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TO: DDD PROVIDER NETWORK

FROM: Division of Developmental Disabilities

RE: Response to COVID-19

DATE: 3/13/20

Coronavirus Disease 2019 (COVID-19) Guidance for Alabama Community Providers of Services for Individuals with Developmental Disabilities

Today Alabama Department Public Health (ADPH) announced two confirmed cases of the coronavirus disease 2019 (COVID-19). The virus may evolve rapidly and may seem overwhelming to providers, families, and the individuals with developmental disabilities we serve. The next several weeks ahead will certainly be a challenge for all of us. With so many unknowns about the virus and the effect it is having in the world, it is understandable that our provider community is concerned.

The highest priority of the Alabama Department of Mental Health (ADMH) is the health, safety and well-being of individuals with disabilities, families, staff, and all Alabamians. The Commissioner of ADMH is in close communication with the ADPH and the Division of Developmental Disabilities (DDD) is communicating with the Alabama Medicaid Agency (AMA). Furthermore, we are also monitoring Centers for Medicare and Medicaid Services (CMS) communications as well as those made through the Centers for Disease Control and Prevention (CDC). As a Community Provider on the front-line, you can help prevent the spread of COVID-19 by adhering to the basic standards and best practices outlined herein as you prepare for and respond to COVID-19.

The DDD expects that every Community Provider is implementing its Emergency Plan. If your agency has created a specific COVID-19 emergency plan, please submit the COVID-19 plan to your Regional Office so they are aware.

The following procedures are recommended:
- Contact your local Department of Public Health to let them know you have vulnerable, at risk population
- Discontinue visitation
- Discontinue community engagement activities
- Practice social distancing
- Practice good hygiene
- Implement continuous infection control procedures
- Begin screening of staff (see below)

- Review and be familiar with underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age (See attached "Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission")
- Assess the health of individuals served on a regular basis and if fever is indicated, contact the individual's physician for further evaluation and instructions

Screening procedures of staff entering settings should include:
- Check temperature and ask the following questions:
  - Have you been sick?
  - Have you had a fever or cough recently?
  - Have you traveled outside the country recently?
  - Have you been around individuals that have displayed symptoms of fever or cough and traveled outside of the country?
- If the screening indicates the probability of infection (fever and yes to any of the screening questions), staff should not return to the setting for 14 days
- Residential settings should have emergency procedures for quarantining in place
- For day programs, determine if there is a need to close the program for a period of time
- As the Alabama Department of Public Health stands up testing locations, individuals and staff can be tested. Further communication will be shared early next week

Critical Supplies, Food, Medication, Medical Supplies, PPE
Every Community Provider, as appropriate for its operation, will need to evaluate their emergency stock of critical supplies.
- Check for an adequate supply of food, water, supplements and thickening agents
- Check that refills are available on prescription medications
- Evaluate levels of medical equipment and supplies
- Evaluate levels of personal protective equipment (PPE)

The DDD recommends that all families and providers have a two-week supply of food and water available in case of emergency, including quarantine. Inventory items like canned goods and other shelf stable foods and determine whether more should be purchased. Based on the needs of the individual(s), ensure there is an adequate supply of supplements (Ensure, vitamins, etc.) and food thickening agents (if required).

If prescription medication refills are needed, contact the individual's doctor to request. Check items that may have expiration dates. Identify alternate vendors for obtaining prescription and over-the-counter medications if relationships with established vendors become strained or disrupted. **Contact the individual with developmental disabilities' physician if you have difficulty obtaining refills.**

Items like incontinence briefs, disinfectant, soap, clean towels/paper towels and alcohol-based hand sanitizer (60% or higher) will also need to be available. Know what you have on hand and have a plan to obtain more when needed. Pay special attention to items that may be reaching the end of their shelf life. Do not forget to ensure a working thermometer is readily available. Contact your current supply vendors to ensure inventory availability.

PPE are items like gloves, gowns and face masks. The need for these items may depend on the location of the Community Provider and population served. Inventory existing PPE to ascertain

current supply levels and to ensure replacement of items reaching end-of-life. Contact vendors to ensure their inventory is available. To avoid overutilization of PPE and potential impact to your supply, follow CDC guidelines about when to use PPE. Safeguarding PPE from theft may need to be considered.

CMS is instructing state and federal surveyors not to cite agencies for not providing certain supplies, such as PPE, if they are having difficulty obtaining these supplies for reasons outside their control. However, Community Providers are still expected to take all reasonable actions to mitigate shortages.

Emergency Funding
The DDD recommends that providers keep itemized receipts, detailed records or logs of any purchases arising from COVID-19 preparedness or response to illness, and staffing changes needed to accommodate the COVID-19 response.
The DDD recommends that providers keep itemized receipts and detailed records of any purchases or staffing changes needed to accommodate COVID-19 preparedness and response, as reimbursement may be available in the future.

The DDD will notify provider of any changes in requirements for delivery of services as they occur and once the DDD receives guidance from Alabama Medicaid Agency.

The President has issued an emergency declaration that will assist with the cost of expenses related to the emergency.

Day Service & Congregate Settings
Community Providers who offer day services should follow ADPH and CDC recommendations for social distancing, infection control, visitor limitations, and consider if their agency needs to close temporarily. The DDD will relax community outing requirements for Community Providers while the CDC and CMS recommend at-risk individuals avoid crowds as much as possible.

The DDD expects providers to follow emergency closure protocols for announcing closures, including standard notification of the Director of their DDD Regional Office. The DDD tracks and uses this information to provide necessary support and guidance to our Community Provider network.

Visitor Restrictions for all Settings
Each agency should develop a policy on visitors with the following CDC recommendations in mind:
- Send letters or emails to families advising them to consider postponing or using alternative methods for visitation (i.e. video conferencing) during the next several months
- Post signs at the entrances to the setting instructing visitors to not enter if they have fever or symptoms of a respiratory infection. Consider having visitors sign visitor logs in case contact tracing becomes necessary
- Ask all visitors about fever or symptoms of respiratory infection. Restrict anyone with:
  - Fever or symptoms of respiratory infection (e.g., cough, sore throat, or shortness of breath)
  - International travel within the last 14 days to affected countries. Information on high-risk countries is available on the CDC's COVID-19 travel website
  - Contact with an individual with COVID-19

- Resides in a community where community-based spread of COVID-19 is occurring
- When allowed, visitors should be encouraged to frequently perform hand hygiene and limit their movement and interactions with others in the setting (e.g., confine themselves to the resident's room)
- When visitor restrictions are implemented, the setting should facilitate remote communication between the resident and visitors (e.g., video-call applications on cell phones or tablets), and have policies addressing when and how visitors might still be allowed to enter the setting (e.g., end of life situations)
- Visitors may include vendors, family, emergency family visits, maintenance employees, state staff, anyone not residing or employed in the setting

Closures

If a person's usual day program is closed, then residential providers should activate their emergency plan, including appropriate staffing ratios, as they would during inclement weather events. Individuals may stay at home with their provider or family member(s). The DDD recommends that providers keep records of staffing changes needed to accommodate COVID-19 preparedness and response, as reimbursement may be available in the future.

If a residential services provider is required to temporarily relocate due to an emergency, they must notify the Regional Director for that region of all the individuals that are being relocated, the address of the new site, and provide a contact number for the new site. While the choice and opinion of individuals with developmental disabilities should always be considered, the DDD expects Community Providers to prioritize the health and safety of the individuals they serve.

Provider Operations and Procedures

Maintain open communication with individuals and families/guardians. Communicate with individuals and families/guardians about preparedness steps your agency takes, including any changes to the daily activities of individuals with developmental disabilities

Develop staffing and programming plans, in the event that federal and state authorities direct individuals not to congregate in social settings like day programs. Providers must create a back-up staffing plan that can support individuals in other settings

If a community has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps. The best advice if a confirmed case of COVID-19 happens in your community or a DDD community-based setting is to stay home as much as possible to reduce the risk of being exposed. Community spread is how the common cold and flu are transmitted. Depending on the severity, local health department officials may recommend additional actions to help reduce the risk of being exposed to COVID-19 if an outbreak happens in your community. These actions can slow the spread and reduce the impact of disease. It is important to follow directions from local health department officials. Individuals may be asked to do one or more of the following:

- Monitor for cold-like symptoms that may appear 2 to 14 days after exposure:
  - Fever
  - Cough
  - Difficulty breathing or shortness of breath

- Quarantine at home which means to separate and restrict the movement of those who are well, but who may have been exposed to disease but do not show symptoms to help stop the spread of disease

- Isolation at home, which means to separate those who are sick from those who are healthy to help stop the spread of disease

If an individual with disabilities is asked to do any of the above, the individual's health care practitioner and/or local health department will provide information about how to proceed. These individuals may also be asked a lot of questions about their recent travel, activity and interaction with others outside their home. This is a normal part of contact tracing, which health care practitioners and scientists use to help determine the risk of COVID-19 exposure in communities.

Currently, people at risk for contracting COVID-19:
- Recently traveled to geographic areas of concern identified on the CDC's COVID-19 travel website
- Have close, personal contact with a person diagnosed with COVID-19
- Care for people with COVID-19
- Live in a community with community-based spread of COVID-9

If an individual with developmental disabilities is an older adult or has one or more chronic health conditions, they can take action to reduce their risk of exposure to COVID-19:
- Practice social distancing and take everyday precautions to keep space between themselves and others
- When out in public, keep away from others who are sick, limit close contact and wash hands often with soap and water or hand sanitizer with at least 60% alcohol content
- Avoid crowds as much as possible

A COVID-19 information bulletin developed by and people with disabilities is included with this communication and will be available on the ADMH website to help educate individuals supported about COVID-19, how to help prevent the spread of the disease and what may happen if they work.

Infection Control
The DDD recommends that all Community Providers re-educate all staff on infection control cleaning procedures. This re-education should occur immediately for each person who engages, or may engage, in cleaning. In settings where staff work on different shifts and/or have staggered days off, re-education should occur on each shift until all staff are trained.

All staff should receive training on the selection, use, removal and disposal of personal protective equipment (PPE). Proper removal and disposal of PPE is critical for preventing infection. There are a variety of training resources available:

- CDC's COVID-19 PPE FAQ with a variety of links and resources:
  - www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html
- CDC training posters:
  - www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf

- The CDC video trainings in response to other infection control needs:
  - www.cdc.gov/vhf/ebola/hcp/ppe-training/comprehensive-ppe-training.html

The Centers for Disease Control & Prevention (CDC) has published several guidance documents on infection control and COVID-19. Community Providers should review these documents and use them to identify enhancements in your existing infection control policies and emergency preparedness plans for epidemics and pandemics. Although these documents are written for healthcare providers, many of the recommendations are best practices for all providers responsible for the long-term health and safety of individuals receiving residential and setting- based services.

- CDC Hospital Preparedness Assessment Tool:
  - https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html
- CDC Long-Term Care and other Residential Facilities Pandemic Influenza Planning Checklist:
  - www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf

Identification, Testing, & Quarantine of Suspected Cases
Identification
If a person with developmental disabilities exhibits the symptoms of COVID-19 and has any of the following exposures, they should seek medical attention right away.
- Recent travel to any geographic area of concern identified on the CDC's COVID-19 travel website
- Contact with someone with COVID-19
- Lives in a community with community-based spread of COVID-9

If the individual is also an older adult or has underlying medical conditions, they should contact their healthcare provider early, even if their illness is mild.

Call ahead before bringing the individual to a doctor's office or emergency room, so they can prepare and protect others in the area. If possible, have the individual wear a face mask. Tell the medical professionals about any recent travel and any close contacts, including people in the household.

Testing
The person's doctor will determine whether or not the individual needs to be tested for COVID-19 based on their symptoms, potential exposure, and other clinical factors. Not all people who have the symptoms of COVID-19 will be tested.

COVID-19 diagnostic tests may include nose and mouth swabs, sputum samples, and/or other samples as needed. The clinician will determine which, if any tests are needed. Individuals should follow all recommendations from the medical professionals, including returning for additional or follow-up examinations.

Suspected Cases
If the person has a suspected or diagnosed case of COVD-19, they should notify their local health department, their case manager, and their DDD Regional Office immediately. People who have been exposed to COVID-19 may be placed under quarantine at their home by a health care professional or local health department official. This is to prevent them from transmitting the disease to others. The quarantine may be lifted, and the person allowed to leave the home only

after consultation with their health care provider.

The person's health care provider or local health department will provide information about how to proceed. You may also be asked a lot of questions about your recent travel, activity and interaction with others outside of the home. This is a normal part of contact tracing, which health care practitioners and scientists use to help determine the risk of COVID-19 exposure in communities.

Quarantines are to protect the health of the general public, which outweighs the individual's right to go out in public. The provider should explain to the person with developmental disabilities why they were quarantined and the precautions taken to prevent new infections, in order to follow quarantine guidance provided by health care professionals. The Community Provider should notify their local health officer if an individual is not following quarantine orders.

Group or shared homes serving a quarantined person should follow infection control measures recommended for homes and residential communities, including:
- Separate the quarantined individual by using separate bed and bathrooms, when possible
- Call and notify health care professionals before going to appointments to notify them that the person with developmental disabilities has or is currently being evaluated for COVID-19
- Ask the quarantined person to wear a face mask while they are in the same room as others, or have others wear a facemask while in the same room as the quarantined person
- Avoid sharing household items like dishes, glasses, utensils, towels, and bedding
- Clean hard surfaces and high touch points in the home with a diluted bleach solution or EPA-approved household disinfectant at least once a day
  - To make a diluted bleach solution add ¼ cup of bleach to 1 gallon of water
- Wear disposable gloves while handling soiled laundry or bedding from the quarantined individual. Wash and dry laundry with the warmest temperature recommended on the item's label
- Limit or restrict visitors who do not need to be in the home

If the person's caregiver is quarantined due to COVID-19, the person may request emergency support from their provider agency. If the individual has self-directed services, they may work with their Support Broker to arrange for alternative staff.

Contact your local health department for more information on quarantine procedures, and review the CDC's guide to infection prevention in the home: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

NOTE: If an individual with developmental disabilities is diagnosed with COVID-19, the DDD wants to be notified immediately upon confirmation of this diagnosis.

Meetings, Group Gatherings, Visits and Monitoring
The DDD recommends that Community Providers practice social distancing. Social distancing practices include:
- Ensure sure that shared spaces in the home have good airflow (e.g., an air conditioner or an opened window, weather permitting)
- Consider interacting outdoors if appropriate
- Practice good hand hygiene and cough etiquette

- When contact with an ill person cannot be avoided, follow standard infection prevention practices as recommended by your employer

For more information on CDC recommendations for people who have close contact in a home setting, please review: https://www.cdc.gov/coronavirus/2019- ncov/hcp/guidance-prevent-spread.html

Be prepared:
- Update and/review your agency's emergency plan
- Establish relationships with key health care and local health department partners in your community
- Create an agency specific emergency list
- Conduct an inventory of available Personal Protective Equipment (PPE)
- Train your staff on proper use of PPE

Communicate with your staff and individuals with developmental disabilities about COVID- 19
- Report any Support staff shortages to your DDD Regional Office
- COVID-19 Information By and For People with Disabilities (See attached)

Attached you will find examples of Front-line Emergency Response Plans and other flyers that may be of benefit. We appreciate those who sent resources. Additional updates are forthcoming.

VALUABLE RESOURCES
State Guidance
- Medicaid encourages all recipients and providers to <u>subscribe to Medicaid's texting service</u> to receive immediate text messages regarding to the COVID-19.
  - Opt-In Instructions
    If you are a provider: Click the following link to view instructions
    https://medicaid.alabama.gov/documents/9.0_Resources/9.10_Texting_Service/9.10_Providers_Alabama_Medicaid's_Texting_Service_instructions.pdf
  - Please encourage recipients to sign up also: Click the following link to view instructions
    https://medicaid.alabama.gov/documents/9.0_Resources/9.10_Texting_Service/9.10_Recipients_Alabama_Medicaid's_Texting_Service_instructions.pdf
- For the latest on COVID-19 from Alabama health officials visit
  http://www.alabamapublichealth.gov/infectiousdiseases/2019-coronavirus.html
- Regularly monitor COVID-19 on the ADPH website: http://alabamapublichealth.gov/
- Alabama EMA may also be a resource for local emergency alerts
- Watch CDC's video demonstrating good hand hygiene:
  https://www.youtube.com/watch?v=d914EnpU4Fo&feature=youtu.Tbe

The following are additional resources that the DDD recommends providers, families, and individuals with developmental disabilities review for further information and guidance:

CMS Guidance
- Regularly monitor the situation on CDC's COVID-19 webpage:
  www.cdc.gov/COVID19
- CMS Current Emergencies
- Guidance for Home Health Agencies and Providers about COVID-19
- Information for Healthcare Facilities Concerning 2019 Novel Coronavirus Illness (2019-nCoV)
- Guidance for Infection Control and Prevention of COVID-19 in Nursing Homes
- FAQ on Guidance to State Survey Agencies Suspending Non-Emergency Survey Inspections
- Actions to Address Spread of Coronavirus Press Release

CDC Guidance
- Subscribe to the CDC's COVID-19 newsletter:
  https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx
- About Coronavirus Disease 2019 (COVID-19)
- FAQs for State Medicaid and CHIP Agencies
- People at Risk for Serious Illness from COVID-19
- How To Clean and Disinfect Schools To Help Slow the Spread of Flu
- Strategies for Optimizing the Supply of N95 Respirators
- Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities
- Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes

Other National Guidance
- Administration for Community Living: COVID-19 Information Webpage
- COVID-19 Information and Resources for Schools and School Personnel
- Department of Labor: Preparing Workplaces for COVID-19

Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission

Background

When a novel virus with pandemic potential emerges, nonpharmaceutical interventions, which will be called community mitigation strategies in this document, often are the most readily available interventions to help slow transmission of the virus in communities. Community mitigation is a set of actions that persons and communities can take to help slow the spread of respiratory virus infections. Community mitigation is especially important before a vaccine or drug becomes widely available.

The following is a framework for actions which local and state health departments can recommend in their community to both prepare for and mitigate community transmission of COVID-19 in the United States. Selection and implementation of these actions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity.

Goals

The goals for using mitigation strategies in communities with local COVID-19 transmission are to slow the transmission of disease and in particular to protect:

- Individuals at increased risk for severe illness, including older adults and persons of any age with underlying health conditions (See Appendix A)
- The healthcare and critical infrastructure workforces

These approaches are used to minimize morbidity and mortality and the social and economic impacts of COVID-19. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy. These strategies should be implemented to prepare for and when there is evidence of community transmission. Signals of ongoing community transmission may include detection of confirmed cases of COVID-19 with no epidemiologic link to travelers or known cases, or more than three generations of transmission.

Implementation is based on:

- Emphasizing individual responsibility for implementing recommended personal-level actions
- Empowering businesses, schools, and community organizations to implement recommended actions, particularly in ways that protect persons at increased risk of severe illness
- Focusing on settings that provide critical infrastructure or services to individuals at increased risk of severe illness
- Minimizing disruptions to daily life to the extent possible
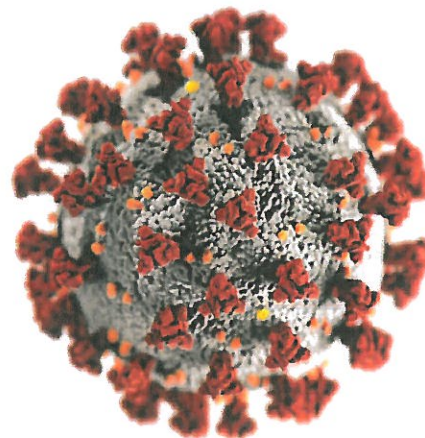
Guiding principles

- Each community is unique, and appropriate mitigation strategies will vary based on the level of community transmission, characteristics of the community and their populations, and the local capacity to implement strategies (Table 1).
- Consider all aspects of a community that might be impacted, including populations most vulnerable to severe illness and those that may be more impacted socially or economically, and select appropriate actions.
- Mitigation strategies can be scaled up or down depending on the evolving local situation.
- When developing mitigation plans, communities should identify ways to ensure the safety and social well-being of groups that may be especially impacted by mitigation strategies, including individuals at increased risk for severe illness.
- Activation of community emergency plans is critical for the implementation of mitigation strategies. These plans may provide additional authorities and coordination needed for interventions to be implemented (Table 2).
- Activities in Table 2 may be implemented at any time regardless of the level of community transmission based on guidance on from local and state health officials.
- The level of activities implemented may vary across the settings described in Table 2 (e.g., they may be at a minimal/moderate level for one setting and at a substantial level for another setting in order to meet community response needs).
- Depending on the level of community spread, local and state public health departments may need to implement mitigation strategies for public health functions to identify cases and conduct contact tracing (Table 3). When applied, community mitigation efforts may help facilitate public health activities like contact tracing

CDC

Table 1. Local Factors to Consider for Determining Mitigation Strategies

Factor	Characteristics
Epidemiology	• Level of community transmission (see Table 3) • Number and type of outbreaks (e.g., nursing homes, schools, etc.) • Impact of the outbreaks on delivery of healthcare or other critical infrastructure or services • Epidemiology in surrounding jurisdictions
Community Characteristics	• Size of community and population density • Level of community engagement/support • Size and characteristics of vulnerable populations • Access to healthcare • Transportation (e.g., public, walking) • Planned large events • Relationship of community to other communities (e.g., transportation hub, tourist destination, etc.)
Healthcare capacity	• Healthcare workforce • Number of healthcare facilities (including ancillary healthcare facilities) • Testing capacity • Intensive care capacity • Availability of personal protective equipment (PPE)
Public health capacity	• Public health workforce and availability of resources to implement strategies • Available support from other state/local government agencies and partner organizations

Table 2. Community mitigation strategies by setting and by level of community transmission or impact of COVID-19

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None to Minimal	Minimal to moderate	Substantial
Individuals and Families at Home "What you can do to prepare, if you or a family member gets ill, or if your community experiences spread of COVID-19"	• Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if symptomatic: » Stay home when you are sick » Call your health care provider's office in advance of a visit » Limit movement in the community » Limit visitors • Know what additional measures those at high-risk and who are vulnerable should take. • Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily). • Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community. » Consider 2-week supply of prescription and over the counter medications, food and other essentials. Know how to get food delivered if possible. » Establish ways to communicate with others (e.g., family, friends, co-workers). » Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events. • Know about emergency operations plans for schools/workplaces of household members.	• Continue to monitor local information about COVID-19 in your community. • Continue to practice personal protective measures. • Continue to put household plan into action. • Individuals at increased risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel.	• Continue to monitor local information. • Continue to practice personal protective measures. • Continue to put household plan into place. • All individuals should limit community movement and adapt to disruptions in routine activities (e.g., school and/or work closures) according to guidance from local officials.

3

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None to Minimal	Minimal to moderate	Substantial

Schools/childcare
 	
"What childcare facilities, K-12 schools, and colleges and universities can do to prepare for COVID-19, if the school or facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"
	• Know where to find local information on COVID-19 and local trends of COVID-19 cases.
	
	• Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic at school/childcare site.
	
	• Review and update emergency operations plan (including implementation of social distancing measures, distance learning if feasible) or develop plan if one is not available.
	
	• Evaluate whether there are students or staff who are at increased risk of severe illness and develop plans for them to continue to work or receive educational services if there is moderate levels of COVID-19 transmission or impact.
	   » Parents of children at increased risk for severe illness should discuss with their health care provider whether those students should stay home in case of school or community spread.
	   » Staff at increased risk for severe illness should have a plan to stay home if there are school-based cases or community spread.
	
	• Encourage staff and students to stay home when sick and notify school administrators of illness (schools should provide non-punitive sick leave options to allow staff to stay home when ill).
	
	• Encourage personal protective measures among staff/students (e.g., stay home when sick, handwashing, respiratory etiquette).
	
	• Clean and disinfect frequently touched surfaces daily.
	
	• Ensure hand hygiene supplies are readily available in buildings.
		• Implement social distancing measures:
		   » Reduce the frequency of large gatherings (e.g., assemblies), and limit the number of attendees per gathering.
		   » Alter schedules to reduce mixing (e.g., stagger recess, entry/dismissal times)
		   » Limit inter-school interactions
		   » Consider distance or e-learning in some settings
		
		• Consider regular health checks (e.g., temperature and respiratory symptom screening) of students, staff, and visitors (if feasible).
		
		• Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing.
		
		• Students at increased risk of severe illness should consider implementing individual plans for distance learning, e-learning.
			• Broader and/or longer-term school dismissals, either as a preventive measure or because of staff and/or student absenteeism.
			
			• Cancellation of school-associated congregations, particularly those with participation of high-risk individuals.
			
			• Implement distance learning if feasible.

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None to Minimal	Minimal to moderate	Substantial
Assisted living facilities, senior living facilities and adult day programs "What facilities can do to prepare for COVID-19, if the facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"	• Know where to find local information on COVID-19. • Know the signs and symptoms of COVID-19 and what to do if clients/residents or staff become symptomatic. • Review and update emergency operations plan (including implementation of social distancing measures) or develop a plan if one is not available. • Encourage personal protective measures among staff, residents and clients who live elsewhere (e.g., stay home or in residences when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in all buildings.	• Implement social distancing measures: » Reduce large gatherings (e.g., group social events) » Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times) » Limit programs with external staff » Consider having residents stay in facility and limit exposure to the general community » Limit visitors, implement screening • Temperature and respiratory symptom screening of attendees, staff, and visitors. • Short-term closures as needed (e.g., if cases in staff, residents or clients who live elsewhere) for cleaning and contact tracing.	• Longer-term closure or quarantine of facility. • Restrict or limit visitor access (e.g., maximum of 1 per day).

	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
Factor	None to Minimal	Minimal to moderate	Substantial
Workplace "What workplaces can do to prepare for COVID-19, if the workplace has cases of COVID-19, or if the community is experiencing spread of COVID-19)"	• Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite. • Review, update, or develop workplace plans to include: » Liberal leave and telework policies » Consider 7-day leave policies for people with COVID-19 symptoms » Consider alternate team approaches for work schedules. • Encourage employees to stay home and notify workplace administrators when sick (workplaces should provide non-punitive sick leave options to allow staff to stay home when ill). • Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean and disinfect frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in building.	• Encourage staff to telework (when feasible), particularly individuals at increased risk of severe illness. • Implement social distancing measures: » Increasing physical space between workers at the worksite » Staggering work schedules » Decreasing social contacts in the workplace (e.g., limit in-person meetings, meeting for lunch in a break room, etc.) • Limit large work-related gatherings (e.g., staff meetings, after-work functions). • Limit non-essential work travel. • Consider regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings (if feasible).	• Implement extended telework arrangements (when feasible). • Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals. • Cancel non-essential work travel. • Cancel work-sponsored conferences, tradeshows, etc.

Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting

Factor	None to Minimal	Minimal to moderate	Substantial
Community and faith-based organizations "What organizations can do to prepare for COVID-19, if the organizations has cases of COVID-19, or if the community is experiencing spread of COVID-19"	• Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic. • Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.). • Review, update, or develop emergency plans for the organization, especially consideration for individuals at increased risk of severe illness. • Encourage staff and members to stay home and notify organization administrators of illness when sick. • Encourage personal protective measures among organization/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces at organization gathering points daily. • Ensure hand hygiene supplies are readily available in building.	• Implement social distancing measures: » Reduce activities (e.g., group congregation, religious services), especially for organizations with individuals at increased risk of severe illness. » Consider offering video/audio of events. • Determine ways to continue providing support services to individuals at increased risk of severe disease (services, meals, checking in) while limiting group settings and exposures. • Cancel large gatherings (e.g., >250 people, though threshold is at the discretion of the community) or move to smaller groupings. • For organizations that serve high-risk populations, cancel gatherings of more than 10 people.	• Cancel community and faith-based gatherings of any size.

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Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting

Factor	None to Minimal	Minimal to moderate	Substantial
Healthcare settings and healthcare provider (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth) "What healthcare settings including nursing homes/ long-term care facilities, can do to prepare for COVID-19, if the facilities has cases of COVID-19, or if the community is experiencing spread of COVID-19)"	• Provide healthcare personnel ([HCP], including staff at nursing homes and long-term care facilities) and systems with tools and guidance needed to support their decisions to care for patients at home (or in nursing homes/long-term care facilities). • Develop systems for phone triage and telemedicine to reduce unnecessary healthcare visits. • Assess facility infection control programs; assess personal protective equipment (PPE) supplies and optimize PPE use. • Assess plans for monitoring of HCP and plans for increasing numbers of HCP if needed. • Assess visitor policies. • Assess HCP sick leave policies (healthcare facilities should provide non-punitive sick leave options to allow HCP to stay home when ill). • Encourage HCP to stay home and notify healthcare facility administrators when sick. • In conjunction with local health department, identify exposed HCP, and implement recommended monitoring and work restrictions. • Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, triage upon arrival).	• Implement changes to visitor policies to further limit exposures to HCP, residents, and patients. Changes could include temperature/ symptom checks for visitors, limiting visitor movement in the facility, etc. • Implement triage before entering facilities (e.g., parking lot triage, front door), phone triage, and telemedicine to limit unnecessary healthcare visits. • Actively monitor absenteeism and respiratory illness among HCP and patients. • Actively monitor PPE supplies. • Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g., designated clinic, surge tent). • Consider allowing asymptomatic exposed HCP to work while wearing a facemask. • Begin to cross train HCP for working in other units in anticipation of staffing shortages.	• Restrict or limit visitors (e.g., maximum of 1 per day) to reduce facility-based transmission. • Identify areas of operations that may be subject to alternative standards of care and implement necessary changes (e.g., allowing mildly symptomatic HCP to work while wearing a facemask). • Cancel elective and non-urgent procedures • Establish cohort units or facilities for large numbers of patients. • Consider requiring all HCP to wear a facemask when in the facility depending on supply.

Table 3. Potential mitigation strategies for public health functions

Public health control activities by level of COVID-19 community transmission		
None to Minimal	Minimal to Moderate	Substantial
Evidence of isolated cases or limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.	Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases.	Large scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.
• Continue contact tracing, monitor and observe contacts as advised in guidance to maximize containment around cases. • Isolation of confirmed COVID-19 cases until no longer considered infectious according to guidance. • For asymptomatic close contacts exposed to a confirmed COVID-19 case, consideration of movement restrictions based on risk level, social distancing. • Monitoring close contacts should be done by jurisdictions to the extent feasible based on local priorities and resources. • Encourage HCP to develop phone triage and telemedicine practices. • Test individuals with signs and symptoms compatible with COVID-19. • Determine methods to streamline contact tracing through simplified data collection and surge if needed (resources including staffing through colleges and other first responders, technology etc.).	• May reduce contact tracing if resources dictate, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure). • Encourage HCP to more strictly implement phone triage and telemedicine practices. • Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals.	• May reduce contact tracing if resources dictate, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure). • Encourage HCP to more strictly implement phone triage and telemedicine practices. • Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals.

Appendix A: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease** as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease** as defined by your doctor. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

COVID-19 Information By and For People with Disabilities

What is COVID-19?

- It is a new illness spreading around the world.
- It's nickname is coronavirus.
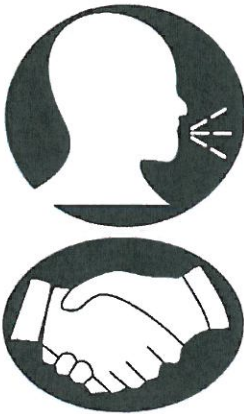
How do you get it?

- Someone with COVID-19 gives you their germs.
- When they cough or sneeze, their germs get in the air, on you, and on things.
- Germs get into your body through your mouth, nose, and your eyes.

What happens if you have it?

A fever of 100.4° or higher

Coughing

Hard time breathing

If these things happen to you, it does not mean you have coronavirus. Lots of people get a fever or cough. You could just have a cold or the flu.

If I am sick, when should I call a doctor?

- Call if you have been out of the country.
- Call if you have been with someone who has the virus.
- Call if you have been at a place where people with COVID-19 got medical treatment.

Call your doctor, do not go to the office.

How sick do you get?

- Most people do not get very sick. It is like having a cold or the flu.
- Some older people may get really sick. Some people with disabilities may end up in a hospital.

How can I stay healthy, or not get it?

Wash your hands.

- Use lots of soap and water.
- Wash for at least 20 seconds. If it helps, count to 20.
- Wash after using the bathroom or being in public (like going to a store).
- If soap and water are not available, use hand sanitizer. Know that washing well with soap and water is still better.

Cough or Sneeze into your elbow.

Coughing and sneezing into your elbow stops germs from going into the air and onto your hands.

Try not to touch your face

- Do not rub your eyes.
- Do not touch your mouth.
- Do not touch your nose.

Remember, this is how germs get in your body.

If you have to touch your face, do it with a tissue or in the shower.

Try to keep your hands busy:

- Tap your knee.
- Click a pen.
- Use a fidget spinner.
- Use hand sanitizer.
- Doodle.
- Squeezing a stress ball.
- Play a game on your device.

If I am sick, what should I do?

Call your doctor. Do NOT go to a hospital or Urgent Care.

Stay Home

Use tissues, then throw them away

Avoid contact with others

Keep objects and surfaces clean

Call your doctor again if you are getting worse. Call back if you are having trouble breathing. Do what your doctor says.

If my staff person is sick, what should I do?

- Doctors say if you are sick stay home. Do not got to work. A sick staff person should stay home until they are well.
- Tell your team. Tell your case manager.

How do I say hello to my friends?

- No handshaking. No hugging. No fist bumps.
- Smile, bump elbows, text, call, message

Where can I go these days?

Stay away from large groups.

- No movie theaters.
- No malls or amusement parks.
- Try to avoid public transportation.
- Go to the grocery store during the day when it is not crowded.

Do not share food or drinks.

Why is it important to do all of this?

- You don't want your grandparents to get sick, do you?
- Lots of people with disabilities get sick really easily. You would feel awful if you got your friends or family sick.

Is there a shot to get so I do not get sick?

No. There is not a shot or vaccine to stop the coronavirus.

Is there a medicine?

- There is no medicine for COVID-19.
- Take medicine used when you have a cold or flu.
- Drink lots of water. Get plenty of rest.

What do I say to my friends if they get scared, or very nervous?

- Talk to someone you trust.
- You can show them this booklet for ideas on what to do.

I have a job. I am worried about missing work.

- If you are sick, you need to stay home.
- Health comes before money.
- Tell your boss you do not feel well.
- If you are worried about money, talk to your family, friends or team.

Make a plan in case you have to stay at home.

☐ Who can go food shopping for you?
☐ Who will call to check in on you?
☐ What to do if your staff calls in sick?
☐ Make sure you know your doctor's phone number.

Talk to your self-advocacy group, friends, family, or support staff about your worries and concerns.
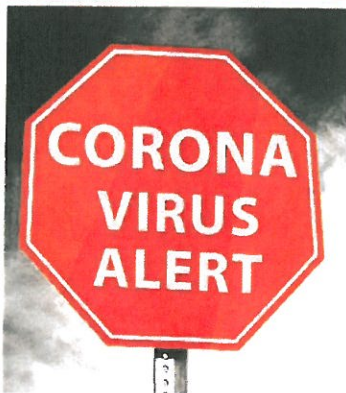
If you have been near a person with Coronavirus, you may be asked to stay home. A person can have coronavirus in their body and not feel sick. It takes a few days to get sick. This virus spreads very easily. You don't want to give it to others.