
COVID-19 Guidance for State Education and In-Reach Staff When Resuming In Person Intermediate Care Facility Visits

State Education and In-reach (E&I) staff are responsible to educate individuals living in Intermediate Care Facilities for People with Intellectual Disabilities (ICFs) about Home and Community Based Services per the State's Settlement Agreement with the Disability Law Center. Prior to the COVID-19 public health emergency, E&I staff educated individuals living in ICFs through face-to-face visits in the ICFs. During the COVID-19 public health emergency, the educational visits occurred remotely through video conferencing or telephone calls.

However, the State E&I staff aim to implement infection prevention and control measures to safely resume in-person ICF visits.

E&I staff face unique risks as it relates to COVID-19. While individuals living in ICFs may have less exposure from community contacts, visitation by E&I staff who spend time in the community pose an increased exposure risk. This risk is amplified by the outbreak potential associated with infected E&I staff unknowingly introducing COVID-19 into multiple ICFs where they visit individuals. As E&I staff resume in-person visits, it is critical staff review and adhere to the following guidelines and recommendations.

Infection Prevention and Control Program

- The Utah Department of Health (UDOH) and the Department of Human Services (DHS) who employ the E&I staff, will appoint a champion for the infection prevention and control program for all State staff. The champion will lead infection prevention and control education and training to staff visiting individuals living in ICFs.
- The agencies will provide necessary supplies to E&I staff who visit individuals in ICFs, including:
 - Hand hygiene supplies (FDA-approved alcohol-based hand sanitizer with 60-95% alcohol)
 - Personal Protective Equipment (PPE) (face masks and gloves)
 - Disinfection supplies from the [EPA List N](#)¹ for disinfecting items that are taken from one setting to another setting (i.e., laptops, pens, etc.).
- The infection prevention and control program champion will educate E&I staff on how to protect themselves and others during the COVID-19 pandemic.
 - Staff should demonstrate competency with proper putting on and removing PPE.
 - Reinforce sick leave policies and remind staff not to report to work when they are sick.
 - Emphasize the importance of wearing a face mask, physical distancing, and performing hand hygiene.¹

COVID-19 Vaccination

- Encourage E&I staff to get the COVID-19 vaccine. The COVID-19 vaccine may protect staff from severe illness, hospitalization, and even death.² Getting vaccinated may also help protect others,² including the high-risk population that E&I staff serve.

- Unvaccinated E&I staff who had prolonged close contact with an individual infected with SARS-CoV-2 will perform their visits remotely or reschedule the visit.
- Vaccinated E&I staff who had prolonged close contact with an individual infected with SARS-CoV-2 can continue in-person visits as long as they remain asymptomatic.
- Staff with a close contact exposure should be tested immediately and again between day 5 and 7 after the exposure, regardless of vaccination status.

Staff Screening

E&I staff visiting individuals in ICFs should conduct a self-screening prior to visits, regardless of vaccination status. A [Healthcare Worker Screening Tool and Passport](#) can be used as a guide for staff to screen themselves prior to visiting individuals in ICFs. Staff will:

- Screen for symptoms of illness by evaluating if they have experienced any of the following in the past 48 hours:
 - Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea.
 - If a staff member is experiencing COVID-19-like symptoms listed above, the staff member should be excluded from work and get tested for COVID-19, regardless of vaccination status.
- Check body temperature; body temperature must be less than 100°F to enter the ICF.
- Screen for exposure to family members or others who have tested positive for the COVID-19 virus, or exposure to anyone who has been sick or had symptoms of COVID-19 in the last 14 days.¹
- Determine if staff had a diagnosis of COVID-19 in the prior 10 days.

Personal Protective Equipment (PPE)

- Ensure E&I staff entering ICFs have completed education and training on the appropriate use of PPE, including putting on and removing PPE.
- E&I staff will wear face masks at all times during the visit, regardless of vaccination status. Individuals with disabilities may experience challenges to wearing masks safely. Anyone who cannot safely wear a mask should not be required to wear one. E&I staff working with individuals who are deaf or hard of hearing should consider wearing a clear mask or a cloth mask with a clear panel. If these options are not available, consider using written communication and decrease any background noise.
- Rather than wearing face shields to visit an ICF residing in a county with COVID-19 positivity rates >5% (county positivity rates can be found [here](#)), E&I staff will perform visits remotely.
- Gowns and gloves should be worn by staff when in close contact with individuals.
- The agencies will provide PPE to E&I staff who visit individuals in ICFs.

Visitation and Infection Prevention Core Principles in ICFs

- Staff will schedule visits ahead of time and understand the facility's infection prevention and control policies. Staff will limit visitation to areas designated by the facility. Visitors who fail to follow the facility's policies may be asked to leave the facility. Facility policies may include:
 - Screening visitors for symptoms, fever, COVID-19 exposure, and recent travel
 - PPE use during visitation.
- Staff will call the facility on the day of the scheduled visit or ask before entering whether the facility is experiencing a COVID-19 outbreak or the individual that staff will visit has COVID-19-like

symptoms, been exposed to an individual infected with COVID-19, or is diagnosed with COVID-19. If the facility states they have a COVID-19 outbreak or the individual has symptoms of, an exposure to, or a diagnosis of COVID-19, conduct the visit remotely or reschedule the visit.

- Staff will wear a face mask/PPE in accordance with most current CDC or [long-term care facility visitation guidance](#).
- Staff should perform hand hygiene upon entry to the building, prior to and after meeting with the individual, and upon exiting the building.
- Staff should go directly to the designated space for the scheduled visit. Staff should avoid contact with other residents and common areas of the facility.
- For group meetings with individuals living in ICFs (and the guardians/families), the facility should provide a large enough room to allow greater than six feet of distance between all participants of the group meeting.
 - As needed, staff will provide opportunities for participants to join virtually to reduce the number of people gathering.

References

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#visitation>
2. https://coronavirus-download.utah.gov/Health/Coronavirus_Vaccine_FAQ.pdf#page=9&zoom=100,92,345