



# Pandemic Plan: Coronavirus I Am Boundless, Inc.

Boundless Coronavirus Pandemic  
Hotline: 1-888-901-3477  
[iamboundless.org/covid19](http://iamboundless.org/covid19)

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## **Introduction**

Pandemic influenza is a global outbreak of disease that occurs when three conditions are met:

- (1) A new type of influenza. This is when a virus appears or “emerges” in the human populations (usually due to mutation of an animal version of influenza, e.g. bird flu);
- (2) It causes serious illness in people; and
- (3) It spreads easily from person to person worldwide.

Since the public does not have pre-existing immunity to a new virus, a pandemic influenza virus is anticipated to result in a serious disease in humans. Pandemic influenza differs from the seasonal flu. Due to frequent international travel and movement of goods, a pandemic influenza virus is anticipated to spread worldwide within three months. The influenza vaccine, which usually takes over six months to develop, produce, and distribute, may not be available if a pandemic occurs or be effective on the pandemic.

If a pandemic influenza virus arrives, those who have contracted the virus will be contagious two to four days before they show symptoms. Depending on the virus strain, a significant number of the population may be sick enough to require hospitalization and even intensive care. A “wave” of a pandemic may last six to eight weeks, with the greatest number of people ill in the third week. States may experience two or more pandemic waves that arrive three to nine months apart. Every time a pandemic wave arrives, rates of absenteeism at workplaces may be as high as 50% during some weeks because people will be providing care for sick family members or be sick themselves.

Due to the anticipated reduction in the workforce, temporary delays and shortages in essential services and supplies requires a pandemic influenza readiness plan. Planning for pandemic influenza is critical for ensuring a sustainable healthcare response. This policy has been developed to assist in our comprehensive pandemic influenza planning. These materials have also been designed to augment existing readiness planning; and are to be adapted to meet the needs and circumstances of each business product line.

IAB has a plan designed to protect our employees and the people we serve while keeping our business functioning during a disease outbreak. We plan to do that by having the following objectives:

- (1) Reduce the spread of disease among staff;
- (2) Protect people at higher risk for complications;
- (3) Maintain business operations; and
- (4) Minimize impact on our customers and business partners.

## **Plan Phases**

The IAB Pandemic Plan will be coordinated through four phases:

- **Phase 1** – Notification of Potential Pandemic Flu in the Country (World Health Organization declares the outbreak a “[public health emergency of international concern](#)” PHEIC).
- **Phase 2** – Notification from CDC/government of person to person virus transmission in United States in numbers that would cause the declaration of a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding.
- **Phase 3** – Notification from the state of where Boundless does business declaring a state of emergency in that state to protect the well-being of that state’s citizens from the dangerous effects of a pandemic;

OR more than one confirmed case in the county of our offices within our regions and our extension locations or any of its contiguous counties in the states where we do business.

- **Phase 4** – Notification from state where Boundless does business declaring a state of emergency and the closure of non-essential businesses in that state to protect the well-being of that state’s citizens from the dangerous effects of a pandemic;

OR arrival of more than one confirmed case of the virus in our core offices within our regions and/or in our extension locations, directly affecting our operations.

## Phase 1: Universal (organization-wide) actions

Notification of Potential Pandemic Flu in the Country (World Health Organization declares the outbreak a “[public health emergency of international concern](#)” PHEIC)

### 1. Executive and Leadership Duties

- a. Review WHO, site and recommendations
  - i. Monitor the rate of occurrence and the rate of fatalities
  - ii. Monitoring performed by Compliance/Risk Management weekly
- b. Monitor CDC site and recommendations
  - i. Monitor the rate of occurrence and the rate of fatalities
  - ii. Monitoring performed by Compliance/Risk Management weekly
- c. Review/revise plan
  - i. Review emergency management plans of each business line and determine if any updates are needed
  - ii. Review Pandemic Plan and determine if any adjustments are needed
  - iii. Review other applicable policies and procedures and determine if any updates are needed
- d. Review and/or develop communications plan
  - i. Arrange to have information on our website
  - ii. Identify internal communications sites (like internal home pages, landing page for payroll, etc.)
  - iii. Cross-train communications staff on technology used for communications
- e. Actions
  - i. Add hand sanitizer to front desks
  - ii. Add signage to tell people to reschedule appts if sick
  - iii. HR to consider option to work from home

### 2. All Program Duties

- a. Remind Employees of Hygiene and Infection Control Measures (See Appendix C)
  - i. Post posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrances of the workplace
    1. Include posters that show universal precautions.
    2. Include posters that explain the difference between cleaning and disinfecting.
  - ii. Ensure soap dispensers are full and additional supplies are at the ready
  - iii. Provide hand sanitizer in multiple locations and routinely refill
  - iv. Instruct employees to clean hands often with an alcohol-based hand sanitizer or by washing hands with soap for at least 20 seconds.
  - v. Routinely clean commonly touched surfaces with appropriate cleaning supplies
- b. Determine what people and resources are required to keep your business line operating (required is separate and distinct from a wish list)
  - i. Determine Business Critical Functions
  - ii. Determine key partners, suppliers, and contractors
  - iii. Determine materials needed to continue to function
- c. Consider how your business will adjust if resources are constrained.
  - i. How can you back fill positions if employees are absent?

- ii. How can you accomplish critical tasks if key partners are unavailable?
- iii. How can you adapt if your supply chain is interrupted?
- d. Identify health risks/exposures your employees may face.
  - i. Likely to have face to face contact with a large number of people?
  - ii. Spending time in a health care setting, where they may come in contact with ill people?
  - iii. Determine the appropriate protective gear for each site to prevent spread
    - 1. Educate staff of what protective gear is needed, if any
    - 2. Provide the needed protective gear if and when available
  - iv. [www.Osha.gov/SLTC/covid-19/](http://www.Osha.gov/SLTC/covid-19/)

### 3. HR Duties

- a. Review policies and procedures for pandemic preparedness applicability to IAB
  - i. Changes, modifications or new policies will go through an expedited process to accommodate the urgency of the situation
  - ii. Policy will be posted on intranet as Board approval pending
- b. Anticipate absenteeism
  - i. HR to review list of employees for up to date information and confirmation
  - ii. HR to review list of essential, as needed, and non-essential employees and provide to Leadership
  - iii. Determine under the terms of the pandemic/emergency the following:
    - 1. Leave – paid or unpaid or exception to policies
    - 2. PTO use mandatory or nonmandatory or exception to policies
    - 3. FMLA applicability
    - 4. Documentation needed for leave or return to work
- c. New Employees
  - i. HR to determine whether to hold new employee orientation and how
    - 1. In-person
    - 2. Video conferencing/online testing
- d. Encourage personal preparedness
  - i. Ohio Dept. of Health Household Checklist - [https://coronavirus.ohio.gov/wps/wcm/connect/gov/c5ef86dc-2b02-4f0b-a794-3649a8d78f1d/COVID-19-checklist%2803-10-20%29.pdf?MOD=AJPERES&CONVERT\\_TO=url&CACHEID=ROOTWORKSPACE.Z18\\_M1HGGIK0N0JO00QO9DDDDM3000-c5ef86dc-2b02-4f0b-a794-3649a8d78f1d-n3rsJGC](https://coronavirus.ohio.gov/wps/wcm/connect/gov/c5ef86dc-2b02-4f0b-a794-3649a8d78f1d/COVID-19-checklist%2803-10-20%29.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-c5ef86dc-2b02-4f0b-a794-3649a8d78f1d-n3rsJGC)
  - ii. Ohio Dept. of Health Shopping Checklist - [https://coronavirus.ohio.gov/wps/wcm/connect/gov/10635b15-cf3c-4732-a64b-027c6ba41b73/Shopping+Checklist.pdf?MOD=AJPERES&CONVERT\\_TO=url&CACHEID=ROOTWORKSPACE.Z18\\_M1HGGIK0N0JO00QO9DDDDM3000-10635b15-cf3c-4732-a64b-027c6ba41b73-n3rxl9o](https://coronavirus.ohio.gov/wps/wcm/connect/gov/10635b15-cf3c-4732-a64b-027c6ba41b73/Shopping+Checklist.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-10635b15-cf3c-4732-a64b-027c6ba41b73-n3rxl9o)
  - iii. Ohio Dept. Health Quarantined Checklist - [https://coronavirus.ohio.gov/wps/wcm/connect/gov/1094e3d5-fd57-444d-8461-a10de01f4507/Checklist+for+Isolation+or+Quarantine.pdf?MOD=AJPERES&CONVERT\\_TO=url&CACHEID=ROOTWORKSPACE.Z18\\_M1HGGIK0N0JO00QO9DDDDM3000-1094e3d5-fd57-444d-8461-a10de01f4507-n3rxdJa](https://coronavirus.ohio.gov/wps/wcm/connect/gov/1094e3d5-fd57-444d-8461-a10de01f4507/Checklist+for+Isolation+or+Quarantine.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-1094e3d5-fd57-444d-8461-a10de01f4507-n3rxdJa)

#### **4. Facilities/Maintenance/Housekeeping**

- a. Review Local and State Department of Health recommendations regarding cleaning/sanitizing/disinfecting
  - i. Educate Leadership and employees regarding required cleaning if during active programming
  - ii. Educate Leadership and employees regarding required cleaning/deep cleaning if during when programming is suspended
- b. Obtain the appropriate cleaning supplies for each business line
  - i. Determine needs of each business line
  - ii. Determine storage and distribution of supplies of each business line
  - iii. Assist in cleaning of high-risk areas (high occupancy, high traffic, increase bodily fluids, accident zones and low staffing.)

#### **5. Finance**

- a. Establish a project code or cost center specific for the pandemic and/or emergency
- b. Provide instructions to leadership regarding use of the project code or cost center
- c. Collect information and give end total cost of event.

#### **6. Communications**

- a. Provide templates for creating memos or other types of communications
- b. Proof information for content, spelling and grammar
- c. Review mailing lists of key stakeholders, update as needed
- d. Provide information to the following:
  - i. Employees
  - ii. Families
  - iii. Other stakeholders
  - iv. Media
- e. Assist in the creation of posters or posted announcements

## Phase 2: Universal (organization-wide) actions

### Notification from CDC/government of person to person virus transmission in United States in numbers that would cause the declaration of a public health emergency (PHE) for the United States to aid the nation's healthcare community in responding

1. Review – monitor the rate of occurrence and the rate of fatalities
  - a. Determine if occurrence in state of Ohio
  - b. Determine if any occurrence is in a state that is contiguous to Ohio
2. Monitor – CDC, Ohio Department of Health and Columbus Department of Health sites and recommendations
3. Plan – review emergency management plans for each business line
  - a. Assemble Incident Command Center and review roles with Executives and Directors.  
Note: The Incident Command Center (ICC) is made up of key leaders within the organization, meets regularly during the time of the crisis, and is charged with making decisions for the organization during the time of the crisis.
  - b. Review Pandemic Plan
  - c. Initiate Needs Profile
  - d. Activate business line telephone tree
4. Determine Essential Services per Business Line
  - a. Review in terms of sufficient staffing
  - b. Review in terms of sufficient individuals served
  - c. Review in terms of sufficient resources
  - d. Review in terms of community safety
5. Consider practicing social distancing
  - a. Offer Team Meetings
  - b. Offer other video conferencing options
  - c. Consider stopping food trucks
6. Have HR review policies and prepare communications for employees
  - a. Offer Employee Assistance Program to assist in helping employees cope
  - b. Calamity Policy Update
  - c. Review HR policies regarding leave, pay, and benefits and communicate as applicable to the pandemic
  - d. Verify that the HR policies align with state and federal workplace laws.
  - e. Monitor webinars and government mandates
    - i. Visit the Department of Labor's website ([www.dol.gov](http://www.dol.gov))
    - ii. Visit the EEOC website ([www.eeoc.gov](http://www.eeoc.gov))
  - f. Lead the discussion regarding when to send employees home and the applicable ramifications
7. Work Environment and Wellbeing
  - a. Have CEO work with Communications to prepare messaging for employees
    - i. What we know about the pandemic – a short description
    - ii. That we have a plan in place
    - iii. Expectations of the organization and employees
    - iv. Promise to communicate updates, changes, and impact
  - b. Post flyers or signage
    - i. Do not enter/visit if sick; make arrangements for alternative meeting
    - ii. Reminder of universal precautions

- iii. Cleaning techniques clean vs. disinfecting
    - iv. Cover your Cough and Proper hand washing
  - c. Provide supplies to areas for increased cleaning
    - i. Provide for hand sanitizer at receptionist desks
    - ii. Sanitizer in common areas
    - iii. Develop a cleaning schedule
    - iv. Determine if we need to bring in contractors or agency help for cleaning
  - d. Personal Protective Equipment for the situation
    - i. What has been ordered
    - ii. For which program
    - iii. How it will be distributed (educate employees re: precautionary vs. only in the case of confirmed infection/exposure)
  - e. Assessment and inventory of touch points
    - i. Increase surface cleaning and cleaning between individuals served
    - ii. Consider removing blankets, throws or other cloth adjunctive materials in the offices
    - iii. In the alternative, wash adjunctive materials daily
  - f. Know the difference between cleaning, sanitizing and disinfecting. Use the correct product for the task.
    - i. Cleaning removes dirt and most germs. Use soap and water.
    - ii. Sanitizing reduces germs to safe levels.
    - iii. Disinfecting kills most germs, depending on the type of chemical, and only when used as directed on the label. (will be supplied by maintenance with instructions)
- 8. Facilities/Housekeeping/Transportation
  - a. Increase cleaning of bathrooms to twice a day
  - b. Consider purchasing of hand sanitizer and distribution to locales in each building
  - c. Increase cleaning of offices (or give instructions of what people should use to assure mitigation of the virus)
  - d. Increase posters regarding cover your cough and wash your hands
  - e. Increase internal cleaning of van
- 9. Communications
  - a. Begin twice weekly communication from CEO
  - b. Help educate employees regarding ways to stay healthy
  - c. Help educate families regarding the virus and precautions that we are taking as an organization
- 10. Actions
  - a. Apply applicable infection control measures
    - i. Provide soap, water, and alcohol-based hand rubs in multiple locations and routinely refill
    - ii. Instruct employees to clean hands often with an alcohol-based hand sanitizer or by washing for at least 20 seconds.
    - iii. Supply tissues and no-touch waste bins
    - iv. Ask employees to stay home when sick.
    - v. Routinely clean commonly touched surfaces
    - vi. Increase hand washing
      - 1. Upon entrance into buildings
      - 2. Before eating

3. After eating
  4. Whenever going to bathroom
  5. Right before leaving for home.
- b. Apply applicable office infection control measures
    - i. Instruct employees to clean hands often with an alcohol-based hand sanitizer or by washing for at least 20 seconds.
    - ii. Instruct employees to wipe down desks and door handles each day.
    - iii. Supply tissues and no-touch waste bins
    - iv. Ask employees to stay home when sick.
    - v. Routinely clean commonly touched surfaces
    - vi. Increase hand washing
      1. Upon entrance into offices
      2. Before eating
      3. After eating
      4. Whenever going to bathroom
      5. Right before leaving for home.
      6. Switch from handshaking to other non-touch forms of acknowledging people
  - c. Activate the business line telephone tree
  - d. Start to review business lines to review predictive factors and impact on programs
  - e. Update the list of individuals served and their information
    - i. Name and phone numbers of parents/guardians
    - ii. Name and phone numbers of physicians
    - iii. Programs attending
    - iv. Special Considerations
    - v. Special notes in case of emergency on site
  - f. Create a triage of needs for individuals served
    - i. Who will you continue to see in person and why?
    - ii. Who will you offer telecommunication opportunities?
    - iii. Who will you suspend services?
    - iv. What will be the business triggers for each of the decisions above?

### Phase 3: Universal (organization-wide) actions

**Notification from state of Ohio declaring a state of emergency in Ohio to protect the well-being of Ohioans from the dangerous effects of a pandemic /or more than one confirmed case in the county of one or more offices within our regions and/or our extension locations or any of its contiguous counties in Ohio. This information is universal and should be used with all of our business lines and sites.**

1. Monitor – monitor the rate of occurrence and the rate of fatalities
  - a. Broadcast to employees to help message our intended actions
    - i. Daily messages from Leadership to their business line
    - ii. Status of Organization and Status of business line
  - b. Increase messaging on:
    - i. Cover your cough
    - ii. Wash your hands
    - iii. Get a flu shot
    - iv. Stay home if you are sick
    - v. Remind people to give everyone their “personal space” (social distancing)
    - vi. No shaking of hands, no fist bumps use other forms of acknowledgment
    - vii. Monitor social environment at work
    - viii. <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
2. Prepare reception, entrance, and greeting spaces
  - a. Provide Signage at sign-in desk asking the sick to stay home
  - b. Provide hand sanitizer at the sign-in desk
  - c. Consider using screening tool for those attending sessions
  - d. Assessment and inventory of touch points
    - i. Increase surface cleaning and cleaning between individuals served
    - ii. Consider removing blankets, throws or other cloth adjunctive materials in the offices
    - iii. In the alternative, wash adjunctive materials daily
  - e. Know the difference between cleaning, sanitizing and disinfecting. Use the correct product for the task.
    - i. Cleaning removes dirt and most germs. Use soap and water.
    - ii. Sanitizing reduces germs to safe levels.
    - iii. Disinfecting kills most germs, depending on the type of chemical, and only when used as directed on the label.
    - iv. Report need for supplies to supervisor
  - f. Wash hands often
    - i. Upon entrance into buildings
    - ii. Between meetings with individuals served
    - iii. Before eating
    - iv. Before and after going to the bathroom
    - v. Before going home
3. Monitor Infection control measures – spot check to make sure measures are being done

- a. Provide soap, water, and alcohol-based hand rubs in multiple locations and routinely refill
  - b. Instruct employees to clean hands often with an alcohol-based hand sanitizer or by washing with soap for at least 20 seconds.
  - c. Supply tissues and no-touch waste bins.
  - d. Ask employees to stay home when sick.
  - e. Routinely clean commonly touched surfaces with appropriate cleaning materials.
  - f. Increase hand washing
    - i. Upon entrance into buildings
    - ii. Before eating
    - iii. After eating
    - iv. Before and after going to bathroom
    - v. Before going home.
  - g. Wipe down all surfaces twice a day with sanitizing wipes
    - i. At the start of the day
    - ii. After lunch
    - iii. Before going home
4. Protect employees from racial talk or racist behaviors
- a. Watch for conduct that may result in disparate treatment
  - b. Remind employees of the compliance hotline or report to HR
5. Activation of the Incident Command Center
- a. Logistics will come through the Command Center
  - b. Trouble shooting will go through the Command Center
  - c. Top decisions will come from the Command Center
  - d. Communications will come only through appropriate Advancement Staff
6. Consider containment measures – All will be discussed with the Incident Command Center
- a. Remind individuals of “personal space” to help with social distancing
  - b. Stopping in-person visitors
  - c. Offer TEAMS™ Meetings
  - d. Offer other video conferencing options to individuals served
  - e. Consider stopping food trucks or other routine external visitors to campus
  - f. Limit or restrict visitation depending on Health Department mandates
    - i. Consider video conferencing options for families and visitors of individuals served
    - ii. Prepare families and arrange for continued communications with loved ones
    - iii. May consider not attending schools/programming/worksites
    - iv. Set rules for when residents leave the housing, what qualifications are needed to return to the house
      - 1. Clearance from a doctor
      - 2. Clearance according to a checklist provided by Boundless
      - 3. Options for failure to pass clearance tests
  - g. No catered buffet style lunches
  - h. Office employees encouraged to work from home
    - i. Utilize TEAMS™ meetings
    - ii. Document sharing from web
7. Consider activating each program’s triage of patient needs for individuals served
- a. Who will you continue to see in person and why?
    - i. Create the list and start giving notice to individual served

- ii. Offer video conferencing for those who want to continue to come on site
  - b. Who will you offer telecommunication opportunities?
    - i. Create the list and start giving notice to individuals served
    - ii. Set up and use video conferencing for those identified
  - c. Who will you suspend services?
    - i. Provide notice
    - ii. Give advice on how to continue plan
  - d. Pull out your list of business triggers and review every other day to determine whether or not to see individuals served.
- 8. Employee screenings/restrictions use CDC, Ohio, (See Appendix A, B)
  - <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>
  - a. Determine what business lines will require what kind of screening
  - b. Determine who will administer screening
  - c. Vacations to or from US Virus Banned States or Countries
    - i. Screen via the phone first.
    - ii. Note from Physician permission to return to work
    - iii. If no note, send to workers' comp screening place for screening
  - d. Work Travel to Places on US Virus Banned States or Countries
    - i. No booking of travel to banned states or countries
    - ii. Consider teleconference opportunities
  - e. Seminars, conferences, workshops
    - i. Cautious booking
    - ii. Consider teleconferencing options
  - f. Determine options for employees who have been absent for extended periods of time due to pandemic
    - i. FMLA options
    - ii. Obtaining physician's clearance prior to return
  - g. Determine options for employees who have been in close contact with someone sick for extended periods of time with pandemic
    - i. FMLA options
    - ii. Obtaining physician's clearance prior to return
  - h. Resources:
    - i. <https://www.osha.gov/SLTC/covid-19/standards.html>
    - ii. <https://www.osha.gov/SLTC/covid-19/>
- 9. Screenings of individuals served
  - a. Screenings may be same as above
  - b. Develop rules regarding any identified individual served having symptoms
  - c. Consider having hot houses (houses that have the sick individuals in them) that separate the sick from the healthy. May transfer sick residential to respite beds.
  - d. Caring for sick individuals served by Boundless
    - i. Identify who will take care of the sick individual
    - ii. Provide PPE, if applicable, to employees
    - iii. Refer employees who refuse to care for the sick individual to HR.
    - iv. Determine who to contact in case of employee shortages. (agency, mandate policy, volunteers, etc.)
- 10. Activate Business Line emergency plan
  - a. Update telephone tree for essential and as-needed employees
  - b. Provide instruction to employees regarding their roles during the pandemic

- c. Identify business trigger points that necessitate a change in normal business operations
    - i. Communicate those points to the Incident Command Center
    - ii. Communicate contingency plan to continue operations at a partial level
    - iii. Communicate decision to cease operations and impact on:
      - 1. Employees
      - 2. Individuals served
      - 3. Organization
11. Consider long-term effects of pandemic
- a. Survey the supplies needed to combat pandemic
    - i. Contingency contracts in place
    - ii. Offsite storage of needed supplies
    - iii. Local resources of supplies from like organizations or emergency organizations
  - b. Review the contingency methods of communication and documentation we need if computers fail
    - i. Contingency Plan for using laptops at home
    - ii. Contingency Plan for using teleconference modalities
    - iii. Alternative documentation to receive reimbursement for care
  - c. Review food/water necessary to feed the people we serve for 30 days
    - i. Survey current emergency stock
    - ii. Supplement emergency three day stock
    - iii. Store emergency supplement off-site to aid in triaged distribution
  - d. Review the needed generators, fuel for generators and sources for generators and fuel replacement supplies if needed
  - e. Review human resources
    - i. Remind employees who is essential, as needed, and non-essential
    - ii. Review contracts for agency or contingency staff

### **Phase 3: Supportive Living Homes, Parent Directed Program, Other Community Based Residential or Clinical Programs, and Intermediate Care Facilities**

**In addition to the universal Phase 3 actions noted above, Boundless follows the advice and guidance from the government and the Ohio Department of Health. Based on the living situation, all staff working in supported living homes, the Parent Directed Program and Intermediate Care Facilities should consider the following additional actions:**

1. Watch for signs and symptoms of the flu in the people served
  - a. Isolate/separate the sick from the healthy in the house
  - b. Use recommended PPE, if applicable and available, when caring for the sick
2. Consider stopping transport of individuals served to programming, jobs or other activities
  - a. Notify parents and guardians of decision and why
  - b. Have alternative activities on-hand to engage individuals served
3. Consider limited or restricted visitation
  - a. Set up alternative forms of visitation with family and guardians
  - b. Increase personal communication with families and guardians using phone or video conferencing
  - c. Schedule set communication times with family and keep them
4. Create a List of business triggers that would necessitate closing down a specific location
  - a. Identify the triggers
    - i. Sickness of individuals served
    - ii. Sickness of employees and lack of replacement resources
    - iii. Lack of supplies to continue to run the location
    - iv. Lack of food and/or food sources
    - v. Government Mandate
  - b. Identify a contingency plan to place the individuals served
    - i. Hospital
    - ii. Respite care elsewhere
    - iii. Respite care at IAB
5. Create an Emergency Contact List
  - a. 911
  - b. Supervisor
  - c. Primary Care Physician for individual served
  - d. Guardian/Parent/Family
6. Review the emergency food supplies and supplement the supplies to align with the health department directives
7. Contact the Incident Command Center for advice or before calling the health department.

### **Phase 3: Adult Day Services (DayHab) and Employment Programs, Outpatient Behavioral Health, and Center Based Programs**

**In addition to the universal Phase 3 actions noted above, we follow the advice and guidance from the government and the Ohio Department of Health. If told to shut down, we will give notice and abide by health department mandates. Based on the services provided, all staff working in Day Programs, Outpatient Behavioral Health and Center Based Programs should consider the following additional actions:**

1. Consider containment measures
  - a. Remind individuals of “personal space” to help with social distancing
  - b. Stopping in-person non-essential visitors
    - i. Sales representatives
    - ii. Friends, family, other invitees of employees
    - iii. Limit support persons to one support person per visit/pick up per individual served
  - c. Offer TEAMS™ meetings with internal staff
  - d. Consider stopping food trucks or other routine external vendors to location
  - e. Limit or restrict visitation depending on Health Department mandates
    - i. Consider video conferencing options for families and visitors of individuals served
    - ii. Prepare families and arrange for continued communications with loved ones
    - iii. May consider not attending schools/programming/worksites
    - iv. Set rules for when residents leave the program, what qualifications are needed to return to the program
      1. Clearance from a doctor
      2. Clearance according to a checklist provided by Boundless
      3. Options for failure to pass clearance tests
  - f. No catered buffet style lunches
  - g. Office employees encouraged to work from home
    - i. Utilize TEAMS meetings
    - ii. Document sharing online
2. Increased infection control measures
  - a. Where applicable, disinfect mats after every use and at the end the day
  - b. Where applicable, disinfect protective gear/helmets after every use and at the end the day
  - c. Where applicable, protective gear to be bleached after every use and at the end the day
  - d. Mandate high frequency cleaning by all program staff
  - e. Provide reminders about frequent hand washing and proper technique
3. Identify the high-risk individuals served who spit or have increased bodily secretions/blood
  - a. Consider alternative treatment options from home/outside the program until pandemic passes
  - b. Educate staff regarding social distancing
4. Educate parents, guardians and others involved in care
  - a. Symptoms of Covid-19 sent home to families/guardians to prevent them from bringing individuals who are ill or showing symptoms to programming

- b. Warn parents/guardians that the individuals with symptom will be isolated and parents/guardians must bring them out of the program until good health returns.
- c. Where appropriate, created "go home" bags for the families/guardians who have decided to stop participating in programming.
- 5. Activate your triage of needs of individuals served
  - a. Determine which individuals will be seen in person
    - i. Create the list and give notice to individuals served and/or their guardians
    - ii. Offer video conferencing for those who want to continue to receive services
  - b. Determine which individuals will receive telecommunication opportunities
    - i. Create the list and start giving notice to individuals served and/or their guardians
    - ii. Use video conferencing for those identified
  - c. Determine which individuals will have suspended services
    - i. Provide notice to individuals and/or their guardians
    - ii. Give advice on how to continue plan
    - iii. Provide fact/help sheets specific to the unique issue(s) of each individual
    - iv. Provide information on where families/guardians can receive emergency help
  - d. Determine business triggers and review every other day to determine whether or not to see individuals served.

**1. Center Based Services only: Process to cease onsite services**

- a. Provide notice to children, parents and guardians
- b. Provide all children/ families with educational and behavioral guides and materials
- c. Offer telehealth by phone and video conferencing, with the intent of continuing care provided, preventing escalation of symptoms and crisis prevention or response planning
- d. Offer trauma informed crisis de-escalation education to families through phone or video conferencing
- e. Provide every family a guide as to what to do when there is a crisis in the home and how to access community resources
- f. Decide whether or not to offer services in the home for families and children, for whom this is indicated

#### **Phase 4: Universal (organization-wide) actions**

**Notification from state where Boundless does business declaring a state of emergency in that state and the closure of non-essential business to protect the well-being of that state's citizens from the dangerous effects of a pandemic /or more than one confirmed case in our core offices within our regions and/or in our extension locations, directly affecting our operations.**

1. All office employees must work from home. Use the tools discussed above.
2. Assess well-being of employees
  - a. Constant communications from Executive Team
  - b. Matrix Services to available to employees 1-800-866-1171
  - c. If employees see symptoms in coworkers, report to pandemic hotline.
3. Continue the Incident Command Center via TEAMS™ meetings
4. Determine Stop Business Triggers and commence
  - a. Notifications of staff, individuals served, families and other stakeholders
  - b. Business Continuity Plan activated
  - c. Communication with Health Department
    - i. Name of individual(s) inflicted
    - ii. Name of individual(s) who have been in contact with the affected individual(s)
    - iii. Assistance in knowing how to clean/disinfect/sanitize affected areas
  - d. Calls to partners, payers, participants
    - i. Department of Developmental Disabilities
    - ii. County Board of Developmental Disabilities
    - iii. Contractors and other vendors providing services during pandemic
    - iv. Ohio Medicaid
5. HR to provide a list of resources to assist employees in surviving change in work status
6. Leadership to partner with Health Department as to when to re-open.

#### **Phase 4: Supportive Living Homes, Parent Directed Program, Intermediate Care Facilities**

**Notification from state of where Boundless does business declaring a state of emergency in that state and the closure of non-essential businesses to protect the well-being of that state's citizens from the dangerous effects of a pandemic /or more than one confirmed case in our core offices within our regions and/or in our extension locations, directly affecting our operations. Affected Person in Program. In addition to the universal Phase 4 actions, we follow the advice and guidance from the government and the appropriate state's Department of Health. If told to shut down, we will give notice and abide by health department mandates. Based on the services provided, you should consider the following additional actions:**

1. Isolate affected individual.
2. Work with Incident Command Center to contact Health Department and physician of individual's illness
  - a. Determine testing
  - b. Determine placement of individual
3. Contact HR to determine appropriate action for employees affected.
4. Continue to apply applicable infection control measures
  - a. Instruct employees to clean hands often with an alcohol-based hand sanitizer or by washing with soap for at least 20 seconds.
  - b. Supply tissues and no-touch waste bins
  - c. Ask employees to stay home when sick.
  - d. Routinely clean commonly touched surfaces with appropriate cleaning supplies
  - e. Increase hand washing
    - i. Upon entrance into homes
    - ii. Before eating
    - iii. After eating
    - iv. Before and after going to bathroom
    - v. Before leaving for home.
5. Wipe down all surfaces twice a day with sanitizing wipes
  - a. At the start of the day
  - b. After lunch
6. Watch for signs and symptoms of the illness of remaining individual(s)
  - a. Isolate/separate the sick from the healthy in the location
  - b. Use available personal protective equipment (PPE) when caring for the sick
7. Stop transport of individuals served to programming, jobs or other activities
8. Create an Emergency Contact List
  - a. 911
  - b. Supervisor
  - c. Doctor for individual served
  - d. Guardian/Parent/Family
  - e. Contact the Incident Command Center for advice or before calling the health department.
9. Have plans in place to determine when to reopen building and when employees can return to work.



## Appendix A

<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

### Exposure Risk Categories

These categories are interim and subject to change.

CDC has established the following exposure risk categories to help guide public health management of people following potential SARS-CoV-2 exposure in jurisdictions that are not experiencing sustained community transmission. These categories may not cover all potential exposure scenarios. They should not replace an individual assessment of risk for the purpose of clinical decision making or individualized public health management.

All exposures apply to the 14 days prior to assessment.

For country-level risk classifications, see [Coronavirus Disease 2019 Information for Travel](#).

CDC has provided separate guidance for [healthcare settings](#).

Table 1. Risk Categories for Exposures Associated with International Travel or Identified during Contact Investigations of Laboratory-confirmed Cases

Risk Level	Geographic (Travel-associated) Exposures*	Exposures Identified through Contact Investigation
High	Travel from Hubei Province, China	Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection <i>without using recommended precautions for <a href="#">home care</a> and <a href="#">home isolation</a></i>
Medium (assumes no exposures in the high-risk category)	<ul style="list-style-type: none"> <li>Travel from mainland China outside Hubei Province or Iran</li> <li>Travel from a country with widespread sustained transmission, other than China or Iran</li> <li>Travel from a country with sustained community transmission</li> </ul>	<ul style="list-style-type: none"> <li>Close contact with a person with symptomatic laboratory-confirmed COVID-19</li> <li>On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction</li> <li>Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection <i>while consistently using recommended precautions for <a href="#">home care</a> and <a href="#">home isolation</a></i></li> </ul>
Low (assumes no exposures in the high-risk category)	Travel from any other country	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact
No identifiable risk	Not applicable	Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

\*In general, geographic exposure categories do not apply to travelers who only transit through an airport.

# CORONAVIRUS

## 2019-nCoV





**Dayton & Montgomery County**  
Public Health  
Prevent. Promote. Protect.

## Coronavirus Returning Traveler Information

Risk of Coronavirus transmission in the United States is LOW as of 2/4/2020

### SYMPTOMS



FEVER



COUGH



SHORTNESS OF BREATH

### HOW IT SPREADS



CLOSE CONTACT WITH PEOPLE WHO ARE SICK

SYMPTOMS MAY SHOW UP 2-14 DAYS LATER

THERE IS NO VACCINE

For the latest guidance for returning travelers visit [www.cdc.gov](http://www.cdc.gov)

## GUIDANCE FOR RETURNING TRAVELERS

### Arrive BEFORE Feb. 3

Travelers from anywhere in China, including Hubei Province, who arrived in the United States prior to February 3, 2020 are advised to self-monitor for fever and respiratory illness.

Travelers who develop symptoms within 14 days of arriving in the United States should avoid contact with others, and call their health care provider to tell them about their symptoms and recent travel history.



### Arrive ON or AFTER Feb. 3

As of February 3, 2020 travelers returning from the Hubei Province, China will be required to maintain a 14 day quarantine period near a United States airport of entry.

Travelers from all other areas of China are asked to self-monitor in their homes for fever and respiratory illness for 14 days after arriving in the United States, and call their health care provider if symptoms develop.

👤 People should not be excluded from activities based on their race or country of origin. This guidance is based only on a person's travel history.

### PREVENTION



WASH HANDS WITH WATER AND SOAP/HAND sanitizer, AT LEAST 20 SECONDS



AVOID CONTACT WITH SICK PEOPLE



DON'T TOUCH EYES, NOSE OR MOUTH WITH UNWASHED HANDS

### IF YOU ARE SICK



STAY AT HOME



AVOID CONTACT WITH OTHERS



COVER YOUR NOSE AND MOUTH WHEN SNEEZING



KEEP OBJECTS AND SURFACES CLEAN



WEAR A SURGICAL MASK

For more information visit [www.phdmc.org](http://www.phdmc.org)

2/1/2020

# What You Need to Know About **COVID-19**

**TRUMBULL COUNTY**  
BOARD OF  
DEVELOPMENTAL DISABILITIES  
*Their Journey. Their Needs. Our Support.*

## SYMPTOMS

- FEVER**
- SHORTNESS OF BREATH**
- COUGH**

## PREVENTION

- Stay home if you are sick
- Avoid close contact with people who are sick
- Avoid touching your eyes, nose, and mouth with unwashed hands
- Wash your hands often with soap and water for at least 20 seconds
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available
- Cover your cough or sneeze with a tissue

## HOW IS IT SPREAD?

- PERSON TO PERSON**
- CONTACT WITH INFECTED SURFACES**

For more information and facts about COVID-19, visit the CDC website at: [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus).

Sources: CDC, "What you need to know about coronavirus disease 2019 (COVID-19)"; <https://www.cdc.gov/coronavirus/2019-nCoV/downloads/2019-nCoV-factsheet.pdf>; Nationwide Children's Hospital, "What Parents Need to Know About COVID-19"; <https://www.nationwidechildrens.org/family-resources-education/700children/2020/01/novel-coronavirus>