



Playbook for Timely Response Protocol for COVID-19 Outbreak in a Developmental Disability Residential Setting

Playbook for Joint Timely Response Protocol for COVID-19 Outbreak in an ODDS Developmental Disabilities Residential setting

Purpose of Playbook:

The purpose of this playbook is to establish the coordination and response efforts of the Department of Human Services Office of Developmental Disabilities Services and Oregon Health Authority (OHA) when three or more cases of COVID-19 are associated with a DD Residential setting, otherwise known as a facility. This coordinated response will help to prevent and slow the spread of COVID-19 and, when it is possible, ensure that the facility can continue to operate while protecting the residents' health. This coordinated agreement allows for proactive strategies to prevent further spread within in facilities.

Definitions:

For the purposes of this playbook, the following definitions apply:

- **“Facility”** means the DD Residential setting licensed by ODDS that supports individuals with intellectual and developmental disabilities who receive case management services from a Community Developmental Disabilities Programs (CDDPs), that includes:
 - 24-hour group homes¹;
 - Adult foster care homes²; and
 - Children’s foster homes licensed or certified by DHS’ Office of Developmental Disabilities Services program.³
- **“ODDS”** means the Office of Developmental Disabilities Services, which is a Division within the Department of Human Services. ODDS contracts case management services for individuals with intellectual and developmental disabilities to Community Developmental Disabilities Services (CDDPs) and Support Service Brokerages.

¹ 24-hour group homes have an average of 3-5 people with IDD living in the home. There are fifteen (15) 24-hour group homes statewide with 6-15 individuals living in them. 24-hour group homes have shift care staff. Staff may work in more than one home in the facilities agency.

² Adult foster homes have an average of 3-5 people with IDD living in the home. Adult foster homes have the owner of the facility living in the home and occasionally staff come in to work.

³ Children’s foster homes are family homes that have an average of 2 children in the home. Child foster homes may have staff that come to the home to work. These homes are certified by DHS’ Office of Developmental Disabilities Services. These settings are small congregate residential facilities.

Agency Roles

Local Public Health Authority (LPHA): Responsible for investigating reportable diseases and disease outbreaks and controlling the spread of disease under ORS 433.006.

Oregon Health Authority (OHA): Responsible for establishing rules and investigative guidelines related to the control of disease. OHA works in collaboration with LPHAs and can help sister agencies and facilities related to infection control and disease outbreak management. Can also assist LPHAs with investigation and contact tracing.

- Acute and Communicable Disease Prevention (ACDP) & Urgent Epidemiology Response Team (UERT) Epidemiologists: UERT epidemiologists serve as OHA representative for an outbreak identified in a facility. They collaborate with the LPHA to monitor case numbers; manage database documentation; coordinate LPHA requests for specialized outbreak expertise from Senior Health Advisors or the Healthcare-Associated Infections Team; and assume a leadership role in outbreak response if LPHA capacity is limited. They also track outbreak status daily and update the COVID19 Response and Recovery Unit (CRRU). They are also responsible for approving testing at the Oregon State Public Health Laboratory (OSPHL) and provide infection control consultations.
- COVID-19 Response and Recovery Unit (CRRU): A shared service between OHA and DHS and staffed by both agencies that provides resources, coordination and support to state and local agencies in responding to an outbreak, in order to prevent and slow the spread of an outbreak.
 - Regional Coalition Support Group (RCSG): Consists of staff from the OHA that work to identify at-risk facilities, establish situational awareness, support medical surge, and coordinate and support response actions through existing regional coalitions.
 - Inter-Agency Support Team (IAST): multi-jurisdictional team with staff from OHA, DHS, and other necessary regulatory staff who can create an action plan and implement the plan when needed to stabilize a facility.

Department of Human Services (DHS) ODDS: Responsible for licensing or certification of 24-hour group homes. ODDS delegates the licensing and certification of foster care as well as the service delivery and case management

services to the local CDDPs. ODDS is additionally responsible for the oversight of services delivered by contracted case management entities to individuals who have an intellectual and developmental disabilities.

Response Processes

The following section outlines the process by which the State agencies will respond if a facility is confirmed to have an outbreak of three (3) or more COVID-19 positive associated cases (residents or staff), the process will include the Regional Coalition Support Group (RCGS) and CRRU. This plan will provide proactive support to limit further spread of COVID-19 at the facility and enable, if possible, the facility to continue providing care and services to the vulnerable individuals with intellectual and developmental disabilities. Each State agency's response process is outlined below including the process through which additional resources need to be requested. The identification of COVID-19 positive cases associated with a facility will primarily come from the LPHA or OHA UERT, given that positive COVID-19 tests are reported to the LPHA and UERT. However, there may be circumstances where the facility and ODDS become aware of an outbreak prior to the LPHA or UERT.

When ODDS is informed of an outbreak prior to the LPHA or OHA UERT being notified, ODDS will notify the OHA Public Duty Officer identified below. OHA Public Duty Officer will follow up with LPHA and take any necessary action to support the stability of the facility.

ODDS' Response Protocol

ODDS requires all facilities and Community Developmental Disabilities Programs (CDDP) to report all COVID-19 presumed and positive cases to ODDS. Facilities and CDDPs are additionally required to report on existing availability of staff, PPE or other concerns that they feel are inherent in keeping residents healthy. Reporting requirements can be found in the [Scenarios and Reporting Requirements document](#).

When an outbreak is identified with a facility, ODDS will make contact with the program manager at the CDDP to identify what is known and not known about the facility; number of current residents; facility infection control plan; isolation or quarantine plan for residents; facility access to personal protective equipment and

availability of staff. ODDS will share the Smaller Congregate setting toolkit with the CDDP and require it is shared with facility.

Depending on the CDDPs understanding of the stability of the facility, ODDS may convene a conference call with the CDDP and the facility, LPHA and UERT to identify any gaps in care to the individuals in the home.

Questions to discuss during the call include (but are not limited):

- needed supports such as staffing support,
- support moving individuals in order to isolate or quarantine,
- exceptions to staffing requirements, and
- variances to licensed capacity size.

The result of this meeting will inform next steps to stabilize the facility. Next steps may include (but are not limited):

- Site visit by case manager and DD licensing,
- Sanitization,
- Training to staff of appropriate use of PPE,
- All staff and residents being tested, and
- Additional PPE prioritized for the facility

If the facility is unable to stabilize and additional staff and individuals become ill, additional supports will be needed to continue care for the individuals living in the facility.

ODDS will report to the RCSG if the facility is unable to stabilize and provide care to individuals living in the facility. Report will be sent to the Community.LifeLine@dhsosha.state.or.us

Oregon Health Authority Acute and Communicable Disease (ACDP) Urgent Epidemiology Response Team (UERT) Response Protocol

When an LPHA identifies three (3) or more COVID-19 case(s) associated with a facility, OHA's COVID-19 investigation guidelines require a LPHA to input that information immediately into the state's reportable disease database (ORPHEUS) and to notify OHA UERT when a facility is identified with an outbreak. Once OHA UERT is aware of an outbreak associated with a facility, it will immediately contact ODDS and share a summary of the situation including: case volume, infectious period dates, any facility prevention measures in place, issues of concern

associated with the facility, and any other pertinent information with the regulatory State Agency and RCSG.⁴

The OHA UERT will monitor the stability of the facility with LPHA. If the facility is unable to stabilize without additional support, the UERT will inform RCSG that the facility is unable to stabilize and that additional supports are necessary.

COVID-19 Response and Recovery Unit (CRRU)

Regional Coalition Support Group (RCSG) Response Protocol

During a coordinated response, if the UERT identifies that the facility requires additional support or resources to assist in preventing or slowing the spread of disease, including supporting employees at the facility, the RCSG will be contacted by the UERT (or ODDS). If agreed between UERT and RCGS that additional support is needed at the facility, the RCGS will complete a Mission Analysis that includes an assessment of the risk of instability based on:

- Number of COVID-19 positive cases
- Continued exposure and increase in COVID-19 positive cases
- Continued risk of the facility's inability to meet the needs of the residents
- Continued risk of community and cross-community exposure
- Contact tracing ability and response
- Testing resources
- Continued concern and lack of precautionary measures being effectively established and implemented
- Agencies response and willingness to coordinate safety efforts with LPHA, ODDS and RCSG.

The RCSG will verify information with the OHA UERT epidemiologist assigned to the outbreak, along with identifying gaps and providing technical assistance as identified. The RCSG will produce a daily mission analysis based on data and intelligence gathered and share with LPHA, UERT and ODDS as needed and agreed upon during the pre-tactics meeting. Mission analysis will be completed as new

⁴ OHA's investigative guidelines will also require the LPHA to do the following:

- Notify the facility that there is a COVID positive result associated with the facility and provide information regarding immediate measures the facility can take to limit the spread of the disease, the playbook and toolkit information. If there is more than one confirmed or suspect case associated with the facility, that information will be shared with the facility as well.

information is made available to the RCSG via the Community.LifeLine@dhsosha.state.or.us.

The RCSG supervisor will provide a status update to the CRRU director.

Inter-Agency Support Team (IAST) Response Protocol

The IAST Supervisor relies on the Mission Analysis completed by RCSG and ODDS indicating inability to stabilize with the support of the LPHA and UERT.

- RCSG and IAST supervisors convene a meeting to determine level of risk with input from ODDS.
 - Initial Agenda and Planning template is completed by IAST supervisor
 - Upon review of the Mission Analysis, the CRRU will determine whether further escalation is necessary and whether an IAST needs to be activated. The decision will also be based on:
 - Facility inability to safely support individuals;
 - Lack of staffing;
 - Facility inability to properly train staff to use PPE and staff have demonstrated unwillingness to use PPE; and
 - Facility unable to contain spread

IAST: Develop Initial Evaluation and Action Plan – IAST Playbook

The IAST will follow the Inter-Agency Support Team Playbook in coordinating additional resources and support.

Strategies for the IAST to consider:

Strategies will be discussed between CRRU IAST and ODDS. Strategies to be implemented by ODDS and CRRU:

Strategy 1. Review of Smaller Congregate setting toolkit resources and precautions

- 1) ODDS and LPHA will ensure provider has reviewed toolkit and is applying tools
- 2) ODDS to identify if training is needed for any staff
- 3) ODDS to identify if additional PPE is needed

Strategy 2: Strengthening staffing in existing facility

- 1) Complete ODDS DD Residential setting Risk Assessment
 - a) Staffing of existing facility in the home
 - b) Additional ODDS Staffing Support
 - c) Contracted staffing

Strategy 3: License vacant home if facility program has a separate home that is currently empty and not licensed

1. Determine capacity
2. Determine age for support (18 and over or an age less than 18)
3. Identify if variances are appropriate or necessary

Strategy 4: Transfer of individuals to separate facility or facilities

- 1) IAST may help to coordinate individuals to alternative facility or hospital when provider is unable to transfer them safely
- 2) AMR contracting is in place through OHA and may be used for transport of individuals between facilities when there is absence of an existing transportation resources.
- 3) Identify appropriate level of care for individuals and assess if transfer of sick or well is most sensible
- 4) Hospital transfer should be reserved for those requiring hospital-level acute care only
 - a) Transfers must occur in collaboration with the local case management office
 - i) Local office communicates with any legal guardian; health care representative; family
 - b) Criteria for hospital transfer should be mutually agreed upon between OHA and the EMS Chief Medical Officer.
 - c) Review whether the individual's wishes are congruent with hospital level of care (e.g., according to their advance directives or POLST)
 - d) If multiple individual transfers are expected, contact the Regional Resource Hospital (or closest hospital) to ensure they have situational awareness.
 - e) If hospital transfer is warranted ensure that pertinent medical information is sent with the individual to the hospital, including any assessment that indicated need for hospital level of care.
 - f) Work with the facility to decide if individual(s) will be returned to the facility upon discharge.

- 5) Utilize Regional Response Teams in place as the community discharge unit. This unit will work together with hospital, facility, CCO, EMS and county to create a community discharge plan together.
- 6) Work with local case management office to make sure that families are informed and know where the resident has been transferred.

Strategy 5: Establish and transfer individuals to Emergency Health Care Center (EHCC)

- 1) Assess options for transfer to Emergency Health Care Center

NOTE: Facility safety of workforce and individuals are the priority before moving any individuals. This includes assessment of cleaning protocols, infection control protocols, safety plan, verification of and continued monitoring for commitment to prevention of abuse & neglect and ensuring individual capacity allows for social distancing adherence. COVID Emergency Health Care Center (EHCC) transfers should be limited to individuals needing long term care (ADL assistance, med management, nursing tasks, etc.) that do not require respirators or other hospital level of care.

- 2) Work with local case management office to make sure that families are informed and know where the resident has been transferred.
- 3) Work with facility ombudsman on communication efforts
- 4) Use individual tracking form to ensure movement from and back to facility.

Strategy 6: Additional support through ambulance support team to do assessment and evacuation

- 1) Work with facility, CDDP, ODDS and OHA to get approval to send a team in for assessment and possible evacuation.
- 2) Utilize the Oregon Ambulance through OHA IMT.
- 3) Develop mission for the ambulance support team
- 4) Developing list of needs for the facility (i.e. lab test kits, PPE).

Strategy 7: force closure or suspension

- 1) If the facility is unable to stabilize with local and state resources and individuals' health is at risk, DD licensing may issue a Notice of immediate suspension

Strategy to reopen if the facility closes, what will be needed from IAST to reopen?

- 1) Facility will need sterilized
- 2) Staff training with sufficient PPE available upon return of individuals
- 3) Staff will need to have quarantined prior to home reopening to ensure non-exposure

Appendix contacts:

OHA ACDP UERT:

After hours and weekend, the facility should contact the Duty Officer:

State of Oregon

Public Health Duty Officer

Voice/text: 971-246-1789

PHP.DUTY-OFFICER@state.or.us

Oregon Emergency Response System

800-452-0311

Regional Coalition Support Group (RCSG):

Community.LifeLine@dhsosha.state.or.us

Office of Developmental Disabilities Services (ODDS):

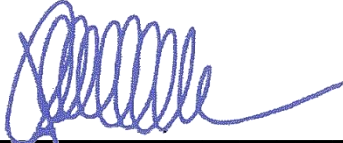
Primary contact = Chelas Kronenberg/ 971-600-7892

Chelas.a.Kronenberg@dhsosha.state.or.us

Backup contact = Lilia Teninty/ 503-990-3347

Lilia.Teninty@dhsosha.state.or.us

06/xx/2020 initial approval



Signature

June 24, 2020

Date

Jana McLellan Administrator of COVID-19 Response Unit



Signature

June 24, 2020

Date

Lilia Teninty Administrator for Office of Developmental Disabilities Services