



PROTOCOL FOR THE OFFERING OF RETURNING TO THEIR RESIDENTIAL FACILITY AFTER AN EXTENDED FAMILY STAY FOR INDIVIDUALS RESIDING IN IGHIL, CDD AND ANGELA'S HOUSE CERTIFIED RESIDENCES
EFFECTIVE JULY 24, 2020

IGHL and its affiliates acknowledges their responsibilities 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 return to their residential facility following an extended home visit, **defined as no less than fourteen (14) days**, in safe and appropriate ways, such practices are strongly discouraged.

In order to most effectively address these issues, the following protocol will be followed, effective 7/24/2020:

1. The opportunity for individuals to participate in this RETURNING TO THEIR RESIDENTIAL FACILITY AFTER AN EXTENDED FAMILY STAY protocol is at the discretion of the applicable Executive Director.
2. **At no time is the family member allowed to enter the facility during the drop-off process.**
3. In the 14 days preceding the individual's return, the residential facility must have no known or suspected cases of COVID-19;
4. The program must receive written confirmation from a family member 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 from Extended Stay" form);
5. The program must receive written confirmation from a family member that the individual has not displayed any of the known symptoms of Covid-19 in the 14 days prior to return (see "Return from Extended Stay" form);
6. The program must receive written test results that the individual has received either a negative Covid test and/or a positive Covid antibody test within the prior seven days of return.
7. The program must, at the minimum, observe the individual for signs and symptoms of illness for 14 days after return to the residential facility.
8. The individual returning to a residential facility following an extended home visit may need to follow precautionary quarantine measures upon return; as indicated and in collaboration with the Local Department of Health.
9. The program must also insure that the individual has not traveled to locations currently under travel restrictions.



RETURN FROM EXTENDED STAY

Individual name: _____

Day/time of return from extended stay: _____

As part of our “return from extended stay” protocol, we need to ask you to confirm the following statements, by signing off below that:

- (a) Your loved one is not suspected or confirmed to have, nor have they shown any symptoms related to, COVID-19;
- (b) Your loved one was not knowingly exposed to any household member that is currently suspected or confirmed to have COVID-19, or under isolation or quarantine for COVID-19;
- (c) That no other household members that have been exposed to COVID-19 in the prior 14 days;
- (d) That there are no household members who have displayed symptoms of COVID-19 in the preceding 14 days,
- (e) That the program has received written test results that your loved one has received either a negative Covid test and/or a positive Covid antibody test within the prior seven days of return.
- (f) That the individual has not traveled to locations currently under travel restrictions.

A return to program following an extended stay cannot occur if any of the items above cannot be confirmed.

- (g) That your loved one passed their health screen, performed and documented by program staff, immediately prior to reentering the program;

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

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