Melmark Adult Programs Re-opening/Implementation Plan

Regulatory Guidance

1. Licensed 2380 Day Programs – will operate following the best practice guidance from the Department of Aging and The Office of Developmental Program’s (ODP) guidance on providing services in yellow and green counties (web link).

2. Licensed 6400 Residential Programs – Licensed Residential 6400 programs are following the office of Developmental Programs’ (ODP) Guidance for Visitation in Residential Settings in the Green Phase of the Process to Reopen Pennsylvania (web link) and ODPS guidance for rendering Home and Community Based Services for Counties in the Yellow Phase in the Process to Reopen Pennsylvania (web link).

3. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID’s) – The ICF/ID programs are following a phased reopening per the Wolf Administration’s Strategies for Easing Restrictions through a Gradual Three—Step Process for Long-term Care Facilities

Phased Reopening for Day Program and Residences

1. Day Program - The Melmark Adult Day program will enter a phased reopening, beginning August 31, 2020. The reopening will consist of four phases, and individuals will be identified to return during each phase. **Individuals who live at Melmark residually may be included in any phase of the reopening plan depending on the needs of the individual.**

   a. **Phase I** – will focus mainly on the return of individuals served in a day only capacity. Individual with minimal comorbid medical conditions increasing the complications of COVID 19, who are able to follow safety practices (e.g. tolerate a mask, wash hands frequently, able to socially distance with minimal support), and have no major underlying health issues.

   b. **Phase II** – will focus on return the remaining individuals served in a day only capacity, except for individuals who reside with other residential providers, or those with comorbid medical conditions with increased risk of COVID-19 complications.

   c. **Phase III** – will focus on the return of all individuals served residually both within and outside of Melmark, as long as underlying health issues do not put them at extreme risk.

   d. **Phase IV** – Return to normal operations (i.e., all individuals return with no restrictions on community outings or program room capacity, and discontinuation of PPE). This phase can only be reached when federal, state and local guidance determines it is safe to do so.

2. Licensed 6400 Residential Programs – The Melmark licensed 6400 residences are reopening (i.e., allowing for visitation and supporting community access) in line with the Melmark COVID-19 visitation policy (see Appendix A Melmark Policy 3.1.07a COVID-19 Visitation). A brief synopsis of the visitation phases and community access in the policy is below.
a. **No visitation** – Individuals may not receive visitors and there is no community access except for emergency needs. Employees, no individuals, may only travel to community locations for life-sustaining purposes (e.g., food shopping).

b. **Restricted visitation** – Individuals may receive three visitors or less for brief (i.e., 30 minutes) outdoor visits. Health screening, hand-washing, social distancing, and mask wearing, and occur.

c. **Limited visitation** – Individuals may receive three visitors or less for brief (i.e., 60 minutes) outdoor visits, or longer (i.e., 3 hours) open-air community visits. Physical touch is acceptable, but still limited (e.g., requests to not kiss). Health screening, hand-washing, social distancing, and mask wearing, and occur. Individuals may receive curb-side pick up or contactless food deliveries during this phase. Outings to open-air community locations may occur.

d. **No restrictions** – Visitations resumes as outlined in the Melmark visitation policy.

3. **ICF/ID Residential Programs** – The Melmark ICF/ID residences are reopening (i.e., allowing for visitation and supporting community access) in line with State of Pennsylvania guidance. A brief synopsis of the prerequisites and visitation phases and community access in the policy is below.

   a. Administer tests within 24 hours of a resident showing COVID-19 symptoms and complete baseline testing as required in the Secretary’s Orders.

   b. Develop a plan to allow visitation that includes scheduling and other safety measures.

   c. Develop a plan for co-horting or isolating residents diagnosed with COVID-19 in accordance with PA-HAN 509.

   d. Establish and adhere to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility.

   e. Have adequate staffing and supply of personal protective equipment for all staff.

   f. Be located in a county that is either in the yellow or green phase of the Governor’s Reopening Plan.

After meeting the above prerequisites, each facility will enter into the below reopening steps:

   g. **Step One**: From the date the facility enters step one, a facility must maintain no new COVID-19 cases among staff or residents and have no spread in the facility for 14 consecutive days in order to enter step two.

   h. **Step Two**: While in step two, facilities are required to maintain no new cases of COVID-19 among staff or residents and have no spread in the facility for 14 consecutive days to progress into the final step.

   i. **Step Three**: The final step allows Long Term Care Facilities (LTCFs) to operate as outlined for the remainder of the Governor’s COVID-19 Disaster Declaration as long as there are no new COVID-19 cases among staff and residents for 14 consecutive days.

**Infection Control Across Adult Programs** – The below protocols were implemented starting in March 2020

1. **COVID-19 Task Force**
All Programs
Melmark has establish a COVID-19 Task Force across each of its three state divisions (i.e., MA, PA, NC). The task force is a multi-disciplinary team focused charged with learning about COVID-19 emerging research, established research, current best practices, status of mitigation procedures and their outcomes, and prevalence. The task force meets as often as needed to review current information, develop prevention protocols, respond to positive cases, and to interact with local and state agencies. The task force utilizes screening data, number of positive COVID-19 cases, location of positive COVID-19 cases, regional COVID-19 data (web link), and guidance from local, state, and federal entities to determine guide mitigation efforts. The task force is responsible for the below processes.

2. Sanitizing
   All Programs
   PDI Sani Cloth Bleach Wipes, PDI Super Sani Cloth Wipes, PDI Super Sani Cloth Prime Wipes, PDI Sani Cloth Professional Wipes, and PDI Sani Cloth AFS are the products used for daily sanitizing. All of these products are on the EPA List N, indicating demonstrated effect in neutralizing COVID-19. All common areas and shared spaces in day program and residences are sanitized at least twice per day. Some shared spaces will be cleaned after use (e.g., bathrooms, dining table during meal times).

   Facilities personnel sanitize high-touch areas in program areas at least twice per day, in addition to the staff who sanitize frequently throughout specific activities. Additionally, these areas are covered with a continuous cleaning wrap (i.e., https://www.nanoseptic.com/).

   All program areas and residences are deep cleaned once per week. A sanitizing agent (i.e., PROXY HDOX) is applied to all surfaces via an electrostatic sprayer. This method of sanitizing enables the disinfectant to coat all surfaces, improving the sanitization process. Melmark is evaluating the sustainability of performing this sanitization process on a daily basis.

   Melmark is evaluating the utility of a UV filtration system for program areas and residences. One of the program areas already utilizes a UV filtration system.

3. Personal Protective Equipment (PPE) – The Melmark leadership team has devoted much time and many resources in obtaining the necessary PPE to maximize the health and safety for employees and residents. Melmark has procured a one-year supply of PPE (i.e., N-95 masks, surgical masks, gloves, gowns, and eye protection) and sanitizing supplies. Melmark personnel track the use of PPE and sanitization supplies and proactively procure additional PPE. See Appendix B for a description of Melmarks mask rotation protocol.
   All Programs
   Employees working with individuals are required to wear N-95 masks while at work. Melmark provides employees the necessary masks. Employees are provided multiple
masks and rotate through masks on a daily basis (see Attachment B “Mask rotation protocol”).

Employees working in residential locations with suspected or confirmed COVID-19 are required to wear N-95 mask, gloves, eye protection, and gowns. Employees are trained on the proper donning and doffing of PPE, and are provided instructions on when to change their PPE.

Support department employees (i.e., employees that do not provide direct care to individuals) are required to wear a surgical mask when at work. Support department employees do not enter program areas or residences unless absolutely necessary. If in a program area or residence, support department employees wear N-95 masks.

Individuals attending the day program or residing at a Melmark residence are provided a face covering (i.e., disposable surgical mask or a reusable mask), if needed. As needed, team members provide explicit training to support mask wearing. Individuals with contraindicated health conditions, unable to remove the mask independently, or unable to vocalize complications with a mask are not required to wear a mask. Other mitigation efforts will still be followed.

4. Hand Washing
   
   All Programs
   
   Employees are required to wash their hands frequently. All staff are trained on acceptable handwashing practices during orientation, annual in-service, sanitizing, and cleaning of high-touch areas. For any individual who requires assistance with proper handwashing, staff will assist. Hand sanitizer will be utilized when handwashing isn’t available. Hand sanitizer and disinfecting wipes are available in all program areas. Individuals who require supervision around hand sanitizer and other chemicals will be supervised during their use at all times.

5. Social Distancing
   
   Day Program
   
   All program rooms will have a reduced census through phase three of reopening. The reduced census provides needed space for social distancing. Individuals will be at least 6ft away from others. During phase one this distance will be at least 10ft.

   Individuals attend day program for the purpose of skill development, social development often being a targeted support. When socialization development is being supported, individuals will be at a table together, separated by a plexi-glass barrier. The barriers, along with facemasks, reduce the risk of transmission while support social development goals.

   Licensed 6400 and ICF/ID Residential Programs
Housing arrangements create more difficulties for social distancing. Staff will utilize, as best as possible, seating arrangement, bedroom assignments, and bathroom space to accommodate as much social distancing as possible. Residents will have access to common areas, in a socially distanced manner. Residents will be provided opportunities to wash their hands frequently and the home will be cleaned frequently as described above.

6. **Meals**

   **Day Program**

   Lunch will occur in the program room. This will reduce the number of individuals eating in common areas, and everyone will be kept at a minimum of 6ft apart during meal times. For individuals packing their lunch, we recommend disposable products instead of reusable lunch bags. If an individual purchases lunch from Melmark, their lunch is individually packaged. Melmark will provide any disposable utensils needed to avoid additional items coming from home. All individuals and employees will wash their hands before and after each meal. Surfaces will be sanitized after each meal.

   **Licensed 6400 and ICF/ID Residential Programs**

   In accordance with the Pennsylvania Department of Human Services guidance for dining, all residential programs have discontinued communal dining during the pandemic.

   - Residents that are independent eaters receive their meals in their rooms.
   - Residents in need of support to eat, receive their meals at a table, at staggered times to allow for social distancing.
   - If more than one resident is supported with eating at a time, they will be at least 6 feet apart, but preferably further.
   - Meal areas are sanitized between use within a meal (i.e., resident one eats at the table, table is sanitized, resident two eats at the table) and between meals (i.e., between lunch and dinner).
   - Meal times are increased from one hour to two hours.
   - Employees and residents will wash hands before and after each meal.
   - Employees must eat meals isolated from all residents and employees. Employees will have staggered meal times to allow for proper social distancing while maintaining supervision needs.

7. **Cohorting** – a process to keep groups of individuals and employees together to minimize cross contamination of the COVID-19 virus

   **Day Program**

   Four individuals are paired with three employees. The assigned employees will remain with the individuals throughout the day and until at least phase two before groupings are changed. Groupings will only be changed if ratio complications require it. The employees will provide all supports to the individuals in their group only (e.g., transport, meals, skill development, care), except for emergency situations. Employees within the day program, including leadership team members, will support groups first, followed by employees from other adult programs, and lastly by employees from children’s programs.
Support department employees should only enter program areas to complete essential job duties that cannot be completed by anyone else. Consideration for completing these essential duties during non-program days and times will be given.

**Licensed 6400 and ICF/ID Residential Programs**
Melmark will strive to keep employees working in a single residence. In larger residences employees will work with cohorts of individuals within the residence.

Support department employees should only enter residences to complete essential job duties that cannot be completed by anyone else. Consideration for completing these essential duties during non-program days and times will be given.

8. **Movement around Melmark**

   **All Programs**
   All individuals and employees are screened upon arrival. Many individuals supported at Melmark have limited communication to report symptoms. Families are expected to check for symptoms prior to leaving home, keep individuals at home with known symptoms, and report symptoms to designated Melmark employees. An individual arriving at Melmark will have his / her temperature checked prior to entering the building. Individuals with elevated temperatures will immediately return home via the transport mode they came to Melmark. If an individual develops symptoms during the day, they will be isolated in a designated sick room (see below for additional information). Arrangements for immediate transportation home will be made with the family or residential provider.

   Employees with any symptoms are required to return home and follow the employee return to work process. Employees are required to inform a supervisor if symptoms develop at any point during a shift.

   Where possible, Melmark has designated single entry and exit points for all residences and program areas. In an effort to minimize traffic congestion in program areas signs indicating traffic flow have been installed.

   **Adult Day Programs**
   All individuals will enter day program through the double doors by Ed Bo Café. All individuals will exit day program through exterior doors in the program rooms. After screening, individuals will proceed directly to assigned program rooms. Individuals and employees will have assigned seats and seating arrangements. As described above, some areas have accommodations such as plexiglass dividers for further safety. Individuals will be asked to wear masks while at the program. Individuals remain in their designated program except for bathroom breaks, outdoor mask breaks, or outdoor activities. All bathrooms are single occupancy and will be cleaned between uses.
Licensed 6400 and ICF/ID Residential Programs
Individuals residing in a residential home receive day supports within their residence. Cohorting, PPE, sanitizing, etc. are all implemented in residences just like day program.

Monitoring and Responding to the Presence of COVID-19 at Melmark – The below protocols were implemented starting in March 2020

1. **Symptom Screening**
   - **All Programs**
     Melmark asks about COVID-19 symptoms (per the Center for Disease Control and Prevention; see Appendix C COVID-19 Screener Tool) and monitors individual body temperature. Screening information is the starting point for detecting and responding to COVID-19.

   - **Adult Day Programs**
     All individuals will be screened using COVID-19 Screener Tool before entering the building. If an individual is found to have any symptoms of COVID-19 during this screening, the responsible transportation provider will be asked to transport the individual back home, and the individual will not enter the building. If the responsible transportation provider is unable to transport the individual back home, the individual will be brought to an isolation room, which will be separate from the program space of the other individuals who attend the day program. Employees who accompany the individual to the isolation room will don full PPE (i.e., masks, gloves, goggles, and gowns). The individual will remain in the isolation room until a responsible party is able to pick them up from day program, and COVID-19 testing is conducted.

   - **Licensed 6400 and ICF/ID Residential Programs**
     All individuals residing at Melmark are screened for COVID-19 symptoms multiple times per day. Individuals coming to Melmark for day program are screened prior to entering, and may be screened throughout the program period. Dependent upon the COVID-19 presence at Melmark and surrounding communities, the screenings occur at least three times per day and up to every two hours. Repeated screening allows for early detection of possible COVID-19 symptoms.

     Employees follow the same screening process as individuals. Employees are expected to disclose symptoms at any point during the workday.

2. **Testing for COVID-19**
   - **All Programs**
     Melmark has procured hundreds of nasopharyngeal swabs and contracted with Medical Diagnostic Laboratories (MDL) for processing. Utilization of rapid, on-site testing provides quicker information to determine the presence / absence of COVID-19 for timely decision-making. If an individual or employee develops symptoms of COVID-19,
a COVID-19 nasopharyngeal swab is administered onsite within 24 hours of symptom onset (individual and guardian consent will be obtained). The individual and employee are isolated until the results of the test are obtained. As outlined in PA HAN 509, Melmark may isolate in a specific COVID-19 location or isolate in place based upon exposure at the residence. Employees isolate at their personal residences.

**ICF/ID Residential Program**

All ICF/ID 57 individuals and 195 employees have been tested for COVID-19 per the Department of Health guidance and the results have been reported via the survey tool. Melmark procured nasopharyngeal swabs, had qualified medical staff administer the tests, and managed the protected health information at their own expense.

Individuals and employees who declined testing were offered a second opportunity for the test, at a later date. Individuals and employees that declined the second opportunity will continue to be monitored for COVID-19 symptoms. Employees who decline universal testing will not be permitted to care for individuals in unexposed areas / programs / homes, as suggested in PA HAN 509. As with all employees, if these staff develop symptoms consistent with COVID-19, they will be excluded from work until the employee return to work criteria have been met.

### 3. Assessing Exposure Based Upon a Positive COVID-19 Test

**All Programs**

When an individual or employee exhibits COVID-19 symptoms and is quarantined awaiting test results, Melmark will determine if the individual or employee was within 6 feet for more than 15 minutes. This information is documented in a tracking spreadsheet maintained by Melmark. If the individual or employee subsequently test positive, the individuals and employees meeting the exposure criteria will be notified directly. These individuals will quarantine away from Melmark until the incubation period has expired.

Regardless of exposure criteria individuals, family members, and employees in the program room or residence will be notified of a positive test, without disclosing identifiable information. All Melmark individuals, families, and employees are notified weekly of the presence / absence of COVID-19 positive cases in program areas.

### 4. Slowing or Halting Reopening for Melmark Programs and Residences

As the COVID-19 task force monitors the stated metrics, adjustments to the reopen plan for all programs may occur. Melmark may move backward to previous phases or move forward to other phases quicker. Melmark will provide as much notice as possible to all parties for any changes in the reopen plan. The adult day program will close one or all program rooms and the residential programs will limit visitation and community access in response to COVID-19 increases with individuals and employees.
**Adult Day Program**

Adult Day Program will follow the guidance released by ODP on 8/4/2020 regarding closure of Older Adult Daily Living Centers, and Licensed Facilities where Community Participation Support is provided. The guidance from ODP is as follows:

<table>
<thead>
<tr>
<th>Situation</th>
<th>Closure Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff who rendered services or an individual who receives services:</td>
<td>The setting must close if the staff or individual was present in the setting at any point starting 48 hours before the test date.</td>
</tr>
<tr>
<td>(1) tested positive for COVID-19,</td>
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<tr>
<td>(2) is asymptomatic and</td>
<td></td>
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<tr>
<td>(3) does not know the date of exposure to COVID-19.</td>
<td></td>
</tr>
<tr>
<td>Staff who rendered services or an individual who receives services:</td>
<td>The setting must close if the staff or individual was present in the setting at any point starting 48 hours after the diagnosed person was exposed to COVID-19.</td>
</tr>
<tr>
<td>(1) tested positive for COVID-19,</td>
<td></td>
</tr>
<tr>
<td>(2) is asymptomatic and</td>
<td></td>
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<tr>
<td>(3) knows the date of exposure to COVID-19.</td>
<td></td>
</tr>
<tr>
<td>Staff who rendered services or an individual who received services:</td>
<td>The setting must close if the staff or individual was present in the setting at any point starting 48 hours prior to the time the person started exhibiting symptoms of COVID-19.</td>
</tr>
<tr>
<td>(1) exhibits symptoms of COVID-19 and</td>
<td></td>
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<tr>
<td>(2) subsequently tested positive for COVID-19.</td>
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</tbody>
</table>

**Melmark will:**

- Close the setting for 14 calendar days, starting from the date that we are notified of the COVID-19 diagnosis.
- Melmark will need to follow the re-opening guidance specific to the type of setting and issued by the Office/Department responsible for payment of services in the setting that is currently in development.
- If Melmark receives guidance from the Department of Health or the local Department of Health that the licensed setting can re-open in less than 14 days, we may choose to do so, but will still follow the re-opening guidance.
- Melmark will encourage individuals and staff who were present in the setting to quarantine at home for 14 days.
- Melmark has back-up plans that will be implemented (e.g. remote CPS services) to ensure the health and welfare of all individuals impacted by the closure of the setting.
**Licensed 6400 and ICF/ID Residential Programs**

Individuals demonstrating symptoms similar to COVID-19 will be isolated and tested for COVID-19. Individuals may be isolated at home or in a separate location (see below), guided by [PA HAN 509](#) guidance. Visitors will not be permitted if an individual is exhibiting COVID-19 symptoms or has a positive COVID-19 test result. If Melmark is allowing visits, visitors will be welcomed back once all of the individuals have recovered from COVID-19 (i.e., 30-days post symptom resolution).

Employees demonstrating COVID-19 symptoms or a positive COVID-19 test will isolate at home. Employees will return to work based upon the most current state and federal guidance and will be assigned work locations based [PA HAN 509](#) guidance.

**COVID-19 Isolation Unit**

Melmark has repurposed program space to accommodate a COVID-19 care unit. The unit is a stand-alone units designated for COVID-19 care units until the pandemic concludes. The unit may accommodate up to 16 individuals if needed. Additionally, there are separate bedroom and bathrooms for sleep and self-care employees working in the unit, should an around the clock staffing pattern be required. Placement of individuals into the unit is guided by [PA HAN 509](#) and overall needs of Melmark programs.

All employees in the isolation unit are required to don full PPE at all times. Individual needs (e.g., specialized beds, personal items) may be relocated to the space if essential to the care and well-being of the individual. All items must be thoroughly cleaned prior to returning to the individuals residence.

All meals for individuals and employees are served in a manner as described above.

**5. Employee Return to Work Process**

**All Programs**

Any employee reporting symptoms of COVID-19, with a positive COVID-19 test, or exposure to another person with a positive COVID-19 test will be excluded from work immediately. The employee will return to work based upon current assigned county Department of Health guidelines and CDC guidelines. Melmark will offer employees reporting COVID-19 symptoms a nasopharyngeal COVID-19 test. Employees declining a COVID-19 test must quarantine for a duration matching assigned county Department of Health guidelines or CDC guidelines. COVID-19 positive employees assigned to adult day programs under Pennsylvania Code [Title 6 Aging, Chapter 11](#) are required to submit a doctor’s note indicating they are free of communicable disease before they are permitted to return to work.

**6. COVID-19 Employee / Individual Ratio Protocols**

**All Programs**
Melmark’s mission is to meet the needs of every individual, every day utilizing a highly skilled workforce focused on compassionate care. Balancing employee / individual ratios within a pandemic creates difficulties. Melmark is committed to robust ratios to meet the complex needs of the individuals served, but has a plan to reduce ratios given potential impact on employee availability.

**Adult Day Program**
The adult day program will remain open only if employee availability allows. Per the aggressive protocols regarding responses to COVID-19 at Melmark, it is likely the program would be suspended prior to employee availability issues.

**Licensed 6400 and ICF/ID Residential Programs**
Melmark employee / individual ratios are above the minimum regulatory guidelines. The increased ratios ensure individual support plan needs are consistently met. Emergency situations, however, may require ratios to decrease. Melmark will reduce ratios in home to the allowable minimum (i.e., ICF/ID guidance and 6400 guidance). If needed, Melmark will further reduce staff in accordance with the waiver of ICF/ID regulations (i.e., 42 CFR §483.430[c][4]).

Melmark spends significant resources to maintain positive and supportive working relationships with the families of the individuals served. To support likely ratio strains due to individual and employee illness, Melmark will work with families to identify temporary home stays for individuals in the residential programs. Consideration of family supports, needs of the individuals, health of the individuals, etc. will be considered when working with families. ***Melmark had multiple individuals from both residential programs return home during the onset of the pandemic. Most of the individuals have now returned to their Melmark homes. Seven families are choosing to keep their loved ones home until the COVID-19 pandemic has resolved.

Melmark has not utilized temporary staffing agencies or employees from similar providers to support staffing needs. Melmark has reassigned adult day program employees to cover residential needs. Additionally, Melmark employs several professional staff (i.e., behavior analysts, facility supervisors, SLPs, OTs, and administrators) that can be utilized to ensure adequate ratios residential programs.

**Continuation of Highly-Skilled and Compassionate Care for Individuals at Melmark** – the below protocols were implemented starting in March 2020

1. **Service Plan Updates**
   **All Programs**
   All individual who attend the adult day program or reside in a licensed residential program will have their ISPs updated in accordance with current expectations. Delays in assessments and planning will only occur if COVID-19 concerns create barriers to completion. Individuals will continue to receive all necessary supports to maintain their
health and safety, and skill development programs will occur as allowed by the current COVID-19 concerns.

**Adult Day Program**
All individuals will have ISP meetings scheduled and completed with their ISP teams to review the Transition Guide, per ODP guidance, prior to their return to day program. Program leadership are tracking meeting dates to ensure each ISP meeting occurs prior to return to the day program.

**Adult Day Program – Aging License Requirements**
All individuals served in the adult day program under the aging license requirement will have updated care plans. Program employees will incorporate new information about individual care needs that may have changed since the closure; information specific to conditions and diagnoses for increased high risk of infection from COVID-19; and goals to reduce the risk of infection of COVID-19. The team will update care plans on the date of the individual’s readmission to day program. Most individuals served under the aging license will not return to the program until Phase III or Phase IV of the reopening plan.

2. **Healthcare Needs**
   **All Programs**
   All individuals will continue to receive healthcare needs met in accordance with regulatory guidelines. If regulatory bodies have provided exceptions for timelines (e.g., annual physical) Melmark will attempt to provide care in a timeline manner, but reflective of individual safety needs.

   **Licensed 6400 and ICF/ID Residential Programs**
   During times of ratio strains and focus on immediate health and safety, medical care will be limited to daily care (e.g., medications, wound care). Emergency services will be sought when necessary. All preventative care will be suspended, except care that can be provided via telehealth, until risks associated with COVID-19 are minimal and healthcare providers can take reasonable steps to mitigate spread (e.g., no waiting room, PPE). Once the PA Southeast Region is in the green phase and Melmark is in the green phase for visitation, preventative care appointments will resume. The healthcare team will inquire about COVID-19 practices prior to scheduling off-site appointments. Melmark healthcare team members will conduct as much healthcare needs as possible via telehealth. This includes psychiatry appointments. Given the additional risk associated with dental care, preventative dental care appointments will be suspended. Emergent dental needs will be met.

**Documentation of COVID-19 Practices** – The below protocols were implemented starting in March 2020
   **All Programs**
   Melmark maintains an ongoing list of all individuals and employees reporting COVID-19 like symptoms. The databased includes name, date of birth, symptom type, onset of
symptoms, reported potential transmission, work location, individuals supported, COVID-19 test results, and COVID-19 test site. All suspected or positive cases of COVID-19 will be reported per ODP’s reporting requirements. Members of the COVID-19 task force will conduct weekly meetings with a county department of health contact as long as an outbreak designation is in effect for Melmark. Melmark records all PPE that is distributed to individuals and employees to ensure adequate protections and track use rate for planning purposes.

Adult Day Programs
Daily time of arrival and departure for each individual who attends the adult day program will be maintained, as well as the program room the individual was in. This information is useful when tracing possible exposures from COVID-19 positive individuals and employees.

Employee and Individual Training Specific to COVID-19 – The below protocols were implemented starting in March 2020

All Programs – Staff
Melmark utilizes a performance-based training model. Specifically, employees are provided explicit instructions of how to complete job duties, someone proficient in the job duty models it for employees, and employees demonstrate the job duty meeting a preset criterion. All employees are trained in the following areas:
- Signs and symptoms of COVID-19
- Handwashing expectations
- Social distancing expectations
- Symptom screening tool and process for utilization for individuals and employees
- Donning and doffing of all PPE
- Mask rotation protocol
- Sanitization protocol
- Maintaining personal health during a pandemic (optional)
- Implementation of components of this reopening plan

All Programs – Individuals
- Education about the COVID-19 pandemic
- Signs and symptoms of COVID-19
- Handwashing and personal hygiene (i.e., ISPs are updated to reflect these goals)
- Social distancing
- Donning a face covering
- Tolerating a face covering protocol (i.e., increase compliance with wearing a mask to allow for community visits and increase risk reduction at home and day program)
Policy Summary
Melmark encourages a close and continuing relationship between family members, friends and individuals. Melmark also recognizes and respects the rights of our individuals to receive scheduled and unscheduled visitors, communicate, associate and meet privately with family and others of their choice. Melmark continues to balance these rights and choices with the need to ensure the safety and security of all those served, as well as the staff that serve them, at all times during the COVID-19 pandemic. Visitation guidance as well as limitations during the COVID-19 reopening phase are outlined below.

Visitor Check-in & Visitor Identification Sticker
1. During normal business hours all non-employee visitors to the main campus will check-in at one of the following access points:
   b. Education office.
   c. Facilities office
2. All visitors will be required to have their state issued identification in their possession when checking in at one of the access points.
   a. If the visitor does not have an accepted identification with them they will be required to provide full names and date of birth for manual validation.
   b. Employees that do not have their Melmark issued identification badge with them will be required to sign in and receive a temporary identification sticker.
      i. The receptionist/administrator will report the employee to Human Resources for the appropriate follow up.
3. The state issued identification will be collected by the receptionist/administrator and processed through the Raptor system.
a. The Raptor system will scan first name, last name, date of birth, partial ID# and picture.
b. The Raptor system will perform a national sex offender check on every visitor every time they enter the building based on first name, last name and date of birth.

4. After a successful scan of the state issued identification, a visitor identification sticker will be printed and provided to the visitor.
   a. The approved visitor will be required to wear the provided visitor identification sticker for the duration of their visit.
      i. The scan of the state issued identification will only occur for their first visit.
      ii. Subsequent visits will require that the visitor reports to one of the specified check-in points. The receptionist/administrator will check the return visitor in via the Raptor system. The Raptor system will perform another national sex offender check on the visitor. If successful and approved, the visitor will be issued a new visitor identification sticker.

5. In the event that the scan in the Raptor system database returns a possible or positive offender, a notification will be sent out to an administrator. Additionally, the following steps will be taken by the receptionist/administrator:
   a. Contact the Senior Director of Human Resources or their designee.
   b. Ask the visitor to wait momentarily until a senior administrator arrives.
   c. The senior administrator will meet with the visitor privately and let them know about a possible and/or positive match with the Raptor system database. They will communicate to the visitor that they are not able to enter the premises and must leave the raptor location and campus.
   d. The senior administrator will escort the visitor to their vehicle and let them know that they may not return to any of Melmark homes or campuses. The administrator will observe that the visitor has left the campus.
   e. If necessary, the senior administrator will report the attempt to enter the premises to the appropriate agency.

6. If a visitor declines or refuses to provide identification they will not be allowed to enter the premises.

7. Before entering any of the access points, all visitors will complete a health/visitor screening tool.

8. Upon entering any of the access points, all visitors and employees should wear a mask and will be immediately asked to wash their hands. They will also be required to maintain social distancing. This practice will remain in effect unless the Governor of Pennsylvania has deemed the southeast region as back to normal operations prior to COVID-19 which is listed below as the normal visitation phase.

**Approved Visitors & Chaperones**

1. Upon admission to a residence, school or day program, an individual and/or his or her guardian will provide Melmark with a list of approved visitors. The following information must be provided on all approved visitors:
   a. Full name.
Visitation Phases During the COVID-19 Reopening Plan

While Melmark will follow the below visitation phases, this Visitation Policy may be modified based on future changes to visitation guidance issued by the Pennsylvania Department of Health or Office of Developmental Programs (ODP). For individuals residing in an ICF home, please refer to the ICF guidance below. Also, the health and safety of the individuals served is Melmark’s top priority, which may result in Melmark moving to the next phase of visitation at a more cautious rate than the state in order to adequately assess the impact of changes in procedures on our individuals, many who have medical conditions that put them in a high risk category.

1. **No visitation** – Whenever the southeast region of Pennsylvania is deemed by the Governor as being in the red phase and as determined by the Melmark COVID-19 Task Force, no visitors will be permitted on campus, on the immediate grounds or inside of any of the Melmark programs or homes. During this time period, there will be continued opportunities for individuals to connect and interact with family and friends via phone or technology. Additionally, during this time, organized drive by visitation can occur where family members drive by and wave to their loved ones while the individuals remain
directly outside of their residence on the porch or outside of the front door. Staff must accompany the individual at all times.

2. **Restricted visitation** – Any time the southeast region of Pennsylvania is not in the red phase and as determined by the Melmark COVID-19 Task Force, individuals will be permitted to interact/socialize with approved visitors in designated outdoor areas of both campus and community homes. All Visitation must be in accordance with the following:
   a. The visits must be scheduled in advance, only one family visit can occur at a time, and staff need to be present during the visit.
   b. In-person visits can occur between the hours of 10am and 7pm.
   c. These visits will be limited to 30 minutes.
   d. All visitors must be screened using the visitor screening tool prior to visiting with their loved one. No visits will occur if a visitor is exhibiting symptoms of COVID-19, has been diagnosed with COVID-19 or has been exposed to a person diagnosed with COVID-19.
   e. The individual must be screened for symptoms prior to the visit as well. If a Melmark individual answers “yes” to any screening question, the visit will not occur until cleared by the Melmark COVID-19 Task Force. No visits will occur if any individual in a home is currently in isolation (i.e. positive COVID-19 diagnosis) or quarantine (i.e., possible COVID-19 exposure).
   f. Visitors must sign-in when the visit begins and sign out when the visit ends.
   g. All visitors must use an alcohol-based hand sanitizer before and after the visit.
   h. Visitors may not enter the home at any time and all visitor screening will take place at the outdoor designated meeting place.
   i. Visitors must wear a mask at all times and if possible, the individual should wear a mask as well.
   j. There can only be up to three visitors at any one time for the same individual and all visitors and the individual must adhere to social distancing and remain at least 6 feet apart from each other. There will be no physical contact during these visits.
   k. Homes where individuals reside who are at higher risk for serious illness due to COVID-19 may have additional restrictions in place which will be reviewed prior to any approved visitation occurring.

3. **Limited visitation** – Any time the southeast region of Pennsylvania is deemed by the Governor as being in the green phase, individuals will be permitted to interact/socialize with approved visitors in designated areas outside of their homes and programs as well as being able to go on local community outings with their families. All visits will be in accordance with the following:
   a. All visits must be scheduled in advance.
   b. In-person visits can occur between the hours of 10am and 7pm.
   c. Community visits may take place for up to three hours and program visits may take place for up to one hour.
d. Community visits must be approved by a Director or above.

e. All visitors must be screened using the visitor screening tool prior to visiting with their loved. No visits will occur if a visitor is exhibiting symptoms, has been diagnosed with COVID-19, or has been exposed to a person diagnosed with COVID-19.

f. The individual should be screened for symptoms prior to the visit as well. If a Melmark resident answers “yes” to any screening question, the visit will not occur until cleared by the Melmark COVID-19 Task Force. No visits will occur if any individual in a home is currently in isolation (i.e., positive COVID-19 diagnosis) or quarantine (i.e., possible COVID-19 exposure).

g. Visitors must sign-in when the visit begins and when the visit ends.

h. Visitors must use an alcohol-based hand sanitizer before and after the visit.

i. Visitors may not enter the home at any time and all visitor screening will take place in an outside area of the home.

j. Visitors must wear a mask at all times, and if possible, the individual should wear a mask as well.

k. Social distancing should continue in this phase.

l. In this phase, individuals who are able to maintain mask wearing requirements will be permitted to go on local community outings. The community outings must be to locations that are also in the green phase. Staff will NOT be present for community visits as long as that person’s level of supervision allows for that to occur. Community visits requiring staff presence are subject to availability of staff and may be cancelled on short notice due to staffing needs. Visits must take place in outdoor areas that will minimize exposure to other people, such as parks or other open areas. Individuals may be permitted to go on home visits if a home visit is as safe or safer than a community visit (e.g., no visitors, universal mask wearing). Overnight stays are not allowed. All individuals will be screened prior to returning to the residence.

m. When on a community outing with family members, family members should follow all current CDC guidelines including but not limited to wearing a mask, washing hands, etc. and be aware of and comply with the Governor’s Green Phase social restrictions.

n. Homes where individuals reside who are at a higher risk for serious illness due to COVID-19 may have additional restrictions in place, which will be reviewed prior to any approved visitation occurring.

4. **Normal visitation** – When the southeast region of Pennsylvania is deemed by the Governor as being back to normal operations prior to COVID-19, individuals can resume having approved visitors and take leave of absences from the Melmark homes as outlined in policy 3.1.07. Melmark asks that all visitors only visit when healthy and free from any known contagious pathogen. When leaves of absence do resume, Melmark may require additional precautions prior to the individuals return such as:

   a. Prior to any leave of absence, both the individual and any person with whom the individual will have contact during the home visit will be screened for symptoms of COVID-19 using
the most current Melmark approved COVID-19 screener. The screening will occur 24 hours prior to the leave of absence and 24 hours prior to the individual returning to Melmark.

b. The Governor’s Green Phase social restrictions will be reviewed with all families and individuals prior to any home visits by a Melmark staff member and families will be expected to comply.

c. If the individual is symptomatic or has had a known exposure to COVID-19 during the leave of absence, the individual will remain in the care of the family until:
   i. A negative COVID-19 test result is obtained (Melmark may support the family by providing a test); OR
   ii. The individual completes a 14-day isolation period, with the last three days being symptom free.

Visitation information for Intermediate Care Facilities (ICF)

The Wolf Administration has announced additional guidance for visitation in an ICF/ID facility. The plan includes a three-step process that can begin when the following prerequisites are met:

1. Develop an implementation plan and post that plan to the facility’s website, if the facility has a website that specifies how the reopening and visitation requirements will be met.
   a. Administer tests within 24 hours of a resident showing COVID-19 symptoms and complete baseline testing as required in the Secretary’s Orders.
   b. Develop a plan to allow visitation that includes scheduling and other safety measures.
   c. Develop a plan for co-horting or isolating residents diagnosed with COVID-19 in accordance with PA-HAN 509.
   d. Establish and adhere to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility.
   e. Have adequate staffing and supply of personal protective equipment for all staff.
   f. Be located in a county that is either in the yellow or green phase of the Governor’s Reopening Plan.

2. Once a facility meets the above required prerequisites, the facility will enter a three-step process of reopening:
   a. Step One: From the date the facility enters step one, a facility must maintain no new COVID-19 cases among staff or residents and have no spread in the facility for 14 consecutive days in order to enter step two.
   b. Step Two: While in step two, facilities are required to maintain no new cases of COVID-19 among staff or residents and have no spread in the facility for 14 consecutive days to progress into the final step.
   c. Step Three: The final step allows Long Term Care Facilities (LTCFs) to operate as outlined for the remainder of the Governor’s COVID-19 Disaster Declaration as long as there are no new COVID-19 cases among staff and residents for 14 consecutive days.

3. If a new COVID-19 case is identified, facilities will cease implementing their reopening plan and wait until they have no new COVID-19 cases for 14 consecutive days before re-entering step one. Each step of the plan includes specific criteria for conducting dining,
activities, non-essential personnel, volunteers, visitors and outings. Visitations will only be allowed in steps two and three, and will be in accordance with the above 3-phase visitation process as outlined in this policy, as long as the facility determines a resident is able to safely see visitors and will prioritize those with diseases causing progressive cognitive decline and residents expressing feelings of loneliness.

**Staff Responsibilities - Visitation**

1. Staff is required to ask each visitor for his or her full name and relationship to the individual and is required to ask for proof of identification, such as a driver’s license or other photo ID.

2. Staff must compare information received from visitor with that of the approved visitor list. Staff must ensure that information received as well as staff observations of physical description are consistent with information on the visitor list.
   a. In the event information is not consistent with the approved visitor list or if staff have any reason to doubt the validity of information, staff must contact supervisor right away.
   b. The supervisor should gain additional information from the visitor if possible to help establish whether or not he or she is an approved visitor. If confirmation is not possible, the supervisor must contact the individual’s guardian to confirm the person is permitted to visit. If approval of the visitor still cannot be confirmed, the person will not be permitted to visit and will be asked to leave the premises immediately.
   c. Should an unapproved visitor attempt to forcibly enter a building or refuse to leave the campus, the supervisor should call 911 and should call a code 2 to report an “Unauthorized or Suspicious Person or Activity”.

3. Staff must have visitors complete the visitor screening tool if during all phases, visitors must wash their hands upon entering a program or home, wear a mask, and maintain social distancing.

4. Staff must have all visitors, even immediate family members of individuals, government officials, etc. sign the visitor log upon arrival and sign out upon departure.

5. Staff must have the visitor complete and sign a Release of Responsibility form before the individual can be taken out of Melmark’s care and supervision.

**Visiting Hours and Guidelines - Residences**

1. Reasonable efforts will be made to accommodate all family visits. During the yellow restricted and green limited phases noted above, all visitors should schedule their visit prior to coming. Due to program schedules and planned outings, etc., scheduled visits provide the best opportunity for a meaningful visit.

2. It is important to note that visitors must also complete the visitor screening tool as well unless the southeast region has been deemed by the Governor as back to normal business operations prior to COVID-19. This means that visitors must also wash their hands upon entering, wear a mask and maintain social distancing as well.

3. While visiting hours are not restricted, suggested visitation hours for our residences are 4:00-8:00 p.m. on weekdays, and 9:00-11:00 a.m. and 4:00-8:00 p.m. during the weekends.
4. If an approved visitor would like to meet with residential or clinical staff, that is not considered a visit but rather a program meeting. A program meeting must be scheduled in advance as not to interfere with individual programming or safety.

5. Approved visitors may enter an individual's bedroom for purposes of checking clothing and other personal possessions. However, if the bedroom is shared with others, visits may not interfere with the privacy, rights and activities of roommates. Family members and visitors are asked to respect the privacy of other students, their belongings and space.

6. Visitors are expected to communicate with staff and residents in a courteous and respectful manner. Any specific concerns about a resident should be discussed in a private location in order to ensure the resident's privacy and confidentiality. Any concerns related to a staff member should be shared in private with a supervisor.

**Visits by Governmental Agencies and Others**

1. Visitors from governmental agencies (i.e., Department of Education, Department of Public Welfare, Department of Health, etc.) must provide staff with official identification and state the purpose of the visit.

2. Representatives of outside companies (i.e., gas, electric, supply deliveries, etc.), must provide staff with appropriate identification and state the purpose of the visit.

3. It is important to note that these visitors must also complete the health screening tool as well unless the southeast region has been deemed by the Governor as back to normal business operations prior to COVID-19. They must also wash their hands upon entering any area, wear a mask, and maintain social distancing as well.

4. Scheduled appointments with outside companies should be posted in homes for staff’s information. Staff may give access to company representatives who are expected to visit, and present appropriate identification. In the event staff have not been informed that an outside company is scheduled to come to the home and/or if staff has any concerns at all about the validity of the identification being presented or about potential safety issues, staff must contact a supervisor, manager or director immediately if there are any concerns or doubts about whether or not access should be provided.

**Visits by Former Employees**

1. The Director of the program must be notified of the request and he/she will consult with the Director of Human Resources or his/her designee. The Director will then schedule the visit. After scheduling has occurred, the Director of the program will notify the Assistant Director, managers and program staff.

2. The individual’s parent or guardian must be contacted and written consent from the parent/guardian for that individual to take the student off-premises must be received. The written consent must also identify general locations where the student may visit with the former employee. Under no circumstances can a former employee take a student to his or her home unless specific consent is received from the parent/guardian and the Executive Director of Melmark PA.

3. The written consent will include information outlining to parents that they are waiving student supervision requirements during this outing.
4. The former employee is required to have a cell phone while accompanying the individual outside the residence. The former employee must give the Director of the program and residential/educational staff a detailed plan for the outing (e.g., where they are going, expected time of return, activities involved, etc.).

5. If a student is having any behavioral problems prior to the outing, or in general, the outing will typically be cancelled.

6. Former employees must also complete the visitor screening tool as well unless the southeast region has been deemed by the Governor as back to normal business operations prior to COVID-19. They must also wash their hands upon entering any area, wear a mask, and maintain social distancing as well.
Appendix B

**Melmark Mask Rotation Protocol**

Melmark leadership recognizes the need for a highly skilled workforce to support the complex needs of the individuals served in our programs. The current pandemic has presented the need for personal protective equipment (PPE) to safely and securely continue our mission-first work for every individual, every day. Melmark leadership has provided you with masks for use at work, and additional masks for use in your personal life. The masks and other PPE have been difficult to obtain. We are currently acquiring enough supply to last for multiple months, but the supplies chain is not steady. In an effort to optimize the supply of PPE at Melmark, we will begin using a mask assignment and rotation practice that many hospitals and other healthcare settings are using.

The mask assignment and rotation practice allows for continued safety and maximizes use. In short, you will receive four masks that you will rotate using each day. Between uses, the masks will be stored individually, in paper bags. The paper bags should be stored in the employees’ trunk. Each bag will be numbered and have lines for tracking the dates the mask was worn. Employees should wear the first mask the first day at work. At the conclusion of the workday, staff place the mask into bag number one, and write the date on a line. Writing the date helps the employee remember when the mask was last worn. The employee would wear mask number two on the next day at work, and follow the same process for storage, and tracking. The process is repeated each day. On day five, the employee will start the process again with mask one. Rotating the masks in this manner reduces the risk of transmitting the coronavirus because the virus does not live past 72 hours in those conditions. This rotation schedule also improves how long a mask lasts.
Below is further information regarding the mask assignment and rotation process.

<table>
<thead>
<tr>
<th>User Level</th>
<th>Mask Type</th>
<th>Distribution</th>
<th>Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees that have minimal contact with other employees and do not directly support individuals</td>
<td>Surgical Mask</td>
<td>4 masks every 6 weeks</td>
<td>Rotate between each mask, each day worked. Each mask is worn up to 8 times before new masks are received.</td>
</tr>
<tr>
<td>Employees that provide direct support to individuals with no known COVID-19 exposure</td>
<td>KN-95 / N-95</td>
<td>4 masks every 6 weeks</td>
<td>Rotate between each mask as outlined above. Each mask is worn up to 8 times before new masks are received.</td>
</tr>
<tr>
<td>Employees that provide direct support to individuals with known exposure or positive diagnosis of COVID-19</td>
<td>KN-95 / N-95 Surgical Mask</td>
<td>1 KN95 / N-95 per day</td>
<td>A new KN-95 / N-95 and surgical mask is provided each day <strong>Gown, goggles, and gloves will also be provided</strong></td>
</tr>
</tbody>
</table>
Frequently Asked Questions

How was the number of masks determined to be four?
Evidence from the Centers for Disease Control and Prevention shows the virus does not last longer than 72 hours on surfaces like paper or cloth. A mask that is infected but stored appropriately for 72 hours, will have a decreased chance of spreading the virus. Rotating between four masks allows at least 72 hours to expire before wearing a mask again, thereby decreasing the chance of spreading the virus.

Why do we have to wait 6 weeks to receive another supply of masks?
Melmark leadership has worked around the clock to obtain PPE (i.e., KN-95 / N-95 masks, surgical masks, goggles, face shields, gloves, and gowns). Although the supply chain is experiencing multiple disruptions, we have multiple sources for this equipment and are building a surplus for any possible future needs. The rotation and disbursement timelines are intended to maximize the life of the masks without compromising safety. Receiving new masks every six weeks is comparable to receiving a single mask every 1-2 weeks.

Why can’t I just wear a surgical mask or cloth mask? The KN-95 / N-95 make it hard to breathe.
We understand that wearing masks for long periods of time is not always comfortable. Frequent mask breaks should help when wearing a KN-95 / N-95. The KN-95 / N-95 provide the best protection against spread of the virus. Although other mask types are more comfortable, they do not protect you or the individuals as well. That is why you may see those employees who have the most limited chances of exposure wearing a surgical mask.

Why do certain employees get to wear a surgical mask and I do not?
Meeting the complex needs of every individual, every day requires work from multiple staff. Some Melmark employees meet this mission by processing bills, coordinating interviews, and buying needed supplies. These tasks can be done while maintaining strict social distancing and minimal contact with other individuals. This limits the risk of exposure to the virus, therefore a surgical mask is more appropriate. Using masks matched to risk also helps conserve the KN-95 / N-95 for employees working in direct support of individuals.

Do I have to wear a surgical mask of over my KN-95 / N-95 mask?
If you are working directly with someone exposed to and diagnosed with COVID-19, you must wear a surgical mask over the KN-95 / N-95 mask. Covering the KN-95 / N-95 extends the life of the mask and offers additional protection in a high-risk setting. The surgical mask is replaced each day to minimize risk of transmission. Employees working with someone exposed to and diagnosed with COVID-19 receive a new KN-95 / N-95 each week.

Why does the mask provided for my personal use look different?
Melmark leadership is concerned for your safety outside of work. We are providing a durable mask to support your safety when at the grocery store, gas station, or other essential needs. New Balance, a shoe company in Massachusetts, manufactured the masks provided to you for personal use. The mask is made of durable, washable material that improves the life of the mask. Employees can change out the loops to a different material (e.g., cloth) if desired.
STAFF SCREENING QUESTIONS

Please answer the following questions prior to every shift as Melmark is making every effort to protect our individuals and staff while we continue our mission first work each and every day.

Staff Name: ___________________ Assigned Location: _________________

1. Is your temperature over 100.4 degrees F?
   a. Yes: ___ No: ___

2. Do you have respiratory symptoms such as cough, shortness of breath, or sore throat?
   a. Yes: ___ No: ___

3. Do you have active gastrointestinal symptoms such as nausea, vomiting or diarrhea or a loss of sense of smell or taste?
   a. Yes: ___ No: ___

4. Do you have a headache, congestion, runny nose, body aches, or chills?
   a. Yes: ___ No: ___

5. Have you have traveled to any COVID-19 affected area (see next page) * in the past 14 days?
   a. Yes: ___ No: ___
   b. Dates of travel: _________________________________________

   • If yes, notify your manager immediately who will notify the AOC/Director on call. If you traveled to a COVID-19 affected area, you will be asked to self-quarantine for 14 days in accordance with CDC guidelines.

6. Have you come into close contact with a person (live with, provided care for in another work location, or are within six-feet of for over 15 minutes) diagnosed with COVID-19 in the past 14 days?
   a. Yes: ___ No: ___
7. Does anyone in your household have active symptoms of COVID-19 or has anyone in your household been tested for COVID-19?
   a. Yes: ___ No: ___

8. Have you been tested or diagnosed with COVID-19 or told by a healthcare provider that you may or do have COVID-19?
   a. Yes: ___ No: ___

If you have answered yes to ANY question, you and your manager will notify the AOC/Director on call.

Temperature: ____________________________________________
updated: 7/24/2020

Staff Screening Travel Information

Restricted Travel – This travel requires a 14-day quarantine upon return

1. Any International Travel

2. Affected US States -
   Alabama, Arizona, Arkansas, California, Florida, Georgia, Kansas, Idaho, Iowa, Louisiana, Mississippi, Missouri, Nevada, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Utah, Wyoming.