This recommended Safe Start Transition Plan is based upon “The Guidelines for Opening Back Up America” released by The White House & Center for Disease Control and further informed by the State of Kansas “Ad Astra: A Plan to Reopen Kansas” as well as guidance provided by the Sedgwick County Health Department. It is recommended plans approach a transition that is gradual, driven by expert guidance and focused on wellness. Additionally, SCDDO recognizes the impact that the recent pandemic has had and accepts that this had been and continues to be a great source of Trauma and traumatic stress for many. Therefore, these recommendations are also grounded in the Guiding Principles of Trauma-Informed Systems of Care.

Elements of the plan were selected to reinforce the following principles:

- **Safety**- The organization, staff, persons served, guardians and stakeholders feel physically and psychologically safe.
- **Trustworthiness & Transparency**- Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, persons served their guardians/family members and system stakeholders.
- **Peer Support & Mutual Help**- Key vehicles for building trust, establishing safety and empowerment.
- **Collaboration & Mutuality**- Everyone has a role to play in recovery and support. Healing happens in relationships and in meaningful sharing of decision-making and true leveling of power differences.
- **Empowerment, Voice & Choice**- Strengths are recognized, built on and validated and new skills developed as necessary. Every persons experience is unique and requires an individualized approach including a belief in the resilience of persons served, staff and other stakeholders. We build on what the IDD community has to offer, rather than responding to perceived deficits.
- **Cultural, Historical and Gender Issues**- Move past cultural stereotypes and biases leverage the healing value of cultural connections and recognize and address historical trauma.
Note: This document does not constitute legal advice. Due to the legal and liability considerations that may apply to affiliate organizations that are reopening, Sedgwick County would strongly advise all organizations to seek the advice of legal counsel during this transition.

All organizations should have established policies and/or practices regarding the following:

- Social distancing and the use of PPE
- Temperature checks
- Testing, isolation & contact tracing (i.e. Reporting to local Health Department, CDDO CIR, KDHE epidemiology hotline/website, etc.)
- Sanitation
- Use and disinfection of common and/or high traffic areas
- Business travel
- Monitoring of workforce & management for appropriate mitigation, contact tracing and mitigation of risk

It is important for organizations to articulate those changes in circumstance which may signal a rebound or outbreak indicating a need for return to an earlier phase or greater levels of restrictive practice. Further, consider how your organization will communicate your plan to persons served, guardians and system stakeholders. Particular care should be given to using plain language and practicing person first communication.

In addition to these recommendations, a checklist was developed by members of the SCDDO Affiliate Network and Managed Care Organization partners. This tool is offered as an optional resource for organizations and agencies as our system prepares for a safe return to full-inclusion and preferred lifestyles for members of our community (see attached).

With these plans, SCDDO strives for consistency, transparency and confidence within the Sedgwick County IDD service system. SCDDO staff will review plans, provide feedback and monitor practices to ensure operation in alignment with proposed plans submitted by Affiliate organizations. These monitoring measures align with our mission to assist people with intellectual/developmental disabilities (IDD) receive quality services and achieve greater independence.
**Primary Individual Guidelines moving forward:**

- Know and understand how the virus spreads and how to prevent transmission.
- Wash your hands often and correctly.
- Practice social distancing. Avoid close contact with those who are sick and those who are not.
- Stay at home as much as possible, especially if you are sick.
- Cover your mouth and nose with a cloth face cover when around others.
- Cover coughs and sneezes.
- Keep your fingers away from your eyes, nose and mouth.
- Clean and disinfect frequently touched surfaces daily.

**Assessing Persons Served Readiness for Safe Transition & Balancing Rights/Responsibilities:**

As our system considers plans to transition to a post COVID-19 State of Emergency footing, it may be important to assess persons served readiness for a safe transition. These questions are offered to help Community Service Providers and Targeted Case Managers consider how best to support individuals in the transition. **Please remember, the environment we are all living and working in has changed but a person’s rights have not.** Talk directly to the person and include them in all conversations and decisions about their services and supports.

- Is the person +60 years old? Do they have an underlying co-morbid health condition potentially increasing their risk? If so, does the person have a COVID-19 Medical Form (attached is optional)?
- Does the person understand what COVID-19 is and how it is contracted or passed to others? Do they know how to keep themselves safe when at home? Out in the community or at work? Do they know who to ask if they have questions or problems?
- Can the person served recognize when they are sick or when someone else might be sick (DSP, peer, co-worker) and do they know what to do about it?
- Do they have the necessary personal protective equipment (PPE) and how to use it properly? Do they know how to properly wash their hands or practice good health hygiene (cover cough/sneeze, don’t touch face, how to take temperature, etc.) Can they clean/disinfect assistive devices, if needed?
✓ Is the person employed? If so, is their place of employment operating? Do they understand their risk factors? How can you help them make an informed decision about whether to report for work? Do they know who can help them to communicate with their boss?
✓ Do they have access to safe transportation? If not, how can you help them arrange for transportation? Does the person understand how to stay safe using transportation?
✓ How is the person coping? What emotional support needs do they have and how are those needs being met? What impact might a phased approach to returning to community involvement change their support needs?
✓ If support needs have changed, has their PCSP been updated?

Primary Business Guidelines moving forward:
✓ Create or maintain social distancing within programs or supporting individuals in community settings.
✓ Implement new plans or continue to incorporate Personal Protective Equipment (PPE). Educate staff on the proper use of PPE.
✓ Maintain or increase cleaning protocols and processes; this includes types of cleaning as well as frequency.
✓ Consider ways to support employees to remain at home if they are unwell or have been in close contact with those who are sick.

PHASE ONE: LOOSENING RESTRICTIONS
General Principles to be adhered to and maintained throughout Phase 1 for safety and reduced transmission:

▪ Those in vulnerable populations should continue to stay at home as that is still the safest practice during Phase 1.
  ○ How are programs managing the on-going shelter-in-place recommendations for vulnerable populations?
  ○ Are you differentiating which persons served may be at the highest risk? If so, how is that being determined? How are you discussing this with those individuals and their guardian, if appropriate?
▪ Routines and activities continue to be modified to protect the health and safety of all.
▪ Maintain social distancing.
▪ Wash or sanitize hands often.
▪ All are strongly encouraged to wear cloth masks in public.
Any necessary movement into the community requiring transportation will require further consideration regarding how health and safety will be maintained.

Screen for fevers and any symptoms of COVID with a questionnaire at workplace entrance daily (fever or temperature greater than 99.9, cough, shortness of breath, sore throat, headache, chills, aches, fatigue, loss of smell or taste, nausea/vomiting diarrhea within the last 48 hours).

Consider sending all Direct Support Professional personnel to obtain a COVID-19 test as arranged for by SCDDO. Staff should call United Way 211 to schedule a test.

Review reporting requirements with staff to ensure any and all incidents related to COVID-19 are reported to the appropriate systems (Local Health Department, SCDDO CIR, KDHE Epidemiology line or website, etc.)

Consider the impact of any contact tracing/disease investigation by the local Health Department on your operations.

Practice isolation if an individual reports any symptoms.

Quarantine those who have been exposed to anyone who has tested positive for the virus but is not demonstrating symptoms.

**PHASE TWO: LIFTING MORE RESTRICTIONS WITH INCREASED MONITORING:**

With fewer restrictions than in Phase 1, Phase 2 will occur with the coronavirus still in the community until a vaccine or medical treatment is developed. It is important to note that *Phase 2 is subject to modification as more information is known about how the virus is spread and as better treatment methods are put into place.*

- Stay-at-home remains the safest option for those who are identified as vulnerable.
- In general, those general principles in Phase 1 should also continue for the IDD system.
- Visitors from non-essential personnel to the programs/facilities should be restricted. Exceptions may be SCDDO staff, KDADS IDD Surveyors, DCF, local Health Department staff, etc.
- Minimize or avoid nonessential travel.
- How will operations change to allow for groups of up to 30?
  - When in larger groups, how will you manage to maintain appropriate social distancing practices?
As you consider community engagement, how will you ensure staff members are aware of the business/industry guidelines for safe operations to monitor or avoid exposing persons served to those environments that may not be practicing within those recommended guidelines and potentially creating a greater level of risk to those in your care?

**PHASE THREE: ESTABLISHING PROTECTIONS WITH PRECAUTION:**

Vulnerable individuals considered at high-risk for contracting the virus and experiencing more serious impacts may resume public interactions but should practice social distancing and minimize exposure to large social settings when precautionary measures may be difficult.

- In person visits to programs and facilities may be gradually reinstated; however, it is recommended that screening measures for all visitors be continued.
- Continued adherence to strict protocols for hygiene, sanitation and screening is advised.
- Non-essential travel may resume but follow KDHE travel and quarantine guidance for travel to high risk areas; however, travel is not recommended for anyone over 60 with preexisting conditions or anyone immunocompromised unless absolutely necessary.
- Engagement within the community should be approached with precautions in place to activity limited to those venues and establishments that operate pursuant to mass gathering guidelines for no more than 90 individuals.
  - How will you collaborate with persons served and guardians or support team members to assess risk in accordance with Phase Three guidance?

**PHASE OUT:**

Restrictions are lifted with some recommendations for best practices to maximize health and wellness. Sedgwick County Health Department & Board of Health will monitor all areas to ensure a situational overview for every 24 hour period. Gating or the movement between phases will occur through positive movements of all criteria during a 14 day period as dictated by the Kansas State Plan for re-opening.

- Maintain social distance.
- Adhere to personal hygiene guidelines.
- Remain home if sick.
- Follow any additional guidance for businesses and employees that is released.
- Travel is unrestricted.
The following links are provided for reference as you develop your plans:

https://www.sedgwickcounty.org/media/57158/schne-recoveryplan.pdf

https://covid.ks.gov/reopen-page/
Provider COVID-19 Checklist for Recommended Preparedness

☐ Keep an updated list of person served enrolled in program services and where they live, as well as good contact information for emergency contact, lead coordinator for health care, residential supervisor, support team, etc.

☐ Review populations served and identify individuals at high risk for COVID – 19 and determine appropriate modifications to program/services to ensure safety.

☐ Individuals identified as high risk or older (60+) should be encouraged to wear face masks when interacting with others.

☐ Ensure measures are in place for regular monitoring of persons served for symptoms.

☐ Have a plan and mechanism in place to regularly communicate COVID-19 related updates with persons served and family.

☐ Create or review a list of all individuals’ staff and outside contractors who may enter facility.

☐ Provide education to persons served about COVID-19, how to keep themselves safe, and what the facility is doing to keep them safe. Resources are available at https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html.

☐ Restrict visitors and non-essential personnel from entering the facility. Essential visitors (e.g. those who provide essential care, end-of-life situations)

☐ Provide space enough for persons served to practice social distancing and abide by gathering size restrictions as defined in each phase including how your organization will manage transportation.

☐ Have established system for procurement and distribution of necessary PPE for persons served and staff.

☐ Provide/encourage alternative methods for visitation (e.g., video conferencing).

☐ Have a plan that includes strategies for supporting the social and emotional needs of persons served.

☐ Post signs at the entrances, advising restrictions for visitors and non-essential personnel, and inform families, TCMs, and providers about visitor restrictions.

☐ Clarify your organizations policies or practices related to admissions and service initiation for newly referred individuals.
☐ Ensure policies or practices address how facilities will be sanitized and disinfected in preparation for service delivery and how regular maintenance of sanitation levels will be managed. Clarify what measures are voluntary, if any, and whether they apply to persons served and/or staff.

☐ Consider canceling or modifying outings, large group events, ensure social distancing at mealtimes.

☐ Consider adopting a universal facemask policy promoting the use of face coverings.

☐ Encourage robust communication with the local resources (e.g., the MCO’s, CDDO’s, KDADS and local health departments, other IDD providers and medical providers serving persons served) to:
  • Assure a coordinated response to COVID-19 prevention and care for persons served;
  • Provide rapid communication to all appropriate and impacted parties when a person served or staff tests positive for COVID – 19 and if effected persons served dies as a result of the Coronavirus; and
  • Encourage coordination between programs within the IDD system.

☐ Provide ongoing education and training about:
  • COVID-19 (e.g., symptoms, how it is transmitted). Resources are available at https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html.
  • How to stay safe outside of work so that they don’t bring COVID-19 into any service provider location.
  • Importance of adherence to hand hygiene. Resources are available at https://www.cdc.gov/handhygiene/campaign/promotional.html#anchor_1555101687.
  • Proper use of personal protective equipment (“PPE”), such as masks, gowns, and gloves, as well as any updated recommendations based on PPE availability. Resources are available https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf.
  • Facility’s preparedness plan and staff roles and expectations. Address questions regarding implementation.

☐ Inform staff/outside providers to self-monitor for signs and symptoms of COVID-19 and to not report to work if feeling ill, have a fever, or experiencing any respiratory symptoms.

☐ Ensure a system for screening all staff/outside providers/others entering the facility upon entry to the facility for Covid-19 symptoms. If found to be ill, send them home immediately and refer the individual to appropriate medical care.

☐ Have a specific plan for providing care to or supporting a person with suspected or confirmed COVID-19 whether it is a person served or staff member (see “Home Isolation Checklist” from SGCO Health Department)

☐ Maintain a list of symptomatic staff, how long they are out of work, if they have been tested for COVID-19, and test results.
COVID-19 DISABILITY FORM

Please answer the questions on this form to help physicians provide you with proper medical treatment, in case you need to go to the hospital for COVID-19 related symptoms. Complete as many of the questions as possible.

What is your name? ________________________________ Date ________________

Is this form being completed by someone else other than you?  ☐ Yes  ☐ No
☐ Legal guardian  ☐ Community Service Provider Staff  ☐ Family Member  ☐ Targeted Case Manager  ☐ Other

If you checked yes, what is the person’s name ________________________________ Relationship to you ________________________________

Have you been determined eligible for IDD Program Services by a Community Developmental Disability Organization (CDDO)?  ☐ Yes  ☐ No  ☐ I don’t know

*** Note to doctors: This means there may be special laws in place to protect me and a special process needs to be followed if my usual decision maker/guardian requests to withhold or withdraw life sustaining treatment. Please check in with your institutions social worker or risk management department to be sure the appropriate process is being followed.

<table>
<thead>
<tr>
<th>How do you communicate best? (Check all that apply)</th>
<th>Do you need anything to help you communicate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Talking</td>
<td>☐ (E.g. Assistive devices) ☐ No</td>
</tr>
<tr>
<td>☐ Pictures</td>
<td>☐ Yes (please describe)</td>
</tr>
<tr>
<td>☐ Pointing to words</td>
<td>Does anyone help you communicate? ☐ No</td>
</tr>
<tr>
<td>☐ I cannot communicate in a way you will understand, please ask my family, staff or guardian (circle the person)</td>
<td>☐ Yes, person’s name</td>
</tr>
<tr>
<td>☐ Other please describe</td>
<td>Do you use any assistive devices for mobility? ☐ No</td>
</tr>
</tbody>
</table>

What is your typical response to a medical exam?
☐ Fully /Partially Cooperate  ☐ Fearful
☐ Aggressive  ☐ Resistant

I like it when health professionals (please describe) __________________________________________

I do not like it when health professionals (please describe) ______________________________________

Do you have any triggers? (please describe, e.g. being touched, trauma, doctors of a particular gender, noises, lighting, smells, textures):
__________________________________________________________________________________________

What is your response to triggers?
__________________________________________________________________________________________

How can you best be helped when triggered?
__________________________________________________________________________________________

Do you have any medical problems you go to the doctor for?  ☐ Yes  ☐ No
What are they?
__________________________________________________________________________________________

Please list the name of the doctor you would like contacted if you are at the hospital.
Name ______________________________________
Phone number ______________________________________
Are there any diagnoses, medical problems or behaviors that we should consider as cautions? (e.g. aggression, biting, pica, aspiration risk):

Are there any specific modifications that can help with these cautions?

Do you have seizures?  
- No
- Yes, list the type and frequency

Do you take any medication at home everyday?  
- Yes  
- No

By prescription?  
- No
- Yes, list the names and dosage

Over the counter?  
- No
- Yes, list the names and dosage

Do you have any allergies?  
- No  
- I don’t know  
- Yes, please list

Do you use tobacco (e.g. cigarettes, cigars or chewing tobacco)?  
- No
- Yes, please list

How often?

Do you use alcohol?  
- No  
- Yes

How much do you use in a week?

Do you use any other drugs (e.g. marijuana, cocaine, or opiates)?  
- No
- Yes, please list

Do you have a medical representative?  
- No
- Yes

Who can we talk to about medical problems if you can’t answer questions?

Name

Phone Number

Who do you trust to make medical decisions if you aren’t able to?

Name

Phone Number

I live (check one box)

- By myself
- With my family
- With roommates
- In a group home
- Supported living
- Nursing facility
- Other (Please describe)

Does anyone you know have COVID-19?  
- Yes  
- No  
- I don’t know

When were you told the person has COVID-19?

What was the last date you saw this person?
Capacity to consent

☐ Capable/Own guardian  ☐ Substitute decision maker  ☐ Supported decision making team  ☐ Guardian/Conservator

☐ Other (please describe)  How was this decided? 

For patients who are their own guardian/have capacity:

Do you have (check all that apply)  ☐ 1. An advance directive  ☐ 2. A medical representative  ☐ 3. A living will

*If so, please bring a copy of each document to the hospital*

If while you are in the hospital you can't breathe on your own, do you want a machine to help breathe for you? *(Mechanical ventilation)*

☐ Do you not want it at all

☐ Do you want a trial to see if it is working?

☐ Do you want it for as long as it is needed?

If while you are in the hospital your heart stops, do you want your doctor to try and restart it with pushing on your chest, medications, and electric shocks? *(Resuscitation)*

☐ Yes  ☐ No

If you can't eat or drink like you normally do, do you want liquid food and water to be given to you through a tube to your stomach or in a vein? *(Artificial nutrition/hydration)*

☐ Yes  ☐ No

Patient name: 

Indicate: *(indicate relationship or affiliation)*

☐ Parent  ☐ Guardian  ☐ Responsible person

Indicate: *(indicate relationship or affiliation)*

☐ Parent  ☐ Guardian  ☐ Responsible person

Name

Address

City, State

Telephone

TCM Name  TCM Phone

Responsible community service provider agency

Responsible community service provider contact name

Responsible community service provider emergency phone number

This document and the information therein is for general information purposes only and should not be relied upon as a basis for any medical, legal or business decision. Any reliance placed on such information shall be at the user's own risk.