

**COVID-19 and UCP
Frequently Asked Questions (3/22/2020)**

Service Provision

1. Due to the coronavirus being a risk, will we still be providing services?

As a human service organization our commitment is to continue to provide services for people until either the state asks us to suspend services, or we make a business decision that the risk to provide services is too great. There are certain service lines that we offer that never close—and for which we have staff providing services to ensure a person’s ongoing health and safety. As of today, we have just under 1,600 employees who are continuing to provide care in our residential homes or in the homes of our program participants. The state is evaluating innovative ways to continue service provision in all lines. As that information becomes available to us, we will evaluate continuing to provide services under the new models.

2. A typical EI day involves traveling from one home to the next -3-6 clients a day. Because you can be contagious before showing signs, I could unknowingly be a “vector “carrying the virus from home to home. Since schools are closed for 2 weeks, there are going to be more people in the homes we go into-aren’t we putting ourselves and our medically fragile clients in danger? If we all stay home for 2 weeks, would it help prevent further spread? It’s pretty scary to think that I could bring this virus to the families I work with. Thank you for being proactive and working on a solution for us all! I know that it can’t be easy especially as things are changing so drastically even within a 24 hour period!

Effective March 17, the decision was made by the state to suspend the face to face early intervention services. Prior to the suspension of services, the counties were requesting for us to continue to provide therapies using universal precautions. We are excited about the possibility of delivering our services using tele therapy. We have received further direction from the state related to the execution of this method of service delivery and we hope to resume our services and supports to families as soon as we iron out the internal protocols.

3. Most people are asymptomatic for a week or more before they demonstrate symptoms. We could be putting ourselves at risk going to house #1, and in turn passing it along to every other house we go to, some of which have immunocompromised kids or grand/great grandparents. I know it was said we should not go into a house where someone is sick, or if we are sick, but we may not know if we are sick. In a time where we are supposed to be practicing ‘social distancing’, I don’t see how we are going to be do that when we go into many different homes (some upwards of 20 a week). I do not want to be out of work for weeks, but I also do not want to put our families at risk unknowingly.

Please note the response to question 2.

4. My staff are asking if they are still to go to their scheduled shift. Some are asking for alternative ideas since they can’t be in crowded places and especially now that the non-essential businesses have shut down. If this continues to get worse - are we going to avoid sending staff to homes as well (not just avoiding the community/crowds)? I’m talking about shifts that are not necessary for health / safety / welfare.

The current environment is one that we have never before navigated. Encourage the staff to think outside the box related to how they can work on goals that they work on in the community in the home. The state has recently released information related to providing home and community services remotely. We are excited about this opportunity, but recognize that we will always have some individuals whose health and safety needs require face to face contact.

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5. Will we be using a screening tool with families to determine if they had traveled out of the country; much like doctor's offices/rehabs/etc. are using?

*We can ask questions of the people we are working/engaging with to identify if our interactions pose a greater risk. If someone answers yes to the first question, **and** yes to any one of the questions 2-5, additional precautions should be taken. The suggested questions are as follows:*

- 1. Do you have signs or symptoms of a respiratory infection, such as a fever, cough, shortness of breath, or sore throat?*
- 2. In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness.*
- 3. Have you had international travel within the last 14 days to countries with sustained community transmission?*
- 4. Have you been on a cruise within the last 14 days or other settings where crowds are confined to common locations (i.e. airplane)?*
- 5. Are you residing in a community where community-based spread of COVID-19 is occurring?*

6. If one of our individuals become exposed/infected with coronavirus how does it work with staffing? Will there have to be a staff person quarantined with the individual?

According to the CDC, most people who get sick with COVID-19 will have only mild illness and should recover at home. Care at home can help stop the spread of COVID-19 and help protect people who are at risk for getting seriously ill from COVID-19. COVID-19 spreads between people who are in close contact (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. If you are caring for someone at home, monitor for emergency signs, prevent the spread of germs, treat symptoms, and carefully consider when to end home isolation.*

**Note: Older adults and people of any age with certain serious underlying medical conditions like lung disease, heart disease, or diabetes are at higher risk for developing more serious complications from COVID-19 illness and should seek care as soon as symptoms start.*

People who develop emergency warning signs for COVID-19 should get medical attention immediately. Emergency warning signs include:*

- Difficulty breathing or shortness of breath*
- Persistent pain or pressure in the chest*
- New confusion or inability to arouse*
- Bluish lips or face*

**This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.*

Prevent the spread of germs when caring for someone who is sick

- Have the person stay in one room, away from other people, including yourself, as much as possible. If possible, have them use a separate bathroom.*
- Avoid sharing personal household items, like dishes, towels, and bedding*
- If facemasks are available, have them wear a facemask when they are around people, including you.*
- If the sick person can't wear a facemask, you should wear one while in the same room with them, if facemasks are available.*

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- *If the sick person needs to be around others (within the home, in a vehicle, or doctor's office), they should wear a facemask.*
- *Wash your hands often with soap and water for at least 20 seconds, especially after interacting with the sick person. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.*
- *Avoid touching your eyes, nose, and mouth.*
- *Every day, clean all surfaces that are touched often, like counters, tabletops, and doorknobs*
- *Use household cleaning sprays or wipes according to the label instructions.*
- *Wash laundry thoroughly.*
- *If laundry is soiled, wear disposable gloves and keep the soiled items away from your body while laundering. Wash your hands immediately after removing gloves.*
- *Avoid having any unnecessary visitors.*
- *For any additional questions about their care, contact their healthcare provider or state or local health department.*
- *Provide symptom treatment*
- *Make sure the sick person drinks a lot of fluids to stay hydrated and rests at home.*
- *Treat fevers with medicines that contain "acetaminophen" or "ibuprofen" on their label.*
- *These medicines may take 30–45 minutes to start working. They may not bring high fevers down to a normal temperature.*
- *For most people, symptoms last a few days and get better after a week.*
- *When to end home isolation (staying home)*
- *People with COVID-19 who have stayed home (are home isolated) can stop home isolation under the following conditions:*
 - *If they will not have a test to determine if they are still contagious, they can leave home after these three things have happened:*
 - *They have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers) AND other symptoms have improved (for example, when their cough or shortness of breath have improved) AND at least 7 days have passed since their symptoms first appeared*
- *If they will be tested to determine if they are still contagious, they can leave home after these three things have happened:*
- *They no longer have a fever (without the use medicine that reduces fevers) AND other symptoms have improved (for example, when their cough or shortness of breath have improved) AND they received two negative tests in a row, 24 hours apart. Their doctor will follow CDC guidelines.*

If an individual has been exposed or infected with COVID-19, we must continue to provide care following the guidance of the Centers for Disease Control. We are awaiting additional guidance from the state related to how we handle staffing should this occur, but the current guidance is similar to that of a hospital environment, proper use of universal precautions will minimize the risk of spread.

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- 7. If a staff member tests positive who has been around the individuals.... everyone will need to be quarantined. What happens with the house(s) ... does it close? Does the individuals stay at a hospital during quarantine period?**

If a staff member who has worked with individuals test positive for COVID-19, the current CDC recommendation is that they should self-quarantine. The individuals who were in contact with an individual who tested positive for COVID-19 should consult a medical professional about whether they should get tested, and monitor themselves for the symptoms of COVID-19 for 2-14 days that include:

- *Fever*
- *Cough*
- *Shortness of breath*

It is not suggested that people who are exposed or infected should visit a hospital. Our home would continue to operate under the best practice of universal precaution.

- 8. What are the chances we go under quarantine? If we would be under quarantine would we have a notice to get our affairs in order at our personal homes? Would staff that get quarantined in the homes with the individuals be paid 24/7? What about staff that would not be at the home? Do they have to use their PTO to get paid? Would the houses be staffed with extra staff to allow for sleeping in shifts?**

The answer to this question is slightly complex, and one where we need additional guidance from the Office of Developmental Programs. We will continue to provide staffing for our residential homes 24 hours a day, 7 days a week. All staff who are at the home, or asked to stay at the home would be paid for time worked including overtime. We understand that as the COVID-19 virus continues to spread in our community we will be faced with challenges that we have not previously experienced. We will work together to identify reasonable options for staff and residents.

- 9. Are we still allowed to schedule and attend meetings with our people?**

Effective March 13, we made the decision that participation in in-person meetings external to the organization was not a good idea for our staff. We continue to encourage remote participation in meetings.

- 10. Is there any upcoming changes or information in regards to CPS programs? With needing to stay in the facility and the ratios being lowered- We are currently rotating the staff that are being sent home. It's about 2-3 staff a day, Supervisors are not getting a turn to go home.**

Effective March 17, we made the decision to close all CPS programs after the state made a decision to suspend Community Participation Support services in the facility. Prior to this date, we reduced the plans for our participants and staff to actively engage in the community.

- 11. Will CPS programs still be open, facility time only? What will happen to my job if CPS closes?**

Effective March 17, we made the decision to close all CPS programs after the state made a decision to suspend Community Participation Support services in the facility. Prior to this date, we reduced the plans for our participants to actively engage in the community. Since CPS facility based services closed we had to lay off nearly 85 employees. It's important to us to get staff back to work as soon as possible. We have staff that have decided to continue to work and support the residential division. Additionally, we are evaluating the need for families to have CPS staff support them in their homes.

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12. What are the chances that they close CPS temporarily?

Note the response to question 11.

13. Will the art show be canceled/ postponed?

We are really excited about the very first Utlely Drive art show! However given the COVID-19 social distancing provision we will postpone it to a later date when we can invite guests to our building to enjoy the amazing art that has been rolling in from our programs.

Minimizing Risk

14. I am concerned that someone has traveled outside PA where there is a high concentration of COVID-19 and they are providing care when they return?

According to the CDC, many states, and some areas are experiencing community spread of the disease. Crowded travel settings, like airports, may increase chances of getting COVID-19, if there are other travelers with coronavirus infection. There are several things you should consider when deciding whether it is safe for you to travel.

Things to consider before travel:

- *Is COVID-19 spreading in the area where you're going? If COVID-19 is spreading at your destination, but not where you live, you may be more likely to get infected if you travel there than if you stay home. If you have questions about your destination, you should check your destination's local health department website for more information.*
- *Will you or your travel companion(s) be in close contact with others during your trip? Your risk of exposure to respiratory viruses like coronavirus may increase in crowded settings, particularly closed-in settings with little air circulation. This may include settings such as conferences, public events (like concerts and sporting events), religious gatherings, public spaces (like movie theatres and shopping malls), and public transportation (like buses, metro, trains).*
- *Are you or your travel companion(s) more likely to get severe illness if you get COVID-19? People at higher risk for severe virus are older adults and people of any age with serious chronic medical conditions (such as heart virus, lung virus, or diabetes). CDC recommends that travelers at higher risk for COVID-19 complications avoid all cruise travel and nonessential air travel.*
- *Do you have a plan for taking time off from work or school, in case you are told to stay home for 14 days for self-monitoring or if you get sick with COVID-19? If you have close contact with someone with COVID-19 during travel, you may be asked to stay home to self-monitor and avoid contact with others for up to 14 days after travel. If you become sick with COVID-19, you may be unable to go to work or school until you're considered noninfectious. You will be asked to avoid contact with others (including being in public places) during this period of infectiousness.*
- *Do you live with someone who is older or has a serious, chronic medical condition? If you get sick with COVID-19 upon your return from travel, your household contacts may be at risk of infection. Household contacts who are older adults or persons of any age with severe chronic medical conditions are at higher risk for severe illness from COVID-19.*
- *Is COVID-19 spreading where I live when I return from travel? Consider the risk of passing COVID-19 to others during travel, particularly if you will be in close contact with people who are older adults or have severe chronic health condition. These people are at higher risk of getting very sick. If your symptoms are mild or you don't have a fever, you may not realize you are infectious.*

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- 15. A staff member expressed her concern with her upcoming travel (flight) to Wisconsin for work she expressed her concern, and we are taking it day-by-day, she did research the airline's information on rebate/reimbursement. What would we do?**

Note the response to question 14.

- 16. My staff has personal travel to Denver and Mexico; uncertain if they will still go; taking it day-by-day but should we self-disclose to families that we have traveled via airplane and give the families the option to cancel their session for a period of 2-weeks?**

Note the response to question 14.

- 17. My biggest question is slowing the spread of illness. There are a lot of employees that come to work when they are sick and possibly contagious, due to needing to return according to company policy, unable to afford going to the DR, or being made to feel that they need to be in the work place in person. I know not all positions have the capability of working from home, but there are a lot that could. Will we move to a work from home arrangement?**

We have moved some staff to a work from home arrangement. We are also encouraging staff to not work when they are experiencing symptoms of illness.

- 18. In the past when catching the flu I didn't always seek medical attention. Should we definitely seek medical attention if we believe we have COVID-19?**

*The current guidance from the CDC is to **call** your doctor: If you think you have been exposed to COVID-19 and develop a fever and symptoms, such as cough or difficulty breathing, call your healthcare provider for medical advice. They will help you identify whether you should be tested.*

- 19. If we have a DSP that has two jobs (i.e. DSP and Uber Driver) and one puts them at a higher risk can we tell them they can't work for us for a time period?**

If we have a staff member who is working two jobs, and we feel their second job puts our participants at greater risk we can have a conversation with that staff member. We would ask them more information about what steps they are taking to mitigate the risk, and if we are not comfortable, we can ask them to choose our position or their other job in the interest of the safety of our participants.

- 20. Do we have a disinfection protocol in place for frequently touched surfaces?**

We recently reviewed, revised, and redistributed our policy for minimizing the spread of infectious diseases. This reviews the protocol for hard surfaces.

- 21. Does our cleaning staff regularly disinfect frequently touched surfaces within our building or is that something we should take on doing this ourselves?**

We always recommend disinfecting the surfaces that you come in contact with—as this is the only way you know that they have been adequately disinfected. We have asked our cleaning company to disinfect all hard surfaces in common areas in our administrative facilities.

Availability of Work

- 22. How would I find enough work to keep me busy for 37.50 hours a week at home so I wouldn't have a decrease in income?**

For all staff who have been moved to a work from home arrangement, a structured process is in place to identify and monitor tasks to fill their work week. We will continue to monitor this on a week by week basis and provide guidance where necessary.

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23. If we have to work remotely from our homes due to the Coronavirus, how would this effect the recruiting efforts since we will not be able to do in-person interviews? Would we skip the in-person interview in the hiring process until it passes or would we try and still do them?

Recruiting remains an important function in our organization. In the coming week we will be evaluating what makes the most sense for our process in regards to recruiting. In the meantime, we are working on getting creative with meet and greets and eliminating face to face contact so we can keep everyone safe.

Human Resource Topics

24. If staff start requesting not to work, more out of fear, do we need to try and give them the time off?

We cannot honor staff requests for time off due to fear of contracting COVID-19 and/or fear of caring for someone we support with COVID-19. UCP employees are considered essential personnel and we are required to support the health and safety of the individuals entrusted in our care without delay in services. An exception to this would be for a qualified Family Medical Leave.

25. Will CPS staff still be paid if we have to close?

Unfortunately, if we suspend services in a service line we may need to lay off the staff if other options for employment are not available. Staff are eligible to apply for unemployment. UCP will pay the employee portion of the health insurance during this time. UCP is self-funded employer related to unemployment compensation this means we pay dollar for dollar for all unemployment costs.

26. Could staff use EIB if we shut down for a few weeks?

EIB can be used to supplement an employee's time off if they are on a qualified Family Medical Leave for themselves only.

27. Does PTO continue to accrue if you are laid off?

As indicated in our employee handbook (p.78), staff will not accrue PTO during the time period they are laid off. This is why we want to get people back to work as soon as possible.

28. As a part time employee, whose pay is client generated (If I don't see clients, I don't get paid), what will happen if I must be quarantined for 2 weeks or am sick for more than that?

If you are sick with COVID-19 or quarantined, you may be eligible to apply for unemployment, you are eligible to apply for unemployment in the following circumstances:

- *UCP temporarily closes or goes out of business because of COVID-19*
- *UCP reduces your hours because of COVID-19*
- *You have been told not to work because UCP feels you might get or spread COVID-19*
- *You have been told to quarantine or self-isolate, or live/work in a county under government-recommended mitigation efforts*

29. If an employee must self-quarantine for 14 days, will they be covered by FMLA?

Note the response in question 28, you may be eligible for unemployment. In the event you are under a required quarantine, then your job would be protected.

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30. Is there any way we can have paid time off for our shifts for two weeks if we choose to remain home and self-quarantine?

Note the response to question 24. If you are considered essential personnel, and you are making a decision to remain home for reasons other than a documented reason for quarantine (i.e. exposure to someone who tested positive, or you personally test positive), then this absence would follow the attendance policy as indicated in the employee handbook (p.106).

31. If staff are found to be positive with COVID-19, when/if they call off of work will they be getting an occurrence point against them?

If staff test positive to COVID-19, there will not be any occurrence points against them if they are in quarantine.

32. Can kids come in with us in case of school or daycare closures?

For the safety of your children, we do not recommend bringing your children to work with you while you are working. It is never appropriate to bring children to work in a setting where participant care is provided. Our office environments are not conducive for children to spend their day.

33. I am applying for unemployment and I am not sure what options to select in the process.

When applying for unemployment, you should select the option that indicates you were laid off. For the question related to whether it was indicated you would be called back, you should select NO. This is only for the reason we have not identified a call back date, not because we do not want to call you back... because we do!

34. When applying for unemployment it asked me for the state ID number.

Our state ID number is 21-08259R.

35. Is there a waiting period for collecting unemployment?

Due to COVID-19, the state has waived the 7-day waiting period.

36. Am I required to complete work/job search activities during this layoff?

Due to COVID-19, the state has waived the work/job search requirements. We don't want you looking for a job—we want you back!

37. Am I eligible for benefits under the Families First Coronavirus Relief Act?

The benefits for Personal Sick Leave (PSL) or Family Sick Leave (FSL) are restricted to employers with fewer than 500 employees. UCP has nearly 2,000 employees. Unfortunately, our employees are not eligible for the benefits outlined in this act.