

March 25, 2020

Purpose: The Office for People With Developmental Disabilities (OPWDD) is providing this document to assist facilities operated and/or certified by OPWDD in the prevention and management of the Coronavirus (also referred to as COVID-19). These guidelines are based on information made available by the New York State Department of Health (NYSDOH) and Centers for Disease Control (CDC) and are accurate as of the date written.

Guidance may change as more becomes known about COVID-19. Please visit the OPWDD website periodically for the most current information at:

<https://opwdd.ny.gov/coronavirus-guidance>

PLANNING CONSIDERATIONS

A. Clinical Management In OPWDD Facilities

OPWDD will be following the NYS Department of Health (NYSDOH) recommendations and guidance for the management of processes associated with COVID-19 and for the implementation of activity restrictions for individuals exposed to, under investigation for, and/or who have been diagnosed with COVID-19.

The management of **COVID-19** in facilities operated and/or certified by OPWDD is a complex task and can be difficult. Complicating factors include:

- The wide range of residential and program configurations, ranging from apartments and small residences to large residences and day program settings, can increase the risk of exposure to the virus. The number of people in the setting can increase the risk of the virus being transmitted person-to-person or environment-to-person.
- Individuals with multiple pre-existing medical conditions may be at a higher risk for complications of COVID-19. Pulmonary, cardiac, gastrointestinal and neurological conditions are common within programs or settings, with many individuals having two or more such conditions.
- Individuals may be unable to communicate how they are feeling, so it can be difficult to diagnose.
- The level of ability of individuals to participate in respiratory etiquette and other transmission prevention activities can impact the risk of exposure to COVID-19. While some individuals can carry out simple infection control measures, many are unable to participate in any infection control measures or steps to prevent transmission to others.
- Staff frequently provide intimate personal care for the individuals they serve. This close personal contact coupled with the limited ability of individuals to participate in transmission prevention practices places individuals and staff in a “high exposure”

category. Also, just like individuals, staff may have medical conditions that place them at greater risk for complications of COVID-19.

This guidance document establishes a framework to assist staff in preventing, preparing for, responding to, and communicating during an outbreak of COVID-19, to address the above concerns.

B. COVID-19 Outbreak

Outbreaks of COVID-19 can occur in any setting, however, are likely to be more common in congregate living environments and healthcare settings where individuals who are older or have chronic health problems reside or attend day programs. Rapid identification and intervention are essential components of controlling a COVID-19 outbreak.

Should community COVID-19 activity increase, agencies are expected to immediately begin active surveillance for symptoms of COVID-19 in individuals served. Staff should receive education about monitoring for COVID-19 and promptly report signs/symptoms to agency nursing staff. Individuals with signs/symptoms of COVID-19 need to be immediately reported to the local department of health (LDH) for medical evaluation and testing.

PREVENTION / RISK REDUCTION

Preventing transmission of COVID-19 within OPWDD settings requires a multi-faceted approach. Spread of COVID-19 can occur among individuals, staff, and visitors through contact with persons in the household, program setting, work setting or community who have been exposed or who are diagnosed with COVID-19. Core prevention strategies include, but are not limited to:

- Education of staff and individuals to the extent possible on key aspects of prevention, including the importance of adherence to infection prevention practices for all individual care activities; and
- Implementing environmental and infection control measures.

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:

- Infection control, including essential infection control techniques, basic standard precautions and proper use of personal protective equipment,
- Environmental cleaning,
- Review of activity restrictions, isolation and quarantine,
- 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 should assist the individuals they support in building awareness around good hand hygiene and respiratory etiquette.

B. Cleaning and Environmental Measures

The following cleaning and disinfection practices and environmental measures are recommended by DOH in their Guidance Document for Cleaning and Disinfection for Non-Healthcare Settings where Individuals Under Movement Restriction for COVID-19 are Staying.

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

Environmental Measures

1. Bathrooms are to be kept in good condition and cleaned on a regular schedule with cleaners and/or disinfectants.
2. Soap and paper towels are always to be available in bathrooms.
3. Shower/bathe individuals who are not presenting with symptoms first and then shower/bathe individuals who are suspected or confirmed last.
4. Clean showers and bathtubs well with disinfectant between individuals.
5. Ventilation may help reduce transmission. Open windows and use fans when practical and keep ventilation systems and filters clean.
6. Soiled clothing and linens (such as bed sheets and towels) should be washed by using household laundry soap and tumbled dry on a hot setting. Clothing and linens soiled with respiratory secretions should be washed and dried separately. Individuals and/or staff should avoid “hugging” laundry prior to washing it to prevent contaminating themselves. Individuals and/or staff should wash their hands with soap and water or alcohol-based hand sanitizer immediately after handling dirty laundry. Gowns can be worn to avoid contamination. Individuals and/or staff should wash their hands with soap and water or alcohol-based hand sanitizer immediately after handling dirty laundry.
7. Eating utensils, cups, and dishes belonging to those who are sick do not need to be cleaned separately in the dishwasher, but it is important to note that these items should not be shared without washing thoroughly first. Eating utensils should be washed either in a dishwasher or by hand with hot water and soap.

C. Minimize Potential Exposures

A range of practices can be used to minimize exposure at residences, programs and other congregate settings.

1. Effective immediately, suspend all visitation to the residential setting except when medically necessary (i.e., visitor is essential to the care of the patient or is providing support in imminent end-of-life situation). The duration and number of visits should be minimized. Visitors should wear a facemask while in the facility and should be allowed only in the individuals room. 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 family members of the individuals we support.
2. Screen all staff. Please see “Staff Guidance for the Management of Coronavirus in Facilities or Programs Operated and/or Certified by OPWDD.”

GENERAL RECOMMENDATIONS FOR COVID-19 PREPAREDNESS

The following COVID-19 preparedness actions are required to be implemented by all DDSOOs/Voluntary Provider Agencies operated or certified by OPWDD. This list of required

activities is intended to ensure a baseline level of preparedness across our system of care so that we can provide enhanced actions depending upon the needs of specific individuals, families, agencies or localities. These required actions may be enhanced by specific recommendations by health care providers, local health departments or the New York State Department of Health. In addition, general guidance is subject to change. We encourage all DDSOOs/Voluntary Provider Agencies to continue to monitor NYSDOH and CDC websites for additional information available to address this evolving COVID-19 pandemic.

A. Agency Preparedness

1. Training:

- i. All DDSOOs/Voluntary Provider Agencies must immediately provide refresher training to all staff on essential Infection Control techniques and prevention. In the event that DDSOOs/Voluntary Provider Agencies do not have an Infection Control Nurse, the Clinical Director or lead clinician (*if applicable*) should designate who will provide this training. This training should include, but is not limited to:
 - information on basic standard precautions,
 - proper use of personal protective equipment,
 - environmental cleaning,
 - review of activity restrictions,
 - use of quarantine and isolation,
 - education on COVID-19 signs and symptoms, and risk factors that increase the potential for disease transmission and complications of COVID-19.
- ii. Equipment and Supplies:
 - Ensure each group home/program has a sufficient supply of personal care supplies (i.e., soap, shampoo and hand sanitizer), as well as, laundry detergent and cleaning/disinfecting supplies.
 - Ensure all first aid kits are fully stocked.
 - Ensure each group home/program has at least a two weeks supply of personal protective equipment, such as gloves, gowns, surgical masks and surgical facemasks with a shield.
 - Ensure each group home/program has a sufficient supply of basic over-the-counter medications such as Tylenol, Aspirin, and Ibuprofen. Include such items as hydrocortisone, Benadryl, antibiotic creams, band-aids, dressing supplies, alcohol wipes, etc.
- iii. Anticipatory Client Protections:
 - Speak to the dispensing pharmacy for the group home/program to be sure the program is able to receive delivery's and discuss how this might need to temporarily change if there is a need to restrict the activity/movement of individuals in that group home/program.
 - Ensure there is a sufficient supply for those individuals who utilize supplies such as lancets, strips utilized for glucometers, tube feeding supplies, ensure,

chux, and/or ostomy supplies as applicable. Consider reaching out to vendors to determine if there are any concerns with obtaining needed medical supplies. Ensure there is enough food in the group home/program. Stock up on non-perishables. Ensure that any stocked foods will be able to meet the needs of any individuals with dietary modifications (i.e., foods that will be able to be cut to size).

- Contact the primary care provider in order to learn how their practice will manage visits for individuals with symptoms of COVID-19. Some practices have implemented special procedures (i.e. telephone triage, direct referral to Local Health Department for testing) to manage COVID-19 concerns separate from general health concerns.

iv. Client Supervision and Activities:

- It is important that all staff are aware that regardless of the level of quarantine or isolation required, the supervision levels of the individuals we support must continue to be maintained in accordance with their Life Plan. Additionally, staff may need to implement an enhanced supervision level for an individual who may not have already had one. For example, if an individual is exposed to COVID-19 and is required to be quarantined or isolated in an enclosed room, he/she may require enhanced staffing/supervision.
- Plan for activities that can be done within the home with individuals.
- For those individuals who have family involvement, consider whether the individual may be able to go on a home visit during times of potential staffing shortages.

B. Identification of People at High Risk for Developing COVID-19 Related Complications

Facilities are expected to identify individuals who may be at risk for complications of COVID-19. Identifying such individuals at present, and in advance of onset of symptoms, is necessary so that treatment is not delayed. The CDC has identified the following as characteristics which place individuals at high risk of adverse outcomes associated with infection with COVID-19.

- Adults 65 years of age and older.
- Children with underlying respiratory or chronic medical conditions.
- Individuals who have pre-existing medical conditions including:
 - Individuals who are considered medically fragile
 - Any individual who is more vulnerable to illness/infection
 - Asthma
 - Neurological and neurodevelopmental conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy, stroke, intellectual/developmental disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury) NOTE:

Having such conditions may also compromise a person's ability to manage respiratory secretions.

- Chronic lung disease (such as COPD or cystic fibrosis)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Blood disorders (such as sickle cell disease)
- Endocrine disorders (such as diabetes mellitus)
- Kidney disorders
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- Weakened immune system due to disease or medication (such as people with HIV or AIDS, cancer, or those on chronic steroids)
- People younger than 19 years of age who are receiving long-term aspirin therapy
- People who are morbidly obese (BMI of 40 or greater)

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 Personnel 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.