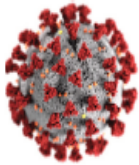


# What you should know about COVID-19 to protect yourself and others



## Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.



## Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.



## Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.



## Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.



## Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.



## Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.



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[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

## Daily Screening Form

Instructions: Care providers should use this tool to screen attendees and staff daily upon arrival and prior to entering the facility. If the facility is providing transportation, the screening should be completed prior to transporting the attendee. The questions below should also be used to guide the ongoing monitoring throughout the day.

Facility name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of person being screened: \_\_\_\_\_

### Does the attendee or staff member have any of the following symptoms?

Temperature of 100.4°F or above	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New cough that cannot be attributed to another health condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New shortness of breath that cannot be attributed to another health condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New sore throat that cannot be attributed to another health condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gastrointestinal symptoms (diarrhea, nausea, vomiting)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New nasal congestion or new runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New loss of smell/taste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New muscle aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other sign of illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact with someone in the previous 14 days with confirmed diagnosis of COVID-19 or someone who is ill with a respiratory illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If ALL of the above responses are NO, the attendee or staff member may attend the facility. If an attendee or staff member shows signs of any of the above symptoms during the day, the facility will call the parent/caregiver to come pick them up or the staff member will immediately leave the facility.**

**If ANY of the above responses are YES, the attendee or staff member SHOULD NOT BE ALLOWED to enter the facility. Individuals should be encouraged to consult with their healthcare provider for further guidance.**

**The facility should strictly enforce the guidelines below with regard to attendee and/or staff re-entry following illness or exposure.**

- If an attendee or staff member has a **positive test for COVID-19** or their doctor tells them that they probably have COVID-19, they should stay home and away from others for a minimum of 10 days from the first day symptoms appeared AND be fever-free for 72 hours (with no fever-reducing medications) and have significant improvement in their other symptoms.
- If an attendee or staff member tests **negative for COVID-19** or their doctor tells them that they do not have COVID-19, they should stay home until at least 72 hours after the fever is gone (with no fever-reducing medications) and symptoms get better.
- If an attendee or staff member has had **close contact with someone with COVID-19** but is not currently sick, the attendee or staff member should stay home and monitor for fever, cough, and shortness of breath during the 14 days after the last day of contact with the person sick with COVID-19. They should NOT go to work or attend the day program facility and should avoid public places for at least 14 days.

Name of person completing screening: \_\_\_\_\_ Signature: \_\_\_\_\_

## Addendum to Current IPP

Names of IDT Members Contacted (Please include team member's title/agency. Please ensure a representative from all I/DD Waiver provider agencies is contacted)	What was the date the team member was contacted? How was the team member contacted?	Did team member agree to Addendum?

### Services Requiring Modifications:

Service	Service Code	Provider Agency	Units Currently Authorized	Units Requested by IDT
Example: Service Coordination	Example: T1016HI	Example: KEPRO	Example: 300 units	Example: 450 units

### Reason for Addendum (please be specific):

Addendum Submitted by: \_\_\_\_\_

Date of Addendum: \_\_\_\_\_

## Day Program and Transportation COVID-19

### Risk/Benefit Discussion Guide

**Member's Name:** [Click or tap here to enter text.](#)

Situational Risks	Check if present
The member is not able to follow the social distancing protocol with 6 feet of distance (2); with minimal prompting/assistance (1)	1 <input type="checkbox"/> 2 <input type="checkbox"/>
The member is not able to use personal protective equipment (PPE) for extended periods (2); or with minimal prompting/assistance (1)	1 <input type="checkbox"/> 2 <input type="checkbox"/>
The member has one or more Direct Care Staff at their home/work	1 <input type="checkbox"/>
The member requires physical prompting/assistance to complete ADLs, such as toileting, hand hygiene, eating, or mobility (requires close contact with Direct Care Staff)	2 <input type="checkbox"/>
The member participates in services in multiple sites up to two sites (1); more than two sites (2)	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Total Situational Risks above:	

Health Related Risks	Check if present
The member has diabetes	2 <input type="checkbox"/>
The member is severely obese	2 <input type="checkbox"/>
The member is older than 40 years old (1); older than 60 years old (2)	1 <input type="checkbox"/> 2 <input type="checkbox"/>
The member has known respiratory issues	2 <input type="checkbox"/>
The member has known cardiac disease, including hypertension	2 <input type="checkbox"/>
The member has immunocompromising conditions (ex. HIV, cancer, post-transplant, Prednisone treatment, etc.)	2 <input type="checkbox"/>
The member has a renal disease	2 <input type="checkbox"/>
The member has any other underlying health problems	2 <input type="checkbox"/>
Total Number of Health Related Risks above:	

Home Related Risks	Check if present
Risks to others who live with the member (if they are known)	
People with diabetes	2 <input type="checkbox"/>
People with obesity	2 <input type="checkbox"/>
People older than 40 years old (1); older than 60 years old (2)	1 <input type="checkbox"/> 2 <input type="checkbox"/>
People with respiratory issues	2 <input type="checkbox"/>
People who have known cardiac disease, including hypertension	2 <input type="checkbox"/>
People who have any known immunocompromising conditions (ex: HIV, cancer, post-transplant, Prednisone treatment, etc.)	2 <input type="checkbox"/>
People with renal disease	2 <input type="checkbox"/>
People with underlying health problems	2 <input type="checkbox"/>
Total Number of Home Related Risks above:	

Risk Summary			
Sum of Situational Related Risks:			If total Risk is <b>greater than 8, HIGH RISK</b> If total Risk is <b>between 3-7, MODERATE RISK</b> If total Risk is <b>less than 3, LOW RISK</b>
Sum of Health Related Risks:	+		
Sum of Home Related Risks:	+		
<b>Total Risk</b>	<b>=</b>		<b>RISK Level</b>

Benefits to Member	Check if present
Socialization is important to the member (1); lack of socialization has shown serious risks to known mental health conditions (2)	1 <input type="checkbox"/> 2 <input type="checkbox"/>
A sense of normalcy/routine is important to the member (1); lack of routine has shown serious risks to known mental health conditions (2)	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Daily activity outside the home is likely to reduce the frequency of behavioral issues	2 <input type="checkbox"/>
Income	2 <input type="checkbox"/>
Parents are employed and supervision is needed	2 <input type="checkbox"/>
No other supervision is available	2 <input type="checkbox"/>
Needs the medical support (i.e. med admin, medical check-in)	2 <input type="checkbox"/>
If not in a structured program, the member may wander in the community or engage in risky, non-social distancing activities	3 <input type="checkbox"/>
Other Benefit: <a href="#">Click or tap here to enter text.</a>	1 <input type="checkbox"/>
Sum of Benefits above:	

Benefit Summary	
If Benefits are <b>greater than 5, HIGH BENEFIT</b>	
If Benefits are <b>between 3-5, MODERATE BENEFIT</b>	
If Benefits are <b>less than 3, LOW BENEFIT</b>	
BENEFIT Level	

Other Considerations: [Click or tap here to enter text.](#)

If any member of the IDT, including all agency providers, and the house-mate's IDT, disagree about the return to Facility-Based Day Program, recommend not returning at this time and reassess at a later time (for example, in one week) the team should consider alternative Day Program options, including virtual services.

Higher total scores indicate a greater risk of poor health outcomes from COVID-19 infection. There is not a specifically designated score that qualifies or excludes a member. The score here is to gain data for planning purposes. Please consult with the member's primary healthcare providers for specific healthcare considerations related to person-centered planning.

Discuss with a healthcare professional to determine if there are any potential mitigation of risk if a member has had CoVID-19 and recovered.

Note: This is not a validated tool. The total score may be reported to facility/agency personnel for the estimation of stratified individual risk.

Outcome	
<input type="checkbox"/>	Will return to previous schedule, per IDT recommendation
<input type="checkbox"/>	Will return with modified schedule, per IDT recommendation
<input type="checkbox"/>	Will not return at this time, per IDT recommendation
<input type="checkbox"/>	Will participate in day service activities virtually or at home, per IDT recommendation

## Risk and Benefit Level Interpretation

Low Benefit	Moderate Benefit			High Benefit		
<p><b>Return to Day Programming might not be recommended at this time.</b></p>	Low Risk	Moderate Risk	High Risk	Low Risk	Moderate Risk	High Risk
	<p>Return to Day Programming may be considered.</p>	<p>Consider team discussion regarding the person returning to Day Programming.</p>	<p><b>Return to Day Programming might not be recommended at this time.</b></p>	<p>Return to Day Programming may be considered.</p>	<p>Consider team discussion regarding the person returning to Day Programming.</p>	<p><b>Return to Day Programming might not be recommended at this time.</b></p>