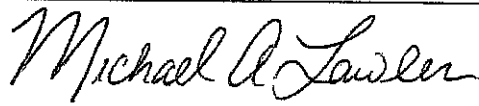


<b>Catholic Charities Disabilities Services</b>
<b>Agency Standard and Procedure</b>

<b>Standard Category</b>	<b>Administration</b>
<b>Standard Title</b>	<b>Business continuation plan for dealing with COVID-19 (Coronavirus)</b>
<b>Regulations</b>	<b>OPWDD Revised Staff Guidance for the Management of Coronavirus (COVID-19) in Facilities or Programs Operated and/or Certified by the Office for People with Developmental Disabilities</b>
<b>Original Issue Date</b>	<b>March 13, 2020</b>
<b>Latest Revision Date</b>	<b>March 21, 2020 October 1, 2020</b>
<b>Number of Pages</b>	<b>7</b>
<b>Attachments</b>	<b>Park Place Business Safety Plan</b>
<b>Approved by: Michael Lawler, Interim Executive Director</b>	

**Standard:** Catholic Charities Disabilities Services will implement the following in response to the COVID-19 pandemic:

- i. Develop procedures to maintain a safe and healthy environment for individuals served, employees, community partners and visitors, including minimizing the transmission of contagious disease.
- ii. Sustain operational continuity during a disruption to normal operations due to a public health concern.
- iii. Maintain the most current information regarding the COVID-19 virus.
- iv. Maintain close contact with local and state public health sources, for guidance and direction as needed.
- v. Develop protocols and procedures in accordance with Office for People with Developmental Disabilities (OPWDD) and Department of Health (DOH) issued regulatory guidance.

**Procedure:**

- A. Actions to prevent or slow the spread of COVID-19
- a. Staff will be required to stay home when sick and may not return until they no longer have symptoms of an upper respiratory infection for at least 24 hours without the aid of symptom-altering medicines (fever reducing medicines, cough suppressants, etc).
  - b. Staff who report to work with symptoms of respiratory infection will be sent home and be required to stay home for at least 24 hours after they no longer have symptoms without the aid of symptom-altering medicines (fever reducing medicines, cough suppressants, etc).
  - c. Staff who may have been exposed to COVID-19 but are not under orders to quarantine or isolate will be required to self-monitor in accordance with direction from the Local Health Department (LHD). This will include, but may not be limited to, taking temperature twice daily, minimally at the beginning and end of each shift.
  - d. Staff will be informed about proper coughing and sneezing etiquette and encouraged to cough or sneeze into a tissue or their elbow.
  - e. Staff will be educated and encouraged to wash their hands often with soap and water for at least 20 seconds. If hand washing is not available, they should use an alcohol-based hand sanitizer.
  - f. Staff will perform environmental cleaning of frequently touched surfaces and objects.
    - i. Following the use of common areas (i.e.: conference rooms, lunch rooms, etc.) staff will take a two-step approach to cleaning multiple use surfaces, including but not limited to: tabletops, chair armrests, computer/TV equipment and doorknobs
  - g. All visitors to residential homes will be screened and will follow agency protocols for visits, community outings, extended home visits and related.
  - h. All non-essential public gatherings (i.e.: meetings, trainings, social gatherings) will be evaluated for safety and compliance with Centers for Disease Control (CDC) and DOH guidance.

- i. Depending on the type of services provided, Personal Protective Equipment (PPE) will be used, in accordance with CDC, DOH and OPWDD guidelines.

B. Workplace Policies:

- a. Staff who are well are expected to work as usual.
- b. Staff who have been ill with symptoms of an upper respiratory infection may not return to work until they have been symptom free for 24 hours without the aid of symptom-altering medicines (fever-reducing medicines, cough suppressants, etc.)
- c. All paid time off policies remain in effect for absences due to illness including COVID-19.
- d. Regular call-out procedures remain in effect, as dictated by each program.
- e. Essential employees: as the provider of community-based and residential supports to individuals with ID/DD and traumatic brain injuries, our agencies are considered an essential business; all employees will be considered essential to the daily operations of the agency, unless deemed otherwise by the Executive Director of the agency.
- f. Employees may be deployed to other programs as the need arises.

C. Reporting Procedures:

- a. Should the agency have a suspected or confirmed case of COVID-19:
  - i. At the direction of the Agency's Executive Director and Associate Executive Director, will report any possible COVID-19 illness in individuals served and/or staff, to the LHD.
  - ii. At the direction of the LHD, individuals will be isolated and/or quarantined.
  - iii. The interdisciplinary treatment team will assess and discuss the needs of each individual who is isolated and/or quarantined, based on their individual Life Plans, including consideration of restriction of activities, extension of activity restrictions and modification of activity restrictions.
  - iv. If an individual who meets the criteria of possible COVID-19 symptoms needs to be transferred to another facility (i.e.: PCP, specialist, ER) for assessment, diagnosis, and/or treatment the Associate Executive Director or designee will call and notify the (LHD) and follow their direction.
  - v. The Director of Quality Assurance or designee will immediately notify OPWDD Incident Management Unit (IMU)

of any quarantine and/or isolation orders of any individual served ordered by the LHD in accordance with OPWDD reporting and notification requirements.

D. Park Place:

- a. Developed a site specific safety plan to include visitor and employee health screenings, limited room capacity by fifty percent capacity per room, divided employees into cohorts with specific days to be in the office and working remotely. Checklists will be completed for the cleaning of all conference rooms, mail room and lunch room. Sanitizer dispensers and bottle are accessible throughout the office space, etc.
- b. If the office becomes closed to outside visitors, including CCDS staff who do not work at Park Place, communication will be sent informing parties of this action.
  - i. All efforts will be made to maintain normal business operations.
  - ii. Two-way communication will take place through emails, conference calls, and fax.
- c. If public health conditions worsen and stronger social distancing measures are needed, some or all employees may be given the option or be required to work from home.
  - i. Senior management will determine what staff needs portable electronic devices and access to the agency's network to conduct essential business remotely.

E. Residential/Nursing Services:

- a. Care for individuals with possible COVID-19 in our residential program:
  - i. All residential staff will receive a refresher in infectious disease control.
  - ii. Residents with fever or acute respiratory symptoms will be restricted to their rooms. If they must leave the room for medically necessary procedures, they will wear a facemask (if tolerated).
  - iii. For care of residents with undiagnosed respiratory infection use Standard, Contact and Droplet precautions with eye protection.
  - iv. Alcohol-based hand sanitizer will be available throughout the residence as supplies are available.
  - v. All staff will be required to clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing PPE.

- vi. Post signs on the door or wall outside of an individual's room that clearly describes the type of precautions needed and the required PPE.
- vii. PPE will be available as supplies are available in close proximity of the individual's room when it is determined PPE is needed for that individual.
- viii. A trash can will be kept near the exit but inside the individual's room to make it easy for staff to discard PPE.
- b. Environmental Cleaning and Disinfection:
  - i. Each shift will perform targeted cleaning and disinfection of frequently touched and non-porous surfaces (appliances, tabletops, doorknobs, phones, remote controls, etc.) and any other surfaces that are visibly soiled.
  - ii. Cleaning will be done in accordance with NYS Department of Health guidance document.
- c. Visitors:
  - i. The agency will implement agency protocols in accordance with guidance issued by OPWDD regarding visitors within the residential settings.

F. Nursing:

- a. The agency's RN's, in conjunction with senior leadership, the Nurse Manager, and residential administration will play a critical role in managing the agency's response to any public health concern such as COVID-19.
  - i. RN's will assess all individuals exhibiting symptoms of acute respiratory illness using sound medical judgement and guidance, as warranted, from the LHD.
  - ii. Agency RN's will determine, using sound medical judgement and guidance, as warranted, from LHD, the level of care needed by individuals exhibiting acute respiratory illness.
  - iii. RN's will ensure staff providing day to day care to individuals are adequately trained in infection control and are using proper PPE and following other infectious disease prevention protocols.
  - iv. When necessary due to a variety of reasons, including but not limited to, staff shortages, RN's, LPN's and clinical specialists will provide direct medical and personal care to individuals.
  - v. In the event nursing staff, RN's and/or LPN's are unavailable for work due to illness and/or quarantine, the agency will engage temporary nursing service.

G. Community Supports:

- a. Services for individuals experiencing acute respiratory illness/possible COVID-19 in our community based programs:
  - i. If the agency becomes aware that an individual served has been diagnosed with COVID-19, the agency will temporarily suspend services to that individual in accordance with CDC and LDH guidance.
  - ii. The Associate Executive Director or designee, will contact the LHD of the county in which the individual resides for guidance on any precautions the employee should take.

H. Chain of Communication:

- a. A variety of means will be used to communicate regarding the COVID-19 issues. The information to be communicated and the intended audience will dictate the method used.
- b. The Associated Executive Director or designee has been designated to be the central point of contact for issues related to COVID-19.
- c. Communicating closure and/or alternative work arrangements of Park Place:
  - i. Once the decision has been made to close Park Place, each Director will in turn communicate to their direct reports.
  - ii. They, in turn, will communicate the information to their direct reports.
- d. Communication with LHD:
  - i. The Associate Executive Director of designee, will be the primary point of contact for communication with local and state public health authorities.
- e. Communication with OPWDD:
  - i. The Associate Executive Director of designee will be the primary point of contact for communication with OPWDD in the event of isolation and/or quarantine.
- f. Nursing Chain of Communication:
  - i. The Nurse Manager will communicate with the RN's and LPN's.
  - ii. The house RN will communicate pertinent information with the clinical specialist of that residence.
  - iii. If the Nurse Manager is unavailable, an RN, is designated to act in his/her place.

I. Alternative Work Arrangements:

- a. In the event it is deemed wise to close Park Place, alternative work arrangements will be made with the following considerations.
  - i. Each department will develop a list of essential services to the daily operation of the agency and how those services will

be performed in the event work cannot be done at Park Place.

- ii. The following options will be considered: work-from-home; working from an alternate CCDS site; work from an alternate CCDA site.
- iii. Each Director will determine what, if any, equipment and/or network access is needed by each staff member.
- iv. Commonly used forms and documents will be saved for access to staff working remotely.
- v. Remote access will be given on a case-by-case basis, after making the assessments described above.
- vi. Communication with stakeholders and partners regarding any closure of Park Place and/or alternative work arrangements will be communicated per the above communication processes as set forth in the agency Park Place business safety plan.

# Catholic Charities Disabilities Services Business Safety Plan

## Park Place

### I. PEOPLE

#### A. Physical Distancing: CCDS will require that employees comply with physical distancing requirements.

##### a. Staff:

- i. Staff will be divided into "cohorts" with one cohort of staff working Monday & Tuesday and the other cohort working Thursday & Friday. All staff will work remotely the other three (3) days of the week.
- ii. Cohorts will be assigned by department heads and will consider business needs as well as social distancing needs.
- iii. Office hours will be set from 7 am to 6 pm Monday, Tuesday, Thursday, and Friday; the office will be closed on Wednesday. No staff will be allowed to work outside of the office hours unless approved by senior leadership.
- iv. Staff will maintain 6 ft. distance apart, unless safety or core functions of work activity requires a closer distance.
- v. Any time staff are less than 6 ft. apart from each other, they must wear an acceptable face covering.
- vi. Staff will wear face coverings when in tightly confined spaces when occupied by more than one person.

##### b. Visitors:

- i. Visitors are defined as anyone whose primary workspace is not Park Place will observe physical distancing requirements.
- ii. Visitors will not be allowed past the reception area unless they have a business need.
- iii. Visitors dropping off items will leave those items with the receptionist who will arrange for their delivery to the appropriate party.
- iv. Visitors picking up items will receive those items from the receptionist.
- v. The office will be closed to visitors between 4:30 pm and 8:30 am and from 12 noon to 1:00 pm Monday, Tuesday,



Thursday, and Friday. The office will be closed on Wednesday.

**B. Health Screening: CCDS will implement mandatory health screening for staff and visitors.**

**a. Staff:**

- i. Before employees begin work each day, they will be required to take their temperature and check for signs/symptoms of COVID-19. This may be done prior to arrival or upon arrival to Park Place.
- ii. Staff will affirm that they have done so via the CCDS intranet.
- iii. Staff will record their actual temperature on the contact tracing form.
- iv. Any staff with a temperature greater than 100 or who is sick will be required to:
  1. Stay home and work remotely, if well enough to do so, or use CLT.
  2. Contact the Human Resource Specialist or another member of HR.
  3. Follow return to work protocols as communicated by HR.

**b. Visitors:**

- i. Visitors going beyond the reception area will be screened for temperature and signs/symptoms of COVID-19 prior to entry beyond the reception area.

**C. Personal Protective Equipment (PPE)**

**a. Staff:**

- i. All staff will be provided with acceptable face masks at no cost.
- ii. Employees will have the option to provide their own if they meet acceptable CDC guidelines.
- iii. Face masks must be clean and replaced when damaged or soiled. An ultraviolet disinfecting machine will be available in the waiting area at Park Place.
- iv. Additional PPE (gloves, gowns, face shields, etc.) will be provided as needed for specific job functions.
- v. Any time staff are less than 6 ft. apart from each other, they must wear an acceptable face mask.
- vi. Staff will wear face masks when in tightly confined spaces when occupied by more than one person.

- b. Visitors:
  - i. All visitors must wear a face mask while in CCDS office space.
  - ii. Visitors without a face mask will be provided one.
- D. Contact Tracing:
  - a. Staff will keep a daily log of individuals with whom they have had close contact through the course of their workday. This includes co-workers and visitors but excludes deliveries that are performed with appropriate PPE or through contactless means.
  - b. Logs will be maintained by the staff member but must be made available to the agency (Associate Executive Director of Operations (or designee) and Nurse Manager, if the staff member has a confirmed or presumptive diagnosis of COVID-19.
  - c. The AED – Operations and/or Nurse Manager will be responsible for sharing these lists with the state or LDH if requested.

## II. PLACE

- A. Physical Distancing: CCDS will configure space within its Suite at 1 Park Place so that employees may comply with physical distancing requirements.
  - a. Cohorts will allow for 6 ft. between each workstation.
  - b. Maximum capacity of common spaces will be established to less than 50% of full capacity. Maximum capacity numbers will be posted in each of these areas.
    - i. Lunchroom: Maximum = 3
    - ii. Mailroom: Maximum = 3
    - iii. Beverwyck: Maximum = 6 – 10, depending on seating arrangement
    - iv. Capital A & B (combined space): Maximum = 10
    - v. Capital A: Maximum = 4
    - vi. Capital B: Maximum = 4
    - vii. Hudson: Maximum = 2
    - viii. Reception Area: Maximum = 2 (not including receptionist if behind plexiglass)
    - ix. Waiting Area: Maximum = 2
    - x. File Room: Maximum = 3

- c. Social distancing markers that denote 6 ft. will be placed in commonly used areas, including, but not limited to reception area, time clock station, and copiers.
  - d. In-person gatherings will be limited to the extent possible. Essential in-person gatherings, such as training, will observe social distancing and the total number will not exceed maximum capacity of the room.
  - e. One-way traffic will be placed in be observed where possible and will be clearly marked.
- B. Hygiene and Cleaning: CCDS will adhere to hygiene and sanitation requirements from the CDC and DOH and maintain logs on site that document date, time, and scope of cleaning. CCDS will strive for as many functions as possible to be contactless to the extent allowed in order to effectively conduct business.
- a. Offices and cubicles:
    - i. Each staff will be responsible for the daily sanitation of their workspace, including cleaning surfaces prior to leaving at the end of the workday and whenever soiled.
  - b. Common space:
    - i. Housekeeping staff from Picotte Companies (landlord) will disinfect entrance door handles, faucets and countertops each evening.
    - ii. Cleaning services will be engaged to provide a thorough cleaning of all common areas on Wednesdays and between 6 pm Friday and 7 am Monday.
    - iii. High touch areas will be modified to avoid staff unnecessarily touching surfaces (ie: lidless garbage cans).
    - iv. The lunchroom will be closed and cleaned daily at 4:30 pm.
    - v. Staff will be responsible for wiping off commonly used equipment, including but not limited to, coffee maker, refrigerator, faucets, countertops, after each use.
    - vi. Staff will be responsible for the sanitation of commonly used areas, such as the mailroom and conference rooms after each use. This includes but is not limited to tables, counters, chairs, door handles and light switches.
    - vii. Sneeze guards will be used in areas where face-to-face encounters take place, such as the reception area and interview and on-boarding spaces.

- viii. Staff will refrain from sharing items; when sharing is necessary, employees will be encouraged to wear gloves, if appropriate, and/or wash or sanitize their hands before and after contact.
- c. Vehicles:
  - i. Commonly touched surfaces will be cleaned with disinfectant wipes after each use. This includes, but is not limited to door handles, steering wheel, seats, shifting gears, and control panels.
  - ii. Each driver will indicate in the affirmative on the vehicle log that cleaning was done at the end of each use.
  - iii. Face masks must be worn when more than one (1) occupant is in the vehicle.
  - iv. No more than two (2) people may travel within the same vehicle.
  - v. Private vehicles used for agency business must also adhere to this guidance.
- d. Hand sanitation:
  - i. A hand hygiene station will be available within the Suite in the lunchroom. It will be stocked with soap, water and paper towels.
  - ii. Additional hand washing stations are available in the rest rooms provided by the landlord, located outside of the Suite.
  - iii. Posters promoting the proper method of hand washing from the CDC will be posted in each worksite at hand washing station.
  - iv. Alcohol based hand sanitizer containing 60% or more alcohol will be available where handwashing is not feasible. This includes but is not limited to the entrance/exit areas, each conference or meeting space, mail room and the lunchroom.

### III. PROCESSES:

#### A. Communication:

- a. Signs will be posted throughout the workplace to remind staff to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting protocols.
- b. Information about workplace safety will be communicated through a variety of means, including but not limited to, the agency's

website, Wellness Wednesday communications from the Nursing Department, Intranet, Staff E-mail's and S-Com's.

- B. Personal Protective Equipment
  - a. PPE will be sourced whenever and wherever available. Sources will include, but not be limited to, Office of Emergency Management (OEM); Local Departments of Health (LDH); provider association; and private sources.
  - b. The Associate Executive Director of Operations or designee will be responsible for ensuring PPE is sourced, purchased, and allocated, as needed, to programs.
- C. Employee positive for COVID-19
  - a. The Associate Executive Director of Operations and/or the Nurse Manager will be the liaison(s) with state and/or local health departments.
  - b. The AED of Ops and/or Nurse Manager will follow guidance from the state and/or local health department regarding contract tracing, quarantine, isolation, and return to work.
  - c. The Director of Quality Assurance or designee will be responsible for communicating all confirmed cases of staff testing positive for COVID-19 to state oversight entities in accordance with OPWDD guidance, as applicable.



Revised July 29, 2020 (new material underlined)

**Revised Staff Guidance for the Management of Coronavirus (COVID-19) in Facilities or Programs Operated and/or Certified by the Office for People With Developmental Disabilities**

The following requirements are for providers of services to individuals with intellectual and/or developmental disabilities (I/DD) certified or operated by the Office for People With Developmental Disabilities (OPWDD). This includes staff employed by the OPWDD (State-Operated programs) and those employed by community organizations (Voluntary-Operated programs). State-Operated Facilities should also consult the information provided by the OPWDD Office of Employee Relations for further implementation considerations.

The guidelines outlined in this document are designed to minimize the risk for the transmission of COVID-19 from infected to non-infected persons. A safe environment is created and maintained with the tools the agency has at hand: modifying procedures for community outings and visitation; vigorous handwashing; meticulous attention to environmental hygiene; along with proper use of Personal Protective Equipment (PPE).

When individuals with suspected or confirmed COVID-19 live with individuals who do not have the virus, the agency should create physical separation for healthy individuals and staff. This practice is referred to as "cohorting" and is discussed in more detail below.

**Symptoms of COVID-19**

COVID-19 can cause mild to severe respiratory illness. Common symptoms include fever, cough, and difficulty breathing. Additional symptoms recently added by the Center for Disease Control and Prevention (CDC) include shortness of breath, chills, shaking with chills, muscle pain, headache, sore throat, new loss of taste and new loss of smell. However, some people don't experience any symptoms. Others may experience only mild symptoms or have vague symptoms of not feeling well. Older adults, people with underlying health conditions, and people with compromised immune systems, are at a higher risk of severe illness from this virus. The Centers for Disease Control and Prevention (CDC) believe that symptoms of COVID-19 begin between 2 and 14 days after exposure to someone with COVID-19.

**A. Visitation and Community Outings**

All visitation in certified residential facilities should be conducted in accordance with OPWDD's June 18, 2020 "COVID-19: Interim Visitation Guidance for Residential Facilities." Community outings should be conducted in accordance with OPWDD's July 10, 2020 "Interim Guidance Regarding Community Outings for Individuals Residing in OPWDD Certified Residential Facilities." Any facility not permitting visitors shall post signage notifying the public of the suspension of visitation and proactively notify individuals' family members.

**B. Health Checks for All Staff Working in Certified Settings Or Certified Programs/Services**

Health checks should be implemented for all direct support professionals and other facility staff at the beginning of each shift, and every twelve hours thereafter, if still on duty. This includes all personnel entering the facility, regardless of whether they are providing direct care to individuals. This monitoring must include a COVID symptom screen, including any new or worsening symptoms that may be attributed to COVID-19, pursuant to the CDC's most updated guidance, as well as a temperature check. The site should maintain a written log regarding staff passing/failing the health screen.

Additionally, all screenings shall incorporate the following questions:

(1) Have you had any known close contact with a person confirmed or suspected to have COVID-19 in the past 14 days?

Please note close contact does not include individuals who work in a health care setting and are wearing appropriate, required personal protective equipment (PPE).

(2) Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

(3) Have you traveled within a state with significant community spread of COVID-19 for longer than 24 hours within the past 14 days? (For a list of states currently under New York's travel advisory requiring a 14-day quarantine upon return, please visit <https://coronavirus.health.ny.gov/covid-19-travel-advisory>.)

If yes, and the employee has been identified as an essential worker, please contact your supervisor or human resources officer from a remote location as you may be able to physically return to work during the 14-day quarantine under strict precautions.

All facility staff with relevant symptoms or with a temperature greater than or equal to 100.0 F should immediately be sent home and should be directed to contact their medical care provider and local health department for further direction, which may include quarantine and/or testing. Staff who are directed by their local health department to quarantine, pending test results, must notify their supervisor. 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 tested and/or quarantined.

#### **C. Health Checks for All Individuals Living in Certified Residential Settings or Receiving Services in Certified Settings/Programs**

Health checks should be implemented for all individuals living in a residential facility certified or operated by OPWDD as well as individual receiving services in certified non-residential settings and programs. Check each individual at least once daily, and as needed, for fever (as measured with a thermometer), cough, or difficulty breathing, and document findings. Any individual with fever or signs and symptoms of COVID-like illness should be immediately isolated to their room and the individual's health care provider should be contacted for further direction. 911 should be called immediately if symptoms are severe. The additional guidance below regarding "when there are suspected or confirmed cases of COVID-19" should be followed.

#### **D. When There are Suspected or Confirmed Cases of COVID-19**

The following steps must be taken when any individual living in a residential facility, certified or operated by OPWDD or receiving services in a certified setting or program, is identified as having a suspected or confirmed case of COVID-19:

- 1) Notify the local health department and the OPWDD Incident Management Unit.
- 2) All providers of OPWDD funded, certified or operated programs are also required to immediately notify the OPWDD Incident Management Unit (IMU) of any quarantine and/or isolation orders served by the NYS DOH and/or LHD regarding an individual served by their program. The reporting process is outlined below:
  - Between the hours of 8 am and 4 pm (Regular Business Hours non-holidays), Monday through Friday, Contact the appropriate Incident Compliance Officer assigned to your region, by calling 518-473-7032.
  - After 4 pm Monday through Friday, 24 hours a day on weekends and on NY holidays – Call the OPWDD Off Hours Incident Notification phone line at 1-888-479-6763.
  - Within 24 hours, enter a report into the OPWDD Incident Report and Management Application (IRMA).
- 3) All individuals in the residential setting should be placed in quarantine and all affected individuals should 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.

- 4) All staff working at the facility, who have had contact with the individual, should maintain quarantine in accordance with the "Revised COVID-19 Protocols for Direct Care Staff to Return to Work," most recently updated July 29, 2020. Impacted staff members must remain quarantined in their home when not at work.
- 5) 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.
- 6) Staff must actively monitor all individuals in affected homes, once per shift. This monitoring must include a COVID-related symptom screen and temperature check. The site should maintain a written log of this data. If the individual's symptoms worsen, notify their healthcare provider that the individual has suspected or confirmed COVID-19. If the individual has a medical emergency and you need to call 911, notify the dispatch personnel that the individual has, or is being evaluated for, COVID-19. Note that 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.
- 7) 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.

Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.

#### **E. Additional Staffing Practices with Suspected or Confirmed Cases of COVID-19**

All settings certified or operated by OPWDD should continue to implement the following staffing considerations, to the extent possible:

- 1) Maintain similar daily staff assignments into or out of sites that serve individuals with a confirmed or suspected diagnosis of COVID-19.
- 2) Limit staff assignments into or out of sites that serve individuals who had contact with a person with a confirmed or suspected diagnosis of COVID-19.
- 3) Assign staff to support asymptomatic individuals with a confirmed or suspected diagnosis of COVID-19. If the individual with a confirmed exposure begins to show signs and symptoms consistent with COVID-19, those exposed staff should not be reassigned to other sites.

Any staff member showing symptoms consistent with COVID-19 should be directed to stay home, or if the symptoms emerge while at work, sent home immediately. Affected staff should contact their medical care provider and local health department for further direction.

#### **F. Hand Washing**

Handwashing is one of the most effective strategy for reducing the spread of COVID-19. Proper handwashing saves lives at work and at home.

Germs can spread from other people or surfaces when you:

- Touch your eyes, nose, and mouth with unwashed hands;
- Prepare or eat food and drinks with unwashed hands;
- Touch a contaminated surface or objects; or
- Blow your nose, cough, or sneeze into your hands and then touch other people's hands or common objects.



**When to Wash Hands:** Direct support professionals and other facility staff should perform hand hygiene upon arrival to work, before and after all individual contact, contact with potentially infectious material, and before donning (putting on) and after doffing (removing) PPE, including gloves. Hand hygiene after doffing PPE is particularly important, to get rid of any germs that might have been transferred to bare hands during the removal process.

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- 1) Upon arrival to work;
- 2) Before handling medications;
- 3) Before assisting individuals with personal hygiene (toileting, bathing, shaving, menstrual care, wound care, etc.);
- 4) After assisting with personal hygiene tasks;
- 5) Before, during, and after preparing food;
- 6) After using the bathroom;
- 7) After coughing, sneezing, or smoking;
- 8) Before donning disposable gloves;
- 9) After doffing disposable gloves;
- 10) After touching garbage;
- 11) After touching an animal, animal feed, or animal waste;
- 12) After handling pet food or pet treats; and
- 13) Before leaving work.

**During the COVID-19 public health emergency, you should also clean hands:**

- 1) After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
- 2) Before touching your eyes, nose, or mouth.

**How to Wash Hands: Follow Six Steps to Wash Your Hands the Right Way:** Washing your hands is one of the most effective ways to prevent the spread of germs, even more effective than hand sanitizer.

Follow these six steps every time.

1. **Wet** your hands with clean, running water (warm or cold), and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean paper towel or air dry them.
6. **Use** a paper towel to turn off faucet.

**All facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.**

Every staff member, whether they are involved in direct support tasks or not, is encouraged to watch the CDC training videos on handwashing, available at <https://www.cdc.gov/handwashing/index.html>.

#### **G. Use of Hand Sanitizer**

If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Staff should perform hand hygiene by using hand sanitizer containing at least 60% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water, to clean hands.

**Sanitizers can quickly reduce the number of germs on hands in many situations. However,**

- Sanitizers do **not** get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

#### **How to use hand sanitizer**

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds

#### **Access to Hand Sanitizer**

Hand sanitizer should be readily available throughout the residential setting. At a minimum, there should be a hand sanitizer station near the front door of the facility, in the kitchen/dining room, and in the living room/common room, if one exists. Hand sanitizer should be present at the bedroom door of each individual, to the extent such placement does not impede the safety of individuals in the home. If staff are not wearing gloves, staff should use hand sanitizer whenever they enter or exit an individual's bedroom. To the extent that individuals in the home are at risk of ingesting the hand sanitizer, or engaging in other unsafe behaviors with it, the location of hand sanitizer throughout the residential facility may need to be modified, or staff may need to carry refillable pocket size hand sanitizers on their person.

#### **H. Environmental Hygiene**

The transmission of the COVID-19 virus can be reduced by maintaining a germ-free environment. The following measures should be taken at all facilities:

- Clean all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every shift. Bedroom and bathroom doorknobs are prime locations for germ transmission.
- Clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product, including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.
- If the residence requires the use of a shared bathroom, bathroom surfaces must be cleaned after every use.
- 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.
- Wash laundry thoroughly. 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 the body. Staff should clean their hands with soap and water or an alcohol-based hand sanitizer immediately after removing gloves.
- Read and follow directions on labels of laundry or clothing items and detergent. In general, use a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.
- Place all used disposable gloves, facemasks, and other contaminated items in a lined container before disposing

of them with other household waste. Staff should clean their hands with soap and water or an alcohol-based hand sanitizer immediately after handling these items. Soap and water should be used if hands are visibly dirty.

- Staff should discuss any additional questions with their supervisor or assigned nursing staff or contact the state or local health department or healthcare provider, as needed. Check available hours when contacting the local health department.

#### **I. Quarantine and Isolation Status**

Prior to the implementation of mandatory quarantine or mandatory isolation, Local Health Departments assess the setting and consult with the person and/or involved service providers to be sure it is safe to allow persons to remain and avoid transmission from the exposed person(s) to others in the household, should the exposed person become symptomatic.

OPWDD will follow the NYS DOH and LHD's recommendation in the implementation of precautionary quarantine, mandatory quarantine or mandatory isolation ( <https://coronavirus.health.ny.gov/travel-large-gatherings-and-quarantines#quarantines>)

#### **J. Individual Placement**

Every effort should be made to separate individuals who are either infected or presumed to be infected with COVID-19, from those who are thought not to be infected. When hospitalization is not medically necessary, care in the home must be provided as safely as possible and should consider the following:

- If possible, move an individual with COVID-19 to a separate cohorted setting, potentially in a different location or home.
- Whenever possible, place an individual with known or suspected COVID-19 in a single-person room with the door closed. If possible, the individual should have a dedicated bathroom.
- As a measure to limit staff exposure and conserve PPE, agencies could consider designating entire programs within the agency, with dedicated staff, to care only for individuals with known or suspected COVID-19.
- Determine how staffing needs will be met as the number of individuals with known or suspected COVID-19 increases and staff become ill and are excluded from work.

Please note that it might not be possible to distinguish individuals who have COVID-19 from individuals with other respiratory viruses.

#### **K. Personal Protective Equipment**

PPE is used by healthcare personnel, including direct support staff and clinicians, to protect themselves, individuals, and others, when providing care. PPE helps protect staff from potentially infectious individuals and materials, toxic medications, and other potentially dangerous substances used in healthcare delivery. However, PPE is only effective as one component of a comprehensive program aimed at preventing the transmission of COVID-19. Facilities and programs should consult the Centers for Disease Control and Prevention (CDC) guidance to optimize the supply of PPE and equipment through conventional, contingency, and crisis strategies at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

#### **When Caring for Individuals who are NOT Infected with or Presumed to be Infected with COVID-19:**

All staff are required to wear a facemask, at all times, while at work. This is intended to reduce COVID-19 transmission from potentially infected staff, who may be asymptomatic. The use of cloth masks or other face coverings that cover the mouth and nose are acceptable.

#### **When Caring for Individuals who are Infected with or Presumed to be Infected with COVID-19:**

In addition to any quarantine or isolation measures in place, individuals confirmed or suspected of having COVID-19

should wear a facemask when around other people, unless they are not able to tolerate wearing one (for example, because it causes trouble breathing). Staff should wear a facemask at all times while at work.

Staff should perform hand hygiene before and after all individual contact, contact with potentially infectious material, and before donning and doffing PPE, including gloves. Hand hygiene after removing PPE is particularly important to get rid of any germs that might have been transferred to bare hands during the removal process.

The PPE protocol recommended when caring for an individual with known or suspected COVID-19 includes:

- **Facemasks**

- Put on facemask upon entry into the group home, and wear at all times while in the worksetting.
- As needed and based on available supply, implement extended use of facemasks. Wear the same facemask for multiple individuals with confirmed COVID-19 without removing between individuals. Change only when soiled, wet, or damaged. Do not touch the facemask.
- If necessary, use expired facemasks.
- Prioritize facemasks for staff rather than as source control for individuals. Have individuals use tissues or similar barriers to cover their mouth and nose. Assist individuals with this as needed.
- If necessary, implement limited re-use of facemasks. Do not touch outer surface of facemask. After removal, fold so that the outer surface of the mask is inward and store in a breathable container, such as a paper bag, between uses. This facemask should be assigned to a single staff member. Always perform hand hygiene immediately after touching the facemask.
- When splashes or sprays are anticipated, use a face shield covering the entire front and sides of the face. Use goggles if face shields are not available.
- The use of cloth masks, or other homemade masks (e.g., bandanas, scarves), for clinical and direct support staff providing direct care to individuals, is not recommended.
- For further information, consult the CDC guidance entitled "Strategies for Optimizing the Supply of Facemasks", available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>.

- **N95 Respirators**

- All staff wearing N95 respirators should undergo medical clearance and fit testing.
- N95 Respirators offer a higher level of protection and should be worn, if available, for any aerosol-generating procedures or similar procedures where there is the potential for uncontrolled respiratory secretions.
- As needed and based on available supply, implement extended use of N95 respirators. Wear the same respirator for multiple individuals without removing between individuals. Change only when soiled, wet, damaged, or difficult to breathe through. Do not touch the respirator.
- If necessary, use expired N95 respirators; refer to CDC guidelines entitled "Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response", available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/release-stockpiled-N95.html>.
- If necessary, implement limited re-use for individuals with COVID-19, if possible with decontamination between uses; refer to FDA guidance entitled "Personal Protective Equipment Emergency Use Authorization", available at <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>. In addition to the approved method, refer to CDC guidance entitled "Decontamination and Reuse of Filtering Facepiece Respirators using Contingency and Crisis Capacity Strategies", available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>. If not decontaminated, an important risk is that the virus on the outside of the respirator might be transferred to the wearer's hands, leading to

transmission to the health care personnel or other individuals. It is critical to avoid touching the respirator while worn and during or after doffing and to perform rigorous hand hygiene. Assign to a single staff person and store in a breathable container, such as a paper bag, between uses. For further information consult the CDC guidance entitled "Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings", available at <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>.

- **Eye Protection**

- When splashes or sprays are anticipated based upon the support task being provided, put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to an individual's room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- Remove eye protection before leaving the individual's room or care area.
- Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions, prior to re-use. Disposable eye protection should be discarded after use.

- **Gloves**

- Put on clean, non-sterile gloves upon entry into an individual's room or care area.
- Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves when leaving the individual's room or care area, and immediately perform hand hygiene.

- **Gowns**

- Put on a clean isolation gown upon entry into an individual's room or care area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen when leaving the individual's room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
- If there are shortages of gowns, they should be prioritized for:
  - Aerosol-generating procedures;
  - Care activities where splashes and sprays are anticipated;
  - High-contact individual care activities that provide opportunities for transfer of germs to the hands and clothing of staff. Examples include:
    - Dressing;
    - Bathing/showering;
    - Transferring;
    - Providing hygiene;
    - Changing linens;
    - Changing briefs or assisting with toileting;
    - Device care or use; and
    - Wound care.

#### **L. What to Do When PPE Supply is Low**

Critical PPE needs should be communicated to the respective local Office of Emergency Management, with the appropriate information provided at the time of request. Requests MUST include:

- Type and quantity of PPE by size;
- Point of contact at the requesting facility or system;
- Delivery location;
- Date request is needed to be filled by; AND

- Record of pending orders.

Contingency strategies can help stretch PPE supplies when shortages are anticipated at a facility. Crisis strategies can be considered during severe PPE shortages and should be used with the contingency options to help stretch available supplies for the most critical needs. As PPE availability returns to normal, healthcare facilities should promptly resume standard practices.

**Facilities should review the following guidance on Strategies for PPE shortages:**

OPWDD guidance issued April 6, 2020, available at [https://opwdd.ny.gov/system/files/documents/2020/04/4.6.2020-opwdd-memo-regarding-covid19-ppeshortage\\_0.pdf](https://opwdd.ny.gov/system/files/documents/2020/04/4.6.2020-opwdd-memo-regarding-covid19-ppeshortage_0.pdf).

CDC guidance regarding specific strategies for the conservation of facemasks, eye protection, isolation gowns and N95 respirators is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

Staff are encouraged to download and use the following PPE posters from the CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html#healthcare>.

Facilities should also refer to the following documents for more information:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>.

**M. ADDITIONAL RESOURCES**

More information on the NYS Department of Health (DOH) and the Center for Disease Control and Prevention (CDC) recommendations can be found at:

- DOH: <https://coronavirus.health.ny.gov/home>
- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

## **Hand Washing**

Handwashing is the most effective strategy for reducing the spread of COVID-19. Proper handwashing saves lives at work and at home. Germs can spread from other people or surfaces when you:

- Touch your eyes, nose, and mouth with unwashed hands;
- Prepare or eat food and drinks with unwashed hands;
- Touch a contaminated surface or objects; or
- Blow your nose, cough, or sneeze into your hands and then touch other people's hands or common objects.

### When to Wash Hands:

Direct support professionals and other facility staff should perform hand hygiene upon arrival to work, before and after all individual contact, contact with potentially infectious material, and before donning (putting on) and after doffing (removing) PPE, including gloves.

Hand hygiene after doffing PPE is particularly important, to get rid of any germs that might have been transferred to bare hands during the removal process.

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- 1) Upon arrival to work;
- 2) Before handling medications;
- 3) Before assisting individuals with personal hygiene (toileting, bathing, shaving, menstrual care, wound care, etc.);
- 4) After assisting with personal hygiene tasks;
- 5) Before, during, and after preparing food;
- 6) After using the bathroom;
- 7) After coughing, sneezing, or smoking;
- 8) Before donning disposable gloves;
- 9) After doffing disposable gloves;
- 10) After touching garbage;
- 11) After touching an animal, animal feed, or animal waste;

- 12) After handling pet food or pet treats; and
- 13) Before leaving work.

During the COVID-19 public health emergency, you should also clean hands:

- 1) After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
- 2) Before touching your eyes, nose, or mouth.

#### How to Wash Hands:

Follow Six Steps to Wash Your Hands the Right Way: Washing your hands is one of the most effective ways to prevent the spread of germs, even more effective than hand sanitizer.

Follow these six steps every time.

1. Wet your hands with clean, running water (warm or cold), and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean paper towel or air dry them.
6. Use a paper towel to turn off faucet.

#### **Hand Sanitizer**

If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label. Staff should perform hand hygiene by using hand sanitizer containing at least 60% alcohol or washing hands with soap and water for at least 20 seconds.

If hands are visibly soiled, use soap and water, to clean hands. Sanitizers can quickly reduce the number of germs on hands in many situations. However,

- Sanitizers do not get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.



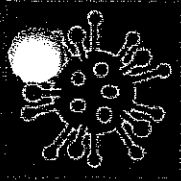
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

#### How to use hand sanitizer

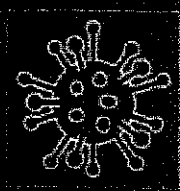
- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds

#### Access to Hand Sanitizer

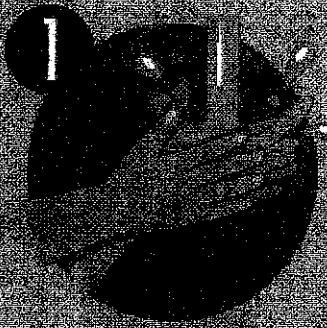
Hand sanitizer should be readily available throughout the residential setting. At a minimum, there should be a hand sanitizer station near the front door of the facility, in the kitchen/dining room, and in the living room/common room, if one exists. Hand sanitizer should be present at the bedroom door of each individual. If staff are not wearing gloves, staff should use hand sanitizer whenever they enter or exit an individual's bedroom. To the extent that individuals in the home are at risk of ingesting the hand sanitizer, or engaging in other unsafe behaviors with it, the location of hand sanitizer throughout the residential facility may need to be modified, or staff may need to carry refillable pocket size.



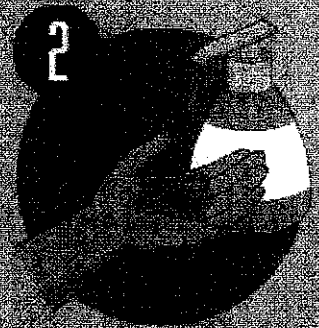
# HOW TO PROPERLY WASH YOUR HANDS



HELP PREVENT THE SPREAD OF COVID-19



1 WET HANDS



2 USE SOAP



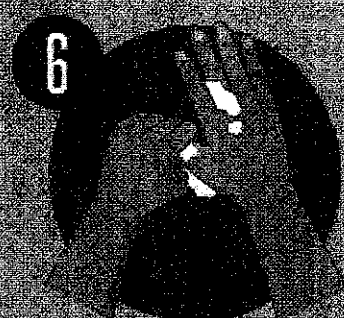
3 PALM TO PALM



4 FINGERS INTERLACED



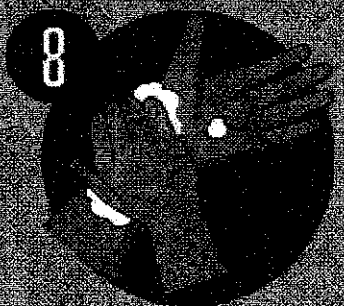
5 BACK OF HANDS



6 BASE OF THUMBS



7 FINGERNAILS



8 WRIST



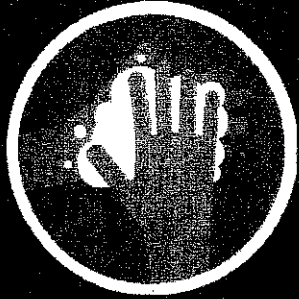
9 RINSE HANDS WITH WATER



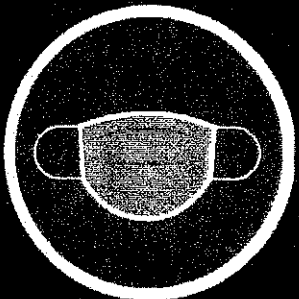
10 DRY HANDS WITH TOWEL

# Do's & Don'ts

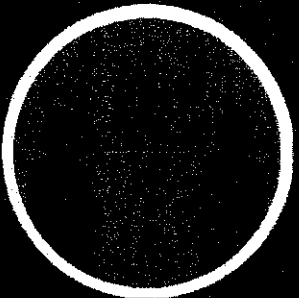
## TO AVOID SPREADING DISEASE



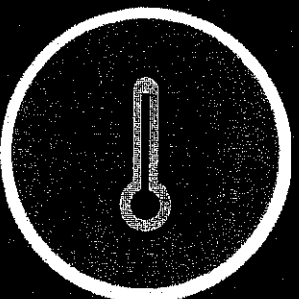
Do wash your hands



Do wear your facemask



Do keep to social distancing



Do monitor your body temperature



Don't travel locally



Don't travel abroad



Don't do group gatherings



Don't make personal contact

# The correct way to wear your mask;



Please ensure your hands are clean before and after touching the mask.



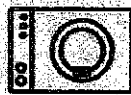
Online touch the straps of the mask at the sides.



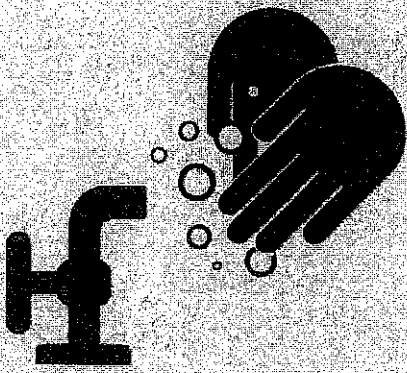
Make sure the mask fits and covers your nose, mouth and chin.



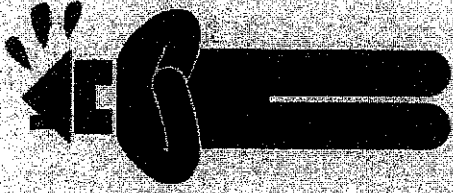
Be able to break and talk comfortably through your mask.



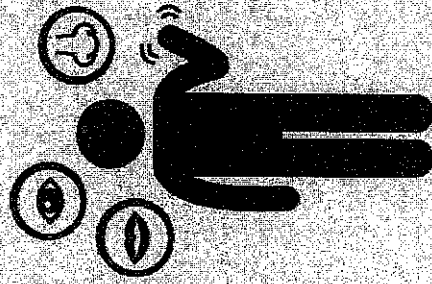
Wash reusable masks after each use.



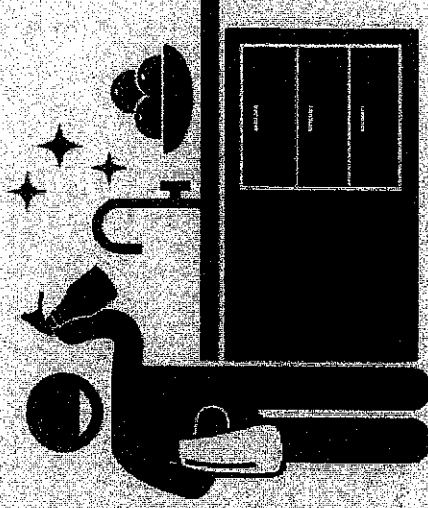
Wash your hands  
regularly for 20 seconds



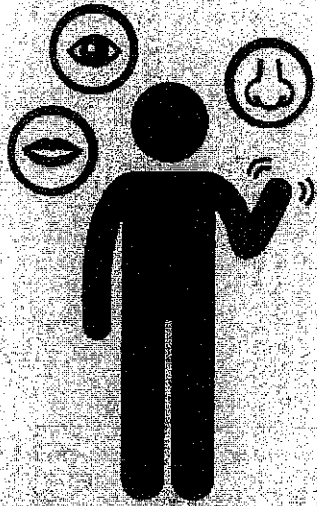
Stay home  
when sick



Avoid touching  
your face



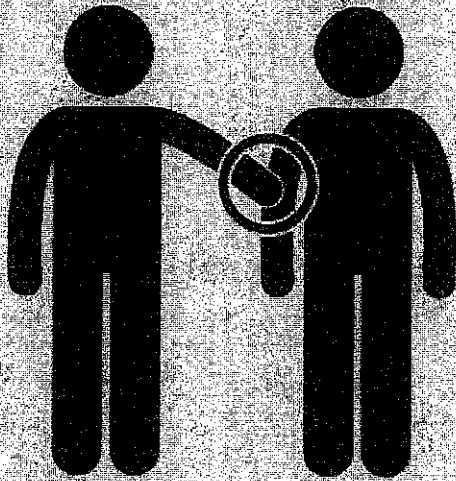
Wipe high-touch  
surfaces often



Avoid touching  
your face



Wipe high-touch  
surfaces often



Avoid close contact  
with others



Cover your mouth when  
coughing or sneezing