



Updated: May 17, 2021 (new material underlined)

Revised Staff Guidance for the Management of Coronavirus (COVID-19) in Facilities or Programs Operated and/or Certified by the Office for People With Developmental Disabilities

The following requirements are for providers of services to individuals with intellectual and/or developmental disabilities (I/DD) certified or operated by the Office for People With Developmental Disabilities (OPWDD). This includes staff employed by the OPWDD (State-Operated programs) and those employed by community organizations (Voluntary- Operated programs). State-Operated Facilities should also consult the information provided by the OPWDD Office of Employee Relations for further implementation considerations.

The guidelines outlined in this document are designed to minimize the risk for the transmission of COVID-19 from infected to non-infected persons. A safe environment is created and maintained with the tools the agency has at hand: modifying procedures for community outings and visitation; vigorous handwashing; meticulous attention to environmental hygiene; along with proper use of Personal Protective Equipment (PPE).

When individuals with suspected or confirmed COVID-19 live with individuals who do not have the virus, the agency should create physical separation for healthy individuals and staff. This practice is referred to as “cohorting” and is discussed in more detail below.

Symptoms of COVID-19

COVID-19 can cause mild to severe respiratory illness. Common symptoms include fever, cough, and difficulty breathing. Additional symptoms added by the Center for Disease Control and Prevention (CDC) include shortness of breath, chills, shaking with chills, muscle pain, headache, sore throat, new loss of taste and new loss of smell. However, some people don’t experience any symptoms. Others may experience only mild symptoms or have vague symptoms of not feeling well. Older adults, people with underlying health conditions, and people with compromised immune systems, are at a higher risk of severe illness from this virus. The Centers for Disease Control and Prevention (CDC) believe that symptoms of COVID-19 begin between 2 and 14 days after exposure to someone with COVID-19.

A. Health Checks for All Staff Working in Certified Settings Or Certified Programs/Services

Health checks should be implemented for all direct support professionals and other facility staff at the beginning of each shift. This includes all personnel entering the facility, regardless of whether they are providing direct care to individuals. This monitoring must include a COVID symptom screen, including any new or worsening symptoms that may be attributed to COVID-19, pursuant to the CDC’s most updated guidance, as well as a temperature check. The site should maintain a written log regarding staff passing/failing the health screen. At a minimum, a face mask and gloves should be worn by any staff performing staff health checks.

Additionally, all screenings shall incorporate the following questions:

- (1) Have you had any known close contact with a person confirmed or suspected to have COVID-19 in the past 14 days?

Please note close contact does not include individuals who work in a health care setting and are wearing appropriate, required personal protective equipment (PPE).

- (2) Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

- (3) Have you traveled inconsistently with NYS's current travel advisory?

<https://coronavirus.health.ny.gov/covid-19-travel-advisory>

If yes, please contact your supervisor from a remote location to discuss return to work.

All facility staff with relevant symptoms or with a temperature greater than or equal to 100.0 F should immediately be sent home and should be directed to contact their medical care provider and local health department for further direction, which may include quarantine and/or testing. Staff who are directed by their local health department to quarantine, pending test results, must notify their supervisor.

B. Health Checks for All Individuals Living in Certified Residential Settings or Receiving Services in Certified Settings/Programs

Health checks should be implemented for all individuals living in a residential facility certified or operated by OPWDD as well as individual receiving services in certified non-residential settings and programs. Check each individual at least once daily, and as needed, for fever (as measured with a thermometer), cough, or difficulty breathing, and document findings. Any individual with fever or signs and symptoms of COVID-like illness should be immediately isolated to their room and the individual's health care provider should be contacted for further direction. 911 should be called immediately if symptoms are severe. The additional guidance below regarding "when there are suspected or confirmed cases of COVID-19" should be followed.

C. When There are Suspected or Confirmed Cases of COVID-19

The following steps must be taken when any individual living in a residential facility, certified or operated by OPWDD or receiving services in a certified setting or program, is identified as having a confirmed case of COVID-19:

- 1) Notify the local health department and the OPWDD Incident Management Unit.
- 2) All providers of OPWDD funded, certified or operated programs are also required to immediately notify the OPWDD Incident Management Unit (IMU) of any need for an individual to be put under quarantine, per OPWDD or DOH guidance, as well as of any isolation orders served by a State or Local DOH regarding an individual served by their program. The reporting process is outlined below:
 - Between the hours of 8 am and 4 pm (Regular Business Hours non-holidays), Monday through Friday, Contact the appropriate Incident Compliance Officer assigned to your region, by calling 518- 473-7032.
 - After 4 pm Monday through Friday, 24 hours a day on weekends and on NY holidays – Call the OPWDD Off Hours Incident Notification phone line at 1-888-479-6763.
 - Within 24 hours, enter a report into the OPWDD Incident Report and Management Application (IRMA).
- 3) All unvaccinated individuals in the residential setting should be placed in quarantine and all affected individuals should 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.
- 4) All unvaccinated staff working at the facility, who have had contact with the individual, should maintain quarantine in

accordance with the “Revised COVID-19 Protocols for Direct Care Staff to Return to Work,” most recently updated on May 17, 2021. Impacted staff members must remain quarantined in their home when not at work.

- 5) Do not float staff between units or between individuals, to the extent possible. Cohort individuals with suspected or confirmed COVID-19, with dedicated health care and direct care providers, to the extent possible. Minimize the number of staff entering individuals’ rooms.
- 6) 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.
- 7) Other individuals living in the home 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 bedroom and bathroom, if available.

Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.

D. Hand Washing

Handwashing is one of the most effective strategies for reducing the spread of COVID-19. Proper handwashing saves lives at work and at home.

Germs can spread from other people or surfaces when you:

- Touch your eyes, nose, and mouth with unwashed hands;
- Prepare or eat food and drinks with unwashed hands;
- Touch a contaminated surface or objects; or
- Blow your nose, cough, or sneeze into your hands and then touch other people’s hands or common objects.

When to Wash Hands: Direct support professionals and other facility staff should perform hand hygiene upon arrival to work, 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.

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:

- 1) Upon arrival to work;
- 2) Before handling medications;
- 3) Before assisting individuals with personal hygiene (toileting, bathing, shaving, menstrual care, wound care, etc.);
- 4) After assisting with personal hygiene tasks;
- 5) Before, during, and after preparing food;
- 6) After using the bathroom;

- 7) After coughing, sneezing, or smoking;
- 8) Before donning disposable gloves;
- 9) After doffing disposable gloves;
- 10) After touching garbage;
- 11) After touching an animal, animal feed, or animal waste;
- 12) After handling pet food or pet treats; and
- 13) Before leaving work.

During the COVID-19 public health emergency, you should also clean hands:

- 1) 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.
- 2) Before touching your eyes, nose, or mouth.

How to Wash Hands: Follow Six Steps to Wash Your Hands the Right Way: Washing your hands is one of the most effective ways to prevent the spread of germs, even more effective than hand sanitizer.

Follow these six steps every time.

1. **Wet** your hands with clean, running water (warm or cold), and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean paper towel or air dry them.
6. **Use** a paper towel to turn off faucet.

All facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.

Every staff member, whether they are involved in direct support tasks or not, is encouraged to watch the CDC training videos on handwashing, available at <https://www.cdc.gov/handwashing/index.html>.

E. 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,

- Sanitizers do **not** get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds

Access to Hand Sanitizer

Hand sanitizer should be readily available throughout the residential setting. At a minimum, there should be a

hand sanitizer station near the front door of the facility, in the kitchen/dining room, and in the living room/common room, if one exists. Hand sanitizer should be present at the bedroom door of each individual, to the extent such placement does not impede the safety of individuals in the home. If staff are not wearing gloves, staff should use hand sanitizer whenever they enter or exit an individual's bedroom. To the extent that individuals in the home are at risk of ingesting the hand sanitizer, or engaging in other unsafe behaviors with it, the location of hand sanitizer throughout the residential facility may need to be modified, or staff may need to carry refillable pocket size hand sanitizers on their person.

F. Environmental Hygiene

The transmission of the COVID-19 virus can be reduced by maintaining a germ-free environment. The following measures should be taken at all facilities:

- Clean all “high-touch” surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every shift. Bedroom and bathroom doorknobs are prime locations for germ transmission.
- Clean any surfaces that may have blood, stool, or body fluids on them. 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.
- 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.
- Wash laundry thoroughly. Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
- Staff should wear disposable gloves while handling soiled items and keep soiled items away from the body. Staff should clean their hands with soap and water or an alcohol-based hand sanitizer immediately after removing gloves.
- Read and follow directions on labels of laundry or clothing items and detergent. In general, use a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.
- Place all used disposable gloves, facemasks, and other contaminated items in a lined container before disposing of them with other household waste. Staff should clean their hands with soap and water or an alcohol-based hand sanitizer immediately after handling these items. Soap and water should be used if hands are visibly dirty.
- Staff should discuss any additional questions with their supervisor or assigned nursing staff or contact the state or local health department or healthcare provider, as needed. Check available hours when contacting the local health department.

G. Individual Placement

Every effort should be made to separate individuals who are either infected or are symptomatic and presumed to be infected with COVID-19, from those who are thought not to be infected. When hospitalization is not medically necessary, care in the home must be provided as safely as possible and should consider the following:

- If possible, move an individual with COVID-19 to a separate cohorted setting, potentially in a different location or home.
- Whenever possible, place an individual with known or suspected COVID-19 in a single-person room with the door closed. If possible, the individual should have a dedicated bathroom.
- As a measure to limit staff exposure and conserve PPE, agencies could consider designating entire programs within the agency, with dedicated staff, to care only for individuals with known or suspected COVID-19.
- Determine how staffing needs will be met as the number of individuals with known or suspected

COVID-19 increases and staff become ill and are excluded from work.

Please note that it might not be possible to distinguish individuals who have COVID-19 from individuals with other respiratory viruses.

H. 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. However, PPE is only effective as one component of a comprehensive program aimed at preventing the transmission of COVID-19. Facilities and programs should consult the Centers for Disease Control and Prevention (CDC) guidance to optimize the supply of PPE and equipment through conventional, contingency, and crisis strategies at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

When Caring for Individuals who are NOT Infected with or Presumed to be Infected with COVID-19:

All staff are required to wear a facemask, at all times while at work, regardless of their vaccination status. This is intended to reduce COVID-19 transmission from potentially infected staff, who may be asymptomatic. The use of cloth masks or other face coverings that cover the mouth and nose are acceptable. The most effective fabrics for cloth masks are tightly woven fabrics, such as cotton and cotton blends; breathable and are two or three layers. The use of masks with exhalation valves or vents is not acceptable, as this type of mask may not prevent someone who is pre-symptomatic or asymptomatic from spreading COVID-19 to others.

When Caring for Individuals who are Infected with or Presumed to be Infected with COVID-19:

In addition to any quarantine or isolation measures in place, individuals confirmed or suspected of having COVID-19 should wear a facemask when around other people, unless they are not able to tolerate wearing one (for example, because it causes trouble breathing). Staff should wear a facemask at all times while at work. The use of a cloth facemask of any type, or the use of masks with exhalation valves or vents is not acceptable when caring for an individual infected or presumed to be infected with COVID-19.

Staff should perform hand hygiene before and after all individual contact, contact with potentially infectious material, and before donning and doffing PPE, including gloves. Hand hygiene after removing PPE is particularly important to get rid of any germs that might have been transferred to bare hands during the removal process.

The PPE protocol recommended when caring for an individual with known or suspected COVID-19 includes:

- **Facemasks**

- o Put on facemask upon entry into the group home, and wear at all times while in the work setting.
- o 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.
- o If necessary, use expired facemasks.
- o 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.
- o 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.
- o 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.
- o 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.

- o For further information, consult the CDC guidance entitled “Strategies for Optimizing the Supply of Facemasks”, available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face->.
- o A face shield alone is not an acceptable face covering and should not be worn absent a facemask.
- **N95 Respirators**
 - o All staff wearing N95 respirators should undergo medical clearance and fit testing.
 - o 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. N95 masks are not required when providing such tasks on individuals without a known infectious respiratory diagnosis.
 - o 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.
 - o If necessary, implement limited re-use for individuals with COVID-19, if possible with decontamination between uses; refer to FDA guidance entitled “Personal Protective Equipment Emergency Use Authorization”, available at <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>. In addition to the approved method, refer to CDC guidance entitled “Decontamination and Reuse of Filtering Facepiece Respirators using Contingency and Crisis Capacity Strategies”, available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>. 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. For further information consult the CDC guidance entitled “Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings”, available at: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>.
- **Eye Protection**
 - o When splashes or sprays are anticipated based upon the support task being provided, 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.
 - o Remove eye protection before leaving the individual’s room or care area.
 - o 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.
- **Gloves**
 - o Put on clean, non-sterile gloves upon entry into an individual’s room or care area.
 - o Change gloves if they become torn or heavily contaminated.
 - o Remove and discard gloves when leaving the individual’s room or care area, and immediately perform hand hygiene.
- **Gowns**
 - o 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.

- o If there are shortages of gowns, they should be prioritized for:
 - Aerosol-generating procedures;
 - Care activities where splashes and sprays are anticipated;
 - High-contact individual care activities that provide opportunities for transfer of germs to the hands and clothing of staff. Examples include:
 - Dressing;
 - Bathing/showering;
 - Transferring;
 - Providing hygiene;
 - Changing linens;
 - Changing briefs or assisting with toileting;
 - Device care or use; and
 - Wound care.

I. What to Do When PPE Supply is Low

Critical PPE needs should be communicated to the respective local Office of Emergency Management, with the appropriate information provided at the time of request. Requests MUST include:

- Type and quantity of PPE by size;
- Point of contact at the requesting facility or system;
- Delivery location;
- Date request is needed to be filled by; AND
- Record of pending orders.

Contingency strategies can help stretch PPE supplies when shortages are anticipated at a facility. Crisis strategies can be considered during severe PPE shortages and should be used with the contingency options to help stretch available supplies for the most critical needs. As PPE availability returns to normal, healthcare facilities should promptly resume standard practices.

Facilities should review the following guidance on Strategies for PPE shortages:

OPWDD guidance issued April 6, 2020, available at

https://opwdd.ny.gov/system/files/documents/2020/04/4.6.2020-opwdd-memo-regarding-covid19-ppeshortage_0.pdf.

CDC guidance regarding specific strategies for the conservation of facemasks, eye protection, isolation gowns and N95 respirators is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

J. ADDITIONAL RESOURCES

More information on the NYS Department of Health (DOH) and the Center for Disease Control and Prevention (CDC) recommendations can be found at:

- DOH: <https://coronavirus.health.ny.gov/home>
- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>