents/pdf/VDH%20Illustrated%20Timely%20Infographic.pdf>

**Employee Training**

All employees were trained on the initial exposure plan prior to a return to in person services in June of 2020. All new employees will receive this training within the first two weeks of their employment. Trainings will be performed by a safety officer.

This includes, but is not limited to:

- A general explanation of the symptoms of COVID -19
- An explanation of the modes of transmission of COVID -19
- An explanation of SD Associates’ exposure Control Plan and the means by which employees can get a copy of the plan
- Instruction on how to properly put on and take off gloves, and cloth masks
- An explanation on the basis for the selection of PPE
- Information of how to contact someone if the employee has a temperature or does not feel well
- What to do if the employee traveled to high risk areas or have been exposed to possible COVID-19 cases
- Hand washing techniques
- Cleaning schedules
- Pre-screening before work

All staff members were required to complete the VOSHA training on transmission of COVID and completed a quiz on **5/1/2020** following the training to ensure comprehension of the material. All staff hired after **5/1/2020** will be required to complete the VOSHA training as a part of onboarding.

## **Training Documentation:**

Documentation will include the name of the employee, date of training, summary of training and the name of the trainer/s. We maintain our training records for at least (3) years or for the duration of the employment, whichever is longer. The Safety Officers will be responsible for maintaining the training documents.

- a. Training records required by the VOSHA standard are made available to employees, employee representatives, or to VOSHA representatives for examination and copying.

## **Medical Records**

- a. Medical records shall be maintained for at least the duration of employment plus 30 years.
- b. If **S<sup>D</sup> Associates** ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director of NIOSH, US Department of Health and Human Services, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

Issue Date: **5/28/2020**

Reissue Date: 4/19/2021

Safety Monitor: Derek Barrows, Sarah Kitchen & Jacob Saunders

Company Exec. Lesha Rasco