



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 individual's 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.