Facilities

This guidance applies to services supplied by agency providers certified by the Ohio Department of Developmental Disabilities (DODD).

### Mandatory

#### Entering Facilities

- Maintain a daily log that includes the attendance of each participant including telephone number and address. Maintain the log for at least six months and make it available upon request to DODD, the Ohio Department of Health (ODH), or a local health department.

#### Reduced Capacity, Spacing

- Limit any services delivered in groups to 12 individuals per group.
  - This limit does not include employees or staff who are assisting the individuals.
  - Groups must comply with social distancing requirements, including by maintaining 6-foot social distance.
- To the extent feasible, use cohorting of participants to minimize the risk of disease spread and adverse health outcomes. Cohorting is the practice of gathering participants together as a group who eat, travel, and participate in activities and services together.
- Facilities must determine cohorts, not to exceed 12 individuals, and assign the same staff to the cohort throughout the day.
  - This limit does not include employees or staff who are assisting the individuals.

#### Sanitation

- Implement Centers for Disease Control and Prevention (CDC) guidance for cleaning, disinfecting, and sanitizing.
- Regularly clean high-touch surfaces.
- Maintain adequate inventory of personal protective equipment (PPE), supplies, and equipment.
- Establish hand-washing or a sanitization station at facility entrance. Require everyone to use upon entering and exiting the facility.
- Make sanitizer available throughout the facility.

### Recommended Best Practices

#### Entering Facilities

- Where possible, have a designated entry point that allows for participants to be picked up and dropped off safely, including providing enough space to permit participants to maintain safe distance from each other and staff and accommodates for adverse weather conditions. Do not allow anyone in the designated entry point without a mask.
- Use curbside pick-up and drop-off. This would include assisting people into the facility.
- Limit parent and visitor entry into the facility.
- Limit personal belongings brought into the facility.

#### Reduced Capacity, Spacing

- Establish as few points of entry as possible.
- Configure layout for enhanced infection control, including holding area for symptomatic individuals.
- Routinely review census to ensure compliance with 6-foot social distancing guidelines.
- Continuously evaluate the physical layout of the building to identify environmental changes supporting infection control and social distancing (e.g., storing furniture and removing magazines from common areas).
- Observe and evaluate spacing, communal meals, activities, vans and transportation to maintain adequate social distancing.
- Consider modifying facility hours to accommodate caregiver drop-off and pick-up as well as staggered schedules.
- Providers should have the resources and ability to offer activities that will not require handling shared items (unless people handling materials are properly gloved).
### Facilities (cont.)

- Train staff on:
  - Infection control.
  - Appropriate use of PPE and hand sanitizer.
  - Spacing/social distancing.
  - Sanitizing surfaces.
  - Facility procedures for COVID-19.
  - Other CDC recommended topics: [www=train.org/cdctrain/welcome](http://www.train.org/cdctrain/welcome).

- Train personnel necessary for the operations of the facility, which include, but may not be limited to, staff, contracted and emergency healthcare providers, and contractors conducting critical on-site maintenance.

- Routinely review CDC training and other state training resources to identify updated and or new training materials and opportunities.

- If possible, assign participants the same aide throughout the day.

- Consider a flexible schedule that staggers clients and staff in mornings and afternoons to avoid high volume or density of participants in the same location.

- Adjust appropriate staffing levels, including contingency plans for staff absences due to COVID-19.

- Require direct administrative staff who do not need to be physically present in the center to stay at home and work remotely.

- Assess and plan how to safely administer medication, including avoiding aerosolizing procedures, if possible, and having a private place to use inhalers and nebulizers.
  - When a provider is involved in these activities, the use of N95, eye protection, gown, and gloves is recommended PPE.
  - Providers should be educated on donning and doffing of PPE and disposal.
  - Cleaning and sanitizing of the area must be performed after each use.
  - Consider extending the time between the use of the area given concern for lingering aerosols.

### Staff

- Require employees to wear facial coverings at all times while delivering services.

- Require individuals receiving services to wear facial coverings unless an exception for a medical, functional, or practical reason is documented by the team in the individual’s person-centered plan.

- Ensure at least 6-foot social distancing between individuals, designating 6-foot distances with signage, tape, or other means, where possible.

### Masking and Social Distancing

- Provide clear signage and other methods of communication to all participants and visitors of the facility. This includes steps such as:
  - Post signage at entry requiring safe distancing and face coverings.
  - Post signage throughout for hand-washing, sanitization of equipment, and safe distancing.
  - Ensure all communications are culturally and linguistically appropriate, as well as accessible for individuals with disabilities.
  - Develop a communication plan for participants and families.
  - Educate participants and families about the risks of COVID-19 and safety measures.
  - Post signs with COVID-19 screening questions, if possible.
  - Post directional signage to encourage separation of entrances and exits, if possible.

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- Adjust appropriate staffing levels, including contingency plans for staff absences due to COVID-19.

- Require direct administrative staff who do not need to be physically present in the center to stay at home and work remotely.

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- Providers should install barriers when 6 feet of distancing is not possible to maintain physical distance.

- Providers can use temporary walls to divide a building into smaller areas to serve multiple groups, under the following circumstances:
  - Dividers should be at least 6 feet in height.
  - Dividers should be made from non-porous material or other material that can be sanitized.
  - Dividers must meet any requirements set by the Department of Commerce, local building department, state fire marshal, or local fire safety inspector.
**Mandatory**

**Transportation**
- Drivers and others must comply with state masking orders during transportation, pick-up, and drop-off.

**Confirmed Case**
- Immediately isolate and seek medical care for anyone who develops symptoms while at the facility.
- Perform a deep sanitation of the facility after identification of any individual, including staff, who tests positive for COVID-19.
- Contact and work with the local health department to identify potentially infected or exposed individuals to help facilitate effective contact tracing and notifications.
- Follow the guidance of healthcare authorities when determining if an individual can safely return after exposure or infection by (1) contacting the local health department and following their guidance, or (2) following current CDC and ODH guidance regarding safe return to work/ending quarantine or isolation after exposure to or infection with COVID-19.

**Recommended Best Practices**

- Drivers should accommodate spacing of participants and continued circulation of air.
- Drivers should use curbside pick-up and drop-off where possible.
- Encourage families to assist with transportation.