OPWDD Guidelines for Implementation of Quarantine and/or Isolation Measures at State-Owned and Voluntary Providers in Congregate Settings

March 11, 2020

Purpose: The Office for People With Developmental Disabilities (OPWDD) is providing guidance to caregivers, families, and State/Voluntary provider agencies which provide services or support to individuals with intellectual and developmental disabilities (I/DD). This document is intended to provide OPWDD-specific clarification and supplemental information to what is contained in the "2019 Novel Coronavirus (COVID-19) Interim Containment Guidance: Precautionary Quarantine, Mandatory Quarantine and Mandatory Isolation Applicable to all Local Health Department (LHD)" (hereafter referred to as the "Interim Containment Guidance").

These guidelines are based on information made available by the New York State Department of Health (NYSDOH) and Centers for Disease Control (CDC). These source documents, and OPWDD's reliance upon them, were effective as of the above date. Please visit NYS DOH and/or CDC's websites periodically for the most current information on coronavirus (COVID-19).

This document focuses on actions to be taken to address prevention and preparedness, recommendations for quarantine and isolation approaches per NYSDOH guidelines, and reporting and notification.

I. Agency Preparedness and Prevention

Emphasis will be placed on training of staff, infection control procedures, and cleaning and disinfection recommendations, in order to reduce the risk associated with transmission of coronavirus (COVID-19).

A. Education of Staff and Individuals:

All direct support and clinical staff are required to be educated and trained on infection control in preventing transmission from contagious diseases, including adherence to hand hygiene and respiratory etiquette. Providers should ensure that all training requirements are up to date.

Staff already receive training on:

1. Infection control including essential infection control techniques, basic standard precautions and proper use of personal protective equipment
2. Environmental cleaning
3. Review of activity restrictions and isolation
4. Signs, symptoms and risk factors that increase the potential for disease transmission.

Refresher trainings will be offered to all staff through the Statewide Learning Management System (SLMS).

To address COVID-19 Infection Control concerns, additional guidance is offered through NYSDOH Website: https://health.ny.gov/diseases/communicable/coronavirus/.

Additionally, direct support staff will assist the individuals they support in building awareness around good hand hygiene and respiratory etiquette.

B. General infection control procedures (personal behaviors):

The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases. Agencies are expected to implement the following preventive actions in all care settings.

Prevention Actions

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using a surgical facemask.
  - CDC does not recommend that people who are well wear a surgical facemask to protect themselves from respiratory diseases, including COVID-19.
  - Surgical facemasks should be used by people who have had proximate or close exposure, or who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of surgical facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
  - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

Source: Centers for Disease Control and Prevention (CDC) – Prevention and Treatment: https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html

C. Environmental Cleaning and Disinfection:

The coronavirus (COVID-19) spread by respiratory secretions (coughing or sneezing) may remain on surfaces and transmit infection for an unknown period of time. Agencies supporting individuals in quarantine and/or isolation must maintain a safe environment through Environmental Cleaning and Disinfection.

Cleaning and disinfection procedures are outlined in the box below for ease of reference.

All agencies serving individuals who are **subject to quarantine and/or isolation from COVID-19** should refer to ***Section IV: Reporting and Notification Requirements for OPWDD Providers*** for more direction on case reporting.

Environmental Cleaning and Disinfection

Each shift should perform targeted cleaning and disinfection of frequently touched hard, non-porous surfaces, such as counters, appliance surfaces, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, remote controls, bedside tables, and any other surfaces that are visibly soiled.

1. **Cleaning:** Always clean surfaces prior to use of disinfectants. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. Clean surfaces using water and soap or detergent to reduce soil and remove germs. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure effective use.
2. **Disinfection:** If EPA- and DEC*-registered products specifically labeled for SARS-CoV-2 are not available, disinfect surfaces using a disinfectant labeled to be effective against rhinovirus and/or human coronavirus. EPA- and DEC*- registered disinfectants specifically labeled as effective against SARS-CoV-2 may become commercially available at a future time and once available, those products should be used for targeted disinfection of frequently touched surfaces.

   ☐ Label directions must be followed when using disinfectants to ensure the target viruses are effectively killed. This includes adequate contact times (i.e., the amount of time a disinfectant should remain on surfaces to be effective), which may vary between five and ten minutes after application. Disinfectants that come in a wipe form will also list effective contact times on their label.

   ☐ Following “contact time,” any leftover cleaning fluids are to be wiped and discarded after use.

   ☐ For disinfectants that come in concentrated forms, it is important to carefully follow instructions for making the diluted concentration needed to effectively kill the target virus. This information can be found on the product label.

Staff are reminded to ensure procedures for safe and effective use of all products are followed. Safety instructions are listed on product labels and include the personal protective equipment (e.g., gloves) that should be used.

3. Wash all bedding/linens. Wash and dry with the warmest temperatures recommended on the fabric label and follow detergent label and instructions for use.
4. Facility staff do not need to wear respiratory protection while cleaning. Staff should wear disposable gloves while handling potentially soiled items/bedding and while cleaning and disinfecting surfaces. Place all used gloves and other disposable contaminated items in a bag that can be tied closed before disposing of them with other waste.
5. Wash hands with soap and water for at least 20 seconds immediately after removing gloves or use an alcohol-based hand sanitizer if soap and water are not available. Soap and water should be used if hands are visibly soiled.
6. Ensure waste baskets available and visible. Make sure wastebaskets are emptied on a regular basis. Persons emptying waste baskets should wear gloves to do so and dispose of the gloves immediately.

Source: NYS Department of Health Guidance Document entitled “Interim Guidance for Cleaning and Disinfection for Non-Healthcare Settings Where Individuals Under Movement Restriction for COVID-19 are Staying”
https://www.health.ny.gov/diseases/communicable/coronavirus/docs/cleaning_guidance_non-healthcare_settings.pdf

II. Quarantine and Isolation Status[1]

Prior to the implementation of mandatory quarantine or mandatory isolation, **LHDs must assess** the setting to be sure it is safe to allow persons to remain and avoid transmission from the exposed person(s) to others in the household, should the exposed person become symptomatic.

If the home is not safe to avoid transmission, the **LHD must identify** a safe place for the exposed contact and/or their household members to live during the monitoring period or until the home is safe.

OPWDD will follow the LHD's procedures outlined in the implementation of mandatory quarantine or mandatory isolation. The three (3) categories listed below describe the criteria that LHDs will use in implementing quarantine and/or isolation measures.

A. Precautionary Quarantine

Person meets one or more of the following criteria:

1. Has traveled to China, Iran, Japan, South Korea or Italy while COVID-19 was prevalent, but is not displaying symptoms; or
2. Is known to have had a proximate exposure to a positive person but has not had direct contact with a positive person and is not displaying symptoms. In addition, any person the LHD believes should be quarantined, not addressed here, the LHD should contact NYS DOH.

B. Required Mandatory Quarantine

Person meets one or more of the following criteria:

1. Has been within close contact (6 ft.) with someone who is positive, but is not displaying symptoms for COVID-19; or
2. Has traveled to China, Iran, Japan, South Korea or Italy and is displaying symptoms of COVID-19.

C. Required Mandatory Isolation

Person meets one or more of the following criteria:

1. Has tested positive for COVID-19, whether or not displaying symptoms for COVID-19.
2. LHDs must immediately issue an order for Mandatory Quarantine or Isolation once notified, which shall be served on the person impacted.

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[1] *Source: NYS Department of Health Guidance Document entitled "2019 Novel Coronavirus (COVID-19) Interim Containment Guidance: Precautionary Quarantine, Mandatory Quarantine and Mandatory Isolation Applicable to all Local Health Departments (LHD)".*
https://www.health.ny.gov/diseases/communicable/coronavirus/docs/quarantine_guidance.pdf

III. Quarantine and/or Isolation Considerations for Individuals with I/DD

The successful management of individuals in quarantine and/or isolation relies upon close coordination between LHDs, OPWDD, the individual and their caregivers.

A. Agency Responsibility - Assessing Personal Needs

The hallmark of services and supports for individuals with I/DD is interdisciplinary service planning and treatment. Treatment teams should meet to assess and discuss the needs of each individual in their care, based on their individual Life Plans. Considerations should be made to determine how the needs of the individual can be met during the conditions of quarantine and/or isolation. This may include but is not limited to the following:

- Restriction of Activity,
- Extension of Activity Restriction, and
- Modification of Activity Restriction.

Assessing Personal Needs

In addition to ensuring that shelter requirements are met, providers must also continue to ensure that social, medical and mental health needs are met, including but not limited to the following:

- ☐ Provision of basic needs like food, shelter, medications and laundry.
- ☐ Mental health, faith-based, and social service needs and resources to help pass the time while isolated or quarantined. These services must be culturally and linguistically appropriate.
- ☐ Assistance in accessing television, movies, radio, board/card games, or books.
- ☐ Communication needs (e.g. working cellular phone, internet, etc.).
- ☐ Provision of supplies needed for personal hygiene.
- ☐ Support needs, including but not limited to family members, friends, and pets. Persons under mandatory isolation or mandatory quarantine can walk outside their house on their own property, but they must not come within six feet of neighbors or other members of the public. Persons living in a multiple dwelling building may not utilize common stairways or elevators to access the outside. Likewise, these individuals must refrain from walking in their neighborhood.

Source: NYS Department of Health Guidance Document entitled "2019 Novel Coronavirus (COVID-19) Interim Containment Guidance: Precautionary Quarantine, Mandatory Quarantine and Mandatory Isolation Applicable to all Local Health Departments (LHD)".
https://www.health.ny.gov/diseases/communicable/coronavirus/docs/quarantine_guida

B. LHD Responsibility – Create an Action Plan

The **LHD must create an action plan** for what to do if a quarantined person should become ill. LHDs must plan for immediate transfer from the home and isolation to reduce the risk of infecting other household members. The action plan must further address, at a minimum:

LHD Action Plan

- ☐ How the individual would get to an appropriate healthcare provider or facility for medical evaluation. The provider or facility must be able to implement appropriate infection control and obtain specimens.
- ☐ What hospital should receive the individual.
- ☐ Who the person or care giver should notify first: In an emergency, call 911. For a non-emergency, the LHD must be called first, who shall contact the State Department of Health.
- ☐ The LHD should notify the EMS provider and hospital in advance. When working with EMS providers and hospitals that may be involved in the ill individual's transport and care, LHDs must make sure that key individuals ("decision makers") are aware in advance **AND** that front line staff (e.g. infection control, emergency department, EMS dispatch) are alerted as soon as possible after activating the plan. Therefore, unless a medical emergency exists (in which case 911 should be called), the LHD must facilitate the rapid implementation of the action plan.

Source: NYS Department of Health Guidance Document entitled "2019 Novel Coronavirus (COVID-19) Interim Containment Guidance: Precautionary Quarantine, Mandatory Quarantine and Mandatory Isolation Applicable to all Local Health Departments (LHD)". https://www.health.ny.gov/diseases/communicable/coronavirus/docs/quarantine_guidance.pdf

IV. Reporting and Notification Requirements for OPWDD Providers

1. Individual Confirmed for a Quarantine and/or Isolation Order from COVID-19

All providers of OPWDD funded, certified, or operated programs are required to immediately notify the OPWDD Incident Management Unit (IMU) of any quarantine and/or isolation orders served by their LHD regarding an individual served by their program. The reporting process is outlined below:

a. Between the hours of 8 am and 4 pm (Regular Business Hours), Monday through Friday, **and not a NYS holiday** - Contact the appropriate Incident Compliance Officer assigned to your region, by calling 518-473-7032.

b. After 4 pm Monday through Friday, 24 hours a day on weekends and on NYS holidays - Call the OPWDD Off Hours Incident Notification phone line at 1-888-479-6763.

c. Within 24 hours, enter a report into the OPWDD Incident Report and Management Application (IRMA).

2. Requests for Assistance

Providers should contact OPWDD for assistance if there are any challenges associated with the following:

- Shelter Requirements for quarantine and/or isolation
- Training issues
- Procuring Personal Protective Equipment (PPE), Cleaning & Disinfection Products or other supplies and/or materials.

If you are a Voluntary Provider and are unable to procure required PPE and/or Cleaning & Disinfection products, contact your local County Office of Emergency Management (OEM) to request assistance.