Melmark Children’s Programs Re-opening/Implementation Plan

Regulatory Guidance

1. **Melmark School** – will operate following the best practice guidance from the [Pennsylvania Department of Education, Centers for Disease Control and Prevention, Pennsylvania Department of Health, and Chester County Department of Health](#).

2. **Licensed 3800 Residential Programs** – Licensed Residential 3800 programs are following the guidance from the Department of Human Services’ [Office of Children, Youth and Families](#) and best practice guidance from [Centers for Disease Control and Prevention, Pennsylvania Department of Health, and Chester County Department of Health](#).

Phased Reopening for the Melmark School and Residential Programs

1. **Melmark School** – In accordance with [PDE’s guidance](#) related to serving students with intellectual disabilities, the Melmark School will enter a phased reopening, beginning August 31, 2020. Decisions regarding student return were made considering medical complexity and in collaboration with IEP teams. Ongoing discussions with IEP teams will occur regarding any individual’s transition between instructional models during all phases. The reopening will consist of the following phases.
   a. **Phase I** – Day only students will be invited to return for in-person instruction on August 31, 2020. The Melmark team, in collaboration with IEP team members, may determine that day students with medical complexity may not be appropriate to return during the initial aspects of this phase. The Pandemic Response Team will evaluate inviting additional day students for in-person instruction every three weeks.

   Residential students will receive instruction in their residence with the oversight of a Special Education Teacher.

   All other visitors not deemed essential, determined by members of the Pandemic Response Team, will not be permitted to enter the school building at this time. IEP meetings, other team meetings, and provision of services by IEP team members external to Melmark will be conducted virtually.

   b. **Phase II** – This phase will focus on the return of all students served residentially, as long as underlying health issues do not put them at extreme risk. This phase may begin when the majority of day students have returned for in-person instruction, the absence of any positive tests of students and employees for at least 30 days after the school reopen, and the local area positivity rate is in accordance with county recommendations.

   All other visitors not deemed essential, determined by members of the Pandemic Response Team, will not be permitted to enter the school building at this time. IEP meetings, other team meetings, and provision of services by IEP team members external to Melmark will be conducted virtually.
c. **Phase III** – This phase will indicate a return to normal operations (i.e., all students 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. Visitation resumes as outlined in the Melmark visitation policy.

2. **Licensed 3800 Residential Programs** – The Melmark licensed 3800 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 may only travel to community locations for life-sustaining purposes (e.g., food shopping). No individuals will be included on these trips.
   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 must occur. Physical contact is not permitted during these visits.
   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 contact is permitted, but still limited (e.g., we request that families do not kiss their loved one). Health screening, hand-washing, social distancing, and mask wearing must 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** – Visitation resumes as outlined in the Melmark visitation policy.

**Infection Control Across All Children’s Programs** – The below protocols were implemented starting in March 2020.

***The following sections of the PDE Health and Safety Plan template are addressed below:** Cleaning, Sanitizing, Disinfecting, and Ventilation; Social Distancing and Other Safety Protocols; Pandemic Crisis Response Team; Other Considerations for Students and Staff.***

1. **COVID-19 Task Force**

   **All Programs**

   Melmark has established a COVID-19 Task Force across each of its three state divisions (i.e., MA, PA, NC). Melmark PA COVID-19 Task Force is led by Dr. Shawn Quigley, Executive Director of Melmark PA, Melmark New England COVID-19 Task Force is led by Helena Maguire, Executive Director of Melmark New England, and Melmark Carolinas COVID-19 Task Force is led by Dr. Brad Stevenson, Director of Program Administration and Clinical Services for Melmark Carolinas. The task force is a multi-disciplinary team charged with learning about COVID-19 research, practices, 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 the school and residences are sanitized at least twice per day. Some shared spaces will be cleaned after each use (e.g., bathrooms, dining table during meal times).

   Melmark personnel sanitize high-touch surfaces in program areas at least twice per day. Additionally, these areas are covered with a continuous cleaning wrap.

   All school areas are deep cleaned daily and residences are deep cleaned minimally 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.

   Central A/C is available throughout the building to ensure continuous ventilation of all program areas. Windows may be opened in program areas, weather permitting. Melmark has also obtained UV filtration systems for the school and residences.

   *Melmark School*

   High touch surfaces have been eliminated wherever possible throughout the school building (e.g., touchless faucets, touchless paper towel dispensers, touchless soap dispensers, and touchless doors where possible). There are no drinking fountains in the school building and all trash cans are touchless.

   Facilities & an Education Administrator completed COVID preparedness walk through (utilizing a Melmark created COVID environmental checklist) of the whole school including classrooms, hallways, stairs, bathrooms, entrances, exits, and any other areas that students and staff will be in contact with, to ensure all areas are properly prepared for students. The walk-through followed an area by area checklist, including: ensuring touchless sinks are properly working, all bathrooms are stocked with needed supplies such as paper towels and soap, all signage is still properly displayed, and all doors are working properly.

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. The inventory is regularly updated. 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 school 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. Melmark has also invested in varied types of masks and face shields (e.g., hat with detachable face mask) to support varied needs of the individuals. 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. Melmark e-weekly communications and direct observations of employees are used to help support fidelity with all mitigation procedures.

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 school areas and residences. Individuals who require supervision around hand sanitizer and other chemicals will be supervised during their use at all times.

Based on the population that Melmark serves, there may be individuals who engage in behaviors that increase the potential for virus transmission (e.g. touching their or others’ faces, placing hands and objects in their mouths, etc.). Responses to these behaviors will
be addressed in each individual’s Behavior Support Plan, but in general these students will their hands more frequently and staff will sanitize more frequently. Behavior Support Plans will be reviewed to identify high risk areas of transmission and provide staff appropriate training to minimize transmission risk.

5. **Social Distancing**  
   **Melmark School**  
   All classrooms will have a reduced census through phase two 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. All group activity tables will be removed from the classroom to promote social distancing; only individuals’ desks will be used for students. Students will not share chairs or desk during the school day. Each student will have their own individually assigned desk and chair.

   Individuals attend the Melmark School and live in Melmark residences to meet educational needs, skill development, and reduction of behavior that impedes education access and skill development. Achieving these desired outcomes often requires interaction with educators and other students. The above mentioned protocols support the reduction of virus transmission. When appropriate additional environmental changes (e.g., plexi-glass barriers) will be utilized.

   **Licensed 3800 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**  
   **Melmark School**  
   All cafeteria employees are screened before the start of their shift and minimally once during their shift. All cafeteria employees are required to wear a mask and wash their hands frequently and maintain social distancing. Lunch will occur in the classrooms. 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. Melmark will provide disposable utensils needed to avoid additional items coming from home. If an individual receives lunch from Melmark, their lunch will be individually packaged. All individuals and employees will wash their hands before and after each meal. Surfaces will be sanitized before and after each meal.

   **Licensed 3800 Residential Programs**  
   In accordance with guidance from the Pennsylvania Department of Human Services, all residential programs have discontinued communal dining during the pandemic.
• Resident meal times will be staggered to promote social distancing. If more than one resident is eating at a time, they will be at least 6 feet apart, but preferably further. Surfaces will be sanitized before and after use (i.e., individual one eats at the table, table is sanitized, individual 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 individuals 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.

*Melmark School*

Classroom assignments emphasize the smallest number of staff and students per classroom, while maintaining sufficient ratios to maximize educational gains. Some classes are divided into two groups and separated into two physical locations in close proximity. For example, a teacher, two employees and four students are considered class #1, and assigned the physical space of classroom #1 and classroom #2. One employee and two students are in each classroom. The teacher moves between the two physical spaces delivering and overseeing instruction delivery. The groupings will remain the same 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., education, meals, skill development), except for emergency situations. Employees within the school, including leadership team members, will support groups first, followed by employees from other classrooms, and lastly by employees from adult programs. Group instruction sessions involving students across different classrooms (e.g. related-services group instruction or social group instruction) will occur via zoom to allow students to remain in their assigned classroom.

Related service providers (i.e., speech-language pathology, occupational therapy, and physical therapy) will work across a small cohort of students to limit the individuals who come into contact with each other. Prior to a related service provider working directly with a student, they will be required to wash their hands. Related service providers will also don an outer garment that is changed between classrooms to avoid cross contamination. Direct Support Professional staff members will assist with prompting students through related service activities to allow therapists to limit physical proximity and physical contact with students.

Support department employees should only enter the school 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 3800 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.

Related service providers (i.e., speech-language pathology, occupational therapy, and physical therapy) will work across a small cohort of students to limit the individuals who come into contact with each other. Prior to a related service provider working directly with a student, they will be required to wash their hands. Direct Support Professional staff members will assist with prompting students through related service activities to allow therapists to limit physical proximity and physical contact with students.

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 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, dependent upon the current phase of reopen.

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. Employees are required to communicate any potential COVID transmission in their household and to follow appropriate testing and/or quarantining procedures.

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

Melmark School
For day students attending in-person instruction, transportation arrangements will largely be determined by sending school districts. Melmark will remain in contact with school districts to maintain open communication about district plans for transportation. Because
Melmark is an Approved Private School, serving students from multiple school districts, students are typically transported individually or in small groups (e.g., 1 to 3 students per vehicle). Melmark will remain in contact with school districts regarding number of students in vehicles, distancing protocols, etc. Upon arrival to Melmark’s campus, all buses will be required to form a line for drop off. Staff will meet students at the door of their bus. The student COVID-19 Screener Tool is reviewed and temperature checked before the student exits the bus / car. If a student is found to have any symptoms of COVID-19, the responsible transportation provider will transport the student back home, and the student will not enter the building. The parent will be contacted via phone regarding the student’s symptoms and need to return home. If the responsible transportation provider is unable to transport the student back home, the student will be brought to an isolation room, which will be separate from the program space of the other students who attend the school program. Employees who accompany the student to the isolation room will don full PPE (i.e., masks, gloves, goggles, and gowns). The student will remain in the isolation room until a parent or emergency contact is able to pick them up from school, and COVID-19 testing is conducted. Parents will be contacted via phone regarding the need to pick up their child. If a parent is unable to be reached, school personnel will reach out to the others listed as emergency contacts for the student until they successfully contact someone.

All students and employees will enter the school through the main school door. All individuals will exit the school through exterior doors in a classroom or through the double doors near the service elevator. After screening, individuals will proceed directly to assigned classrooms. All hallways will have designated flow of traffic, as indicated by public posting, and students must transition 6 feet from other students in the hallway. Staff will assist in instructing students on how to navigate the hallways. Individuals and employees will have assigned seats and seating arrangements. As described above, some classrooms have accommodations such as plexiglass dividers for further safety. Individuals will be asked to wear masks while at school. Individuals remain in their designated classroom except for bathroom breaks, outdoor mask breaks, or outdoor activities. All bathrooms are single occupancy and will be cleaned between uses. Each classroom will be assigned a specific bathroom for the cohort to use. All physical education will take place in outdoor spaces, weather permitting. In case of inclement weather, modified physical education instruction will occur in individual classrooms, while limiting activities that result in increased aerosol production.

Student medications will be delivered by nursing staff to each individual student in their classroom, therefore students will not gather near or in the nurse’s station during common medication administration times during the school day. When the nurse arrives at the student’s classroom, the student receiving medication will meet the nurse at the threshold of the classroom. Therefore, the nurse will not need to enter the physical classroom.
Licensed 3800 Residential Programs

Individuals residing in a residential home will receive appropriate and individualized educational instruction within their residence. Cohorting, PPE, sanitizing, etc. are all implemented in residences just like the school.

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

***The following sections of the PDE Health and Safety Plan template are addressed below: Monitoring Student and Staff Health; Social Distancing and Other Safety Protocols; Other Considerations for Students and Staff.***

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.

   **Melmark School**

   All individuals will be screened prior to arriving at Melmark School. Families will be provided a COVID-19 Screener Tool. Families must completely answer the questions and show the completed form to the transportation provider. The transportation provider is instructed to not transport any student without a completed screener, or if any questioned is answered affirmatively. Students arriving at the school without a completed form will not be allowed to enter and the transportation provider is instructed to return the student home. Prior to exiting the transport vehicle, Melmark staff will review the screener and conduct a temperature check. If a student is found to have any symptoms of COVID-19 during this screening, the responsible transportation provider will be asked to transport the student back home, and the individual will not enter the building.

   **Licensed 3800 Residential Programs**

   All individuals residing at Melmark are screened for COVID-19 symptoms multiple times per day. 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 a laboratory for processing. Additional test methods might be utilized based upon cost, sensitivity / specificity, availability, and other factors. 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, by qualified medical professionals, 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 residential students in a specific COVID-19 location or isolate in place based upon exposure at the residence. Day only students isolate at their family home or residential provider locations. Employees isolate at their personal residences.

**Surveillance and Universal Testing**

Some Melmark programs received mandates to conduct universal testing. Universal testing is a process for testing all individuals and employees, regardless of symptom presence, at a point in time to determine current presence of the virus in a setting. Repeat testing of individuals and employees may also occur over time. Melmark may choose to follow a universal testing process to support the health and safety of individuals and employees. Consent would be obtained prior to any test. Melmark is evaluating the use of surveillance testing, should more rapid tests become available.

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 of other employees or individuals 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. The exposed individuals and employees will quarantine away from Melmark, or a designated Melmark location for residential students, until the incubation period has expired.

   All individuals, family members, and employees in the classroom or residence where an employee or individual tested positive will be notified directly of the positive test, without disclosing identifiable information, even if they did not meet the exposure criteria. All Melmark individuals, families, and employees are notified weekly of the presence / absence of COVID-19 positive cases in program areas via our e-weekly newsletter. For example, a family of a student in classroom #1, where an employee tested positive, is notified the employee was within 6 feet of the student for more than 15 minutes. All other families outside of classroom #1 would be notified of positive cases on campus.
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.

Melmark School

If one student or employee tests positive for COVID-19 the specific classroom will be closed (i.e., the students and employees quarantine away from Melmark) until the period of transmission has passed. If additional students or employees from different classrooms test positive for COVID-19 within a 7-day period, the entire school will be closed (i.e., individuals and employees quarantine away from Melmark for 14-days). All students will continue to receive instruction via virtual platforms while the school is closed.

Licensed 3800 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. Visitors will not be permitted if an employee assigned to the residence 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 residential space to accommodate residential individuals with a positive COVID-19 test. The unit is a stand-alone units designated for COVID-19 care until the pandemic concludes. The unit may accommodate up to eight individuals if needed. Additionally, there are separate bedroom and bathrooms for sleep and self-care of 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 (or other equivalent test). Employees declining a COVID-19 test must quarantine for a duration matching assigned county Department of Health guidelines or CDC guidelines.

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. Staff with a pre-existing health condition at a higher risk for severe illness from COVID-19, as defined by the CDC, may provide Human Resources with medical documentation and a request for work accommodations, if needed. For example, reallocation of office space, alternative shifts, or remote/telework. 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.

   **Melmark School**
   The school 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. However, Melmark reserves the right to move to virtual educational instruction if employee availability becomes a barrier to in-person instruction and/or are unable to maintain appropriate health and safety protocols.

   **Licensed 3800 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., 3800 regulation) regardless of individualized service plan ratios.

   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 residential programs return home at the onset of the pandemic. All of the individuals have now returned to their Melmark homes.

Melmark has not utilized temporary staffing agencies or employees from similar providers to support staffing needs. Melmark has reassigned 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 in residential programs.

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

***The following section of the PDE Health and Safety Plan template are addressed below: Other Considerations for Students and Staff.***

1. **Education and Service Plan Updates**
   
   **Melmark School**
   - Families have the right to request an individualized education plan (IEP) meeting to discuss educational goals. Melmark professionals will follow expected IEP processes for requested changes to an IEP.
   
   **Licensed 3800 Residential Programs**
   - All individual who reside in a licensed residential program may have their individualized service plans (ISP) updated in accordance with current expectations. Families may request a meeting to discuss COVID-19 impact on ISP implementation. 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.

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 timely manner, but reflective of individual safety needs.
   
   **Licensed 3800 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 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 until a satisfactory plan is developed. Emergent dental needs will be met.

**Documentation of COVID-19 Practices** – The below protocols were implemented starting in March 2020.

***The following sections of the PDE Health and Safety Plan template are addressed below:*** Monitoring Student and Staff Health; Pandemic Crisis Response Team.***

**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, 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 regulatory reporting requirements. Members of the COVID-19 task force will meet weekly 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.

**Melmark School**
Daily attendance for each student who attends school in-person will be maintained, as well as the classroom the student 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.

***The following sections of the PDE Health and Safety Plan template are addressed below:*** Cleaning, Sanitizing, Disinfecting, and Ventilation; Social Distancing and Other Safety Protocols; Pandemic Crisis Response Team; Other Considerations for Students and Staff, Monitoring Student and Staff Health.***

**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
Impact of home environment on ability to work
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)

Appendix A

<table>
<thead>
<tr>
<th>Policy Name:</th>
<th>Visitation during the COVID-19 Pandemic Reopening Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Manual Section:</td>
<td>Programs and Services</td>
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<tr>
<td>Effective Date:</td>
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<td>Reviewer (Name and Title)</td>
<td>Executive Director, Melmark PA Senior Directors</td>
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<tr>
<td>Regulatory Reference or Source:</td>
<td>Gov. Wolf’s reopening plan and process; ODP Announcement 20-052 – HCBS in Counties Designated by the Governor in Yellow; ODP Announcement 20-066 – Guidance for Visitation in Residential Settings Licensed by ODP in the Green Phase of the Process to Reopen PA.</td>
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<tr>
<td>Operational Scope:</td>
<td>Entire Division: ☒ School: □ Adult Day: □ Residential: □ Other: □</td>
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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.
   b. City & State of Residence.
   c. Phone Number.
   d. Relationship to the individual.
   e. Whether or not the visitor is approved to take the individual off campus on outings.

2. Individuals and/or guardians may update the list of approved visitors at any time by contacting the Program Director. All approved visitor lists must be reviewed and signed by the individual’s guardian.

3. A list of approved visitors will be maintained in each home and in each classroom and/or program room. All staff will be trained on how to access the approved visitor list.

4. Individuals will not be restricted from accepting approved visitors unless one or more of the following apply:
   a. The individual has tested positive for COVID-19 and is still being monitored, is presumed positive, or is showing signs or symptoms of COVID-19.
   b. Visitation is denied by court order. In such case, visitation will be limited only to the extent of the court order.
   c. Visitation is in conflict with therapeutic goals outlined in the IEP or ISP. In such case visitation will be limited only to the extent necessary to achieve the therapeutic purpose and individuals will receive an explanation regarding the reasons for the limitation on visits.
   d. Visitation presents safety risks to individuals and/or staff and there is documented evidence of these risks.
   e. Any time that the southeast region of Pennsylvania is in the red phase as deemed by the Governor, no visitors will be permitted. During this phase, there will be continued opportunities for individuals to connect and interact with family and friends via phone or technology.

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 leave 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 supply 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.

### Mask Guide

<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</td>
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<tr>
<td><em><strong>Gown, goggles, and gloves will also be provided</strong></em></td>
<td>1 surgical mask per day</td>
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</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 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.
VISITOR/ FAMILY SCREENING QUESTIONS

The below questions apply to the current moment and the 48 hours prior to a visit or an individual coming to Program.

Visitor’s Name: ______________________ Who are you visiting: ______________________

Child/Adult’s Name: ______________________ School/Day Program: ______________________

1. Do you, your child, or any household members have a temperature over 100.4 degrees F?
   Yes: ___ No: ___ Temperature: ____________

2. Do you, your child, or any household members have respiratory symptoms such as cough, shortness of breath, or sore throat?
   Yes: ___ No: ___

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

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

5. Have you, your child, or any household members traveled to any areas highly impacted by COVID-19 (see next page) * in the past 14 days?
   Yes: ___ No: ___ Dates of Travel: ______________________

6. Have you, your child, or any household members come into close contact with a person (e.g., live with, provided care for in another location, or are within six-feet of for over 15 minutes) diagnosed with COVID-19 in the past 14 days?
Yes: ___ No: ___

7. Do you, your child, or anyone in your household have active symptoms of COVID-19 or has anyone in your household been tested for COVID-19?
   Yes: ___ No: ___

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

Printed Name of Visitor/Family Member/Guardian: _______________________
Signature of Visitor/Family Member/Guardian: _______________________
Date: _______

If you have answered yes to ANY question, your visit must be delayed and/or your son/daughter/family member cannot attend program at this time. The program director will review the information and provide guidance regarding when you may visit in the future or when your loved one may return to program.

We appreciate your cooperation while we work together to reduce the risk to our individuals and staff.

Melmark is mission first, for every individual, every day.

Updated 8/21/20

Visitor/ Family Screening Travel Information

Travel to the below locations requires a 14-day quarantine prior to returning to a Melmark PA program.

1. Any International Travel

2. US States with Pennsylvania travel guidance
   Alabama, Arizona, Arkansas, California, Florida, Georgia, Kansas, Idaho, Louisiana, Mississippi, Missouri, Nevada, North Dakota, Oklahoma, South Carolina, Tennessee, Texas