



Creating Opportunities for Happy Lives!

Reopening of Day Services

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

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

Standards for Reopening Day Program Operations

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

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programs and services which resume operation during the continued COVID-19 public health emergency, until amended or rescinded by the State.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

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

Signage must be posted throughout the certified site addressing critical COVID-19 transmission prevention and containment. Programs can use the DOH issued signage or develop customized

signage specific to their day program needs and location. Signage must include guidance regarding:

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

Required Day Program Reopening Plans

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

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

Entrance to Site Based/Participation in Community Based Programs

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

8. Any individual or staff sent home should be instructed to contact their healthcare provider for assessment and testing. The day program must immediately notify the local health department and OPWDD about the suspected case.
9. The day program should provide the individual or staff with written information on healthcare and testing resources, refer to DOH Testing guidance.
 - a. Individuals sent home from program shall consult with their healthcare practitioner prior to returning to the program;
 - b. Staff sent home shall comply with appropriate return to work guidance and shall consult with their supervisor prior to returning to work.
10. Individuals may not return to or attend the day program while a member of their household or certified residence are being quarantined or isolated.
 - a. If an individual or staff member is identified with COVID-19, the day program must seek guidance from State or local health officials to determine when the individual/staff can return to the program and what additional steps are needed.
11. All staff and individuals must perform hand hygiene immediately upon entering the program and throughout the day.
12. Day program services must designate a site safety monitor whose responsibilities include continuous compliance with all aspects of the site safety plan.
13. Day programs must maintain a log of every person, including staff and essential visitors, who may have close contact with other individuals at the facility; excluding deliveries that are performed with appropriate PPE or through contactless means. Log should contain contact information, such that all contacts may be identified, traced and notified in the event someone is diagnosed with COVID-19.
14. Providers of day program services must cooperate with local health department contact tracing efforts.
15. Staff should take the following actions related to COVID-19 symptoms and contact:
 - a. If a staff has COVID-19 symptoms AND EITHER tests positive for COVID-19 OR did not receive a test, the staff may only return to work after completing a 14-day self-quarantine. If a staff is critical to the operation or safety of a facility, the day program provider may consult their local health department and the most up-to-date CDC and DOH standards on the minimum number of days to quarantine before a staff is safely able to return to work with additional precautions to mitigate the risk of COVID-19 transmission.
 - b. If a staff does NOT have COVID-19 symptoms BUT tests positive for COVID-19, the staff may only return to work after completing a 14-day self-quarantine. If a staff is critical to the operation or safety of a facility, the day program provider may consult their local health department and the most up-to-date CDC and DOH standards on the minimum number of days to quarantine before a staff is safely able to return to work with additional precautions to mitigate the risk of COVID-19 transmission.
 - c. If a staff has had close contact with a person with COVID-19 for a prolonged period of time AND is symptomatic, the staff should notify the day program and follow the above protocol for a positive case.
 - d. If a staff has had close contact with a person with COVID-19 for a prolonged period of time AND is NOT symptomatic, and the inability to temporarily furlough that employee would cause a hardship to the employer/program, the staff

should notify the day program and adhere to the following practices prior to and during their work shift, which should be documented by the day program:

- i. Regular monitoring: As long as the staff does not have a temperature or symptoms, they should self-monitor consistent with the day program's health policies.
 - ii. Wear a mask: The staff should wear a surgical face mask at all times while in the day program.
 - iii. Social distance: staff should continue social distancing practices, including maintaining, at least, six feet distance from others.
 - iv. Disinfect and clean facility spaces: Continue to clean and disinfect all areas such as offices, bathrooms, classrooms, common areas, and shared electronic equipment routinely.
16. Entrance into sites will be restricted to essential staff responsible for the direct provision of service not amenable to delivery via telehealth alternatives or those persons required to ensure continued health and safety operations (e.g. PPE supply delivery or work control etc.). Post signage alerting nonessential visitors are not allowed.
17. In the event an individual, staff or anyone they reside with are placed on quarantine or isolation, the responsible party (i.e. self, guardian, residence manager etc.) must notify the day program immediately and must suspend attending day program until they are medically cleared to return to work/program.

Social Distancing Requirements

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

1. At least six feet of physical distance is maintained among individuals and staff, unless safety of the core activity requires a shorter distance or an individual's treatment plan requires that closer contact be maintained with a staff member.
2. All staff must wear an appropriate face mask or covering at all times at work, consistent with all current Executive Orders and OPWDD guidelines, unless medically contraindicated.
 - a. Acceptable face coverings for COVID-19 include but are not limited to cloth-based face coverings and disposable masks that cover both the mouth and nose.
 - b. Cloth, disposable, or other homemade face coverings are not acceptable face coverings for workplace activities that typically require a higher degree of protection for personal protective equipment due to the nature of the work. For those activities, N95 respirators or other personal protective equipment (PPE) used under existing industry standards should continue to be used, as is defined in accordance with OSHA guidelines.
3. Individuals receiving services must wear face coverings, if they can medically tolerate one whenever social distancing cannot be achieved.
4. Programs must ensure that groupings of staff/individuals receiving services are as static as possible by having the same group of individuals work with the same staff whenever and wherever possible. Group size must be limited to no more than fifteen (15) individuals receiving services. The restriction on group size does not include employees/staff. Programs must ensure that different stable groups of up to 15

individuals have no or minimal contact with one another nor utilize common spaces at the same time, to the greatest extent possible.

5. Programs should maintain a staffing plan that does not require employees to “float” between different rooms or groups of individuals, unless such rotation is critical to safely staff individuals due to unforeseen circumstances (e.g. staff absence).
6. Modify the use and/or restrict the number of program rooms and seating areas to allow for social distancing of at least six feet apart in all directions (i.e. 36 square feet). When distancing is not feasible between workspaces, the program must provide and require the use of face coverings or enact physical barriers, such as plastic shielding walls where they would not affect air flow, heating, cooling, or ventilation.
 - a. Physical barriers should be put in place in when possible. Options include but are not limited to strip curtains, plexiglass or similar materials, or other impermeable dividers or partitions. Use in accordance with OSHA guidelines.
 - b. Shared workspaces or equipment must be cleaned and disinfected between use.
 - c. Prohibit the use of tightly confined spaces (e.g. supply closets, equipment storage areas, kitchens, vehicles, or restrooms) by more than one person at a time, unless both individuals and staff sharing such space are wearing acceptable face coverings. However, even with face coverings in use, occupancy must never exceed 50% of the maximum capacity of the space or vehicle, unless it is designed for use by a single occupant.
7. Programs should increase ventilation with outdoor air to the greatest extent possible (e.g. open program room and vehicle windows and prop open doors and/or open as frequently as possible), unless such air circulation poses a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) to individuals using the facility.
8. Programs should take additional measures to prevent congregation in lobbies, hallways, and in elevator waiting areas and limit density in elevators, such as enabling the use of stairs.
9. Implement additional measures to prevent congregation in elevator waiting areas and limit density in elevators, such as enabling the use of stairs, when possible.
10. Reduce bi-directional foot traffic using tape or signs with arrows in narrow aisles, hallways, or spaces, and post signage and distance markers denoting spaces of six feet in all commonly used areas and any areas in which lines are commonly formed or people may congregate (e.g. entrance/exit into the facility, meal areas, etc.).
11. Social distancing may not always be possible when caring for individuals with higher medical, behavioral or adaptive support needs. Their specific treatment plans may necessitate physical contact to ensure health and safety during activities of daily living (e.g. toileting, eating etc.), behavior intervention techniques (e.g. physical restraint) or medical treatments (e.g. administration of daily medication or first aid etc.). All appropriate personal protective equipment and hygiene must be utilized. Providers are encouraged to work with staff who are unable to medically tolerate wearing a mask to temporarily reassign them to work duties which are capable of being completed while maintaining social distance from vulnerable populations.

Gatherings in Enclosed Spaces

1. Prohibit gatherings of more than 15 people (excluding staff) in a shared space, at any given time.

2. Rooms should be reconfigured or repurposed to limit density and expand usable space.
3. Program rooms should include the same grouping of individuals with the same staff each day to the extent possible and avoid crossing programs with other rooms.
4. Space out seating (6 feet apart) and use floor markers to designate six-foot distances. Remove additional seating above designated room capacity.
5. Day programs must provide adequate space for required staff to adhere to social distancing while completing independent tasks (i.e. paperwork) and when taking breaks (e.g. eating). Break times should be staggered to maintain social distancing.
6. Shared food and beverages are prohibited. Food brought from home should require limited preparation at the day program site (i.e. heating in microwave) and be packed appropriately. All reusable food utensils and storage containers should be washed in the dishwasher on the hottest wash and dry setting.
7. Buffet-style dining is prohibited. Discontinue use of large cafeterias for meals, unless social distancing can be maintained, and stagger mealtimes to allow for social distancing and disinfection in-between use.

Day Program Schedules and Activities

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

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

Personal Protective Equipment

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

1. Staff may choose to provide their own face covering, however are not required to. Acceptable face coverings may include, surgical masks, N95 respirators, face shields

and/or cloth masks (e.g. homemade sewn, quick cut, bandana). Any personally supplied face coverings must maintain standards for professional/workplace attire. Cloth, disposable or homemade masks are not appropriate for workplace activities that require a higher degree of protection for personal protective equipment due to the nature of the work.

- a. Face coverings must be cleaned or replaced after use and may not be shared.
- b. All staff must be trained on proper use of PPE including when to use and donning, doffing, disposing and/or reusing and sanitizing when appropriate. Documentation of such trainings will be retained in the employee's personnel file.

Hygiene and Cleaning

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

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

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

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

Transportation

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

1. Only individuals and staff traveling to and from the same day program should be transported together; individuals or staff from other day programs should not be intermingled for purposes of transportation at this time; individuals transported together are encouraged to be cohorted for purposes for day programming also, in order to further reduce intermingling;
2. Capacity on buses, vans, and other vehicles transporting individuals from multiple residences should be reduced to 50% of total capacity to maximize social distancing and reduce COVID-19 transmission risks;
3. Individuals and staff who reside/work together in the same home may be transported together to day program(s) in the same vehicle without a vehicle capacity reduction;
4. Consider staggering arrival and departure times to reduce density during these times;

5. To the extent possible, individuals and staff from different households should restrict close contact by not sitting near each other or the driver. The use of directional tape and signage can assist in accomplishing this. Additionally, if there are multiple doors in a bus or van, one-way entering and exiting should be utilized. Individuals should be directed to not exit the vehicle at once, instead following driver or staff instruction on exiting one person at a time;
6. To the extent they can medically tolerate one, individuals, staff, and the driver must wear face coverings at all times in the vehicle. Social distancing must be maintained for individuals who cannot tolerate wearing a mask and, when possible, such individuals should be transported alone or with members of the same household. Staff who cannot medically tolerate the use of a face covering should not be assigned to transport individuals at this time;
7. After each trip is completed, the interior of the vehicle should be thoroughly cleaned before additional individuals are transported; and
8. Where appropriate and safe, windows should be rolled down to permit air flow.

Tracing and Tracking

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

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