



# 5.17A: Covid-19 Prevention & Response – PROCEDURAL GUIDELINES

<b>Authority:</b>	Center for Disease Control (CDC), World Health Organization (WHO), Department of Intellectual and Developmental Disabilities (DIDD) & TennCare Memos/Recommendations
<b>Application:</b>	All Progress Inc. Personnel

## Policy Statement and Purpose:

Progress, Inc. is committed to doing everything possible to maintain the health and safety of those they support and their personnel during the Covid-19 pandemic.

## Procedures:

<b>Practice Personal Responsibility</b>	<ol style="list-style-type: none"> <li>1. Strictly adhere to universal precautions.               <ol style="list-style-type: none"> <li>a. Wear a mask unless you can maintain a distance of 6 feet from others.</li> <li>b. Practice social distancing.</li> <li>c. Wash your hands often.</li> <li>d. Protect yourself and others from contact with respiratory excretions.</li> <li>e. Use other protective equipment such as gloves.</li> </ol> </li> <li>2. Check your temperature at the beginning of each shift and record it on Form 5.17B.</li> <li>3. Practice safety in your off time.</li> <li>4. If you do not feel well, discuss your symptoms with your supervisor.</li> <li>5. If you are tested for COVID-19 (for whatever reason), inform your supervisor immediately and do not return to work until advised to do so.</li> </ol>
<b>Monitor People for Changes in Health Status</b>	<ol style="list-style-type: none"> <li>1. Take the temperature of the person(s) you support every day at 8AM and 8PM; record their temperature(s) in the Vital Signs section of the communication note.</li> <li>2. Immediately report to your supervisor:               <ol style="list-style-type: none"> <li>a. Presence of any symptom commonly associated with COVID-19 (difficulty breathing, shortness of breath, fever of 100.4 or higher, loss of sense of taste and/or smell, or anything atypical for the person).</li> <li>b. Concern the person was exposed to someone who tested positive for COVID-19.</li> </ol> </li> </ol>
<b>Potential/Actual Exposure to COVID-19</b>	<ol style="list-style-type: none"> <li>1. If you believe you were exposed to someone who has tested positive for COVID-19, someone who is ill and awaiting COVID-19 test results, or someone who has an undiagnosed/untreated respiratory infection:               <ol style="list-style-type: none"> <li>a. Immediately notify:                   <ol style="list-style-type: none"> <li>i. <b>Susan Hutchison (615) 429-3971</b></li> <li>ii. Your supervisor</li> </ol> </li> <li>b. Do not report to work before speaking with Susan and your supervisor.</li> </ol> </li> </ol>
<b>Collateral policies, forms, and documents:</b>	<ul style="list-style-type: none"> <li>• <b><i>DIDD Reportable Event Form</i></b></li> <li>• <b><i>Form 15.7B</i></b></li> <li>• <b><i>Progress Policy 15.7</i></b></li> </ul>