EEDA's Emergency Preparedness Plan for Covid-19
Revised 5/4/2020

In the event of an emergency situation, East End Disability Associates, Inc. (EEDA) will utilize the Emergency Preparedness Plan for COVID-19. The plan will be located in an easily accessible area for all Team Members as designated by the Program Administration.

INCIDENT COMMAND CENTER
EEDA will organize its emergency response to mobilize appropriate resources and take actions required to manage its response utilizing the Incident Command Center. The Incident Command Center will vary depending upon the size and nature of the incident.

Incident Command System Core Concepts
The core concepts of activating a Command Center include:

1. **Common terminology -** use of similar terms and definitions for resource descriptions, organizational functions, and incident facilities across the programs.
2. **Integrated communications -** ability to send and receive information within EEDA, as well as externally.
3. **Modular organization** -response resources are organized according to their responsibilities. Assets within each functional unit may be expanded or contracted based on the requirements of the event.
4. **Unified command structure -** multiple disciplines work through their designated managers to establish common objectives and strategies to prevent conflict or duplication of effort.
5. **Manageable span of control** - response organization is structured so that each supervisory level oversees an appropriate number of assets (varies based on size and complexity of the event) so it can maintain effective supervision.
6. **Consolidated action plans** - a single, formal documentation of incident goals, objectives, and strategies defined by unified incident command.
7. **Comprehensive resource management -** systems in place to describe, maintain, identify, request, and track resources.
8. **Pre-designated incident facilities** - assignment of locations where expected critical incident-related functions will occur.

Incident Facilities and Locations
Depending on the incident size and complexity, the Incident Commander will establish support facilities for a variety of purposes and direct their identification and location based on the incident. Typical facilities include the Incident Command Post (ICP), incident base, staging areas, points-of-distribution, emergency shelters and an isolation house.

Comprehensive Resource Management
Resources include personnel, equipment, supplies, and facilities available or potentially available for assignment or allocation. Maintaining an accurate and up-to date inventory of resources is an essential component of incident management.

Integrated Communications
Leadership at the incident level facilitates communication through the development and use of a common communications plan, interoperable communications processes, and systems that include voice and data links. Integrated communications provide and maintain contact among and between incident resources, enable connectivity between various levels of government, achieve situational awareness, and facilitate information sharing.

Incident Management Team (IMT)
Each functional section will have a person in charge and a supervisor may be responsible for more than one functional element. The IMT will be designated into four functional sections. Each member of the IMT will report to the Incident Commander regularly to maintain continuity of the response. As a whole, the Incident Command Center will be responsible for the strategic, or "big picture" thinking of the incident response. The IMT collects, gathers and analyzes data; makes decisions that protect life and property, and maintains continuity of the organization. The IMT disseminates decisions to all impacted programs and individuals. There will be conference calls every Monday, Wednesday and Friday to report the updates of the situation and data on the health and safety of both the individuals and staff members.

Below are brief descriptions of the functional sections that create the Incident Management Team (IMT).

Incident Commander:
The EEDA CEO will act as the Incident Commander (IC) and will be responsible for the activation, response and initial actions of EEDA's Incident Management Team and Emergency Preparedness Plan. If the CEO is unable to act as the IC, a designee will be appointed by the CEO. Some of the responsibilities of the IC include:

1. Initial contact person until the duties are transferred if necessary.
2. Clear authority and knowledge of agency policy.
3. Oversees the command/management functions, setting priorities, and determining incident objectives and strategies to be followed.
4. Provides the overall emergency response policy direction.
5. Oversees the emergency response planning and operations.
6. Coordinates the responding staff and organizational units.
7. Has the final determination of all decisions.
8. Approves the Incident Action Plan (IAP).
9. Ensures incident safety.
10. Approves resource requests and use of volunteers and auxiliary personnel.
11. Authorizes information released to the media.
12. Ensures after-action reports are completed.
13. Orders demobilization as needed.

General Staff
The General Staff represents and is responsible for the functional aspects of the Incident Command structure. General guidelines related to General Staff positions include the following:

1. Members of the General Staff report directly to the IC.
2. If a General Staff position is not activated, the IC will have responsibility for that functional activity.
3. Deputy positions may be established for each of the General Staff positions.
4. Deputies are individuals fully qualified to fill the primary position.
5. General Staff members may exchange information with any person within the organization.
6. Direction takes place through the chain of command.

Operations and Safety Officer's Responsibilities:
The Chief Administrative Officer (CAO) will act as the Operations and Safety Officer and will coordinate all operations in support of the emergency response and implement the IAP for a defined operational period. The Operations and Safety Officer is responsible for managing all operations at an incident. Major responsibilities of the Operations and Safety Officer are to:

1. Manage operations.
2. Develop the operations portion of the IAP.
3. Supervise execution of operations portions of the IAP.
4. Request additional resources to support operations.
5. Approve release of resources from active operational assignments.
6. Make or approve expedient changes to the IAP.
7. Maintain close contact with IC, Operations personnel, and other agencies involved in the incident.
8. Identify and mitigate hazardous situations.
9. Ensure safety messages and briefings are made.
10. Exercise emergency authority to stop and prevent unsafe acts.
11. Assign assistants qualified to evaluate special hazards.
12. Initiate preliminary investigation of accidents within the incident area.
13. Review and approve the Medical Plan.
14. Participate in planning meetings.

Liaison and Planning Officer's Responsibilities
The Chief Program Officer (CPO) will be responsible for providing planning services for the incident and will be the Liaison with governmental agencies. Under the direction of the Liaison and Planning Officer, the designated staff collects situation and resources status information, evaluates it, and processes the information for use in developing action plans. Major responsibilities of the Liaison and Planning Officer are to:

1. Act as a point of contact for agency representatives.
2. Maintain a list of assisting and cooperating agencies and agency representatives.
3. Assist in setting up and coordinating interagency contacts.
4. Monitor incident operations to identify current or potential inter-organizational problems.
5. Participate in planning meetings, providing current resource status, including limitations and capabilities of agency resources.
6. Collect and manage all incident-relevant operational data.

7. Provide input to the IC and Operations in preparing the IAP.
8. Conduct and facilitate planning meetings.
9. Reassign personnel within the agency.
10. Compile and display incident status information.
11. Establish information requirements and reporting schedules for programs.
12. Determine need for specialized resources.
13. Establish specialized data collection systems as necessary.
14. Assemble information on alternative strategies.
15. Provide periodic predictions on incident potential.
16. Report significant changes in incident status.
17. Oversee preparation of the Demobilization Plan.

Logistics Officer's Responsibilities

The Director of Program Operations will act as the Logistic Officer. The Logistics Officer provides all incident support needs. Major responsibilities of the Logistics Officer are to:

1. Provide all facilities, transportation, communications, supplies, equipment maintenance and fueling, food and medical services for incident personnel, and all off-incident resources.
2. Manage all incident logistics.
3. Provide logistical input to the IAP.
4. Brief Logistics Staff as needed.
5. Identify anticipated and known incident service and support requirements.
6. Request additional resources as needed.
7. Ensure and oversee the development of the Communications, Medical, and Traffic Plans as required.
8. Oversee demobilization of the Logistics Section and associated resources.

Finance Officer's Responsibilities

The Controller will act as the Finance Officer and will be responsible for managing all financial aspects of an incident. Only when the involved agencies have a specific need for finance services will the Section be activated. Major responsibilities of the Finance Officer are to:

1. Develop an operating plan and manage all financial aspects of an incident.
2. Provide financial and cost analysis information as requested.
3. Ensure compensation and claims functions are being addressed relative to the incident.
4. Maintain daily contact with agency(s) headquarters on finance matters.
5. Ensure that personnel time records are completed accurately.
6. Brief agency administrative personnel on all incident-related financial issues needing attention or follow-up.
7. Provide input to the IAP

Public Information Officer Responsibilities

The Manager of Development and Public Relations will act as the Public Information Officer. The major responsibilities of the Public Information Officer include:

1. Determine, according to direction from the IC, any limits on information release.
2. Develop accurate, accessible, and timely information for use in press/media briefings.
3. Obtain IC's approval of news releases.

4. Conduct periodic media briefings.
5. Arrange for tours and other interviews or briefings that may be required.
6. Monitor and forward media information that may be useful to incident planning.
7. Maintain current information, summaries, and/or displays on the incident.
8. Make information about the incident available to incident personnel.
9. Participate in planning meetings.

Additional Command Staff

Additional Command Staff positions may also be necessary depending on the nature and location(s) of the incident, and/or specific requirements established by the Incident Commander. Additional Command Staff positions are established to assign responsibility for key activities not specifically identified in the General Staff functional elements. Additional Command Staff that may be included as part of the Incident Management Team are the:

1. Director of Crisis, Respite and Clinical Services
2. Director of Self-Directed Services
3. Director of Human Resources
4. Associate Director of Day Services
5. Facilities/Project Manager
6. Information Technology Department Manager
7. Compliance Officer
8. Quality Assurance Manager

The administration will take the following steps:

1. Individuals living in EEDA's residential facilities with a high risk of exposure, people with respiratory problems or are medically involved will be identified.
2. Individuals living in EEDA's residential facilities who have the availability to go home with family will be identified. Family members will be notified, when appropriate, by Administrative staff.
3. Individuals supported by EEDA will be prioritized and supported as listed:
    a. Individual's living in an EEDA residential or crisis facility;
    b. Individuals receiving Community Habilitation services and ISS funding and live independently;
    c. Non-essential supports such as Day Habilitation, Self-Direction, Respite and Crisis Services.
4. Respite and crisis nurse will contact each parent prior to the intended visit to ensure there are no signs of illness.
5. Each site will designate the chain of command. If there are no managers, coordinators or senior DSPs available for each shift, a point person will be assigned by the leadership.
6. All facilities will follow the EEDA Emergency Checklist and ensure all supplies are purchased. **(Attachment A - EEDA Emergency Kit Checklist)**
7. Emergency beds will be available at each day habilitation facility for an emergency evacuation or quarantine if needed.

If evacuation is necessary:

Relocation from primary residence to another location operated by EEDA:

If relocation is necessary, our Crisis and Respite programs are located in Rocky Point. Any residence deemed appropriate by the Administration may be available for use. Depending on the type and length of emergency, Day Services buildings located in Riverhead and Calverton may also be utilized. Instructions from your Administrator will be provided if/when necessary. Additionally, local hotels may also be a place for potential relocation.

Phases of the Operation:

The following section outlines phases for a potential evacuation from primary programs.

1. **Increased readiness period**: This is the time where there is a potential threat to your vicinity.
    1. Gather tablets books/supplies.
    2. Individuals' clothing, medication, personal items and ADL supplies with be gathered in a suitcase within 24 hours.
    3. Wait for instructions from Administration.
    4. Inform every one of the possibility for evacuation.
    5. Keep phone lines open and monitor television and radio continuously.
2. **Evacuation Period**: This is the phase when there is a threat to your vicinity and evacuation is required to another location operated by EEDA.
    a. Your Administrator will inform you of where you will evacuate to. They will inform you how you will proceed, (van or emergency assistance), depending on environmental factors.
    b. Bring necessary items described above.
    c. Bring pets and food supply.

Evacuation from Primary Residence

Evacuation from your primary residence is a last resort but may become necessary due to unsafe conditions. If such circumstances arise, the following emergency plan devised by the Suffolk County Emergency Management Office may be implemented. Prior to relocation, your Administration may direct you to other locations operated by EEDA. Your Administrator will contact you with directions on how to proceed to the designated location in your region where arrangements have been made for temporary shelter.

****Always remember to bring necessary items (medication and individual's personal items).**
****Pets will not be allowed at county evacuation sites. Pets will need to be brought to a safe EEDA residence with adequate supply of food and water.**

Long Island and Queens Hospitals

NAME	ADDRESS	TELEPHONE	OTHER INFORMATION
Brunswick Hall Psychiatric Hospital	81 Louden Ave, Amityville https://www.brunswickhospitalcenter.org/	631-789-7000	Admissions: 631-789-7421 631-789-7263
Stony Brook Eastern Long Island Hospital	201 Manor Pl, Greenport https://elih.stonybrookmedicine.edu/	631-477-1000	Patient Info: 631-376-4005

Long Island Jewish Valley Stream Northwell Health	900 Franklin Ave, Valley Stream https://valleystream.northwell.edu/	516-256-6000	Emergency Room: 516-256-6353
Good Samaritan Hospital (CHSLI)	1000 Montauk Hwy, West Islip https://goodsamaritan.chsli.org/	631-376-3000	Patient Info: 631-376-4005
Zucker Hillside Hospital Northwell Health	75-59 263rd Street, Glen Oaks https://zucker.northwell.edu/	718-470-8000 718-470-7700	
Huntington Hospital Northwell Health	270 Park Ave, Huntington https://huntington.northwell.edu/	631-351-2000	Emergency Room: 631-351-2300 Admitting: 631-351-2243
Mather Hospital Northwell Health	75 North Country Rd, Port Jefferson https://www.matherhospital.org/	631-473-1320	Emergency Room: 631-476-2808
South Nassau Off Campus Emergency Department at Long Beach	325 East Bay Dr., Long Beach https://www.southnassau.org/sn/emergency-care-at-long-beach	516-870-1010	Emergency Room: 516-870-1010
Long Island Jewish Medical Center Northwell Health	270-05 76th Ave, New Hyde Park https://lij.northwell.edu/	718-470-7000 516-470-7000	Patient Info: 516-470-7710
Mercy Medical Center (CHSLI)	1000 North Village Ave, Rockville Center https://mercymedicalcenter.chsli.org/	516-705-2525	Patient Info: 516-705-1411
Nassau University Medical Center	2201 Hempstead Tpk., East Meadow https://www.numc.edu/	516-572-0123	Patient Info: 516-572-6411 Emergency Room: 516-572-6171
St. Joseph Hospital Catholic Health Services	4295 Hempstead Tpk., Bethpage https://stjosephhospital.chsli.org/	516-579-6000	Emergency Room: 516-520-2201 Patient Info: 516-520-2297
North Shore University Hospital Northwell Health	300 Community Dr., Manhasset https://nsuh.northwell.edu/	516-562-0100	Emergency Room: 516-562-4125
Syosset Hospital Northwell Health	221 Jericho Tpk., Syosset https://syosset.northwell.edu/	516-496-6400	
Plainview Hospital Northwell Health	888 Old Country Rd, Plainview https://plainview.northwell.edu/	516-719-3000	
Glen Cove Hospital Northwell Health	101 St. Andrew Ln, Glen Cove https://glencove.northwell.edu/	516-674-7300	Emergency Room: 516- 674-7325
Northport Veterans Affairs Medical Center	79 Middleville Rd, Northport https://www.northport.va.gov/	631-261-4400	800-877-6976 VISN 3 VA Nurses Helpline
Peconic Bay Medical Center Northwell Health	1300 Roanoke Ave, Riverhead, NY 11901 https://www.pbmchealth.org/	631-548-6000	
South Nassau Communities Hospital	One Healthy Way Oceanside https://www.southnassau.org/sn	516-632-3000 877-768-8462	Emergency Room: 516-632-3900
South Oaks Hospital Northwell Health	400 Sunrise Highway, Amityville https://southoaks.northwell.edu/	631-264-4000	

Stony Brook Southampton Hospital	240 Meeting House Ln., Southampton https://southampton.stonybrookmedicine.edu/	631-726-8200 631-726-8700	Emergency Services: 631-726-8420
Southside Hospital Northwell Health	301 East Main St, Bay Shore https://southside.northwell.edu/	631-968-3000	Emergency Services: 631-968-3314
St. Catherine of Siena Medical Center (CHSLI)	50 Route 25A, Smithtown https://stcatherines.chsli.org/	631-862-3000	Emergency Services: 631-862-3111
St. Charles Hospital and Rehabilitation Center (CHSLI)	200 Belle Terre Rd, Port Jefferson https://stcharleshospital.chsli.org/	631-474-6000	
St. Francis Hospital-The Heart Center	100 Port Washing Blvd, Roslyn https://stfrancisheartcenter.chsli.org/	516-562-6000	Emergency Room: 516-562-6600
St. John's Episcopal Hospital	327 Beach 19th St, Far Rockaway https://ehs.org/	718-869-7000	Emergency Services: 718-869-7755
Stony Brook University Hospital and Medical Center	101 Nicolls Rd, Stony Brook https://www.stonybrookmedicine.edu/	631-689-8333	Emergency Services: 631-444-2499 CPEP: 631-444-6050
Winthrop University Hospital	259 1st St, Mineola https://nyuwinthrop.org/	866-946-8476	Patient Info: 516-663-2244
Queens Hospital Center	82-68 164th Street, Jamaica https://www.nychealthandhospitals.org/queens/	718-883-3000	Emergency Services: 718-883-3090 Psych Emergency: 718-883-3575
New York Presbyterian Hospital Queens	56-45 Main Street, Flushing https://www.nyp.org/queens	718-670-2000	Emergency Services: 718-670-1100
Mt. Sinai Hospital Queens	25-10 30th Avenue, Astoria https://www.mountsinai.org/locations/queens	718-932-1000	Emergency Services: 718-267-4285
Long Island Jewish Forest Hills Northwell Health	102-01 66th Rd., Forest Hills https://foresthills.northwell.edu/	718-830-4000	Emergency Services: 718-830-4000

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 B - 3.25.2020 - General Management of Coronavirus (COVID-19) in Facilities or Programs Operated and/or Certified by OPWDD)(Attachment C – 3.11.2020 - OPWDD Guidelines for Implementation of Quarantine and/or Isolation Measures at State-Owned and Voluntary Providers in Congregate Settings)**

Education of Staff and Individuals: (Attachment D - Signed letter to Staff- Corona virus – 2020 March)

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 (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.

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. 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.

e. 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:
    i. Wet your hands with clean, running water (warm or cold), and apply soap.
    ii. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
    iii. Scrub your hands for at least 20 seconds.
    iv. Rinse your hands well under clean, running water.
    v. Dry your hands using a clean paper towel or air dry them.
    vi. Use a paper towel to turn off faucet.

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 in the box 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.

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. **Facility staff do not need to wear respiratory protection while cleaning.**
   a. 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.
5. **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. (https://www.youtube.com/embed/d914EnpU4Fo)
6. **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 Action Plan (Attachment E - 4.16.2020 - COVID-19 05-15 Closing Extension Letter to Families)
To mitigate the spread of COVID-19, and for the safety of the individuals served, EEDA will close 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

EEDA will continue to support everyone who lives in our residences. For their protection, OPWDD issued guidance to all providers, including EEDA, that there is to be no visitation allowed at any EEDA IRA except when it is medically or clinically necessary. Virtual visits will be used for individuals who want to visit with their families during this time. Community Habilitation services will be limited to individuals who self-direct their services and individuals living alone in the community. **(Attachment F - 3.24.2020 - Suspension of Individual Community Outings and Home Visits)**. OPWDD also provided signs to put at the doors of the facilities to stop visitors from entering. **(Attachment G - 3066_coronavirus_novisitors_poster)**

When parents and family members decide to take their loved one home from the IRA, EEDA will not accept them back to the residence until there is further guidance from OPWDD lifting the visitation ban.

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. **(Attachment H - daily temp readings)** 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. 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.

Respiratory Illness Presumed to be Covid-19 (Attachment I - 3.25.2020- 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 – 4.10.2020 - Guidance for Resident and Family Communication in Adult Care Facilities (ACFs) and Nursing Homes (NHs))
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. **(Attachment K – Staff Notification Memo – 4.15.2020) (Attachment L - EEDA letter to family members of positive COVID diagnosis and 4.20.2020 Infection Control Policy) (Attachment M - EEDA letter to staff members of positive COVID diagnosis and 4.20.2020 Infection Control Policy)**

Staff Guidance for the Management of Coronavirus (COVID-19) (Attachment N - 4.28.2020- Revised Staff Guidance for the Management of Coronavirus (COVID-19) in Facilities or Programs Operated and/or Certified by OPWDD)
The following recommendations are to be employed by all EEDA staff.

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.

Health Checks for All Individuals Living in Certified Residential Settings
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 individual's health care provider should also be contacted for further direction. 911 should be called immediately if symptoms are severe.

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 I/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.

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.

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 (https://www.youtube.com/embed/syh5UnC6G2k) videos. Staff will also receive hands on training.
   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.

If an individual needs to be hospitalized:

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 **(Attachment O – 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 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:

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.

Protocols for staff to returning to work following COVID-19 exposure: (Attachment P – 3.28.2020 - Health Advisory: Updated Protocols for Personnel in Clinical and Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection) (Attachment Q - 3.31.2020 - Protocols for Essential Personnel 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.

EEDA may allow clinical and direct support professionals (DSP) or other facility staff who have been exposed to a confirmed case of COVID-19, or who have traveled internationally in the past 14 days, to work if all the following conditions are met:

1. Furloughing such workers would result in staff shortages that would adversely impact operation of the programs.
2. Such workers, who have been contacts to confirmed or suspected cases, are asymptomatic.
3. Such workers, who are asymptomatic contacts of confirmed or suspected cases, should self- monitor 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. The staff member will be required to submit a record of their temperature twice a day on a log and report values to the RN.
4. Such workers, who are asymptomatic contacts of confirmed or suspected cases, should wear a facemask while working, until 14 days after the last high-risk exposure.
5. To the extent possible, DSPs and clinical staff working under these conditions should preferentially be assigned to individuals at lower risk for severe complications, as opposed to higher-risk individuals (i.e., Crisis house). As this outbreak grows, all staff will need to be assigned to treat all patients regardless of risk level.
6. Such workers allowed to return to work under these conditions should maintain self-quarantine when not at work.
7. If the workers who are asymptomatic 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 managed as if they have this infection regardless of the availability of test results.

EEDA may allow healthcare and DSPs and all facility staff, with confirmed or suspected COVID-19, to work if all the following conditions are met:

1. Furloughing such staff would result in staff shortages that would adversely impact operation of the programs.
2. Health care and DSPs with confirmed or suspected COVID-19 must have maintained isolation for at least 7 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.
3. If such worker is asymptomatic but tested and found to be positive, they must maintain isolation for at least 7 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 7 days after illness onset and must have been at least 72 hours fever-free without fever reducing medications and with other symptoms improving.
4. Staff who are recovering from COVID-19 should wear a facemask while working until 14 days after onset of illness, if mild symptoms persist but are improving.

5. To the extent possible, staff working under these conditions should preferentially be assigned to patients at lower risk for severe complications, as opposed to higher-risk patients (i.e., Crisis house). As this pandemic grows, all staff will need to be assigned to treat all patients regardless of risk level.
6. EEDA staff allowed to return to work under these conditions should maintain self-isolation when not at work.

Hospital Discharges and Admissions to Certified Residential Facilities (Attachment R – 4.11.2020 - 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.

COVID-19 Release from Home Isolation (Attachment S - 3.25.2020 – Health Advisory: COVID-19 Release from Home Isolation)

Release of Symptomatic Individuals on Isolation:

1. Symptomatic individuals who were confirmed as having COVID-19 may discontinue home isolation once they meet the following conditions:
    a. At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications; AND
    b. Improvement in respiratory symptoms (e.g., cough, shortness of breath); AND
    c. At least 7 days have passed since symptoms first appeared.
2. This approach will prevent most, but may not prevent all, instances of secondary spread. The risk of transmission after recovery is likely substantially less than that during illness.
    a. To further reduce the risk, individuals returning from isolation should continue to practice proper hygiene protocols (e.g., hand washing, covering coughs) and avoid prolonged, close contact with vulnerable persons (e.g. compromised immune system, underlying illness, 70 years of age or older).

Release of Asymptomatic Individuals on Isolation:

1. Asymptomatic individuals who were confirmed as having COVID-19 may discontinue home isolation under the following conditions:

a. At least 7 days have passed since the date of their first positive COVID-19 diagnostic test; AND
b. The individual has had no subsequent illness.

Reporting and Notification Requirements: (Attachment T - Covid-19 Phone Notification Requirements for OPWDD Providers 03.19.2020) (Attachment U - Covid-19 IRMA Entry Provider Guidance 03.17.2020)

Individual Confirmed for a Quarantine and/or Isolation Order from 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. **(Attachment V - COVID-19 Individual Notification Requirements - 4.20.2020) (Attachment W - COVID-19 Staff Notification Requirements - 4.20.2020)**
2. 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.
3. Within 24 hours, enter a report into the OPWDD Incident Report and Management Application (IRMA).

Requests for Assistance:

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.

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. Appropriate and efficient standards for testing are an essential component of a multi-layered strategy to prevent sustained spread of COVID-19 in NYS and to ensure resources are being efficiently and equitably distributed. NYS continues to increase testing capacity for COVID-19 on a daily basis. However, until such time as we are at full capacity, this guidance is necessary to ensure that NYS prioritizes resources to meet the most urgent public health need. Diagnostic and/or serologic testing for COVID-19 shall be authorized by a health care provider when:

1. An individual is symptomatic or has a history of symptoms of COVID-19 (e.g. fever, cough, and/or trouble breathing), particularly if the individual is 70 years of age or older,

the individual has a compromised immune system, or the individual has an underlying health condition); or
2. An individual has had close (i.e. within six feet) or proximate contact with a person known to be positive with COVID-19; or
3. An individual is subject to a precautionary or mandatory quarantine; or
4. An individual is employed as a health care worker, first responder, or other essential worker who directly interacts with the public while working; or
5. An individual presents 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.

Based on individual clinical factors, health care providers should use clinical judgement to determine the appropriate COVID-19 test(s) (i.e. diagnostic or serologic) that should be obtained.

Testing Prioritization:

On April 17, 2020, Executive Order 202.19 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 should take the following prioritization into consideration 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 who have had close (i.e. within six feet) or proximate contact with a person known to be positive with COVID-19.
3. 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. Correction/Parole/Probation Officers,
    b. Direct Care Providers,
    c. Firefighters,
    d. Health Care Practitioners, Professionals, Aides, and Support Staff (e.g. Physicians, Nurses, Public Health Personnel),
    e. Medical Specialists,
    f. Nutritionists and Dietitians,
    g. Occupational/Physical/Recreational/Speech Therapists,
    h. Paramedics/Emergency Medical Technicians (EMTs),
    i. Police Officers,
    j. Psychologists/Psychiatrists,
    k. Residential Care Program Managers,
4. Individuals who are employed as essential employees who directly interact with the public while working, including but not limited to:

a. Animal Care Workers (e.g. Veterinarians),
b. Automotive Service and Repair Workers,
c. Bank Tellers and Workers,
d. Building Code Enforcement Officers,
e. Child Care Workers,
f. Client-Facing Case Managers and Coordinators,
g. Counselors (e.g. Mental Health, Addiction, Youth, Vocational, Crisis, etc.),
h. Delivery Workers,
i. Dentists and Dental Hygienists,
j. Essential Construction Workers at Occupied Residences or Buildings,
k. Faith-Based Leaders (e.g. Chaplains, Clergy Members,
l. Field Investigators/Regulators for Health and Safety,
m. Food Service Workers,
n. Funeral Home Workers,
o. Hotel/Motel Workers,
p. Human Services Providers,
q. Laundry and Dry Cleaning Workers,
r. Mail and Shipping Workers,
s. Maintenance and Janitorial/Cleaning Workers,
t. Optometrists, Opticians, and Supporting Staff ,
u. Retail Workers at Essential Businesses (e.g. Grocery Stores, Pharmacies, Convenience Stores, Gas Stations, Hardware Stores),
v. Security Guards and Personnel,
w. Shelter Workers and Homelessness Support Staff,
x. Social Workers,
y. Teachers/Professors/Educators,
z. Transit Workers (e.g. Airports, Railways, Buses, and For-Hire Vehicles),
aa. Trash and Recycling Workers,
bb. Utility Workers.

(Attachment X – 4.26.2020 - Updated Interim Guidance: Protocol for COVID-19 Testing Applicable to All Health Care Providers and Local Health Departments)

Index of Attachments

Attachment A

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

Criteria:	April	October
	Check Expiration Dates & Restock	
General Supplies:		
Flashlight		
Batteries		
AM/FM Radio (battery operated or crank)		
Blanket(s)		
Manuel Can Opener		
Scissors		
Gloves		
First Aid Kit		
Disinfectant Wipes		
Hand Sanitizer		
Garbage Bags		
Paper Towels		
Plastic Wear (straws if needed)		
Paper Good (plates, bowls, etc.)		
ADL Necessities:		
Feminine Hygiene Products		
Adult Briefs (if applicable)		
Wipes		
Toilet Paper		
Toothbrushes (1 per person)		
Toothpaste (3-4 per house)		
Body Wash & 2 in 1 Shampoo (4 per house)		
Deodorant (1 per person)		
7 Day Food Supply:		
Water		
Cereal		
Powdered Milk		
Canned Goods (i.e: soup, peanut butter, jelly, tuna/chicken, etc.)		
Baby Food (for puree diets if needed)		
Snacks (i.e: crackers, beef jerky, granola bars, canned fruit, etc.)		
Documentation:		
Chain of Command		
Site Specific with Evacuation Plan		
Paperless Personal Info. Of Individuals (utilize tablets)		

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.

Attachement D

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.

Attachment E

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 F

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

COVID-19 Suspension of Community Outings and Home Visits

March 24, 2020

Suspension of Individual Community Outings and Home Visits

The Office for People With Developmental Disabilities is hereby directing all providers of OPWDD operated or certified residential facilities to temporarily suspend all community outings and home visits for residents living within those programs, effective no later than March 25, 2020 at 5PM.

Consistent with Governor Cuomo's New York State on PAUSE initiative, this action is required to help stop the spread of the COVID-19 virus. Community outings, especially home visits, are an important part of people's lives. Unfortunately, community outings and home visits also pose the risk of exposure of COVID-19 not only for that individual and their family members, but also for the other residents and staff at the facility once the individual returns.

Providers are expected to encourage individuals to communicate with their loved ones virtually (e.g., by video conference, telephone) to the extent possible, and should provide any additional emotional or clinical support needed during this time.

Individuals Returning to Their Residential Facility

Any individual who is on a home visit at the time of the implementation of this guidance, and who desires to return to the residential facility, should be permitted to do so. The individual should be screened for symptoms consistent with COVID-19 and have their temperature measured. Please note that any individual returning to their residential facility after the implementation of this directive, may require up to fourteen days of precautionary quarantine within that setting, depending on their community exposure. Decisions as to whether or not a returning individual should be held in precautionary quarantine should be made with consultation by the local Department of Health.

Restrictions on Community Outings

Residential providers should also immediately place reasonable restrictions on community outings, even where such outings are specifically outlined in an individual's plan of care. In general, goals and services related to community outings should be met by alternative means whenever possible. However, at the provider's discretion, individuals should be permitted to leave the residence to engage in low risk community outings such as sitting outside or taking a walk. Individuals should maintain social distancing when outside the residence and avoid groups of people while in the community. Time spent outside the home must be done consistent with precautionary measures outlined by NYS DOH:
https://opwdd.ny.gov/sites/default/files/documents/3.18.2020%20DOH_COVID19_OutdoorGuidance.pdf

Restrictions on Home Visits:

In the event an individual and their family agree that a long-term home visit is appropriate, such an extended visit should be encouraged. Families should be reminded that, while a restriction on the return of the individual to the residence is expected to be temporary, we are unable to provide an exact date on which this restriction will be lifted. Providers should strive to ensure that families are prepared to meet the needs of their loved ones at home, including having an adequate supply of medication, for an extended period of time.

Should individuals residing in an OPWDD certified or operated residential facility engage in such an extended home visit, the time away from the facility may be billed as therapeutic leave, consistent with current waiver rules.

OPWDD recognizes that the temporary loss of residential services or restrictions on the ability of individuals to have community outings is a significant hardship for the individual and their family. It is OPWDD's goal to ensure that the health and safety of all individuals, families and staff. These restrictions will be lifted as soon as possible.

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

Attachment H

Daily Body Temperature Readings

NAME	DATE	LOCATION	TIME	TEMP

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.

FOR YOUR INFORMATION

To: Day Program Managers and Assistant Residential Managers
From: Human Resources
Subject: Notification of a positive COVID 19 Staff Member
Date: 4/15/2020

Everyone is following the guidelines for infection and disease control by cleaning, wearing PPE and checking their temperatures. The best way to remain safe is to treat all Staff and people we encounter as being positive for COVID 19.

In the event that a member of our Staff tests positive we want to inform others in the workplace of their possible exposure. This will be communicated by Day Program Managers and Assistant Residential Managers.

We should inform any Staff member that was in close contact with the employee that tested positive. DOH & OPWDD guidance says we also need to inform any Staff that was in contact with the employee 48 hours prior to the diagnosis.

Any Staff presenting with symptoms or fever will be sent home immediately for the protection of other Staff and Individuals. If you have questions please feel free to contact Human Resources for further instruction.

Thanks in advance for your dedication, and all of your efforts.

Jerry Kloss, MBA, PHR, SHRM-CP
Director of Human Resources

East End Disability Associates, Inc.
107 Roanoke Avenue
Riverhead, NY USA 11901
JerryK@eed-a.org
631-369-7345 Ext. 126

Guidance from OPWDD and DOH

As Essential Staff we are all expected to report for our shift in order to provide service to our Individuals. As per the DOH we are still 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.
- Check your temperature twice a day.
- Wear a face mask for 14 days.
- You must self-quarantine when outside of work.

If **You** Test COVID 19 Positive

- You must quarantine for 7 days.
- Must be free of fever for 72 hours without use of medicine to treat fever.
- Wear a face mask for an additional 7 days.
- You must self-isolate when outside of work.

EEDA released a policy on 4/1/20 for extra protection stating that all Employees must wear a face mask until further notice.

As of 8pm on 4/15/20 it is NYS LAW to wear a face covering when outside of your personal residence.

Attachment L

EAST END DISABILITY ASSOCIATES, INC.
EEDA
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

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 M

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.

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

Revised Staffing Guidance For Management of COVID-19

Revised April 20, 2020

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 recommendations 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: limiting access to community outings and restricting visitors; 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. 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 remains suspended for all OPWDD settings, except when medically necessary (i.e. visitor is essential to the care of the individual or is providing support in imminent end-of-life situations), or for family members of individuals in imminent end-of-life situations, or those providing Hospice care. Community outings should be minimized to only those that are medically necessary and as limited in number and duration as possible. 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 individuals’ family members.

B. Staffing Health Checks for All Settings

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-related symptom screen and temperature check. The site should maintain a written log of this data.

All facility staff with relevant symptoms or with a temperature greater than or equal to 100.0 F should immediately be sent home and quarantined until test results, or presumptive diagnosis, is obtained. 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 also be quarantined.

C. Individual Health Checks for All Settings

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. 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, is identified as having a suspected or confirmed case of COVID-19:

1) Notify the local health department and the OPWDD Incident Management Unit, in accordance with "OPWDD Guidelines for Implementation of Quarantine and/or Isolation Measures at State-Owned and Voluntary Providers in Congregate Settings," issued March 11, 2020.
2) 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.
3) All staff working at the facility, who have had contact with the individual, should maintain quarantine in accordance with the "COVID-19 Protocols for Direct Support Personnel to Return to Work", issued March 28, 2020. Impacted staff members must, remain quarantined in their home when not at work.
4) 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.
5) 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 for later review. 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.
6) 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. <u>Additional Staffing Practices with Suspected or Confirmed Cases of COVID-19</u>

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.
    a. 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.
4) 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.

F. <u>Hand Washing</u>

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

Germs can spread from other people or surfaces when you:

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

When to Wash Hands: Direct support professionals and other facility staff should perform hand hygiene 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) When starting 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 Five 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 five 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 towel or air dry them.

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. 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. 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.

J. 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 instructed 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 or other masks is acceptable.

When Caring for Individuals who are Infected with or Presumed to be Infected with COVID-19: Individuals confirmed or suspected of having COVID-19 should wear a facemask when around other people, unless they are not able to medically tolerate wearing one (for example, because it causes trouble breathing). Staff should always wear a mask when in the same room as that individual.

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 the facemask.

- If necessary, use expired facemasks.
- Prioritize facemasks for staff rather than as source control for individuals. Have individuals use tissues or similar barriers to cover their mouth and nose. Assist individuals with this as needed.
- If necessary, implement limited re-use of facemasks. Do not touch outer surface of facemask. After removal, fold so that the outer surface of the mask is inward and store in a breathable container, such as a paper bag, between uses. This facemask should be assigned to a single staff member. Always perform hand hygiene immediately after touching the facemask.
- When splashes or sprays are anticipated, use a face shield covering the entire front and sides of the face. Use goggles if face shields are not available.
- The use of cloth masks, or other homemade masks (e.g., bandanas, scarves), for clinical and direct support staff providing direct care to individuals, is not recommended.
- For further information, consult the CDC guidance entitled "Strategies for Optimizing the Supply of Facemasks", available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html.

- **N95 Respirators**
  - All staff wearing N95 respirators should undergo medical clearance and fit testing.
  - N95 Respirators offer a higher level of protection and should be worn, if available, for any aerosol-generating procedures or similar procedures where there is the potential for uncontrolled respiratory secretions.
  - As needed and based on available supply, implement extended use of N95 respirators. Wear the same respirator for multiple individuals without removing between individuals. Change only when soiled, wet, damaged, or difficult to breathe through. Do not touch the respirator.
  - If necessary, use expired N95 respirators; refer to CDC guidelines entitled "Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response", available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/release-stockpiled-N95.html.
  - If necessary, implement limited re-use for individuals with COVID-19, if possible with decontamination between uses; refer to FDA guidance entitled "Personal Protective Equipment Emergency Use Authorization", available at https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#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", 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**
  - Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to an individual's room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
  - Remove eye protection before leaving the individual's room or care area.
  - Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions, prior to re-use. Disposable eye protection should be discarded after use.

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

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

K. <u>What to Do When PPE Supply is Low</u>

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 <u>MUST</u> 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.

L. 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

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**

This document and the information therein is for general informational purposes only and should not be relied upon as a basis for any medical, legal or business decision. Any reliance placed on such information shall be at the user's own risk.

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

COVID-19 Protocols for Direct Support Personnel to Return to Work

March 28, 2020

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

OPWDD certified or operated programs may allow clinical and direct support professionals or other facility staff who have **been exposed to a confirmed case of COVID-19,** or who have traveled internationally in the past 14 days, to work if all the following conditions are met:

1. Furloughing such workers would result in staff shortages that would adversely impact operation of the healthcare entity.

2. Such workers, who have been contacts to confirmed or suspected cases, are **asymptomatic**.

3. Such workers, who are asymptomatic contacts of confirmed or suspected cases, should self- monitor 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.

4. Such workers, who are asymptomatic contacts of confirmed or suspected cases, should wear a facemask while working, until 14 days after the last high-risk exposure.

5. To the extent possible, direct care professionals and clinical staff working under these conditions should preferentially be assigned to patients at lower risk for severe complications (e.g. on units established for patients with confirmed COVID-19), as opposed to higher-risk patients (e.g. severely immunocompromised, elderly). As this outbreak grows, all staff will need to be assigned to treat all patients regardless of risk level.

6. Such workers allowed to return to work under these conditions should maintain self-quarantine when not at work.

7. If the workers who are asymptomatic and working under these conditions develop symptoms consistent with COVID-19, they should immediately stop work and isolate at home. Testing should be prioritized for hospitalized health care workers. All staff with symptoms consistent with COVID-19 should be managed as if they have this infection regardless of the availability of test results.

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OPWDD certified or operated programs may allow healthcare and direct support professionals and all facility staff, **with confirmed or suspected COVID-19**, to work if all the following conditions are met:

1. Furloughing such HCP would result in staff shortages that would adversely impact operation of the healthcare entity.

2. Health care and direct support professionals with confirmed or suspected COVID-19 must have maintained isolation for at least 7 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.

3. If such worker is asymptomatic but tested and found to be positive, they must maintain isolation for at least 7 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 7 days after illness onset and must have been at least 72 hours fever-free without fever reducing medications and with other symptoms improving.

4. Staff who are recovering from COVID-19 should wear a facemask while working until 14 days after onset of illness, if mild symptoms persist but are improving.

5. To the extent possible, staff working under these conditions should preferentially be assigned to patients at lower risk for severe complications (e.g. on units established for patients with confirmed COVID-19), as opposed to higher-risk patients (e.g. severely immunocompromised, elderly). As this pandemic grows, all staff will need to be assigned to treat all patients regardless of risk level.

6. HCP allowed to return to work under these conditions should maintain self-isolation when not at work.

Clinical and direct support professionals who are out of work due to isolation, or because they do not meet the above conditions for returning to work, qualify for paid sick leave benefits and their employers can provide them with a letter confirming this, which can be used to demonstrate eligibility for the benefit.

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

March 31, 2020

Protocols for Essential Personnel to Return to Work Following COVID-19 Exposure or Infection

This advisory supersedes guidance from the New York State Department of Health issued on March 28, 2020, to clarify that this guidance applies to essential personnel who have been exposed to a confirmed OR suspected case of COVID-19.

Public and private sector organizations that provide essential services or functions where personnel are needed to perform critical functions, including infrastructure, public safety, and other essential operations, may allow personnel who were exposed to or are recovering from COVID-19 to work in the workplace setting, if needed to maintain essential operations. Essential services or functions include but are not limited to public health personnel, utility and water operators, skilled manufacturers and supporting supply chains, transportation infrastructure, law enforcement, and emergency response personnel.

Essential personnel who have **been exposed to a confirmed or suspected case of COVID-19** can be permitted to work in the required workplace setting if all of the following conditions are met:

1. Working from home would not be feasible for job duties;
2. Personnel are **asymptomatic**;
3. Personnel quarantine themselves when not at work;
4. Personnel undergo temperature monitoring and symptom checks upon arrival to work and at least every 12 hours while at work, and self-monitor (i.e. take temperature, assess for symptoms) twice a day when at home;
5. Personnel required to interact with individuals within 6 feet should wear a facemask[1] while working for 14 days following the last exposure;
6. Personnel whose job duties permit a separation of greater than 6 feet should have environmental controls in place to ensure adequate separation is maintained, and do not need to wear a facemask;
7. If personnel develop symptoms consistent with COVID-19 (e.g., fever, cough, or shortness of breath) while working, they should immediately stop work and isolate at home; and
8. Testing should be prioritized for essential personnel with symptoms.

Essential personnel with **confirmed or suspected COVID-19** may be permitted to work in the required workplace setting if all of the following conditions are met:

1. Working from home would adversely impact essential services or functions, including critical public health and public works infrastructure in New York or the response to the COVID-19 public health emergency;

2. Personnel have maintained isolation for at least 7 days after illness onset (i.e. symptoms first appeared) and have not had a fever for at least 72 hours, without the use of fever-reducing medications, and with other symptoms improving;
3. Personnel who are recovering from COVID-19, and return to work, must wear a facemask[1] for 14 days following onset of illness.

[1] *For the purposes of this guidance, a facemask is a well-secured mask that covers the mouth and nose. No personal fit testing is necessary for a facemask.*

Additional Resources

New York State Department of Health's Novel Coronavirus Hotline
1-888-364-3065

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

Local Health Department Contact Information
https://www.health.ny.gov/contact/contact_information/index.htm

United States Centers for Disease Control and Prevention Webpage
https://www.cdc.gov/coronavirus/2019-ncov/

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. Office for People With Developmental Disabilities

COVID-19: Release From Home Isolation/Quarantine

March 28, 2020

Health Advisory: COVID-19 Release From Home Isolation

SUMMARY

- Widespread, ongoing community transmission of COVID-19 is occurring in the New York City metropolitan region of New York State.
- The criteria in New York State for release from mandatory home isolation is now being revised to use the Centers for Disease Control and Prevention's (CDC) non-test-based strategy.
- Release of immunocompromised persons with COVID-19 from isolation (e.g., medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV) should be discussed in advance with NYSDOH.

RELEASE OF SYMPTOMATIC INDIVIDUALS ON ISOLATION

- Symptomatic individuals who were confirmed as having COVID-19 may discontinue home isolation once they meet the following conditions:
  - At least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications; **AND**
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**
  - At least 7 days have passed *since symptoms first appeared*.
- This approach will prevent most, but may not prevent all, instances of secondary spread. The risk of transmission after recovery is likely substantially less than that during illness.
  - To further reduce the risk, individuals returning from isolation should continue to practice proper hygiene protocols (e.g., hand washing, covering coughs) and avoid prolonged, close contact with vulnerable persons (e.g. compromised immune system, underlying illness, 70 years of age or older).

RELEASE OF ASYMPTOMATIC INDIVIDUALS ON ISOLATION

- Asymptomatic individuals who were confirmed as having COVID-19 may discontinue home isolation under the following conditions:
  - At least 7 days have passed *since the date of their first positive COVID-19 diagnostic test*; **AND**
  - The individual has had no subsequent illness.

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.

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 #:		

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:
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?	
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: April 26, 2020
TO: Health Care Providers, Health Care Facilities, and Local Health Departments
FROM: New York State Department of Health

Updated 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 (NYSDOH) continues to monitor the situation and work to expand COVID-19 diagnostic and serologic testing for New Yorkers.

Purpose:
Appropriate and efficient standards for testing are an essential component of a multi-layered strategy to prevent sustained spread of COVID-19 in New York State and to ensure resources are being efficiently and equitably distributed. New York State continues to increase testing capacity for COVID-19 on a daily basis. However, until such time as we are at full capacity, this guidance is necessary to ensure that New York State prioritizes resources to meet the most urgent public health need.

Diagnostic and/or serologic testing for COVID-19 shall be authorized by a health care provider when:

- An individual is symptomatic or has a history of symptoms of COVID-19 (e.g. fever, cough, and/or trouble breathing), particularly if the individual is 70 years of age or older, the individual has a compromised immune system, or the individual has an underlying health condition); or
- An individual has had close (i.e. within six feet) or proximate contact with a person known to be positive with COVID-19; or
- An individual is subject to a precautionary or mandatory quarantine; or
- An individual is employed as a health care worker, first responder, or other essential worker who directly interacts with the public while working; or
- An individual presents 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.

Based on individual clinical factors, health care providers should use clinical judgement to determine the appropriate COVID-19 test(s) (i.e. diagnostic or serologic) that should be obtained.

Testing Prioritization:
On April 17, 2020, Executive Order 202.19 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 should take the following prioritization into consideration 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 who have had close (i.e. within six feet) or proximate contact with a person known to be positive with COVID-19.

3. 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
    - Direct Care Providers
    - Firefighters
    - Health Care Practitioners, Professionals, Aides, and Support Staff (e.g. Physicians, Nurses, Public Health Personnel)
    - Medical Specialists
    - Nutritionists and Dietitians
    - Occupational/Physical/Recreational/Speech Therapists
    - Paramedics/Emergency Medical Technicians (EMTs)
    - Police Officers
    - Psychologists/Psychiatrists
    - Residential Care Program Managers

4. 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
    - Counselors (e.g. Mental Health, Addiction, Youth, Vocational, Crisis, etc.)
    - Delivery Workers
    - Dentists and Dental Hygienists
    - 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 Workers
    - Hotel/Motel Workers
    - Human Services Providers
    - Laundry and Dry Cleaning Workers

- Mail and Shipping Workers
- Maintenance and Janitorial/Cleaning Workers
- Optometrists, Opticians, and Supporting Staff
- 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

Diagnostic Testing Access:
Individuals who fit these prioritization categories and do not currently have access to testing can call the New York State COVID-19 Hotline at 1-888-364-3065 or visit the NYSDOH website https://covid19screening.health.ny.gov/ to be screened for eligibility, and if eligible, have an appointment set up at one of the State's Testing Sites.

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 NYSDOH 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