

## RESIDENTIAL VISITATION & OUTING PROCEDURES EFFECTIVE JUNE 12, 2020

It is the goal of the Adult Residential Services (ARS) program to support individuals in resuming their life activities & goals. ARS will work on helping people resume as close to “pre-COVID-19” schedules as possible while considering safety & health concerns of all in the residential setting.

In order to accomplish this, the following procedures have been created to maintain our organizational environment of **“Safe in All Settings”** for those we support, their families/caregivers and staff. These procedures will be in place until further notice.

In order to maintain the health and safety of those supported in Adult Residential Services, NCIA is following the current guidance from Maryland Developmental Disabilities Administration & Centers for Disease Control and Prevention (DDA/CDC) and NOT approving:

- 1) Any person in the Residential program having an overnight stay or weekend visit anywhere other than that person’s licensed, residential setting. If this occurs for any reason, the individual would have to follow the “Scenario 1” process upon their return each time. In this instance, they would be in room-restrictive isolation for 14 days even if they do not show any COVID-19 symptoms. This should be disclosed to the individuals and family/caregiver prior so that everyone understands the requirement.
- 2) Any visitor inside a licensed, residential site from family, caregiver, etc. Maryland DDA is currently following the guidance from the CDC and indicating that families, friends and caregivers should conduct a visit at an outside location (e.g., public park, front porch) and not enter any residential location. This continued restriction is to prevent any unintended contamination of the home by a visitor. NCIA will follow this guidance.

## RESIDENTIAL VISITATION & OUTING PROCEDURES

### SCENARIO 1:

#### **Individuals returning to Residential site (from staying overnight at any non-NCIA location)**

1. Determine if the individual and/or caregiver is ready for the person to come back home. This may be an ongoing discussion via phone/video call.
2. Conduct a standardized “phone screening” discussion assessing the health status of the individual supported as well as anyone else in the household. A form will be provided to guide the assessment of risk for an individual returning.
3. It should be explained to each person returning to home of their personal responsibility for everyone’s collective safety and health. The person returning will have to follow certain safety precautions such as staying in their own room for at least 14 days, limiting their interaction with other people in the home, wearing a mask inside, etc.
4. Once the previous steps are determined, the ARS Director should be contacted to indicate the preferred date of return for an individual to their home. The ARS Director (or designee) will then coordinate staffing, nursing care, and other requirements to insure the person can return to the home safely with all health needs provided.
5. Staff that will be working in the home should be formally notified that the individual is returning from staying in a “non-licensed” location. Since it is impossible to verify that the previous environment was safe from COVID contamination, it is vital that staff are reminded of the requirements for cleaning and personal hygiene.
6. Only once the ARS Director feels the above processes are completed should the person return to their home. Potential symptoms should be monitored for the returning individuals for a minimum of 14 days to determine if they develop any COVID-like sickness.
7. Once the individual has been at home, properly isolated for at least 14 days they can go off restrictions if they show no symptoms. If the person’s Primary Care Physician, Delegating Nurse or the Health Department indicate an extension of isolation it should be discussed immediately with the ARS Director so proper measures are in place.

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### SCENARIO 2:

#### Individuals going for “a ride” in the community

1. If individuals (residing in the same location together) wish to go for an outing in the community in which they would remain in a vehicle or remain socially isolated such as an outdoor park- this can be done with prior approval from ARS Director (or designee).
2. All outings and destinations should be approved in advance and if a change is requested, it should be requested of the Division Manager (or designee) while on the trip.
3. If none of the individuals are symptomatic then staff can take them on an outing as described in #1 above. **All staff** in the vehicle **must wear masks at all times** in the vehicle for everyone’s protection. Individuals supported should be encouraged to wear masks in the vehicle, but for them it is a recommendation and not a requirement.
4. All those in the vehicle should be seated as far apart as possible to increase the protection of social distancing (with or without mask use). Hand sanitizer should be taken in the vehicle for usage as long as it is not a risk to the individuals present.
5. If staff are going to take an individual inside a location for any reason, it should be a short trip (15 minutes or less) and should consist of (1) staff for every (1) individual. All those who are physically going into a location must wear a mask at all times.
6. Additional staff must remain in the vehicle with the other individuals to ensure their safety and health. If only (1) staff total is present on the trip- then no one should be taken inside that location at this time.
7. Upon returning to the residential location, all individuals should be taken inside by staff and encouraged to wash their hands and store their masks appropriately
8. Residential staff should thoroughly disinfect vehicle with peroxide cleaner with special emphasis given to areas likely to have been touched such as seatbelts, door handles, etc.

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### SCENARIO 3:

#### Individuals going to a community setting for a specific appointment

1. If individuals are going for a specific appointment/location in which they will be entering the location with staff should be prepared to remain masked the entire time they are indoors. Examples of this type of activity would be a doctor's appointment, haircut or similar scheduled activity.
2. All outings and destinations should be approved in advance and if a change is requested, it should be requested of the Division Manager (or designee) while on the trip.
3. If none of the individuals are symptomatic then staff can take them on an outing as described in #1 above. **All staff** in the vehicle **must wear masks at all times** in the vehicle for everyone's protection. Individuals supported should be encouraged to wear masks in the vehicle, but for them it is a recommendation and not a requirement.
4. All those in the vehicle should be seated as far apart as possible to increase the protection of social distancing (with or without mask use). Hand sanitizer should be taken in the vehicle for usage as long as it is not a risk to the individuals present.
5. For any appointment it is vital to follow the specific guidance from that business or location. Many times, establishments will require a visit be pre-scheduled and that any waiting be done outside or in a vehicle. You must not enter any establishment prior to the time they indicate is appropriate.
6. Upon returning to the residential location, all individuals should be taken inside by staff and encouraged to wash their hands and store their masks appropriately
7. Residential staff should thoroughly disinfect vehicle with peroxide cleaner with special emphasis given to areas likely to have been touched such as seatbelts, door handles, etc.

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### SCENARIO 4:

#### **Family members, caregivers or friends visiting a Residential site (Outdoor Only)**

1. If someone would like to resume their “in person” visits to an individual that resides in an NCIA-managed location, it is requested that they contact staff in advance. A phone symptom screening tool is recommended with those visiting (in advance) to assess if exposure in that person’s household is of concern.
2. Visits should be scheduled in advance so that proper staffing and safety measures can be taken by NCIA staff to maximize everyone’s safety. Visits should only occur outdoors at the location (if possible) or at a public park with plenty of space.
3. Outdoor visits should be conducted based on the current weather situation that will not endanger the health of the individual supported. Using a covered porch or patio is ideal as this provides some protection from rain and direct sunlight.
4. The visitor (e.g. family member) and the NCIA staff and individual should remain six feet apart from each other at all times. Any type of physical contact should be discouraged as it greatly increases the chances that the individual will transmit potential infection.
5. Any concerns about this procedure should be forwarded to the Director of Adult Residential Services for assistance.