

Frank Olean Center

93 Airport Road
Westerly, RI 02891

Standard Operating Procedure

COVID-19 Pandemic

Physical Space and Occupancy Limits

COVID-19- 01

Policy: It is the policy of the Frank Olean Center to adhere to social distancing guidelines set forth by the State of Rhode Island during the Covid- 19 Pandemic

Adhere to Gathering Size Restrictions:

Follow the gathering size guidance for each phase of the Reopening RI plan See attached.
For Phase III, the gathering size is a maximum of 25 people.

These gathering size restrictions should be followed when planning home visits unless the reason for the service cannot be accomplished within the gathering size restrictions.

An entry in the client file should be made to reflect the reason(s) the gathering size restriction was not followed.

Apply Physical Distancing Measures

Follow CDC's physical distancing guidance.
Throughout the visit, all people should remain at least six feet apart whenever possible.
For homebased services that require close contact between clients and providers, appropriate personal protective equipment (PPE), should always be used and discarded as outlined in Proper PPE Usage.



Anthony J. Vellucci
Executive Director
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Standard Operating Procedure Proper PPE Usage

COVID-19 Pandemic COVID-19- 02

Policy: It is the policy of the Frank Olean Center follow best practices for proper PPE usage guidelines set forth by the State of Rhode Island and the CDC during the Covid- 19 Pandemic

All home-based services should use the below health screening, PPE, and cleaning procedures to conduct each visit. All providers should be trained in the proper use, donning, doffing, and disposal of PPE. In addition, all providers should be trained in the proper disposal or cleaning, when appropriate, of supplies and equipment that is used during a visit to a client who screens positive for symptoms of COVID-19.

Provider Screening Procedures:

1. Providers should be screened daily using the COVID-19 Screening Tool created by RI DOH.(See attached)
2. If a provider answers "YES" to any of the screening questions, they should not be allowed to conduct home-based services in person.
3. If a provider screens positive, they should follow CDC and RIDOH guidance (see human resources section below).

Client Screening Procedures:

4. Prior to scheduling a home-based service, the provider is encouraged to contact the client and conduct a verbal health screening using the COVID-19 Screening Tool for all members of the household.
 - If the client answers "NO" to all screening questions, then the visit should be scheduled.
 - If any household member answers "YES" to any screening questions:
 1. If possible, provide the service remotely or reschedule the visit until the client is medically evaluated or 10 days after the symptoms have resolved.
 2. 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.
 3. A note from physician clearing to resume services or negative test result before services resume to ensure the client was able to consult with a healthcare provider for recommendations.
 4. If the person who has been diagnosed with COVID-19 or who is symptomatic is a household member and not the client receiving direct services, they should be in another room, if possible, for the entire visit. The visit could proceed with appropriate precautions, including proper PPE use, as this should be considered a COVID-19 environment with risk factors due to high touch areas and asymptomatic COVID positive potential.
5. The day of the scheduled visit, the provider should contact the client to conduct the verbal screening using the COVID-19 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 check the client's temperature before entering the home.
 - If the client answers "NO" to all screening questions, then the visit can occur.
 - If a client answers "YES" to any screening questions:

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1. If possible, provide the service remotely or reschedule the visit until the client is medically evaluated and have provided a negative test result or 10 days after the symptoms have resolved.
 2. If the home visit is essential, the visit could proceed with appropriate precautions as defined below, including proper PPE use.
 3. If the person who has been diagnosed with COVID-19 or who is symptomatic is a household member and not the client or patient receiving direct services, they should be in another room, if possible, for the entire visit. The visit could proceed with appropriate precautions, including proper PPE use, as this should be considered a COVID-19 environment with risk factors due to high touch areas and asymptomatic COVID positive potential.
6. CANNOT SCREEN IN ADVANCE: In instances where it is not possible to screen clients and/or household members before the visit:
- o If possible, reschedule the visit to another time once a screening can be conducted.
 - o If an emergency or an unannounced visit is required, providers are encouraged to conduct a verbal health screening before entering the home and put on appropriate PPE based on the responses OR assume that the people who live in the home may be symptomatic and take the precautions listed below for a symptomatic household.

Use of Face Masks and Other PPE:

If a client does not have symptoms of COVID-19 and the visit proceeds:

7. 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 feet of distance from each other for the entire visit, then no PPE is needed; however, it is strongly encouraged that the participant wear a mask, if tolerated and will not impact their health, and DSP wear a mask or cloth face covering that covers their mouth and nose.
8. Indoor visit without close contact: The provider should wear a medical/surgical face mask for the entire visit and is encouraged to wear gloves. Gloves are single-patient use and should be changed after each visit ends --The client and any household members should wear cloth face coverings that always cover their mouth and nose, except for:
 - 9.
 - o Anyone for whom a face covering would be damaging to his or her health;
 - o Anyone who is developmentally unable to use a face covering, including young children who may not be able to effectively wear a face covering.
 - When a face covering would inhibit an activity of daily living (e.g. eating); or
 - 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).
10. Indoor visit with close contact: The provider should wear a medical/surgical face mask and gloves for the entire visit (gloves are single-patient use and should be changed if they are damaged or contaminated) and are encouraged to use eye protection. If an indoor visit must take place, open doors and windows, when possible, to allow for additional air circulation within the house. The indoor visit should only be between the provider and client, when possible. If an additional family member must be included, only the minimum required should be present during the visit, and proper physical distancing should be followed. The client and any household members should wear cloth face coverings that always cover their mouth and nose, except for:
 - Anyone for whom a face covering would be damaging to his or her health.
 - Anyone who is developmentally unable to use a face covering, including young children who may not be able to effectively wear a face covering.
 - When a face covering would inhibit an activity of daily living (e.g. eating); or

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- 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 has symptoms of COVID-19 or a screening is not possible in advance, such as in cases of emergency or unannounced visits:

11. If possible, the provider should conduct the service remotely or reschedule the visit until the client is medically evaluated or 10 days after the symptoms have resolved.
12. If the reason for the service cannot be accomplished remotely – such as in the case of an emergency – the provider should use full PPE, including a medical/surgical facemask/N-95 respirator, gloves, eye protection, and disposable gown.

Best Practices for Proper PPE Usage

The Frank Olean Center will follow the below guidelines 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, this represents best practice from the CDC.

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

Donning: PPE should ideally be put on outside of the home before going inside. If the provider is unable to do that, it is recommended that face protection (i.e., mask or respirator and eye protection, if available) be put on before entering the home. Alert anyone in the home that the provider is entering the home and ask them to move to a different room, if possible, or to 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 the client if there is a trash can outside of the home or if a trash can is permitted to be left outside for the disposal of PPE. PPE should ideally be removed outside of the home and discarded in a trash can before leaving the location. PPE should not be taken from the client's home and into the provider's vehicle. If there is no trash can outside the home, the provider should ensure that they have plastic bags in their car. Place used PPE into doubled plastic bags and knot the bags securely. Put the bags in the trunk of the car and throw them away in an outside 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 anyone who is in 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 outside trash can before leaving the location. Perform hand hygiene again.

Enhanced Cleaning and/or Disinfecting Procedures

13. Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains at least 60% alcohol.
14. Providers should sanitize their hands before the home-based service begins, regularly throughout the service, and immediately after leaving the home.
15. Providers should sanitize and disinfect frequently touched surfaces, such as car doors, steering wheels, phones, pens, laptops, toys, and any items used during the visit.

Providers should properly clean and sanitize any medical equipment



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Standard Operating Procedure
Guidelines Related to Travel

COVID-19 Pandemic
COVID-19- 04

The Frank Olean Center will follow all transportation guidelines when transporting a client in a car or van, staff should follow the car/van transportation guidance. This includes:

1. Physical distancing: To maintain proper distance, passengers should refrain from sitting in the front of the vehicle.
2. Vehicle ridership: Drivers should limit occupancy to no more than two passengers per vehicle, and passengers should be from the same household. If not, then only one passenger should be permitted per vehicle.
3. Cleaning procedures: Drivers should wipe down vehicle surfaces after each ride with disinfectant. This includes, but is not limited to, high-touch surfaces such as door handles, seat belts, and arm rests. Drivers should wear gloves when cleaning the vehicle.
4. Face coverings: All persons (drivers and passengers) are required to wear face coverings that cover their mouth and nose when providing or using the services of any car or van transportation in accordance with RIDOH regulations.
5. Sanitizing: Drivers should wash or sanitize hands on a routine basis. At a minimum, this should be done after each ride.

Ventilation: Drivers should avoid recirculating air through the car's ventilation system during passenger transport. Drivers are strongly encouraged to open windows or allow the passenger(s) to lower the vehicle windows, in accordance with CDC guidelines.



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Standard Operating Procedure

COVID-19 Pandemic

Employees Who Test Positive

Covid-19-05

Guidelines to assist individuals who are symptomatic and/or test positive for COVID-19 or who must quarantine based on potential exposure:

1. Each organization should have a plan to ensure that employees who are required to isolate based on a positive test for COVID-19 or are required to quarantine as a result of exposure, can safely stay out of the workplace and suspend all home-based services until cleared to return.
2. See attached: <https://health.rigov/publications/guidance/COVID-19-Quarantine-and-Isolation-Guidance-by-Population.pdf> (see attached)

Symptomatic Individuals:

- Call your primary care provider to get scheduled for a test. If you do not have a primary care provider you can call a respiratory clinic such as an Urgent Care Center, Community Health Centers and community-based clinics across the State.
- Unless you are experiencing a medical emergency, you should not go to any healthcare facility without calling first. The clinic will let you know how to get your test results.
- If you are a healthcare provider, call your primary care provider to be referred for testing. An order can be placed to be tested at a hospital based drive-up specimen collection site.
- With COVID symptoms, stay at home and isolate yourself to avoid spreading your symptoms until you receive your test results.
- If the test is negative, your name and contact information will be shared with public health staff at RIDOH to help with case investigation.
- You may return to work and follow PPE (Personal Protective Equipment) guidelines, such as wearing a mask at all times, socially distancing yourself and perform frequent handwashing as you continue to monitor your symptoms.
- If you start to have any symptoms of COVID-19 after you have been tested, call your primary care provider and ask to be retested and stay home until the test is negative.
- If the test is positive, your name and contact information will also be shared with the public health staff at RIDOH, who will ask you for a list

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of people you have had close contact with during your infection period.

- Stay at home, wash your hands frequently, wear a face mask or cloth covering, stay away from people in your home and clean all high touch surfaces (doorknobs, railings, phones, counters, faucet handles, etc.) every day. You can leave your home if these three things have happened:
 - At least three days (72 hours) have passed since recovery defined as resolution of a fever (without the use of fever-reducing medications),
 - Improvement of respiratory symptoms (e.g. cough, shortness of breath)
 - At least ten days have passed since symptoms first appeared.

If any of your symptoms get worse, call your primary care provider.

If you have been identified as a contact of someone who tested positive for COVID-19 you may be contacted by RIDOH. They will interview you to assess whether you need to be quarantined or not.

Self-quarantine means:

- Stay at home.
- Do not go to work, school or any other public places.
- Do not use public transportation.
- People in quarantine must distance themselves from others, including while at home.
- Monitor yourself and your symptoms.
- If symptoms develop, isolate at home. Call your primary care provider
- Get a COVID-19 test, as soon as possible.
- If NO symptoms develop you may leave quarantine after fourteen days.



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Staff Return to Work

COVID-19- 06

The Frank Olean Center will follow the RIDOH's guidance on Return to Work for Healthcare workers.

- You must self-quarantine for fourteen days if you traveled outside the fifty states or the District of Columbia.
- Any person coming to Rhode Island for a non-work related purposed from a location with a high community spread rate, must self-quarantine for fourteen days or until they received a negative COVID-19 test result.
- Close contact with someone who has symptoms of COVID-19, even if they have not been tested, must self-quarantine for fourteen days following contact or a negative Covid-19 test result.
- If you have been identified as a contact of someone who tested positive for COVID-19, you may be contacted by RIDOH, they will conduct an interview and will provide guidance on whether you need to quarantine and what that entails.
- If you are positive for COVID-19 you can stop self-quarantine (leave isolation) under the following conditions:
 - Been cleared by your PCP to return to work/resume services and provide a negative Covid-19 test.
- If you will not have a test to determine if you are still contagious, you can leave home after these two things have happened:
 - You have not had a fever for at least three days (72 hours) without use of fever-reducing medications and your respiratory symptoms (e.g. cough, shortness of breath, etc.) have improved and at least ten days have passed since symptoms first appeared.
 - Secure a note to return to work/resume services from your PCP.

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- Your health care provider may consider ordering a test if you are immunocompromised. There should be two negative tests 24 hours apart.
- If you tested positive and never had symptoms, you will need to isolate for ten days from the date of your positive test.

A handwritten signature in black ink, appearing to read 'Anthony J. Vellucci', with a stylized, cursive script.

Anthony J. Vellucci
Executive Director
Reviewed: 9/20