

QCP BDS COVID-19 PROCEDURES AND REOPENING PLAN- Reopening 8/3/2020

PROGRAM OBJECTIVE SUMMARY

On 3/17/2020, all OPWDD programs were closed due to the COVID-19 pandemic. As NYS reopens, BDS has developed the below procedures and a plan to return individuals to a selection of a three option service delivery system. We have been working with our individuals, families and residences and assisting them back to a new “normal” type of programming that engages individuals utilizing a person centered approach. The program will consist of three program type menus that include:

- An existing DH with walls program that will reopen in our building on 8/3/2020, but only operate at 50% capacity (approximately 70 individuals and 30 staff) which will permit six feet distancing. Phase I of the program would focus on initially bringing back community individuals into the building.
- Second, 25 % (approximately 40 individuals) will be offered DH services in our QCP residences. (with 12 staff). Staff will be assigned to residences and go directly from their home to the residence to provide a full day of DH services (with a half hour for lunch) with an assignment of individuals. Weather permitting, they can take the individual(s) outside in the yard, under the gazebo or by the garden. If risk is assessed to be low, a small trip could possibly be arranged to a park coordinating a residential van. We estimate assigning two staff to a house during the day. On Monday, 6/22/2020, we began implementing this phase.
- Third, continue with 25% of our established telehealth remote delivery service program (40 individuals with 15 staff). Telehealth services are ideal for those individuals and staff that are technically savvy and have the devices to provide quality remote learning. Upon opening and if OPWDD approves an extension for remote learning, we will continue with our current half day billing and attempt to increase to four hours for a full day of billing, possibly doing one session in the morning, take a break and another session in the afternoon. We have been utilizing zoom groups successfully with documenting through PC notes following a 10-point format. This would be reserved for community individuals who were able to have Community Habilitation added to their DH program approved through their SAP and Life Plans. Remote staff will be supervised for their work hours and spot checks would occur on their PC notes.

The second and third options permit us to maintain an onsite program of staff and individuals in the building while the other two program delivery systems are off site. The numbers represent our operating certificate #60940977 (150 individuals) and staff included in our budget. If we have requests for more than 50% to return to the building, we will consider rotating individuals for a two to three month periods between the building and remote learning or part-time schedules.

BUILDING DAY SERVICE SAFETY PLAN

- Maintenance Department will disinfect the building throughout the day and after program hours thoroughly clean group rooms and bathrooms with an OSHA bleach solution. During the day, maintenance will be cleaning door handles, light switches, tables and bathrooms around the building. In addition, DH staff will clean group room chairs, tables, supplies, bathroom area, changing table, bean bags, light switches, knobs, computers and other areas before individuals arrive, after lunch and throughout the day on a daily basis. DH staff and maintenance will document the daily cleaning on a devised form. Attached.
- Before and after vans are utilized, staff will disinfect the seats, door handles and surrounding areas of the vans before leaving the building and after they return. Community activities will be explored on a daily basis for level of risk and DH transportation will be planned with social distancing as the priority.
PROCEDURE: When staff sign out a van, they will complete a van checklist that has been revised to include cleaning. There will be a cleaning box kit on each van that includes a thermometer, masks, gloves, bleach spray/wipes and towels to disinfect the van. Our trip forms were revised to reflect COVID-19 safety practices, procedures and documentation of cleaning the van. Forms Attached.
- We are in contact with IATS to review their transportation plan to ensure social distancing is applied. Routes will be reviewed and vendor's plans for taking temperatures before boarding the bus and ensure the individual is wearing a mask. We would like to explore if two pick up and drop offs can be completed, such as 8:15 and 9:15 and 2:30 and 3:30 to get double the number of individuals transported to program for a full day. Buses will line up and a staff will go out to board the bus to take temperatures and attendance before entering the building. If an individual has a temperature, the bus company should take that individual home. Since we do not anticipate IATS transporting by 8/3/2020, the program will utilize our 12 vans to transport individuals on a small and limited scale following social distancing and COVID-19 safety guidelines. We will transport two morning pickups, 8 and 9 a.m. and then two afternoon drop offs, 2 and 3 p.m. Staff will document the transport, temperature taking, hand sanitizing and van cleaning.
- Each group room will have no more than six individuals spaced at tables with six feet apart. One individual will be at one end and another at the opposite end. With 12 group rooms, that will be approximately 72 individuals. There can be two staff per room that can maintain the social distance rule. This would add to 24 staff plus Supervisors, Coordinators and Clinical which would be approximately 30 staff. There will be tape and pictorial signage in the group rooms to remind staff and individuals of the safety plan.
- Every visitor, staff and individual will be signed in and temperature will be taken before proceeding to program areas. If needed, staff and individuals will be given a mask. Each group room will be having daily communication groups to remind individuals about social distancing, wearing masks and personal space. PPE equipment (surgical masks, gloves, eye protection shields and gowns) will be available for staff when changing and/or feeding. OSHA regulations will

- continue to be followed by staff. The program will be utilizing masks that cover the nose and mouth during daily, routine programming. If there is a suspected case of COVID-19 or someone is sick, staff will be able to request the N95 mask and gowns. Nursing will train staff on proper use of PPE including when to use and disposing and/or reusing and sanitizing when appropriate. Documentation of such trainings will be retained by Nursing and the Record's Coordinator.
- The program will not have any more than 10 people in a group room practicing six feet distancing and temporarily will not be having lunch in the cafeteria or recreation room, including program activities. Individuals and staff will offer services only in the group rooms. It will be requested that families only send in sandwiches, snacks and beverages that do not require staff to go to other areas to heat entrees or left overs up so risk remains contained.

INFECTION CONTROL AND PREVENTION

The Bellerose Day Service program and the people we support will continue to be educated on the importance of prevention as the main defense against COVID-19. The individuals and staff will be formally trained on the following COVID-19 Procedures:

1. PREVENTION:

- a. Cover nose and mouth with a tissue or crook of elbow when sneezing or coughing. Ensure that the tissue is placed in the trash after use and wash your hands with soap and water if it is readily available otherwise alcohol based hand cleaner would suffice. Staff will have access to cleaning supplies.
- b. **Hand Hygiene:**
 - i. Wash hands often with soap and water especially when coughing/sneezing, before and after personal care, or coming Wash hands for 30 seconds.
 - i. Alcohol based cleaners are also effective unless hands in contact with bodily fluids are visibly dirty or when soap and water aren't readily available. Rub alcohol based hand cleaner on hands for 20 seconds.
- c. Try to avoid close contact with those who are sick.
 - i. **Social distancing SIX FEET**
 1. Avoid areas that have a high concentration of people in small spaces (i.e.: subway, mall, concert).
 2. Wave hello instead of shaking hands, hugging, or high fiving
 3. **Wear a mask that covers your nose and mouth**
- d. Avoid touching eyes, nose, mouth.
- e. Staff are to follow OSHA Universal precautions.
- f. If someone is sick or not feeling well, the CDC recommends that the person stay home, call their doctor and limit contact with others to keep from infecting.

2. PROACTIVE STEPS:

- a. Posted precautions
- b. Alcohol based hand cleaners throughout the building
- c. Building cleaning and maintenance (infection control).
- d. Staff training to discuss and review latest information/data re: COVID-19.

- e. OPWDD Visitor screening questionnaire/guideline.
- f. Telehealth meetings to decrease visitors within the building.
- g. Individuals will eat lunch in their group rooms.
- h. Staff will have lunch breaks with social distancing in cafeteria and recreation room.
- i. On a daily basis, community outings will be reviewed and modified to maintain the least risk of exposure to COVID-19. Crowded large gatherings will be avoided. Medically fragile individuals will not go on outings due to high risk possible exposure. Individuals have a choice to go out or not. Based on the community restrictions to COVID-19, stores only permit a limited number of people and even small groups may not be allowed. Another challenge would be if our individuals need to utilize the bathroom in the community and it may not be properly disinfected to use. If individuals cannot go out because of community restrictions, not wearing a mask or other unforeseen challenges, this will be documented in their notes. If an individual will not wear a mask or keep it on, Psychology will be notified and will proactively work with the individual developing a formal plan. Prior to the opening, we have been working with individuals and families on calls and in zoom groups regarding the virus, importance of wearing a mask, social distancing and health safety. Currently, the BIS is working with community individuals and completing an OPWDD safety assessment on those returning.
- j. Building activities with crowding in a small space will be temporarily discontinued such as Disco and Bingo. These activities can be done in the group rooms on a small scale following social distancing. Trips to parks with outside spaces and fresh air is encouraged and the program will be limiting trips to stores and indoor spaces. When in the building, staff are encouraged to open windows (if appropriate) and go outside to the gazebo, in the garden for fresh air and walks in the community.

3. FOLLOW UP:

- a. The COVID-19 virus seems to start with a fever, followed by a dry cough and then, after a week leads to shortness of breath and some patients needing hospital treatment. Nursing and DH staff will monitor those who exhibit signs of illness.
 - i. Individuals and staff with a temperature of 100.0 degrees and above will not be permitted to stay in the building, will be sent home as soon as possible and advised to seek medical attention. If a temperature occurs after already being in the building, individuals must be picked up within the hour. They will be separated from others in an identified medical isolation room. Maintenance will be notified and the area will be disinfected.
 - ii. Individuals with persistent coughing, lethargy, shortness of breath, and/or c/o headache and muscle pain will be separated into the medical isolation room and observed by nursing until picked up by their family

- or residence and/or EMS services. They will be instructed to contact their healthcare provider for assessment and testing.
- iii. If staff or individuals go to the ER, are hospitalized and/or are out sick for 3 or more days they will need a clearance letter from their Doctor.
 - iv. Individuals may not return to or attend the day program while a member of their household or certified residence are being quarantined or isolated.
 - v. Directors were advised to report any person's exposure/possible exposure, signs and symptoms of COVID-19, and positive test results to the Director of Quality Improvement and Systems Integration. The Director of QI and SI records the relevant data on a spread sheet and follows up on each case. Medical documentation relating to the COVID-19 free status of these persons are maintained securely and separate from their Personnel folders. All persons who have reported positive COVID-19 results are required to quarantine for 14 days or as advised by their medical professional and/or Department of Health following results, be fever-free for 72 hours without the aid of fever-reducing treatments, and complete a questionnaire attesting their status prior to be allowed to return to the workplace pursuant to OPWDD and NYS DOH guidance. This information can change day to day and our agency will advise us to current requirements.
 - vi. If a staff has had close contact with a person with COVID-19 for a prolonged period and is symptomatic, the staff should notify the day program and follow the above protocol for a positive case.
 - vii. If a staff has had close contact with a person with COVID-19 for a prolonged period of time and is not symptomatic, the staff should notify the day program and adhere to the following practices prior to and during their work shift, which should be documented by the day program Nursing Department and Supervisor:
 - Regular monitoring of temperature.
 - Wear a mask at all times
 - Social Distancing in Place
 - Disinfect and clean their space
 - viii. The site has identified the Director and Assistant Director as Site Safety Monitors who will be responsible for the continuous compliance of the site safety plan.
 - ix. The program is maintaining a variety of logs that include health screenings, cleaning logs, van check lists, trip forms and staff coverage sheets. This will serve as documentation for close contact tracing of visitors, staff and individuals in our facility.
 - x. Entrance into our program will be restricted to essential staff responsible for the direct provision of service not amenable to delivery via telehealth alternative or those persons required to ensure continued health and safety operations. We have posted on entrance doors signage stating non-essential visitors are not allowed. Deliveries should go through the loading dock, when bussing resumes, the

building is not open for escorts/drivers to use vending machines or bathrooms and parents and/or previous staff who worked with the program cannot just come in for a visit. Staff may only enter the building through the front or side and cannot enter from other doors.

- xi. In the event an individual, staff or anyone they reside with are placed on quarantine or isolation, the responsible party must notify the day program immediately and must suspend attending day program until they are medically cleared to return to work/program.
- xii. If staff go on vacation to one of the identified hot states, they need to notify their Supervisor and quarantine themselves for 14 days.

RECEPTION-ENTRANCE TO PROGRAM

- a. Plexi-glass sneeze barriers were installed at the reception desk and tape and signs have been placed for social distancing. **PROCEDURE:** A BDS trained screener is assigned by the Supervisor of Support Services on a daily basis to take temperatures in the front lobby area. The Supervisor is responsible for training the scanner and reviewing the documentation at the end of the date with a summary/signature. Temperatures will be taken, documented and health safety questions asking if they have traveled outside the country or in one of the hot states, if they have a cough, shortness of breath or a fever and if they have been in contact with someone with COVID-19 or under quarantine. Form developed. It will be requested for gloves to be removed. Hand sanitizers will be placed by Reception for visitors to utilize. The latter has already been initiated at reception for staff who have been working in the building. Since meetings are through telehealth, visitors to the building are kept to a minimum. CCO CMs and CAS workers may want visits and we will provide them with an office. They must comply with social distancing and wearing a mask.

BUILDING-Signage is posted throughout the building regarding COVID-19 transmission, social distancing, mask requirement, proper hand washing, symptom monitoring and non-essential people not permitted in building.

- a. Administrative Offices - Maintenance installed plexi-glass sneeze barriers in the administrative areas that include the desk across from the mailbox station, on the divider by the copy machine with a sign that states one at a time and in the nursing office under the medicine cabinet.
- b. Staff lounge will not be used. Staff can eat lunch in the cafeteria, recreation room or outside under the gazebo or down by the wishing garden.
- c. The Speech Office will be used as a medical isolation room and disinfected by maintenance on a daily basis.
- d. Clinical offices – most are utilized by one person. If two, staff must follow six feet social distancing.
- e. Computer Lab- only two computers will be accessible.
- f. Hallway bathrooms – four stalls will remain accessible. Two outer sinks will be accessible and two middle sinks will be closed. Tape on floor will mark distancing.

- g. Coordinators/Supervisors office- Three sneeze guards were installed between the copier and Coordinator's desks and between middle cubicles.
- h. Conference room – May be used, but limited to three to four people following social distancing.
- i. Sugar Shack-will not be open for individuals to rotate in
- j. Group rooms-12 rooms – three tables set up with six chairs at the ends with six feet distancing with floors marked with tape. Bean bags will be socially distanced. Program will be constantly looking at group size, consistency of individuals and staff and minimize contact in the identified group room. Floating of staff will be minimized, Staff will open windows, as appropriate and be encouraged to go outside for walks, to parks or do services outside on site. Social distancing will be prioritized.
- k. Front bathrooms – Men and women's bathrooms will only use one sink. The other sink will be taped with plastic so it will not be used. Floor markings have been placed to identify the appropriate six feet distancing by the sink and stall.

HYGIENE AND CLEANING:

- Our Maintenance Director will ensure the maintenance department maintains an adequate stock of cleaning and EPA approved disinfecting agents for the program staff to utilize.
- Maintenance Department will conduct frequent cleaning and thorough disinfection of high-risk areas, such as bathroom, nursing office, and high touch surfaces.
- They keep maintenance logs of their cleaning.
- Program staff will clean and disinfect their areas throughout the day and document this, including supplies.
- Hand sanitizers are placed at reception entrances that can be used throughout the day and staff have access bathrooms in the building to wash their hands.
- Staff are trained on how to wash their hands and there is signage throughout the building. Individuals are also reminded throughout the day to wash their hands and use hand sanitizer often.

COMMUNICATION PLAN:

- We have communicated with our staff, individuals, families and residences through letters, calls, e-mails, texts and telehealth meetings regarding re-opening plan. On 6/8/2020, we developed a letter explaining our reopening plan and a family survey regarding preferences and opinions of our reopening service delivery programs. Parents and residences have been called and the survey will be used to place individuals in the menu of programs being offered. A database has been established with the results. On 7/30/2020, we developed a letter informing families/residences for the individuals who will be returning to the building as well as an attestation letter that will need to be signed. Copy of letters attached.
- Upon opening, there will be daily groups (small) in group rooms to review the safety plan while in the building. There will be tape and signs throughout the building to act as reminders to staff and individuals.
- The lobby TV will broadcast COVID-19 safety facts and updates throughout the day.

- Any staff or individual that does not comply with the safety plan, will be counseled. If continues, staff will review with Administration for a written follow up plan that could include being sent home. There may be individuals who will not wear a mask or cannot due to a medical condition, such as a respiratory one. These individuals will need to be assessed by Nursing and may temporarily not be able to attend program or go into the community. Remote learning may need to be explored. Psychology will proactively work with them and a desensitization program may need to be developed to wear a mask at program and in the community.

WORKFORCE AND TRAINING PLAN:

- Supervisors and Coordinators will be formally training all staff on the reopening plan, COVID-19 safety plans and procedures to follow as well as the philosophy change in offering different avenues of services. Since our staff have been working remotely for over four months, the week prior to the opening will be identified as a massive retraining week. All staff will be formally retrained in BDS policies, procedures, SAPs, behavior plans, safeguards, choking prevention, ambulation guidelines and so on.
- QA will continue to offer mandatory training through LITMOS for all staff.
- Staff will be provided PPE, as needed.
- Maintenance and the day program have purchased supplies for the building and group rooms.
- Administration will continue to have weekly zoom meetings with Supervisors and discussions regarding preparing for the reopening. Supervisors will be exploring staffing and individual schedules to reopen with the three service plan delivery system and transportation plans.
- Since the building will be operating at 50%, Clinical and office staff may need to be reassigned in order to provide appropriate coverage to the three service plans.
- Supervisor of Support Services will maintain an adequate supply of required PPE on site in our pantry as well as our other program supplies.

UPDATING/REVIEW INDIVIDUAL PLANS:

- During the program closure, we continued having conference meetings with families, residences and CCOs. Upon reopening, telehealth meetings will continue.
- Individual SAP and Life Plans will need to be updated regarding the opening and which service delivery system will be provided. For community individuals, Community Habilitation, was added to the DH service. As per OPWDD, this is in effect through 9/7/2020. Forms were completed, signed, sent to CMs for inclusion in the Life Plan and filed in the books.