November 16, 2020

To: All Hope Employees

From: Senior Leadership Team

Independent and Natural Home Settings

Hope's policy in residential environments that are not owned and operated by Hope emphasize safety for the resident, and encourage out-of-the home activities as much as possible.

- All direct support staff must wear masks or face coverings during their shift except for meal or other breaks. Recipients should wear masks or face coverings as tolerated.
- Daily health screening forms must be completed by direct support staff using the online tool before starting their shift
- Maintain social distancing of 6 feet or more, if you are not providing direct care
- Wash your hands frequently. Wash your face mask frequently, if it is designed for using again.
- When you are off-work, consider that anyone you come into contact with could be exposing you to COVID-19

Recipients living in Independent apartments who need assistance in maintaining their residence, and to enter stores to purchase groceries and supplies must follow additional precautions to avoid contamination. The recipient will be coached in social distancing, planning to minimize shopping in stores, and handwashing/decontamination practices. These include wearing personal protective equipment of gloves and face masks, then immediately disposing of used gloves when leaving the store.

Lack of access to personal care services like hairdressing salons, and other services that normalize life, like a phone replacement may be increasingly challenging for our recipients! If there is a pressing need to access these services, make a plan and contact the Hope Health Line for approval.

In Natural Home settings, out-of-home activities and supports are encouraged to avoid entry into the home. For situations that require entry into the home, a person centered plan utilizing the risk/benefit discussion guide needs to be completed and submitted to the Hope Health Line for approval.

For the protection of staff, Hope supervisory representatives will also make weekly check-ins with these environments to evaluate risk levels based on occupants adhering to the State of Alaska guidance and mandates regarding social distancing, wearing face coverings, and travel activity.

<u>Community Based Activities</u> <u>including Medical Appointments, Group Activities</u>, Recreational Opportunities, and Therapeutic Activities

Activities for recipients outside the home are encouraged for getting fresh air and exercise with face coverings and where social distancing of at least six feet from other people in public can be maintained!



Grocery Shopping, Restaurants and other Stores

As business begin to reopen, our risk of exposure INCREASES as other community members are not always responsible in observing social distancing and face coverings.

RECIPIENTS LIVING IN INDEPENDENT APARTMENTS WHO DO NOT HAVE ALTERNATIVES TO GOING TO THE GROCERY STORE NEED TO BE COACHED IN SOCIAL DISTANCING, PLANNING AHEAD TO ONE TIME PER WEEK SHOPPING, AND HANDWASHING/DECONTAMINATION PRACTICES. THE RECIPIENT WILL ALSO NEED TO WEAR PERSONAL PROTECTIVE EQUIPMENT INCLUDING FACE MASK AND GLOVES. GLOVES SHOULD BE DISPOSED OF IMMEDIATELY UPON LEAVING THE STORE IN A TRASH BIN OR BAG.



Medical Appointments: As more "non-essential procedures" and services are becoming available, contact the provider to learn what their personal protective procedures are and whether accompanying staff are allowed into the appointment. Ask the provider if not doing the procedure or keeping an appointment would more harmful than the risk of COVID exposure. Ask if the procedure requires a COVID test to be completed beforehand. Make a plan for keeping the appointment and send it into the Hope Health Line at least 72 hours before the appointment for approval or plan adjustment.



Group Activities: Alternatives to summer camps will

include group activities utilizing guidance from local authorities and the American Camp Association in addition to the DHSS Guidance for Congregate Non-Residential Settings updated on June 29, 2020.

In addition to the general protocols, a hybrid model of distance learning and outdoor activities will be utilized. Additional personal protective equipment protocols apply to participants unable to appropriately wear a face covering throughout, and additional distancing will occur during physical activity periods. Some planned mask breaks will be managed closely also to ensure safe distancing.

Staff will be assigned to no more than three recipients at a time and will work consistently with the same group at their activity station. Each activity station will have a maximum of 10 people.



Transportation for Community Activities, including Day

Habilitation or Community Mental Health

Transportation usually reduces social distancing, so extra care must be taken before transporting recipients in Hope vehicles with staff who are not living with the recipient. The State of Alaska has also authorized many of these services to be delivered remotely or in the person's residence.

We encourage recipients to get out and receive fresh air and a change of scenery but before transporting, ask the following questions:

- 1. Can the service be provided in the home or neighborhood while maintaining social distance from others?
- 2. Is driving essential to providing the service?
- 3. If so, do you have the necessary PPE including face masks and gloves for yourself and the recipient?
- 4. Do you have supplies to disinfect the vehicle after returning from the outing?
- 5. Does the transportation meet a Day Habilitation goal in the person's Plan of Care?

CONNECTION OPTIONS

We understand that many residents are struggling with the inability to see their parent/guardian/family members in person.

For guardians or family members who live in-state, here are the guidelines for out-of-the home meetings:

- 1. Choose a place like a park where 6 foot social distancing can be maintained from the guardian or family member and other space users. Look for a park with a covered area, in case it rains. Or, a walk around the neighborhood can be planned.
- 2. Each family member should be asked the same screening questions as employees or essential visitors before the meeting begins, and be willing to wear a face covering.
- 3. The staff and recipient will also wear face covering and gloves before leaving the home, and wash their hands immediately upon returning. Staff will provide transportation if necessary and remain present.
- 4. Hugs, eating meals together and physical contact are to be avoided at this time. "Share" a meal through a Zoom or other Facetime method. If full social distancing can be maintained, a short "mask break" to have a drink or eat an ice cream is acceptable, and the family member could have a similar "mask break" to create a sense of sharing a treat.
- 5. If an outdoor option is not possible due to weather or other climate conditions, Hope can designate visiting areas indoors that can be properly sanitized between visits. Please contact your Community Supports Supervisor for assistance.

Mask or Face Covering Mandate within Hope Community Resources

On June 26, 2020, Mayor Berkowitz issued a mask mandate for the Municipality of Anchorage. This mandate was reissued on November 06, 2020 by Acting Mayor Austin Quinn-Davidson.

Hope's Senior Leadership Team is aligned with the reasons for this policy and will apply it across Hope:



MUNICIPALITY OF ANCHORAGE
PROCLAMATION OF ADDITIONAL EMERGENCY ORDER EO-13
REQUIREMENT FOR MASKS OR CLOTH FACE COVERINGS

ISSUED BY THE MAYOR OF THE MUNICIPALITY OF ANCHORAGE PURSUANT TO ANCHORAGE MUNICIPAL CODE SECTION 3.80.060H.

The COVID-19 pandemic has generated a public health emergency that threatens to overwhelm our health system, endangering the lives and wellbeing of the people of Anchorage. A phased reopening has allowed businesses to get back to work, with precautions in place. But with cases rising in Anchorage and throughout Alaska, our open status is in jeopardy unless more individuals in Anchorage act decisively to stop the spread.

Recognizing that some recipients may not be able to wear a face covering, for the protection of the direct support professionals, the following accommodations with authorizations apply:

Health Precaution Accommodations for Recipients Unable to wear a Face-Covering due to Disabling Condition Challenging behaviors

	Disabiling Condition Chantenging behaviors	•
Name:		

DOB:

Statement of disabling condition & challenging behaviors that preclude face-mask compliance:

1.

<u>Description of efforts made to assist individual to tolerate mask wearing to achieve least-restrictive</u> service delivery (even efforts that have been unsuccessful):

1.

Health precaution accommodations:

- 1. All current health and safety precautions that are presently in place at Hope will be strictly followed with only one exception...the individual is not required to wear a face mask.
- 2. Staff must wear gloves at all times during contact with the individual. At the completion of the treatment/support session with the individual, gloves will be removed by reversing them without contact with the outer surface on bare hands, placed in a plastic bag, and then placed in the garbage.
- 3. Staff must also wear newly cleaned surgical scrubs (or long-sleeved t-shirt top and pants) over their regular clothing during the entire contact time with the individual. The scrubs will be changed out immediately after the contact time, placed in a plastic bag, washed with soap and warm/hot water, and dried in the dryer before reuse.
- 4. Staff must wear a face mask at all times during contact with the individual. If it is a reusable face mask, then the mask must be washed and dried as described in #3 before reuse.
- 5. Staff must also wear a protective face shield (in addition to the face mask) at all times during contact with the individual.

Limitations to these accommodations:

- 1. Staff cannot transport an individual who is not wearing a face-mask in their personal vehicle. If transportation to/from a setting is required, then it will need to be provided by the parent.
- 2. The setting must be such that the individual is not in close proximity with others or likely to bolt from staff to join with others. In addition, the treatment setting must allow opportunity for the staff and the individual to engage in various interactive behaviors that can be positively sustained for the duration of the time together, as well as have access to using the toilet when needed. There may be additional setting limitations directed by the supervisor or Behavior Analyst.
- 3. The parent must make an informed decision to allow the individual to participate in the staff activity as accommodated. Therefore, that will require ensuring that the parent is fully aware of

- Hope's current health and safety precautions that are presently in place, as well as the additional accommodations listed above, and the pros/cons of deciding to participate.
- 4. Staff must also make an informed decision to provide the service as accommodated. The staff person is absolutely free to say yes or no based upon a personal look at the pros/cons, and the staff person is free to change his/her decision.
- 5. If at any time, the individual grabs the protective face shield of the staff attempting to pull it off, the parent will be contacted to come to the setting and return the individual home immediately. Future activities will be immediately suspended until a review is completed by Hope's Medical Director, Deputy Director of Community Support Networks and Clinical Director.
- 6. The Network Director for any day hab services that are provided under these accommodations and the Behavior Analyst for any autism services provided under these accommodations must each conduct a weekly review of the services provided for this individual to ensure that the services are being productively helpful without added distress for the individual or additional and unmanageable challenges being presented for the staff person. Depending upon the reviewing person, Ray Collins or Dr. Lester will be immediately notified if it is determined that continuing the accommodations needs to be reconsidered.

completed by, (name and date)
Program Director: (name and date)
Deputy Director of Community Support Networks review and approval: (name and date)

Completed by: (name and date)

Clinical Director review and approval: (name and date)