

Protocol for Reintroduction of People to Residences After Extended Family Visits (July 15,2020)

The Arc Westchester understands the need for people to return to their Arc of Westchester residences following extended stays with their family during the COVID-19 pandemic. This protocol is to make sure that this is done as safely as possible and as required by the Office for People with Developmental Disabilities (OPWDD).

To safely accept a person back to the residential program, these conditions must be met:

- 1. In the 14 days preceding the person's return, the Arc Westchester residence must have no known or suspected cases of COVID-19.
- 2. The person was not in close contact with anyone who tested positive for COVID-19 or who has or had symptoms of COVID-19 in the past 14 days.
- 3. The responsible family member confirms in writing that the person has not displayed any of the following symptoms in the 14 days prior to return:
 - Fever of 100.0°F or greater
- Headache
- Runny nose

Cough

- Sore throat
- Fatigue
- Shortness of breath/difficulty
 Abdominal pain breathing
- Wheezing

Chills

Vomiting

New loss of taste or smell.

Muscle aches

Diarrhea

If any of these symptoms are noted, the family will be referred to their medical provider or the Local Department of Health for assessment and testing.

- 4. Residential staff will ask if the person has traveled to a state or country identified on the New York State travel advisory list. If they have, the person will require quarantine for 14 days. A negative test prior to entry will not eliminate the need for such quarantine.
- 5. Prior to the reintroduction to the residence, the responsible family members will complete and sign the attached form confirming the accuracy of the information.
- 6. After returning to the Arc Westchester residence:
 - 1. Residential staff will observe the person for symptoms of illness for 14 days and report them to the covering nurse.
 - 2. The person may need to follow precautionary quarantine measures upon return, which will be implemented in collaboration with the Local Department of Health.



Required Information for Return to Residence to Be Completed by Family

| Name of Person Supported: | | Date:/ |
|---|--|--|
| Name of Family Member: | | |
| Please answer the follow | ving questions by checking the | e appropriate box: |
| symptoms of COVID- | -19 in the past 14 days. \square Yes | no tested positive for COVID-19 or who has or had in the last of the last or had in the last of the la |
| ☐ Fever of 100.0°F or greater | □Headache | ☐Runny nose |
| ☐ Cough | ☐Sore throat | □Fatigue |
| ☐Shortness of breath difficulty breathing | or \square Abdominal pain | □Wheezing |
| □Chills | □Vomiting | ☐ New loss of taste or smell. |
| ☐ Muscle aches | □Diarrhea | |
| If yes, where did the per | eled to an another state or co | untry? \square Yes \square No If travel was to ravel advisory list, the person will require quarantine |
| 4. I understand that after r | eturning to the Arc Westches | ter residence: |
| nurse and (2) the person m | • | ymptoms of illness for 14 days and report them to the ary quarantine measures upon return, which will be of Health. |
| I agree to adhere to the | se requirements: | |
| | | / |
| Name and Signature | of Family Member | Date |
| | | |
| Name and Signature of Staff Member | | Date |