

March 31, 2020

Dear AABR Families, Friends, and Staff:

Much has occurred since our last update. AABR is continuing to fight this pandemic on many fronts. I want to reiterate that we are doing everything in our power to keep our individuals and staff safe as we move forward during this global pandemic.

Our Personal Protective Equipment shipment has arrived and has been distributed. Our gowns should be arriving shortly. All our residences have the other necessary equipment to keep safe. I am especially grateful that we acted quickly to secure the necessary PPE for our staff early. The reports of shortages of PPE in NYC healthcare settings is devastating. I thank all of you who sourced, donated and assisted in our battle to ensure the safety of our staff.

As the news reports indicate, AABR individuals and courageous staff have been significantly and directly affected by COVID. Many are asymptomatic, many have recovered, while others are fighting the illness. For those that are ill, we offer you our prayers for your speedy recovery. Your AABR family is here for you. It's impossible for us to express the level of gratitude we have for every staff member who has stepped up during this crisis to care for our individuals.

As this virus has spread, the guidance from our state partners has quickly changed. The strategy for 'contact tracing and containment' has moved to one of 'community spread'. This change has a significant impact on how AABR is operating. Just a few short days ago, under the containment strategy, we were able to get testing performed through the drive-through sites and/or a DOH nurse collecting samples directly from our facilities. Now, testing is only being provided if you are presenting significant symptoms. AABR is no longer able to arrange for testing for our sites or our staff. If you are ill and need to get tested, you need to go to your health care provider to get testing. At this time, we are unaware of any other avenues to get testing.

There have been changes to protocols from OPWDD to modifying training, the return to work for essential employees and direct support staff who have tested positive or who have had a known exposure to COVID-19. AABR is following all protocols. All guidance is available on the OPWDD website and on our website for easy reference.

COVID 19 Staffing Guidance

COVID-19 633 .16 Guidance Training and Recertification

OPWDD Interim Guidance Regarding Modified Training and Recertifications to Address COVID-19 Emergency Response

COVID-19 Essential Employee Return to Work

Protocols for Essential Personnel to Return to Work Following COVID-19 Exposure or Infection

COVID-19 Direct Support Return to Work

Health Advisory: Updated Protocols for Personnel in Clinical and Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection

Our Day Program staff are now assigned to our residences to support our individuals with the continuity of care to meet their service plan goals. Staff is being transported by our AABR drivers to outer-borough locations in efforts to limit staff exposure on public transportation.

Thanks to the hard work of our selfless staff, we have made tremendous strides throughout this pandemic. We must keep up our resolve under these extraordinary circumstances. I cannot reiterate enough; staff must maintain full compliance in the proper use of PPE and prevention measures in the residences to wipe out this virus from the AABR sites. Please strictly adhere to all safety protocols for yourselves, our individuals and our community.

I know these are difficult times and many of you have expressed concerns. Please remember the SPARKS program is available for staff who need additional support and our Human Resources team is available to answer any of your questions. Our individuals need you more than ever. Be healthy and stay safe. We will get through this together.

Sincerely,



Libby Traynor, LCSW
Executive Director
AABR, Inc.



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 once 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.



March 29, 2020

OPWDD Interim Guidance Regarding Modified Training and Recertifications to Address COVID-19 Emergency Response

Pursuant to Executive Order No. 202.11, residential and nonresidential facilities and programs certified or operated by OPWDD may immediately modify certain training requirements for direct support professionals to address staffing shortages and COVID-19 emergency response. Those requirements contained within 14 NYCRR sections 633.16 are temporarily modified, as outlined within this document, to provide the greatest amount of flexibility possible to providers of services for individuals with Intellectual and Developmental Disabilities.

Modified Training Requirements Under Section 633.16

With respect to trainings required under Section 633.16, OPWDD certified providers may immediately modify these trainings in order to expedite their onboarding processes, to address COVID-19 related staffing shortages. Consideration should be given to the following:

- To maintain appropriate levels of support, agencies should consider a targeted approach to staff training as required under 633.16. Specifically, during the emergency period, only direct support professionals who will be deployed to work with individuals who have challenging behaviors that require a behavior support plan (BSP) that incorporates the use of intermediate or restrictive physical interventions should be trained in Strategies for Crisis Intervention and Prevention-Revised (SCIP-R) or Positive Relationships Offer More Opportunities to Everyone (PROMOTE).
- Staff responsible for implementing behavior support plans (BSP) that incorporate the use of physical intervention technique(s) must successfully complete an OPWDD-approved training course on the use of positive behavioral approaches, strategies and/or supports and physical intervention techniques. Staff should only be trained to the level of certification that includes the physical intervention techniques necessary to implement the BSPs of individuals they will be supporting in the certified programs where they primarily work (e.g., SCIP-R Core, PROMOTE Level 1). If staff are not implementing a BSP that requires a restrictive physical intervention, they do not need to be trained in those techniques.
- Agencies should consider modified training formats and alternate delivery methods for staff training, including video conferencing, as well as ways to implement social distancing during the lecture and small group activity portions of the training;
- For current direct support professionals, who have previously completed all training requirements, the annual training recertification will be extended ninety days.



March 28, 2020

**Protocols for Essential Personnel to Return to Work Following
COVID-19 Exposure or Infection**

Public and private sector organizations that provide essential services or functions where personnel are needed to perform critical functions, including infrastructure, public safety, and other essential operations, may allow personnel who were exposed to or are recovering from COVID-19 to work in the workplace setting, if needed to maintain essential operations. Essential services or functions include but are not limited to public health personnel, including OPWDD staff and administrators and other staff of OPWDD certified settings.

Essential personnel who have **been exposed to a confirmed case of COVID-19** can be permitted to work in the required workplace setting if all the following conditions are met:

1. Working from home would not be feasible for job duties;
2. Personnel are **asymptomatic**;
3. Personnel quarantine themselves when not at work;
4. Personnel undergo temperature monitoring and symptom checks upon arrival to work and at least every 12 hours while at work, and self-monitor (i.e. take temperature, assess for symptoms) twice a day when at home;
5. Personnel required to interact with individuals within 6 feet should wear a facemask¹ while working for 14 days following the last exposure;
6. Personnel whose job duties permit a separation of greater than 6 feet should have environmental controls in place to ensure adequate separation is maintained, and do not need to wear a facemask;
7. If personnel develop symptoms consistent with COVID-19 (e.g., fever, cough, or shortness of breath) while working, they should immediately stop work and isolate at home; and
8. Testing will be arranged for any personnel with symptoms.

Essential personnel with **confirmed or suspected COVID-19** can be permitted to work in the required workplace setting if all the following conditions are met:

1. Working from home would adversely impact essential services or functions, including critical public health and public works infrastructure in New York or the response to the COVID-19 public health emergency;

2. Personnel have maintained isolation for at least 7 days after illness onset (i.e. symptoms first appeared) and have not had a fever for at least 72 hours, without the use of fever-reducing medications, and with other symptoms improving;
3. Personnel who are recovering from COVID-19, according to the above condition, must wear a facemask¹ for 14 days following onset of illness.

¹For the purposes of this guidance, a facemask is a well-secured mask that covers the mouth and nose. No personal fit testing is necessary for a facemask.

Additional Resources:

New York State Department of Health's Novel Coronavirus Hotline:
1-888-364-3065

New York State Department of Health's COVID-19 Webpage:
<https://coronavirus.health.ny.gov/home>

Local Health Department Contact Information:
https://www.health.ny.gov/contact/contact_information/index.htm

Centers for Disease Control and Prevention Webpage:
<https://www.cdc.gov/coronavirus/2019-ncov/>



March 28, 2020

**Health Advisory: Updated Protocols for Personnel in Clinical and Direct Care Settings
to Return to Work Following COVID-19 Exposure or Infection**

OPWDD certified or operated programs may allow clinical and direct support professionals or other facility staff who have **been exposed to a confirmed case of COVID-19**, or who have traveled internationally in the past 14 days, to work if all the following conditions are met:

1. Furloughing such workers would result in staff shortages that would adversely impact operation of the healthcare entity.
2. Such workers, who have been contacts to confirmed or suspected cases, are **asymptomatic**.
3. Such workers, who are asymptomatic contacts of confirmed or suspected cases, should self-monitor 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.
4. Such workers, who are asymptomatic contacts of confirmed or suspected cases, should wear a facemask while working, until 14 days after the last high-risk exposure.
5. To the extent possible, direct care professionals and clinical staff working under these conditions should preferentially be assigned to patients at lower risk for severe complications (e.g. on units established for patients with confirmed COVID-19), as opposed to higher-risk patients (e.g. severely immunocompromised, elderly). As this outbreak grows, all staff will need to be assigned to treat all patients regardless of risk level.
6. Such workers allowed to return to work under these conditions should maintain self-quarantine when not at work.
7. If the workers who are asymptomatic and working under these conditions develop symptoms consistent with COVID-19, they should immediately stop work and isolate at home. Testing should be prioritized for hospitalized health care workers. All staff with symptoms consistent with COVID-19 should be managed as if they have this infection regardless of the availability of test results.

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OPWDD certified or operated programs may allow healthcare and direct support professionals and all facility staff, **with confirmed or suspected COVID-19**, to work if all the following conditions are met:

1. Furloughing such HCP would result in staff shortages that would adversely impact operation of the healthcare entity.
2. Health care and direct support professionals with confirmed or suspected COVID-19 must have maintained isolation for at least 7 days after illness onset, must have been fever-free for at least 72 hours without the use of fever reducing medications, and must have other symptoms improving.
3. If such worker is asymptomatic but tested and found to be positive, they must maintain isolation for at least 7 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 7 days after illness onset and must have been at least 72 hours fever-free without fever reducing medications and with other symptoms improving.
4. Staff who are recovering from COVID-19 should wear a facemask while working until 14 days after onset of illness, if mild symptoms persist but are improving.
5. To the extent possible, staff working under these conditions should preferentially be assigned to patients at lower risk for severe complications (e.g. on units established for patients with confirmed COVID-19), as opposed to higher-risk patients (e.g. severely immunocompromised, elderly). As this pandemic grows, all staff will need to be assigned to treat all patients regardless of risk level.
6. HCP allowed to return to work under these conditions should maintain self-isolation when not at work.

Clinical and direct support professionals who are out of work due to isolation, or because they do not meet the above conditions for returning to work, qualify for paid sick leave benefits and their employers can provide them with a letter confirming this, which can be used to demonstrate eligibility for the benefit.

General questions or comments about this advisory can be sent to Susan Predergast, OPWDD Statewide Director of Nursing Services, at susan.b.predergast@opwdd.ny.gov.