State of Rhode Island and Providence Plantations

Department of Human Services

Office of Rehabilitation Services

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TO: ORS All Staff,

FROM: Ronald Racine, Associate Director

DATE: June 15th, 2020

SUBJECT: COVID-19 Reopening RI: What will ORS work look like during each phase.

**Overview:**

The Governor’s Office, the Dept. of Health, and DHS/ORS have been closely monitoring service delivery and workflow because of the COVID-19 crisis. As an agency, we continue to work under a teleworking process for rehabilitation counselors, supervisors, and others who would be able to do their work remotely. The Governor lifted the stay-at-home order on May 8, 2020, starting Phase 1. On 5/22/20, the Governor announced that Phase 2 will start on 6/1/20.

This is the likely plan for DHS-ORS during this upcoming phase. More detail is at <https://www.reopeningri.com/>.

**Phase Two:**

ORS will continue with the following telework procedures:

**Remote work:** All employees who can work from home should continue working from home. The Governor’s office and DHS continues to allow employees to come the office in a limited fashion to pick up paperwork or organize their work for continued teleworking. For employees who come to ORS, elevators will have limited capacity, and stairwells for entrance or exit will be one way and will be marked as such. Please note that gatherings will be limited to 15 people with proper social distancing.

Remember:

• Don’t come in if you are sick.

• When you are in the office, continue washing hands and following other hygiene best practices.

• Maintain six-foot spacing and wear a face covering. We have some available.

• Limit group sizes per RI Department of Health guidance.

We need to continue to instruct workers to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift, prior to any mealtimes, after cleaning, after removing gloves (where applicable), and after using the restroom. We will be providing hand-sanitizer (with at least 60% alcohol content) that can be used for hand hygiene in place of soap and water (sanitizer is an option only if hands are not visibly soiled. Also, we have made a plan for or arranged for cleaning of the business establishment at least once per day. These are common sense ideas but part of the Governor’s advisory.

We continue to be in direct communication with our vendors to ensure they are working with our customers in accordance with State and CDC guidelines. We are also asking for copies of provider COVID plans as they re-open for services to ensure that safety concerns are addressed. ORS will continue meeting with individuals virtually until further guidance detailing how face to face meetings will be structured safely.

Continue to follow the guidance put out earlier in the month regarding those individuals that you are working with who are actively looking for work right now. We want to thank you all again for your hard work and dedication. The State and our customers are going to need our services and expertise. All other business practices put in place since March will continue. The lobby will remain closed during phase two.

**Building safety Measures:**

BUILDING POLICIES

* All employees, visitors, and vendors will be required to wear masks when in common areas.
* Disposable masks will be available at security for those visitors and vendors who arrive without one.
* COVID-19 self-check health questionnaires will be posted on the entrances.

CLEANING

* The janitorial crew will continue enhanced cleaning within the lobbies, elevators, common areas, restrooms, and tenant spaces to focus on high touch areas utilizing disinfecting products approved by the CDC. We have added cleaning hours during the day to ensure frequent disinfecting of all high touch points in common areas (i.e lobbies, elevators stairwells, etc.).

SOCIAL DISTANCING

* Social distancing of 6 Feet will be encouraged at all times.
* Elevator capacity will be limited to Three (3) occupants.
* Stairwells will be one-way only. Stairwell #1 at the main lobby is for up travel, while the rear stairwell #2 is for down travel.

HVAC

* HVAC settings have been optimized for fresh outdoor air intake and filtration.

LIMIT TOUCHPOINTS

* Hands-free foot pulls will be installed on restroom doors.
* Double sets of doors (i.e. vestibules) will be propped open to limit touchpoints.

PERSONAL PROTECTIVE EQUIPMENT

* Hand sanitizer is available at multiple locations throughout common areas.
* Signs will be posted where appropriate to encourage hand washing for at least 20 seconds.

**In-Home Visits**

In Phase II, home-based services should use remote options to deliver care whenever possible.

In cases where in-person services cannot be provided remotely to support the health and wellbeing of the client, the below guidance outlines how to ensure client and provider safety. Providers and clients are encouraged to work together to resume in-person services safely.

* *RECOMMENDED*: PRIOR TO SCHEDULING A VISIT: Prior to scheduling a home-based service, the worker contact the client and conduct a verbal health screening using the screening criteria established by RIDOH. and ask about all members of the household.
  + If the client says “NO” for all screening questions, then the visit can be scheduled
  + If a client responds “YES” to any screening questions
    - If possible, provide the service remotely rather than scheduling a home visit.
    - If the in-person home visit is essential, encourage the client to call their healthcare provider for advice before the visit, especially if there has been contact with anyone with COVID-19 or the client has underlying health conditions. If requested by the client, the provider may assist the client with this, as appropriate.
    - Call again before the visit to ensure the client was able to consult with a healthcare provider for recommendations.
    - If the person who has been diagnosed with COVID-19 or who is symptomatic is a household memberand not the client or patient receiving direct services, they should be in another room, if possible, for the course of the visit.
* *REQUIRED*: DAY OF THE VISIT: The day of the scheduled visit, the worker should contact the client to conduct the verbal screening using the RIDOH screening tool and ask about all members of the household. *Note: if resources including appropriate PPE and thermometers are available, the provider may opt to screen the client’s temperature at the door.* 
  + If the client says “NO” for all screening questions, then the visit can occur.
  + If a client responds “YES” to any screening questions:
    - If possible, provide the service remotely or reschedule the visit until the client’s symptoms have resolved.
    - If the home visit is essential, the visit may proceed with appropriate precautions as defined below for proper PPE use.
    - If the person who has been diagnosed with COVID-19 or who is symptomatic is a household memberand not the client or patient receiving direct services, they should be in another room, if possible, for the duration of the visit.
* CANNOT SCREEN IN ADVANCE: In instances where it is not possible to screen a home in advance of the visit:
  + Reschedule the visit to another time once a screening can be conducted.

*Use of face masks and other personal protective equipment (PPE):*

If a client screens **negative** for symptoms of COVID-19 and the visit proceeds:

* Outdoor visit without close contact: If the home-based service can occur outside and all parties can easily, continuously, and measurably maintain at least six (6) feet of distance from each other for the duration of the service, then no PPE is required; however, it is strongly encouraged for the patient and the provider to wear a mask or cloth face covering.
* Indoor visit without close contact: The worker shall use a medical/surgical face mask for the duration of the visit and is encouraged to use gloves (gloves are single patient use and should be changed if contaminated). The client and any household members should wear cloth face coverings at all times, except for:
  + Anyone for whom use of such face covering would be damaging to his or her health; or
  + Anyone who is developmentally unable to use such face covering, including young children who may not be able to effectively wear a face covering; or
  + When a face covering would inhibit an activity of daily living (e.g. eating); or impair effective communication (i.e. Deaf/Hard of Hearing)
  + When a face covering would itself negatively impact the safety of an individual or lead to an increased risk of harm to others (e.g. near open flames).
* Indoor visit with close contact: The worker shall use a medical/surgical face mask and gloves for the duration of the visit (note: gloves are single patient use and should be changed if contaminated) and are encouraged to use eye protection. The client and any household members should wear cloth face coverings at all times, except for:

* + Anyone for whom use of such face covering would be damaging to his or her health; or
  + Anyone who is developmentally unable to use such face covering, including young children who may not be able to effectively wear a face covering; or
  + When a face covering would inhibit an activity of daily living (e.g. eating); or impair effective communication (i.e. Deaf/Hard of Hearing)
  + When a face covering would itself negatively impact the safety of an individual or lead to an increased risk of harm to others (e.g. near open flames).

If a client screens **positive** for symptoms of COVID-19, the worker shall should conduct the service remotely or reschedule.

*Best practices for proper PPE usage. The below guidelines should be followed as closely as possible to ensure provider and client safety. All circumstances vary, especially in home-based settings, and it may not be possible to follow the steps exactly. However, the below represents best practice from the CDC:*

Hand hygiene should be performed before putting on and after removing personal protective equipment (PPE) using alcohol-based hand sanitizer that contains at least 60% alcohol.

**Donning**: PPE should ideally be put on outside of the home prior to entry into the home. If unable to put on all PPE outside of the home, it is recommended that face protection (i.e., mask or respirator and eye protection if available) be put on before entering the home. Alert persons within the home that the provider will be entering the home and ask them to move to a different room, if possible, or keep a six-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.

**Doffing**: Ask client if an external trash can is present at the home, or if one can be left outside for the disposal of PPE. PPE should ideally be removed outside of the home and discarded by placing in an external trash can before departing the location. PPE should not be taken from the client’s home and into the main cabin of the provider’s vehicle. If there is no external trash can, the provider should ensure that they have plastic bags in their cars. Place the masks and gloves in doubled plastic bags and tie the bags shut tightly. Put the bags in the trunk of the car when driving. Throw them out in an external trash can as soon as possible.

If unable to remove all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be removed after exiting the home. If gown and gloves must be removed in the home, ask persons within the home to move to a different room, if possible, or keep a six-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home (following instructions above). Once outside the home, perform hand hygiene with alcohol-based hand sanitizer that contains at least 60% alcohol, remove face protection, and discard PPE by placing it in an external trash can before departing the location. Perform hand hygiene again.

**Phase Three:**

Has not been announced. Once details are announced, further guidance will be provided.