Creating Opportunities for Happy Lives!

EEDA's Emergency Preparedness Plan for Covid-19

Revised 1/29/2021

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EEDA'S EMERGENCY PREPAREDNESS PLAN FOR COVID-19

EEDA's Emergency Preparedness Plan for COVID-19 emphasis will be placed on training of staff, infection control procedures, cleaning and disinfection recommendations, in order to reduce the risk associated with transmission of coronavirus (COVID-19).
*(**Attachment A** - 03.25.2020 - General Management of Coronavirus (COVID-19) in Facilities or Programs Operated and/or Certified by OPWDD)*
*(**Attachment B** – 03.11.2020 - OPWDD Guidelines for Implementation of Quarantine and/or Isolation Measures at State-Owned and Voluntary Providers in Congregate Settings)*
*(**Attachment C** - 11.10.2020 - Revised Staff Guidance for the Management of Coronavirus (COVID-19) in Facilities or Programs Operated and/or Certified by OPWDD)*
*(**Attachment D** - 03.09.2020 - Signed letter to Staff- Corona virus)*

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.

Education of Staff and Individuals

All direct support and clinical staff are required to be educated and trained on infection control in preventing transmission from contagious diseases, including adherence to hand hygiene and respiratory etiquette. EEDA will ensure that all training requirements are up to date. Staff should receive training on:

1. Infection control including essential infection control techniques, basic standard precautions and proper use of Personal Protective Equipment (PPE).
2. Environmental cleaning.
3. Review of activity restrictions, isolation and quarantine.
4. Signs, symptoms and risk factors that increase the potential for disease transmission.
5. Proper hand washing techniques (https://www.youtube.com/embed/d914EnpU4Fo).

Additionally, direct support staff will assist the individuals they support in building awareness around good hand hygiene and respiratory etiquette.

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Revised Staffing Guidance For Management of COVID-19

July 29, 2020
Revised: November 10, 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," October 23, 2020 "Interim COVID-19 Guidance: Designated Cluster Mitigation and Oversight," the NYDOH October 23, 2020 "Health Advisory All Residential Congregate Facilities" and the OPWDD October 28, 2020 "COVID-19: Interim Visitation Guidance for Certified 'Supportive' 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 that is NOT a contiguous state, for longer than 24 hours, within the past 14 days? Guidance may be found at: https://coronavirus.health.ny.gov/covid-19-travel-advisory

If yes, please contact your supervisor or human resources officer from a remote location to discuss return to work.

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 on November 10, 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 work setting.
  - 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 thefacemask.
  - 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 asneeded.
  - 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 fittesting.
  - 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 carearea.
  - Reusable eye protection (e.g., goggles) must be cleaned and disinfected according tomanufacturer'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 carearea.
  - 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.

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

General infection control procedures (personal behaviors)
The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, the Centers for Disease Control and Prevention (CDC) always recommends everyday preventive actions to help prevent the spread of respiratory diseases. EEDA will implement the following preventive actions in all care settings:

Preventive Actions

1. Avoid close contact with people who are sick.
2. Avoid touching your eyes, nose, and mouth.
3. Stay home when you are sick.
4. Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
5. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
6. Follow CDC's recommendations for using a facemask.
    a. CDC recommends wearing cloth face coverings in all public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) **especially** in areas of significant community-based transmission. **EEDA agrees with CDC, however the individuals we serve, are not likely to wear facemasks so the staff will be asked to wear them at all times instead.**
    b. Surgical facemasks should be used by people who have had proximate or close exposure, or who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of surgical facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in an IRA).
    c. Individuals EEDA supports, who are able to tolerate the facemasks will be asked to wear them as well.
7. Staff in administrative building will be responsible for cleaning and disinfecting their desk and surroundings as well as any rooms or equipment used.
8. Meetings, interviews and trainings will be conducted via telephone conference calls or web based sites such as Microsoft Teams.
9. All staff will follow the Social Distancing protocols which include avoiding mass gatherings and maintaining distance (approximately 6 feet or 2 meters) from others when possible.
10. Individuals will be asked to spend as much time as tolerated in their rooms to avoid close contact with the staff members and others living in the residence.

Hand Washing
(https://www.youtube.com/embed/d914EnpU4Fo)
Hand Washing is one of the most effective strategies for reducing the spread of COVID-19. Proper hand washing saves lives at work and at home.

1. Germs can spread from other people or surfaces when you:
    a. Touch your eyes, nose, and mouth with unwashed hands;
    b. Prepare or eat food and drinks with unwashed hands;
    c. Touch a contaminated surface or objects; or
    d. Blow your nose, cough, or sneeze into your hands and then touch other people's hands or common objects.

2. **When to Wash Hands**
   Direct support professionals and other facility staff should perform hand hygiene 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.
   a. 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:
   b. When starting work;
   c. Before handling medications;
   d. Before assisting individuals with personal hygiene (toileting, bathing, shaving, menstrual care, wound care, etc.);
   e. After assisting with personal hygiene tasks;
   f. Before, during, and after preparing food;
   g. After using the bathroom;
   h. After coughing, sneezing, or smoking;
   i. Before donning disposable gloves;
   j. After doffing disposable gloves;
   k. After touching garbage;
   l. After touching an animal, animal feed, or animal waste;
   m. After handling pet food or pet treats; and
   n. Before leaving work.
3. **During the COVID-19 public health emergency, you should also clean hands**
   a. 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.
   b. Before touching your eyes, nose, or mouth.
4. **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:
   a. **Wet** your hands with clean, running water (warm or cold), and apply soap.
   b. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
   c. **Scrub** your hands for at least 20 seconds.
   d. **Rinse** your hands well under clean, running water.
   e. **Dry** your hands using a clean paper towel or air dry them.
   f. **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.

5. **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:

a. Sanitizers do **not** get rid of all types of germs.
b. Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
c. Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.
d. How to use hand sanitizer:
    i. Apply the gel product to the palm of one hand (read the label to learn the correct amount).
    ii. Rub your hands together.
    iii. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

6. Access to Hand Sanitizer

Hand sanitizer should be readily available throughout all facilities. 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.

ENVIRONMENTAL MEASURES

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:

Environmental Cleaning and Disinfection

The coronavirus (COVID-19) spread by respiratory secretions (coughing or sneezing) may remain on surfaces and transmit infection for an unknown period of time. While supporting individuals, all staff must maintain a safe environment through Environmental Cleaning and Disinfection. Cleaning and disinfection procedures are outlined below for ease of reference.

Each shift should perform targeted cleaning and disinfection of frequently touched hard, nonporous surfaces, such as counters, appliance surfaces, tabletops, doorknobs, bathroom fixtures, hand railings, cabinet knobs, faucets, appliance faces, toilets, phones, keyboards, elevator controls, tablets, remote controls, bedside tables, and any other surfaces that are visibly soiled.

Ventilation may help reduce transmission. Open windows and use fans when practical and keep ventilation systems and filters clean.

1. **Cleaning**
    a. Always clean surfaces prior to use of disinfectants. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. Clean surfaces using water and soap or detergent to reduce soil and remove germs. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure effective use.
    b. 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.
    c. 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.
    d. If the residence requires the use of a shared bathroom, bathroom surfaces must be cleaned after every use. Soap and paper towels are always to be available in bathrooms.
    e. Bathrooms are to be kept in good condition and cleaned on a regular schedule with cleaners and/or disinfectants.
    f. Shower/bathe individuals who are not presenting with symptoms first and then shower/bathe individuals who are suspected or confirmed last.
    g. 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.
    h. 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.
2. **Disinfection**
    a. If EPA- and DEC*-registered products specifically labeled for SARS-CoV-2 are not available, disinfect surfaces using a disinfectant labeled to be effective against rhinovirus and/or human coronavirus. EPA- and DEC*- registered disinfectants specifically labeled as effective against SARS-CoV-2 may become commercially available at a future time and once available, those products should be used for targeted disinfection of frequently touched surfaces.
    b. 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.
    c. Following “contact time,” any leftover cleaning fluids are to be wiped and discarded after use.

d. For disinfectants that come in concentrated forms, it is important to carefully follow instructions for making the diluted concentration needed to effectively kill the target virus. This information can be found on the product label.
e. Staff are reminded to ensure procedures for safe and effective use of all products are followed. Safety instructions are listed on product labels and include the personal protective equipment (e.g., gloves) that should be used.

3. **Wash all bedding/linens**
    a. 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.
    b. Clothing and linens soiled with respiratory secretions should be washed and dried separately.
    c. Individuals and/or staff should avoid "hugging" laundry prior to washing it to prevent contaminating themselves.
    d. Individuals and/or staff should wash their hands with soap and water or alcohol-based hand sanitizer immediately after handling dirty laundry.
    e. Gowns can be worn to avoid contamination.
    f. Staff should wear disposable gloves while handling potentially soiled items/bedding and while cleaning and disinfecting surfaces unless **working with an individual diagnosed with COVID-19.** Place all used gloves and other disposable contaminated items in a bag that can be tied closed before disposing of them with other waste.
4. **Waste baskets**
    a. Ensure waste baskets available and visible. Make sure wastebaskets are emptied on a regular basis. Persons emptying waste baskets should wear gloves to do so and dispose of the gloves immediately.
    b. Place all used disposable gloves, facemasks, and other contaminated items in a lined container before disposing of them with other household waste.
    c. 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.

EEDA Responsibilities

The administration will take to following steps:

1. Ensure all staff caring for individuals diagnosed with COVID-19 have the following influenza personal protective equipment available to them:
    a. Masks
    b. Eye shields
    c. Gowns
    d. Gloves

PPE Protocol

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. EEDA will consult the Centers for Disease Control and Prevention (CDC) guidance to optimize the supply of PPE and equipment through conventional, contingency, and crisis strategies.

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

1. **Facemasks:**
    a. Put on facemask upon entry into the residence, and wear at all times while in the work setting.
    b. 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.
    c. If necessary, use expired facemasks.
    d. 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.
    e. 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.
    f. 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.
    g. 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.
2. **N95 Respirators:**
    a. All staff wearing N95 respirators should undergo medical clearance and fit testing.
    b. 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.
    c. 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.
    d. If necessary, use expired N95 respirators.
    e. If necessary, implement limited re-use for individuals with COVID-19, if possible with decontamination between uses. 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.

3. **Eye Protection:**
    a. 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.
    b. Remove eye protection before leaving the individual's room or care area.
    c. 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.
4. **Gloves:**
    a. Put on clean, non-sterile gloves upon entry into an individual's room or care area.
    b. Change gloves if they become torn or heavily contaminated.
    c. Remove and discard gloves when leaving the individual's room or care area, and immediately perform hand hygiene.
5. **Gowns:**
    a. 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.
    b. If there are shortages of gowns, they should be prioritized for:
        i. Aerosol-generating procedures;
        ii. Care activities where splashes and sprays are anticipated;
        iii. High-contact individual care activities that provide opportunities for transfer of germs to the hands and clothing of staff. Examples include:
            1) Dressing;
            2) Bathing/showering;
            3) Transferring;
            4) Providing hygiene;
            5) Changing linens;
            6) Changing briefs or assisting with toileting;
            7) Device care or use; and
            8) Wound care.

Requests for Assistance
*(**Attachment E** – 04.02.2020 - Health Advisory: Options when Personal Protective Equipment (PPE) is in Short Supply or Not Available)*

EEDA will contact OPWDD for assistance if there are any challenges associated with the following:

1. Shelter Requirements for quarantine and/or isolation
2. Training issues

3. Procuring Personal Protective Equipment (PPE), Cleaning & Disinfection Products or other supplies and/or materials.
4. If unable to procure required PPE and/or Cleaning & Disinfection products, contact the local County Office of Emergency Management (OEM) to request assistance.

EEDA ACTION PLAN
*(**Attachment F** - 05.15.2020 - COVID-19 - Closing Extension Letter to Families)*

To mitigate the spread of COVID-19, and for the safety of the individuals served, EEDA closed the following programs as needed:

1. Day Habilitation Programs
2. Adult Socialization Program
3. Pre-Vocational and SEMP Employment Programs
4. Children's Saturday Program
5. Children's Vacation Program
6. Overnight Respite Services

Community Habilitation services was limited to individuals who self-direct their services and individuals living alone in the community.

Staff Guidance for the Management of Coronavirus (COVID-19)
*(**Attachment G** – 10.23.2020 - Staff Health Screening Form)*

All staff that are going into any EEDA facility, including the administrative office will be required to their temperatures. Employees will add their temperature to a chart that will be maintained at each facility. The staff will also be asked if they have a shortness of breath, a cough, came in contact with a person confirmed or suspected to have COVID-19 in the past 14 days and traveled within a state with significant community spread of COVID-19 for longer than 24 hours within the past 14 days. The thermometers used must be cleaned and disinfected with alcohol after each use. **Any staff member who has a temperature over 100 degrees will need to go 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. The site or HR should maintain a written log regarding staff passing/failing the health screen. 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.

Designated Isolation Residence
EEDA will designate the Crisis House as the residence where positively or suspected COVID positive individuals will reside until cleared by our nurse to return to their home. Only individuals with confirmed cases by a hospital, doctor or testing site should be at this location. Individuals can reside in cohorts.
The residence will be set up in three zones, Hot, Warm and Cold:

1. **The Hot Zone**
    a. In the Crisis house, the 5 bedrooms and two baths in the main house will be designated the Hot Zone.

b. This zone will be the area where all the individuals diagnosed with COVID- 19 will stay.
c. In this area, all staff must wear personal protective equipment which include gloves, gowns, eye shields and surgical masks.
d. This zone will be where staff can remove the disposable personal protective equipment and discard into disposal bags.
e. Eye shields or goggles are to be cleaned with alcohol after each visit to a person in the Hot Zone.
f. No electronic equipment, including cell phones will be allowed in the Hot Zone once a staff member is donning PPE.

2. **The Warm Zone**
    a. In the Crisis house, the dining room will be designated the Warm Zone
3. **The Cold Zone**
    a. The Crisis office will be designated as the Cold Zone.
    b. Staff will dress in their PPE in the cold zone.
    c. This zone will be where the staff can use the bathroom, wash their hands, record data, eat a meal, and rest.
    d. The door to the office must remain closed from main house at all times.
    e. Utilize their cell phone and/or electronic devices.
4. All the staff that are assigned to work in the Crisis house must:
    a. Be able to tolerate wearing the personal protective equipment and follow the specific instructions for applying and discarding the equipment.
    b. Will be trained how to put on, remove and dispose of the disposable personal protective equipment as well as the proper cleaning of the eye shields. These trainings will include a Relias training which includes Donning and Doffing Instructions: PPE for Novel Pathogens videos. Staff will also receive hands on training. (https://www.youtube.com/embed/syh5UnC6G2k)
    c. Staff will have no contact with the individuals without PPE, must avoid contact with the quarantined individuals and remain at least 6 feet away from them without personal protective gear.
    d. All staff caring for sick individuals will have to chart their own temperature twice a day. A log will be provided and kept in the cold zone.
    e. Staff will continue to wash their hands constantly and clean all surfaces regularly.

Health Checks for All Individuals Living in Certified Residential Settings
*(**Attachment H** - 06.12.2020 - Post-Fever COVID 19 Physical Signs/Symptoms Checklist)*

Health checks should be implemented for all individuals living in a residential facility certified or operated by OPWDD. 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 RN should be notified. The Post-Fever COVID 19 Physical Signs/Symptoms Checklist will begin to be filled out for 14 days following the identification of a fever. The individual's health care provider should also be contacted for further direction. 911 should be called immediately if symptoms are severe.

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.
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 protocols for DSPs return to work. 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.

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.

Caring for someone who has COVID-19

The Centers for Disease Control and Prevention (CDC) advise that EEDA staff should do the following if they are in close contact with someone who has COVID-19.

1. Staff should monitor their health; they should call their healthcare provider right away if they develop symptoms suggestive of COVID-19 (e.g., fever, cough, shortness of breath).
2. Staff need to offer support to the individual to follow their healthcare provider's instructions for medication(s) and care.
3. 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.
4. Visitors who do not have an essential need to be in the home will be prohibited.
5. Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.
    a. EEDA will install small window fans in individual's bedrooms for ventilation.
6. Perform hand hygiene frequently. Wash hands often 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 hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
7. Avoid touching eyes, nose, and mouth with unwashed hands.
8. Staff and the individual, if tolerated, should wear a facemask if they are in the same room.
9. Wear PPE when touching or have contact with the individual's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, urine.
10. Throw out disposable gowns and gloves after using them. Do not reuse. Wash eye protection, including goggles with alcohol after each use.
11. 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.

12. Do not float staff between individuals to the extent possible. Cohort individuals with suspected or confirmed COVID-19 with dedicated DSPs, to the extent possible. Minimize the number of staff entering individuals' rooms.
13. Other individuals living in the residence 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 bathroom, if available.
14. 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.
15. 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.
    a. Clean all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, stool, or body fluids on them.
16. Wash laundry thoroughly.
    a. Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
    b. 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.
    c. Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.

Quarantine and Isolation Status

Prior to the implementation of mandatory quarantine or mandatory isolation, EEDA must assess the setting 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.

1. EEDA will immediately restrict an individual to their room if they have a temperature of 100 degrees or higher. The RN will direct the staff to take the individuals temperature every 1-4 hours for the first 24 hours and monitor the results. The RN will decide after the initial 24 hours if the individual should continue quarantine, brought to the Crisis house or other protocol.
2. EEDA will follow OPWDD's procedures outlined in the implementation of mandatory quarantine or mandatory isolation.
3. EEDA will immediately transfer an ill person from an IRA to the Crisis house to reduce the risk of infecting other household members.
4. If an individual in one of the IRAs was exposed, the entire residence will be quarantined until the individuals are cleared.

The three (3) categories listed below describe the criteria that EEDA will use in implementing quarantine and/or isolation measures for the individuals living in the IRAs.

1. **Precautionary Quarantine:** Person meets one or more of the following criteria:
    a. Has traveled to China, Iran, Japan, South Korea or Italy while COVID-19 was prevalent, but is not displaying symptoms; or
    b. Is known to have had a proximate exposure to a positive person but has not had direct contact with a positive person and is not displaying symptoms.
    c. In addition, any person EEDA believes should be quarantined, not addressed here, EEDA will contact NYS DOH.
2. **Required Mandatory Quarantine:** Person meets one or more of the following criteria:
    a. Has been within close contact (6 ft.) with someone who is positive, but is not displaying symptoms for COVID-19; or
    b. Has traveled to China, Iran, Japan, South Korea or Italy and is displaying symptoms of COVID-19.
3. **Required Mandatory Isolation:** Person meets one or more of the following criteria:
    a. Has tested positive for COVID-19, whether or not displaying symptoms for COVID-19. EEDA must immediately issue an order for Mandatory Quarantine or Isolation once notified, which shall be served on the person impacted.
    b. LHDs must immediately issue an order for Mandatory Quarantine or Isolation once notified, which shall be served on the person impacted.

Quarantine and/or Isolation Considerations for Individuals with ID/DD
The successful management of individuals in quarantine and/or isolation relies upon close coordination between Local Health Departments (LHD), OPWDD, the individual and their caregivers.

Respiratory Illness Presumed to be Covid-19
*(**Attachment I –** 03.25.2020- Health Advisory: Respiratory Illness in Intermediate Care Facilities for Individuals with Intellectual Disabilities, Individualized Residential Alternatives, Community Residences, and Private Schools in Areas of Sustained Community Transmission of COVID-19)*

Recent testing of individuals and healthcare workers/clinicians/DSPs in New York City and Long Island revealed that symptoms of influenza-like illness are very often determined to be COVID-19 in facilities located in areas with sustained community transmission. As a result, ANY febrile acute respiratory illness or clusters of acute respiratory illness (whether febrile or not) in the IRAs should be presumed to be COVID-19 unless diagnostic testing reveals otherwise. Testing of individuals and healthcare workers/clinicians/DSPs with suspected COVID-19 is no longer necessary and should not delay implementation of additional infection control actions.

EEDA will regularly reassess the situation with the guidance from the Office for People with Developmental Disabilities (OPWDD) and the Centers for Disease Control and Prevention (CDC) and update stakeholders as information becomes available. EEDA will also post updates on our website at www.eed-a.org.

Family member and staff notification of an individual with a positive COVID-19 test
*(**Attachment J –** 04.10.2020 - Guidance for Resident and Family Communication in Adult Care Facilities (ACFs) and Nursing Homes (NHs))*
*(**Attachment K** - EEDA letter to family members of positive COVID diagnosis)*
*(**Attachment L** - EEDA letter to staff members of positive COVID diagnosis)*
*(**Attachment M** - 04.20.2020 Infection Control Policy)*

EEDA will implement a communication protocol for individuals, family members and staff. When either a positive case (resident, staff, or other) or a presumed positive case by the LHD or Health Care Provider (HCP) has been identified, EEDA will communicate to the individuals, their families and staff directly working with the individuals. Personal identifying information will not be disclosed in the communication. A letter/email regarding the positive COVID-19 test will be sent to the individual's families and staff members outlining EEDA's infection control policies and procedures. If possible, a follow-up call will be made to the families and speak with the individuals in-person. EEDA will maintain routine communication with individuals in-person, and if possible, with families via email or another electronic platform, such as the EEDA website, regarding EEDA's efforts to prevent the spread of COVID-19.

If an individual needs to be hospitalized
*(**Attachment N** – COVID-19 Disability Form)*

If an individual needs to get to an appropriate healthcare provider or facility, EEDA must be able to implement appropriate infection control and notify the facility prior to the visit.

1. EEDA will determine what hospital should receive the individual.
2. In an emergency, call 911. For a nonemergency, the LHD must be called first, who shall contact the State Department of Health.
3. The LHD should notify the EMS provider and hospital in advance. When working with EMS providers and hospitals that may be involved in the ill individual's transport and care, LHDs must make sure that key individuals ("decision makers") are aware in advance AND that front line staff (e.g. infection control, emergency department, EMS dispatch) are alerted as soon as possible after activating the plan. Therefore, unless a medical emergency exists (in which case 911 should be called), the LHD must facilitate the rapid implementation of the action plan.
4. The COVID-19 Disability Form will be completed for the individual. This document will provide the hospital staff with vital information about the individual to provide the proper medical treatment and support.

Worst Case Scenario
In the event of staffing shortages due to staff illness, quarantine or isolation, the individuals living in the EEDA IRAs will be transferred to either the Riverhead or Calverton Day Habilitation facility. This will give EEDA the ability to provide support to the individuals in a centralized facility with less staff. EEDA will provide air mattresses for each individual which will be separated into different rooms.

Assessing Personal Needs
The hallmark of services and supports for individuals with ID/DD is interdisciplinary service planning and treatment. Treatment teams should meet to assess and discuss the needs of each individual in their care, based on their individual Life Plans. Considerations should be made to determine how the needs of the individual can be met during the conditions of quarantine and/or isolation. This may include but is not limited to the following:

1. Restriction of Activity,
2. Extension of Activity Restriction, and
3. Modification of Activity Restriction.

In addition to ensuring that shelter requirements are met, EEDA will also continue to ensure that social, medical and mental health needs are met, including but not limited to the following:

1. Provision of basic needs like food, shelter, medications and laundry.
2. Mental health, faith-based, and social service needs and resources to help pass the time while isolated or quarantined. These services must be culturally and linguistically appropriate.
3. Assistance in accessing television, movies, radio, board/card games, or books.
4. Communication needs (e.g. working cellular phone, internet, etc.).
5. Provision of supplies needed for personal hygiene.
6. Support needs, including but not limited to family members, friends, and pets.
7. Persons under mandatory isolation or mandatory quarantine can walk outside their house on their own property, but they must try not come within six feet of neighbors or other members of the public.
8. Persons living in a multiple dwelling building may not utilize common stairways or elevators to access the outside. Likewise, these individuals must refrain from walking in their neighborhood.

Hospital Discharges and Admissions to Certified Residential Facilities
*(**Attachment O** – 04.11.2020 - Advisory: Hospital Discharges and Admissions to Certified Residential Facilities)*

During the COVID-19 public health emergency, EEDA will have a process in place to expedite the return of asymptomatic residents from the hospital. Individuals who live in one of EEDA's residences are deemed appropriate for return to their OPWDD certified residence upon a determination by the hospital physician, or designee, that the individual is medically stable for return, in consultation with EEDA. Hospital discharge planners must confirm to EEDA, 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. No individual shall be denied re-admission or admission to EEDA's residence based solely on a confirmed or suspected diagnosis of COVID-19. Any denial of admission or re-admission must be based on EEDA's inability to provide the level of care required by the prospective individual, pursuant to the hospital's discharge instructions, and based on the EEDA's current certification. Additionally, EEDA is prohibited from requiring a hospitalized individual, who is determined medically stable, to be tested for COVID-19 prior to admission or readmission. Residents who are symptomatic should only be discharged to their

residence if there are clinical staff available who are capable of attending to the medical needs of a symptomatic resident, pursuant to hospital discharge instructions.

TRAVEL RESTRICTIONS

Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel

*(**Attachment P** - 11.03.2020 - Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel)*
*(**Attachment Q** – 11.04.2020 – New York State Traveler Health Form)*
*(**Attachment R** – 11.17.2020 – EEDA's Working and Travel Guidance)*

In response to increased rates of COVID-19 transmission in certain states within the United States, and to protect New York's successful containment of COVID-19, the State has joined with New Jersey and Connecticut in jointly issuing a travel advisory for anyone returning from travel to states that have a significant degree of community-wide spread of COVID-19.

Quarantine Criteria for Travel

All travelers entering New York from a state that is not a contiguous state, or from a CDC Level 2 or 3 Travel Health Notice country, shall quarantine for a period of 14 days, consistent with Department of Health regulations for quarantine, **unless:**

1. For travelers who traveled outside of New York for more than 24 hours, such travelers must obtain testing within 72 hours prior to arrival in New York, **AND**
2. Such travelers must, upon arrival in New York, quarantine according to Department of Health guidelines, for a minimum of three days, measured from time of arrival, and on day 4 may seek a diagnostic test to exit quarantine.

For travelers that meet the criteria above, the traveler may exit quarantine upon receipt of the second negative test result.

Contiguous states are Pennsylvania, New Jersey, Connecticut, Massachusetts and Vermont. Travelers from these states are not subject to this guidance. Travelers who leave New York State for less than 24 hours do not need to obtain a diagnostic test before departing and do not need to quarantine upon return. However, such travelers must fill out the traveler form upon entry and must obtain a diagnostic test on the fourth day after arrival in New York.

Guidance for Travel

All individuals coming into New York from either a non-contiguous state or US territory, or any CDC Level 2 or Level 3 Health Notice country, whether or not such person is a New York resident, are required to complete the traveler health form upon entering New York. Significant penalties will be imposed on any individual who fails to complete the traveler health form.

The travel advisory issued pursuant to Executive Order 205.2, requires all New Yorkers, as well as those visiting from out of state and out of country, to comply with the advisory in the best interest of public health and safety. However, the Department of Health retains the ability to enforce quarantine requirements and impose significant penalties for non-compliance, as such

non-compliance can result in significant harm to public health. Primary enforcement is carried out through local departments of health.

Quarantine Requirements
If you are coming to New York from travel to a non-contiguous state or designated country, and if such travel was for longer than 24 hours outlined above, you are required to quarantine pursuant to the below requirements until you test out or for the full 14 days, unless you are an essential worker traveling from a non-contiguous state, as identified below.

The requirements to safely quarantine include:

1. The individual must not be in public or otherwise leave the quarters that they have identified as suitable for their quarantine.
2. The individual must be situated in separate quarters with a separate bathroom facility for each individual or family group. Access to a sink with soap, water, and paper towels is necessary. Cleaning supplies (e.g. household cleaning wipes, bleach) must be provided in any shared bathroom.
3. The individual must have a way to self-quarantine from household members as soon as fever or other symptoms develop, in a separate room(s) with a separate door. Given that an exposed person might become ill while sleeping, the exposed person must sleep in a separate bedroom from household members.
4. Food must be delivered to the person's quarters.
5. Quarters must have a supply of face masks for individuals to put on if they become symptomatic.
6. Garbage must be bagged and left outside for routine pick up. Special handling is not required.
7. A system for temperature and symptom monitoring must be implemented to provide assessment in-place for the quarantined persons in their separate quarters.
8. Nearby medical facilities must be notified, if the individual begins to experience more than mild symptoms and may require medical assistance.
9. The quarters must be secure against unauthorized access.

Travel Advisory Exceptions for First Responders and Essential Workers
Exceptions to the travel advisory are permitted for essential workers traveling from a noncontiguous state or Level 2 or Level 3 country and are limited based on the duration of time in New York.

Short Term - for first responders and essential workers traveling to New York State for a period of less than 12 hours.

1. This includes instances such as an essential worker passing through New York, delivering goods, awaiting flight layovers, and other short duration activities.
2. Essential workers must stay in their vehicle and/or limit personal exposure by avoiding public spaces as much as possible.
3. Essential workers must monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distance, and clean and disinfect workspaces.
4. Essential workers are required, to the extent possible, to avoid extended periods in public, contact with strangers, and large congregate settings.

Medium Term - for first responders and essential workers traveling to New York State for a period of less than 36 hours, requiring them to stay overnight.

1. This includes instances such as an essential worker delivering multiple goods in New York, awaiting longer flight layover, and other medium duration activities.
2. Essential workers must monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distance, and clean and disinfect workspaces.
3. Essential workers are required, to the extent possible, to avoid extended periods in public, contact with strangers, and large congregate settings.

Long Term - for first responders and essential workers traveling to New York State for a period of greater than 36 hours, requiring them to stay several days.

1. This includes instances such as an essential worker working on longer projects, fulfilling extended employment obligations, and other longer duration activities.
2. Essential workers must seek diagnostic testing for COVID-19 on day 4 after arriving.

First responders and essential workers and their employers are expected to comply with previously issued DOH guidance regarding return to work after a suspected or confirmed case of COVID-19 or after the employee had close or proximate contact with a person with COVID19. Additionally, this guidance may be superseded by more specific industry guidance for a particular industry.

For reference, an "essential worker" is (1) any individual employed by an entity included on the Empire State Development (ESD) Essential Business list; or (2) any individual who meets the COVID-19 testing criteria, pursuant to their status as either an individual who is employed as a health care worker, first responder, or in any position within a nursing home, long-term care facility, or other congregate care setting, or an individual who is employed as an essential employee who directly interacts with the public while working, pursuant to DOH Protocol for COVID-19 Testing, issued May 31, 2020, or (3) any other worker deemed such by the Commissioner of Health.

Protocols for Staff to returning to work following COVID-19 exposure
*(**Attachment S** – 01.22.2021 - Health Advisory: Revised Protocols for Personnel in Clinical and Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection)*

As East End Disability Associates, Inc. (EEDA) continue to monitor the situation related to COVID-19, which is very fluid, protocols for allowing staff to work with the individuals supported following COVID-19 exposure were developed. EEDA will follow the guidance based on our regulatory counterparts such as the Centers for Disease Control and Prevention (CDC), the New York State Department of Health (NYSDOH) and OPWDD and update the procedures as needed.

Asymptomatic Staff Exposed to COVID-19
Consistent with recent CDC guidance, EEDA may allow clinical and direct support professionals or other facility staff who have been exposed to a confirmed case of COVID-19 to return to work after ten (10) days of quarantine if no symptoms have been reported during the quarantine period and if the all of the following conditions are met:

1. Personnel who have been in contact with confirmed or suspected cases are asymptomatic;
2. Personnel must continue symptom monitoring through Day 14. Self- monitoring should be completed twice a day (i.e. temperature, symptoms), and undergo temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift.
3. Individuals must be counseled to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and use of face coverings.
4. To the extent possible, direct care professionals and clinical staff working under these conditions should preferentially be assigned to individuals at lower risk for severe complications, as opposed to higher-risk patients (e.g. severely immunocompromised, elderly).
5. Personnel allowed to return to work under these conditions should maintain self-quarantine through Day 14 when not at work.
6. At any time, if personnel who are asymptomatic contacts to a positive case and working under these conditions develop symptoms consistent with COVID19, they should immediately stop work and isolate at home. All staff with symptoms consistent with COVID-19 should be immediately referred for diagnostic testing for SARS-CoV-2.

Asymptomatic Exposed Staff During a Staffing Shortage

EEDA may allow clinical and direct support professionals or other facility staff who have been exposed to a confirmed or suspected case of COVID-19 to return to work before ten (10) days of quarantine if no symptoms have been reported during the quarantine period and if all of the following conditions are met:

1. Furloughing such personnel would result in staff shortages that would adversely affect the health and safety of individuals served by the facility;
    a. EEDA must submit a completed attestation, acknowledging that EEDA has implemented or attempted staffing shortage mitigation efforts and is experiencing a staffing shortage that threatens provision of essential care services and that all of the below factors and requirements will be or are being met. The attestation form should be submitted to quality@opwdd.ny.gov before asymptomatic exposed staff are approved to return to any work location. One attestation may be submitted by each provider operating program(s) within these parameters but must list the locations/sites where staffing shortages require that exposed staff return to work before 10-day quarantines are completed.
2. Personnel who have been in contact with confirmed or suspected cases are asymptomatic;
3. Personnel must continue symptom monitoring through Day 14. Self- monitoring should be completed twice a day (i.e. temperature, symptoms), including temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift;
4. Individuals must be counseled to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and use of face coverings;
5. Individuals must be advised that if any symptoms develop, they should immediately stop work, self-isolate at home and contact their local public health authority or their healthcare provider to report this change in clinical status and determine if they should seek testing;

• Note that personnel who test positive for COVID-19 must isolate and contact their Local Department of Health;

6. To the extent possible, direct care professionals and clinical staff approved to work under these conditions should preferentially be assigned to individuals at lower risk for severe complications, as opposed to higher-risk patients (e.g. severely immunocompromised, elderly); AND
7. Personnel approved to return to work under these conditions should maintain self-quarantine through Day 14 when not at work.

Staff Who Travel Out of State

1. Staff who are asymptomatic and are returning from travel to a non-contiguous state or a country or territory subject to a CDC Level 2 or higher COVID-19 risk assessment level, or for which the COVID-19 risk level is designated by the CDC as unknown, may return to work consistent with the essential worker requirements set forth in the NYDOH travel advisory.
2. Travelers who leave New York State for less than 24 hours do not need to obtain a diagnostic test before departing and do not need to quarantine upon return. However, such travelers must fill out the traveler from upon entry and must obtain a diagnostic test on the fourth day after arrival in New York.

Staff With Confirmed or Suspected COVID-19

EEDA may allow personnel with confirmed or suspected COVID-19, whether direct care professionals, clinical staff or other facility staff, to return to work only if all the following conditions are met:

1. To be eligible to return to work, personnel with confirmed or suspected COVID-19 must have maintained isolation for at least 10 days after illness onset, must have been fever-free for at least 72 hours without the use of fever reducing medications, and must have other symptoms improving.
2. Personnel who are severely immunocompromised as a result of medical conditions or medications should consult with a healthcare provider before returning to work. Providers should consider seeking consultation from an infectious disease expert for these cases.
3. If a staff member is asymptomatic but tested and found to be positive, they must maintain isolation for at least 10 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 10 days after illness onset and must have been at least 72 hours fever free without fever reducing medications and with other symptoms improving.

COVID-19 Release from Home Isolation

*(**Attachment T –** 05.30.2020 – Health Advisory: Symptom-Based Strategy to Discontinue Home Isolation for Persons with COVID-19)*

In the context of community transmission, the Centers for Disease Control and Prevention (CDC) has indicated that an interim strategy based on time-since-illness-onset and time since-recovery can be implemented to establish the end of isolation.

NYS DOH is adopting the CDC guidance and recommends that for persons with COVID-19 illness recovering at home (or other home-like setting, such as a hotel), maintain isolation for at least 10 days after illness onset and at least 3 days (72 hours) after recovery.

1. Illness onset is defined as the date symptoms began.
2. Recovery is defined as resolution of fever without the use of fever-reducing medications, with progressive improvement or resolution of other symptoms.

REPORTING AND NOTIFICATION REQUIREMENTS

***(Attachment U** - 03.19.2020 - Covid-19 Phone Notification Requirements for OPWDD Providers)*

***(Attachment V** - 03.17.2020 - Covid-19 IRMA Entry Provider Guidance)*

***(Attachment W** - 04.20.2020 - COVID-19 Individual Notification Requirements)*

***(Attachment X** - 04.20.2020 - COVID-19 Staff Notification Requirements)*

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. EEDA is required to immediately notify the OPWDD Incident Management Unit (IMU) of any quarantine and/or isolation orders served by their LHD regarding an individual served by their program. The manager of the program will forward all required information to the Compliance Department to be reported and entered into IRMA. The reporting process is outlined below:
    a. Between the hours of 8 am and 4 pm (Regular Business Hours), Monday through Friday, and not a NYS holiday - Contact the appropriate Incident Compliance Officer assigned to your region, by calling 518-473-7032.
    b. After 4 pm Monday through Friday, 24 hours a day on weekends and on NYS holidays - Call the OPWDD Off-Hours Incident Notification phone line at 1-888-479-6763.
2. Within 24 hours, enter a report into the OPWDD Incident Report and Management Application (IRMA).

Protocol for COVID-19 Testing Applicable to All Health Care Providers and Local Health Departments

***(Attachment Y** – 07.02.2020 - Updated Interim Guidance: Protocol for COVID-19 Testing Applicable to All Health Care Providers and Local Health Departments)*

Amid the ongoing COVID-19 pandemic, the NYSDOH continues to monitor the situation and work to expand COVID-19 diagnostic and serologic testing for New Yorkers.

Testing Authorization

Testing is an essential component of a multi-layered strategy to prevent sustained transmission of COVID-19 in New York State. The State has undertaken tremendous steps to increase testing capacity for COVID-19. As announced by Governor Andrew M. Cuomo, diagnostic and/or serologic testing for COVID-19 may now be authorized by a health care provider for any New Yorker who resides or works within the state given the dramatic increase in testing capacity. Health care providers should use clinical judgment to determine the appropriate COVID-19 test(s) (i.e. diagnostic or serologic) that should be obtained based on individual clinical factors.

Testing Prioritization

On April 17, 2020, Executive Order 202.19, as extended, was issued requiring the establishment of a single, statewide coordinated testing prioritization process that shall require all laboratories in the state, both public and private, that conduct COVID-19 diagnostic testing, to complete such COVID-19 diagnostic testing only in accordance with such process.

To support the statewide coordinated testing prioritization, health care providers can authorize any New Yorker for testing, but may consider the following prioritization when ordering a COVID-19 test:

1. Symptomatic individuals, particularly if the individual is part of a high-risk population, including persons who are hospitalized; persons residing in nursing homes, long-term care facilities, or other congregate care settings; persons who have a compromised immune system; persons who have an underlying health condition; and persons who are 70 years of age or older.
2. Individuals less than 21 years of age who have symptoms consistent with Multisystem Inflammatory Syndrome in Children (MIS-C), which is also known as Pediatric Multisystem Inflammatory Syndrome.
3. Individuals requiring a COVID-19 test for medical care, including being tested prior to an elective surgery or procedure, or individuals who are pregnant and their designated support person.
4. Individuals who have had close (i.e. within six feet) or proximate contact with a person known to be positive with COVID-19.
5. Individuals who are subject to a precautionary or mandatory quarantine.
6. Individuals who are employed as health care workers, first responders, or in any position within a nursing home, long-term care facility, or other congregate care setting, including but not limited to:
    a. Direct Care Providers,
    b. Health Care Practitioners, Professionals, Aides, and Support Staff (e.g. Physicians, Nurses, Public Health Personnel),
    c. Medical Specialists,
    d. Nutritionists and Dietitians,
    e. Occupational/Physical/Recreational/Speech Therapists,
    f. Paramedics/Emergency Medical Technicians (EMTs),
    g. Psychologists/Psychiatrists,
    h. Residential Care Program Managers
7. Individuals who are employed as essential employees who directly interact with the public while working, including but not limited to:
    a. Child Care Workers,
    b. Client-Facing Case Managers and Coordinators,
    c. Delivery Workers,
    d. Faith-Based Leaders (e.g. Chaplains, Clergy Members,
    e. Field Investigators/Regulators for Health and Safety,
    f. Food Service Workers,
    g. Human Services Providers,
    h. Maintenance and Janitorial/Cleaning Workers,

i. Retail Workers at Essential Businesses (e.g. Grocery Stores, Pharmacies, Convenience Stores, Gas Stations, Hardware Stores),
j. Social Workers,

8. Individuals who are employed by an essential business (e.g. food production, medical supply manufacturing) or any business that has been designated to "reopen" in certain regions of the state (e.g. Phase 1, Phase 2, Phase 3, or Phase 4 of the State's New York Forward plan).
9. Individuals who participated in recent protest activities that occurred in localities around New York State.
10. Individuals who present with a case where the facts and circumstances – as determined by the treating clinician in consultation with state or local department of health officials – warrant testing, or other criteria set forth by NYS DOH (e.g. place of residence,

RETURNING TO WORK OR PROGRAMS

Protocols for Offices

As per New York State's DOH COVID-19 guidelines, EEDA is ensuring the Health and Safety of our employees by implementing protocols for all staff and visitors upon entry to the building. Staff are encouraged to wash their hands frequently and with purpose. EEDA is currently operating with modified employee schedules; staff should only enter an agency building during assigned schedule to ensure adequate distancing throughout the building. Any person with fever (100.0) or signs and symptoms of COVID-like illness should immediately contact their supervisor and will NOT be allowed into the building.

The following protocols must be followed while you are in any EEDA office setting. **All Staff/Visitors MUST wear a face covering, such as a mask, at all times when entering or exiting the building, as well as when in any common areas of the building.**

1. **Entering/Exiting Building**
   a. PPE: Each staff will receive a reusable mask and/or a disposable mask. This can be replenished as needed.
   b. Expectation is that all staff will wear a mask or other face covering at all times unless at their workstation and at least 6ft away from any other person.
   c. Gloves are not being distributed for staff/visitor use; washing hands is recommended as often as possible. When not feasible, hand sanitizer is placed throughout the building.
2. **Lobby Area**
   a. There is a table in the lobby with the Health Screening forms, masks, clean pens, a jar for used pens, hand sanitizer and a thermometer. Staff are to avoid reception whenever possible.
   b. All staff entering the building must sign in and answer all of the questions on the Health Screening form **(Attachment I)** before leaving the lobby area. Questions to be asked upon entry: Temperature, Cough, Shortness of Breath, and contact with COVID.
3. **Reception/Visitors**
   a. No more than three people will be allowed in Reception at a time, including the receptionist.
   b. Receptionist must wear a mask at all times when people are within 6 feet of them.
   c. All visitors must follow same protocols as staff for monitoring and PPE.

d. When a visitor enters reception, they must use hand sanitizer and put on a mask if they do not have one on prior to beginning the screening process.
e. Each visitor must take their temperature and document answers on the Health Screening form.
f. Pens to sign screening documents will be sanitized after each use.

4. **Elevator/Stairs**
    a. Disinfecting solution or wipes will be accessible to use when pressing buttons and/or opening stairwell and/or office doors.
    b. No more than 2 staff should be in the elevator at any given time.
    c. Staff should not congregate in the stairwell.
5. **Common Areas** (Includes Kitchens, Meeting rooms, Copy Machines, etc.)
    a. A daily cleaning schedule has been developed and all staff will be assigned cleaning tasks throughout the building.
    b. Staff are to maintain safe distance (minimum 6ft) at all times, including in common areas such as kitchens, meeting rooms, at copy machines, etc.
    c. Any surfaces touched, should be wiped with disinfectant before and after use.
    d. To keep the spread of germs to a minimum, the refrigerators, microwaves and coffee makers will be available, but must be wiped down after each use until further notice. Staff are encouraged to bring their own coffee, utilize insulated lunch bags, or bring lunch/food items that don't require the use of the refrigerator and/or microwave.
    e. Whenever possible, meetings should be held virtually.
    f. Staff should not congregate in common areas.
6. **Bathrooms**
    a. Bathrooms need to be cleaned and sanitized daily, or more often when possible.
    b. Staff/visitors are encouraged to utilize a paper towel when opening doors.
7. **Workstation/Office Space**
    a. No more than 1 person working per office if there is not at least 6 feet between work spaces; schedules must be prearranged to ensure appropriate social distancing.
    b. Staff are <u>encouraged</u> to disinfect their workstation/work area daily, including phone, desk, chair, etc.
    c. Staff are <u>discouraged</u> from using other people's phones, desks, offices, or other work supplies unless absolutely necessary.
    d. Staff may close doors to their offices when inside to further create safe distancing.
8. **Outside Facility**
    a. Breaks or smoking areas must also maintain at least 6ft distance and masks should be worn whenever possible. Smoking is still only permitted at designated areas.

Reopening Day Program Operations
*(**Attachment Z** – 07.16.2020 - Interim Guidance Regarding the Reopening of Day Services Certified by the Office for People with Developmental Disabilities)*

EEDA will follow the guidelines for OPWDD's certified day programs and services, both site and community based including Day Habilitation and Respite to resume operations safely and consistently with the Governor's NY Forward initiative. EEDA is committed to resuming full

access to services for individuals, as well as to maintaining health and safety standards, social distancing directives, and precautions to help protect against the spread of COVID-19.

Effective July 22, 2020, EEDA will follow OPWDD's guidelines that set forth minimum requirements based on best-known public health practices at time of the State's reopening. The documentation and sources referenced in these guidelines are subject to change. The day programs responsible for implementation and monitoring of these guidelines are required to adhere to all applicable local, state and federal requirements, remain well-informed with any relevant updates and to incorporate as needed into operating practices and site-specific Safety Plan. Each day program has authority to implement additional precautions and/or increased restrictions necessary to meet program specific and individual specific needs.

Standards for Reopening Day Program Operations
OPWDD certified day programs may only reopen if they meet minimum State and Federal safety requirements as outlined by the Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), United States Department of Labor's Occupational Safety and Health Administration (OSHA), New York State Department of Health (DOH) and OPWDD while also meeting the minimum standards of the Americans with Disabilities Act (ADA).

The requirements contained within this guidance apply to all EEDA day programs and services which resume operation during the continued COVID-19 public health emergency, until amended or rescinded by the State. EEDA shall be responsible for meeting these minimum standards. Please note that where guidance in this document differs from other guidance documents issued by the State or Federal governments, the more recent guidance shall apply.

Please note that any outdoor space that belongs to and/or is exclusively used by EEDA is not considered a public place for the purposes of this guidance. Individuals receiving services are not required to wear a face covering when utilizing the outdoor space that belongs to and/or is exclusively used by the day program, as long as social distancing from other day program participants and staff and essential visitors can be maintained.

Signage must be posted throughout the certified site addressing critical COVID-19 transmission prevention and containment. Programs can use the DOH issued signage or develop customized signage specific to their day program needs and location. Signage must include guidance regarding:

1. Social distancing requirements
2. Use of mask or cloth face-covering requirements.
3. Proper storage, usage and disposal of PPE.
4. Symptom monitoring and COVID-19 exposure reporting requirements.
5. Proper hand washing and appropriate use of hand sanitizer.

Required Day Program Reopening Plans
All day programs must develop a safety plan for reopening that addresses the requirements contained herein and provide said plan to the OPWDD Division of Quality Improvement. Plans

should be submitted prior to the reopening of the day program and must include the attached attestation, agreeing to implement all required safety precautions and guidelines.

All day programs and the responsible parties must maintain and have available completed safety plans on site.

Entrance to Site Based/Participation in Community Based Programs

1. All staff and individuals, as well as any essential visitors, must be screened prior to entry into the day program site and monitored for signs and symptoms of COVID-19 thereafter.
2. Each day program must designate a supervisory level staff or health care professional to conduct daily screenings. Screeners should be provided and use PPE, including at a minimum, a face mask and gloves and may include a gown, and/or a face shield. The screener must document health screenings of all individuals and staff. Staff screenings will document if the screening was passed or the staff was sent home, no health information will be recorded. All staff screenings will be secured in a locked area.
3. Screeners must require individuals and staff to self-report, to the extent they are able, any changes in symptom status throughout the day and identify a contact person who staff and/or individuals should inform if they later are experiencing COVID-19-related symptoms.
4. The health screening assessment should ask about:
    a. COVID-19 symptoms in the past 14 days,
    b. positive COVID-19 test in the past 14 days,
    c. close contact with a confirmed or suspected COVID-19 case in the past 14 days and/or,
    d. travel from within one of the designated states with significant community spread.
5. Assessment responses must be reviewed every day and such review must be documented.
6. Any individual or staff exhibiting signs or symptoms of COVID-19 upon arrival will not be allowed to enter the program building. They will be required to return home until they are fever free for 72 hours without the use of fever-reducing medications (e.g. Advil, Tylenol)
7. If symptoms begin while at the day program, the individual or staff must be sent home as soon as possible. The program must keep sick individuals and staff separate from well individuals and staff.
8. Any individual or staff sent home should be instructed to contact their healthcare provider for assessment and testing. The day program must immediately notify the local health department and OPWDD about the suspected case.
9. The day program should provide the individual or staff with written information on healthcare and testing resources, refer to DOH Testing guidance.
    a. Individuals sent home from program shall consult with their healthcare practitioner prior to returning to the program;
    b. Staff sent home shall comply with appropriate return to work guidance and shall consult with their supervisor prior to returning to work.
10. Individuals may not return to or attend the day program while a member of their household or certified residence are being quarantined or isolated.

    a. If an individual or staff member is identified with COVID-19, the day program must seek guidance from State or local health officials to determine when the individual/staff can return to the program and what additional steps are needed.
11. All staff and individuals must perform hand hygiene immediately upon entering the program and throughout the day.
12. Day program services must designate a site safety monitor whose responsibilities include continuous compliance with all aspects of the site safety plan.
13. Day programs must maintain a log of every person, including staff and essential visitors, who may have close contact with other individuals at the facility; excluding deliveries that are performed with appropriate PPE or through contactless means. Log should contain contact information, such that all contacts may be identified, traced and notified in the event someone is diagnosed with COVID-19.
14. Providers of day program services must cooperate with local health department contact tracing efforts.
15. Staff should take the following actions related to COVID-19 symptoms and contact:
    a. If a staff has COVID-19 symptoms AND EITHER tests positive for COVID-19 OR did not receive a test, the staff may only return to work after completing a 14-day self-quarantine. If a staff is critical to the operation or safety of a facility, the day program provider may consult their local health department and the most up-to-date CDC and DOH standards on the minimum number of days to quarantine before a staff is safely able to return to work with additional precautions to mitigate the risk of COVID-19 transmission.
    b. If a staff does NOT have COVID-19 symptoms BUT tests positive for COVID-19, the staff may only return to work after completing a 14-day self-quarantine. If a staff is critical to the operation or safety of a facility, the day program provider may consult their local health department and the most up-to-date CDC and DOH standards on the minimum number of days to quarantine before a staff is safely able to return to work with additional precautions to mitigate the risk of COVID-19 transmission.
    c. If a staff has had close contact with a person with COVID-19 for a prolonged period of time AND is symptomatic, the staff should notify the day program and follow the above protocol for a positive case.
    d. If a staff has had close contact with a person with COVID-19 for a prolonged period of time AND is NOT symptomatic, and the inability to temporarily furlough that employee would cause a hardship to the employer/program, the staff should notify the day program and adhere to the following practices prior to and during their work shift, which should be documented by the day program:
        i. Regular monitoring: As long as the staff does not have a temperature or symptoms, they should self-monitor consistent with the day program's health policies.
        ii. Wear a mask: The staff should wear a surgical face mask at all times while in the day program.
        iii. Social distance: staff should continue social distancing practices, including maintaining, at least, six feet distance from others.

iv. Disinfect and clean facility spaces: Continue to clean and disinfect all areas such as offices, bathrooms, classrooms, common areas, and shared electronic equipment routinely.

16. Entrance into sites will be restricted to essential staff responsible for the direct provision of service not amenable to delivery via telehealth alternatives or those persons required to ensure continued health and safety operations (e.g. PPE supply delivery or work control etc.). Post signage alerting nonessential visitors are not allowed.
17. In the event an individual, staff or anyone they reside with are placed on quarantine or isolation, the responsible party (i.e. self, guardian, residence manager etc.) must notify the day program immediately and must suspend attending day program until they are medically cleared to return to work/program.

Social Distancing Requirements

All day program providers must ensure that, for any programming occurring indoors, capacity is limited to the number of participants and required staff which ensures the following mitigation strategies are adhered to:

1. At least six feet of physical distance is maintained among individuals and staff, unless safety of the core activity requires a shorter distance or an individual's treatment plan requires that closer contact be maintained with a staff member.
2. All staff must wear an appropriate face mask or covering at all times at work, consistent with all current Executive Orders and OPWDD guidelines, unless medically contraindicated.
    a. Acceptable face coverings for COVID-19 include but are not limited to cloth-based face coverings and disposable masks that cover both the mouth and nose.
    b. Cloth, disposable, or other homemade face coverings are not acceptable face coverings for workplace activities that typically require a higher degree of protection for personal protective equipment due to the nature of the work. For those activities, N95 respirators or other personal protective equipment (PPE) used under existing industry standards should continue to be used, as is defined in accordance with OSHA guidelines.
3. Individuals receiving services must wear face coverings, if they can medically tolerate one whenever social distancing cannot be achieved.
4. Programs must ensure that groupings of staff/individuals receiving services are as static as possible by having the same group of individuals work with the same staff whenever and wherever possible. Group size must be limited to no more than fifteen (15) individuals receiving services. The restriction on group size does not include employees/staff. Programs must ensure that different stable groups of up to 15 individuals have no or minimal contact with one another nor utilize common spaces at the same time, to the greatest extent possible.
5. Programs should maintain a staffing plan that does not require employees to "float" between different rooms or groups of individuals, unless such rotation is critical to safely staff individuals due to unforeseen circumstances (e.g. staff absence).
6. Modify the use and/or restrict the number of program rooms and seating areas to allow for social distancing of at least six feet apart in all directions (i.e. 36 square feet). When distancing is not feasible between workspaces, the program must provide and require the

use of face coverings or enact physical barriers, such as plastic shielding walls where they would not affect air flow, heating, cooling, or ventilation.

   a. Physical barriers should be put in place in when possible. Options include but are not limited to strip curtains, Plexiglas or similar materials, or other impermeable dividers or partitions. Use in accordance with OSHA guidelines.
   b. Shared workspaces or equipment must be cleaned and disinfected between uses.
   c. Prohibit the use of tightly confined spaces (e.g. supply closets, equipment storage areas, kitchens, vehicles, or restrooms) by more than one person at a time, unless both individuals and staff sharing such space are wearing acceptable face coverings. However, even with face coverings in use, occupancy must never exceed 50% of the maximum capacity of the space or vehicle, unless it is designed for use by a single occupant.

7. Programs should increase ventilation with outdoor air to the greatest extent possible (e.g. open program room and vehicle windows and prop open doors and/or open as frequently as possible), unless such air circulation poses a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) to individuals using the facility.
8. Programs should take additional measures to prevent congregation in lobbies, hallways, and in elevator waiting areas and limit density in elevators, such as enabling the use of stairs.
9. Implement additional measures to prevent congregation in elevator waiting areas and limit density in elevators, such as enabling the use of stairs, when possible.
10. Reduce bi-directional foot traffic using tape or signs with arrows in narrow aisles, hallways, or spaces, and post signage and distance markers denoting spaces of six feet in all commonly used areas and any areas in which lines are commonly formed or people may congregate (e.g. entrance/exit into the facility, meal areas, etc.).
11. Social distancing may not always be possible when caring for individuals with higher medical, behavioral or adaptive support needs. Their specific treatment plans may necessitate physical contact to ensure health and safety during activities of daily living (e.g. toileting, eating etc.), behavior intervention techniques (e.g. physical restraint) or medical treatments (e.g. administration of daily medication or first aid etc.). All appropriate personal protective equipment and hygiene must be utilized. Providers are encouraged to work with staff who are unable to medically tolerate wearing a mask to temporarily reassign them to work duties which are capable of being completed while maintaining social distance from vulnerable populations.

Gatherings in Enclosed Spaces

1. Prohibit gatherings of more than 15 people (excluding staff) in a shared space, at any given time.
2. Rooms should be reconfigured or repurposed to limit density and expand usable space.
3. Program rooms should include the same grouping of individuals with the same staff each day to the extent possible and avoid crossing programs with other rooms.
4. Space out seating (6 feet apart) and use floor markers to designate six-foot distances. Remove additional seating above designated room capacity.
5. Day programs must provide adequate space for required staff to adhere to social distancing while completing independent tasks (i.e. paperwork) and when taking breaks (e.g. eating). Break times should be staggered to maintain social distancing.

6. Shared food and beverages are prohibited. Food brought from home should require limited preparation at the day program site (i.e. heating in microwave) and be packed appropriately. All reusable food utensils and storage containers should be washed in the dishwasher on the hottest wash and dry setting.
7. Buffet-style dining is prohibited. Discontinue use of large cafeterias for meals, unless social distancing can be maintained, and stagger mealtimes to allow for social distancing and disinfection in-between use.

Day Program Schedules and Activities

Initially, day program capacity should be prioritized for individuals who are best served onsite due their specific clinical needs. Providers should allow high risk individuals, who prefer to remain at home, to participate in less intensive in-home supports of a shorter duration and encourage continued use of telehealth to supplement service delivery. For those individuals resuming site-based day services, programs must implement measures to foster social distancing and disinfection in-between use via the following considerations:

1. Adjusting day program hours to allow blocks of service provision (e.g. 9 AM to 1 PM and 2 PM to 6 PM).
2. Limiting staff on site to those essential to direct service provision.
3. Prioritizing tasks and activities that most easily adhere to social distancing.
4. For sport and athletic activities, programs must keep stable groups of individuals together and separated from other groups and should focus on activities with little or no physical contact (e.g. walking or hiking) and which do not rely on shared equipment.
5. For food services, programs should:
    a. Serve individual portions;
    b. Avoid use of communal dining areas and substitute eating outdoors or in a classroom, whenever possible;
    c. Keep stable groups of individuals separated from one another;
    d. Consider staggering mealtimes to reduce occupancy within an indoor space or congregation within an outdoor area; and
    e. Separate tables with seating at least six feet apart from other tables, as feasible.

Personal Protective Equipment

Day programs must have an adequate supply of required PPE on site. All required staff and essential visitors are required to wear a face covering or mask and will be provided one for use onsite at no cost. All day programs and staff should comply with OSHA standards applicable to each specific work environment.

1. Staff may choose to provide their own face covering, however are not required to. Acceptable face coverings may include, surgical masks, N95 respirators, face shields and/or cloth masks (e.g. homemade sewn, quick cut, bandana). Any personally supplied face coverings must maintain standards for professional/workplace attire. Cloth, disposable or homemade masks are not appropriate for workplace activities that require a higher degree of protection for personal protective equipment due to the nature of the work.
    a. Face coverings must be cleaned or replaced after use and may not be shared.

b. All staff must be trained on proper use of PPE including when to use and donning, doffing, disposing and/or reusing and sanitizing when appropriate. Documentation of such trainings will be retained in the employee's personnel file.

Hygiene and Cleaning

Strict adherence to hygiene and sanitation requirements is required to reduce transmission as advised by DOH "Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19," and the "STOP THE SPREAD" poster, as applicable.

All site based day programs, and non-site-based programs to the extent it is applicable, are required to implement the following minimum standards:

1. Maintain an adequate stock of cleaning and EPA approved disinfecting agents.
2. Conduct frequent cleaning and rigorous disinfection of high-risk areas (i.e. bathrooms, nursing stations) and high touch surfaces (i.e. shared equipment or supplies).
    a. Adhere to proper dwell times for all cleaners, sanitizers and disinfectants per manufacturer recommendations as indicated on the product label and ensure adequate ventilation to prevent inhaling toxic fumes. Use only EPA registered products for disinfecting non-porous surfaces.
    b. Maintain at each site cleaning logs indicating the date, time, and scope of cleaning.
    c. Cleaning products, sanitizers and disinfectants must be kept secure and out of reach of individuals who may misuse (i.e. consume, dump out etc.). Products should be locked in a separate supply closet or cabinet, with only staff having key access. After sanitizing or disinfecting any gloves, paper towels or other disposable items used will be immediately discarded. These should be tied in a trash bag and removed from the environment to prevent individuals from accessing potentially contaminated or hazardous materials.
3. Limit use of shared objects/equipment and clean then sanitize after each use. Items that cannot be cleaned and sanitized should not be used (i.e. soft toys, cloth placemats, etc.) Individuals should not be permitted to bring such personal items from home.
4. Put in place reasonable measures to limit the sharing of objects, such as electronic equipment, arts and craft materials, touchscreens, as well as the touching of shared surfaces; or, require employees to wear gloves (trade-appropriate or medical) when in contact with shared objects or frequently touched surfaces; or, require workers and individuals to practice hand hygiene before and after contact.
5. If cleaning or disinfection products or the act of cleaning and disinfecting causes safety hazards, staff must use PPE as needed followed by hand hygiene. Use cleaning/disinfecting wipes for electronics (do not use sprays). Limit the number of people using the equipment when proper cleaning/disinfecting of such items are not possible.
6. Provide and maintain hand hygiene stations throughout each location where possible to include:
    a. Hand washing: soap, running warm water, and disposable paper towels.
    b. Hand sanitizing: alcohol-based hand sanitizer containing at least 60% alcohol for areas where hand washing facilities may not be available or practical. Hand sanitizer should be available and utilized frequently throughout community based services.

    c. All staff and individuals should wash their hands frequently with soap and water, for at least 20 seconds upon arriving to any site-based programming, before handling food, before and after eating and drinking, smoking/vaping, using the bathroom, after touching shared objects or surfaces, after touching their eyes, nose or mouth, or after cleaning, sanitizing or disinfecting surfaces or when hands are visibly dirty. Use of alcohol-based hand sanitizers with at least 60% alcohol are also acceptable. Use of hand sanitizer by individuals should be supervised as needed by staff.
7. CDC guidelines on "Cleaning and Disinfecting Your Facility" should be followed if someone is suspected or confirmed to have COVID-19 infection:
    a. Close off areas used by the person who is sick. The provider does not have to necessarily close operations, if they can close off the affected areas.
    b. Open outside doors and windows to increase air circulation in the area.
    c. Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
    d. Clean and disinfect all areas used by the person who is sick such as offices, classrooms, bathrooms, common areas, and shared equipment.
    e. Once the area has been appropriately disinfected, it can be opened for use. Employees and individuals without close contact with the person who is sick can return to the area immediately after disinfection.
8. Provider should follow NYS DOH and OPWDD guidance related to reporting and contact tracing in the case of a positive or presumed positive COVID-19 individual or staff.

Transportation

All certified day programs must ensure that the following measures are in place in order to transport individuals to/from day programming:

1. Only individuals and staff traveling to and from the same day program should be transported together; individuals or staff from other day programs should not be intermingled for purposes of transportation at this time; individuals transported together are encouraged to be cohorted for purposes for day programming also, in order to further reduce intermingling;
2. Capacity on buses, vans, and other vehicles transporting individuals from multiple residences should be reduced to 50% of total capacity to maximize social distancing and reduce COVID-19 transmission risks;
3. Individuals and staff who reside/work together in the same home may be transported together to day program(s) in the same vehicle without a vehicle capacity reduction;
4. Consider staggering arrival and departure times to reduce density during these times;
5. To the extent possible, individuals and staff from different households should restrict close contact by not sitting near each other or the driver. The use of directional tape and signage can assist in accomplishing this. Additionally, if there are multiple doors in a bus or van, one-way entering and exiting should be utilized. Individuals should be directed to not exit the vehicle at once, instead following driver or staff instruction on exiting one person at a time;
6. To the extent they can medically tolerate one, individuals, staff, and the driver must wear face coverings at all times in the vehicle. Social distancing must be maintained for

individuals who cannot tolerate wearing a mask and, when possible, such individuals should be transported alone or with members of the same household. Staff who cannot medically tolerate the use of a face covering should not be assigned to transport individuals at this time;
7. After each trip is completed, the interior of the vehicle should be thoroughly cleaned before additional individuals are transported; and
8. Where appropriate and safe, windows should be rolled down to permit air flow.

Tracing and Tracking
Providers of day program services must notify the local health department and OPWDD immediately upon being informed of any positive COVID-19 test result by an individual or staff at their site.

1. In the case of a staff or visitor testing positive, the provider of day program services must cooperate with the local health department to trace all contacts in the workplace and notify the health department of all staff, individuals and visitors who entered the facility dating back to 48 hours before the staff began experiencing COVID-19 symptoms or tested positive, whichever is earlier, but maintain confidentiality as required by federal and state law and regulations.
2. Local health departments will implement monitoring and movement restrictions of infected or exposed persons including home isolation or quarantine.
3. Staff who are alerted that they have come into close or proximate contact with a person with COVID-19, and have been alerted via tracing, tracking or other mechanism, are required to self-report to their employer at the time of alert and shall follow all required protocols as if they had been exposed at work.

Visitation within the IRAs
*(**Attachment AA** - 06.18.2020 - COVID-19: Interim Visitation Guidance for Certified Residential Facilities)*
*(**Attachment BB** – 06.18.2020 EEDA Visitation Letter Bulleted 06-18-2020 FINAL)*
*(**Attachment CC** - 3066_coronavirus_novisitors_poster)*

Visitor Protocols
On March 18, 2020, OPWDD issued a Health Advisory: COVID-19 Guidance for Operators of Individualized Residential Alternatives (IRAs), Community Residences (CRs) and Private Schools Regarding Visitation which suspended visitation within our IRAs. On June 17, 2020 NYS lifted the suspension of visits with visits beginning on June 19, 2020 with specific guidelines that must be followed. OPWDD also provided signs to put at the doors of the facilities to stop visitors from entering without prior approval.

The opportunity for family members to visit must be done in a manner that continues to prevent the spread of COVID-19 and ensure the health and wellbeing of all individuals living in EEDA's IRAs. After evaluation by OPWDD, in collaboration with the New York State Department of Health (DOH) and participating certified residential facilities, such as EEDA this guidance may be modified. It is anticipated that this is the first phase of visits and are subject to change as necessary. In order to be eligible for visitation under these guidelines, EEDA must attest to its ability to adhere to the following requirements:

1. Visits can be scheduled seven days a week from 10:00 am until 8:00 pm. Visits shall be staggered so as not to have multiple families visiting in a shared space at one time and to ensure adequate time to clean any common areas or high touch surfaces between visits.
2. In order to allow for fairness in scheduling, family members need to schedule visits at least one day in advance with the EEDA Residential Managers. No unannounced or unscheduled visits will be allowed.
3. The Residential Managers should thoroughly discuss the potential risks and benefits of the visitor's presence when the family is scheduling the visit and with the individual ahead of a scheduled visit. They must also notify visitors, at the time they are scheduling a visit, whether there are any positive or suspected cases of COVID-19 in the home.
4. Visitation must not occur with any individuals who are currently in quarantine due to exposure for COVID-19 or isolation for a positive COVID-19 test.
5. Visits should last no more than one hour.
6. All other individuals living in the IRA should be notified ahead of time that visitors will be present and advised how to remain socially distant from them.
7. Family members are able to bring snacks or a meal to share with their loved one but EEDA asks that they follow the six foot social distancing recommendation while eating.
8. The visits will be limited to two family members at a time per visit, and each visitor must be 18 years or older.
9. Visits are to be limited to designated areas only where separation from other residents can be safely implemented. Family members will be asked not to access other areas of the residence. The preferred designated meeting areas will be outside of the residence on the back deck or lawn. If an outside visit is not feasible (i.e. rain), other arrangements for a meeting place inside the residence will be determined by the supervisory staff. Recreation rooms and individuals' bedrooms are other options for visits.
10. Staff may be present during the visits, depending on the needs of the individuals.
11. Visitation remains prohibited anywhere except within sight of the residential facility and shall not include sitting in a non-agency vehicle or leaving the premises unmonitored by staff.
12. Upon arrival, each visitor must undergo symptoms and temperature checks by EEDA staff, and shall be denied visitation if they report any COVID-19 exposure or symptoms during the prior fourteen days, or have a temperature higher than 100.0 degrees Fahrenheit.
13. All family members will be expected to wear masks and must be properly worn throughout the entirety of the visit. If they do not have a mask, EEDA staff will provide one. Visitors who refuse to wear a face mask must be asked to leave the facility.
14. Family members must maintain a six foot social distance from individuals when possible. Individuals will also be encouraged to maintain the six foot social distance and wear a mask.
15. There is no limit to the number of visits that a family may schedule, but EEDA asks that the families be respectful of the other individuals in the IRA and the access for other families for visits.
16. Facilities shall maintain a daily log of all visitors, which shall include names and contact information, as well as the location within the facility/property that visitation occurred.
17. The designated areas will be cleaned and disinfected after the visit is completed.

Visitation For Individuals Living Independently
*(**Attachment DD –** 10.23.2020 - COVID -19: Interim Visitation Guidance for Certified "Supportive" Residential Facilities)*

In recognition of the distinct differences in staffing and operation of residences not providing 24-hour support, the following guidance is provided to ensure individuals living independently can enjoy visitation safely and with consideration of possible risks and needed precautions. Like all residential facilities, visitation with family and friends of those living independently should be scheduled ahead of time so that all appropriate precautions can be implemented, including the following:

Prior to the Visit

1. Individuals will be encouraged to notify staff of any visit planning discussed with family/friends. Individuals should also inform staff when they are interested in arranging a visit;
2. Staff should work with individuals to create a list of the people most important to them that they would like to have visit at their home. Individuals should be advised regarding the maximum number of people who can visit their home at one time (e.g. no more than 2 visitors at a time, depending on the size of the home and ability to maintain social distancing) in order to comply with COVID-19 precautions;
3. The individual, with support of their staff must inform the potential visitors that visits are required to be scheduled in advance, how to arrange the visits, and precautions to be implemented during the visit;
4. Individuals must be educated regarding COVID-19 precautions and why advance notification and planning is necessary. Individuals should also be informed that they are not required to allow visitors if they do not want;
5. Staff must review with the individual the COVID-19 precautions to be followed during the visit with the individual. The review includes the expectations that the individual and their visitor wear masks, maintaining a distance of at least six (6) feet from each other, and implement frequent hand washing and hand sanitizer use. This can be during a routinely scheduled staff visit;
6. If the individual to be visited has any roommates/housemates, those roommates must be notified ahead of time, by either the individual or staff, that a visitor(s) will be present and advised how to remain socially distant from them or assisted to make plans to be elsewhere;
7. Staff must verify that there is an adequate supply of masks, hand sanitizer, hand soap and paper towels at the individual's residence. This can be during a routinely scheduled staff visit;
8. Staff must verify that there is a log where the visitor's name and contact information, as well as the date and start and end time of the visit should be documented. If neither the visitor or the resident is capable of documenting on the log, a staff member will maintain a log remotely based on notification of arrival and departure of the visitor(s).

On the Day of the Visit

1. On the day of a scheduled visit, a staff member must contact the individual to be visited (and roommate, if any) to verbally discuss their health status and instruct them to take

their temperature, evaluate for any symptoms and report their results to residence management. If this passes the mandatory health screening protocols, the visit can occur as planned;

2. If an individual does not pass screening, agency procedures must be followed regarding notifications and health precautions;
3. If the visit can proceed based on the individual passing the health screening, then either the individual to be visited or a staff member will contact the visitor to complete a screening with them prior to the visit, discussing required symptom check, exposure and travel questions and requiring the person to take and report their temperature. Visitors shall be denied access if they report any of the following:
    a. COVID-19 exposure or COVID-related symptoms during the prior 14 days;
    b. travel to a state or country on NYS's Travel Advisory list within the previous 14 days;
    c. or having a temperature over 100.0 degrees Fahrenheit.
4. All visitors will be asked to perform meticulous hand hygiene and wear a mask or face covering throughout the visit.
5. EEDA is responsible to ensure that a daily log of all visitors is maintained, which shall include names and contact information for each visitor.

Please note that when any visitation restrictions are placed on certified residential facilities in designated cluster zones individuals living independently will be encouraged to not have any visitors as well.

Individuals Returning to the IRA after Extended Home Visits
*(**Attachment EE** – 07.10.2020 - Reintroduction of Individuals to Certified Residences after Extended Home Visits)*

On March 24, 2020, the Office for People with Developmental Disabilities (OPWDD) issued "Health Advisory: COVID-19 Suspension of Community Outings and Home Visits", which suspended community outings and home visits for individuals living in certified residential facilities. OPWDD recognizes the need for individuals to return to certified residential facilities, following extended stays with family. Effective July 15, 2020 for regions of the State that have entered into Phase Four in accordance the New York Forward Reopening Plan, individuals may return to their residence in accordance with the requirements herein.

To safely accept an individual back to the home, the following conditions must be met:

1. In the 14 days preceding the individual's return, the residential facility must have no known or suspected cases of COVID-19;
2. The individual must have not knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19; and
3. Confirm that for the 14 days prior to the individual's return to the facility, the individual confirm in writing that the individual did not display any of the following symptoms in the 14 days prior to return:
    a. Fever of 100.0°F or greater;
    b. Cough;

c. Shortness of breath or difficulty breathing;
d. Chills;
e. Muscle aches;
f. Headache;
g. Sore throat;
h. Abdominal pain;
i. Vomiting;
j. Diarrhea;
k. Runny nose;
l. Fatigue;
m. Wheezing; and/or
n. New loss of taste or smell.

4. If any of these symptoms are noted, the family should be referred to their medical provider or the Local Department of Health for assessment and testing.
5. Facilities should observe returning residents for signs and symptoms of illness for 14 days after return to the residential facility.
6. Please note that an individual returning to a residential facility following an extended home visit may need to follow precautionary quarantine measures upon return, which should be implemented in collaboration with the Local Department of Health.

Home Visits for Individuals Residing in OPWDD Certified Residential Facilities
*(**Attachment FF** – 11.20.2020 - Home Visits for Individuals Residing in OPWDD Certified Residential Facilities)*
*(**Attachment GG** – 12.02.2020 – Home Visit Health Screening Form)*

OPWDD's March 24, 2020 guidance related to home visits is hereby rescinded and replaced with the following guidance. Effective July 15, 2020 for regions of the State that have entered into Phase Four in accordance the New York Forward Reopening Plan, and until further notice, home visits may recommence for individuals living within OPWDD certified residential facilities, consistent with the restrictions herein.

Interim Requirements for Participating in Home Visits
Individuals may resume participation in home and family visits with all appropriate risk mitigation strategies in place. These include safe social distancing, use of masks or other face coverings when tolerated, meticulous attention to hand washing and proper cleaning and disinfection. Families must be reminded that during any off-site visit, exposure to members of different households and to public places, in general, should be done with caution and on a limited basis. Good hygiene must be practiced and safe social distancing should be maintained, whenever possible. Consistent with Executive Order 202.17, masks must be worn in public whenever social distancing cannot be maintained, to the extent they can be medically tolerated.

Individuals may participate in home or family visits only if 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 washes their hands immediately prior to their departure from and return 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;
5. There shall be no travel to any state that is non-contiguous to NY (any state besides VT, CT, NJ, MA or PA) for more than a 24 hour period unless, upon return to NYS, the individual complies with any quarantine and/or testing protocols currently required by the NYS COVID-19 Travel Advisory prior to returning to their certified residence; and
6. Staff should remind families to ensure that individuals are washing and/or sanitizing hands throughout the day, implementing social distancing whenever possible, meeting current local requirements regarding indoor/outdoor gathering capacity limitations, and wearing face coverings whenever social distancing cannot be maintained in public.

Prior to home visits, staff should discuss strategies to best implement these practices and ensure that families have face coverings if needed

Interim Documentation Requirements for Home Visits

In order to be able to sufficiently trace and track any potential COVID-19 exposure, providers are required to maintain a daily log of all home visits and other visits off site from the certified residence.

Daily logs must include the following information:

1. The names of any individuals who participated in a home visit, including the address of the home visit, and the dates and times such visit started and ended;
2. Confirmation that person(s) picking up or receiving an individual for a home visit denied that anyone in the household was currently under isolation or quarantine for COVID-19;
3. Confirmation that person(s) picking up or receiving an individual for a home visit denied that anyone in the housing had any known exposure to COVID-19 in the prior 14 days;
4. Confirmation that person(s) picking up or receiving an individual for a home visit denied that anyone in the household has exhibited any of the following symptoms within the last 14 days:
    a. Cough;
    b. Fever of 100.0 degrees or greater;
    c. Sore Throat;
    d. Shortness of breath;
    e. Headache;
    f. Chills;
    g. Muscle Pain; and/or
    h. New loss of taste or smell.
5. Confirmation that the individual participating in the visit passed their health screen immediately prior to participating in the home visit;

6. Addresses of any and all places the individual spent time during the home visit, including the names of other people spending time in close contact (within 6 feet) or proximate contact; AND
7. Confirmation that the individual passed their health screen upon return from the home visit.

All logs may be required to be produced to OPWDD at any time.

Community Outings for Individuals Residing in IRAs
*(**Attachment HH –** 08.17.2020 - Interim Guidance Regarding Community Outings for Individuals Residing in OPWDD Certified Residential Facilities)*

Effective July 15, 2020 for regions of the State that have entered into Phase Four in accordance the New York Forward Reopening Plan, community outings may resume for individuals living within EEDA's certified residential facilities. Furthermore, individuals may resume low risk activities, such as going to medical or professional service appointments and work, and participating in community-based outings, as described below, to the extent permitted by NY Forward, and consistent with the restrictions of this guidance and all applicable NYS directives.

Interim Restrictions for Community Outings from Certified Residential Facilities
In order to prevent further community spread or increased risk of infection, EEDA shall ensure that the following conditions are met:

1. Individuals shall not participate in community outings if any individual or staff member working in the home is suspected or confirmed positive for COVID-19;
2. Any person who had close or proximate contact to a confirmed positive individual within the last 14 days, or any person experiencing symptom(s) consistent with COVID-19, such as cough, fever, shortness of breath or trouble breathing, chills, muscle pain, new or worsening headache, sore throat, or new loss of taste or smell must not participate in a community outing. Individuals that are close or proximate contacts or experiencing symptom(s) consistent with COVID-19 should contact their healthcare provider or local health department for recommended next steps;
3. The number of individuals permitted in a community outing shall be within the discretion of the facility, based on the ability to maintain safety, but should be as small as possible. Groups shall include no more than 10 people inclusive of staff members and should be cohorted with individuals in regular contact (e.g. roommates or housemates);
4. Low risk, outdoor activities are encouraged whenever possible;
5. 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;
6. Planned recreational community outings should be limited to one location per day for any individual participating;
7. 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 surfaces such as door handles, counters, public benches, and store shelves are touched;

8. Social distancing principles must be adhered to, to the greatest extent possible;
9. Face coverings shall be brought on public outings and individuals must be encouraged to wear the covering at all times. Everyone who is medically able to tolerate a mask must wear one when unable to maintain social distancing;
10. There should be no unnecessary interaction with other members of the public while on a community outing; and
11. When planning outings, staff should be aware of various capacity restrictions for businesses and should consider calling ahead, where possible, to ensure group size can be accommodated.

Individuals who participate in community outings without staff present must be provided with hand sanitizer and a face covering and should understand the risks and obligations of public exposure, as well as the expectations regarding reporting as outlined below.

Interim Transportation Requirements for Community Outings
Community outings requiring transportation to and from a location should be implemented on a limited basis and only when providers of certified residential facilities can ensure that all infection control and mitigation strategies will be applied during the transportation of individuals to and from community outings.

The following measures will be required in order to transport individuals for community outings:

1. 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;
2. To the greatest extent possible, individuals and staff should restrict close contact by not sitting near each other or the driver. Individuals should be directed to not exit the vehicle at once, instead following driver or staff instruction on exiting one person at a time;
3. To the extent individuals can medically tolerate a face covering, individuals, staff, and the driver must wear face coverings at all times in the vehicle. Staff who cannot medically tolerate the use of a face covering should not be assigned to transport individuals;
4. After each trip is completed, the interior of the vehicle should be thoroughly sanitized and disinfected before additional individuals are transported.
5. Where appropriate and safe, windows should be rolled down to permit air flow

Interim Documentation Requirements for Community Outings
In order to be able to sufficiently trace and track any potential COVID-19 exposure, in addition to the requirements set forth above, providers are required to maintain a daily log of all community outings from the home. Logs must contain the following information:

1. The names of all individuals and staff members who participate in each community outing throughout the day;
2. Confirmation that each person passed the daily health screen and temperature check,
3. The location, including address, where the community outing occurred;
4. The times the outing started and ended;

5. The transportation that was used for each outing, where applicable; and
6. Any additional notes that are relevant or may inform increased precaution on future outings. These logs may be required to be produced to OPWDD at any time

HOT SPOT ZONES/CLUSTERS AND REPORTING GUIDELINES
***(Attachment II –** 10.23.2020 – Interim COVID-19 Guidance – Designated Cluster Mitigation and Oversight)*
***(Attachment JJ** – 10.25.2020 - OPWDD Protocol for Reporting Impact of COVID-19 - Updated Guidance)*

This protocol establishes the protocols and procedures of East End Disability Associates, Inc. (EEDA) for employees who work in a geographic area that has been designated as a red, orange, or yellow zone and reporting protocols associated within designated zones.

The Governor and the NYS Department of Health (DOH) have begun to identify geographic areas with higher than average rates of COVID-19 transmission, referred to as "hot spots," "clusters," and "micro clusters." The risk of transmission is characterized by three colors (red, orange and yellow) and the level of mitigation management is increased as geographic areas demonstrate higher rates of infection and move along the continuum from yellow to orange to red.

Programs and facilities certified or operated by OPWDD, located within such designated geographic areas, will immediately be subject to the following additional mitigation and oversight measures. These restrictions are required in addition to all other applicable OPWDD COVID-19 guidance.

Provider Notification
Upon designation by the Governor of a geographic COVID-19 cluster, or upon the change of any such designation, OPWDD will notify providers operating programs within the designated area to ensure that the provider is aware of the high rate designation and is taking all appropriate precautions. This notification will be made as part of OPWDD's risk stratified enhanced oversight as well as review of any previous COVID visits to determine the need for any oversight actions required for that program.

Enhanced Testing
All providers offering services within a designated area of concern will be required to refer staff and individuals served for COVID-19 testing on a weekly basis and to strongly encourage/facilitate such testing. The use of rapid molecular tests (i.e. the Abbott ID NOW) may be considered when testing individuals and/or staff associated with congregate settings such as group homes and day programs, in addition to lab-based molecular testing. All positive testing results are required to be reported to OPWDD using the Incident Report and Management Application (IRMA).

Program Suspension/Reduction
In those geographic areas with the highest rate of transmission (designated as a "red" or "orange" geographic cluster), site-based day services will be temporarily suspended. Community-based

group services in those same geographic regions will be temporarily reduced in capacity. Capacity reductions are inclusive of individuals receiving services and staff needed to operate such programs.

Restrictions will continue, consistent with the NYS DOH closure restrictions for businesses, until the red or orange designation from the geographic area is modified. Programs contained within the yellow designated areas may continue to operate but weekly testing is highly encouraged. In cases where an individual resides in a certified residential program and attends certified day services, the residential provider should be responsible for referring the individual for testing in order to avoid duplicative testing.

The scope of enhanced testing and program suspensions/reduction is summarized in the following tables:

SERVICE	RED	ORANGE	YELLOW
Certified Site-Based Day Services (day-hab, site-based prevocational services, site-based respite, pathway to employment)	**Suspended**	**Suspended**	**Open** In compliance with OPWDDs Interim Guidance for Day Services Re-opening and the Day Program Re-opening Safety Plans Weekly Testing (recommended)
Group Non-Site Based Services (day-hab without walls, community based prevocational services, non-site based respite, com-hab group, supported employment group)	**Suspended**	**Open** 10-person Capacity (inclusive of individuals and staff) Weekly Testing (recommended)	**Open** In compliance with OPWDDs Interim Guidance for Day Services Re-opening and the Day Program Re-opening Safety Plans Weekly Testing (recommended)
Non-Group/Non-Site Based Services (services provided to 1-3 individuals: comhab, respite, employment training, SEMP, community based prevocational services)	**Open** 2-person Capacity (inclusive of individuals and staff) Weekly Testing (recommended)	**Open** 4-person Capacity (inclusive of individuals and staff) Weekly Testing (recommended)	**Open** Weekly Testing (recommended)
Residential (certified residences, free standing respite,	**Open** Visitation Suspended	**Open**	**Open** Weekly Testing (recommended)

day services and com-hab being temporarily delivered in a certified residence)	Weekly Testing (recommended)	Visitation based on COVID status of home Weekly Testing (recommended)	

Visitation Suspension
*(**Attachment KK** – 10.23.2020 - Health Advisory: All Residential Congregate Facilities)*

On October 9, 2020, Governor Andrew M. Cuomo issued EO No. 202.68 which, among other things, established red, orange, and yellow zones and imposed restrictions and limitations on non-essential gatherings, participant occupancy in houses of worship, indoor/outdoor dining, and in-person schools within these zones. The purpose of this guidance is to inform operators of congregate facilities, including EEDA of limitations on visitation in residential congregate settings located in "red" and "orange" zones subject to Cluster Action Initiative restrictions as established pursuant to Executive Order (EO) No. 202.68.

In order to ensure safety of residents and staff of facilities housing congregate populations, these visitation restrictions shall be effective at 3 pm on Sunday, October 25, 2020, and shall remain in effect the duration a facility remains in such zone. Unless superseded by this guidance, all other state agency guidance and policies with respect to visitation remain in effect.

Residential congregate facilities for purposes of this guidance include facilities for individuals with developmental disabilities (OPWDD run, licensed or regulated homes)

Effective immediately, in red and orange zones, congregate residential facilities must limit visitation in accordance with the following guidance:

Red Zones
All visitation is suspended in residential congregate facilities located in red zones, except for in the following instances: compassionate care (including end of life/hospice situations), medically or clinically necessary (i.e. visitor is essential to the care of the patient), accompanying a minor in a pediatric facility, labor/delivery/post-partum care, necessary legal representatives, and essential companions to individuals with intellectual and/or developmental disabilities or with cognitive impairments, including dementia.

Orange Zones
Visitation shall be suspended at a residential congregate facility in an orange zone if a staff member or resident in the facility has tested positive for COVID-19 in the last 14 days, except for in the following instances: compassionate care (including end of life/hospice situations), medically or clinically necessary (i.e. visitor is essential to the care of the patient), accompanying a minor in a pediatric facility, labor/delivery/post-partum care, necessary legal representatives, and essential companions to individuals with intellectual and/or developmental disabilities or with cognitive impairments, including dementia.

Reporting for Impact of COVID-19

When a geographic area has been designated as a red, orange or yellow zone, agencies operating certified site based programs within those zones are notified by DQI via the agency's dedicated mailbox:

1. Agencies are required to take appropriate measures in those programs as outlined in the OPWDD and DOH guidance documents issued October 23, 2020 (including any future amended documents);
2. Agencies that are required to temporarily suspend services or reduce capacity must notify the Regional Office by email to Christina.M.Cruz@opwdd.ny.gov. This will confirm that appropriate steps have been taken by the agency. The notification must include the following information:
    a. The agency name, address and type of program (day or residential) and operating certificate number(s) of each certified program suspending services or reducing capacity;
    b. The number of people whose services are affected by the action; and
    c. A copy of the agency's communication plan developed for individuals, families, care managers, Consumer Advisory Board (for Willowbrook Class members when applicable), and other involved parties.
3. In addition, agencies are required to report when a program is *voluntarily* suspended or the agency reduces services of a program in any geographic area, due to concerns regarding new COVID-19 infection or community spread, providers are also required to notify the Regional Office by email to Christina.M.Cruz@opwdd.ny.gov of the following:
    a. The agency name, address and type of program, and operating certificate number(s) of each certified program suspending services or reducing capacity;
    b. The reason(s) for temporary action; the actions taken;
    c. The number of people whose services are affected by the action; and
    d. A copy of the communication plan developed for individuals, families, care managers, Consumer Advisory Board (for Willowbrook Class members when applicable), and other involved parties.

MANAGEMENT OF CO-CIRCULATION OF INFLUENZA AND COVID-19 INFECTIONS

*(**Attachment LL** – 10.20.2020 - Management of Co-Circulation of Influenza and COVID-19 Infections)*

OPWDD provides /annual guidance on the prevention and management of influenza to assist facilities operated and/or certified by the Office for People with Developmental Disabilities. These guidelines are based on information made available by NYSDOH and CDC. Due to the on-going circulation of the virus that causes COVID-19 in the community, this year's influenza guidelines includes important information that will ensure the continued adherence to current COVID-19 guidelines. The following guidelines apply to providers of services to individuals with intellectual and/or developmental disabilities (EEDA) and includes staff employed by EEDA.

Characteristics of Influenza and COVID-19

7. **Symptoms of Illness**
   If a person has a fever over 100 degrees (37.8° C) and a cough or sore throat, they are considered to have "Influenza-like Illness" (ILI) and should be treated the same as if they had diagnosed influenza. COVID-19 can also cause similar symptoms, as well as some that differ. Please remember that some people can be asymptomatic of either virus but may still be able to spread it to others. Although rare, it is possible to have the flu and COVID-19 simultaneously.

Influenza	COVID-19
• Fever* • Chills • Muscle aches • Headache • Significant lack of energy • Dry Cough • Sore throat * Per the CDC, people who are older, medically fragile, immunocompromised, or have neurological or neurocognitive conditions may not have a fever.	• Fever • Cough • Difficulty breathing • Shortness of breath • Chills/shaking with chills • Muscle pain • Headache • Sore throat • New loss of taste • New loss of smell

8. **Infectious (Contagious) Periods**
   The incubation period for influenza is 1-4 days after exposure. The contagious period is considered to be 1 day before symptoms develop until 5-7 days after becoming ill. People are most contagious 3-4 days after illness begins. Some people may be able to infect others for an even longer period. Also, persons treated with influenza antiviral medications continue to transmit influenza virus while on treatment. The incubation period for COVID-19 is 2-14 days after exposure. The contagious period is considered to be 2 days before symptoms develop until 10 days after becoming ill. Patients with poor immune systems can be contagious for up to 20 days.
9. **Diagnosis of Illness**
   Diagnosis can be made by healthcare providers based on clinical symptoms and/or viral testing. Due to the similarities of influenza and COVID-19, OPWDD recommends that as a best practice, any individual who is exhibiting symptoms be tested for both influenza and COVID-19. A timely and accurate diagnosis is important to provide efficient and appropriate treatment of persons with respiratory illness.

Prevention of Influenza Transmission

Preventing transmission of Influenza virus within OPWDD settings requires a multi-faceted approach. Core prevention strategies include:

1. **Vaccination**
   The most effective strategy for preventing influenza is vaccination. In light of the pandemic and the demands on the health care system, it will be more important this year to reduce flu prevalence and flu severity through influenza vaccination for individuals and employees.

2. **Education**
   All staff, and individuals should receive education and training on preventing transmission of influenza and COVID-19 including adherence to hand hygiene and respiratory etiquette. Staff should receive education and training on:
   a. the importance of vaccination against the flu;
   b. Influenza and COVID-19 signs and symptoms, and risk factors that increase the potential for complications of each;
   c. standard precautions hand hygiene, respiratory etiquette, environmental cleaning and proper use of personal protective equipment to prevent the spread of viral illnesses;
   d. Droplet Precautions.
3. **Use of Personal Protective Equipment (PPE)**
   PPE is used by healthcare personnel, including DSPs and clinicians, to protect themselves, individuals, and others, when providing care. PPE is only effective as one component of a comprehensive program aimed at preventing the transmission of viral illnesses such as influenza and/or COVID-19.
4. **Droplet Precautions**
   Droplet precautions are utilized when an individual has a communicable disease that can be spread through coughing and/or sneezing and are intended to prevent transmission of the pathogen through close respiratory or mucous membrane contact with respiratory secretions.
   a. Use of gloves and a medical mask at a minimum, when providing care for an individual with a viral illness (when working within less than 6 feet of the ill individual)
   b. Providing a face mask to individuals who have a viral illness such as influenza, ILI or COVID-19 if they need to leave their room for personal care activities such as toileting and bathing and when appropriate for the individual and the individuals agrees to utilize the mask.
   c. Separation of ill and well individuals to the extent possible.
   d. Dedicated medical equipment for the duration of the symptomatic period. Any equipment that must be shared is to be cleaned/disinfected as per the manufacturer's instructions before use with another individual.
5. **Cleaning and Environmental Measures**
   All facilities must continue to follow all COVID-19 cleaning procedures and environmental measures, outlined in previously issued guidance, throughout this flu season.

Surveillance and Reporting of Influenza

1. **Surveillance**
   Facilities should monitor Influenza activity reports. When Influenza activity is increasing, or becoming more prevalent, staff at the facility should be notified to monitor individuals closely for signs/symptoms of Influenza or Influenza-like Illness (ILI) and to be vigilant about implementing precautions.

2. **Reporting**
   For facilities operated or certified by OPWDD:
   a. Single cases of laboratory-confirmed influenza or clinician-diagnosed Influenza-like Illness (ILI) do not need to be reported to the Local County Health Department where the individual resides.
   b. On September 9, 2020, all clinical labs or physician office labs (POLs) or healthcare providers conducting POC influenza testing must report influenza test results (positive and negative) immediately (within 3 hours of receiving the results) through the Electronic Clinical Laboratory Reporting System (ECLRS). Note that it is not the responsibility of the OPWDD facility to report lab results.
   c. Facilities are required to report clusters of Influenza-like Illness or laboratory-confirmed Influenza to the Local County Health Department where the outbreak is occurring. In this case, identification of ongoing transmission of ILI or laboratory-confirmed flu cases in individuals or staff within a residence, program or other setting would be considered a cluster and should be reported to the Local County Health Department.
   d. Facilities are also required to report the following to the LHD:
      i. All influenza-associated deaths will need to be reported to the LHD.
      ii. Suspected or confirmed case of any novel influenza A virus (including viruses suspected to be of animal origin.
      iii. Suspected lack of response to antiviral therapy, e.g., ongoing severe disease despite a full course of antiviral therapy.
   e. Facilities should also report clusters of Influenza or ILI to the local DDSOO Infection Control Officer or Nursing Program Coordinator. Single cases do not need to be reported to OPWDD.
3. **Clinical Management and Treatment**
   Facilities are expected to identify individuals who are at risk for complications of Influenza and/or COVID-19. Identifying such individuals at present, and in advance of onset of symptoms, is necessary so that treatment of Influenza or chemoprophylaxis for exposure to Influenza is not delayed.
4. **Treatment of Influenza with Antiviral Medications**
   With the anticipated co-circulation of influenza viruses and COVID-19 virus, decisions about starting antiviral treatment for patients with suspected influenza should not wait for laboratory confirmation of influenza virus infection. Influenza and COVID-19 have overlapping signs and symptoms. Testing can help distinguish between influenza and COVID-19 infection. However, clinicians should not wait for the results of influenza testing to start empiric antiviral treatment for flu in individuals who are at high risk for complications from influenza. Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset.
5. **Control Measures and Activity Restrictions**
   OPWDD recommends that any individual who exhibits symptoms of influenza or COVID-19 be tested for both diseases. Pending test results, all COVID-19 guidelines must be implemented. This includes isolation of the affected individual and activity restrictions of all individuals in the home for a 14-day period.

6. **Day Program Considerations**
   Day programs where an individual or staff person has been diagnosed with COVID-19, ILI or confirmed influenza need to assess the pattern of interaction among participants and staff. This provides an opportunity to identify who may have been exposed to the virus(es). Notification is to be sent to all residences/homes that have individuals attending the day program, including families of individuals who live at home informing them that there may have been an exposure to COVID-19 and/or influenza or ILI. Day program and residential staff, including nurses, must maintain close contact and communication regarding all respiratory illnesses. The day program nurse must notify the residential nurse of any respiratory illness, ILI, confirmed case of influenza, or a suspected or confirmed case of COVID-19. The residential nurse must notify the day program nurse of the same. The day program nurse and the residential nurse are to coordinate their efforts in the management of influenza or COVID-19. This same type of communication should occur between the day program and individual's caregivers as appropriate and to the extent possible. Individuals and staff, including bus drivers, bus aides, cafeteria workers and others who have been exposed to ILI, confirmed influenza, or suspected / confirmed COVID-19 are to be notified of their exposure and should be advised to consult with their primary care provider regarding prophylaxis if indicated.
7. **Staff Considerations**
   The following staff considerations should also be implemented to help protect against and reduce the spread of respiratory illnesses:
   a. Educate staff about the benefits of vaccination, the signs and symptoms of respiratory illness, and the potential health consequences of influenza illness for themselves, their family members and the individuals for whom they provide care.
   b. Encourage all staff, including temporary and part-time staff and volunteers, to get vaccinated against influenza. Additional emphasis should be placed on the importance of vaccination of staff that provide direct care supports such as staff who provide assistance with activities of daily living such as feeding and bathing and therefore are likely to have close contact with individuals who carry the virus.
   c. Staff should be encouraged, but not required, to report the receipt of influenza vaccine to their infection control officer or their nursing management.
   d. A staff person who is present at work and is exhibiting symptoms of influenza or ILI must leave work and charge his or her accruals so as not to risk the spread of influenza or ILI.
8. **Guidelines for Staff Movement**
   EEDA must ensure that staffing levels are maintained in accordance with agency/program requirements and based on the supervision needs of the individuals served. Staff movement into or out of sites that serve people who have contracted the influenza virus or ILI should be avoided to the greatest extent possible. If necessary, to meet urgent staffing needs, staff members who have voluntarily reported that they have received the influenza vaccination should be "floated" into the home first. Staff who did not receive the influenza vaccination, or staff whose vaccination status is unknown, should only be "floated" when it is necessary and there is no other feasible alternative.

Index of Attachments
Revised 01/29/2021

NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

General Management of Coronavirus (COVID-19) in Facilities or Programs Operated and/or Certified by OPWDD

March 25, 2020

Purpose: The Office for People WithDevelopmental Disabilities (OPWDD) is providing this document to assist facilities operated and/or certified by OPWDD in the prevention and management of the Coronavirus (also referred to as COVID-19). These guidelines are based on information made available by the New York State Department of Health (NYSDOH) and Centers for Disease Control (CDC) and are accurate as of the date written.

Guidance may change as more becomes known about COVID-19. Please visit the OPWDD website periodically for the most current information at:

https://opwdd.ny.gov/coronavirus-guidance

PLANNING CONSIDERATIONS

A. Clinical Management In OPWDD Facilities

OPWDD will be following the NYS Department of Health (NYSDOH) recommendations and guidance for the management of processes associated with COVID-19 and for the implementation of activity restrictions for individuals exposed to, under investigation for, and/or who have been diagnosed with COVID-19.

The management of **COVID-19** in facilities operated and/or certified by OPWDD is a complex task and can be difficult. Complicating factors include:

- The wide range of residential and program configurations, ranging from apartments and small residences to large residences and day program settings, can increase the risk of exposure to the virus. The number of people in the setting can increase the risk of the virus being transmitted person-to-person or environment-to-person.
- Individuals with multiple pre-existing medical conditions may be at a higher risk for complications of COVID-19. Pulmonary, cardiac, gastrointestinal and neurological conditions are common within programs or settings, with many individuals having two or more such conditions.
- Individuals may be unable to communicate how they are feeling, so it can be difficult to diagnose.
- The level of ability of individuals to participate in respiratory etiquette and other transmission prevention activities can impact the risk of exposure to COVID-19. While some individuals can carry out simple infection control measures, many are unable to participate in any infection control measures or steps to prevent transmission to others.
- Staff frequently provide intimate personal care for the individuals they serve. This close personal contact coupled with the limited ability of individuals to participate in transmission prevention practices places individuals and staff in a “high exposure”

category. Also, just like individuals, staff may have medical conditions that place them at greater risk for complications of COVID-19.

This guidance document establishes a framework to assist staff in preventing, preparing for, responding to, and communicating during an outbreak of COVID-19, to address the above concerns.

B. COVID-19 Outbreak

Outbreaks of COVID-19 can occur in any setting, however, are likely to be more common in congregate living environments and healthcare settings where individuals who are older or have chronic health problems reside or attend day programs. Rapid identification and intervention are essential components of controlling a COVID-19 outbreak.

Should community COVID-19 activity increase, agencies are expected to immediately begin active surveillance for symptoms of COVID-19 in individuals served. Staff should receive education about monitoring for COVID-19 and promptly report signs/symptoms to agency nursing staff. Individuals with signs/symptoms of COVID-19 need to be immediately reported to the local department of health (LDH) for medical evaluation and testing.

PREVENTION / RISK REDUCTION

Preventing transmission of COVID-19 within OPWDD settings requires a multi-faceted approach. Spread of COVID-19 can occur among individuals, staff, and visitors through contact with persons in the household, program setting, work setting or community who have been exposed or who are diagnosed with COVID-19. Core prevention strategies include, but are not limited to:

- Education of staff and individuals to the extent possible on key aspects of prevention, including the importance of adherence to infection prevention practices for all individual care activities; and
- Implementing environmental and infection control measures.

A. Education of Staff and Individuals

All direct support and clinical staff are required to be educated and trained on infection control in preventing transmission from contagious diseases, including adherence to hand hygiene and respiratory etiquette. Providers should ensure that all training requirements are up to date.

Staff already receive training on:

- Infection control, including essential infection control techniques, basic standard precautions and proper use of personal protective equipment,
- Environmental cleaning,
- Review of activity restrictions, isolation and quarantine,
- Signs, symptoms and risk factors that increase the potential for disease transmission.

Refresher trainings will be offered to all staff through the Statewide Learning Management System (SLMS).

To address COVID-19 Infection Control concerns, additional guidance is offered through NYSDOH Website: https://health.ny.gov/diseases/communicable/coronavirus/ .

Additionally, direct support staff should assist the individuals they support in building awareness around good hand hygiene and respiratory etiquette.

B. Cleaning and Environmental Measures

The following cleaning and disinfection practices and environmental measures are recommended by DOH in their Guidance Document for Cleaning and Disinfection for Non-Healthcare Settings where Individuals Under Movement Restriction for COVID-19 are Staying.

Cleaning and Disinfection

Each shift should perform targeted cleaning and disinfection of frequently touched hard, non-porous surfaces, such as counters, appliance surfaces, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, remote controls, bedside tables, and any other surfaces that are visibly soiled.

1. **Cleaning:** Always clean surfaces prior to use of disinfectants. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. Clean surfaces using water and soap or detergent to reduce soil and remove germs. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure effective use.
2. **Disinfection:** If EPA- and DEC*-registered products specifically labeled for SARS-CoV-2 are not available, disinfect surfaces using a disinfectant labeled to be effective against rhinovirus and/or human coronavirus. EPA- and DEC*- registered disinfectants specifically labeled as effective against SARS-CoV-2 may become commercially available at a future time and once available, those products should be used for targeted disinfection of frequently touched surfaces.
   - ☐ 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,” any leftover cleaning fluids are to be wiped and discarded after use.
   - ☐ For disinfectants that come in concentrated forms, it is important to carefully follow instructions for making the diluted concentration needed to effectively kill the target virus. This information can be found on the product label.

Staff are reminded to ensure procedures for safe and effective use of all products are followed. Safety instructions are listed on product labels and include the personal protective equipment (e.g., gloves) that should be used.

3. Wash all bedding/linens. Wash and dry with the warmest temperatures recommended on the fabric label and follow detergent label and instructions for use.
4. Facility staff do not need to wear respiratory protection while cleaning. Staff should wear disposable gloves while handling potentially soiled items/bedding and while cleaning and disinfecting surfaces. Place all used gloves and other disposable contaminated items in a bag that can be tied closed before disposing of them with other waste.
5. Wash hands with soap and water for at least 20 seconds immediately after removing gloves or use an alcohol-based hand sanitizer if soap and water are not available. Soap and water should be used if hands are visibly soiled.
6. Ensure waste baskets available and visible. Make sure wastebaskets are emptied on a regular basis. Persons emptying waste baskets should wear gloves to do so and dispose of the gloves immediately.

Source: NYS Department of Health Guidance Document entitled “Interim Guidance for Cleaning and Disinfection for Non-Healthcare Settings Where Individuals Under Movement Restriction for COVID-19 are Staying”
https://www.health.ny.gov/diseases/communicable/coronavirus/docs/cleaning_guidance_non-healthcare_settings.pdf

Environmental Measures

1. Bathrooms are to be kept in good condition and cleaned on a regular schedule with cleaners and/or disinfectants.
2. Soap and paper towels are always to be available in bathrooms.
3. Shower/bathe individuals who are not presenting with symptoms first and then shower/bathe individuals who are suspected or confirmed last.
4. Clean showers and bathtubs well with disinfectant between individuals.
5. Ventilation may help reduce transmission. Open windows and use fans when practical and keep ventilation systems and filters clean.
6. Soiled clothing and linens (such as bed sheets and towels) should be washed by using household laundry soap and tumbled dry on a hot setting. 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. Gowns can be worn to avoid contamination. Individuals and/or staff should wash their hands with soap and water or alcohol-based hand sanitizer immediately after handling dirty laundry.
7. 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.

C. Minimize Potential Exposures

A range of practices can be used to minimize exposure at residences, programs and other congregate settings.

1. Effective immediately, suspend all visitation to the residential setting except when medically necessary (i.e., visitor is essential to the care of the patient or is providing support in imminent end-of-life situation). The duration and number of visits should be minimized. Visitors should wear a facemask while in the facility and should be allowed only in the individuals room. Facilities must provide other methods to meet the social and emotional needs of individuals, such as video calls. Facilities shall post signage notifying the public of the suspension of visitation and proactively notify family members of the invidiudals we support.

2. Screen all staff. Please see “Staff Guidance for the Management of Coronavirus in Facilities or Programs Operated and/or Certified by OPWDD.”

GENERAL RECOMMENDATIONS FOR COVID-19 PREPAREDNESS

The following COVID-19 preparedness actions are required to be implemented by all DDSOOs/Voluntary Provider Agencies operated or certified by OPWDD. This list of required

activities is intended to ensure a baseline level of preparedness across our system of care so that we can provide enhanced actions depending upon the needs of specific individuals, families, agencies or localities. These required actions may be enhanced by specific recommendations by health care providers, local health departments or the New York State Department of Health. In addition, general guidance is subject to change. We encourage all DDSOOs/Voluntary Provider Agencies to continue to monitor NYSDOH and CDC websites for additional information available to address this evolving COVID-19 pandemic.

A. Agency Preparedness

1. Training:

   i. All DDSOOs/Voluntary Provider Agencies must immediately provide refresher training to all staff on essential Infection Control techniques and prevention. In the event that DDSOOs/Voluntary Provider Agencies do not have an Infection Control Nurse, the Clinical Director or lead clinician *(if applicable)* should designate who will provide this training. This training should include, 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.

   ii. Equipment and Supplies:

   - Ensure each group home/program has a sufficient supply of personal care supplies (i.e., soap, shampoo and hand sanitizer), as well as, laundry detergent and cleaning/disinfecting supplies.
   - Ensure all first aid kits are fully stocked.
   - Ensure each group home/program has at least a two weeks supply of personal protective equipment, such as gloves, gowns, surgical masks and surgical facemasks with a shield.
   - Ensure each group home/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.

   iii. Anticipatory Client Protections:

   - Speak to the dispensing pharmacy for the group home/program to be sure the program is able to receive delivery’s and discuss how this might need to temporarily change if there is a need to restrict the activity/movement of individuals in that group home/program.
   - Ensure there is a sufficient supply for those individuals who utilize supplies such as lancets, strips utilized for glucometers, tube feeding supplies, ensure,

chux, and/or ostomy supplies as applicable. Consider reaching out to vendors to determine if there are any concerns with obtaining needed medical supplies. Ensure there is enough food in the group home/program. Stock up on non-perishables. Ensure that any stocked foods will be able to meet the needs of any individuals with dietary modifications (i.e., foods that will be able to be cut to size).

- Contact the primary care provider in order to learn how their practice will manage visits for individuals with symptoms of COVID-19. Some practices have implemented spcial procedures (i.e.telephone triage, direct referral to Local Health Department for testing) to manage COVID-19 concerns separate from general helth concerns.

iv. Client Supervision and Activities:

- It is important that all staff are aware that regardless of the level of quarantine or isolation required, the supervision levels of the individuals we support must continue to be maintained in accordance with their Life Plan. Additionally, staff may need to implement an enhanced supervision level for an individual who may not have already had one. For example, if an individual is exposed to COVID-19 and is required to be quarantined or isolated in an enclosed room, he/she may require enhanced staffing/supervision.
- Plan for activities that can be done within the home with individuals.
- For those individuals who have family involvement, consider whether the individual may be able to go on a home visit during times of potential staffing shortages.

B. Identification of People at High Risk for Developing COVID-19 Related Complications

Facilities are expected to identify individuals who may be at risk for complications of COVID-19. Identifying such individuals at present, and in advance of onset of symptoms, is necessary 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)

RESOURCES

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

https://www.health.ny.gov/diseases/communicable/coronavirus/

https://www.cdc.gov/coronavirus/2019-ncov/index.html

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html#collapse_31135e5a9a0a20319

NYS Department of Health – Local Department of Health Contact List

For Personnel Employed by OPWDD: If you have any questions or concerns, or require assistance in implementing these management strategies, please feel free to contact the **Infection Control Officer** at the appropriate DDSOO.

OPWDD Guidelines for Implementation of Quarantine and/or Isolation Measures at State-Owned and Voluntary Providers in Congregate Settings

March 11, 2020

Purpose: The Office for People With Developmental Disabilities (OPWDD) is providing guidance to caregivers, families, and State/Voluntary provider agencies which provide services or support to individuals with intellectual and developmental disabilities (I/DD). This document is intended to provide OPWDD-specific clarification and supplemental information to what is contained in the "2019 Novel Coronavirus (COVID-19) Interim Containment Guidance: Precautionary Quarantine, Mandatory Quarantine and Mandatory Isolation Applicable to all Local Health Department (LHD)" (hereafter referred to as the "Interim Containment Guidance").

These guidelines are based on information made available by the New York State Department of Health (NYSDOH) and Centers for Disease Control (CDC). These source documents, and OPWDD's reliance upon them, were effective as of the above date. Please visit NYS DOH and/or CDC's websites periodically for the most current information on coronavirus (COVID-19).

This document focuses on actions to be taken to address prevention and preparedness, recommendations for quarantine and isolation approaches per NYSDOH guidelines, and reporting and notification.

I. Agency Preparedness and Prevention

Emphasis will be placed on training of staff, infection control procedures, and cleaning and disinfection recommendations, in order to reduce the risk associated with transmission of coronavirus (COVID-19).

A. Education of Staff and Individuals:

All direct support and clinical staff are required to be educated and trained on infection control in preventing transmission from contagious diseases, including adherence to hand hygiene and respiratory etiquette. Providers should ensure that all training requirements are up to date.

Staff already receive training on:

1. Infection control including essential infection control techniques, basic standard precautions and proper use of personal protective equipment
2. Environmental cleaning
3. Review of activity restrictions and isolation
4. Signs, symptoms and risk factors that increase the potential for disease transmission.

Refresher trainings will be offered to all staff through the Statewide Learning Management System (SLMS).

To address COVID-19 Infection Control concerns, additional guidance is offered through NYSDOH Website: https://health.ny.gov/diseases/communicable/coronavirus/.

Additionally, direct support staff will assist the individuals they support in building awareness around good hand hygiene and respiratory etiquette.

B. General infection control procedures (personal behaviors):

The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases. Agencies are expected to implement the following preventive actions in all care settings.

Prevention Actions

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using a surgical facemask.
  - CDC does not recommend that people who are well wear a surgical facemask to protect themselves from respiratory diseases, including COVID-19.
  - Surgical facemasks should be used by people who have had proximate or close exposure, or who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of surgical facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
  - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

Source: Centers for Disease Control and Prevention (CDC) – Prevention and Treatment: https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html

C. Environmental Cleaning and Disinfection:

The coronavirus (COVID-19) spread by respiratory secretions (coughing or sneezing) may remain on surfaces and transmit infection for an unknown period of time. Agencies supporting individuals in quarantine and/or isolation must maintain a safe environment through Environmental Cleaning and Disinfection.

Cleaning and disinfection procedures are outlined in the box below for ease of reference.

All agencies serving individuals who are **subject to quarantine and/or isolation from COVID-19** should refer to ***Section IV: Reporting and Notification Requirements for OPWDD Providers*** for more direction on case reporting.

Environmental Cleaning and Disinfection

Each shift should perform targeted cleaning and disinfection of frequently touched hard, non-porous surfaces, such as counters, appliance surfaces, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, remote controls, bedside tables, and any other surfaces that are visibly soiled.

1. **Cleaning:** Always clean surfaces prior to use of disinfectants. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. Clean surfaces using water and soap or detergent to reduce soil and remove germs. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure effective use.
2. **Disinfection:** If EPA- and DEC*-registered products specifically labeled for SARS-CoV-2 are not available, disinfect surfaces using a disinfectant labeled to be effective against rhinovirus and/or human coronavirus. EPA- and DEC*- registered disinfectants specifically labeled as effective against SARS-CoV-2 may become commercially available at a future time and once available, those products should be used for targeted disinfection of frequently touched surfaces.

   ☐ 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,” any leftover cleaning fluids are to be wiped and discarded after use.

   ☐ For disinfectants that come in concentrated forms, it is important to carefully follow instructions for making the diluted concentration needed to effectively kill the target virus. This information can be found on the product label.

Staff are reminded to ensure procedures for safe and effective use of all products are followed. Safety instructions are listed on product labels and include the personal protective equipment (e.g., gloves) that should be used.

3. Wash all bedding/linens. Wash and dry with the warmest temperatures recommended on the fabric label and follow detergent label and instructions for use.
4. Facility staff do not need to wear respiratory protection while cleaning. Staff should wear disposable gloves while handling potentially soiled items/bedding and while cleaning and disinfecting surfaces. Place all used gloves and other disposable contaminated items in a bag that can be tied closed before disposing of them with other waste.
5. Wash hands with soap and water for at least 20 seconds immediately after removing gloves or use an alcohol-based hand sanitizer if soap and water are not available. Soap and water should be used if hands are visibly soiled.
6. Ensure waste baskets available and visible. Make sure wastebaskets are emptied on a regular basis. Persons emptying waste baskets should wear gloves to do so and dispose of the gloves immediately.

Source: NYS Department of Health Guidance Document entitled “Interim Guidance for Cleaning and Disinfection for Non-Healthcare Settings Where Individuals Under Movement Restriction for COVID-19 are Staying”
https://www.health.ny.gov/diseases/communicable/coronavirus/docs/cleaning_guidance_non-healthcare_settings.pdf

II. Quarantine and Isolation Status[1]

Prior to the implementation of mandatory quarantine or mandatory isolation, **LHDs must assess** the setting 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.

If the home is not safe to avoid transmission, the **LHD must identify** a safe place for the exposed contact and/or their household members to live during the monitoring period or until the home is safe.

OPWDD will follow the LHD's procedures outlined in the implementation of mandatory quarantine or mandatory isolation. The three (3) categories listed below describe the criteria that LHDs will use in implementing quarantine and/or isolation measures.

A. Precautionary Quarantine

Person meets one or more of the following criteria:

1. Has traveled to China, Iran, Japan, South Korea or Italy while COVID-19 was prevalent, but is not displaying symptoms; or
2. Is known to have had a proximate exposure to a positive person but has not had direct contact with a positive person and is not displaying symptoms. In addition, any person the LHD believes should be quarantined, not addressed here, the LHD should contact NYS DOH.

B. Required Mandatory Quarantine

Person meets one or more of the following criteria:

1. Has been within close contact (6 ft.) with someone who is positive, but is not displaying symptoms for COVID-19; or
2. Has traveled to China, Iran, Japan, South Korea or Italy and is displaying symptoms of COVID-19.

C. Required Mandatory Isolation

Person meets one or more of the following criteria:

1. Has tested positive for COVID-19, whether or not displaying symptoms for COVID-19.
2. LHDs must immediately issue an order for Mandatory Quarantine or Isolation once notified, which shall be served on the person impacted.

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[1] *Source: NYS Department of Health Guidance Document entitled "2019 Novel Coronavirus (COVID-19) Interim Containment Guidance: Precautionary Quarantine, Mandatory Quarantine and Mandatory Isolation Applicable to all Local Health Departments (LHD)".*
https://www.health.ny.gov/diseases/communicable/coronavirus/docs/quarantine_guidance.pdf

III. Quarantine and/or Isolation Considerations for Individuals with I/DD

The successful management of individuals in quarantine and/or isolation relies upon close coordination between LHDs, OPWDD, the individual and their caregivers.

A. Agency Responsibility - Assessing Personal Needs

The hallmark of services and supports for individuals with I/DD is interdisciplinary service planning and treatment. Treatment teams should meet to assess and discuss the needs of each individual in their care, based on their individual Life Plans. Considerations should be made to determine how the needs of the individual can be met during the conditions of quarantine and/or isolation. This may include but is not limited to the following:

- Restriction of Activity,
- Extension of Activity Restriction, and
- Modification of Activity Restriction.

Assessing Personal Needs

In addition to ensuring that shelter requirements are met, providers must also continue to ensure that social, medical and mental health needs are met, including but not limited to the following:

- ☐ Provision of basic needs like food, shelter, medications and laundry.
- ☐ Mental health, faith-based, and social service needs and resources to help pass the time while isolated or quarantined. These services must be culturally and linguistically appropriate.
- ☐ Assistance in accessing television, movies, radio, board/card games, or books.
- ☐ Communication needs (e.g. working cellular phone, internet, etc.).
- ☐ Provision of supplies needed for personal hygiene.
- ☐ Support needs, including but not limited to family members, friends, and pets. Persons under mandatory isolation or mandatory quarantine can walk outside their house on their own property, but they must not come within six feet of neighbors or other members of the public. Persons living in a multiple dwelling building may not utilize common stairways or elevators to access the outside. Likewise, these individuals must refrain from walking in their neighborhood.

Source: NYS Department of Health Guidance Document entitled "2019 Novel Coronavirus (COVID-19) Interim Containment Guidance: Precautionary Quarantine, Mandatory Quarantine and Mandatory Isolation Applicable to all Local Health Departments (LHD)".
https://www.health.ny.gov/diseases/communicable/coronavirus/docs/quarantine_guida

B. LHD Responsibility – Create an Action Plan

The **LHD must create an action plan** for what to do if a quarantined person should become ill. LHDs must plan for immediate transfer from the home and isolation to reduce the risk of infecting other household members. The action plan must further address, at a minimum:

LHD Action Plan

- ☐ How the individual would get to an appropriate healthcare provider or facility for medical evaluation. The provider or facility must be able to implement appropriate infection control and obtain specimens.
- ☐ What hospital should receive the individual.
- ☐ Who the person or care giver should notify first: In an emergency, call 911. For a non-emergency, the LHD must be called first, who shall contact the State Department of Health.
- ☐ The LHD should notify the EMS provider and hospital in advance. When working with EMS providers and hospitals that may be involved in the ill individual's transport and care, LHDs must make sure that key individuals ("decision makers") are aware in advance **AND** that front line staff (e.g. infection control, emergency department, EMS dispatch) are alerted as soon as possible after activating the plan. Therefore, unless a medical emergency exists (in which case 911 should be called), the LHD must facilitate the rapid implementation of the action plan.

Source: NYS Department of Health Guidance Document entitled "2019 Novel Coronavirus (COVID-19) Interim Containment Guidance: Precautionary Quarantine, Mandatory Quarantine and Mandatory Isolation Applicable to all Local Health Departments (LHD)". https://www.health.ny.gov/diseases/communicable/coronavirus/docs/quarantine_guidance.pdf

IV. Reporting and Notification Requirements for OPWDD Providers

1. Individual Confirmed for a Quarantine and/or Isolation Order from COVID-19

All providers of OPWDD funded, certified, or operated programs are required to immediately notify the OPWDD Incident Management Unit (IMU) of any quarantine and/or isolation orders served by their LHD regarding an individual served by their program. The reporting process is outlined below:

a. Between the hours of 8 am and 4 pm (Regular Business Hours), Monday through Friday, **and not a NYS holiday** - Contact the appropriate Incident Compliance Officer assigned to your region, by calling 518-473-7032.

b. After 4 pm Monday through Friday, 24 hours a day on weekends and on NYS holidays - Call the OPWDD Off Hours Incident Notification phone line at 1-888-479-6763.

c. Within 24 hours, enter a report into the OPWDD Incident Report and Management Application (IRMA).

2. Requests for Assistance

Providers should contact OPWDD for assistance if there are any challenges associated with the following:

- Shelter Requirements for quarantine and/or isolation
- Training issues
- Procuring Personal Protective Equipment (PPE), Cleaning & Disinfection Products or other supplies and/or materials.

If you are a Voluntary Provider and are unable to procure required PPE and/or Cleaning & Disinfection products, contact your local County Office of Emergency Management (OEM) to request assistance.

Attachment C

Revised Staffing Guidance For Management of COVID-19

NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

July 29, 2020
Revised: November 10, 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," October 23, 2020 "Interim COVID-19 Guidance: Designated Cluster Mitigation and Oversight," the NYDOH October 23, 2020 "Health Advisory All Residential Congregate Facilities" and the OPWDD October 28, 2020 "COVID-19: Interim Visitation Guidance for Certified 'Supportive' 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 that is NOT a contiguous state, for longer than 24 hours, within the past 14 days? Guidance may be found at: https://coronavirus.health.ny.gov/covid-19-travel-advisory

If yes, please contact your supervisor or human resources officer from a remote location to discuss return to work.

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 on November 10, 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 work setting.
  - 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 thefacemask.
  - 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 asneeded.
  - 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 fittesting.
  - 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 carearea.
  - Reusable eye protection (e.g., goggles) must be cleaned and disinfected according tomanufacturer'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 carearea.
  - 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.

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

EAST END DISABILITY ASSOCIATES, INC.
EEDA
Creating Opportunities for Happy Lives!

To: All EEDA Staff

From: Lisa Meyer Fertal, CEO

Date: March 09, 2020

RE: COVID-19 Virus

EEDA takes seriously, the health and safety of our staff and program participants. With the presence of COVID-19 Virus, EEDA is implementing a plan with direction from the Department of Health and Office for Persons with Developmental Disabilities. We are taking the following steps immediately:

- Educating our staff to know the Signs/Symptoms of the COVID-19 which includes:
  - Fever
  - Cough
  - Shortness of Breath
  - Fatigue/Tired
  - Sore Throat
  - Headache
  - Diarrhea/Nausea

- Instructing all staff to view the COVID-19 training in EEDA's Relias Electronic Leaning Management System.

- EEDA is communicating our strategies with all families and service providers stressing the people we support are not permitted to attend programs/receive services if they are presenting symptoms of COVID-19.

- Instructing staff to contact the EEDA Nurse on-call immediately if a program participant presents with COVID-19 symptoms.

- Instructing staff members and volunteers to STAY HOME if they present with any COVID-19 signs/symptoms.

- Instructing staff to contact their supervisor immediately if they have signs/symptoms of COVID-19.

- Requesting management to send home any staff or program participant that comes to an EEDA site with COVID-19 signs/symptoms.

- Instructing all staff to practice handwashing and assist those they are supporting to wash their hands at regular intervals. Handwashing instructions will be hung in every handwashing location.

- Ensuring soap dispensers and soap are available in all bathroom and kitchen locations throughout EEDA.

- Ensuring Purell dispensers are hung at every location.

- All worksites and vans must be wiped down every shift with EEDA approved and provided disinfectant.

- Distributing ***Stop the Spread of Germs*** Posters to be given to all Program Coordinators and Managers for display at every location.

- All EEDA locations will have an advisory poster sponsored by the New York State Department of Health on the front door asking that anyone sick not enter the location.

- EEDA will not be participating in any non-essential meetings and we ask for full cooperation from staff and consumers to refrain from large community events.

EEDA will provide any additional information as warranted by the Department of Health and/or OPWDD. Thank you in advance for your cooperation. Be assured EEDA leadership is taking the COVID-19 very seriously and will continue to monitor the situation and respond as necessary.

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DATE: April 2, 2020

TO: All Healthcare Settings

FROM: NYSDOH Bureau of Healthcare Associated Infections (BHAI)

Health Advisory:
Options when Personal Protective Equipment (PPE) is in Short Supply or Not Available

Please distribute immediately to:
Administrators, Infection Preventionists, Medical Directors, and Nursing Directors

Healthcare entities should continue to submit requests for PPE through their local Office of Emergency Management. New York State continues to fulfill requests for PPE, as available. However, NYSDOH has become aware of instances in which healthcare providers, facilities, or practices are using or considering alternative means to manage PPE shortages, such as:

- Use of dubious means to attempt to disinfect N95 respirators or facemasks (e.g. putting them in the dishwasher).
- Use of a ventilator circuit filter attached to a disposable anesthesia facemask and strapped to the face in place of an N95 respirator.
- Use of homemade cloth masks.

If all efforts to obtain PPE through vendors and local Office of Emergency Management are exhausted or unsuccessful, healthcare providers should refer to the CDC guidance entitled "Strategies for Optimizing the Supply of PPE" (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html). Conventional, then contingency, then crisis capacity strategies should be used in that order, as feasible. Many of the options from the CDC guidance document are summarized below.

For general guidance on the use of PPE in healthcare settings, please refer to CDC guidance entitled "Healthcare Supply of Personal Protective Equipment" (https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe-index.html).

Facilities and providers need to plan and prepare now for the unavailability of PPE. Facilities and providers implementing crisis strategies should document their inability to follow conventional or contingency strategies and, if possible, develop written protocols that maximize the safety of patients and healthcare personnel (HCP).

Recommendations when PPE is in Short Supply or Not Available

These contingency and crisis recommendations are based on the CDC guidance and assume that conventional capacity strategies are no longer possible. Although they have been listed in priority order, safety evidence is lacking, and facilities may need to deviate based on feasibility.

General

1. The CDC has provided a "PPE Burn Rate Calculator" that can be used to plan and optimize the use of PPE in this public health emergency (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html).
2. If acceptable to the HCP involved, consider preferentially assigning HCP who have recovered from COVID-19 to care for COVID-19 patients. According to the CDC, "[i]ndividuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed."
3. If acceptable to the HCP involved, when possible, assign HCP at higher risk of severe COVID-19 disease to care for patients not suspected of having COVID-19.

Eye Protection

1. Implement extended use of eye protection. Wear the same eye protection for multiple patients. Change only when soiled or damaged.
2. Use non-disposable, re-usable goggles or face shields. Using CDC or NYSDOH accepted protocols, clean and disinfect the goggle or face shields between uses.
3. Use non-medical or medical safety glasses ("trauma glasses") that cover the sides of the eyes.
4. Reprocess disposable eye protection for re-use. If there are no manufacturer's instructions, use instructions suggested by CDC:
    a) While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles, using a clean cloth saturated with neutral detergent solution or cleaner wipe.
    b) Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
    c) Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
    d) Fully dry (air dry or use clean absorbent towels).
    e) Remove gloves and perform hand hygiene.
5. For further information, consult the CDC guidance entitled "Strategies for Optimizing the Supply of Eye Protection" (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html).

Gowns

1. Restrict sterile surgical gowns to use during surgeries and sterile procedures.
2. Use coveralls, if available.
3. Use gowns and coveralls approved in other countries.
4. Implement extended use of gowns or coveralls for cohorted patients with COVID-19. Similarly, implement extended use of gowns or coveralls for patients without symptoms of COVID-19. Change gowns or coveralls only when soiled, wet, or after interacting with a patient or resident with other transmissible diagnoses (e.g. *Clostridioides difficile*, targeted multidrug-resistant organisms, *Candida auris*).
5. Use cloth isolation gowns that can be laundered.
6. Re-use gowns with no visible soiling for care of patients with COVID-19.
7. Prioritize gowns for aerosol-generating procedures, activities possibly involving splashes or sprays, high-contact activities, and for the care of patients with non-COVID-19 transmissible diagnoses (e.g. *Clostridioides difficile*, multidrug-resistant organisms, *Candida auris*).
8. Use other items of clothing, such as disposable laboratory coats, cloth patient gowns, cloth laboratory coats, disposable aprons, or combinations thereof.
9. For further information, consult the CDC guidance entitled "Strategies for Optimizing the Supply of Isolation Gowns" (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html).

Facemasks

1. Implement extended use of facemasks. Wear the same facemask for multiple patients with confirmed COVID-19 without removing between patients. Change only when soiled, wet, or damaged and per facility-developed policies. Do not touch the facemask.
2. Use expired facemasks.
3. Prioritize facemasks for HCP rather than as source control for patients. Have patients use tissues or similar barriers to cover their mouth and nose.
4. Implement limited re-use of facemasks. Do not touch outer surface of facemask, fold so outer surface is inward, assign to a single HCP, and store in a breathable container between uses. Always perform hand hygiene immediately after touching the facemask.
5. If available, use portable HEPA filters or ventilated headboards to decrease risk to HCP without adequate respiratory protection.
6. Prioritize facemasks for surgeries and sterile procedures, when splashes or sprays are anticipated, with prolonged close contact with a potentially infectious patient, and (if respirators not available) for aerosol-generating procedures or similar procedures with potential for uncontrolled respiratory secretions.
7. Use a face shield covering the entire front and sides of the face.
8. Use of cloth masks or other homemade masks (e.g. bandanas, scarves) for HCP is not recommended. If used, they should be used with a face shield. (See MacIntyre et al. "A cluster randomised trial of cloth masks compared with medical masks in healthcare workers" at https://www.ncbi.nlm.nih.gov/pubmed/25903751.) It is unknown whether cloth masks provide effective source control for infectious patients.
9. For further information, consult the CDC guidance entitled "Strategies for Optimizing the Supply of Facemasks" (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html).

N95 Respirators

1. Implement extended use of N95 respirators. Wear the same respirator for multiple patients without removing between patients. Change only when soiled, wet, damaged, or difficult to breathe through. Do not touch the respirator.
2. Implement limited re-use for patients with tuberculosis, for which contact transmission is not a concern. Assign to a single HCP and store in a breathable container between uses.
3. Use expired N95 respirators; refer to CDC guidance entitled "Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response" (https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html).
4. Use respirators approved in other countries; refer to CDC guidance entitled "Strategies for Optimizing the Supply of N95 Respirators: Crisis/Alternate Strategies" (https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html) and Food and Drug Administration (FDA) guidance entitled " Stakeholders for Non-NIOSH-Approved Imported FFRs" (https://www.fda.gov/media/136403/download).
5. Implement limited re-use for patients with COVID-19, if possible with decontamination between uses; refer to FDA guidance entitled "Personal Protective Equipment Emergency Use Authorization" (https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ppe). In addition to the approved method, refer to CDC guidance entitled "Decontamination and Reuse of Filtering Facepiece Respirators using Contingency and Crisis Capacity Strategies" (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html). If not decontaminated, an important risk is that 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 people. 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 HCP and store in a breathable container 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" (https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html).

6. Prioritize use of N95 respirators to higher risk activities; refer to table entitled "Prioritize the use of N95 respirators and facemasks by activity type" (https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html).
7. If available, use portable HEPA filters or ventilated headboards to decrease risk to HCP without adequate respiratory protection.

Notes:

1. *Use facemasks in healthcare settings where N95 respirators are not available or staff are not fit tested. Avoid aerosol-generating procedures.*
2. *When supplies are very low, reserve remaining N95 respirators for high-risk activities, such as aerosol-generating procedures.*
3. *Before resorting to the above contingency and crisis strategies, use conventional strategies such as:*
   - *Use of standard N95 respirators (i.e. non-surgical, non-medical, industrial N95s).*
   - *Use with a face shield if exposure to high velocity splashes or sprays is anticipated.*
   - *Avoid in surgical settings unless no other options exist, then use with a face shield. N95 respirators with an exhalation valve protect the wearer, but do not filter the wearer's breath and therefore do not protect a sterile field.*
   - *For further information, refer to CDC guidance entitled "Use of alternatives to N95 respirators" (https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/conventional-capacity-strategies.html).*

Homemade equipment should not be considered PPE, and the efficacy or possible harm of using such equipment is unknown. Ideally, use of unapproved equipment or experimental methods of disinfection should be limited to use for clinical studies that have been approved by an Institutional Review Board. Studies, such as these, may evaluate ways to expand the safe use of PPE and/or enhance healthcare personnel and patient safety in this crisis situation. However, use of unapproved equipment or experimental methods outside approved studies should be limited to situations in which the immediate lack of PPE is judged to result in safety risks greater than those potentially resulting from using unapproved equipment or methods.

General questions or comments about this advisory can be sent to icp@health.ny.gov.

Additional Information

New York State Department of Health COVID-19 Webpage
https://coronavirus.health.ny.gov/

United States Centers for Disease Control and Prevention COVID-19 Webpage
https://www.cdc.gov/coronavirus/2019-nCoV/index.html

EAST END DISABILITY ASSOCIATES, INC.
EEDA
Creating Opportunities for Happy Lives

April 16, 2020

Dear Family Members and Caregivers,

To mitigate the spread of COVID-19, and for the safety of your loved one, EEDA is extending closure of the following programs until May 15th, 2020, though we anticipate further extensions in the future:

Day Habilitation Programs
Adult Socialization Program
Pre-Voc and SEMP Employment Programs
Children's Saturday Program
Children's Vacation Program
Overnight Respite Services

EEDA will continue to support everyone who lives in our residences. For their protection, no visitation will be allowed from non-essential EEDA staff, unfortunately, this includes family and friends.

Community Habilitation services will be limited to individuals who self-direct their services and individuals living alone in the community.

Programs will remain closed through May 15th, 2020. EEDA will then reassess the situation with the guidance from the Office for People With Developmental Disabilities and the Centers for Disease Control and Prevention and update you as information becomes available. EEDA will also post updates on our website at www.eed-a.org.

Thank you for your cooperation during this difficult time. Please stay safe and healthy. We know how hard this is and we are doing the best we can to protect your loved one and all EEDA staff.

Sincerely Yours,

Lisa Meyer Fertal

Lisa Meyer Fertal
Chief Executive Officer

Attachment G

EEDA — East End Disability Associates, Inc.

Creating Opportunities for Happy Lives!

Health Screening for Staff and Visitors

For the Health and Safety of our employees and visitors, we are conducting health checks of all staff and visitors upon entry to the building. All staff and visitors wanting to enter the building MUST complete the following health screen **DAILY, UPON ENTRY** for fever, cough, or shortness of breath. All findings must be documented below and signed. Any person with **temperature over 100.0** or signs and symptoms of COVID-like illness should **immediately report to their supervisor** and will NOT be given access to the building. **If you answer yes to any of the questions below, you must notify your supervisor immediately.** All those entering the building must use hand sanitizer prior to entry to any office.

Month: ______________, 2021

Date	Time	Temp	Cough?	Shortness of breath?	Exposed to anyone COVID within last 72 hrs?	Traveled from one of the restricted states with significant community spread.	Please **PRINT** your name
			Yes or No	Yes or No	Yes or No	Yes or No	
			Yes or No	Yes or No	Yes or No	Yes or No	
			Yes or No	Yes or No	Yes or No	Yes or No	
			Yes or No	Yes or No	Yes or No	Yes or No	
			Yes or No	Yes or No	Yes or No	Yes or No	
			Yes or No	Yes or No	Yes or No	Yes or No	
			Yes or No	Yes or No	Yes or No	Yes or No	
			Yes or No	Yes or No	Yes or No	Yes or No	
			Yes or No	Yes or No	Yes or No	Yes or No	
			Yes or No	Yes or No	Yes or No	Yes or No	
			Yes or No	Yes or No	Yes or No	Yes or No	
			Yes or No	Yes or No	Yes or No	Yes or No	
			Yes or No	Yes or No	Yes or No	Yes or No	
			Yes or No	Yes or No	Yes or No	Yes or No	
			Yes or No	Yes or No	Yes or No	Yes or No	

107 ROANOKE AVENUE • RIVERHEAD, NY 11901 • (631) 369-7345 • www.eed-a.org

Post-Fever COVID 19 Physical Signs/Symptoms Checklist

_____is/has been showing the following signs/symptoms which should remain followed closely for any changes that warrant further or treatment.

***This form will be completed for 14 days following the identification of fever. If there is a NEW YES identified from the previous day, the RN will be notified immediately.*

Date of First Fever: _____ First Fever Temp: _____

Day 1: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____
	_____
	_____

Day 2: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____
	_____
	_____

Day 3: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing Yes___ No___ Wheezing Yes___ No___ Coughing Yes___ No___ Trouble breathing Yes___ No___ Vomiting Yes___ No___ Diarrhea Yes___ No___ Constipation Yes___ No___ Chronic fatigue, tires easily, sleepiness Yes___ No___ Urine incontinence, retention Yes___ No___ Headaches	Yes___ No___ Any muscle aches or weakness Yes___ No___ Any Complaint of Pain Yes___ No___ Change in sleep pattern Yes___ No___ Change in appetite, eating Yes___ No___ Sweating Yes___ No___ Clammy Yes___ No___ Warm to the touch Yes___ No___ Cold to the touch Yes___ No___ Any changes in behavior? Explain. _____ _____ _____ _____

Day 4: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing Yes___ No___ Wheezing Yes___ No___ Coughing Yes___ No___ Trouble breathing Yes___ No___ Vomiting Yes___ No___ Diarrhea Yes___ No___ Constipation Yes___ No___ Chronic fatigue, tires easily, sleepiness Yes___ No___ Urine incontinence, retention Yes___ No___ Headaches	Yes___ No___ Any muscle aches or weakness Yes___ No___ Any Complaint of Pain Yes___ No___ Change in sleep pattern Yes___ No___ Change in appetite, eating Yes___ No___ Sweating Yes___ No___ Clammy Yes___ No___ Warm to the touch Yes___ No___ Cold to the touch Yes___ No___ Any changes in behavior? Explain. _____ _____ _____ _____

Day 5: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing Yes___ No___ Wheezing Yes___ No___ Coughing Yes___ No___ Trouble breathing Yes___ No___ Vomiting Yes___ No___ Diarrhea Yes___ No___ Constipation Yes___ No___ Chronic fatigue, tires easily, sleepiness Yes___ No___ Urine incontinence, retention Yes___ No___ Headaches	Yes___ No___ Any muscle aches or weakness Yes___ No___ Any Complaint of Pain Yes___ No___ Change in sleep pattern Yes___ No___ Change in appetite, eating Yes___ No___ Sweating Yes___ No___ Clammy Yes___ No___ Warm to the touch Yes___ No___ Cold to the touch Yes___ No___ Any changes in behavior? Explain. _____ _____ _____ _____

Day 6: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing Yes___ No___ Wheezing Yes___ No___ Coughing Yes___ No___ Trouble breathing Yes___ No___ Vomiting Yes___ No___ Diarrhea Yes___ No___ Constipation Yes___ No___ Chronic fatigue, tires easily, sleepiness Yes___ No___ Urine incontinence, retention Yes___ No___ Headaches	Yes___ No___ Any muscle aches or weakness Yes___ No___ Any Complaint of Pain Yes___ No___ Change in sleep pattern Yes___ No___ Change in appetite, eating Yes___ No___ Sweating Yes___ No___ Clammy Yes___ No___ Warm to the touch Yes___ No___ Cold to the touch Yes___ No___ Any changes in behavior? Explain. _____ _____ _____ _____

Day 7: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing Yes___ No___ Wheezing Yes___ No___ Coughing Yes___ No___ Trouble breathing Yes___ No___ Vomiting Yes___ No___ Diarrhea Yes___ No___ Constipation Yes___ No___ Chronic fatigue, tires easily, sleepiness Yes___ No___ Urine incontinence, retention Yes___ No___ Headaches	Yes___ No___ Any muscle aches or weakness Yes___ No___ Any Complaint of Pain Yes___ No___ Change in sleep pattern Yes___ No___ Change in appetite, eating Yes___ No___ Sweating Yes___ No___ Clammy Yes___ No___ Warm to the touch Yes___ No___ Cold to the touch Yes___ No___ Any changes in behavior? Explain. _____ _____ _____ _____

Day 8: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing Yes___ No___ Wheezing Yes___ No___ Coughing Yes___ No___ Trouble breathing Yes___ No___ Vomiting Yes___ No___ Diarrhea Yes___ No___ Constipation Yes___ No___ Chronic fatigue, tires easily, sleepiness Yes___ No___ Urine incontinence, retention Yes___ No___ Headaches	Yes___ No___ Any muscle aches or weakness Yes___ No___ Any Complaint of Pain Yes___ No___ Change in sleep pattern Yes___ No___ Change in appetite, eating Yes___ No___ Sweating Yes___ No___ Clammy Yes___ No___ Warm to the touch Yes___ No___ Cold to the touch Yes___ No___ Any changes in behavior? Explain. _____ _____ _____ _____

Day 9: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____
	_____
	_____

Day 10: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____
	_____
	_____

Day 11: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____
	_____
	_____

Day 12: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____
	_____
	_____

Day 13: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____
	_____
	_____

Day 14: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____
	_____
	_____

Attachment I

NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

March 25, 2020

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs), Individualized Residential Alternatives (IRA), Community Residences (CR), and Private Schools

Health Advisory: Respiratory Illness in Intermediate Care Facilities for Individuals with Intellectual Disabilities, Individualized Residential Alternatives, Community Residences, and Private Schools in Areas of Sustained Community Transmission of COVID-19

Please distribute immediately to:
Administrators, Infection Preventionists, Medical Directors, and Nursing Directors

Recent testing of individuals and healthcare workers/clinicians/direct support professionals of ICF/IIDs, IRAs, CRs, Private Schools, nursing homes and adult care facilities in New York City, Long Island, Westchester and Rockland counties has revealed that symptoms of influenza-like illness are very often determined to be COVID-19 in facilities located in areas with sustained community transmission.

As a result, ANY febrile acute respiratory illness or clusters of acute respiratory illness (whether febrile or not) in ICF/IIDs, IRAs, CRs, and Private Schools in New York City, Long Island, Westchester County, or Rockland County should be **presumed** to be COVID-19 unless diagnostic testing reveals otherwise. Testing of individuals and healthcare workers/clinicians/direct support professionals with suspected COVID-19 is no longer necessary and should not delay implementation of additional infection control actions.

All ICF/IIDs, IRAs, CRs, and Private Schools in areas of the state with sustained community transmission of COVID-19 including New York City, Long Island, Westchester and Rockland with individuals who have febrile acute respiratory illness or with clusters of acute respiratory illness should follow the guidance from OPWDD, issued on March 25, 2020, for Staff Guidance for the Management of Coronavirus (COVID-19) in Facilities or Programs Operated and/or Certified by OPWDD.

ICF/IIDs, IRAs, CRs, and Private Schools outside of these areas should continue to pursue testing of individuals and healthcare workers/clinicians/direct support professionals with suspected COVID-19 to inform control strategies.

Facilities should continue to seek advice from their Local Department of Health as needed.

General questions or comments about this advisory can be sent to Susan Prendergast, OPWDD Director of Nursing and Health Services, at susan.b.prendergast@opwdd.ny.gov

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DATE: April 4, 2020

TO: All Adult Care Facilities and Nursing Homes

Guidance for Resident and Family Communication in Adult Care Facilities (ACFs) and Nursing Homes (NHs)

Please distribute immediately to:
All ACFs and NHs

The Department strongly encourages you to implement a communication protocol for both residents and their families, loved ones, and guardians unable to visit the resident during the COVID-19 pandemic. Best practices to consider when creating a communication protocol include:

For facilities with either a suspected or positive case (resident, staff, or other)

- The same day the facility learns of a suspected or confirmed case of COVID-19, communicate to the residents and residents' families, loved ones, and guardians that an individual who has been in the facility is suspected of having, or has been diagnosed with, COVID-19. Personal identifying information cannot be disclosed in the communication.
- Send an initial letter/email regarding COVID-19 to residents and their families, loved ones, and guardians, outlining infection control policies and procedures. If possible, follow-up with a call to families and speak with the residents, in-person.
- Maintain routine communication with residents in-person, if possible, and with families, either via email or another electronic platform, regarding the facility's efforts to prevent the spread of COVID-19.
- Incorporate questions and answers in communication to demonstrate transparency.
- Suggest that individuals submit their questions to the Department at icp@health.ny.gov, covidadultcareinfo@health.ny.gov, or covidnursinghomeinfo@health.ny.gov.

For facilities without an exposure issue

- Periodically meet with residents and send communication to families regarding the facility's status and measures being taken to protect the residents and staff from COVID-19.
- Maintain up-to-date information on your website. Information can be found at https://coronavirus.health.ny.gov/home.
- Share relevant content on the facility's social media accounts.
- Suggest that individuals submit their questions to the Department at icp@health.ny.gov, covidadultcareinfo@health.ny.gov, or covidnursinghomeinfo@health.ny.gov.

Attachment K

Creating Opportunities for Happy Lives!

Dear Family Members and Caregivers,

EEDA is working diligently to preserve the health and safety of the people we support and our valued workforce. We have been flexible and responsive to a constantly changing environment and have implemented many new safeguards and practices to keep everyone healthy. Unfortunately, this letter is to inform you that there has been an individual in the residence or a staff member working that has been diagnosed with COVID-19. EEDA will continue to support everyone who lives in our residences and please be assured that all possible infection control precautions are being followed by the staff.

As East End Disability Associates, Inc. (EEDA) continues to monitor the situation related to COVID-19, which is very fluid, protocols for infection control are enhanced and updated. EEDA will follow the guidance based on our regulatory counterparts such as the Centers for Disease Control and Prevention (CDC), the New York State Department of Health (NYSDOH) and the Office for People with Developmental Disabilities (OPWDD) and update the procedures as needed.

Attached to this letter are EEDA's Infection Control Procedures which are being followed at all sites. EEDA's procedures for COVID-19 emphasis will focus on staff training, infection control procedures, and cleaning and disinfection recommendations in order to reduce the risk associated with transmission of coronavirus (COVID-19).

EEDA will regularly reassess the situation with the guidance from OPWDD and CDC and update stakeholders as information becomes available. EEDA will post updates on our website at www.eed-a.org. If you have additional questions please do not hesitate to contact me.

Sincerely yours,

Lisa Meyer-Fertal
Chief Executive Officer

Attachment L

Creating Opportunities for Happy Lives!

Dear EEDA Staff Member,

Thank you for playing a vital role in supporting our residents through the COVID-19 Crisis. Maintaining the health and safety of the people we support and our valued workforce is our number one goal. Unfortunately, this letter is to inform that you have worked in an environment where a coworker or person you support has tested positive for COVID-19.

As East End Disability Associates, Inc. (EEDA) continues to monitor the situation related to COVID-19, which is very fluid, existing protocols for infection control are enhanced and updated. EEDA will follow the guidance based on our regulatory counterparts such as the Centers for Disease Control and Prevention (CDC), the New York State Department of Health (NYSDOH) and the Office for People with Developmental Disabilities (OPWDD) and update the procedures as needed.

Attached to this letter are EEDA's Infection Control Procedures which you should be following at all sites. EEDA's procedures for COVID-19 emphasis will focus on staff training, infection control procedures, and cleaning and disinfection recommendations in order to reduce the risk associated with transmission of coronavirus (COVID-19).

EEDA will regularly reassess the situation with the guidance from OPWDD and CDC and update stakeholders as information becomes available. EEDA will post updates on our website at www.eed-a.org. If you have additional questions please do not hesitate to contact your supervisor.

Sincerely yours,

Lisa Meyer-Fertal
Chief Executive Officer

Creating Opportunities for Happy Lives!

INFECTION CONTROL PROCEDURES

Updated 4.21.2020

East End Disability Associates, Inc. (EEDA) continues to monitor the situation related to COVID-19 and has developed protocols for allowing staff to work with individuals following COVID-19 exposure. EEDA will follow the guidance based on our regulatory counterparts including the Center for Disease Control and Prevention (CDC), New York State Department of Health (NYSDOH) and Office for People with Developmental Disabilities (OPWDD). EEDA's procedures are updated as needed. The following describes the procedure for infection control.

EEDA's Emergency Preparedness Plan for COVID-19 emphasis will focus on staff training, infection control procedures, and cleaning and disinfection recommendations, in order to reduce the risk associated with transmission of coronavirus (COVID-19).

Education of Staff and Individuals:

All direct support and clinical staff are required to be educated and trained on infection control in preventing transmission from contagious diseases, including adherence to hand hygiene and respiratory etiquette. EEDA will ensure that all training requirements are up to date. Staff should receive training on:

1. Infection control including essential infection control techniques, basic standard precautions and proper use of Personal Protective Equipment (PPE).
2. Environmental cleaning.
3. Review of activity restrictions, isolation and quarantine.
4. Signs, symptoms and risk factors that increase the potential for disease transmission.
5. Proper handwashing techniques.

Additionally, direct support staff will assist the individuals they support in building awareness around good hand hygiene and respiratory etiquette.

General infection control procedures (personal behaviors):

The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, the Centers for Disease Control and Prevention (CDC) always recommends everyday preventive actions to help prevent the spread of respiratory diseases. EEDA will implement the following preventive actions in all care settings:

Preventive Actions

1. Avoid close contact with people who are sick.
2. Avoid touching your eyes, nose, and mouth.
3. Stay home when you are sick.
4. Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

5. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
6. Follow CDC's recommendations for using a facemask.
    a. CDC recommends wearing cloth face coverings in all public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) **especially** in areas of significant community-based transmission. **EEDA agrees with CDC, however the individuals we serve, are not likely to wear facemasks so the staff will be asked to wear them at all times instead.**
    b. Surgical facemasks should be used by people who have had proximate or close exposure, or who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of n95 facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in an IRA).
    c. Individuals EEDA supports, who are able to tolerate the facemasks will be asked to wear them as well.
7. Hand Washing is the most effective strategy for reducing the spread of COVID-19. Proper handwashing saves lives at work and at home.
    a. Germs can spread from other people or surfaces when you:
        i. Touch your eyes, nose, and mouth with unwashed hands;
        ii. Prepare or eat food and drinks with unwashed hands;
        iii. Touch a contaminated surface or objects; or
        iv. Blow your nose, cough, or sneeze into your hands and then touch other people's hands or common objects.
    b. When to Wash Hands: Direct support professionals and other facility staff should perform hand hygiene 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.
    c. 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:
        i. When starting work;
        ii. Before handling medications;
        iii. Before assisting individuals with personal hygiene (toileting, bathing, shaving, menstrual care, wound care, etc.);
        iv. After assisting with personal hygiene tasks;
        v. Before, during, and after preparing food;
        vi. After using the bathroom;
        vii. After coughing, sneezing, or smoking;
        viii. Before donning disposable gloves;
        ix. After doffing disposable gloves;
        x. After touching garbage;
        xi. After touching an animal, animal feed, or animal waste;
        xii. After handling pet food or pet treats; and
        xiii. Before leaving work.
    d. During the COVID-19 public health emergency, you should also clean hands:

i. 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.
ii. Before touching your eyes, nose, or mouth.

8. 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:
   a. Sanitizers do not get rid of all types of germs.
   b. Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
   c. Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.
   d. How to use hand sanitizer:
      i. Apply the gel product to the palm of one hand (read the label to learn the correct amount).
      ii. Rub your hands together.
      iii. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.
9. Staff in administrative building will be responsible for cleaning and disinfecting their desk and surroundings as well as any rooms or equipment used.
10. Meetings, interviews and trainings will be conducted via telephone conference calls or web based sites such as Skype.
11. All staff will follow the Social Distancing protocols which include avoiding mass gatherings and maintaining distance (approximately 6 feet or 2 meters) from others when possible.
12. Individuals will be asked to spend as much time as tolerated in their rooms to avoid close contact with the staff members and others living in the residence.

Environmental Cleaning and Disinfection:
The coronavirus (COVID-19) spread by respiratory secretions (coughing or sneezing) may remain on surfaces and transmit infection for an unknown period of time. While supporting individuals, all staff must maintain a safe environment through Environmental Cleaning and Disinfection. Cleaning and disinfection procedures are outlined below for ease of reference.

Every staff member on each shift should perform targeted cleaning and disinfection of frequently touched hard, nonporous surfaces, such as counters, appliance surfaces, tabletops, doorknobs, bathroom fixtures, hand railings, cabinet knobs, faucets, appliance faces, toilets, phones, keyboards, elevator controls, tablets, remote controls, bedside tables, and any other surfaces that are visibly soiled.

1. **Cleaning:**
   a. Always clean surfaces prior to use of disinfectants. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. Clean surfaces using water and

soap or detergent to reduce soil and remove germs. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure effective use.

2. **Disinfection:**
    a. If EPA- and DEC*-registered products specifically labeled for SARS-CoV-2 are not available, disinfect surfaces using a disinfectant labeled to be effective against rhinovirus and/or human coronavirus. EPA- and DEC*- registered disinfectants specifically labeled as effective against SARS-CoV-2 may become commercially available at a future time and once available, those products should be used for targeted disinfection of frequently touched surfaces.
    b. 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.
    c. Following "contact time," any leftover cleaning fluids are to be wiped and discarded after use.
    d. For disinfectants that come in concentrated forms, it is important to carefully follow instructions for making the diluted concentration needed to effectively kill the target virus. This information can be found on the product label.
    e. Staff are reminded to ensure procedures for safe and effective use of all products are followed. Safety instructions are listed on product labels and include the personal protective equipment (e.g., gloves) that should be used.
3. **Wash all bedding/linens**.
    a. Wash and dry with the warmest temperatures recommended on the fabric label and follow detergent label and instructions for use.
4. **Wash hands:**
    a. Wash hands with soap and water for at least 20 seconds immediately after removing gloves or use an alcohol-based hand sanitizer if soap and water are not available. Soap and water should be used if hands are visibly soiled.
5. **Waste baskets**
    a. Ensure waste baskets available and visible. Make sure wastebaskets are emptied on a regular basis. Persons emptying waste baskets should wear gloves to do so and dispose of the gloves immediately.

Environmental Measures

1. Bathrooms are to be kept in good condition and cleaned on a regular schedule with cleaners and/or disinfectants.
2. Soap and paper towels are always to be available in bathrooms.
3. Shower/bathe individuals who are not presenting with symptoms first and then shower/bathe individuals who are suspected or confirmed last.
4. Clean showers and bathtubs well with disinfectant between individuals.
5. Ventilation may help reduce transmission. Open windows and use fans when practical and keep ventilation systems and filters clean.

6. Soiled clothing and linens (such as bed sheets and towels) should be washed by using household laundry soap and tumbled dry on a hot setting. 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. Gowns can be worn to avoid contamination.
7. 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.

EEDA will regularly reassess the situation with the guidance from the Office for People with Developmental Disabilities (OPWDD) and the Centers for Disease Control and Prevention (CDC) and update stakeholders as information becomes available. EEDA will also post updates on our website at www.eed-a.org.

EEDA Responsibilities
The administration will take to following steps:

1. All staff that are going into any EEDA facility, including the administrative office will be required to have their temperature taken and wear a facemask when they are near other employees. Employees will add their temperature to a chart that will be maintained at each EEDA location.
2. Ensure all staff caring for individuals diagnosed with COVID-19 have the following influenza personal protective equipment available to them:
    a. Masks
    b. Eye shields
    c. Gowns
    d. Gloves

Staff Assignments/Cohorting:
These guidelines are designed to minimize the risk for the transmission of COVID-19 from infected to non-infected persons. In addition, EEDA must ensure that staffing levels are maintained in accordance with agency/program requirements and based on the supervision needs of the individuals served.

1. Staff assignments into or out of any site with individuals who have a confirmed diagnosis of COVID-19 and who are under Required Mandatory Isolation should be limited by maintaining similar daily staff assignments to the extent possible.
2. Staff assignments into or out of sites with individuals who have a confirmed exposure to a person diagnosed with COVID-19 and are under Required Mandatory Quarantine should also be limited to the greatest extent possible.
3. Assignment of staff who support individuals with a confirmed exposure but who are asymptomatic (i.e. that staff has not had any direct contact with a person with confirmed or suspected COVID-19), is permissible.

4. In the above example, 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.
5. Any staff member showing symptoms consistent with COVID-19 should be directed to stay home, or if the symptoms emerge while at work, should be sent home.

Respiratory Illness Presumed to be Covid-19:
Recent testing of individuals and healthcare workers/clinicians/DSPs in New York City and Long Island revealed that symptoms of influenza-like illness are very often determined to be COVID-19 in facilities located in areas with sustained community transmission. As a result, ANY febrile acute respiratory illness or clusters of acute respiratory illness (whether febrile or not) in the IRAs should be presumed to be COVID-19 unless diagnostic testing reveals otherwise. Testing of individuals and healthcare workers/clinicians/DSPs with suspected COVID-19 is no longer necessary and should not delay implementation of additional infection control actions.

Residential Individuals who exhibit signs of COVID-19
EEDA will designate the Crisis House as the residence where positively or suspected COVID positive individuals will reside until cleared by our nurse to return to their home. Only individuals with confirmed cases by a hospital, doctor or testing site should be at this location. Individuals can reside in cohorts.

Caring for someone who has COVID-19:
The Centers for Disease Control and Prevention (CDC) advise that EEDA staff should do the following if they are in close contact with someone who has COVID-19.

1. Staff should monitor their health; they should call their healthcare provider right away if they develop symptoms suggestive of COVID-19 (e.g., fever, cough, shortness of breath).
2. Staff need to offer support to the individual to follow their healthcare provider's instructions for medication(s) and care.
3. Monitor the individual's symptoms, alert the nurse if their status changes.
4. If the individual has a medical emergency and there is a need to call 911, notify the dispatch personnel that the individual has COVID-19.
5. Visitors who do not have an essential need to be in the home will be prohibited.
6. Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.
    a. EEDA will install small window fans in individual's bedrooms for ventilation.
7. Perform hand hygiene frequently. Wash hands often 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 hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
8. Avoid touching eyes, nose, and mouth with unwashed hands.
9. Staff and the individual, if tolerated, should wear a facemask if they are in the same room.
10. Wear PPE when touching or have contact with the individual's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, urine.

11. Throw out disposable gowns and gloves after using them. Do not reuse. Wash eye protection, including goggles with alcohol after each use.
12. 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.
13. Do not float staff between individuals to the extent possible. Cohort individuals with suspected or confirmed COVID-19 with dedicated DSPs, to the extent possible. Minimize the number of staff entering individuals' rooms.
14. Other individuals living in the residence 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 bathroom, if available.
15. 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.
16. 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.
    a. Clean all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, stool, or body fluids on them.
17. Wash laundry thoroughly.
    a. Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
    b. 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.
    c. Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.

Quarantine and Isolation Status:

Prior to the implementation of mandatory quarantine or mandatory isolation, EEDA must assess the setting 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.

1. EEDA will immediately restrict an individual to their room if they have a temperature of 100 degrees or higher. The RN will direct the staff to take the individuals temperature every 1-4 hours for the first 24 hours and monitor the results. The RN will decide after the initial 24 hours if the individual should continue quarantine, brought to the Crisis house or other protocol.
2. EEDA will follow OPWDD's procedures outlined in the implementation of mandatory quarantine or mandatory isolation.
3. EEDA will immediately transfer an ill person from an IRA to the Crisis house to reduce the risk of infecting other household members.

4. If an individual in one of the IRAs was exposed, the entire residence will be quarantined until the individuals are cleared.

PPE Protocol

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. EEDA will consult the Centers for Disease Control and Prevention (CDC) guidance to optimize the supply of PPE and equipment through conventional, contingency, and crisis strategies.

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

1. Facemasks:
    a. Put on facemask upon entry into the group home, and wear at all times while in the work setting.
    b. 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.
    c. If necessary, use expired facemasks.
    d. 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.
    e. 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.
    f. 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.
    g. 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.
2. N95 Respirators:
    a. All staff wearing N95 respirators should undergo medical clearance and fit testing.
    b. 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.
    c. 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.
    d. If necessary, use expired N95 respirators.

e. If necessary, implement limited re-use for individuals with COVID-19, if possible with decontamination between uses. 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.

3. Eye Protection:
   a. 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.
   b. Remove eye protection before leaving the individual's room or care area.
   c. 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.
4. Gloves:
   a. Put on clean, non-sterile gloves upon entry into an individual's room or care area.
   b. Change gloves if they become torn or heavily contaminated.
   c. Remove and discard gloves when leaving the individual's room or care area, and immediately perform hand hygiene.
5. Gowns:
   a. 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.
   b. If there are shortages of gowns, they should be prioritized for:
      i. Aerosol-generating procedures;
      ii. Care activities where splashes and sprays are anticipated;
      iii. High-contact individual care activities that provide opportunities for transfer of germs to the hands and clothing of staff. Examples include:
         (1) Dressing;
         (2) Bathing/showering;
         (3) Transferring;
         (4) Providing hygiene;
         (5) Changing linens;
         (6) Changing briefs or assisting with toileting;
         (7) Device care or use; and
         (8) Wound care.

Attachment N

COVID-19 DISABILITY FORM

Please answer the questions on this form to help physicians provide you with proper medical treatment, in case you need to go to the hospital for COVID-19 related symptoms. Complete as many of the questions as possible.

What is your name? _____

Is this form being completed by someone else other than you? ❑ yes ❑ no

❑ legal guardian ❑ aide or staff member ❑ family member ❑ other

If you checked yes, what is the person's name _____ Relationship to you _____

Do you receive or have you received services from the New York State Office for People with Developmental Disabilities (OPWDD) or Office for Mental Health (OMH)? ❑ yes ❑ no ❑ I don't know

****Note to doctors: This means there may be special laws in place to protect me and a special process needs to be followed if my usual decision maker/guardian requests to withhold or withdraw life sustaining treatment. Please check in with your institution's social worker or risk management department to be sure the appropriate process is being followed.*

How do you communicate best? *(check all that apply)*

❑ Talking
❑ Writing or typing things down
❑ Pictures
❑ Using sign language
❑ Pointing to words
❑ Using a voice app
❑ I cannot communicate in a way you will understand, please ask my family, staff or guardian *(circle the person)*
❑ Other *(please describe)* _____

Do you need anything to help you communicate?

(E.g. assistive devices) ❑ **no**

❑ **yes** *(please describe)* _____

Does anyone help you communicate? ❑ **no**

❑ **yes, person's name** _____

Do you use any assistive devices for mobility? ❑ **no**

❑ **yes** *list the device(s)* _____

Do you have any triggers *(e.g., being touched, trauma, doctors of a particular gender, noises, lighting, smells, textures):*

_____

What is your response to triggers?

_____

How can you best be helped when triggered?

_____

What is your typical response to a medical exam?

❑ Fully/partially cooperates
❑ Fearful
❑ Aggressive
❑ Resistant

I like it when health professionals *(please describe)*

_____

I do not like it when health professionals *(please describe)*

_____

Do you have any medical problems that you go to the doctor for?

❑ yes ❑ no

What are they?

_____

Please list the name of the doctor you would like contacted if you are at the hospital.

Name _____

Phone Number _____

Are there any diagnoses, medical problems or behaviors that we should consider as cautions? *(e.g., aggression, biting, pica, aspiration risk):*

_____

Are there any specific modifications that could help with these cautions?

_____

Do you have seizures? ❑ **no**

❑ **yes,** *list the type and frequency* _____

_____

Do you take any medication at home every day? ❑ yes ❑ no

By prescription? ❑ **no**

❑ **yes,** *list the names and dosage* _____

_____

_____

_____

Over the counter? ❑ **no**

❑ **yes,** *list the names and dosage* _____

_____

_____

Do you have any allergies? ❑ **no**

❑ **yes,** *please list* _____

Do you use tobacco *(e.g., cigarettes, cigars, or chewing tobacco)?*

❑ yes, please list _____ how often_____

❑ no

Do you use alcohol? ❑ no

❑ yes How much do you use in a week?_____

Do you use any other drugs *(eg., marijuana, cocaine, or opiates)?*

❑ yes, please list_____

❑ no

Who can we talk to about medical problems if you can't answer questions? Name _____

Phone number _____

Who do you trust to make medical decisions if you aren't able to?

Name _____

Phone number _____

Do you have a health care agent? ❑ no

❑ **yes, Name** _____

Phone number _____

I live *(check one box):*

❑ **By myself** ❑ **With my family**

❑ **With roommates** ❑ **In a group home**

❑ **Supported living** ❑ **Nursing home**

❑ **Other** *(please describe)* _____

Does anyone you know have COVID-19? ❑ yes ❑ no

❑ I don't know

When were you told the person has COVID-19? _____

What was the last date you saw this person? _____

Capacity to consent

❑ **Capable/Own Guardian** ❑ **Substitute Decision Maker** ❑ **Supported Decision Making Team** ❑ **Guardian/Conservator**

❑ **Other,** *Please describe* _____ ❑ **How was this decided?** _____

For patients who are their own guardian/have capacity:

Do you have *(circle all)* **1) an advance directive 2) a health care agent 3) a living will 4) a MOLST form?**

If so please bring a copy of each document to the hospital

If while you are in the hospital you can't breathe on your own, do you want a machine to help breathe for you? *(Mechanical ventilation)*

❑ **Do you not want it at all?**

❑ **Do you want a trial to see if it is helping?**

❑ **Do you want it for as long as it is needed?**

If while you are in the hospital your heart stops, do you want your doctor to try to restart it with pushing on your chest, medications, and electric shocks? *(Resuscitation)* ❑ **yes** ❑ **no**

If you can't eat or drink like you normally do, do you want liquid food and water to be given to you through a tube to your stomach or in a vein? *(Artificial nutrition/hydration)* ❑ **yes** ❑ **no**

Attachment O

NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

DATE: April 10, 2020
TO: Operators of Certified Residential Facilities
FROM: New York State Office for People With Developmental Disabilities

Advisory: Hospital Discharges and Admissions to Certified Residential Facilities

Please distribute immediately to:
Administrators, Hospital Discharge Planners and Treatment Team Leaders

COVID-19 has been detected in multiple communities throughout New York State. This guidance clarifies expectations for Providers of all Residential Facilities, certified or operated by OPWDD, receiving residents returning from hospitalization, and for such facilities accepting new admissions. Operators of OPWDD Certified Residential Facilities should carefully review this guidance with all staff directly involved in individual admission, transfer, and discharges.

During the COVID-19 public health emergency, all Certified Residential Facilities must have a process in place to expedite the return of **asymptomatic** residents from the hospital. Individuals with Intellectual and/or Developmental Disabilities are deemed appropriate for return to their OPWDD certified residence upon a determination by the hospital physician, or designee, that the individual is medically stable for return, in consultation with the residential provider.

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.

No individual shall be denied re-admission or admission to a Certified Residential Facility based solely on a confirmed or suspected diagnosis of COVID-19. Any denial of admission or re-admission must be based on the residential provider's inability to provide the level of care required by the prospective individual, pursuant to the hospital's discharge instructions, and based on the residential provider's current certification. Additionally, providers of Certified Residential Facilities are prohibited from requiring a hospitalized individual, who is determined medically stable, to be tested for COVID-19 prior to admission or readmission. Residents who are symptomatic should only be discharged to a certified residence if there are clinical staff available who are capable of attending to the medical needs of a symptomatic resident, pursuant to hospital discharge instructions.

Information regarding COVID-19 is available on the OPWDD website at https://opwdd.ny.gov/coronavirus-guidance and the New York State Department of Health website at https://coronavirus.health.ny.gov/information-healthcare-providers. Standard infection control precautions must be maintained, and environmental cleaning made a priority.

Critical personal protective equipment (PPE) needs should be communicated to your local Office of Emergency Management. 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.

Thank you for your ongoing support and cooperation in responding to COVID-19. General questions or comments about this advisory should be sent to Susan.B.Prendergast@opwdd.ny.gov.

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

DATE: November 3, 2020

FROM: Office of the Commissioner

Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel

This updates the previously issued October 8, 2020 guidance for *Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel*. Updates include:

- New testing and quarantine criteria for travelers to New York from non-contiguous states and other countries

Purpose

In response to increased rates of COVID-19 transmission in certain states and countries, and to protect New York's successful containment of COVID-19, New York State has issued a travel advisory for anyone coming to New York after travel to states that are not contiguous to New York, or after travel to any CDC Level 2 or Level 3 Travel Health Notice country.

Background

Under Governor Andrew M. Cuomo's leadership, New York State has successfully slowed the transmission of COVID-19 to a rate that is unprecedented within the country. New York contracted COVID-19 from Europe, with over 2.2 million travelers coming in between the end of January and March 16, 2020, when the federal government finally implemented a full European travel ban. During that period of time, 2.2 million travelers landed in the New York metropolitan area and entered our communities. This, combined with the density and crowding of our population, caused New York to have the highest infection rate in the country.

After more than 8 months of strict adherence to data-driven, evidence-based protocols, including required social distancing and mandatory face coverings, and after the closure of our economy, New Yorkers have successfully reduced the spread of COVID-19 to one of the lowest rates in the nation. Other states and nations have taken a more haphazard, less data-driven, less cautious approach, and are now experiencing a rapidly increasing rate of transmission of this deadly virus. Any non-essential travel continues to be strongly discouraged.

Quarantine Criteria for Travel

All travelers entering New York from a state that is not a contiguous state, or from a CDC Level 2 or 3 Travel Health Notice country, shall quarantine for a period of 14 days, consistent with Department of Health regulations for quarantine, **unless**:

1. For travelers who traveled outside of New York for more than 24 hours, such travelers must obtain testing within 72 hours prior to arrival in New York, AND

2. Such travelers must, upon arrival in New York, quarantine according to Department of Health guidelines, for a minimum of three days, measured from time of arrival, and on day 4 may seek a diagnostic test to exit quarantine.

For travelers that meet the criteria above, the traveler may exit quarantine upon receipt of the second negative test result.

Contiguous states are Pennsylvania, New Jersey, Connecticut, Massachusetts and Vermont. Travelers from these states are not subject to this guidance.

Travelers who leave New York State for less than 24 hours do not need to obtain a diagnostic test before departing and do not need to quarantine upon return. However, such travelers must fill out the traveler form upon entry and must obtain a diagnostic test on the fourth day after arrival in New York.

Guidance for Travel

All individuals coming into New York from either a non-contiguous state or US territory, or any CDC Level 2 or Level 3 Health Notice country, whether or not such person is a New York resident, are required to complete the traveler health form upon entering New York. Significant penalties will be imposed on any individual who fails to complete the traveler health form.

The travel advisory issued pursuant to Executive Order 205.2, requires all New Yorkers, as well as those visiting from out of state and out of country, to comply with the advisory in the best interest of public health and safety. However, the Department of Health retains the ability to enforce quarantine requirements and impose significant penalties for non-compliance, as such non-compliance can result in significant harm to public health. Primary enforcement is carried out through local departments of health. To file a report of an individual failing to adhere to the quarantine pursuant to the travel advisory, please call 1-833-789-0470 or visit this website: https://mylicense.custhelp.com/app/ask. Individuals may also contact their local department of health.

Quarantine Requirements

If you are coming to New York from travel to a non-contiguous state or designated country, and if such travel was for longer than 24 hours outlined above, you are required to quarantine pursuant to the below requirements until you test out or for the full 14 days, unless you are an essential worker traveling from a non-contiguous state, as identified below. The requirements to safely quarantine include:

- The individual must not be in public or otherwise leave the quarters that they have identified as suitable for their quarantine.
- The individual must be situated in separate quarters with a separate bathroom facility for each individual or family group. Access to a sink with soap, water, and paper towels is necessary. Cleaning supplies (e.g. household cleaning wipes, bleach) must be provided in any shared bathroom.
- The individual must have a way to self-quarantine from household members as soon as

fever or other symptoms develop, in a separate room(s) with a separate door. Given that an exposed person might become ill while sleeping, the exposed person must sleep in a separate bedroom from household members.

- Food must be delivered to the person's quarters.
- Quarters must have a supply of face masks for individuals to put on if they become symptomatic.
- Garbage must be bagged and left outside for routine pick up. Special handling is not required.
- A system for temperature and symptom monitoring must be implemented to provide assessment in-place for the quarantined persons in their separate quarters.
- Nearby medical facilities must be notified, if the individual begins to experience more than mild symptoms and may require medical assistance.
- The quarters must be secure against unauthorized access.

Travel Advisory Exceptions for First Responders and Essential Workers

Exceptions to the travel advisory are permitted for essential workers traveling from a non-contiguous state or Level 2 or Level 3 country and are limited based on the duration of time in New York.

Short Term – for first responders and essential workers traveling to New York State for a period of less than 12 hours.

- This includes instances such as an essential worker passing through New York, delivering goods, awaiting flight layovers, and other short duration activities.
- Essential workers must stay in their vehicle and/or limit personal exposure by avoiding public spaces as much as possible.
- Essential workers must monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distance, and clean and disinfect workspaces.
- Essential workers are required, to the extent possible, to avoid extended periods in public, contact with strangers, and large congregate settings.

Medium Term – for first responders and essential workers traveling to New York State for a period of less than 36 hours, requiring them to stay overnight.

- This includes instances such as an essential worker delivering multiple goods in New York, awaiting longer flight layover, and other medium duration activities.
- Essential workers must monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distance, and clean and disinfect workspaces.
- Essential workers are required, to the extent possible, to avoid extended periods in public, contact with strangers, and large congregate settings.

Long Term – for first responders and essential workers traveling to New York State for a period of greater than 36 hours, requiring them to stay several days.

- This includes instances such as an essential worker working on longer projects, fulfilling extended employment obligations, and other longer duration activities.
- Essential workers must seek diagnostic testing for COVID-19 on day 4 after arriving.

First responders and essential workers and their employers are expected to comply with

previously issued DOH guidance regarding return to work after a suspected or confirmed case of COVID-19 or after the employee had close or proximate contact with a person with COVID-19. Additionally, this guidance may be superseded by more specific industry guidance for a particular industry (e.g., for nursing home and adult care facility staff, a negative PCR test result is required before returning to work). Teachers, school employees, and child care workers must quarantine for a minimum of 3 days after returning to New York from a designated state or country due to the nature of education and child care services and the risk and difficulty of adherence to the guidelines that govern such exemptions, and must be tested on day 4 after arriving, pursuant to EO 205.2. Although such workers are essential, the travel advisory exemption for essential workers does not apply to teachers, school employees, or child care workers, due to the sensitivity of these congregate settings.

Consult with your employer regarding whether there is any applicable industry-specific guidance that may apply to you.

Please consult the DOH website and resources for additional details and information regarding isolation procedures for when a person under quarantine is diagnosed with COVID-19 or develops symptoms.

For reference, except as stated above, an "essential worker" is (1) any individual employed by an entity included on the Empire State Development (ESD) Essential Business list; or (2) any individual who meets the COVID-19 testing criteria, pursuant to their status as either an individual who is employed as a health care worker, first responder, or in any position within a nursing home, long-term care facility, or other congregate care setting, or an individual who is employed as an essential employee who directly interacts with the public while working, pursuant to DOH Protocol for COVID-19 Testing, issued May 31, 2020, or (3) any other worker deemed such by the Commissioner of Health.

Medical Appointments or Procedures

If you have a health care procedure or appointment scheduled in New York that cannot be postponed, you (and your support person/companion) may travel to the extent necessary to maintain that appointment but must otherwise remain quarantined. For further information, see the Department's guidance on this topic.

Additional Questions and Answers

How will my quarantine be enforced?
The NYS Department of Health expects all travelers to comply and protect public health by adhering to the quarantine. However, the NYS Department of Health and the local health departments reserve the right to issue a mandatory quarantine order, if needed. Pursuant to Executive Orders 205.1 and 205.2, anyone who violates a quarantine order may be subject to a civil penalty of up to $10,000, or imprisonment up to 15 days per PHL 229.

If I am not an essential worker, can I travel to a non-contiguous for vacation or to see family?
Non-essential travel is strongly discouraged. Upon your return from any travel to a non-contiguous state, you will be required to quarantine when you enter New York, pursuant to the criteria above. In addition, pursuant to Executive Order 202.45, as extended, any New York State resident who voluntarily travels to a non-contiguous state for travel that was not taken as part of the person's employment or at the

direction of the person's employer, will not be eligible benefits under New York's COVID-19 paid sick leave law.

Additional Travel Advisory Exemptions:

The Commissioner of Health may additionally grant an exemption to the travel advisory based upon extraordinary circumstances, which do not warrant quarantine, but may be subject to the terms and conditions applied to essential workers or terms and conditions otherwise imposed by the Commissioner in the interest of public health. Exemption requests should be sent to TravelAdvisoryExemption@health.ny.gov.

Resources

Travel restrictions will help to contain the rates of COVID-19 transmission in New York State and will work to protect others from serious illness. All New Yorkers must take these travel directives seriously. Your cooperation is greatly appreciated. For further information, please visit:

- DOH COVID-19 Website
- NYS Local Health Department Directory
- Centers for Disease Control and Prevention (CDC) COVID-19 Website
- World Health Organization (WHO) COVID-19 Website

Attachment Q

NEW YORK STATE TRAVELER HEALTH FORM rev. 11/4/20

(One form per adult required. Children or other dependents traveling with you can be included with one adult.)

In response to increased rates of COVID-19 transmission in the United States and other countries, and to protect New York State's (NYS) successful containment of COVID-19, NYS has issued a travel advisory for anyone entering NYS from a non-bordering state or traveled internationally from a country designated under a CDC level 2 (moderate risk) or 3 (high-risk) COVID-19 travel health notice.

All travelers coming to NYS from areas beyond the border states (NJ, CT, PA, MA, VT) must fill out this paper form (or online at: https://coronavirus.health.ny.gov/covid-19-travel-advisory#traveler-health-form. Travelers must quarantine for 14 days from the last day in a non-border state or another country, unless the traveler meets certain criteria. See reverse for additional details.

First (given) name: _____Last (family) name: _____

Birth date: ____/____/_____(Month/Day/Year) Gender: ____Male ____Female ____Non-Binary

Children/Dependents traveling with you – First and Last Name	Birth date (Month/Day/Year)	Gender
1.		
2.		
3.		
4.		

Telephone number: ( ) _____-_____ Mobile? ___Yes ___No
Alternate telephone number: ( ) _____-_____ Mobile? ___Yes ___No
E-mail address: _____
Primary state of residence: ___NYS ___Other (specify): _____
Date of arrival to NYS: ____/____/_____(Month/Day/Year)

IN THE LAST 14 DAYS HAVE YOU BEEN IN A STATE (not bordering NYS) OR COUNTRY (designated under a CDC level 2 (moderate risk) or 3 (high-risk) COVID-19 travel health notice)?

____Yes-for more than 24 hours ____Yes-for 24 hours or less, but not in the course of travel
____Yes, for less than 24 hours, solely in the course of travel (e.g., layover) _____No

List state/country: _____ Last date in state/country: ____/____/_____(Month/Day/Year)
Other state/country(s): _____ Last date(s) in state/country: ____/____/_____(Month/Day/Year)

Destination address in New York State: _____
City: _____ State: _____ Zip: _____
County: _____Hotel Name (if applicable): _____
For New York State residents, is destination address your primary residence? ____Yes ____No
For non-New York State residents, duration of visit in NYS: _____

Did you take a COVID-19 test within at most 72 hours prior to arriving in NYS?

___ No
___ Yes - You are acknowledging the Department of Health reserves the right to request a copy of the test result. If you are unable to provide, you will be required to quarantine for 14 days and may face a fine. You also must take a COVID-19 test on day 4 after arrival to NYS and quarantine until that second test result is negative.

How did you travel into New York State? (select all that apply)
___Private vehicle ___Public Transport ___Train ___Airplane ___Ship ___Bus
Arrival Airport: _____ Airline: _____ Flight #: _____ Seat #: _____

NEW YORK STATE | Department of Health

Turn page (1 of 2)

TODAY OR IN THE PAST 24 HOURS, HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?

Fever (100.4° F / 38° C or higher), felt feverish, or had chills? ____Yes ____No
Cough? (new or worsening)? ____Yes ____No
Difficulty breathing? (new or worsening)? ____Yes ____No

You will be called by a representative of the New York State Contact Tracing Program. Do you consent to receive messages via text? (If you do not consent to text, you will be called to clarify any information needed.)
_____Yes _____No

What is your primary language? ____English ____Other (please specify): _____

ESSENTIAL WORKERS Are you a NYS resident and essential worker in NYS?
____Yes ____No
Are you visiting to perform essential work in NYS? ____Yes ____No
If yes, are you a (select one):

____ Short-term essential worker traveling to New York State for a period of less than 12 hours? (such as an essential worker passing through NYS, delivering goods, awaiting flight layovers, and other short duration activities)
____ Medium-term essential worker traveling to New York State for a period of 36 hours or less? (such as an essential worker delivering multiple goods in NYS, awaiting longer flight layover, and other medium duration activities)
____ Long-term essential worker traveling to New York State for a period of greater than 36 hours? (such as an essential worker working on longer projects, fulfilling extended employment obligations, and other longer duration activities)

EXEMPTIONS

All New Yorkers, as well as those visiting from out of state, are required to comply with all COVID-19 safety measures including wearing face coverings, social distancing and avoiding group gatherings and vulnerable populations in the best interest of public health.

- Travelers from border states (NJ, CT, PA, MA, VT) are not required to quarantine or test. However, non-essential travel is discouraged.
- Essential workers from other states and countries are not required to quarantine. However, NYS essential workers and long-term essential workers are required to get tested 4 days after their arrival to NYS.
- Travelers passing through another state or country for less than 24 hours, other than in the course of travel, are not required to quarantine. However, the traveler must take a COVID-19 test 4 days after their arrival in New York State.
- Travelers who had a COVID-19 test prior to coming to NYS must take a second COVID-19 test on day 4 after arrival, and are required to quarantine for a minimum of 3 days upon arrival, and are no longer required to quarantine upon receiving a negative result from the second test (the test taken in New York).
- All other travelers are required to quarantine for 14 days if they do not test prior to departure and on day 4 after arrival.

If you believe extraordinary circumstances apply and you should be exempt from any of these requirements, please contact the NYS COVID-19 Hotline at 1-888-364-3065.

ADDITIONAL INFORMATION

- For additional information regarding the NYS Travel Advisory visit: https://ny.gov/traveladvisory
- For a list of countries designated under a CDC level 2 or 3 COVID-19 travel health notice, visit https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html
- Upon entering New York State, if you are a traveler and do not have a suitable dwelling for your 14-day quarantine period, you must find appropriate accommodations at your own cost. If you are a NYS resident returning from travel and do not have appropriate accommodations for quarantine, please call your local health department: www.health.ny.gov/contact/contact_information/

ATTESTATION

I hereby attest, under penalty of law, that all information that I have provided is true and accurate to the best of my knowledge.

_____ _____
Signature Date

NEW YORK STATE | Department of Health

Creating Opportunities for Happy Lives!

Working & Travel Guidance

As Essential Staff, we are all expected to report for our shift in order to provide services to our Individuals. We are all able to work or return to work under the conditions as stated below:

If You Are **Exposed** To Someone COVID 19 Positive

- You must have no symptoms (Asymptomatic).
- Check your temperature twice a day.
- Self-quarantine when outside of work.

If You Test **Positive** For COVID 19

- You must quarantine for 14 days.
- Must be free of fever for 72 hours without use of medicine to treat fever.
- Sign a COVID *return to work* document provided by Human Resources.

EEDA released a policy on 4/1/20 (NY law as of 4/15/20) for extra protection stating that all Employees must wear a face mask while in the workplace.

Travel back to NY from almost all States requires a 14 day quarantine. As an alternative to the 14 day quarantine. You have the option of:

- Testing negative within 72 hours (3 days) **prior** to arriving in NY.
- Quarantine for 3 days once arriving in NY.
- Testing negative on the **4th day** back in NY.

You must provide ALL documentation to Human Resource in order to be cleared to exit the 14 day quarantine, and return to work.

Travel outside of NY for less than 24 hours requires completing a traveler health form upon returning to NY, and testing negative on the 4th day after arriving in NY.

https://coronavirus.health.ny.gov/system/files/documents/2020/11/covid-19_travel_form.pdf

Attachment S

NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

REVISED COVID-19 Protocols for Direct Care Staff to Return to Work

Last issued: November 16, 2020

Revised: January 22, 2021 (important new material underlined)

Health Advisory: Revised Protocols for Personnel in Clinical and Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection

This advisory supersedes guidance from the New York State Office for People With Developmental Disabilities (OPWDD) pertaining to the COVID-19 outbreak, entitled "Updated Protocols for Personnel in Clinical and Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection," released on March 28, 2020. This guidance applies to all facilities and services certified by OPWDD.

A. Asymptomatic Staff Exposed to COVID-19

Consistent with recent CDC guidance, providers may allow clinical and direct support professionals or other facility staff who have **been exposed to a confirmed case of COVID-19** to return to work after ten (10) days of quarantine if **no symptoms** have been reported during the quarantine period and if the all of the following conditions are met:

1. Personnel who have been in contact with confirmed or suspected cases are **asymptomatic**;

2. Personnel must continue symptom monitoring through Day 14. Self- monitoring should be completed twice a day (i.e. temperature, symptoms), and undergo temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift.

3. Individuals must be counseled to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and use of face coverings.

4. To the extent possible, direct care professionals and clinical staff working under these conditions should preferentially be assigned to individuals at lower risk for severe complications, as opposed to higher-risk patients (e.g. severely immunocompromised, elderly).

5. Personnel allowed to return to work under these conditions should maintain self- quarantine through Day 14 when not at work.

6. At any time, if the personnel who are asymptomatic contacts to a positive case and working under these conditions develop symptoms consistent with COVID-19, they should immediately stop work and isolate at home. All staff with symptoms consistent with COVID-19 should be immediately referred for diagnostic testing for SARS-CoV-2.

B. Asymptomatic Exposed Staff During a Staffing Shortage

Providers may allow clinical and direct support professionals or other facility staff who have **been exposed to a confirmed or suspected case of COVID-19** to return to work **before** ten (10) days of quarantine if **no symptoms** have been reported during the quarantine period and if all of the following conditions are met:

1. Furloughing such personnel would result in staff shortages that would adversely affect the health and safety of individuals served by the facility;
    - **The provider agency must submit a completed attestation, acknowledging that the agency has implemented or attempted staffing shortage mitigation efforts and is experiencing a staffing shortage that threatens provision of essential care services and that all of the below factors and requirements will be or are being met.** The attestation form can be found here: [https://opwdd.ny.gov/system/files/documents/2021/01/1.22.21-opwdd-return-to-work-exposed-staff-attestation.pdf] and should be submitted to quality@opwdd.ny.gov before asymptomatic exposed staff are approved to return to any work location. One attestation may be submitted by each provider operating program(s) within these parameters but must list the locations/sites where staffing shortages require that exposed staff return to work before 10-day quarantines are completed.

2. Personnel who have been in contact with confirmed or suspected cases are **asymptomatic**;

3. Personnel must continue symptom monitoring through Day 14. Self- monitoring should be completed twice a day (i.e. temperature, symptoms), including temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift;

4. Individuals must be counseled to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and use of face coverings;

5. Individuals must be advised that if any symptoms develop, they should immediately stop work, self-isolate at home and contact their local public health authority or their healthcare provider to report this change in clinical status and determine if they should seek testing;
    - Note that personnel who test positive for COVID-19 must isolate and contact their Local Department of Health (section D below);

6. To the extent possible, direct care professionals and clinical staff approved to work under these conditions should preferentially be assigned to individuals at lower risk for severe complications, as opposed to higher-risk patients (e.g. severely immunocompromised, elderly); AND

7. Personnel approved to return to work under these conditions should maintain self- quarantine through Day 14 when not at work.

C. Staff Who Travel Out of State

Staff who are asymptomatic and are returning from travel to a non-contiguous state or a country or territory subject to a CDC Level 2 or higher COVID-19 risk assessment level, or for which the COVID-19 risk level is designated by the CDC as unknown, may return to work consistent with the essential worker requirements set forth in the NYDOH travel advisory.

Travelers who leave New York State for less than 24 hours do not need to obtain a diagnostic test before departing and do not need to quarantine upon return. However, such travelers must fill out the traveler from upon entry and must obtain a diagnostic test on the fourth day after arrival in New York. A copy of this form can be found at: https://coronavirus.health.ny.gov/covid-19-travel-advisory#traveler-health-form

Providers may locate the guidance document issued by the New York State Department of Health titled "Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel" at: https://coronavirus.health.ny.gov/covid-19-travel-advisory

D. Staff With Confirmed or Suspected COVID-19

Providers may allow personnel with **confirmed or suspected COVID-19,** whether direct care professionals, clinical staff or other facility staff, to return to work only if all the following conditions are met:

1. To be eligible to return to work, personnel with confirmed or suspected COVID-19 must have maintained isolation for at least 10 days after illness onset, must have been fever-free for at least 72 hours without the use of fever reducing medications, and must have other symptoms improving.

2. Personnel who are severely immunocompromised as a result of medical conditions or medications should consult with a healthcare provider before returning to work. Providers should consider seeking consultation from an infectious disease expert for these cases.

3. If a staff member is asymptomatic but tested and found to be positive, they must maintain isolation for at least 10 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 10 days after illness onset and must have been at least 72 hours fever-free without fever reducing medications and with other symptoms improving.

General questions or comments about this advisory can be sent to Susan Prendergast, OPWDD Statewide Director of Nursing Services, at susan.b.prendergast@opwdd.ny.gov

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

May 30, 2020

TO: Local Health Departments (LHDs), Healthcare Providers, and Healthcare Facilities
FROM: New York State Department of Health (NYS DOH)

HEALTH ADVISORY: SYMPTOM-BASED STRATEGY TO DISCONTINUE HOME ISOLATION FOR PERSONS WITH COVID-19

SUMMARY

- This document provides updated guidance on releasing individuals from home isolation as a result of COVID-19 illness. The information contained herein supersedes NYS DOH guidance issued on March 28, 2020, and is not intended to be applied to settings such as nursing homes, assisted living facilities, or adult care facilities.
- In the context of community transmission, the Centers for Disease Control and Prevention (CDC) has indicated that an interim strategy based on time-since-illness-onset and time-since-recovery can be implemented to establish the end of isolation.
- NYS DOH is adopting the CDC guidance and recommends that for persons with COVID-19 illness recovering at home (or other home-like setting, such as a hotel), maintain isolation for at least 10 days after illness onset and at least 3 days (72 hours) after recovery.
    - Illness onset is defined as the date symptoms began.
    - Recovery is defined as resolution of fever without the use of fever-reducing medications, with progressive improvement or resolution of other symptoms.

BACKGROUND

For an emerging pathogen like SARS-CoV-2, the patterns and duration of illness and infectivity have not been fully described. However, available data indicate that shedding of SARS-CoV-2 RNA in upper respiratory specimens declines after onset of symptoms. At 10 days after illness onset, recovery of replication-competent virus in viral culture (as a proxy of the presence of infectious virus) is decreased and approaches zero. Although persons may produce PCR-positive specimens for up to 6 weeks (Xiao, 2020), there is no evidence to suggest that these PCR-positive samples represent the presence of infectious virus. Furthermore, among patients who have recovered and have detectable RNA in upper respiratory specimens, concentrations of RNA after 3 days are generally in ranges where virus has not been reliably cultured by CDC. These data have been generated from adults across a variety of age groups and with varying severity of illness. Data from children and infants is not presently available.

Key findings and references are summarized below:

- Viral burden measured in upper respiratory specimens declines after onset of illness (CDC unpublished data, Midgely 2020, Young 2020, Zou 2020, Wölfel 2020).
- At this time, replication-competent virus has not been successfully cultured more than 9 days after onset of illness. The statistically estimated likelihood of recovering replication-

competent virus approaches zero by 10 days (CDC unpublished data, Wölfel 2020, Arons 2020).

- As the likelihood of isolating replication-competent virus decreases, anti-SARS-CoV-2 IgM and IgG can be detected in an increasing number of persons recovering from infection (Wölfel 2020).
- Attempts to culture virus from upper respiratory specimens have been largely unsuccessful when viral burden is in low but detectable ranges (i.e., Ct values higher than 33-35[1])(CDC unpublished data).
- Following recovery from clinical illness, many patients no longer have detectable viral RNA in upper respiratory specimens. Among those who continue to have detectable RNA, concentrations of detectable RNA 3 days following recovery are generally in the range at which replication-competent virus has not been reliably isolated by CDC (CDC unpublished data, Young 2020).
- No clear correlation has been described between length of illness and duration of post-recovery shedding of detectable viral RNA in upper respiratory specimens (CDC unpublished data, Midgely 2020, Wölfel 2020).
- Infectious virus has not been cultured from urine or reliably cultured from feces (CDC unpublished data, Midgely 2020, Wölfel 2020); these potential sources pose minimal if any risk of transmitting infection and any risk can be sufficiently mitigated by good hand hygiene.

Additional information on CDC's interim strategy is available at https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html.

Covid-19 Phone Notification Requirements for OPWDD Providers

Effective 03/17/2020

Applicable to all providers of OPWDD funded, certified, or operated programs

These requirements supersede guidance emailed March 12, March 14, and March 17, 2020

Covid-19 Events that must be Reported

All providers must immediately notify the Justice Center or IMU by phone of:

- **any Covid-19 related quarantine and/or isolation orders** served by their Local Health Department (LHD), identified below (page2);

Regarding:

- Any **individual** served by their Agency (program), or
- Any **staff member** employed by their Agency (program).

The reports must be documented in IRMA as Part 625 events as described on companion document "Covid-19 Required Reporting in IRMA". The events will not require investigation by the agency. However, IRMA entry must include information required in this guidance. You will be contacted by OIIA to collect information for contact tracing if there is positive response and/or a reasonable suspicion that a person will test positive.

Initial Notifications

Program/Services Under Justice Center Jurisdiction	Programs/Services NOT Under Justice Center Jurisdiction
All agency programs/services **under the jurisdiction** of the Justice Center must report Covid-19 status as described below to the NYS Justice Center for the Protection of People with Special Needs @ **1-855-373-2122** The Justice Center is assisting OPWDD in receipt of reports. **Web form submittal is not acceptable for Covid-19 reports.** Note: A Justice Center XML will be created in IRMA	All agency programs/services **not under the jurisdiction** of the Justice Center must report Covid-19 status as described below, as follows: **Monday through Friday, 8:00am – 4:00 pm** Call **518-473-7032** and state that the call is for Covid-19 reporting. **Do Not call your RCO or ICO directly for Covid-19 telephone notification.** The provider must create/enter the report into IRMA.

Status Changes/Updates to Previous Reports

All Phone Notifications Must be reported to OPWDD Incident Management Unit

Monday through Friday, 8:00am through 4:00pm:

Call **518-473-7032** and state that the call is for Covid-19 reporting.

Do Not call your RCO or ICO for Covid-19 telephone notification.

After 4 pm Monday through Friday, all hours on weekends and NYS holidays:

Call: 1-888-479-6763.

All providers must **also immediately notify** the OPWDD Incident Management Unit by phone of **any changes in individuals or staff involved, condition, status, or location** of involved parties, related to reported Covid-19 cases.

Within 24 hours of phone notification of updates, the agency must enter into the OPWDD Incident Report and Management Application (IRMA).

Covid-19 Quarantine and Isolation Statuses Requiring Notification:

A. Precautionary Quarantine

Person meets one or more of the following criteria:

1. Has traveled to China, Iran, Japan, South Korea or Italy while COVID-19 was prevalent, but is not displaying symptoms; or
2. Is known to have had a proximate exposure to a positive person but has not had direct contact with a positive person and is not displaying symptoms. In addition, any person the LHD believes should be quarantined, not addressed here, the LHD should contact NYS DOH.

B. Required Mandatory Quarantine

Person meets one or more of the following criteria:

1. Has been within close contact (6 ft.) with someone who is positive, but is not displaying symptoms for COVID-19; or
2. Has traveled to China, Iran, Japan, South Korea or Italy and is displaying symptoms of COVID-19.

C. Required Mandatory Isolation – Positive Test for Covid-19

Person meets one or more of the following criteria:

1. Has tested positive for COVID-19, whether or not displaying symptoms for COVID-19.
2. LHDs must immediately issue an order for Mandatory Quarantine or Isolation once notified, which shall be served on the person impacted.

IMMEDIATE PHONE NOTIFICATION - INFORMATION NEEDED

Providers must report the following information at the time of phone notification to the best of their ability:

- Caller Name and contact phone number
- Agency
- Involved Program/Service Type
- Involved Program/Service Address
- **For each Individual on quarantine/isolation status**, the following information:
  - Name, TABS ID, Date of Birth

- Willowbrook status
- Residential Address
- Contact Phone Number for each individual, and primary contact person name
- Name and phone number of the local health department party spoken to by provider
- Determined quarantine/isolation per the health department (one of the following):
  - Precautionary Quarantine
  - Required Mandatory Quarantine
  - Required Mandatory Isolation
- Start date of quarantine/isolation determination
- Description of protections and quarantine/isolation implementation

- **For each staff member on quarantine/isolation status**, the following information, to the best of their ability:
  - Name
  - Home Address
  - Date of Birth
  - Contact phone number
  - Name and phone number of the local health department party spoken to, if known.
  - Determined quarantine/isolation per the health department (one of the following):
    - Precautionary Quarantine
    - Required Mandatory Quarantine
    - Required Mandatory Isolation

Within 24 hours of phone notification a report must be entered into the OPWDD Incident Report and Management Application (IRMA) as described in "Covid-19 Required Reporting in IRMA".

IMMEDIATE NOTIFICATION OF STATUS CHANGES

Providers must call to report status changes/updates by **2:00 pm** each day when known, for previously reported individuals and staff including but not limited to the following information:

- Changes in individual's location due to implementation or termination of quarantine or isolation
- Changes in or termination of health department quarantine or isolation status
- Covid-19 testing and/or receipt of testing results
- Changes in health status, e.g. hospitalization, hospital discharge, recovery, etc.
- Any other significant changes

Within 24 hours of status change notification a report update must be entered into IRMA as described below.

Covid-19 Required Reporting in IRMA

Effective 03/17/2020

Applicable to all providers of OPWDD funded, certified, or operated programs

IRMA entry must occur within 24 hours of phone notification of Covid-19 quarantine/isolation status.

Phone notification guidance is provided on companion document "Covid-19 Phone Notification Requirements for OPWDD Providers".

Providers must enter a report into IRMA under the Part 625 Event/Situation classification of **"ES -COVID-19 "Coronavirus."**

Programs/Services *Under* Justice Center Jurisdiction	**Programs/Services ***NOT* *Under* Justice Center Jurisdiction**
Follow these steps to enter into IRMA: • Log into the Incident Report and Management Application (IRMA) • Look in the Justice Center Tab in IRMA • Locate the new Justice Center created IRMA record. Open that record and review the JC XML to ensure that this is the correct narrative reported for COVID-19 to the Justice Center. • Continue to enter COVID-19 Event information by following ES Covid-19 IRMA Entry Requirements below.	Follow these steps to enter into IRMA: • Log into the Incident Report and Management Application (IRMA) • Go to the menu page and select, "ADD INCIDENT" • Continue to enter COVID-19 Event information by following ES Covid-19 IRMA Entry Requirements below.

ES Covid-19 IRMA Entry Requirements:

- **On the incident details tab enter all known information (all required fields):**
  - Did this incident occur under the auspices of OPWDD or provider agency?
    - **Select "No" (Part 625 regulation)**
    - Initial Findings/Preliminary Report (Maximum 8000 characters.)
      - Type the names of **individuals** and **staff** that were exposed and indicate if they are an individual or staff
      - For each person you enter, indicate which of the following quarantine/isolation categories the person is under based on the determination of the Local Department of Health:
        - Precautionary Quarantine (Isolation of individuals with proximate exposure)
        - Required Mandatory Quarantine (Isolation of individuals with close exposure)
        - Required Mandatory Isolation (Individuals with Confirmed COVID-19 Diagnosis)
        - Other statuses or related information
          - Hit "Submit" to create the record. You will receive a message at the top of the page confirming the record has been created and the Master Incident Number (MIN) assigned to it.

- **Document the MIN immediately in case you are timed out of IRMA. You will be able use the MIN to search for the record that was created**.

- **Go to Incident Details and then to the Involved Persons tab:**
  - Add **all individuals** and **staff** with exposure
    - For Type select "person present"
    - Select the appropriate subtype (i.e., agency staff, individual etc.)
    - Enter name - first and last name are required

- **In the Individual Tab select:**
  - Category – ES (Event/Situation)
  - Classification – **COVID-19 "Coronavirus"**
  - **Enter Staff**:
    - When you select this classification, there will be an "Add Staff" link that pops up next to the COVID-19 "Coronavirus" Classification
      - If a staff member is involved in this event, in that there are quarantine or isolation requirements in place for the staff involved, click on this link
    - It will add a type of individual to the Event/Situation named STAFF,STAFF." This will help identify if any staff was involved.
    - "STAFF,STAFF" can only be added to the Event/Situation only once under the Individual Tab. Once you click on the link to Add Staff, that option will go away. If multiple staff are identified, those staff members should be recorded by name in the Involved Persons Tab.
  - **Enter Individuals**:
    - Enter individuals by their TABS ID

- **Initial Status:**

  Under the Investigation Tab, click on Reporting Update and type in information known about initial status;
  Initial Status must include information necessary at the time of phone notification:
  Initial Status for each Individual must include the following information:
  - Exposure information and date
  - Date of quarantine/isolation determination and implementation
  - Name and phone number of the health department party spoken to
  - Description of implemented protections and quarantine/isolation measures.
    - Individual's current location within the home or different site;
    - If person has been relocated to a different site to implement be quarantined or isolated, or to provide required medical care; provide the type of facility and address
  - **For each staff member on quarantine/isolation status**, the following information:
    - Exposure information and date
    - Date of quarantine/isolation determination and implementation
    - Name and phone number of the health department party spoken to, if known
    - How quarantine/isolation is accomplished, if known.

- **Reporting Update:**

  Under the Investigation Tab, click on Reporting Update and Select "**Other**" and then in the text box list the status change.

A new reporting update **must be made with each change in status**, **including but not limited to:**

- Changes in individual's location due to implementation or termination of quarantine or isolation
- Changes in or termination of health department quarantine or isolation status
- Covid-19 testing and/or receipt of testing results
- Changes in health status, e.g. hospitalization, hospital discharge, recovery, etc.
- Any other significant changes

Please direct your questions and issues related to reporting in IRMA to your respective Incident Compliance Officer at 518-473-7032. If you do not reach them, please email the questions/issues to incident.management@opwdd.ny.gov

Thank you.

Attachment W

COVID-19 INDIVIDUAL NOTIFICATION REQUIREMENTS

Revised 5.4.2020

EEDA is required to notify OPWDD and the Justice Center of any COVID-19 related quarantine and/or isolation orders served by the local DOH. This involves a person supported or any staff employed by the agency.

Involved Program:	
Program Address:	
Program Phone Number:	
Contact Person:	
Start Date:	

The entire program is currently under:	Level for the Program
Program not under quarantine/isolation	
Precautionary Quarantine	
Required Mandatory Quarantine	
Required Mandatory Isolation	
Other Exposure	

INDIVIDUAL'S INFORMATION

Name:	
Date of Birth:	
TABS ID:	
Considered Vulnerable Individual? Yes/No	
Willowbrook Yes/No:	
Residential Address:	
Residential Phone #:	
Own bedroom or roommate? Roommate name	
Where is person now? (home, hosp., etc)	
Has the Individual been Hospitalized?	
If hospitalized, has discharge planning started?	
Primary Contact Name:	
Primary Contact Relationship:	
Primary Contact #:	
The symptoms the person is exhibiting:	
The date symptoms began:	
Has the person been in contact with someone who tested positive for COVID19? Yes/no/unknown. If yes, any details if known.	
If the person traveled outside their home/residence within the previous 14 days - yes/no? If yes, where?	
Has Individual been evaluated by Medical Practitioner?	
Date Tested?	
Date Results Received?	
Has Individual been determined by LHD/HCP to be presumed positive?	
Determined Quarantine/Isolation level:	

Start Date of Quarantine/Isolation:	
Number of Isolation/Quarantine days required if known:	
Actual End Date of Isolation/Quarantine	
Activity Restriction Start Date	
Activity Restriction End Date	
Has notification been made to family?	
Has notification been made to the advocate?	
Has the individual passed away from COVID-19?	
Date of death	
Location of death: Hospital; Residential Program; Family Home; Nursing/Rehab/Recovery Center; Other	

Other individuals living in the residence	**Date of Birth**	**TABS ID**

***Please attach list of all staff who worked with person for 48-hours prior to testing date.**

Each contact's name and DOB	Each contact's phone number and/or email address and facility location (where they live or work)	Date they were contacted and by who (Name, Title)
Name:	Address:	Name:
Phone #:		
DOB:	Facility:	Date:
Name:	Address:	Name:
Phone #:		
DOB:	Facility:	Date:
Name:	Address:	Name:
Phone #:		
DOB:	Facility:	Date:
Name:	Address:	Name:

Phone #:		
DOB:	Facility:	Date:
Name:	Address:	Name:
Phone #:		
DOB:	Facility:	Date:
Name:	Address:	Name:
Phone #:		
DOB:	Facility:	Date:
Name:	Address:	Name:
Phone #		
DOB:	Facility:	Date:
Name:	Address:	Name:
Phone #:		
DOB:	Facility:	Date:
This Section to be completed by Compliance/QA		
Which County DOH contacted:		
When Contacted? (Date/Time)		
Who called DOH? (DOH)		
Who did they speak w/ at DOH?		
Phone number of person at DOH:		
Email address of person at DOH:		
EEDA or DOH completing Contact Tracing?		
JC Notified- Date/Time:		
Who made the notification?		
OPWDD Notified- Date/Time:		
Who made the notification?		
IRMA Master Incident #:		

Attachment X

COVID-19 STAFF NOTIFICATION REQUIREMENTS		
	REVISED 5/4/2020	
EEDA is required to notify OPWDD and the Justice Center of any COVID-19 related quarantine and/or isolation orders served by the local DOH. This involves a person supported or any staff employed by the agency.		
Involved Program:		
Program Address:		
Program Phone Number:		
Contact Person:		
Start Date:		
The entire program is currently under:	Level for the program	
Program not under quarantine/isolation		
Precautionary Quarantine		
Required Mandatory Quarantine		
Required Mandatory Isolation		
Other Exposure		
STAFF INFORMATION		
Staff Name:		
Date of Birth:		
Home Address:		
Staff's Phone #:		
Email address:		
Last date staff worked in program:		
Address of primary work site:		
County of primary work site:		
Did this exposure occur at work?		
Location of the exposure (if known):		
Where is person now? (home, hosp., etc)		
The symptoms the person is exhibiting:		
The date symptoms began:		
Was the person symptomatic at work?		
Has the person been in contact with someone who tested positive for COVID19? Yes/no/unknown. If yes, any details if known.		
If the person traveled outside their home/residence within the previous 14 days - yes/no? If yes, where?		
Has person been evaluated by Health Department or Medical Provider?		
Date Tested?		
Location of the testing?		
Date Results Received?		
Has Individual been determined by LHD/HCP to be presumed positive?		
Start Date of Quarantine/Isolation:		

Number of Isolation/Quarantine days required if known:		
Actual End Date of Isolation/Quarantine:		
Date the person returned to work:		
Has the person been hospitalized?		
Discharge Date:		
Discharge Description:		
Has the person passed away from COVID-19?		
Date of death:		
The staff person currently under:	Level of Staff Person	
Staff person not under quarantine/isolation		
Precautionary Quarantine		
Required Mandatory Quarantine		
Required Mandatory Isolation		
Other Exposure		
Names of Individuals in the residence:	**Date of Birth:**	**TABS ID:**

***Please attach list of all other staff who worked with person for 48-hours prior to testing date.**

Each contact's name and DOB:	Each contact's phone number and/or email address, and facility location (where they live or work):	Date they were contacted and by who (Name, Title):
Name:	Address:	Name:
Phone #:		
DOB:	Facility:	Date:
Name:	Address:	Name:
Phone #:		
DOB:	Facility:	Date:
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This Section to be completed by Compliance/QA	
Which County DOH contacted:	
When Contacted? (Date/Time)	
Who called DOH?	
Who did they speak w/ at DOH?	
Phone number of person at DOH:	
Email address of person at DOH:	
EEDA or DOH completing Contact Tracing?	
JC Notified- Date/Time:	
Who made the notification?	
OPWDD Notified- Date/Time:	
Who made the notification?	
IRMA Master Incident #:	

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DATE: July 2, 2020
TO: Health Care Providers, Health Care Facilities, and Local Health Departments
FROM: New York State Department of Health

Revised Interim Guidance: Protocol for COVID-19 Testing Applicable to All Health Care Providers and Local Health Departments

Background:
Amid the ongoing COVID-19 pandemic, the New York State Department of Health (NYS DOH) continues to monitor the situation and work to expand COVID-19 diagnostic and serologic testing for New Yorkers. This updates the guidance issued on May 31, 2020.

Testing Authorization:
Testing is an essential component of a multi-layered strategy to prevent sustained transmission of COVID-19 in New York State. The State has undertaken tremendous steps to increase testing capacity for COVID-19. As announced by Governor Andrew M. Cuomo, **diagnostic and/or serologic testing for COVID-19 may now be authorized by a health care provider for any New Yorker who resides or works within the state given the dramatic increase in testing capacity.** Health care providers should use clinical judgment to determine the appropriate COVID-19 test(s) (i.e. diagnostic or serologic) that should be obtained based on individual clinical factors.

Testing Prioritization:
On April 17, 2020, Executive Order 202.19, as extended, was issued requiring the establishment of a single, statewide coordinated testing prioritization process that shall require all laboratories in the state, both public and private, that conduct COVID-19 diagnostic testing, to complete such COVID-19 diagnostic testing only in accordance with such process.

To support the statewide coordinated testing prioritization, health care providers can authorize any New Yorker for testing, but may consider the following prioritization when ordering a COVID-19 test:

1. Symptomatic individuals, particularly if the individual is part of a high-risk population, including persons who are hospitalized; persons residing in nursing homes, long-term care facilities, or other congregate care settings; persons who have a compromised immune system; persons who have an underlying health condition; and persons who are 70 years of age or older.

2. Individuals less than 21 years of age who have symptoms consistent with Multisystem Inflammatory Syndrome in Children (MIS-C), which is also known as Pediatric Multi-System Inflammatory Syndrome.

3. Individuals requiring a COVID-19 test for medical care, including being tested prior to an elective surgery or procedure, or individuals who are pregnant and their designated support person.

4. Individuals who have had close (i.e. within six feet) or proximate contact with a person known to be positive with COVID-19.

5. Individuals who are subject to a precautionary or mandatory quarantine.

6. Individuals who are employed as health care workers, first responders, or in any position within a nursing home, long-term care facility, or other congregate care setting, including but not limited to:

    - Correction/Parole/Probation Officers
    - Counselors (e.g. Mental Health, Addiction, Youth, Vocational, Crisis, etc.)
    - Direct Care Providers
    - Dentists and Dental Hygienists
    - Firefighters
    - Health Care Practitioners, Professionals, Aides, and Support Staff (e.g. Physicians, Nurses, Public Health Personnel)
    - Medical Specialists
    - National Guard and Military Service Members Aiding in COVID-19 Response
    - Nutritionists and Dietitians
    - Occupational/Physical/Recreational/Speech Therapists
    - Optometrists, Opticians, and Supporting Staff
    - Paramedics/Emergency Medical Technicians (EMTs)
    - Police Officers
    - Psychologists/Psychiatrists
    - Residential Care Program Managers

7. Individuals who are employed as essential employees who directly interact with the public while working, including but not limited to:

    - Animal Care Workers (e.g. Veterinarians)
    - Automotive Service and Repair Workers
    - Bank Tellers and Workers
    - Building Code Enforcement Officers
    - Child Care Workers
    - Client-Facing Case Managers and Coordinators
    - Court Personnel
    - Delivery Workers
    - Essential Construction Workers at Occupied Residences or Buildings
    - Faith-Based Leaders (e.g. Chaplains, Clergy Members)
    - Field Investigators/Regulators for Health and Safety
    - Food Service Workers
    - Funeral Home, Cemetery, and Crematory Workers
    - Hotel/Motel Workers
    - Human Services Providers
    - Laundry and Dry Cleaning Workers

- Mail and Shipping Workers
- Maintenance and Janitorial/Cleaning Workers
- Retail Workers at Essential Businesses (e.g. Grocery Stores, Pharmacies, Convenience Stores, Gas Stations, Hardware Stores)
- Security Guards and Personnel
- Shelter Workers and Homelessness Support Staff
- Social Workers
- Teachers/Professors/Educators
- Transit Workers (e.g. Airports, Railways, Buses, and For-Hire Vehicles)
- Trash and Recycling Workers
- Utility Workers

8. Individuals who are employed by an essential business (e.g. food production, medical supply manufacturing) or any business that has been designated to "reopen" in certain regions of the state (e.g. Phase 1, Phase 2, Phase 3, or Phase 4 of the State's *New York Forward* plan).

9. Individuals who participated in recent protest activities that occurred in localities around New York State.

10. Individuals who present with a case where the facts and circumstances – as determined by the treating clinician in consultation with state or local department of health officials – warrant testing, or other criteria set forth by NYS DOH (e.g. place of residence, occupation).

Diagnostic Testing Access:
Individuals who do not currently have access to testing can call the New York State COVID-19 Hotline at 1-888-364-3065 or visit the NYS DOH website https://covid19screening.health.ny.gov/ to have an appointment set up at one of the State's Testing Sites.

Serologic Testing Access:
Individuals seeking serologic (antibody) testing should speak with their health care provider.

Precautions:
Any release of information must adhere strictly to the Health Insurance Portability and Accountability Act (HIPAA) and any other applicable federal and state laws governing personal health information.

Providers who have questions can contact the NYS DOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or 1-866-881-2809 during evenings, weekends, and holidays.

Additional Resources:
- NYS DOH COVID-19 Website
- NYS Local Health Department Directory
- Centers for Disease Control and Prevention (CDC) COVID-19 Website
- World Health Organization (WHO) COVID-19 Website

NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

Interim Guidance Regarding Reopening of Day Services

July 10, 2020
Revised July 16, 2020 (revisions underlined)

Interim Guidance Regarding the Reopening of Day Services Certified by the Office for People With Developmental Disabilities

This Interim Guidance provides guidelines for OPWDD's certified day programs and services, both site and community based including Day Habilitation, Prevocational Services, Sheltered Workshops, Day Treatment, and Respite, to resume operations safely and consistently with the Governor's NY Forward initiative. OPWDD is committed to resuming full access to services for individuals, as well as to maintaining health and safety standards, social distancing directives, and precautions to help protect against the spread of COVID-19.

Effective July 15, 2020 for regions of the State that have entered into Phase Four in accordance the New York Forward Reopening Plan, these guidelines replace the March 17, 2020 guidance entitled *Immediate Temporary Suspension of Day Program Services* and set forth minimum requirements based on best-known public health practices at time of the State's reopening. The documentation and sources referenced in these guidelines are subject to change. The day programs responsible for implementation and monitoring of these guidelines are required to adhere to all applicable local, state and federal requirements, remain well-informed with any relevant updates and to incorporate as needed into operating practices and site-specific Safety Plan. Each day program has authority to implement additional precautions and/or increased restrictions necessary to meet program specific and individual specific needs.

Standards for Reopening Day Program Operations

OPWDD certified day programs may only reopen if they meet minimum State and Federal safety requirements as outlined by the Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), United States Department of Labor's Occupational Safety and Health Administration (OSHA), New York State Department of Health (DOH) and OPWDD while also meeting the minimum standards of the Americans with Disabilities Act (ADA).

The requirements contained within this guidance apply to all OPWDD certified day programs and services which resume operation during the continued COVID-19 public health emergency, until amended or rescinded by the State. The OPWDD day program shall be responsible for meeting these minimum standards. Please note that where guidance in this document differs from other guidance documents issued by the State or Federal governments, the more recent guidance shall apply.

Please note that any outdoor space that belongs to and/or is exclusively used by a certified day program site is not considered a public place for the purposes of this guidance. Individuals receiving services are not required to wear a face covering when utilizing the outdoor space that belongs to and/or is exclusively used by the day program, as long as social distancing from other day program participants and staff and essential visitors can be maintained.

Signage must be posted throughout the certified site addressing critical COVID-19 transmission prevention and containment. Programs can use the DOH issued signage or develop customized signage specific to their day program needs and location. Signage must include guidance regarding:

- 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 hand washing and appropriate use of hand sanitizer.

Required Day Program Reopening Plans

All day programs must develop a safety plan for reopening that addresses the requirements contained herein and provide said plan to the OPWDD Division of Quality Improvement via the Quality Mailbox at quality@opwdd.ny.gov . Plans should be submitted prior to the reopening of the day program and must include the attached attestation, agreeing to implement all required safety precautions and guidelines.

All day programs and the responsible parties must maintain and have available completed safety plans on site. The State has made available a business reopening safety plan template to guide business owners and operators in developing plans to protect against the spread of COVID-19, such safety plan templates can be found at forward.ny.gov.

A. Entrance to Site Based/Participation in Community Based Programs

All staff and individuals, as well as any essential visitors, must be screened prior to entry into the day program site and monitored for signs and symptoms of COVID-19 thereafter.

Each day program must designate a supervisory level staff or health care professional to conduct daily screenings. Screeners should be provided and use PPE, including at a minimum, a face mask and gloves and may include a gown, and/or a face shield. The screener must document health screenings of all individuals and staff. Staff screenings will document if the screening was passed or the staff was sent home, no health information will be recorded. All staff screenings will be secured in a locked area. Screeners must require individuals and staff to self-report, to the extent they are able, any changes in symptom status throughout the day and identify a contact person who staff and/or individuals should inform if they later are experiencing COVID-19-related symptoms.

The health screening assessment should ask about (1) COVID-19 symptoms in the past 14 days, (2) positive COVID-19 test in the past 14 days, (3) close contact with a confirmed or suspected COVID-19 case in the past 14 days and/or (4) travel from within one of the designated states with significant community spread. Assessment responses must be reviewed every day and such review must be documented.

Any individual or staff exhibiting signs or symptoms of COVID-19 upon arrival will not be allowed to enter the program building. They will be required to return home until they are fever free for 72 hours without the use of fever-reducing medications (e.g. Advil, Tylenol)

If symptoms begin while at the day program, the individual or staff must be sent home as soon as possible. The program must keep sick individuals and staff separate from well individuals and staff.

Any individual or staff sent home should be instructed to contact their healthcare provider for assessment and testing. The day program must immediately notify the local health department and OPWDD about the suspected case. The day program should provide the individual or staff with written information on healthcare and testing resources, refer to DOH Testing guidance (https://coronavirus.health.ny.gov/covid-19-testing)

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- Individuals sent home from program shall consult with their healthcare practitioner prior to returning to the program;
- Staff sent home shall comply with appropriate return to work guidance and shall consult with their supervisor prior to returning to work.

Individuals may not return to or attend the day program while a member of their household or certified residence are being quarantined or isolated. If an individual or staff member is identified with COVID-19, the day program must seek guidance from State or local health officials to determine when the individual/staff can return to the program and what additional steps are needed. A directory of local health departments can be found at: https://www.health.ny.gov/contact/contact_information/

All staff and individuals must perform hand hygiene immediately upon entering the program and throughout the day.

Day program services must designate a site safety monitor whose responsibilities include continuous compliance with all aspects of the site safety plan.

Day programs must maintain a log of every person, including staff and essential visitors, who may have close contact with other individuals at the facility; excluding deliveries that are performed with appropriate PPE or through contactless means. Log should contain contact information, such that all contacts may be identified, traced and notified in the event someone is diagnosed with COVID-19. Providers of day program services must cooperate with local health department contact tracing efforts.

Staff should take the following actions related to COVID-19 symptoms and contact:

- If a staff has COVID-19 symptoms AND EITHER tests positive for COVID-19 OR did not receive a test, the staff may only return to work after completing a 14-day self-quarantine. If a staff is critical to the operation or safety of a facility, the day program provider may consult their local health department and the most up-to-date CDC and DOH standards on the minimum number of days to quarantine before a staff is safely able to return to work with additional precautions to mitigate the risk of COVID-19 transmission.

- If a staff does NOT have COVID-19 symptoms BUT tests positive for COVID-19, the staff may only return to work after completing a 14-day self-quarantine. If a staff is critical to the operation or safety of a facility, the day program provider may consult their local health department and the most up-to-date CDC and DOH standards on the minimum number of

days to quarantine before a staff is safely able to return to work with additional precautions to mitigate the risk of COVID-19 transmission.

- If a staff has had close contact with a person with COVID-19 for a prolonged period of time AND is symptomatic, the staff should notify the day program and follow the above protocol for a positive case.

- If a staff has had close contact with a person with COVID-19 for a prolonged period of time AND is NOT symptomatic, and the inability to temporarily furlough that employee would cause a hardship to the employer/program, the staff should notify the day program and adhere to the following practices prior to and during their work shift, which should be documented by the day program:
  i. Regular monitoring: As long as the staff does not have a temperature or symptoms, they should self-monitor consistent with the day program's health policies.
  ii. Wear a mask: The staff should wear a surgical face mask at all times while in the day program.
  iii. Social distance: staff should continue social distancing practices, including maintaining, at least, six feet distance from others.
  iv. Disinfect and clean facility spaces: Continue to clean and disinfect all areas such as offices, bathrooms, classrooms, common areas, and shared electronic equipment routinely.

Entrance into sites will be restricted to essential staff responsible for the direct provision of service not amenable to delivery via telehealth alternatives or those persons required to ensure continued health and safety operations (e.g. PPE supply delivery or work control etc.). Post signage alerting non-essential visitors are not allowed.

In the event an individual, staff or anyone they reside with are placed on quarantine or isolation, the responsible party (i.e. self, guardian, residence manager etc.) must notify the day program immediately and must suspend attending day program until they are medically cleared to return to work/program.

B. Social Distancing Requirements

All day program providers must ensure that, for any programming occurring indoors, capacity is limited to the number of participants and required staff which ensures the following mitigation strategies are adhered to:

At least six feet of physical distance is maintained among individuals and staff, unless safety of the core activity requires a shorter distance or an individual's treatment plan requires that closer contact be maintained with a staff member.

All staff must wear an appropriate face mask or covering at all times at work, consistent with all current Executive Orders and OPWDD guidelines, unless medically contraindicated.

- Acceptable face coverings for COVID-19 include but are not limited to cloth-based face coverings and disposable masks that cover both the mouth and nose.

- Cloth, disposable, or other homemade face coverings are not acceptable face coverings for workplace activities that typically require a higher degree of protection for personal protective

equipment due to the nature of the work. For those activities, N95 respirators or other personal protective equipment (PPE) used under existing industry standards should continue to be used, as is defined in accordance with OSHA guidelines.

Individuals receiving services must wear face coverings, if they can medically tolerate one whenever social distancing cannot be achieved.

Programs must ensure that groupings of staff/individuals receiving services are as static as possible by having the same group of individuals work with the same staff whenever and wherever possible. Group size must be limited to no more than fifteen (15) individuals receiving services. The restriction on group size does not include employees/staff.

Programs must ensure that different stable groups of up to 15 individuals have no or minimal contact with one another nor utilize common spaces at the same time, to the greatest extent possible.

Programs should maintain a staffing plan that does not require employees to “float” between different rooms or groups of individuals, unless such rotation is critical to safely staff individuals due to unforeseen circumstances (e.g. staff absence).

Modify the use and/or restrict the number of program rooms and seating areas to allow for social distancing of at least six feet apart in all directions (i.e. 36 square feet). When distancing is not feasible between workspaces, the program must provide and require the use of face coverings or enact physical barriers, such as plastic shielding walls where they would not affect air flow, heating, cooling, or ventilation.

- Physical barriers should be put in place in when possible. Options include but are not limited to strip curtains, plexiglass or similar materials, or other impermeable dividers or partitions. Use in accordance with OSHA guidelines.

- Shared workspaces or equipment must be cleaned and disinfected between use.

- Prohibit the use of tightly confined spaces (e.g. supply closets, equipment storage areas, kitchens, vehicles, or restrooms) by more than one person at a time, unless both individuals and staff sharing such space are wearing acceptable face coverings. However, even with face coverings in use, occupancy must never exceed 50% of the maximum capacity of the space or vehicle, unless it is designed for use by a single occupant.

Programs should increase ventilation with outdoor air to the greatest extent possible (e.g. open program room and vehicle windows and prop open doors and/or open as frequently as possible), unless such air circulation poses a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) to individuals using the facility.

Programs should take additional measures to prevent congregation in lobbies, hallways, and in elevator waiting areas and limit density in elevators, such as enabling the use of stairs.

Implement additional measures to prevent congregation in elevator waiting areas and limit density in elevators, such as enabling the use of stairs, when possible.

Reduce bi-directional foot traffic using tape or signs with arrows in narrow aisles, hallways, or spaces, and post signage and distance markers denoting spaces of six feet in all commonly used areas and any areas in which lines are commonly formed or people may congregate (e.g. entrance/exit into the facility, meal areas, etc.).

Social distancing may not always be possible when caring for individuals with higher medical, behavioral or adaptive support needs. Their specific treatment plans may necessitate physical contact to ensure health and safety during activities of daily living (e.g. toileting, eating etc.), behavior intervention techniques (e.g. physical restraint) or medical treatments (e.g. administration of daily medication or first aid etc.). All appropriate personal protective equipment and hygiene must be utilized. Providers are encouraged to work with staff who are unable to medically tolerate wearing a mask to temporarily reassign them to work duties which are capable of being completed while maintaining social distance from vulnerable populations.

C. Gatherings in Enclosed Spaces

Prohibit gatherings of more than 15 people (excluding staff) in a shared space, at any given time. Rooms should be reconfigured or repurposed to limit density and expand usable space.

Program rooms should include the same grouping of individuals with the same staff each day to the extent possible and avoid crossing programs with other rooms.

Space out seating (6 feet apart) and use floor markers to designate six-foot distances. Remove additional seating above designated room capacity.

Day programs must provide adequate space for required staff to adhere to social distancing while completing independent tasks (i.e. paperwork) and when taking breaks (e.g. eating). Break times should be staggered to maintain social distancing.

Shared food and beverages are prohibited. Food brought from home should require limited preparation at the day program site (i.e. heating in microwave) and be packed appropriately. All reusable food utensils and storage containers should be washed in the dishwasher on the hottest wash and dry setting.

Buffet-style dining is prohibited. Discontinue use of large cafeterias for meals, unless social distancing can be maintained, and stagger mealtimes to allow for social distancing and disinfection in-between use.

D. Day Program Schedules and Activities

Initially, day program capacity should be prioritized for individuals who are best served onsite due their specific clinical needs. Providers should allow high risk individuals, who prefer to remain at home, to participate in less intensive in-home supports of a shorter duration and encourage continued use of telehealth to supplement service delivery.

For those individuals resuming site-based day services, programs must implement measures to foster social distancing and disinfection in-between use via the following considerations:

Adjusting day program hours to allow blocks of service provision (e.g. 9 AM to 1 PM and 2 PM to 6 PM).

Limiting staff on site to those essential to direct service provision.

Prioritizing tasks and activities that most easily adhere to social distancing.

For sport and athletic activities, programs must keep stable groups of individuals together and separated from other groups and should focus on activities with little or no physical contact (e.g. walking or hiking) and which do not rely on shared equipment.

For food services, programs should:

- Serve individual portions;
- Avoid use of communal dining areas and substitute eating outdoors or in a classroom, whenever possible;
- Keep stable groups of individuals separated from one another;
- Consider staggering mealtimes to reduce occupancy within an indoor space or congregation within an outdoor area; and
- Separate tables with seating at least six feet apart from other tables, as feasible.

E. Personal Protective Equipment

Day programs must have an adequate supply of required PPE on site. All required staff and essential visitors are required to wear a face covering or mask and will be provided one for use onsite at no cost.

All day programs and staff should comply with OSHA standards applicable to each specific work environment.

Staff may choose to provide their own face covering, however are not required to. Acceptable face coverings may include, surgical masks, N95 respirators, face shields and/or cloth masks (e.g. homemade sewn, quick cut, bandana). Any personally supplied face coverings must maintain standards for professional/workplace attire. Cloth, disposable or homemade masks are not appropriate for workplace activities that require a higher degree of protection for personal protective equipment due to the nature of the work.

- Face coverings must be cleaned or replaced after use and may not be shared. Please consult CDC guidance for optimizing use of face masks at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html .

- All staff must be trained on proper use of PPE including when to use and donning, doffing, disposing and/or reusing and sanitizing when appropriate. Documentation of such trainings will be retained in the employee's personnel file.

F. Hygiene and Cleaning

Strict adherence to hygiene and sanitation requirements is required to reduce transmission as advised by DOH "Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19," and the "STOP THE SPREAD" poster, as applicable.

All site based day programs, and non site-based programs to the extent it is applicable, are required to implement the following minimum standards:

- Maintain an adequate stock of cleaning and EPA approved disinfecting agents.

- Conduct frequent cleaning and rigorous disinfection of high-risk areas (i.e. bathrooms, nursing stations) and high touch surfaces (i.e. shared equipment or supplies). Please refer to DOH's Interim Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19" for detailed instructions on how to clean facilities.

    - Adhere to proper dwell times for all cleaners, sanitizers and disinfectants per manufacturer recommendations as indicated on the product label and ensure adequate ventilation to prevent inhaling toxic fumes. Use only EPA registered products for disinfecting non-porous surfaces.

    - Maintain at each site cleaning logs indicating the date, time, and scope of cleaning.

    - Cleaning products, sanitizers and disinfectants must be kept secure and out of reach of individuals who may misuse (i.e. consume, dump out etc.). Products should be locked in a separate supply closet or cabinet, with only staff having key access. After sanitizing or disinfecting any gloves, paper towels or other disposable items used will be immediately discarded. These should be tied in a trash bag and removed from the environment to prevent individuals from accessing potentially contaminated or hazardous materials.

- Limit use of shared objects/equipment and clean then sanitize after each use. Items that cannot be cleaned and sanitized should not be used (i.e. soft toys, cloth placemats, etc.) Individuals should not be permitted to bring such personal items from home.

- Put in place reasonable measures to limit the sharing of objects, such as electronic equipment, arts and craft materials, touchscreens, as well as the touching of shared surfaces; or, require employees to wear gloves (trade-appropriate or medical) when in contact with shared objects or frequently touched surfaces; or, require workers and individuals to practice hand hygiene before and after contact.

- If cleaning or disinfection products or the act of cleaning and disinfecting causes safety hazards, staff must use PPE as needed followed by hand hygiene. Use cleaning/disinfecting wipes for

electronics (do not use sprays). Limit the number of people using the equipment when proper cleaning/disinfecting of such items are not possible.

- Provide and maintain hand hygiene stations throughout each location where possible to include:
  - Handwashing: soap, running warm water, and disposable paper towels.
  - Hand sanitizing: alcohol-based hand sanitizer containing at least 60% alcohol for areas where handwashing facilities may not be available or practical. Hand sanitizer should be available and utilized frequently throughout community based services.

  - All staff and individuals should wash their hands frequently with soap and water, for at least 20 seconds upon arriving to any site-based programming, before handling food, before and after eating and drinking, smoking/vaping, using the bathroom, after touching shared objects or surfaces, after touching their eyes, nose or mouth, or after cleaning, sanitizing or disinfecting surfaces or when hands are visibly dirty. Use of alcohol-based hand sanitizers with at least 60% alcohol are also acceptable. Use of hand sanitizer by individuals should be supervised as needed by staff.

  CDC guidelines on "Cleaning and Disinfecting Your Facility" should be followed if someone is suspected or confirmed to have COVID-19 infection:

  - Close off areas used by the person who is sick. The provider does not have to necessarily close operations, if they can close off the affected areas.

  - Open outside doors and windows to increase air circulation in the area.

  - Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.

  - Clean and disinfect all areas used by the person who is sick such as offices, classrooms, bathrooms, common areas, and shared equipment.

  - Once the area has been appropriately disinfected, it can be opened for use. Employees and individuals without close contact with the person who is sick can return to the area immediately after disinfection.

  Provider should follow NYS DOH and OPWDD guidance related to reporting and contact tracing in the case of a positive or presumed positive COVID-19 individual or staff.

G. Transportation

All certified day programs must ensure that the following measures are in place in order to transport individuals to/from day programming:

- Only individuals and staff traveling to and from the same day program should be transported together; individuals or staff from other day programs should not be intermingled for purposes of transportation at this time; individuals transported together are encouraged to be cohorted for purposes for day programming also, in order to further reduce intermingling;

- Capacity on buses, vans, and other vehicles transporting individuals from multiple residences should be reduced to 50% of total capacity to maximize social distancing and reduce COVID-19 transmission risks;

- Individuals and staff who reside/work together in the same home may be transported together to day program(s) in the same vehicle without a vehicle capacity reduction;

- Consider staggering arrival and departure times to reduce density during these times;

- To the extent possible, individuals and staff from different households should restrict close contact by not sitting near each other or the driver. The use of directional tape and signage can assist in accomplishing this. Additionally, if there are multiple doors in a bus or van, one-way entering and exiting should be utilized. Individuals should be directed to not exit the vehicle at once, instead following driver or staff instruction on exiting one person at a time;

- To the extent they can medically tolerate one, individuals, staff, and the driver must wear face-coverings at all times in the vehicle. Social distancing must be maintained for individuals who cannot tolerate wearing a mask and, when possible, such individuals should be transported alone or with members of the same household. Staff who cannot medically tolerate the use of a face covering should not be assigned to transport individuals at this time;

- After each trip is completed, the interior of the vehicle should be thoroughly cleaned before additional individuals are transported; and
- Where appropriate and safe, windows should be rolled down to permit air flow.

H. Tracing and Tracking

Providers of day program services must notify the local health department and OPWDD immediately upon being informed of any positive COVID-19 test result by an individual or staff at their site.

In the case of a staff or visitor testing positive, the provider of day program services must cooperate with the local health department to trace all contacts in the workplace and notify the health department of all staff, individuals and visitors who entered the facility dating back to 48 hours before the staff began experiencing COVID-19 symptoms or tested positive, whichever is earlier, but maintain confidentiality as required by federal and state law and regulations.

Local health departments will implement monitoring and movement restrictions of infected or exposed persons including home isolation or quarantine.

Staff who are alerted that they have come into close or proximate contact with a person with COVID-19, and have been alerted via tracing, tracking or other mechanism, are required to self-report to their employer at the time of alert and shall follow all required protocols as if they had been exposed at work.

Additional safety information, guidelines, and resources are available at:

New York State Department of Health Novel Coronavirus (COVID-19) Website
https://coronavirus.health.ny.gov/

Centers for Disease Control and Prevention Coronavirus (COVID-19) Website
https://www.cdc.gov/coronavirus/2019-ncov/index.html

Occupational Safety and Health Administration COVID-19 Website
https://www.osha.gov/SLTC/covid-19/

NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

June 18, 2020

COVID-19: Interim Visitation Guidance for Certified Residential Facilities

Background:

On March 14, 2020 OPWDD issued a Health Advisory: COVID-19 Cases in Intermediate Care Facilities for Individuals with Intellectual Disabilities which suspended visitors within Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The advisory also described requirements for the allowance of patient support persons. On March 18, 2020, OPWDD issued a Health Advisory: COVID-19 Guidance for Operators of Individualized Residential Alternatives (IRAs), Community Residences (CRs) and Private Schools Regarding Visitation, which suspended visitors within IRAs, CRs and Private Schools. ICF/IIDs, IRAs, CRs, and Private Schools are collectively referred to herein as "Certified Residential Facilities."

Accompanied by strong infection prevention and control requirements, these policies aim to safeguard and maintain the health and wellbeing of residents and staff, while containing and preventing the spread of COVID-19 during the State's initial growth phase of the pandemic. After the successful efforts of New Yorkers to flatten the curve and reduce virus transmission, OPWDD recognizes the need for sustainable visitation policies for certified residential facilities for the next phase of the public health emergency.

Visitation Program for Certified Residential Facilities

The separation of residents from their loved ones can cause significant stress and anxiety, and new strategies are needed going forward to extend the opportunity to visit residents of certified residential facilities in a manner that continues to prevent the spread of COVID-19 and ensure the health and wellbeing of residents, staff, and visitors. In recognition of this need, a visitation program for certified residential facilities will be implemented across New York State. This guidance aims to continue to ensure a safe environment of care while permitting limited visitation.

The visitation program for certified residential facilities will be instituted June 19, 2020. After evaluation by OPWDD, in collaboration with the New York State Department of Health (DOH) and participating certified residential facilities, this guidance may be modified. Until further notice, the visitation restrictions remain in place for non-participating facilities. **In order to be eligible for visitation under this guidance, the facility must attest to its ability to adhere to the following requirements:**

- The facility sets the appropriate hours during which visitation may occur, based upon the size and needs of the home, staffing available, and ability to implement appropriate disinfection between visits;
- All visits must be scheduled ahead of time and approved by the provider agency. Visits shall be staggered so as not to have multiple families visiting in a shared space at one time and to ensure adequate time to clean any common areas or high touch surfaces between visits. Providers should be cognizant of the time spent visiting in order to maximize access to visitation by all residents;
- All other residents should be notified ahead of time that visitors will be present and advised how to remain socially distant from them;
- Providers should thoroughly discuss the potential risks and benefits of the visitor's presence with the visitor and the resident ahead of a scheduled visit;
- Visitors should be limited and, where multiple visitors are permitted, then such visitors should be, to the extent possible, members of the same family or household;
- All visitors should be 18 years of age or older, except in rare exceptions as determined by the facility;
- Prior to each scheduled visit, visitors must undergo symptom and temperature checks by facility staff and shall be denied visitation if they report any COVID-19 exposure or symptoms during the prior 14 days, or have a temperature over 100.0 degrees Fahrenheit;
- Visitors must be provided a face mask if they do not arrive with one and that mask must be properly worn throughout the entirety of the visit when social distancing cannot be maintained;
- Visitors who refuse to wear a face mask must be asked to leave the facility;
- Visitors must sanitize their hands upon arrival and perform meticulous hand hygiene throughout the visit;
- Visitation is encouraged to occur outdoors if weather permits, with masks worn by all parties when social distancing cannot be maintained;
- Visitation exercised inside the facility shall only occur in a designated area where disinfection, social distancing, and separation from other residents can be safely implemented;
- Visits may occur in single bedrooms, ideally. Visitors must remain in the resident's room throughout the visit except when directed by staff to leave;
- Visitation remains prohibited anywhere except within sight of the residential facility and shall not include sitting in a non-agency vehicle or leaving the premises unmonitored by staff;

- Visitation must not occur with any individuals who are currently in quarantine due to exposure for COVID-19 or isolation for a positive COVID-19 test;
- Providers must notify visitors, at the time they are scheduling a visit, whether there are any positive or suspected cases of COVID-19 in the home;
- Any areas of the facility utilized by the visitor(s) shall be disinfected immediately following the visit; and
- Facilities shall maintain a daily log of all visitors, which shall include names and contact information, as well as the location within the facility/property that visitation occurred.

Facilities wishing to permit visitation under this guidance shall notify OPWDD and attest to their ability to meet the criteria herein by emailing the attached attestation to quality@opwdd.ny.gov.

All facilities opting to allow visitation under this guidance reserve the right to impose additional restrictions, upon notice to and approval by OPWDD. Additionally, any facility opting to allow visitation under this guidance reserves the right to cease participation and end visitation access while visitation restrictions otherwise remain in place, upon notice to OPWDD.

EAST END DISABILITY ASSOCIATES, INC.
EEDA
Creating Opportunities for Happy Lives

June 19, 2020

Dear Family Members and Caregivers,

We hope this letter finds you and your loved ones in good health. Thank you for your understanding and patience during the past three months. Being unable to visit your loved ones has only added to the stress and uncertainty you undoubtedly feel. We are happy to report that as of June 19, 2020, OPWDD has lifted the ban on visitation to residences. Unfortunately, home visits and outings are still not permitted. We are required to follow these safety protocols, but please keep in mind that this may change at any time.

- *Visitation hours will be available seven days a week from 10:00 a.m. until 8:00 p.m.*
- *To schedule a visit, contact house management staff at least one day prior to your visit.*
- *Only one family is permitted to visit at a time.*
- *Each visit is limited to no more than one hour per day but there is no limit to the number of visits a family can schedule. Please be respectful of the needs of other families.*
- *All visitors must be eighteen years of age or older.*
- *Family members are required to wear a mask for the full length of their visit. EEDA staff will provide a mask for visitors who do not have one.*
- *Upon arrival, each visitor must undergo symptoms and temperature checks by EEDA staff, and shall be denied visitation if they report any COVID-19 exposure or symptoms during the prior fourteen days, or have a temperature higher than 100.0 degrees Fahrenheit.*
- *Family members are required to wear a mask for the full length of their visit. EEDA staff will provide a mask for visitors who do not have one.*
- *Families can bring meals or snacks for their loved one, but are required to maintain a six foot social distance for the duration of their visit.*
- *When appropriate, the designated meeting area will be outdoors. When that is not possible, EEDA staff will arrange for an indoor meeting location.*
- *Staff may be present during the visit, depending on the needs of the individual.*
- *Visiting areas will be disinfected after the visit is complete.*

Please read EEDA's Family Visitation Protocols document in its entirety before scheduling your visit. Thank you for your cooperation during this difficult time. Please stay safe and healthy. We know how hard this is and we are doing the best we can to protect your loved one and all EEDA staff.

Sincerely Yours,

Lisa Marie Fantal

Lisa Meyer Fertal
Chief Executive Officer

EEDA Family Visitation Protocols

On March 18, 2020, OPWDD issued a Health Advisory: COVID-19 Guidance for Operators of Individualized Residential Alternatives (IRAs), Community Residences (CRs) and Private Schools Regarding Visitation which suspended visitation within our IRAs. On June 17, 2020 NYS lifted the suspension of visits with visits beginning on June 19, 2020 with specific guidelines that must be followed. The opportunity for family members to visit must be done in a manner that continues to prevent the spread of COVID-19 and ensure the health and well-being of all individuals living in EEDA's IRAs. After evaluation by OPWDD, in collaboration with the New York State Department of Health (DOH) and participating certified residential facilities, such as EEDA this guidance may be modified. It is anticipated that this is the first phase of visits and are subject to change as necessary. In order to be eligible for visitation under these guidelines, EEDA must attest to its ability to adhere to the following requirements:

1. Visits can be scheduled seven days a week from 10:00 am until 8:00 pm. Visits shall be staggered so as not to have multiple families visiting in a shared space at one time and to ensure adequate time to clean any common areas or high touch surfaces between visits.
2. In order to allow for fairness in scheduling, family members need to schedule visits at least one day in advance with the EEDA Residential Managers. No unannounced or unscheduled visits will be allowed.
3. The Residential Managers should thoroughly discuss the potential risks and benefits of the visitor's presence when the family is scheduling the visit and with the individual ahead of a scheduled visit. They must also notify visitors, at the time they are scheduling a visit, whether there are any positive or suspected cases of COVID-19 in the home.
4. Visitation must not occur with any individuals who are currently in quarantine due to exposure for COVID-19 or isolation for a positive COVID-19 test.
5. Visits should last no more than one hour.
6. All other individuals living in the IRA should be notified ahead of time that visitors will be present and advised how to remain socially distant from them.
7. Family members are able to bring snacks or a meal to share with their loved one but EEDA asks that they follow the six foot social distancing recommendation while eating.
8. The visits will be limited to two family members at a time per visit, and each visitor must be 18 years or older.
9. Visits are to be limited to designated areas only where separation from other residents can be safely implemented. Family members will be asked not to access other areas of the residence. The preferred designated meeting areas will be outside of the residence on the back deck or lawn. If an outside visit is not feasible (i.e. rain), other

arrangements for a meeting place inside the residence will be determined by the supervisory staff. Recreation rooms and individuals' bedrooms are other options for visits.

10. Staff may be present during the visits, depending on the needs of the individuals.
11. Visitation remains prohibited anywhere except within sight of the residential facility and shall not include sitting in a non-agency vehicle or leaving the premises unmonitored by staff.
12. Upon arrival, each visitor must undergo symptoms and temperature checks by EEDA staff, and shall be denied visitation if they report any COVID-19 exposure or symptoms during the prior fourteen days, or have a temperature higher than 100.0 degrees Fahrenheit.
13. All family members will be expected to wear masks and must be properly worn throughout the entirety of the visit. If they do not have a mask, EEDA staff will provide one. Visitors who refuse to wear a face mask must be asked to leave the facility.
14. Family members must maintain a six foot social distance from individuals when possible. Individuals will also be encouraged to maintain the six foot social distance and wear a mask.
15. There is no limit to the number of visits that a family may schedule, but EEDA asks that the families be respectful of the other individuals in the IRA and the access for other families for visits.
16. Facilities shall maintain a daily log of all visitors, which shall include names and contact information, as well as the location within the facility/property that visitation occurred.
17. The designated areas will be cleaned and disinfected after the visit is completed.

ATTENTION ALL VISITORS

NO VISITORS ARE ALLOWED AT THIS TIME

If you feel there is an urgent need for visitation, please contact _____ .

DO NOT VISIT

NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

October 28, 2020

COVID -19: Interim Visitation Guidance for Certified "Supportive" Residential Facilities

Background:

On June 18, 2020 OPWDD issued *COVID -19: Interim Visitation Guidance for Certified Residential Facilities*. In recognition of the distinct differences in staffing and operation of residences not providing 24-hour support (aka "supportive" residences), the following guidance is provided to ensure individuals living in these homes can enjoy visitation safely and with consideration of possible risks and needed precautions.

The guidance applies to residences certified as a Supportive Community Residence, and any Small or Large Individualized Residential Alternative that provides less than 24-hour staff support.

Visitation For Individuals Living in a Supportive Residential Facility:

Like all residential facilities, visitation with family and friends of those served within supportive environments must be scheduled ahead of time so that all appropriate precautions can be implemented, including the following:

Prior to the Visit

- The agency must instruct individuals living in supportive residences to notify residence management of any visit planning discussed with family/friends. Individuals should also notify management when they are interested in arranging a visit. Individuals must be instructed who in residence management to contact and how (email, phone, other);

- The agency should work with individuals to create a list of the people most important to them that they would like to have visit at their home. Individuals should be advised regarding the maximum number of people who can visit their home at one time (e.g. no more than 2 visitors at a time, depending on the size of the home and ability to maintain social distancing) in order to comply with COVID-19 precautions;

- The individual, with support of the agency, and/or a staff member must inform the potential visitors that visits are required to be scheduled in advance, how to arrange the visits, and

COVID-19 precautions to be implemented during the visit (for more information, go to: https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/hcf-visitors.html).

- Individuals must be educated regarding COVID-19 precautions and why advance notification and planning is necessary. Individuals should also be informed that they are not required to allow visitors if they do not want;

- Staff must review with the individual the COVID-19 precautions to be followed during the visit with the individual. The review includes the expectations that the individual and their visitor wear masks, maintaining a distance of at least six (6) feet from each other, and implement frequent handwashing and hand sanitizer use. This can be during a routinely scheduled staff visit;

- If the individual to be visited has any roommates/housemates, those roommates must be notified ahead of time, by either the individual or the agency staff, that a visitor(s) will be present and advised how to remain socially distant from them or assisted to make plans to be elsewhere;

- Staff must verify that there is an adequate supply of masks, hand sanitizer, hand soap and paper towels at the individual's residence. This can be during a routinely scheduled staff visit;

- Staff must verify that there is a log where the visitor's name and contact information, as well as the date and start and end time of the visit should be documented. If neither the visitor or the resident is capable of documenting on the log, an assigned staff member will maintain a log remotely based on notification of arrival and departure of the visitor(s).

<u>On the Day of the Visit</u>

- On the day of a scheduled visit, a staff member must contact the individual to be visited (and roommate, if any) to verbally discuss their health status and instruct them to take their temperature, evaluate for any symptoms and report their results to residence management. If this passes the mandatory health screening protocols, the visit can occur as planned;

- If an individual does not pass screening, agency procedures must be followed regarding notifications and health precautions;

- If the visit can proceed based on the individual passing the health screening, then either the individual to be visited or an assigned staff member will contact the visitor to complete a screening with them prior to the visit, discussing required symptom check, exposure and travel questions and requiring the person to take and report their temperature. Visitors shall be denied access if they report any of the following: COVID-19 exposure or COVID-related symptoms during the prior 14 days; travel to a state or country on NYS's Travel Advisory list within the previous 14 days; or having a temperature over 100.0 degrees Fahrenheit.

- All visitors will be asked to perform meticulous hand hygiene and wear a mask or face-covering throughout the visit.

- The agency is responsible to ensure that a daily log of all visitors is maintained, which shall include names and contact information for each visitor.

Please note that any visitation restrictions placed on certified residential facilities in designated cluster zones will also apply to supportive residential facilities and will supersede this guidance.

NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

July 10, 2020

Reintroduction of Individuals to Certified Residences After Extended Home Visits

On March 24, 2020, the Office for People with Developmental Disabilities (OPWDD) issued "Health Advisory: COVID-19 Suspension of Community Outings and Home Visits", which suspended community outings and home visits for individuals living in certified residential facilities. This policy aimed to safeguard and maintain the health and wellbeing of residents and staff, while containing and preventing the spread of COVID-19.

After the successful efforts of New Yorkers to flatten the curve and reduce virus transmission, OPWDD recognizes the need for individuals to return to certified residential facilities, following extended stays with family. The purpose of this guidance is to ensure the return of individuals is done as safely as possible. Effective July 15, 2020 for regions of the State that have entered into Phase Four in accordance the New York Forward Reopening Plan, individuals may return to their residence in accordance with the requirements herein.

Individuals Returning to Their Residential Facility

Any individual on a home visit during the implementation of the March 24, 2020 guidance, or who thereafter went on a home visit, who desires to now return to the residential facility must be permitted to do so consistent with this guidance. To safely accept an individual back to the home, the following conditions must be met:

- In the 14 days preceding the individual's return, the residential facility must have no known or suspected cases of COVID-19;

- The individual must have not knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19; and

- Confirm that for the 14 days prior to the individual's return to the facility, the individual confirm in writing that the individual did not display any of the following symptoms in the 14 days prior to return:
    - Fever of 100.0°F or greater;
    - Cough;
    - Shortness of breath or difficulty breathing;
    - Chills;
    - Muscle aches;
    - Headache;
    - Sore throat;
    - Abdominal pain;
    - Vomiting;
    - Diarrhea;
    - Runny nose;
    - Fatigue;
    - Wheezing; and/or
    - New loss of taste or smell.

If any of these symptoms are noted, the family should be referred to their medical provider or the Local Department of Health for assessment and testing.

Facilities should observe returning residents for signs and symptoms of illness for 14 days after return to the residential facility.

Please note that an individual returning to a residential facility following an extended home visit may need to follow precautionary quarantine measures upon return, which should be implemented in collaboration with the Local Department of Health. The residential facility shall additionally periodically review the Covid-19 Travel

Advisory website: https://coronavirus.health.ny.gov/covid-19-travel-advisory. A negative test prior to entry will not eliminate the need for such quarantine.

NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

COVID-19 Interim Guidance on Home Visits

July 10, 2020
Revised: November 20, 2020 (Revisions underlined)

Home Visits for Individuals Residing in OPWDD Certified Residential Facilities

On March 24, 2020, OPWDD issued "Health Advisory: COVID-19 Suspension of Community Outings and Home Visits", which suspended community outings and home visits for individuals living in certified residential facilities. This policy aimed to safeguard and maintain the health and wellbeing of residents and staff, while containing and preventing the spread of COVID-19 during the State's initial growth phase of the public health emergency.

OPWDD's March 24, 2020 guidance related to home visits is hereby rescinded and replaced with the following guidance. Effective July 15, 2020 for regions of the State that have entered into Phase Four in accordance the New York Forward Reopening Plan, and until further notice, home visits may recommence for individuals living within OPWDD certified residential facilities, consistent with the restrictions herein.

A. Interim Requirements for Participating in Home Visits

Individuals may resume participation in home and family visits with all appropriate risk mitigation strategies in place. These include safe social distancing, use of masks or other face coverings when tolerated, meticulous attention to hand washing and proper cleaning and disinfection.

Families must be reminded that during any off-site visit, exposure to members of different households and to public places, in general, should be done with caution and on a limited basis. Good hygiene must be practiced and safe social distancing should be maintained, whenever possible. Consistent with Executive Order 202.17, masks must be worn in public whenever social distancing cannot be maintained, to the extent they can be medically tolerated.

Individuals may participate in home or family visits only if 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 washes their hands immediately prior to their departure from and return 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;
5. There shall be no travel to any state that is non-contiguous to NY (any state besides VT, CT, NJ, MA or PA) for more than a 24 hour period unless, upon return to NYS, the individual complies with any quarantine and/or testing protocols currently required by the NYS COVID-19 Travel Advisory prior to returning to their certified residence; and
6. Staff should remind families to ensure that individuals are washing and/or sanitizing hands throughout the day, implementing social distancing whenever possible, meeting current local requirements regarding indoor/outdoor gathering capacity limitations, and wearing face coverings whenever social distancing cannot be maintained in public.

- Prior to home visits, staff should discuss strategies to best implement these practices and ensure that families have face coverings if needed

B. Interim Transportation Requirements for Home Visits

The following measures will be required for agency vehicles used to transport individuals to home visits:

- Only individuals and staff from the same facility should be transported together. Individuals and staff from other certified residences shall not be intermingled for purposes of transportation;
- Capacity on agency buses, vans, and other vehicles should be reduced to no more than 50% of total capacity, to maximize social distancing and reduce COVID-19 transmission risks;
- To the greatest extent possible, individuals and staff should restrict close contact by not sitting near each other or the driver. The use of directional tape and signage can assist in accomplishing this. Additionally, if there are multiple doors in a bus or van, one-way entering and exiting should be utilized. Individuals should be directed to not exit the vehicle at once, instead following driver or staff instruction on exiting one person at a time;
- To the extent individuals can medically tolerate one, individuals, staff, and the driver must wear a face covering at all times in the vehicle. Staff who cannot medically tolerate the use of a face covering should not be assigned to transport individuals;
- After each trip is completed, the interior of the agency vehicle should be thoroughly cleaned and disinfected before additional individuals are transported;
- Where appropriate and safe, 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.

C. Interim Documentation Requirements for Home Visits

In order to be able to sufficiently trace and track any potential COVID-19 exposure, providers are required to maintain a daily log of all home visits and other visits off site from the certified residence. Daily logs must include the following information:

- The names of any individuals who participated in a home visit, including the address of the home visit, and the dates and times such visit started and ended;
- Confirmation that person(s) picking up or receiving an individual for a home visit denied that anyone in the household was currently under isolation or quarantine for COVID-19;
- Confirmation that person(s) picking up or receiving an individual for a home visit denied that anyone in the housing had any known exposure to COVID-19 in the prior 14 days;
- Confirmation that person(s) picking up or receiving an individual for a home visit denied that anyone in the household has exhibited any of the following symptoms within the last 14 days:
  - Cough;
  - Fever of 100.0 degrees or greater;
  - Sore Throat;
  - Shortness of breath;
  - Headache;
  - Chills;
  - Muscle Pain; and/or
  - New loss of taste or smell.
- Confirmation that the individual participating in the visit passed their health screen immediately prior to participating in the home visit;
- Addresses of any and all places the individual spent time during the home visit, including the

names of other people spending time in close contact (within 6 feet) or proximate contact; AND
- Confirmation that the individual passed their health screen upon return from the home visit.

All logs may be required to be produced to OPWDD at any time.

D. Additional Safety Information, Guidelines, and Resources Available

New York State Department of Health Novel Coronavirus (COVID-19) Website
https://coronavirus.health.ny.gov/

New York State Office for People With Developmental Disabilities (OPWDD) Website
https://opwdd.ny.gov/coronavirus-guidance

Centers for Disease Control and Prevention Coronavirus (COVID-19) Website:
https://www.cdc.gov/coronavirus/2019-ncov/index.html

Attachment GG

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Creating Opportunities for Happy Lives!

Health Screening and Home Visit Agreement for Family Members

For the Health and Safety of our employees and visitors, we are conducting health checks of everyone upon entry to the building. All family members wanting to bring their loved one out into the community or on a home visit MUST complete the following health screening for fever, cough, or shortness of breath. Any person with temperature over 100.0 or signs and symptoms of COVID-like illness will not be able to visit their family member or bring them into the community or to their home. All those entering the home must also use hand sanitizer.

Name of Individual: _____

Name of Family Member: _____

Date(s) of Visit: _____

Residence: _____

My family member may participate in home or family visits only if 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 washes their hands immediately prior to their departure from and return 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;
5. There shall be no travel to any state that is non-contiguous to NY (any state besides VT, CT, NJ, MA or PA) for more than a 24 hour period unless, upon return to NYS, the individual complies with any quarantine and/or testing protocols currently required by the NYS COVID-19 Travel Advisory prior to returning to their certified residence; and
6. Staff should remind families to ensure that individuals are washing and/or sanitizing hands throughout the day, implementing social distancing whenever possible, meeting current local requirements regarding indoor/outdoor gathering capacity limitations, and wearing face coverings whenever social distancing cannot be maintained in public.

Pre-Visit Screening
Individual

Date	Time	Temp	Cough?	Shortness of Breath?	Exposed to anyone COVID within last 72 hrs?	Traveled from one of the designated states with significant community spread.
			Yes or No	Yes or No	Yes or No	Yes or No

_____ _____
Staff completing the screening Date

Family Member

Date	Time	Temp	Cough?	Shortness of Breath?	Exposed to anyone COVID within last 72 hrs?	Traveled from one of the designated states with significant community spread.
			Yes or No	Yes or No	Yes or No	Yes or No

I deny that there is anyone in the household who is currently under isolation or quarantine for COVID-19, had any known exposure to COVID-19 in the prior 14 days or exhibited any COVID-like symptoms.

_____ _____
Signature Date

Post-Visit Screening
Individual

Date	Time	Temp	Cough?	Shortness of Breath?	Exposed to anyone COVID within last 72 hrs?	Traveled from one of the designated states with significant community spread.
			Yes or No	Yes or No	Yes or No	Yes or No

_____ _____

Staff completing the screening Date

In order to be able to sufficiently trace and track any potential COVID-19 exposure, providers are required to maintain a daily log of all home visits and other visits off site from the certified residence.

During the home visit was anyone in the household currently under isolation or quarantine for COVID-19	Yes or No
During the home visit was anyone in the household had any known exposure to COVID-19 in the prior 14 days	Yes or No
During the home visit was anyone in the household has exhibited any of the following symptoms within the last 14 days:	
a. Cough;	Yes or No
b. Fever of 100.0 degrees or greater;	Yes or No
c. Sore Throat;	Yes or No
d. Shortness of breath;	Yes or No
e. Headache;	Yes or No
f. Chills;	Yes or No
g. Muscle Pain; and/or	Yes or No
h. New loss of taste or smell.	Yes or No

Please provide the following information:

Names of all individuals participating the home visit including people spending time in close contact (within 6 feet) or proximate contact	Address of the individuals	Dates of such visits	Times visits started and ended

Please provide the addresses of any and all places the individual spent time during the home visit

Name	Address

NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

COVID-19 Interim Guidance Regarding Community Outings

Revised August 17, 2020 (new material underlined)

Interim Guidance Regarding Community Outings for Individuals Residing in OPWDD Certified Residential Facilities

On March 24, 2020, the Office for People With Developmental Disabilities' (OPWDD) issued "COVID-19: Suspension of Community Outings and Home Visitation". That guidance document is hereby rescinded and replaced with the following guidance related to community outings.

Effective July 15, 2020 for regions of the State that have entered into Phase Four in accordance the New York Forward Reopening Plan, community outings may resume for individuals living within OPWDD certified residential facilities. Furthermore, individuals may resume low risk activities, such as going to medical or professional service appointments and work, and participating in community-based outings, as described below, to the extent permitted by NY Forward, and consistent with the restrictions of this guidance and all applicable NYS directives.

A. Interim Restrictions for Community Outings from Certified Residential Facilities

In order to prevent further community spread or increased risk of infection, residential providers shall ensure that the following conditions are met:

- Individuals shall not participate in community outings if any individual or staff member working in the home 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 symptom(s) consistent with COVID-19, such as cough, fever, shortness of breath or trouble breathing, chills, muscle pain, new or worsening headache, sore throat, or new loss of taste or smell must not participate in a community outing. Individuals that are close or proximate contacts or experiencing symptom(s) consistent with COVID-19 should contact their healthcare provider or local health department for recommended next steps;
- The number of individuals permitted in a community outing shall be within the discretion of the facility, based on the ability to maintain safety, but should be as small as possible. Groups shall include no more than 10 people inclusive of staff members and should be cohorted with individuals in regular contact (e.g. roommates or housemates);
- Low risk, outdoor activities are encouraged 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 surfaces such as door handles, counters, public benches, and store shelves are touched;

- Social distancing principles must be adhered to, to the greatest extent possible;

- Face coverings shall be brought on public outings and individuals must be encouraged to wear the covering at all times. Everyone who is medically able to tolerate a mask must wear one when unable to maintain social distancing;

- 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 should consider calling ahead, where possible, to ensure group size can be accommodated

Individuals who participate in community outings without staff present must be provided with hand sanitizer and a face covering and should understand the risks and obligations of public exposure, as well as the expectations regarding reporting as outlined below.

B. Interim Transportation Requirements for Community Outings

Community outings requiring transportation to and from a location should be implemented on a limited basis and only when providers of certified residential facilities can ensure that all infection control and mitigation strategies will be applied during the transportation of individuals to and from community outings. The following measures will be required in order to transport individuals for community outings:

- 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, individuals and staff should restrict close contact by not sitting near each other or the driver. The use of directional tape and signage can assist in accomplishing this. Additionally, if there are multiple doors in a bus or van, one-way entering and exiting should be utilized. Individuals should be directed to not exit the vehicle at once, instead following driver or staff instruction on exiting one person at a time;

- To the extent individuals can medically tolerate a face covering, individuals, staff, and the driver must wear face coverings at all times in the vehicle. Staff who cannot medically tolerate the use of a face covering should not be assigned to transport individuals;

- After each trip is completed, the interior of the vehicle should be thoroughly sanitized and disinfected before additional individuals are transported.

- Where appropriate and safe, windows should be rolled down to permit air flow.

C. Interim Documentation Requirements for Community Outings

In order to be able to sufficiently trace and track any potential COVID-19 exposure, in addition to the requirements set forth above, providers are required to maintain a daily log of all community outings from the home. Logs must contain the following information:

- The names of all individuals and staff members who participate in each community outing throughout the day;
- Confirmation that each person passed the daily health screen and temperature check, per OPWDD's guidance, "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", available at https://opwdd.ny.gov/system/files/documents/2020/07/7.29.2020-opwdd_covid19_staffguidance_updated_1.pdf, and any successor thereto;
- The location, including address, where the community outing occurred;
- The times the outing started and ended;
- The transportation that was used for each outing, where applicable; and
- Any additional notes that are relevant or may inform increased precaution on future outings. These logs may be required to be produced to OPWDD at any time.

D. Additional Safety Information, Guidelines, and Resources Available

New York State Department of Health Novel Coronavirus (COVID-19) Website
https://coronavirus.health.ny.gov/

New York State Office for People With Developmental Disabilities (OPWDD) Website
https://opwdd.ny.gov/coronavirus-guidance

Centers for Disease Control and Prevention Coronavirus (COVID-19) Website:
https://www.cdc.gov/coronavirus/2019-ncov/index.html

NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

Interim COVID-19 Guidance: Designated Cluster Mitigation

October 23, 2020

Interim COVID-19 Guidance: Designated Cluster Mitigation and Oversight

The Governor and the NYS Department of Health (DOH) have begun to identify geographic areas with higher than average rates of COVID-19 transmission, referred to as "hot spots," "clusters," and "micro clusters." The risk of transmission is characterized by three colors (red, orange and yellow) and the level of mitigation management is increased as geographic areas demonstrate higher rates of infection and move along the continuum from yellow to orange to red.

Programs and facilities certified or operated by the Office for People With Developmental Disabilities (OPWDD), located within such designated geographic areas, will immediately be subject to the following additional mitigation and oversight measures. These restrictions are required in addition to all other applicable OPWDD COVID-19 guidance.

1. **Provider Notification**

Upon designation by the Governor of a geographic COVID-19 cluster, or upon the change of any such designation, OPWDD will notify providers operating programs within the designated area to ensure that the provider is aware of the high rate designation and is taking all appropriate precautions. This notification will be made as part of OPWDD's risk stratified enhanced oversight as well as review of any previous COVID visits to determine the need for any oversight actions required for that program.

2. **Enhanced Testing**

All providers offering services within a designated area of concern will be required to refer staff and individuals served for COVID-19 testing on a weekly basis and to strongly encourage/facilitate such testing. The use of rapid molecular tests (i.e. the Abbott ID NOW) may be considered when testing individuals and/or staff associated with congregate settings such as group homes and day programs, in addition to lab-based molecular testing. More information regarding the interim recommendations for use of molecular testing during the COVID-19 public health emergency is available at: https://coronavirus.health.ny.gov/covid-19-testing.

All positive testing results are required to be reported to OPWDD using the Incident Report and Management Application (IRMA).

3. **Program Suspension/Reduction**

In those geographic areas with the highest rate of transmission (designated as a "red" or "orange" geographic cluster), site-based day services will be temporarily suspended. Community-based group services in those same geographic regions will be temporarily

reduced in capacity. Capacity reductions are inclusive of individuals receiving services and staff needed to operate such programs.

Restrictions will continue, consistent with the NYS DOH closure restrictions for businesses, until the red or orange designation from the geographic area is modified. Programs contained within the yellow designated areas may continue to operate but weekly testing is highly encouraged. In cases where an individual resides in a certified residential program and attends certified day services, the residential provider should be responsible for referring the individual for testing in order to avoid duplicative testing.

The scope of enhanced testing and program suspensions/reduction is summarized in the following tables:

Type of Activity	RED	ORANGE	YELLOW
Certified Site-Based Day Services (day habilitation, site-based prevocational services, site-based respite, pathway to employment)	SUSPENDED	SUSPENDED	OPEN -In compliance with OPWDD's Interim Guidance for Day Services Reopening and the Day Program Reopening Safety Plans -Weekly Testing Recommended
Group Non-Site-Based Services (day habilitation without walls, community based prevocational services, non-site-based respite, community habilitation-group, supported employment-group)	SUSPENDED	OPEN -10 Person capacity (inclusive of individuals and staff) -Weekly Testing Recommended	OPEN -In compliance with OPWDD's Interim Guidance for Day Services Reopening and the Day Program Reopening Safety Plans -Weekly Testing Recommended

Non-Group Non-Site-Based Services (services provided to 1-3 individuals: community habilitation, respite, employment training, SEMP, community based prevocational services)	OPEN -2 Person capacity (inclusive of individuals and staff) -Weekly Testing Recommended	OPEN -4 Person capacity (inclusive of individuals and staff) -Weekly Testing Recommended	OPEN Weekly Testing Recommended
Residential (certified residences, free standing respite, day services and community habilitation being temporarily delivered in a certified residence)	OPEN -visitation suspended -Weekly Testing Recommended	OPEN -visitation based on COVID status of home -Weekly Testing Recommended	OPEN Weekly Testing Recommended

4. **Visitation Suspension**

Visitation to OPWDD certified residential facilities within the designated geographic clusters will be suspended in accordance with the DOH health advisory, *All Residential Congregate Facilities*, issued on October 23, 2020.

NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

OPWDD Protocol for Reporting Impact of COVID-19

In follow up to the OPWDD guidance regarding potential closure of programs in designated geographic areas https://opwdd.ny.gov/system/files/documents/2020/10/10.23.2020-cluster-zone-mitigation-guidance_final.pdf, issued October 23, 2020, please be advised of the following operational steps when any program is suspended or reducing capacity:

When a geographic area has been designated as a red, orange or yellow zone, agencies operating certified site-based programs within those zones are notified by DQI via the agency's dedicated mailbox:

1. Agencies are required to take appropriate measures in those programs as outlined in the OPWDD and DOH guidance documents issued October 23, 2020 (including any future amended documents);
2. Agencies that are required to temporarily suspend services or reduce capacity must notify the Regional Office (by email to Christina.M.Cruz@opwdd.ny.gov). This will confirm that appropriate steps have been taken by the agency. The notification must include the following information:
    a. The agency name, address and type of program (day or residential) and operating certificate number(s) of each certified program suspending services or reducing capacity;
    b. The number of people whose services are affected by the action; and
    c. A copy of the agency's communication plan developed for individuals, families, care managers, Consumer Advisory Board (for Willowbrook Class members when applicable), and other involved parties.
3. In addition, agencies are required to report when a program is *voluntarily* suspended or the agency reduces services of a program in any geographic area, due to concerns regarding new COVID-19 infection or community spread, providers are also required to notify the Regional Office by email to: Christina.M.Cruz@opwdd.ny.gov of the following:
    a. The agency name, address and type of program, and operating certificate number(s) of each certified program suspending services or reducing capacity;
    b. The reason(s) for temporary action; the actions taken;
    c. The number of people whose services are affected by the action; and
    d. A copy of the communication plan developed for individuals, families, care managers, Consumer Advisory Board (for Willowbrook Class members when applicable), and other involved parties.

*Providers who do not have an approved day services closure plan in place must submit one immediately to quality@opwdd.ny.gov.

**Please also remember that all OPWDD providers are required to closely monitor their dedicated mailboxes and are expected to respond promptly to OPWDD outreach.

2020-10-25

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

DATE: October 23, 2020
TO: Facility Operators and Administrators
FROM: New York State Department of Health

Health Advisory: All Residential Congregate Facilities

Please distribute immediately to:
Operators, Administrators, Directors of Nursing, Medical Directors, Activities Professionals

Background
Since the onset of the COVID-19 public health emergency, New York State has relied on data and metrics, science, and public health expertise to make all decisions impacting public health. With the fall and winter approaching, Governor Cuomo has introduced a new data-based strategy of aggressively responding to micro-clusters in order to limit COVID-19 spread via the Cluster Action Initiative.

With one of the lowest baseline rates of COVID-19 transmission in the country, New York has the opportunity to identify and limit spread of COVID-19 by addressing "micro-clusters," which are outbreaks of new cases within a limited and definable geographic area.

This Initiative focuses response in defined geographic areas, thereby addressing transmission on a focused basis and preventing broader viral transmission that would result in widespread economic shutdowns. Areas that meet metrics demonstrating substantial COVID-19 spread may be designated either a Red Micro-Cluster Zone, an Orange Warning Zone, or a Yellow Precautionary Zone.

On October 9, 2020, Governor Andrew M. Cuomo issued EO No. 202.68 which, among other things, established red, orange, and yellow zones and imposed restrictions and limitations on non-essential gatherings, participant occupancy in houses of worship, indoor/outdoor dining, and in-person schools within these zones.

Purpose
The purpose of this guidance is to inform operators of congregate facilities, including state or local agencies, or not for profit service providers of limitations on visitation in residential congregate settings located in "red" and "orange" zones subject to Cluster Action Initiative restrictions as established pursuant to Executive Order (EO) No. 202.68. In order to ensure safety of residents and staff of facilities housing congregate populations, these visitation restrictions shall be effective at 3 pm on Sunday, October 25, 2020, and shall remain in effect the duration a facility remains in such zone. Unless superseded by this guidance, all other state agency guidance and policies with respect to visitation remain in effect.

Residential congregate facilities for purposes of this guidance include:

- Nursing homes
- Adult care facilities and Adult homes

- Pediatric skilled nursing facilities
- Facilities for individuals with developmental disabilities (OPWDD run, licensed or regulated homes)
- Facilities for individuals affected by substance use (OASAS run, licensed, or regulated facilities)
- Facilities for individuals in receipt of mental health services (OMH run, licensed or regulated facilities)
- Residential treatment centers (OCFS run, licensed, or regulated facilities)
- Juvenile justice facilities
- Hospitals
- Correctional facilities

Effective immediately, in red and orange zones, congregate residential facilities must limit visitation in accordance with the following guidance:

Red Zones

All visitation is suspended in residential congregate facilities located in red zones, except for in the following instances: compassionate care (including end of life/hospice situations), medically or clinically necessary (i.e. visitor is essential to the care of the patient), accompanying a minor in a pediatric facility, labor/delivery/post-partum care, necessary legal representatives, and essential companions to individuals with intellectual and/or developmental disabilities or with cognitive impairments, including dementia.

Orange Zones

Visitation shall be suspended at a residential congregate facility in an orange zone if a staff member or resident in the facility has tested positive for COVID-19 in the last 14 days, except for in the following instances: compassionate care (including end of life/hospice situations), medically or clinically necessary (i.e. visitor is essential to the care of the patient), accompanying a minor in a pediatric facility, labor/delivery/post-partum care, necessary legal representatives, and essential companions to individuals with intellectual and/or developmental disabilities or with cognitive impairments, including dementia.

This supersedes other local health department orders which may impact visitation in these zones.

Thank you for your ongoing support and cooperation in responding to COVID-19 concerns. For more information visit https://coronavirus.health.ny.gov/home.

NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

October 20, 2020

Management of Co-Circulation of Influenza and COVID-19 Infections

OPWDD provides annual guidance on the prevention and management of influenza to assist facilities operated and/or certified by the Office for People With Developmental Disabilities. These guidelines are based on information made available by the New York State Department of Health (NYSDOH) and Centers for Disease Control (CDC) and are accurate as of the date written Due to the on-going circulation of the virus that causes COVID-19 in the community, this year's influenza guidelines includes important information that will ensure the continued adherence to current COVID-19 guidelines.

The following guidelines apply to 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 Facilities) 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.

1. CHARACTERISTICS OF INFLUENZA AND COVID-19

Symptoms of Illness

If a person has a fever over 100 degrees (37.8° C) and a cough or sore throat, they are considered to have "Influenza-like Illness" (ILI) and should be treated the same as if they had diagnosed influenza. COVID-19 can also cause similar symptoms, as well as some that differ. Please remember that some people can be asymptomatic of either virus but may still be able to spread it to others. Although rare, it is possible to have the flu and COVID-19 simultaneously.

Influenza	COVID-19
• Fever* • Chills • Muscle aches • Headache • Significant lack of energy • Dry Cough • Sore throat * Per the CDC, people who are older, medically fragile, immunocompromised, or have neurological or neurocognitive conditions may not have a fever.	• Fever • Cough • Difficulty breathing • Shortness of breath • Chills / shaking with chills • Muscle pain • Headache • Sore throat • New loss of taste • New loss of small

Infectious (Contagious) Periods

The incubation period for influenza is 1-4 days after exposure. The contagious period is considered to be 1 day before symptoms develop until 5-7 days after becoming ill. People are most contagious 3-4 days after illness begins. Some people may be able to infect others for an even longer period. Also, persons treated with influenza antiviral medications continue to transmit influenza virus while on treatment.

The incubation period for COVID-19 is 2-14 days after exposure. The contagious period is considered to be 2 days before symptoms develop until 10 days after becoming ill. Patients with poor immune systems can be contagious for up to 20 days.

Diagnosis of Illness

Diagnosis can be made by healthcare providers based on clinical symptoms and/or viral testing. **Due to the similarities of influenza and COVID-19,** OPWDD recommends that as a best practice, any individual who is exhibiting symptoms be tested for both influenza and COVID-19. A timely and accurate diagnosis is important to provide efficient and appropriate treatment of persons with respiratory illness.

2. PREVENTION OF INFLUENZA TRANSMISSION

Preventing transmission of Influenza virus within OPWDD settings requires a multi-faceted approach. Core prevention strategies include:

Vaccination

The most effective strategy for preventing influenza is **vaccination**. The Influenza vaccine is recommended for ALL people over the age of 6 months. It will be more important this year, due to the pandemic, to reduce flu prevalence and flu severity through influenza vaccination for individuals and employees. The CDC recommends vaccination as soon as the vaccine is available, and optimally before the end of October. Vaccination can and should continue throughout the flu season.

In light of the pandemic and the demands on the health care system, it will be more important this year to reduce flu prevalence and flu severity through influenza vaccination for individuals and employees.
More information about influenza vaccination can be obtained by visiting the CDC website:
https://www.cdc.gov/flu/consumer/vaccinations.htm

Education

All staff, and individuals should receive education and training on preventing transmission of influenza and COVID-19 including adherence to hand hygiene and respiratory etiquette. Flyers and educational information are available from the CDC: https://www.cdc.gov/flu/resource-center/freeresources/print/index.htm

Staff should receive education and training on:

- the importance of vaccination against the flu;
- Influenza and COVID-19 signs and symptoms, and risk factors that increase the potential for complications of each;
- standard precautions hand hygiene, respiratory etiquette, environmental cleaning and proper use of personal protective equipment to prevent the spread of viral illnesses; (https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html); and
- Droplet Precautions.

Use of Personal Protective Equipment (PPE)

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.

PPE is only effective as one component of a comprehensive program aimed at preventing the transmission of viral illnesses such as influenza and/or COVID-19.

NOTE: All staff must comply with all current OPWDD **procedures, protocols and guidelines** regarding the prevention and management of COVID-19**. Current COVID-19 procedures with regards to staffing can be found in the July 29, 2020 document "Revised Staffing Guidance for Management of COVID-19.**

Droplet Precautions

Droplet precautions are utilized when an individual has a communicable disease that can be spread through coughing and/or sneezing and are intended to prevent transmission of the pathogen through close respiratory or mucous membrane contact with respiratory secretions.

- Use of gloves and a medical mask at a minimum, when providing care for an individual with a viral illness (when working within less than 6 feet of the ill individual)
- Providing a face mask to individuals who have a viral illness such as influenza, ILI or COVID-19 if they need to leave their room for personal care activities such as toileting and bathing and when appropriate for the individual and the individuals agrees to utilize the mask.
- Separation of ill and well individuals to the extent possible.
- Dedicated medical equipment for the duration of the symptomatic period. Any equipment that must be shared is to be cleaned/disinfected as per the manufacturer's instructions before use with another individual.

Cleaning and Environmental Measures

All facilities must continue to follow all COVID-19 cleaning procedures and environmental measures, outlined in previously issued guidance, throughout this flu season.

3. SURVEILLANCE AND REPORTING OF INFLUENZA REQUIREMENTS

Surveillance

Facilities should monitor Influenza activity reports published weekly by the NYSDOH to remain aware of current rates of influenza activity in their local communities. https://www.health.ny.gov/diseases/communicable/influenza/surveillance/. When Influenza activity is increasing, or becoming more prevalent, staff at the facility should be notified to monitor individuals closely for signs/symptoms of Influenza or Influenza-like Illness (ILI) and to be vigilant about implementing precautions.

Reporting

For the 2020 – 2021 Influenza season, the NYSDOH reporting requirements for Influenza in Outpatient Settings are consistent with last year's requirements and summarized below:

Facilities are encouraged to review the full Influenza Surveillance Reporting Requirements report issued by NYSDOH by visiting:
https:/./www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/docs/current_influenza_surveillance_and_reporting_requirements.pdf

"Under New York State public health law, outbreaks of influenza or other ILI occurring in community or facility settings such as state institutions, day care centers, schools, colleges, group homes, adult homes, home care agencies and assisted living facilities must be reported by the director of the facility to the Local County Health

Department (LHD) in which the facility is located. Contact information for LHDs can be found at: http://www.nysacho.org/i4a/pages/index.cfm?pageid-3713

** In ambulatory, outpatient, community or other facility settings, an outbreak is defined as "an increase in the number of persons ill with laboratory-confirmed influenza or influenza-like illness (ILI) above a commonly observed baseline in a particular community."*

For facilities operated or certified by OPWDD:

- Single cases of laboratory-confirmed influenza or clinician-diagnosed Influenza-like Illness (ILI) do not need to be reported to the Local County Health Department where the individual resides.
- On September 9, 2020, EO 202.61 was issued requiring all clinical labs or physician office labs (POLs) or healthcare providers conducting POC influenza testing must report influenza test results (positive and negative) immediately (within 3 hours of receiving the results) through **the Electronic Clinical Laboratory Reporting System (**ECLRS**)**. **Note that it is not the responsibility of the OPWDD facility to report lab results.**
- Facilities are required to report clusters of Influenza-like Illness or laboratory-confirmed Influenza to the Local County Health Department where the outbreak is occurring.
    - In this case, identification of ongoing transmission of ILI or laboratory-confirmed flu cases in individuals or staff within a residence, program or other setting would be considered a cluster and should be reported to the Local County Health Department.
- Facilities are also required to report the following to the LHD:
    - Based on the September 9, 2020 Executive Order, all influenza-associated deaths will need to be reported to the LHD.
    - Suspected or confirmed case of any novel influenza A virus (including viruses suspected to be of animal origin.
    - Suspected lack of response to antiviral therapy, e.g., ongoing severe disease despite a full course of antiviral therapy.

Facilities should also report clusters of Influenza or ILI to the local DDSOO Infection Control Officer or Nursing Program Coordinator **https://opwdd.ny.gov/opwdd_contacts/ddsoo**
Single cases do not need to be reported to OPWDD.

4. CLINICAL MANAGEMENT AND TREATMENT

Facilities are expected to identify individuals who are at risk for complications of Influenza and/or COVID-19 Identifying such individuals at present, and in advance of onset of symptoms, is necessary so that treatment of Influenza or chemoprophylaxis for exposure to Influenza is not delayed. The CDC website provides information on individuals who are at high risk for complications associated with the flu:
https://www.cdc.gov/flu/about/disease/high_risk.htm

Identification of Individuals at High Risk for Complications of Influenza

People noted for being at high risk for developing flu-related complications include:

- Children younger than 5, but especially children younger than 2 years old;
- Adults 65 years of age and older;
- Pregnant women;
- Residents of nursing homes and other long-term care facilities;
- American Indians and Alaskan Natives; and
- People who have medical conditions, including:
    - 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); or
- People who have had a stroke.

Treatment of Influenza with Antiviral Medications

With the anticipated co-circulation of influenza viruses and COVID-19 virus, decisions about starting antiviral treatment for patients with suspected influenza should not wait for laboratory confirmation of influenza virus infection. Influenza and COVID-19 have overlapping signs and symptoms. Testing can help distinguish between influenza and COVID-19 infection. However, clinicians should not wait for the results of influenza testing to start empiric antiviral treatment for flu in individuals who are at high risk for complications from influenza.

The Centers for Disease Control (CDC) advises that early antiviral treatment may prevent or shorten the duration of fever and illness symptoms, and may reduce the risk of complications (https://www.cdc.gov/flu/about/disease/complications.htm#complications) from influenza.

Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset. The CDC website provides the most up-to-date recommendations on antiviral treatment of influenza and medications that can be used to treat or prevent the flu (http://www.cdc.gov/flu/professionals/antiviralssummary-clinicians.htm).

Prophylaxis for Influenza Exposure with Antiviral Medications

While the use of antiviral drugs for chemoprophylaxis is not a substitution for vaccination, it is a key component of influenza and ILI outbreak control in residences and programs. According to the CDC, chemoprophylaxis should be reserved for exposed persons who are considered to be at high risk for complications of influenza. Facilities are encouraged to identify at risk individuals in advance, so that receipt of chemoprophylaxis, if indicated, is not delayed.

Control Measures and Activity Restrictions

OPWDD recommends that any individual who exhibits symptoms of influenza or COVID-19 be tested for **both** diseases. Pending test results, all COVID-19 guidelines must be implemented. This includes isolation of the affected individual and activity restrictions of all individuals in the home for a 14-day period.

A summary of infection control guidelines and protocols can be found in more detail at: https://opwdd.ny.gov/system/files/documents/2020/07/7.29.2020-opwdd_covid19_staffguidance_updated_1.pdf.

Protocols and guidelines for presumed or confirmed COVID-19 include:

- Required notifications to the local health department and the OPWDD Incident Management Unit;
- Appropriate Personal Protective Equipment (PPE) to be used when caring for the affected individual(s);
- Environmental cleaning and disinfection protocols to be documented each shift;
- Requirements for promoting physical distancing of at least 6 feet;
- Requirements for continued health screenings for all employees;
- Restrictions on group activities including communal dining. Activities should be offered for individuals in their rooms~~;~~
- Staff deployment considerations, including limitations on floating staff between units or wings, or between individuals to the extent possible;
- Need to cohort individuals with like diagnoses with dedicated employees to the extent possible. Minimizing the number of different employees entering an individuals' room;
- Requirements for monitoring and documenting the health status of individuals once per shift for ~~a~~ symptoms and temperature check. During the overnight shift, staff should quietly enter an 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). If any symptoms are observed the RN should be contacted immediately for further direction;
- During periods of activity restriction visitation should be restricted to the extent possible; and
- Individuals should not attend outside programming during periods of isolation or activity restriction.

Programming may resume for an individual with presumed or confirmed COVID-19 upon the completion of the required activity restriction and/or quarantine period provided:

(1) symptoms are improving;
(2) the individual has been without a fever of 100.0*F degrees or greater for 72 hours without the use of fever-reducing medication; and
(3) there is no evidence of on-going transmission in the residence.

If the outcome of COVID-19 testing is positive, all current COVID-19 protocols must be followed.

If the outcome of COVID-19 testing is negative, but the individual has an influenza diagnosis or ILI, all of the control measures listed above must remain in place; however, the activity restriction would be reduced from 14 days to 7 days from the onset of symptoms. The decrease in activity restrictions should not be implemented until there are confirmed results of negative COVID-19 diagnostic testing.

Programming for the individual with an influenza diagnosis may resume upon the completion of the 7-day period provided:

(1) the individual has completed at least 5 days of antiviral medication; and
(2) the individual is asymptomatic and has been without a fever of 100.0 degrees Fahrenheit or greater without the use of fever-reducing medication for 72 hours; and
(3) there is no evidence of ongoing transmission in the residence.

NOTE: If the primary care provider determines that an individual cannot or should not have antiviral medication therapy, conditions (b) and (c) above must be met prior to the person returning to program.

For those individuals who are exposed to a person with influenza-like-illness (ILI) or confirmed influenza, normal programming may resume after the 7-day period provided:

~~a)~~ the individual has completed at least 5 days of a course of prophylactic medication if indicated; and/or
b) the individual is asymptomatic of influenza-like-illness (ILI) and afebrile.

If there is evidence of ongoing transmission of influenza or ILI in the residence, activity restrictions should be extended for 5 days beginning on the day of the last onset of symptoms or exposure from the most recent case.

Day Program Considerations

Day programs where an individual or staff person has been diagnosed with COVID-19, ILI or confirmed influenza need to **assess** the pattern of interaction among participants and staff. This provides an opportunity to identify who may have been exposed to the virus(es).

Notification is to be sent to **all** residences/homes that have individuals attending the day program, including families of individuals who live at home informing them that there may have been an exposure to COVID-19 and/or influenza or ILI. Day program and residential staff, including nurses, must maintain close contact and communication regarding all respiratory illnesses. Daily communication is essential. The day program nurse must notify the residential nurse of any respiratory illness, ILI, confirmed case of influenza, or a suspected or confirmed case of COVID-19. The residential nurse must notify the day program nurse of the same. The day program nurse and the residential nurse are to coordinate their efforts in the management of influenza or COVID-19. This same type of communication should occur between the day program and individual's caregivers as appropriate and to the extent possible.

Individuals and staff, including bus drivers, bus aides, cafeteria workers and others who have been exposed to ILI, confirmed influenza, or suspected / confirmed COVID-19 are to be notified of their exposure and should be advised to consult with their primary care provider regarding prophylaxis if indicated.

5. STAFF CONSIDERATIONS

The following staff considerations should also be implemented to help protect against and reduce the spread of respiratory illnesses:

1. Educate staff about the benefits of vaccination, the signs and symptoms of respiratory illness, and the potential health consequences of influenza illness for themselves, their family members and the individuals for whom they provide care.
2. Encourage all staff, including temporary and part-time staff and volunteers, to get vaccinated against influenza. Additional emphasis should be placed on the importance of vaccination of staff that provide direct care supports such as staff who provide assistance with activities of daily living such as feeding and bathing and therefore are likely to have close contact with individuals who carry the virus.
3. Staff should be encouraged, but not required, to report the receipt of influenza vaccine to their infection control officer or their nursing management.
4. A staff person who is present at work and is exhibiting symptoms of influenza or ILI must leave work and charge his or her accruals so as not to risk the spread of influenza or ILI.

   For State Operated Facilities only: If such staff person refuses to leave the work location, the employee may be placed on involuntary leave if there is probable cause to believe that his/her continued presence on the job represents a potential danger to persons or would severely interfere with operations as required by Civil Service Law § 72 (5). To determine probable cause, AOD's must inquire of the supervisor as to whether the staff person is exhibiting any of the "**SIGNS AND SYMPTOMS**" described in such sections above. The AOD shall direct the staff person to leave work and advise that the Human Resources Office will inform such person of his/her rights with respect to such involuntary leave and the process that will be followed. The supervisor or AOD must inform the Human Resources Office immediately so that notice and other provisions of Civil Service Law § 72 (5) are timely complied with.

State Operated Facilities should also consult information provided by the OPWDD Office of Employee Relations for implementation of these considerations.

For Non-State Operated Facilities: Agencies should develop a policy related to staff who become ill at work and educate staff about its provisions. If a staff person becomes ill at work, the agency will proceed according to its policy. Absent such a policy, if such staff person refuses to leave work, the agency should take lawful and appropriate action pursuant to any applicable collective bargaining agreement and/or personnel policies.

Guidelines for Staff Movement

The guidelines outlined in this document, including the guidelines under the section titled "Restriction of Activity," are designed to minimize the risk for the transmission of influenza/flu and ILI from infected to non-infected persons. In addition, agencies and programs must ensure that staffing levels are maintained in accordance with agency/program requirements and based on the supervision needs of the individuals served.

Staff movement into or out of sites that serve people who have contracted the influenza virus or ILI should be avoided to the greatest extent possible. If necessary, to meet urgent staffing needs, staff members who have voluntarily reported that they have received the influenza vaccination should be "floated" into the home first. Staff who did not receive the influenza vaccination, or staff whose vaccination status is unknown, should only be "floated" when it is necessary and there is no other feasible alternative.

5. ADDITIONAL RESOURCES

Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/flu/resource-center/freeresources/print/index.htm
https://www.cdc.gov/flu/consumer/vaccinations.htm
http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm
https://www.cdc.gov/flu/about/disease/high_risk.htm
https://www.cdc.gov/flu/about/disease/complications.htm#complications
http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

New York State Department of Health (DOH)
https://www.health.ny.gov/diseases/communicable/influenza/surveillance/
https://www.health.ny.gov/diseases/communicable/influenza/seasonal/
https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/docs/2017-2018_influenza_surveillance_and_reporting_requirements.pd f

If you have any questions or concerns, or require assistance in implementing these management strategies, please feel free to contact the **Infection Control Officer** at the appropriate DDSOO.