



COVID-19 Policies
OPWDD Certified Sites

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INTRODUCTION

It is difficult to comprehend how much our world has changed since March of 2020. The COVID-19 pandemic has impacted our individuals, their families and our staff in ways many of us have yet to fully understand. At these unprecedented times, we must reflect on and learn from our decisions as we go forward.

There will be many unique challenges and it is our goal to utilize this document to prepare our staff, individuals, families and other stakeholders for the wide variety of situations that we may face in the year ahead.

This document was developed through the collective efforts of HCA staff, including key program administrators and staff representing the nursing, clinical, education and maintenance departments. This plan will be shared with key community stakeholders, including: OPWDD Division of Quality Improvement, representatives from the local County Department of Health, individuals and their families, staff and members of the HCA Board of Directors. All feedback from these key community stakeholders will be accepted and considered for incorporation into the document.

It is anticipated that this document will be updated, as additional guidance is provided by the Centers for Disease Control (CDC), the New York State Department of Health (DOH), Office for People with Developmental Disabilities (OPWDD), Local Health Department as our collective understanding of the COVID-19 virus evolves. Please refer to our website for the most up-to-date information at hcaserves.com.

It is HCA's goal to utilize this document, with its included safety procedures, to keep our individuals and staff as safe as possible in our programs. If we each accept our role and responsibility to implement the practices set forth, we will be able to achieve our goal to reduce the risk of spreading COVID-19, and, to create an environment where our individuals can achieve their greatest level of independence.

PROGRAM OVERVIEW

HCA – (HELPING CELEBRATE ABILITIES)

HCA, now Helping Celebrate Abilities, has been providing services to people with disabilities since 1947. Formerly known as Handicapped Children's Association, HCA began as a small preschool for children with special needs has grown into a much larger organization, serving individuals of all ages. HCA programs include 15 residential group homes, free standing respite, 6 integrated co-taught preschool classrooms, one UPK only classroom; as well as respite, community and day habilitation, counseling, supported employment, and self-directed services. HCA is a New York State Cerebral Palsy Affiliate and a United Way Member agency.

OUR MISSION/VISION

Our vision is to provide opportunities for integration into the community in a dignified, respectful manner and to provide an environment where activities, services and support are based on the individual. An environment where a person with a disability is treated as a person.

STAFF

PHYSICAL DISTANCING

Requirements:

- Ensure 6 ft. distance between personnel, unless safety or core function of the work activity requires a shorter distance.
- Any time personnel are less than 6 ft. apart from one another, personnel must wear acceptable face coverings.
- Tightly confined spaces will be occupied by only one individual at a time, unless all occupants are wearing face coverings. If occupied by more than one person, will keep occupancy under 50% of maximum capacity. Staff will utilize additional PPE safeguard when the individual served cannot maintain a face covering. Staff will wear a face shield in addition to the face mask.
- Post social distancing markers using tape or signs that denote 6 ft. of spacing in commonly used and other applicable areas on the site (e.g. clock in/out stations, health screening stations)
- Limit in-person gatherings as much as possible and use tele- or video-conferencing whenever possible. Essential in-person gatherings (e.g. meetings) should be held in open, well-ventilated spaces with appropriate social distancing among participants.
- Establish designated areas for pick-ups and deliveries, limiting contact to the extent possible.

USE OF PPE

PPE will be utilized per guidelines:

- Employees will be provided with an acceptable face covering (cloth and/or disposable) at no-cost to the employee and agency will maintain an adequate supply of coverings in case of replacement.
- Cloth face coverings must be changed every 2 hours or when soiled and the used mask will be put into the appropriate receptacle to be cleaned.
- Additional PPE will be provided as needed: gloves, face shields, gowns, etc.

HYGIENE AND CLEANING

HCA is committed to ensuring the health and safety of all individuals and staff in our Residential program, and recognizes and accepts its responsibility as an employer and provider of services. HCA will implement procedures, based on current best practice guidelines to create as safe and healthy workplace for staff and individuals as possible.

HCA will adhere to hygiene and sanitation requirements from the CDC and DOH.

- Handwashing and hand sanitizing guidelines will be followed.
- Provide and maintain hand hygiene stations for personnel, including handwashing with soap, water and paper towels, or an alcohol-based hand sanitizer containing 60% or more alcohol for areas where handwashing is not feasible. If staff is not at a location where hand washing is available, then hand sanitizers will be provided.
- All surfaces will be disinfected regularly in congregate care living sites and after each service for other face to face services.
- Limit the sharing of objects and discourage touching of shared surfaces. Staff will disinfect common surfaces and object before use and wash hands after use.
- Conduct regular cleaning and disinfection every 2 hours or more frequently as needed, and frequent cleaning and disinfection of shared objects and surfaces, as well as high transit areas, such as bathrooms and common areas.
- Cleaning logs will be filled out by staff daily and Residential Managers will ensure logs are completed.
- Residential locations will use 1/3 cup bleach to 1 gallon of water mixture for disinfecting surfaces when other cleaning supplies are not available.

STAFF COMMUNICATION

Residential Managers are able to access related COVID-19 information on the agency's SharePoint portal. This information will also be reviewed and shared at weekly managers

meetings and during house staff meetings. Any new policies and procedures will be reviewed and pertinent trainings will be held.

- Signage is posted in office areas to remind personnel to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting protocols.
- Any new information will be shared at the staff meetings as well as in the communication logs.
- Maintain a continuous log of all staff and visitors who may have close contact with other individuals at the work site or area; excluding deliveries that are performed with appropriate PPE or through contactless means.
- At Residential locations staff record temps into EHR system which acts as a log. Staff enter time into payroll system which also acts as a log.
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HEALTH AND SAFETY

HCA has implemented the following health and safety protocols, in accordance with guidance from the New York State DOH and CDC. The highest standard in health and safety management will be implemented and considered an integral part of how our program operates.

INSTRUCTING STAFF ON SIGNS AND SYMPTOMS OF COVID-19

All staff will receive training in accordance with the NYS DOH and CDC guidelines. The following trainings will be offered utilizing a combination of in-person and remote/virtual platforms;

- Signs and symptoms of COVID-19 (Fever $\geq 100.0^{\circ}\text{F}$, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion, nausea, vomiting, diarrhea, flushed cheeks, rapid, or difficulty breathing, frequent use of the bathroom);
- Hand Hygiene (washing hands frequently throughout the day with warm water and soap for at least 20 seconds and using paper towels to thoroughly dry hands). For staff, when hands cannot be washed, an alcohol-based hand sanitizer, with at least 60% alcohol, should be used;
- When to call the RN
- When to isolate

- Agency policy for staff illness and COVID-19 return to work policies;
- Universal Precautions

DAILY HEALTH SCREENINGS FOR STAFF

HCA has implemented daily temperature checks and COVID-19 screenings for ALL staff prior to the start of the work day. The screenings will be completed according to CDC guidelines. Any staff who are ill, running a temperature $\geq 100.0^{\circ}\text{F}$ or fail the COVID-19 screening questions are required to contact a HCA RN and may be sent home until they meet all required criteria to return to work. Any staff that are sent home will be required to follow up with their health care provider prior to their return. Staff with known exposure to COVID-19 will follow the guidelines put forth by the DOH and CDC for return to work and must consult with a nurse prior to their return. Staff with known exposure to COVID-19 working in a location where there is no other known exposure will be required to quarantine for 14 days before they will be allowed to return to work.

- Every building will have a designated single point of entry for all staff. Screenings and temperature checks will occur at the beginning and end of their shift or every 12 hours and information will be recorded in the EHR system. Non-contact, thermal scanners will be used, to reduce the opportunity for spread of the virus.
- Screening questions following NYS DOH and CDC required screening questions, including, whether the individual has:
 - knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19;
 - tested positive through a diagnostic test for COVID-19 in the past 14 days;
 - has experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F in the past 14 days: and/or
 - has traveled internationally or from a state with widespread community transmission of COVID-19 per the NYS Travel Advisory in accordance with current guidelines. The agency will monitor the cluster zone mitigation guidance as outlined within NY Forward.
- Staff conducting the screenings may utilize proper Personal Protective Equipment (PPE), including masks, gloves and face shields and follow procedures including cleaning the thermometer with alcohol pads after each screening.

PROPER SIGNAGE TO INSTRUCT STAFF

All HCA locations will hang signage, in office areas. These signs will include information on:

- When to stay home if sick
- Effective hand washing
- Proper respiratory hygiene and cough etiquette
- Required social distancing protocols
- Proper mask usage
- CDC signs and symptoms related to COVID-19 illness
- Reporting expectations for any signs and symptoms of COVID-19
- Proper cleaning and disinfecting guidelines

SOCIAL DISTANCING

Keeping space between yourself and others is one of the best tools we have to avoid being exposed to COVID-19 virus, and to slow its spread. Since people can spread the virus before they know they are sick, it is important that they social distance from others whenever possible, even if they have no symptoms. Social distancing will be required by HCA, especially to help protect people who are at higher risk of getting sick. Everyone will be expected to follow social distancing practices of 6 feet or more. Staff and individuals will be encouraged to:

- Stay at least 6 feet apart from others whenever possible
- Not gather in groups
- Stay out of crowded places and avoid large gatherings
- Engage in non-contact methods of greetings that avoid handshakes
- Stagger breaks and snack/meal times during the day
- Staff will eat at separate times from the individuals and must be more than 6 feet away.

TESTING POSITIVE FOR COVID-10

If a worker tests positive for COVID-19 staff must:

- Notify the appropriate program nurse consultant or nurse on call
- Residential Director will notify Quality Assurance Director Brent Kenny, who will notify OPWDD

RETURNING TO WORK AFTER A POSITIVE CASE OF COVID-19

Staff testing positive for COVID-19 will be directed to work with their county's Health Department. The health department will determine the length of time that person must be under

isolation/quarantine. Staff will be required to submit documentation from the Department of Health or their primary care provider, releasing them from isolation/quarantine before they can return to the program/work.

All staff must:

- Provide documentation of release of isolation/quarantine from DOH or primary care provider;
- Have been 10 days since first having symptoms;
- Be three days since symptoms have improved including cough and/or shortness of breath;
- Be fever free for at least 72 hours without the use of medication.
- Provide a repeat COVID-19 test showing that they are now negative

If a staff are placed under quarantine due to contact with other COVID-19 positive individuals, the same protocol will be followed, except with a 14 day quarantine per the health department.

VISITATION POLICY

COVID-19 VISITATION POLICY

HCA is strongly committed to preserving the relationship between the individuals served, their families, and friends. We recognize in order to promote individuality, independence, inclusion and productivity we must foster these supports. Therefore, we welcome visitation at the residence.

Naturally, there needs to be policies for the individual, family and agency to be protected. The agency needs clear guidelines from the individual and/or guardian regarding who, when, where visitation is permitted. This includes visits to the residence and at this time leave visits are not permitted per OPWDD guidance.

At this time, we are having visits between 9am-11am, 1pm-3pm, and 6:30pm-8pm, as staffing permits to provide the appropriate disinfection in between visits. These times avoid meal times due to the increased risk while there are meal times. Visitation is encouraged to occur outdoors if weather permits. Visitation remains prohibited anywhere except within sight of the residential facility and shall not include sitting in a non-agency vehicle or leaving the premises

unmonitored by staff. Visitation must not occur with any individuals who are currently in quarantine due to exposure for COVID-19 or isolation for a positive COVID-19 test.

RESPONSIBILITY PROCEDURE

Residence Manager

1. Will schedule visits ahead of time. Only 2 visitors (more than two planned visitors should be cleared with assistant director prior) above the age of 18 at a time and visitors should be, to the extent possible, members of the same family or household. Visits need to be staggered so as not to have multiple families visiting in a shared space at one time and to ensure adequate time to clean any common areas or high touch surfaces between visits. Be cognizant of the time spent visiting in order to maximize access to visitation by all residents. Providers must notify visitors, at the time they are scheduling a visit, whether there are any positive or suspected cases of COVID-19 in the home
2. Will notify other residents ahead of time that visitors will be present and remind how to remain socially distant from them
3. Will thoroughly discuss the potential risks and benefits of the visitor's presence with the visitor and the resident ahead of a scheduled visit

Staff of Duty

1. Any areas of the facility utilized by the visitor(s) shall be disinfected immediately following the visit
2. Will complete the Family Visitation Screening Tool on AWARDS prior to them entering the group home, which includes symptom and temperature checks and shall be denied visitation if they report any COVID-19 exposure or symptoms during the prior 14 days, or have a temperature over 100.0 degrees Fahrenheit. The Family Visitation Screening Tool will maintain a daily log of all visitors, which shall include names and contact information, as well as the location within the facility/property that visitation occurred.
3. Will provide the family a face mask if they do not come with one. Visitors who refuse to wear a face mask must be asked to leave the facility
4. Will ensure that visitors must sanitize their hands upon arrival and perform meticulous hand hygiene throughout the visit
5. Will ensure that visitation exercised inside the facility only occurs in a designated area where disinfection, social distancing, and separation from other residents can be safely implemented. Visitation is encouraged to occur outdoors if weather

permits. Visits may occur in single bedrooms, ideally. Visitors must remain in the resident's room throughout the visit except when directed by staff to leave

Visitor

1. All visitors should be 18 years of age or older, except in rare exceptions as determined by the facility.
2. Agrees to undergo symptom and temperature checks by facility staff and shall be denied visitation if they report any COVID-19 exposure or symptoms during the prior 14 days, or have a temperature over 100.0 degrees Fahrenheit.
3. Visitors must properly wear a mask throughout the entirety of the visit. Visitors who refuse to wear a face mask will be asked to leave the facility
4. Visitors must sanitize their hands upon arrival and perform meticulous hand hygiene throughout the visit.

Home Visits

Effective as of 12/2/20 (changes underlined): Individuals may participate in home or family visits only if all of the following circumstances are met

1. The individual is not suspected or confirmed to have COVID-19, and is not under any quarantine or isolation requirements
2. The individual passes a health screen and temperature check immediately prior to leaving the certified residence
3. The individual washes their hands immediately prior to their departure from and return to then residence
4. The location(s) of the visit does not include:
 - a. Any household member suspected or confirmed to have COVID-19
 - b. Any household member who has been exposed to COVID-19 in the prior 14 days
 - c. Any household member displays any symptoms of COVID-19 in the preceding 14 days
 - d. There shall be no travel to any state that is non-contiguous to NY (any state besides VT, CT, NJ, MA or PA) for more than a 24 hour period unless, upon return to NYS, the individual complies with any quarantine and/or testing protocols currently required by the NYS COVID-19 Travel Advisory prior to returning to their certified residence
5. Staff should remind families to ensure that individuals are washing and/or sanitizing hands throughout the day, implementing social distancing whenever possible, meeting current local requirements regarding indoor/outdoor gathering capacity limitations and wearing face coverings whenever social distancing cannot be

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

6. Documentation Requirements for Home Visits: In order to be able to sufficiently trace and track any potential COVID-19 exposure, providers are required to maintain a daily log of all home visits and other visits off site from the certified residence. Daily logs must include the following information:
 - a. 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
 - b. 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
 - c. Confirmation that person(s) picking up or receiving an individual for a home visit denied that anyone in the housing had any known exposure to COVID-19 in the prior 14 days
 - d. Confirmation that person(s) picking up or receiving an individual for a home visit denied that anyone in the household has exhibited any of the following symptoms within the last 14 days: Cough; Fever of 100.0 degrees or greater; Sore Throat; Shortness of breath; Headache; Chills; Muscle Pain; and/or New loss of taste or smell.
 - e. Confirmation that the individual participating in the visit passed their health screen immediately prior to participating in the home visit
 - f. 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
 - g. Confirmation that the individual passed their health screen upon return from the home visit.

Individuals Returning to IRA

Any individual on a home visit during the implementation of the March 24, 2020 guidance, or who thereafter went on a home visit, who desires to now return to the residential facility must be permitted to do so consistent with this guidance. To safely accept an individual back to the home, the following conditions must be met:

1. In the 14 days preceding the individual's return, the residential facility must have no known or suspected cases of COVID-19
2. The individual must have not knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19

3. Confirm that for the 14 days prior to the individual's return to the facility, the individual confirm in writing that the individual did not display any of the following symptoms in the 14 days prior to return: Fever of 100.0°F or greater; Cough; Shortness of breath or difficulty breathing; Chills; Muscle aches; Headache; Sore throat; Abdominal pain; Vomiting; Diarrhea; Runny nose; Fatigue; Wheezing; and/or New loss of taste or smell. If any of these symptoms are noted, the family should be referred to their medical provider or the Local Department of Health for assessment and testing.
4. Facilities should observe returning residents for signs and symptoms of illness for 14 days after return to the residential facility.
5. Please note that an individual returning to a residential facility following an extended home visit may need to follow precautionary quarantine measures upon return, which should be implemented in collaboration with the Local Department of Health. The residential facility shall additionally periodically review the Covid-19 Travel Advisory website: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>. A negative test prior to entry will not eliminate the need for such quarantine.

COVID-19 CLUSTER MITIGATION

Testing Policy

NYS has the ability to identify geographic areas that have a greater risk of Covid -19 transmission. HCA will adhere to recommendations from the local, state and federal governing bodies. The Governor and Department of Health have identified the hot spots using a color system. (Yellow, orange and red)

HCA will monitor the addresses of OPWDD certified program and identify hot spots on an ongoing basis. As part of an overall plan to reduce exposure, weekly testing for individuals and staff that live or work in a designated targeted zone will be **STRONGLY** encouraged.

Individuals

The HCA team will work with the primary care physician, individual and family regarding testing for each individual living in a cluster zone. OPWDD strongly recommends that individuals living in a yellow, orange or red zone be tested weekly. The HCA Program team will document the

physician recommendation for weekly testing in the individual's medical record. A decision to test will not replace the daily health monitoring for symptoms.

Staff

Staff will complete the Health Care Personnel Monitoring form each day. The form is used to screen staff for potential symptoms as well as identify known risk factors. Staff are strongly encouraged to monitor the NYS address look-up to see if they live in a known micro cluster. Staff living or working in a designated cluster zone is **STRONGLY** recommended to seek testing. (Testing does not replace the need for daily health monitoring for symptoms.)

A list of possible testing locations has been provided to staff members. Staff may be tested either as part of cluster surveillance testing, possible exposure or symptoms. All testing is being reported to the Nurse Consultant/on call nurse. The nurse needs to be informed of why the testing is done, the potential exposures, date, location of testing and copy of results when obtained. The nurse or administration will use the Covid-19 zone monitoring form.

Reporting

The agency administration will be responsible to complete required notifications and tracking to Health dept., OPWDD and other required entities.
