



Pandemic Response and Re-Opening Safety Plan for Residential

Residential Workforce Members at a minimum will follow all agency, local, regional, state and federal guidelines necessary for re-opening from a pandemic.

Workplace Practices:

Remote Work: Workforce Members will continue to work from remote locations. If access to office space at the 3 Commerce Lane location is necessary, then appropriate prior arrangements must be made with the Human Resource department to ensure limited capacity order is followed.

Re-Start of Programs: Programs will be restarted under the OPWDD directives and guidance. Workforce Members will be provided the appropriate tools needed to work remotely once Day Habilitation Services program reopens. This will ensure that the agency is meeting limited capacity and social distancing requirements, while still providing the necessary services to the people we support. The Safety Plan for Reopening the Certified Day Program is attached and will begin in Franklin County on Monday 8/31/20 and Saint Lawrence County on Monday 10/19/20.

Shared Staffing: Travel between sites is not permitted by the agency, unless there are staffing shortages that would adversely impact the operation of the program. In the instance there is a staffing shortage, the Director of Residential will develop a plan to share staff and provide the plan to the Executive Director.

Health Practices:

Clean your hands often: With an alcohol-based hand sanitizer that contains at least 60-95% alcohol or wash your hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty. Use ONLY your knuckle to touch light switches, payment systems (check out / ATM) buttons, touchscreens etc. When pumping gas, lift the gasoline dispenser with a paper towel or use a disposable glove. Keep a bottle of hand sanitizer in your car for use after getting gas or touching other contaminated objects when you can't immediately wash your hands. Refrain from touching your eyes, nose and mouth.

Hand sanitizer should be placed in all bedrooms, bathrooms and common areas of the certified setting. If there is a person supported with a diagnosis of PICA, then the workforce members should carry individual bottles on their person. Individual bottles of hand sanitizer and metal clips were distributed. Paper towels should always be accessible in the bathrooms, kitchen and dining areas.



Practice Social Distancing: Keep a safe distance of **6 feet** from others when possible. It is recognized that during times of personal care for people that are supported, social distancing may not be possible. However, social distancing should be practiced at all other times including during meal times.

Screening: All personnel entering the facility, regardless of whether they are providing direct care to individuals or not, will be screened upon arrival and every 12 hours thereafter. The screening will include temperature checks and being asked if they have:

1. Symptoms of cough, shortness of breath, bluish lips or face, diarrhea, nausea, vomiting, loss of taste or smell, congestion, runny nose, fever of 100.0 degrees or higher, headache, chills, fatigue, muscle or body aches within the last 14 days,
2. Positive COVID-19 test within the past 14 days,
3. Close contact with a confirmed or suspected COVID-19 case in the past 14 days,
4. Travelled outside the United States in the last 14 days, and

Workforce Members who begin to exhibit symptoms, including a temperature greater than or equal to 100.0 F, while at work should notify their supervisor immediately to provide appropriate coverage and the Workforce Member should be sent home.

Workforce Members exhibiting symptoms are to stay home from work, follow their program guidelines to notify their supervisor, and contact the HR Department for further direction.

Workforce Members working remotely, and who have no contact with other employees or service recipients during the remote work hours, are not required to be screened each workday.



Fully vaccinated workforce members with confirmed COVID-19, or suspected COVID-19 during a staffing shortage:

May return to work after day 5 of their isolation period (where ground zero is defined as either the date of the symptom onset if symptomatic, or the date of collection of the first positive test if asymptomatic) if they met the following criteria: the employee is fully vaccinated, the employee is an essential worker; asymptomatic or mildly symptomatic and has not had a fever for a least 72 hours without the use of fever reducing medications, and must have other symptoms improving; does not have a runny nose; has no more than a minimal cough; not coughing up phlegm, can wear a well-fitting mask continuously and continues to quarantine at home until the end of the 10 day period.

Workforce members should practice social distancing from co-workers at all times except when job duties do not permit such distancing.

Workforce members should separate themselves from others if need to remove face mask while eating or drinking.

Asymptomatic Fully Vaccinated Staff Who Have Been Exposed to COVID-19:

Workforce Members who have been fully vaccinated against COVID-19 do not need to quarantine or furlough after exposure to COVID-19, so long as they remain asymptomatic. These workforce members must wear well-fitting masks while at work. The use of cloth or homemade masks while providing direct support are not permitted.

Fully Vaccinated is defined as being 2 or more weeks after the final dose of the primary vaccine series approved by the FDA. Providers may require staff to provide proof of vaccination.

Asymptomatic Staff Who Have Recently Recovered From COVID-19:

Staff who have recently recovered from COVID 19 do not need to quarantine or furlough after new exposure to COVID-19, so long as they remain asymptomatic. These staff must wear well-fitting face masks while at work.

Recently recovered, for purposes of this guidance, is defined as: 1) having recovered from laboratory-confirmed COVID-19 by meeting the criteria for discontinuation of isolation; 2) within the 3-month period after either the initial onset of symptoms related to the laboratory confirmed COVID-19 infection or, if asymptomatic during the illness, the date of the laboratory confirmed test

It is recommended that exposed recovered staff be assigned to residents who have been fully vaccinated, if possible.



In all exposure situations, staff should monitor their symptoms through 14 days after exposure and practice non-pharmaceutical interventions described below through day 14.

Asymptomatic Staff Exposed to COVID-19 Who are Not Fully Vaccinated and Not Recently Recovered from COVID-19:

Who have been exposed, to a confirmed case of COVID-19 may return to work after ten (10) days of quarantine or sooner, as may be allowed by the relevant Local Department of Health, if no symptoms have been reported during the quarantine period and if all of the following conditions are met: personnel who have been in contact with confirmed or suspected cases are asymptomatic; must continue symptom monitoring through day 14 and self-monitoring should be completed twice a day (i.e. temperature, symptoms), and undergo temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift; must wear well-fitting masks while at work. The use of cloth or homemade masks while providing direct support are not permitted. Workforce members allowed to return to work under these conditions should self-quarantine through day 14 when not at work.

Unvaccinated Staff With Confirmed or Suspected COVID-19 or Staff with Confirmed or Suspected COVID-19 in a Facility Without a Staffing Shortage:

May allow to return to work only if all the following conditions are met: must have maintained isolation for at least 10 days after illness onset, must have been fever-free for at least 24 hours without the use of fever reducing medications, and must have other symptoms improving; workforce members who are severely immunocompromised as a result of medical conditions or medications or who had severe or critical illness should consult with a healthcare provider before returning to work; if a workforce member is asymptomatic but tested and found to be positive, they must maintain isolation for at least 10 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 10 days after illness onset and must have been at least 24 hours fever-free without fever reducing medications and with other symptoms improving.

Asymptomatic Staff Exposed to COVID-19 Who are Not Fully Vaccinated and Not Recently Recovered from COVID-19 During a Staffing Shortage:

May return to work before 10 days of quarantine if no symptoms have been reported during the quarantine period and if all of the following conditions are met: furloughing such staff would result in staff shortages that would adversely affect the health and safety of individuals served by the facility; workforce member who have been in contact with confirmed or suspected cases are asymptomatic; must continue symptom monitoring through day 14; self-monitoring should be completed twice a day (i.e. temperature, symptoms), including temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift; must wear well-fitting masks while at work. The use of cloth or



homemade masks while providing direct support are not permitted; must be advised that if any symptoms develop, they should immediately stop work, self-isolate at home and contact their agency's Occupational Health Nurse and workforce members approved to return to work under these conditions should maintain self- quarantine through Day 14 when not at work.

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 twice daily in the am and pm, and as needed, for fever of 100.0 degrees or higher (as measured with a thermometer), cough, shortness of breath, bluish lips or face, diarrhea, nausea, vomiting, loss of taste or smell, congestion, runny nose, headache, chills, fatigue, muscle or body aches and document findings. COVID-like illness should be immediately isolated to their room and the RN or provider contacted for further instructions.

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

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. The agency determines and provides appropriate PPE to staff based on their location and type of work. Staff are to use PPE as required. PPE should be disposed of in the designated receptacle.

Face Masks: Workforce Members are to wear face coverings at all times while working on-site. Staff should contact their Immediate Supervisor or HR Department if face coverings are needed. The staff must wear well-fitting face masks while at work. The use of cloth masks or other homemade masks for clinical and direct support staff providing direct care to individuals, is not permitted.



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.

Cleaning:

Routine Cleaning: All frequently touched surfaces in the environment, such as workstations, electronic devices, countertops, phones, toilets, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. 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. Workforce Members will document the required cleaning on the Disinfectant Checklist.

Personal Space: Workforce Members will provide assistance to people supported to ensure their personal space is cleaned and disinfected on a weekly basis. The workforce member will document the assistance provided with cleaning in the person's habilitation plan daily note.

Family Communication and Family Visits:

Communication: The Residential Management team will continue to contact family and discuss changes to service plans, increased safety protocols to prevent both the exposure and spread of COVID-19, make timely notifications of a possible exposure or positive tests. Workforce Members will assist people supported with maintaining family contact utilizing emails, phone calls, social media, Face time or another form of technological means.

Family Visitation: This has been revised as Visits at the IRA by family members only can begin on Friday June 19, 2020 at the agency's discretion.

IRA Visits: Visits by family members at the residence:

- Prior to each visit, visitors must undergo symptom and temperature checks by facility staff and shall be denied visitation if they report any symptoms or have a temperature over 100.0 degrees Fahrenheit.
- Visitors must be provided a face mask if they do not arrive with one and that mask must be properly worn throughout the entirety of the visit.
- Visitors who refuse to wear a face mask must be asked to leave the facility.
- Visitors should sanitize their hands upon arrival and perform meticulous hand hygiene throughout the visit.



- Visitation must not occur with any individuals who are currently in mandatory quarantine or isolation.
- Any areas of the facility utilized by the visitor(s) shall be disinfected immediately following the visit and documented on the cleaning sheet.
- All family visits will be documented on the visitor log which shall include names and contact information.

Home Visits: Effective July 15, 2020 for regions of the State that have entered into Phase Four in accordance with the New York Forward Reopening Plan, and until further notice, home visits may recommence for individuals living within OPWDD certified residential facilities, consistent with the restrictions herein.

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

Individuals may participate in home or family visits only if all of the following circumstances are met for each visit:

- The individual is not suspected or confirmed to have COVID-19, and is not under any quarantine or isolation requirements.
- The individual passes a health screen and temperature check immediately prior to leaving the certified residence and it is documented.
- The individual washes their hands immediately prior to their departure from and return to the residence and it is documented.
- The location(s) of the visit does not include: any household member suspected or confirmed to have COVID-19 or any household member displays any symptoms of COVID-19 in the preceding 14 days.
- Visits shall be denied if person reports any of the following: COVID-related symptoms during the prior 14 days or having a temperature over 100.0 degrees Fahrenheit.



- Staff will remind families to ensure that individuals are washing and/or sanitizing hands throughout the day, implementing social distancing whenever possible, meeting current local requirements regarding indoor/outdoor gathering capacity limitations and wearing face coverings whenever social distancing cannot be maintained in public and will document the conversation.
- Staff will ensure that families have face coverings if needed.

The following measures will be required for agency vehicles used to transport individuals to home visits for each visit:

- Capacity on agency vans and other vehicles should be reduced to no more than 50% of total capacity, to maximize social distancing and reduce COVID-19 transmission risks.
- Individuals and staff who reside/work together in the same home may be transported together in the same vehicle without a vehicle capacity reduction
- Individuals and staff from different programs who have been fully vaccinated may be transported together in the same vehicle.
- To the greatest extent possible, individuals and staff should restrict close contact by not sitting near each other or the driver. 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. The use of directional tape or signage can assist in accomplishing this.
- To the extent individuals can medically tolerate one, individuals, staff, and the driver must wear a face covering at all times in the vehicle.
- After each trip is completed, the interior of the agency vehicle should be thoroughly cleaned and disinfected before additional individuals are transported.
- Where appropriate and safe, windows should be rolled down to permit air flow.

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

- The names of any individuals who participated in a home visit, including the address of the home visit, and the dates and times such visit started and ended.
- Confirmation that person(s) picking up or receiving an individual for a home visit denied that anyone in the household was currently under isolation or quarantine for COVID-19.
- Confirmation that person(s) picking up or receiving an individual for a home visit denied that anyone in the household has exhibited any of the following symptoms within the last 14 days:

- Cough
- Fever of 100.0 degrees or greater
- Sore Throat
- Headache
- Muscle or body aches
- New loss of taste or smell
- Chills
- Fatigue
- Bluish lips or face
- Diarrhea
- Congestion or runny nose
- Nausea or vomiting
- Shortness of breath
- Confirmation that the individual participating in the visit passed their health screen immediately prior to participating in the home visit.
- Addresses of any and all places the individual spent time during the home visit, including the names of other people spending time in close contact (within 6 feet) or proximate contact.
- Confirmation that the individual passed their health screen upon return from the home visit.
- Confirmation that the individual did not exhibit symptoms inclusive of cough, shortness of breath, bluish lips or face, diarrhea, nausea, vomiting, loss of taste or smell, congestion, runny nose, fever of 100.0 degrees or higher, headache, chills, fatigue, muscle or body aches during the home visit. If the individual did exhibit any of these symptoms they must quarantine and the Residential RN or medical provider must be notified immediately.
- The individual must be monitored for symptoms inclusive of cough, shortness of breath, bluish lips or face, diarrhea, nausea, vomiting, loss of taste or smell, congestion, runny nose, fever of 100.0 degrees or higher, headache, chills, fatigue, muscle or body aches and documented on the vitals sheet.
- Attached are the Daily Log for Home Visits and the Home Visit Agreements.
- All logs may be required to be produced to OPWDD at any time.
- If people supported do not pass the health screen or temperature checks or the person picking up cannot confirm anyone in the household is under quarantine or isolation, there was no known exposure in the last 14 days or not exhibiting the noted symptoms in the last 14 days then the home visit cannot occur.

Public Community Events: Effective July 15, 2020 for regions of the State that have entered into Phase Four in accordance with the New York Forward Reopening Plan, community trips may resume for individuals living within OPWDD certified residential facilities. Furthermore,



individuals may resume low risk activities, such as going to medical or professional service appointments and work, and participating in community-based outings, as described below, to the extent permitted by NY Forward, and consistent with the restrictions of this guidance and all applicable NYS directives.

Interim Restrictions for Community Trips from Certified Residential Facilities for each trip:

- Unvaccinated individuals shall not participate in community trips if any individual or staff member working in the home is suspected or confirmed positive for COVID-19.
- Any unvaccinated person who had close or proximate contact to a confirmed positive individual within the last 14 days, or any person experiencing symptom(s) consistent with COVID-19, such as cough, fever of 100.0 degrees or higher, shortness of breath, chills, muscle or body aches, new or worsening headache, sore throat, bluish lips or face, diarrhea, nausea, vomiting, fatigue or new loss of taste or smell must not participate in a community trip. Individuals that are close or proximate contacts or experiencing symptom(s) consistent with COVID-19 should contact their healthcare provider or local health department for recommended next steps.
- The number of individuals permitted in a community outing shall be within the discretion of the facility, based on the ability to maintain safety, but should be as small as needed to safely accommodate individuals and to ensure compliance with any requirements regarding gathering sizes
- Low risk, outdoor activities such as hikes, fishing or no contact games/sports are encouraged whenever possible, regardless of vaccination status.
- All individuals and staff should wash/sanitize hands immediately prior to leaving the home and immediately upon return to the home, regardless of vaccination status.
- Staff must bring hand sanitizer and ensure all individuals are washing and/or sanitizing hands throughout the community trip, whenever surfaces such as door handles, counters, public benches, and store shelves are touched, regardless of vaccination status.
- When planning trips, staff should be aware of various capacity restrictions for businesses and should consider calling ahead, where possible, to ensure group size can be accommodated, regardless of vaccination status.
- Individuals who participate in community trips without staff present must be provided with hand sanitizer and a face covering and should understand the risks and obligations of public exposure, as well as the expectations regarding reporting.
- Individuals who participate in community outings should be counselled on the risks and obligations of public exposure.

Interim Transportation Requirements for each Community Trip:



- Capacity on vans, and other vehicles should be reduced to 50% of total capacity to maximize social distancing and reduce COVID-19 transmission risks if transportation is being provided to members of different households. Individuals and staff who reside/work together in the same home may be transported together in the same vehicle without a vehicle capacity reduction.
- To the extent individuals can medically tolerate a face covering, individuals, staff, and the driver must wear face coverings at all times in the vehicle. Staff who cannot medically tolerate the use of a face covering should not be assigned to transport individuals.
- After each trip is completed, the interior of the vehicle should be thoroughly sanitized and disinfected before additional individuals are transported.
- Where appropriate and safe, windows should be rolled down to permit air flow.

In order to be able to sufficiently trace and track any potential COVID-19 exposure, providers are required to maintain a daily log of all community trips from the home. Daily logs must include the following information:

- The names of all individuals and staff members who participate in each community trip throughout the day.
- Confirmation that each person passed the daily health screen and temperature checks.
- The location, including address, where the community trip occurred.
- The times the trip started and ended.
- The transportation that was used for each trip.
- Attached are the Daily Log for Community Trips.
- All logs may be required to be produced to OPWDD at any time.

Financial:

Finance department: Will track service expenses related to COVID-19 to comply with government requirements and grants or low-cost loan programs that supplement government funding.

Residential: The management team will bill for habilitation services based on current OPWDD memorandums and submit to the finance department.

Trainings:



All workforce members will be trained on COVID-19 infection control by their immediate supervisors and documented on a training record. Copies of the training records are submitted to the Director of Residential Services for review.

Responsibilities:

Workforce Members:

1. Required to participate in all trainings/educational activities and document their attendance.
2. Follow all guidance issued by OPWDD, local, state and federal governments.
3. Follow all safety plans issued by the agency including social distancing, wearing PPE and hygiene requirements.
4. Workforce Members should report non-compliance with safety protocols to their immediate supervisor.

Plan Review:

The Pandemic Response and Re-Opening Safety Plan for Residential will be periodically reviewed and updated as factors change related to the State of Emergency.

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