

<b>Topic:</b>	Supported Living agency COVID-19 policy guide V.2	
	<b>Date Issued/Updated:</b>	5/29/2020; Updated 6/9/2020; Updated 7/7/20; 9/14/20; 10/27/20; 11/10/20; 12/3/20; 1/5/21; 1/14/21; 6/29/2021; 8/6/21; <b>8/25/21</b>

---

## Overview

**Description:** Temporary policies related to the delivery of supported living services during the COVID-19 pandemic are contained in this guide. It will be updated as needed. **Updates from the previous version appear in red.**

### **Purpose/Rationale**

ODDS responded rapidly to the COVID-19 pandemic and state of emergency by releasing a series of transmittals related to case management practices. This guide replaces many of those transmittals and consolidates the information. This guide will be updated as Oregon reopens.

### **Update for 8/25/21**

- **Masks must be always worn by agency staff while supporting an individual, regardless of the distance from the individual, indoors and outdoors, and regardless of vaccination status of the staff member or individual**
- **DSP training requirements have been returned to their pre-July 2021 status.**
- **Visitor logs are required.**

### Procedure(s) that apply:

#### **Section updated August 25, 2021.**

Individuals getting services from ODDS are considered at high risk of long-term adverse consequences from COVID-19. If individuals who use ODDS services go out (for work, recreation, etc.), they must have an opportunity to make an informed choice about the risk. Work with the individual's services coordinator as needed. Individuals must be given:

- Alternative options available to meet their needs and interests.
- The benefit of staying home.

- Encouragement to wear a mask and maintain physical distancing **if they aren't vaccinated**. The individual's case management entity can get masks for them.
- An opportunity to develop a plan to reduce related risks for both themselves and others.
- Encouragement to stay home and isolated when not feeling well, regardless of the cause.
- **Support in accessing the COVID-19 vaccine if the individual chooses to get the vaccine.**

It is still strongly recommended that ~~unvaccinated~~ individuals and vulnerable people continue to wear masks. Providers are expected to support individuals in knowing this recommendation and assisting the individual to have access to clean masks for going out into the community, as necessary and appropriate.

Residential providers may not prohibit a resident of a home from leaving the home, nor can a provider deny re-entry to the home. Providers may not use intimidation or coercion to make residents stay home or to remain away from the home if individuals have chosen to leave.

### **End section update August 25, 2021**

#### **Agency Service Requirements:**

#### **Section updated August 25, 2021.**

- **Staff (including non-resident providers, caregivers, volunteers, etc.)** who provide direct care must:
  - Use good infection control practices: upon entering the home wash hands with soap and water for 20 seconds, or clean hands with alcohol-based hand sanitizer, avoid touching face.
  - Use good respiratory etiquette: cover cough or sneeze into elbow.
  - Wear masks when delivering any in-person care, **indoors or outside within six feet of the individual**.
    - **High-quality single-use N95, Kn95, or 3-layer surgical masks are strongly recommended.**
    - Spit guards are not an acceptable face covering and are not considered masks. **Using masks made of materials containing holes or permeable space such as mesh, lace, or crocheted masks are not permitted.**
    - Masks must cover the mouth and nose.
    - There is also additional mask guidance designed to help explain these requirements, which can be found here: [ODDS COVID-19](#)

Mask Guidance. A direct support professional (DSP) who can document a medical need not to wear a mask is exempt.

- **For the purposes of contact tracing, the agency must maintain a log of visitors, including the name of the visitor and date and time of the visit, known to have entered the residential setting.**
- **Do not allow employees who appear sick to work in a residential setting.**
- **Ensure that staff are trained on standard precautions, infection control, and hand-washing.**

**End of section update August 25, 2021.**

- Providers must ensure that individuals have access to a mask anytime they leave their home. Encourage individuals to wash their hands and to change and wash their clothing after returning from an independent community activity.
- The actions an agency must take when an individual or employee has or may have COVID-19 can be found in this [scenarios document](#).
- If an individual has symptoms of COVID-19, [this letter](#) can be given to the health care provider so expedited testing will be considered.

Individuals should be supported in consulting with their primary care physician or medical team about whether the vaccine is a safe or appropriate option for the individual based on the individual's personal health status or medical conditions. Providers should not be directing an individual's choice to receive vaccination, however providing support and reliable information is appropriate.

Please see additional ODDS guidance, including fact sheets and an FAQ, about the vaccines and vaccine process on the ODDS COVID webpage:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-Information.aspx>

Links to the ODDS COVID-19 Vaccine documents include:

Phase 1a FAQs in all languages (under Individuals/Resources):

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-Information.aspx>

COVID-19 Vaccine and I/DD Services Fact Sheet:

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/COVID-ODDS-Vaccine-Individuals-Fact-Sheet.pdf>

All languages: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-Information.aspx>

- Written signatures are preferred; however, ISPs and Service agreements do not need to be signed by any member of the ISP team in order to be valid. When signatures aren't being gathered, an agency should expect to give prior verbal agreement to deliver services based on information given by the case manager that includes effective dates, service limits and relevant known risks.

### **Reporting Requirements:**

- If an individual or staff member may have been exposed by someone with a known suspected case or positive test for COVID-19, provider agencies must follow the COVID-19 Exposure notification process as outlined in the scenarios document.
- All employees of the agency are mandatory reporters of abuse and must continue to report all suspected abuse.
- When an individual is known to be ill or demonstrating symptoms of illness, the residential setting provider has a responsibility to communicate with other service providers supporting the individual, including employment or day support activities providers. Communication must occur when there are:
  - Concerns of persons in the household or caregivers displaying symptoms of COVID;
  - Outbreaks in the household or among staff supporting the household;
  - Medical or health department-directed quarantine;
  - Positive COVID testing; or
  - Pending COVID testing results.
- Please note: *Providers are expected to utilize use the exposure notification letter when there is a known outbreak, but calling and other communication is recommended as an additional precaution.*

### **Provider Owned and Controlled Settings**

**Section updated August25, 2021.**

- **All visitors are required to always wear masks in the residential setting.**
- A setting shall implement the following protocol for visitors:
  - Settings having visitors must be “COVID-free”, meaning that no one living there has or suspected to have COVID-19, including demonstrating symptoms associated with COVID-19 that are not attributed to other causes. COVID-19 symptoms include:
    - Fever
    - New or worsening cough
    - Difficulty breathing
    - Chills or repeated shaking with chills
    - Muscle pain
    - Headache
    - Sore throat
    - New loss of taste or smell
    - Runny nose (not due to season allergies)
    - Nausea
    - Diarrhea
    - Abdominal Pain
  - Visitors are required to wear face covering or masks and PPE and wash hands upon entry and as requested.
  - Visitors, individuals, providers, and staff are encouraged to maintain physical distancing (at least six feet) to the degree reasonably possible.
  - Any areas of the home where visitors spent time must be cleaned immediately afterwards.
  - Providers may request that visitation by personal visitors, behavior professionals and vendors is pre-arranged.

**End of section update August 25, 2021.**

The following HCBS residential setting requirements may be waived without an IBL or variance when necessary to prevent the spread of coronavirus:

- Residency Agreements (for temporary housing arrangements only)
- Visitors
- Control of Schedule and Activities
- Access to Personal Food
- Furnishing and décor
- Choice in Roommate

## Agency Operations:

### Start of August 25, 2021 section update.

- A new employee may work unsupervised on a preliminary basis pending a final fitness determination from BCU for up to 90 days. The agency should determine if working unsupervised is appropriate on a case by case basis.
- Between March 1, 2020 and May 31, 2020 expiring Criminal History Checks were extended by 90 days. As of June 1, 2020, no new extensions are being granted.
- The need for fingerprint based background checks is postponed. They will be required later for those that were postponed.
- **DSP Minimum Training (valid until further notice through ~~10/31/20~~):**
  - **The requirement for 12 hours of annual training may be paused.**
  - **CPR/First Aid renewals can be postponed.**
  - **New hires may work, assisted by a fully trained DSP, without CPR/First Aid certification.**
  - **New hires may work, assisted by a fully trained DSP, without six hours of pre-service training. The six hours may occur as on-the-job training.**
  - **A new hire who has worked in a 24 hour residential home or supported living program in Oregon within the past two years and who had completed the training to work unassisted may work unassisted at a specific site following the local training portions of the following core competencies, including the physical and oral demonstration (as applicable), at any site where they will work unassisted:**
    - **107. Health: Medical Information**
    - **108. Health: Understanding Common, Serious Health Risks**
    - **109. Health: Adaptive Equipment**
    - **110. Health: Required Infection Control Techniques**
    - **111. Health: Medication Administration and Documentation**
    - **116. Safety: Safety Equipment**
    - **117. Safety: Safe Equipment Operation**
    - **119. Safety: Responding to Emergency Situations**
    - **121. Planning: Become Familiar with each ISP**
    - **122. Planning: Support Documents**
    - **124. Planning: Court Restrictions**

- **127. Organizational Mission and Policies: Incident Report Requirements**
- **In addition:**
  - **Be given nursing delegation and OIS training required to implement a PBSP, when applicable.**
  - **Instruction on reporting requirements defined in OAR 411-323-0063.**
- **Before working unassisted, other new hires must complete, in addition to the requirements listed above, the local training portions of the following core competencies, including the physical and oral demonstration (as applicable):**
  - **102. Rights: Mandatory Abuse Reporting**
  - **104. Rights: Confidentiality Standards**
  - **106. Value: Dignity, Respect, and Person-Centered Language**
  - **118. Safety: Environmental Modifications For Safety**
  - **These new hires must also:**
    - **Be given information about rights for people who receive I/DD services (may be iLearn lesson 103 or in person by a supervisor)**
    - **Be informed of the agency's policy on emergency physical restraint**
    - **Instructed on documentation requirements**
  - **The remainder of tier 1 core competencies and the online portions of those listed above can occur on tier 2 timelines (within three months of the start date of work).**
- An agency with a Supported Living endorsement does not require an endorsement to OAR chapter 411, division 450 to deliver Community Living Supports. The provider number attached to 93-943 provider record can be used for authorization in Plan of Care.
- When an employee who has contact with individuals reports symptoms of COVID-19, [this letter](#) may be used to alert a health care provider or local public health authority to consider prioritized testing for the employee.

**End of August 25, 2021 section update.**

**Frequently Asked Questions:**

n/a

**Contact(s):**

**Name:** Mike Parr; **Phone:** 503-508-4003; **Email:** [mike.r.parr@dhsosha.state.or.us](mailto:mike.r.parr@dhsosha.state.or.us)