



Community Services
FOR EVERY1

Acute Illness - COVID-19 Procedures

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Community Services

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Acute Illness - COVID-19 Procedures

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PURPOSE

Due to the nature of the services that Community Service Every1 provides, it is critical that efforts be implemented on a routine basis to prevent and avoid the spread of acute illnesses like the Coronavirus (COVID-19). The purpose of this procedure is to address the preventive measures being implemented to reduce the exposure of individuals receiving services, as well as staff, to COVID-19. Additionally, this procedure outlines the action to be taken as part of the identification, assessment, and response to a person receiving services or employee who is either showing signs and symptoms of COVID-19, who has been diagnosed with COVID-19, or who may have been in contact with someone who has COVID-19. **NOTE: This procedure is intended to address the need for a temporary change in the way in which the Agency must operate to ensure people are being adequately protected and supersedes any other previously executed related documents/policies/guidance given.**

OVERVIEW

COVID-19 symptoms are similar to influenza. In an effort to prevent the spread of COVID-19 or other communicable diseases, the use of universal precautions is mandatory. Although every illness is different, there are certain simple, yet very effective steps that every employee can follow to minimize the potential for infection and the potential for transmission of illnesses.

Transmission

- COVID-19 is spread from person to person. The main way that viruses are thought to spread is from person to person in respiratory droplets of coughs and sneezes. (This is called "droplet spread.") This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and deposited on the mouth or nose of people nearby. COVID-19 may also be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their hands.

Signs and Symptoms – Signs and symptoms of COVID-19 are listed below. The severity of the symptoms vary from person to person and some people may not experience any.

- Fever of 100.0° F or greater
- Cough
- Shortness of Breath or Difficulty Breathing
- Chills
- Muscle Pain
- Headache
- Sore Throat
- Abdominal Pain
- Vomiting

- Diarrhea
- Runny Nose
- Fatigue
- Wheezing
- New Loss of Tastes and/or Smell

Call your doctor if you develop symptoms and have been in close contact with a person known to have COVID-19 OR have recently traveled from an area with widespread or ongoing community spread of COVID-19

Higher Risk Population - Certain people will be at higher risk for complications. They include:

- Older adults (typically 60+)
- People who have serious chronic medical conditions like:
 - ✓ Heart disease
 - ✓ Diabetes
 - ✓ Lung disease – asthma, COPD
- People who are immunocompromised

PROCEDURES

It is expected that all employees will following the following procedures intended to prevent the risk of exposure to and contraction of COVID-19, as well reduce the chances of spreading the virus should a situation occur where a positive diagnosis of COVID-19 has been identified.

Personal Prevention Actions - Personal prevention actions are the easiest and most effective steps that employees can do to prevent and reduce exposure to COVID-19.

- Wash your hands often!
 - ✓ Wash or sanitize your hands immediately upon starting your shift.
 - ✓ Wash after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - ✓ Wash with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
 - ✓ Ensure you scrub between fingers and clean under your nails.
 - ✓ One helpful hint, sing “happy birthday” two times to measure the length of adequate cleansing.
- Use paper towels for drying hands after hand washing.
- Use a paper towel to turn off faucet.
- Clean and sanitize your work space and/or office daily.
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Get plenty of rest, exercise and proper nutrition to help boost your immune system.
- Cover your cough or sneeze with a tissue, then throw the tissue in a garbage can with a plastic bag in it and wash your hands immediately.
- Follow CDC’s recommendations for using a surgical and cloth facemask - Used facemasks should be taken off and placed immediately in the regular trash so they don’t touch anything else. After you take off a facemask clean your hands with soap and water for at least 20 seconds or an alcohol-based hand sanitizer that contains at least

60% alcohol. Cloth masks should be washed after use using non-chlorine bleach.

- Universal precautions include wearing gloves. Please do so when necessary. This is when providing services to an individual with any signs and symptoms of infection. Once you are finished providing necessary services to an individual, remove the gloves while limiting the touching of the outside of the glove as much as possible. Best practice is to slide your index finger under the inside of one glove and remove that glove. Then use the same technique with the other glove. Dispose of the gloves in a garbage can with a plastic bag in it, then wash your hands immediately.
- All essential employees working in programs and administrative buildings have been provided access to face masks and MUST comply with the guidance regarding use. Employees working in programs who are providing care to the people MUST wear face masks when interacting with people at the site or in the public. Additionally, if an employee is working in programs or interacting with the public and cannot wear a mask due to medical or similar reason, they are required to notify their supervisor immediately.
- Engage in social distancing – at least six feet apart from others, whenever possible.
- Limit sharing of objects and/or equipment. Sanitize in between use if sharing is necessary.

Program & Office Site Signage – Signage must be posted throughout all agency buildings, including program and office sites that addresses critical COVID-19 transmission, prevention, and containment. The signage includes the following guidance:

- Social distancing requirements
- Use of mask or cloth face-covering requirements
- Proper storage, usage and disposal of PPE
- Symptom monitoring and COVID-19 exposure reporting requirements
- Proper handwashing and appropriate use of hand sanitizer

Program & Office Site Cleaning Standards - Keeping sites regularly cleaned and sanitized is critical to reducing the risk of exposure to COVID-19. The following standards (as applicable) must be followed:

- **Daily and Shift Cleaning MUST Occur**
 - ✓ Ensure the site has an ample supply of gloves and cleaning supplies.
 - ✓ Soap and paper towels MUST always to be available in bathrooms.
 - ✓ Wear Protective equipment like gloves when cleaning. Throw away gloves immediately after cleaning in a garbage can with a plastic bag in it, then wash your hands immediately.
 - ✓ Always clean surfaces prior to using any disinfectants. Start by using spray cleaner provided by the Agency and then disinfect using antibacterial wipes provided by the Agency.
 - ✓ Label directions must be followed when using disinfectants to ensure the target viruses are effectively killed. This includes adequate contact times (i.e., the amount of time a disinfectant should remain on surfaces to be effective), which may vary between five and ten minutes after application. Disinfectants that come in a wipe form will also list effective contact times on their label.
 - ✓ Following contact time, wipe any remaining the cleaner off with a paper towel and dispose of the paper towel after use. Do not dry the surface and do not use reusable rags.
 - ✓ If a bleach solution is needed, dilute your household bleach to make a bleach solution mix and dispose of after 24 hours:
 - 5 tablespoons (1/3 of a cup) bleach per gallon of water or

- 4 teaspoons bleach per quart of water
- ✓ Clean the following daily or once per shift in IRA settings and as needed:
 - Frequently touched hard surfaces such as (but not limited to):
 - Kitchen Counter tops
 - Appliance surfaces (refrigerator handles, microwave buttons, etc.)
 - Table tops
 - Door knobs
 - Soiled Dishes, Cups, Silverware
 - Remote controls
 - Bathroom fixtures
 - Bathroom Counter Tops/ Sinks
 - Toilets every shift AND between uses
 - Med Room Counter Tops/ Sinks
 - Phones
 - Keyboards
 - Tablets/ laptops
 - Bedside tables
 - Showers every shift AND between uses
 - Eating utensils, cups, and dishes belonging to those who are sick do not need to be cleaned separately in the dishwasher, but it is important to note that these items should not be shared without washing thoroughly first. Eating utensils should be washed either in a dishwasher or by hand with hot water and soap.
- ✓ Immediately clean any surface that may have blood, stool or body fluids on them.
- ✓ Change garbage cans a minimum of once per shift, more often if needed. Ensure garbage cans **always** have a bag in them.
- ✓ Clean and sanitize shared objects/equipment after each use. Individuals receiving services should not bring in personal items from home to day programs.
- ✓ Laundry to be completed daily using household laundry soap and to be washed on the warmest temperatures recommended on the fabric label and tumble dried on HOT.
 - Bedding
 - Towels
 - Clothing
 - Anything that may have been exposed to blood, stool, or other body fluids.

Clothing and linens soiled with respiratory secretions should be washed and dried separately. Individuals and/or staff should avoid “hugging” laundry prior to washing it to prevent contaminating themselves. Individuals and/or staff should wash their hands with soap and water or alcohol-based hand sanitizer immediately after handling dirty laundry. Individuals and/or staff should wash their hands with soap and water or alcohol-based hand sanitizer immediately after handling dirty laundry.

- ✓ Floors – wash daily and immediately clean up any evidence of dirt or grime.
- ✓ Place all used disposable gloves, facemasks, and other contaminated items in a garbage can with a plastic bag in it. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after handling these items. It is better to use soap and water if hands are visibly dirty.

- **Environmental Practices**
 - ✓ Shower/bathe individuals who are not presenting with symptoms first and then shower/bathe individuals who are suspected or confirmed last.
 - ✓ Ventilation may help reduce transmission. Open windows and use fans when practical and keep ventilation systems and filters clean.
 - ✓ Thoroughly clean and sanitize shared bathrooms after use by someone who has suspected or confirmed COVID-19.
 - ✓ Ensure hand hygiene stations are checked daily and adequately filled at each site.

General Preparedness Strategies – The following strategies have been addressed and implemented to ensure that agency person and sites are prepared for addressing COVID-19.

- **Refresher Trainings** - Refresher trainings were assigned to all staff on essential Infection Control techniques and prevention. This training includes, but is not limited to:
 - ✓ information on basic standard precautions,
 - ✓ proper use of personal protective equipment,
 - ✓ environmental cleaning,
 - ✓ review of activity restrictions,
 - ✓ use of quarantine and isolation,
 - ✓ education on COVID-19 signs and symptoms, and risk factors that increase the potential for disease transmission and complications of COVID-19.

- **Equipment and Supplies** – To ensure individuals receiving services and staff have adequate equipment and supplies the following actions have been taken (as applicable) and are being monitored:
 - ✓ Personal care items (i.e. soap, shampoo, hand sanitizer). Over stock supplies are being stored at 180 Oak for easy access to replenish.
 - ✓ All first aid kits are fully stocked.
 - ✓ Each site has a supply of Personal Protective Equipment (PPE). Overstock supplies are being stored at 180 Oak for easy access should there be need to replenish or provide additional PPE.
 - ✓ A process has been established for the distribution of PPE that includes the provision of instructions and guidance for its use and disposal, as well as storage and cleaning when applicable.
 - ✓ Each program has a sufficient supply of basic over-the-counter medications such as Tylenol, Aspirin, and Ibuprofen. Include such items as hydrocortisone, Benadryl, antibiotic creams, band-aids, dressing supplies, alcohol wipes, etc.
 - ✓ Pharmacy is able to have medications delivered in the event there is a need to restrict activity to a particular site.
 - ✓ Each site has an adequate supply of necessary individual medical supplies (i.e. lancets, glucometer strips, or other supplies as necessary.)
 - ✓ There is enough food and stock up on non-perishables. Each site has stocked foods that are able to meet the needs of any individuals with dietary modifications (i.e., foods that will be able to be cut to size). Overstock supplies are being stored at 180 Oak for easy access to replenish and process has been developed to have groceries delivered to sites.

- **Individuals at Risk for Complication** - Individuals who may be at risk for complications of COVID-19 have been identified. This includes individuals at present, and in advance of onset of symptoms, so that treatment is not delayed. The CDC has identified the following as characteristics which place individuals at high risk of adverse outcomes associated with infection with COVID-19.
 - ✓ Adults 65 years of age and older.
 - ✓ Children with underlying respiratory or chronic medical conditions.
 - ✓ Individuals who have pre-existing medical conditions including:
 - Individuals who are considered medically fragile
 - Any individual who is more vulnerable to illness/infection
 - Asthma
 - Neurological and neurodevelopmental conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy, stroke, intellectual/developmental disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury). **NOTE:** Having such conditions may also compromise a person's ability to manage respiratory secretions.
 - Chronic lung disease (such as COPD or cystic fibrosis)
 - Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
 - Blood disorders (such as sickle cell disease)
 - Endocrine disorders (such as diabetes mellitus)
 - Kidney disorders
 - Liver disorders
 - Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
 - Weakened immune system due to disease or medication (such as people with HIV or AIDS, cancer, or those on chronic steroids)
 - People younger than 19 years of age who are receiving long-term aspirin therapy
 - People who are morbidly obese (BMI of 40 or greater)

Minimally, staff are to take and document individuals' temperature and monitor for signs and symptoms (i.e. coughing, shortness of breath) once per shift. Staff must report to nursing and manager any temp above 100 and/or signs of symptoms of COVID-19. Additional precautionary measures have been established for those higher risk individuals, as determined appropriate by clinical personnel (i.e. increased frequency taking a person's temperature.)

IRA Screening - Visitor restrictions are currently in place for all residential sites and buildings providing respite services.

- **Family, Legal Guardian, Advocate** – Family, legal guardian, or an advocate is permitted to visit as outline in the Agency “Guidelines for Family & Legal Guardian Visitations.” Screening questions below will apply to visits occurring on the IRA property, both inside and outside. Family members picking up IRA/Respite participants at Dixon are being asked to pick up the participant at the entrance to the building.
- **Vendors** – Only essential vendors needed to ensure the health and safety of

individuals are allowed on site. Whenever possible the visitor screening needs to occur prior to, but minimally at the time of visit.

- **OPWDD** – It is possible that a representative from OPWDD may request entrance to an IRA to conduct a review. As always, staff need to request to see identification that they are an OPWDD representative and notify their manager. In addition, the screening question must be asked and documented.

Screening Questions

The following questions need to occur during any pre-screening phone contact, as well upon arrival regardless of whether or not the visit was planned or unplanned. Staff are required to document the answers on the “Visitor Screening Documentation” form and then approve or deny based on the screening determination guidance below.

1. Do they have any symptoms of COVID to include, but not limited to: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell? **UPON ARRIVAL TAKE THE PERSON’S TEMPERATURE.**
2. Have they have come in contact with anyone who has had symptoms of COVID (see above) and/or been to a “designated quarantined state” as identified by the NYDOH in the last 14 days?
3. If they have been instructed to self-quarantine by the Department of Health (DOH), Center for Disease Control (CDC) or their medical provider in the last 14 days?
4. Have they come in contact with anyone under a DOH quarantine in the last 14 days.

Screening Determination

If the person answers YES to ANY of the above the person cannot be allowed to come on agency property.

Should the visitor disagree with any visiting restriction, immediately contact management and nursing for further guidance, but the individual should not be allowed access. Additionally, should you have any questions, require guidance, and/or deny any visitors, contact Management or Management on call immediately. Management will then notify required parties including Nursing.

If an OPWDD representative is denied access based on the screening questions and determination the Assistant Director and Director of Residential must be notified immediately.

IRA Return After Extended Home Visit – Any individual who went on an extended home visits is permitted to return back as long as the IRA has not had any known or confirmed COVID-19 cases in the preceding 14 days of the return. Additionally, the manager must completed the “Return from Extended Home Visit” form that that must verify the following prior to approving the person’s return:

- The individual must have not knowingly been in close or proximate contact with anyone who has tested positive or showing signs of COVID-19 in the past 14 days; and;
- The individual confirms in writing that he/she has not displayed any signs or symptoms of COVID-19 in the past 14 days. If any signs of symptoms are noted,

the family should be referred to their medical provider or the Local Department of Health for assessment and testing.

Notify the Nursing Services Administrator of any plans to return home. After returning home observe the individual for signs and symptoms of illness for 14 day. The Nursing Services Administrator will determine if precautionary quarantine measures are needed.

IRA Home/Therapeutic Leave Visits – Individuals may participate in home and family visits as long as there is reasonable assurance obtained that appropriate risk mitigation strategies are in place and that those they are visiting do not have a confirmed nor suspected case of COVID-19. Appropriate risk mitigation includes social distancing, use of masks or other face coverings when tolerated, as well meticulous attention to hand washing, proper cleaning and disinfection. Additionally, the individuals may only participate in a home or family visits if the ALL of the following circumstances are met:

1. The individual is not suspected or confirmed to have COVID-19, and is not under any quarantine or isolation requirements;
2. The individual passes a health screen and temperature check immediately prior to leaving the certified residence;
3. The individual immediately washed their hands prior to their departure from and returning to the residence;
4. The location(s) of the visit does not include: (a) any household member suspected or confirmed to have COVID-19; (b) any household member who has been exposed to COVID-19 in the prior 14 days; or (c) any household member displays any symptoms of COVID-19 in the preceding 14 days; AND

In order to ensure the aforementioned, all visit must be pre-planned and approved of by the Director or Assistant Director of Residential Services using the “Home Visit” form.

Upon leaving the site staff should remind families of risk mitigation strategies, as stated above, and that exposure to members of different household and to public places should be done with caution and on a limited basis. Ensure the family member has received the “Family Guidance for In-Home and Off-Site Visits” that includes best practices to implement these risk mitigation strategies.

Should there be an indication that proper risk mitigation strategies did not occur during the home/family visit or that the individual was potentially exposure to someone who is confirmed or suspected to have COVID-19 during the home/family visit, staff must notify their manager. The manager must then notify the Director of Clinical Services or Nursing Services Administrator immediately.

IRA Documentation for IRA Home/Therapeutic Leave – In order to be able to sufficiently trace and track any potential COVID-19 exposure staff must maintain a daily log of all home visits and other visits off site from the certified residence using the “Home Visit” form.

IRA Community Outings & Activities – Individuals are permitted to engage in low risk activities, such as going to medical or professional appointments and work, participating in community-based outings, as described below.

In order to prevent further community spread or increased risk of infection the following community outing restriction must be adhered to:

- Individuals shall not participate in community outings if any individual and/or staff member in the IRA is suspected or confirmed positive for COVID-19;
- Any person who had close or proximate contact to a confirmed positive individual within the last 14 days, or any person experiencing symptoms(s) consistent with COVID-19, as previously mentioned, must not participate in a community outing. Individuals that are close or proximate contacts or experiencing symptoms consistent with COVID-19 should contact their health care provider or local health department for recommendations;
- The number of people permitted on an outing must be based on the ability to maintain social distancing and safety, but should be as small as possible and not exceed 10 people. The number of people is inclusive of staff and not include individuals other than those they live with.
- Low risk outdoor activities are encouraged and preferred whenever possible;
- Community outings to stores, outdoor restaurants, salons, etc. should be extremely limited in frequency and duration and must abide by the capacity limitations of such locations.
- Planned recreational community outings should be limited to one location per day for any individual participating;
- Hands should be washed/sanitized immediately prior to leaving the home and immediately upon return to the home;
- Staff must bring hand sanitizer and ensure all individuals are washing and/or sanitizing hands throughout the community outing, whenever surfaced such as door handles, counters, public benches, and store shelved are touched;
- Social distancing principles must be adhered to, to the greatest extent possible;
- There should be no unnecessary interaction with other members of the public while on a community outing; and
- When planning outings, staff should be aware of various capacity restrictions for businesses and when possible call ahead to ensure the group size can be accommodated.

Outings must be preplanned and should be approved of by the IRA Program Coordinator using the “Community Outing” form. If, however, the outing is an appointment (i.e. medical appointment, hair appointment), the “Community Outing” form must still be completed, but does NOT require the Program Coordinators approval. Additionally, this form does NOT need to be completed for individuals who have behavioral intervention that involve the use of the van (i.e. van rides) in their behavior plan.

Individuals who participate in community outings without staff present must be provided with hand sanitizers and face coverings. Additionally, they should be educated and understand the risks and obligations of public exposure.

IRA Documentation for Community Outings & Activities– In order to be able to sufficiently trace and track any potential COVID-19 exposure staff must maintain a daily log of all community outings the “Community Outing” form. See “Noncompliance with IRA COVID-19 Preventive Measures and/or Quarantine Standards” below for individuals who fail to follow expectations with the community outing standards described above.

IRA Transportation– The following measures are required when transporting individuals in an agency vehicle:

- Only individuals and staff from the same IRA should be transported together. Individuals and staff from other IRAs shall not be intermingled for purposes of transportation;
- Capacity on buses, vans, and other vehicles should be reduced to 50% of total capacity to maximize social distancing and reduce COVID-19 transmission risks; however, individuals and staff who reside/work together in the same home may be transported together in the same vehicle without a vehicle capacity reduction;
- To the greatest extent possible, should avoid sitting near each other or the driver;
- Direct individuals to exit the vehicle on person at a time following the driver. Additionally, if there are multiple doors in a van, one-way entering and exiting should be utilized;
- To the extent that an individual can medically tolerate one, individuals, staff, and the driver must wear a mask at all times. Staff who cannot medically tolerate the use of a face mask should not be assigned to transport individuals;
- After each trip is completed, the interior of the vehicle should be thoroughly cleaned and disinfected before additional individuals are transported following the “Vehicle Cleaning Checklist” instructions. Staff must log the date and time they cleaned the vehicle and then initial on the Vehicle Log;
- Where appropriate and weather permitting, windows should be rolled down to permit air flow; and

Individuals utilizing public or other transit should be reminded of the importance of social distancing and good hygiene, and should be provided with hand sanitizer for use immediately following such transportation.

IRA Employee Screening - Only essential employees are permitted to enter into residential sites. Employees who have a temperature of 100 or above are asked not to come to work and to reach out to their doctor and local health department for further instruction, which may include quarantine and/or testing. If an employee has symptoms of COVID-19 that includes a fever or has been told by their doctor to quarantine of local health department, the employee must contact their supervisor and the Agency Flu Hotline. As a precautionary measure to ensure adequate follow-up is obtained from the employee on their condition and/or test results the manager must also leave a message on the Agency Flu Hotline. If an employee is not feeling well enough to work, but have not been removed from work due to COVID-19, normal call off procedures apply.

Employees will be screened and asked to take their temperature prior to entering the residential or respite site. Screening results are to be documented per Agency protocol. In residential facilities this must also occur every 12 hours thereafter. If the employee has a temperature of 100 or more, they need to be sent home and told to contact their doctor and local health department for further instruction, which may include quarantine and/or testing and to leave a message on the Agency Flu Hotline. Should an employee be sent home due to a screening, the Manager and Nursing Services Administrator need to be notified. All staff who have worked in close proximity with the presumed infected staff member, in addition to all individuals living in the residential setting, should contact their local health department to determine if they should also be quarantined.

IRA Hospitalizations – It is Agency protocol to return individuals who have gone to the hospital with COVID-19 systems as soon as possible. The Nursing Services Administrator is to be

notified immediately when an individual is sent to the hospital, as well as when the hospital is ready to send the person back home.

Hospital discharge planners must confirm to the Certified Residential Facility, by telephone, that the resident is medically stable for discharge and whether the individual is asymptomatic. Comprehensive written discharge instructions will be provided by the hospital prior to the transport of a resident. The Nursing Services Administrator will ensure that the proper screening has occurred and that any needed safety and/or protective measure have been implemented prior to return, including any need for additional PPE on site.

Should there be a concern about having the individual return to their home or a disagreement with hospital personnel the Nursing Services Administrator will notify the Director of Clinical Services, Director of Residential Services, and Chief Operating Officer. Should the Agency lack the needed PPE to bring the person home safely OPWDD Office of Emergency Management will be notified.

IRA Increased Monitoring, Quarantine, and Isolation Standards – The Nursing Services Administrator, in consultation with the residential team, will determine when additional monitoring must take place and at what level. Should a quarantine be necessary, the following COVID-19 Quarantine standards MUST be adhered to:

- The Director of Residential Services, Director of Clinical Services and Nursing must be notified immediately of ALL COVID-19 situations involving individuals served involving COVID-19 (i.e. potential exposure, symptoms such as fever, cough, shortness of breath, etc.)
- Report any observed or suspected symptoms of acute illness to the person's physician or nearest clinic/health services facility.
- In addition to above notifications, please contact the Site Nurse or On Call Nursing. Notify the local health department and the OPWDD Incident Management Unit in accordance with OPWDD Guidelines for Implementation of Quarantine and/or Isolation Measures at State-Owned and Voluntary Providers in Congregate Settings issued on 3/10/20.
- If exhibiting symptoms, the individual will be isolated as much as possible from contact with other individuals receiving services. The Director of Residential Services has identified quarantine locations in each IRA building and all residential employees are being properly trained in quarantine procedures.
- The individual should wear a face mask (surgical). If the person cannot tolerate or is not able to wear a face mask (for example, because it causes trouble breathing), then we need to encourage them to cover coughs and sneezes, and the people providing care should wear a face mask.
- Staff need to wear Personal Protective Equipment (PPE) as directed by the Agency. This includes face mask, gloves, protective eye wear, and gowns when they touch or have contact with the individual's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, urine. Specific guidelines will be provided to staff on how they should treat PPE depending on the circumstances at their site.
- When removing personal protective equipment, first remove and dispose of gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove and dispose of facemask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.
- Assure that all affected individuals remain in their rooms. Cancel group activities and communal dining. Offer other activities for individuals in their rooms to the extent possible, such as video calls.
- Other individuals living in the home should stay in another room or be separated

from the sick individual as much as possible. Other individuals living in the home should use a separate bedroom and bathroom, if available.

- Individuals should not handle pets or other animals while sick.
- Staff must actively monitor and check the suspected or confirmed positive person, every 4 hours. This monitoring must include a symptom check and the following vitals:
 - ✓ Blood Pressure
 - ✓ Pulse
 - ✓ Temperature
 - ✓ Respiratory rate
 - ✓ Pulse Ox %

Note: during the overnight shift, individuals do not need to be woken up in order to perform the health check. Instead, staff should quietly enter the individual's bedroom and do a bedside check, ensuring that the individual does not appear to be in any distress (i.e., breathing does not appear to be labored, individual does not appear to be sweating). If any symptoms are noted while an individual is sleeping, the on-call RN should be contacted immediately for further direction.

- ✓ If the individual is getting sicker, call his or her healthcare provider and tell them that the individual has laboratory-confirmed COVID-19. This will help the healthcare provider take steps to keep other people in the once or waiting room from getting infected.
- ✓ If the individual's symptoms become severer and/or there is a medical emergency and you need to call 911, notify the dispatch personnel that the individual has, or is being evaluated for COVID-19.
- Staff need to take the temperature and monitor for signs and symptoms (cough, shortness of breath) of COVID-19 for all other individual who have not been confirmed or suspected at least one time per shift.
- Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.
- Encourage and maintain 6 feet social distancing whenever possible.
- Avoid sharing household items with the individual. Individuals should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After the individual uses these items, wash them thoroughly using guides noted prior.
- If serving someone that has been diagnosed with COVID-19, you must continue to provide all services in an equitable professional manner and it is mandatory that you utilize universal precautions.
- The site must be thoroughly cleaned and disinfected using the cleaning guides noted prior.
- Perform hand hygiene frequently and avoid touching your eyes, nose and mouth with unwashed hands.
- Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
- Staff should wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.
- Do not float staff between units or between individuals to the extent possible. Cohort individuals with suspected or confirmed COVID-19 with dedicated health care and direct care providers, to the extent possible. Minimize the number of staff entering individuals' rooms.
- Employees and families will be notified of suspected or confirmed cases of

COVID-19 (See below “**Notifications to Employees and Families of Suspected or Confirmed Cases of COVID-19**”)

Noncompliance with IRA COVID-19 Preventive Measures and/or Quarantine Standards

– Should individuals refuse to follow the preventive measures, mandates, and/or quarantine requirements the Director of Residential Services must be notified. The treatment team will discuss and develop a plan of action to address any non-compliance per Agency protocol.

Overnight IRA Respite Site Quarantine Standards - The following COVID-19 Quarantine standards MUST be adhered to:

- The program supervisor as well as the Director of Habilitation Services, Director of Clinical Services and Nursing Services Administrator must be notified immediately of ALL COVID-19 situations involving individuals served involving COVID-19 (i.e. potential exposure, symptoms such as fever, cough, shortness of breath, etc.)
- If any there is any indication that the participant has been exposed to COVID-19 or is exhibiting symptoms he/she is expected to stay home or return home if identified prior to entering the site.
- If symptoms appear after arrival, the program will make arrangements to isolate the person until the individual can be safely transported home. The Director of Habilitation Services has identified quarantine locations in each respite building, as well as key employees who are properly trained in quarantine procedures. The individual should wear a facemask (surgical). If the person is unable to tolerate or not able to wear a facemask (for example, because it causes trouble breathing), then we need to encourage them to cover coughs and sneezes, and the people providing care should wear a facemask.
- If the person is diagnosed with COVID-19, he or she will not be permitted back to program without medical clearance from their health provider or as directed from the Department of Health.
- Employees will be notified of possible exposure and directed to contact their medical professional.
- Letters will be sent to other participants of the program along with a fact sheet.
- The site must be thoroughly cleaned and disinfected.

Office Building Quarantine Standards - The Vice President of Administrative Services has identified quarantine locations in each office building, as well as key employees who are properly trained in quarantine procedures, should an employee or visitor exhibit COVID-19 symptoms and be unable to leave the building. NOTE: Entrance to office buildings is being limited to necessary employees as well as vendors who need to address any immediate building and property needs.

Certified Day Services Standards – Day Services include the following:

- Group Day Habilitation
- Prevocational Services
- Respite

Certified Day Services will operate in accordance to the Safety Plans developed and submitted to OPWDD to mitigate any potential exposure to known or suspected cases of COVID-19. Each Safety Plans include detailed information on:

- Site Signage on the transmission, prevention, and containment of COVID-19
- Participant, Staff, and Essential Visitors screening and monitoring for COVID-19

- Social Distancing & Site Safety Requirements
- Personal Protective Equipment
- Hygiene & Cleaning
- Transportation
- Tracing & Tracking

Community Based Service Standards - Community Based Services include the following:

- Family Support Services Programs
- Supported Employment?
- Community Habilitation
- Alternatives to Incarceration, Health Home Care Coordination
- Behavioral Health & Children’s HCBS Services
- Victim’s Assistance Services and all Grant Based Case Management Services

All face-to-face service provision will be limited to essential need only that is relevant to the person’s well-being, recovery and activities of daily living. All other services will be provided telephonically or electronically. It is expected that regular contact with all service recipients will continue to occur and will be documented. Education of the service recipient regarding the COVID-19 virus will occur as needed. Please refer to the facts sheet and infographics developed. If the person is unable to be reached for the phone screening, the visit will be rescheduled.

Other forms of Telecommunication/Telehealth may be utilized to provide face to face services where appropriate. This includes Facetime, Skype, and other forms of electronic means that is intended to support 1:1 visual & verbal communication. Applications such as Facebook Live or Tik Tok are NOT permitted. All efforts need to be made to ensure that telecommunication/telehealth activities are done in a confidential and private manner.

Identifying the need to provide essential face-to-face services will be made in collaboration with the staff’s supervisor and the person’s circle of support. If a face-to-face service is necessary, the program staff will screen the person by telephone at least one hour prior to the visit.

Screening Questions

Prior to conducting a face-to-face visit, an employee should ask the person served and/or family the following questions during a pre-screening phone contact with the person they are planning to visit.

1. Do they have any symptoms of COVID to include, but not limited to: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell?
2. Have they have come in contact with anyone who has had symptoms of COVID (see above) and/or been to a “designated quarantined state” as identified by the NYDOH in the last 14 days?
3. If they have been instructed to self-quarantine by the Department of Health (DOH), Center for Disease Control (CDC) or their medical provider in the last 14 days?
4. Have they come in contact with anyone under a DOH quarantine in the last 14 days.

Screening Determination

Any “Yes” response will indicate that the face to face visit will not take place and that the service will be provided telephonically or electronically at that time. The face to face visit will be rescheduled as needed.

Preventive Services Standards – In order to ensure the safety and well-being of children and families receiving Preventive Services, the following standards are expected to be followed:

- **General Home & Office Visits (CPS, PREVENTIVE, FOSTER CARE, APS)**
 - ✓ Staff will continue to make required visits if none of the conditions that would jeopardize the staff's health is present in the home or facility. Whenever safety allows, the screening questions **MUST** be asked and home visits may be planned in advance. If an unannounced visit is necessary, staff will stand away from the door in order to ask the screening questions and follow the action steps provided prior to entering the home.
 - ✓ Staff will use the screening questions to determine whether he or she should visit at home or if an alternative method is necessary. These decisions need to be collaborative and staff should seek supervisor guidance. Generally, staff should minimize the need for office visits. If necessary information can be obtained through a telephone interview, then staff should waive the need for an office visit or home visit. If the sole purpose of a visit is to submit documents and the client is able to scan or email required documents to staff, the office visit should be waived. When required home visits need to be made or when it is necessary for a family to visit the office, staff should determine the appropriateness of such visits by discussing the screening questions with the family and reviewing responses to the screening questions with their supervisors.
 - ✓ If a home visit is **NOT** possible, staff should maintain contact with the family through regular phone calls and video-chat if available. Such video-chats should start with a "family picture" so that staff can see all members of the family including all children and should also include conversation with the children. After the call, staff should debrief with their supervisors and managers to identify red flags of emerging safety concerns or unmet family needs and determine how these should be addressed.
 - ✓ At this time Service Plan Reviews may be conducted via phone or videoconference.
 - ✓ As the Case Manager, it is essential that workers ensure that statutory requirements related to contacts, FASP's, SPR's, and Permanency Hearing Reports continue to be met. Although Permanency Hearings are suspended at this time, it is essential to continue to prepare these reports so that information is kept up to date and will more easily be prepared once hearings are re-instated.

- **In Person, Telephone Interviews, and Other Precautions**
 - ✓ When conducting in person interviews, staff should maintain a reasonably safe distance from the person being interviewed. Current guidance is 6 feet.
 - ✓ Following the receipt of documents brought in by the family, staff should promptly and thoroughly wash their hands.
 - ✓ If neither staff nor family wants to be in close proximity to each other and the situation permits (i.e. families residing in private homes with access to a porch, yard, etc.), staff can discuss with the family whether they are comfortable speaking by phone while maintaining view of each other. This will enable staff to conduct in-persons interviews and observe the children while allaying the family's fear of being in close contact. For families residing in apartment buildings the opportunity for privacy using this arrangement is lessened. Staff should assess whether this arrangement is practical and will not violate confidentiality.

Screening Questions

The following questions should be asked when preparing or scheduling appointments for home or office-based visits. Ask clients or applicable family members the following (4) questions:

1. Do you or any one in your household feel the need to self-quarantine or have you or

- anyone in your household been asked to self-quarantine by a doctor or health care provider? If yes, on what date was the quarantine requested or ordered and by whom.
2. Have you or anyone in your household traveled out of the country within the last 14 days? If yes, where? Level 2 or 3 travel designation (Compare response against list of countries that are flagged, a Level 3 designated country requires action below)
 3. Have you come in contact with anyone who has had symptoms of COVID (see above) and/or been to a “designated quarantined state” as identified by the NYDOH in the last 14 days?
 4. Have you developed a cough, sore throat, fever, or shortness of breath within the last 14 days? (Inquire about pre-existing conditions such as Asthma, Allergies, etc.)

Screening Actions

- ✓ If there is a ‘Yes’ to any of the first (3) questions (1, 2 or 3), a home visit will not occur. If travel to a level 3 designated country had occurred in the past 14 days, there should not be face to face contact made and an alternative way to determine safety should be commenced. A level 2 is a caution and warning, this is indicated right now for all communities. The client should be immediately advised to contact their primary healthcare provider and the Erie County and/or NYS Department of Health (DOH). Consultation with a supervisor is required to determine if additional steps need to take place to assess for safety.
- ✓ If answers to questions 1, 2 and 3 are “No” but 4 is “Yes”; Please consult with a supervisor/manager or administration about whether or not a home visit should be made or if an alternate mode of assessing family safety and well-being can be made. If there are no pre-existing conditions of the member displaying symptoms that would explain the symptoms then an alternate mode of assessment should be planned.
- ✓ If there are pre-existing conditions that may be the cause of the symptoms then the supervisor/manager consult should assess the urgency of a face-to-face based on the safety and risk factors and common sense should be applied.
- ✓ Take note that a “Yes” to any of the above questions require the worker to immediately bring it to the attention of the Supervisor and/or manager before visiting the home or deciding to not visit a home. All decisions should be documented, providing reasons and indicating consultation when alternate methods of contact are utilized.

Onboarding and Abbreviated Training Requirements – Due to the need to ensure that programs are adequately staff the following onboarding and abbreviated new hire training standards have been implemented on a temporary basis:

- **Onboarding**
 - ✓ Initial and annual testing for tuberculosis, required pursuant to Section 633.14, are waived temporarily, to the extent necessary to onboard staff required in response to COVID-19 related staffing shortages.
 - ✓ Tuberculosis screening should be performed, instead, for new employees in lieu of full PPD testing. A tuberculosis screening questionnaire will be available.
- **New Hire Training**

For new employees, agencies that utilize abbreviated training formats for the purpose of accelerating the onboarding of direct support professionals must ensure that all employees meet pre-existing annual training requirements within 120 days of onboarding.

In order to expedite on-boarding training due to COVID-19 related staffing shortages the following is being implemented:

Abbreviated training formats and alternate delivery methods for training, such as webinars, video recording and self-certification documentation (“read and signs”) are being implemented, however will still support the NYS DSP Core Competencies, and still include, in abbreviated format:

- ✓ principles of human growth and development;
- ✓ characteristics of the persons served;
- ✓ promoting positive relationships;
- ✓ abuse prevention, identification, reporting, and processing of allegations of abuse; laws, regulations and policies/procedures governing protection from abuse;
- ✓ incident reporting and processing;
- ✓ the agency's safety and security procedures (including fire safety); and
- ✓ and other appropriate topics relative to the safety and welfare as may have been specified by the agency.

New employees receiving the abbreviated training formats, for the purpose of accelerating the onboarding of direct support professionals, will meet pre-existing annual training requirements within 120 days of onboarding.

- **Annual Re-training**

For current employees, annual training requirements for direct support professionals, who have previously completed all training requirements, will be extended ninety days.

Annual trainings include:

- ✓ promoting positive relationships;
- ✓ abuse prevention, identification, reporting, and processing of allegations of abuse;
- ✓ laws, regulations and policies/procedures governing protection from abuse;
- ✓ incident reporting and processing; and the agency's safety and security procedures (including fire safety).

- **Medication Administration Training**

- ✓ An abbreviated Medication Administration Course has been developed and will be made available for direct support professionals who have not yet been certified;
- ✓ Annual Medication Administration Certification for direct support professionals will be extended for ninety days for those staff who have routinely administered medication since their most recent certification and upon approval of the facility’s registered nurse;
- ✓ Managers/supervisors who have received Medication Administration Certification within the past 12 months may administer medication when no direct support professional with AMAP certification is available; and
- ✓ Managers/supervisors who have not received Medication Administration Certification within the past 12 months may administer medication when no direct support professional with AMAP certification is available, provided they have taken and passed the abbreviated Medication Administration Course.

Tracing Suspected or Confirmed Cases of COVID-19 – A system has been established per OPWDD guidance to track and trace individuals or staff who is showing symptoms consistent with COVID-19 (e.g., fever, cough, or shortness of breath).

Notifications to Employees and Families of Suspected or Confirmed Cases of COVID-19 –

Employees who have potentially been exposed to a suspected or confirmed case of COVID-19 will be notified verbally and in writing per Agency protocol. This includes the provision of guidance on what is expected regarding continuing to work, any isolation standards when not working, and encouraging them to contact their medical professional.

Families of individual's residing in IRAs will also be notified verbally and in writing when there is a suspected of confirmed case of COVID-19 at their residential site per Agency protocol.

General Notifications and Communications Regarding the Agency Status and Measures Taken Related to COVID-19 –

Actions have been taken to ensure that individuals, families, employees and others who have a vested interest in the Agency are kept aware of the Agency's status and measures taken to protect of employees and individual receiving services from COVID-19. This includes mailings, email communications, social media posts, and regularly updated information maintained on the Agency Website.