



March 25, 2020

Staff Guidance for the Management of Coronavirus (COVID-19) in Facilities or Programs Operated and/or Certified by OPWDD

The following recommendations are to be employed by all providers of services to individuals with I/DD certified or operated by 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 information provided by the OPWDD Office of Employee Relations with questions regarding the implementation of these considerations.

A. Staff Assignments/Cohorting

The guidelines outlined in this document are designed to minimize the risk for the transmission of COVID-19 from infected to non-infected persons. In addition, agencies and programs must ensure that staffing levels are maintained in accordance with agency/program requirements and based on the supervision needs of the individuals served.

1. Staff assignments into or out of sites that serve individuals who have a confirmed diagnosis of COVID-19 and who are under Required Mandatory Isolation should be limited by maintaining similar daily staff assignments to the extent possible.
2. Staff assignments into or out of sites that serve individuals who have a confirmed exposure to a person diagnosed with COVID-19 and are under Required Mandatory Quarantine should also be limited to the greatest extent possible.
3. Assignment of staff who support individuals with a confirmed exposure but who are asymptomatic (i.e. that staff has not had any *direct* contact with a person with confirmed or suspected COVID-19), is permissible.
4. In the above example, if the individual with a confirmed exposure begins to show signs and symptoms consistent with COVID-19, those exposed staff should not be reassigned to other sites.
5. Any staff member showing symptoms consistent with COVID-19 should be directed to stay home, or if the symptoms emerge while at work, should be sent home.

B. Guidance for Staff Working in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

1. All visitation remains suspended, except when medically necessary (i.e. visitor is essential to the care of the individual or is providing support in imminent end-of-life situations) or for family members of individuals in imminent end-of-life situations, and those providing Hospice care. The duration and number of visits should be minimized. Facilities must provide other methods to meet the social and emotional needs of individuals, such as video calls. Facilities shall post signage notifying the public of the suspension of visitation and proactively notify individuals' family members.
2. Health checks should remain implemented for all HCP 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 symptom check, heart rate, respiratory rate and temperature. HCP and other facility staff with symptoms or with $T \geq 100.0$ F should be sent home, and HCP and other facility staff who develop symptoms or fever while in the facility should immediately go home. Any necessary visitors shall be checked as if they are staff.

C. Guidance for Staff When There Are Suspected or Confirmed Cases of COVID-19 in Any OPWDD Certified or Operated Residential Facility

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

1. Notify the local health department and the OPWDD Incident Management Unit in accordance with OPWDD Guidelines for Implementation of Quarantine and/or Isolation Measures at State-Owned and Voluntary Providers in Congregate Settings issued on 3/10/20.
2. Assure that all affected individuals remain in their rooms. Cancel group activities and communal dining. Offer other activities for individuals in their rooms to the extent possible, such as video calls.
3. 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.
4. Staff must actively monitor all individuals in affected homes, once per shift. This

monitoring must include a symptom check, heart rate, respiratory rate and temperature. If the individual is getting sicker, call his or her healthcare provider and tell them that the individual has laboratory-confirmed COVID-19. This will help the healthcare provider take steps to keep other people in the home or waiting room from getting infected. 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.

5. 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.
6. Individuals should not handle pets or other animals while sick.
7. Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.
8. Perform hand hygiene frequently. Everyone should wash hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
9. Avoid touching your eyes, nose, and mouth with unwashed hands.
10. The sick individual should wear a facemask when around other people. If the individual is not able to wear a facemask (for example, because it causes trouble breathing), staff should wear a mask when in the same room as that individual.
11. Staff should wear a disposable facemask and gloves when they touch or have contact with the individual's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, urine.
 - Throw out disposable facemasks and gloves after using them. Do not reuse.
 - When removing personal protective equipment, first remove and dispose of gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove and dispose of facemask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.
12. 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 (see below "Wash laundry thoroughly").

13. Clean all “high-touch” surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, stool, or body fluids on them.
 - 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.
14. 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 your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.
 - Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.
15. Place all used disposable gloves, facemasks, and other contaminated items in a lined container before disposing of them with other household waste. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after handling these items. Soap and water should be used preferentially if hands are visibly dirty.
16. Discuss any additional questions with your supervisor or assigned nursing staff, or contact the state or local health department or healthcare provider, as needed. Check available hours when contacting your local health department.

Facilities should also refer to the following documents for more information:

From CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

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:

<https://www.health.ny.gov/diseases/communicable/coronavirus/>

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html#collapse_31135e5a9a0a20319

NYS Department of Health – Local Department of Health Contact List

For Staff Employed by OPWDD: If you have any questions or concerns, or require assistance in implementing these management strategies, please feel free to contact the **Infection Control Officer** at the appropriate DDSOO.