



PROTOCOL FOR RETURNING TO GROUP DAY HABILITATION LOCATIONS

IGHL and its affiliates acknowledge their responsibility to provide and maintain all appropriate protections for the individuals we serve during the current Covid emergency, while also recognizing the need to insure the opportunity to be able to receive Day Habilitation services in safe and appropriate ways.

In order to most effectively address these issues, the following protocol will be followed, effective 7/22/2020:

- 1. At no time is any person not directly affiliated with the program site's current enrollment allowed to enter the facility.**
2. In the 14 days preceding the individual's return to the GDH site, the residential facility or home in the community must have no known or suspected cases of COVID-19;
3. The program must receive written confirmation from a family member or advocate that the individual did not knowingly have close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19; (see "Return to Group Day Habilitation Services" form);
4. The program must receive written confirmation from a family member or advocate that the individual/household member/staff have not traveled to any of the identified quarantine locations. These locations include, but not limited to: China, Japan, South Korea, Italy, Iran, or Alabama, Arizona, Arkansas, Florida, North Carolina, South Carolina, Texas, Utah, California, Georgia, Iowa, Idaho, Louisiana, Mississippi, Nevada and Tennessee in the prior 14 days (see "Return to Group Day Habilitation" form);
5. The program must receive written confirmation from a family member or advocate that the individual has not displayed any of the known symptoms of Covid-19 in the 14 days prior to return (see "Return to Group Day Habilitation" form);
6. Daily medical evaluations must be conducted by a member of the medical staff or a staff or supervisor of the GDH site and noted on the appropriate form.



RETURN TO GROUP DAY HABILITATION LOCATION ATTESTATION

Individual name: _____

Day of return to GDH/Location: _____

As part of our “RETURN TO GDH LOCATION” protocol, we need to ask you to confirm the following statements, by signing off below that:

- (a) The person you represent is not suspected or confirmed to have, nor have they shown any symptoms related to, COVID-19;
- (b) The person you represent was not knowingly exposed to any household member/staff that is currently suspected or confirmed to have COVID-19, or under isolation or quarantine for COVID-19;
- (c) That no other household members/staff have been exposed to COVID-19 or traveled to any of the identified quarantine locations. These locations include, but not limited to: China, Japan, South Korea, Italy, Iran, or Alabama, Arizona, Arkansas, Florida, North Carolina, South Carolina, Texas, Utah, California, Georgia, Iowa, Idaho, Louisiana, Mississippi, Nevada and Tennessee in the prior 14 days;
- (d) That there are no household members/staff who have displayed symptoms of COVID-19 in the preceding 14 days.

A return to program site cannot occur if any of the items above cannot be confirmed.

Advocate confirmation of the above: (sign-off): _____ Date: ___/___/___

Staff person confirmation of the above: (sign-off): _____ Date: ___/___/___