

Coarc Policy and Procedure

Approved by/Date Approved:

Carolynn Anklam / 4.27.2021

COVID-19 Infection Control Policies and Procedures

This policy is 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: accessing the community responsibly and screening visitors; vigorous handwashing; meticulous attention to environmental hygiene; along with proper use of Personal Protective Equipment (PPE).

This policy applies to the following programs:

All Coarc programs and services.

Procedures

Health Checks

Health checks are completed for all direct support professionals and other facility staff at the beginning of each shift and every twelve hours thereafter, if still on duty. This includes all personnel entering the facility, regardless of whether they are providing direct care to persons supported. This monitoring includes a COVID-related symptom screen and temperature check. The Agency maintains written logs of these screenings. Anyone screened who presents with relevant symptoms or with a temperature equal to or greater than 100° F is immediately sent home and directed to contact their medical care provider for further direction, which may include quarantine and/or testing. Employees that are directed to quarantine pending test results must notify their supervisor. Nonvaccinated staff and people who receive Coarc services are encouraged to contact their healthcare provider to determine if they should also be quarantined. If an employee becomes symptomatic while at work they are immediately sent home and required to provide documentation from their medical provider prior to returning to work.

Return to Work Following Suspected or Confirmed case of COVID-19

To be eligible to return to work, employees with confirmed or suspected COVID-19 must have maintained isolation for at least 10 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.

If an employee is asymptomatic but tested and found to be positive, they must maintain isolation for at least 10 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 10 days after illness onset and must have been at least 72 hours fever-free without fever reducing medications and with other symptoms improving.

Employees must provide the DOH quarantine release letter OR written clearance from their medical provider OR evidence of a negative COVID-19 test, if one was taken prior to returning to work, to their supervisor and/or to the Human Resources staff.

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Health Checks for the People who Receive Services

Health checks are to be completed for all people who receive services from Coarc. Each person supported is checked at least once daily and as needed, for fever of 100.0 or higher (as measured with a thermometer), fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. For persons in OPWDD programs, the findings are documented in the electronic health record "Medical Event Tracking".

For Children's Services a pass/fail notation is made on the OCFS tracker form. Any person with fever or signs and symptoms of COVID-like illness is immediately isolated and their health care provider is contacted for further direction. 911 is called immediately if symptoms are severe.

Visitor Screening

All essential visitors to Agency certified residences are screened in accordance with the COVID-19 Visitation Policy. Essential visitors to other Agency locations are required to answer screening questions related to exposure and symptoms of COVID-19 over the 14 days prior to their visit. A log is maintained for all essential visitors at all locations and is reviewed daily.

Activities for Persons who Receive Services

Coarc encourages the people we support to adhere to the state mandates issued by our Governor, the Department of Health and OPWDD. All people we support are educated on the current restrictions placed on all members of the community.

Environmental Hygiene

On each shift, employees in the Residential Services Program clean all "high-touch" surfaces, such as counters, tabletops, doorknobs, chairs, bathroom fixtures, toilets, phones, keyboards, tablets and bedside tables using approved disinfectant. They clean any surfaces that may have blood, stool or body fluids on them. Staff use a household cleaning spray according to the label instructions, which describe instructions for safe and effective use of the cleaning product, including precautions when applying the product, such as wearing gloves and making sure there is good ventilation during use of the product. If the residence requires the use of a shared bathroom, bathroom surfaces are cleaned after every use. Staff avoid sharing household items with people living in the residence. Housemates do not share dishes, drinking glasses, cups, eating utensils, towels, bedding or other items. After someone uses houseware items, the items are thoroughly washed. Laundered items, including bedding is routinely washed; however, clothes or bedding that have blood, stool or body fluids on them are washed immediately. Staff wear disposable gloves while handling soiled items and keeps soiled items away from the body. Staff clean their hands with soap and water or an alcohol-based hand sanitizer immediately after removing gloves. Directions on labels of clothing or

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Environmental Hygiene (cont.)

laundry items and on the laundry cleaning products are followed. In general, a normal laundry detergent is used, according to the washing machine instructions and laundry items are dried thoroughly using the warmest temperatures recommended on the clothing label. All used disposable gloves, facemasks and other contaminated items are placed in a lined container before disposing of them with other household waste. Staff clean their hands with soap and water or an alcohol-based hand sanitizer immediately after handling these items. Soap and water are used if anyone's hands are visibly dirty. Staff can discuss any additional questions with their supervisor or with the assigned nursing staff. Cleaning protocols for Day Habilitation, Community Services and Children's Services can be found in their program specific reopening plans.

Hand Washing

Handwashing is the most effective strategy for reducing the spread of COVID-19. Proper handwashing saves lives at work and at home. Everyone will stay healthy by washing their hands often, especially during key times when they are likely to get and spread germs. Direct Support Professionals and other facility staff perform hand hygiene upon arrival to work, before and after direct contact with a person supported, 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.

During the COVID-19 public health emergency, hands are also cleaned:

- After being in a public place and touching 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.
- Before touching the eyes, nose, or mouth.

How to Wash Hands / Follow Six Steps to Wash Hands the Right Way: Washing 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 hands with clean, running water (warm or cold), and apply soap.
2. Lather hands by rubbing them together with the soap. Lather the backs of hands, between the fingers, and under the nails.
3. Scrub hands with soap for at least 20 seconds.
4. Rinse hands well under clean, running water.
5. Dry hands using a clean paper towel or air dry them.
6. Use a paper towel to turn off the faucet.

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

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Use of Hand Sanitizer

If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. The sanitizer label should note the alcohol content. Everyone performs 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, always 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.

How to use hand sanitizer

1. Apply the gel product to the palm of one hand (read the label to learn the correct amount).
2. Rub hands together.
3. 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 is readily available throughout all Agency locations. At a minimum, there should be a hand sanitizer station near the front door, in the kitchen/dining room and in the living room/common room, as applicable. Hand sanitizer is present at each person's bedroom door. If staff is not wearing gloves, staff use hand sanitizer whenever they enter or exit a person's bedroom. To the extent that people living 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 residence may need to be modified, or staff may need to carry refillable pocket size hand sanitizers on their person.

Use of Personal Protective Equipment (PPE)

PPE is used by healthcare personnel, including direct support staff and clinicians, to protect themselves, people supported and others when providing care. PPE helps protect staff from potentially infectious persons 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. Supervisors are to inform the human resources staff if an employee presents reasons why the employee cannot wear or tolerate a face covering so that an alternate item can be provided.

When There is a Suspected or Confirmed Case of COVID-19

When someone who receives services from Coarc is suspected or confirmed to have COVID-19 the Local Department of Health is notified and the Local Department of Health completes all contact tracing. Notification is made to the applicable program state agencies in accordance with regulatory requirements. Additionally, the person's guardian is notified of any quarantine/isolation status within 24 hours. All precautionary measures issued by the Local Department of Health are followed by all employees who are working with people who are under quarantine/isolation status. Coarc does not float staff between sites, unless absolutely

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When There is a Suspected or Confirmed Case of COVID-19 (cont.)

necessary for minimum staffing requirements. Roommates stay in another bedroom and all housemates are separated from the sick person, as much as possible. The sick person uses a separate bathroom, if available. The manager attempts to maintain similar daily staff assignments into or out of sites that serve persons with a confirmed or suspected diagnosis of COVID-19.

Specific PPE use:

All staff dons a face covering or mask upon entry into the residence and wears it at all times while in the work setting. As needed and based on available supply, extended use of face coverings may be necessary. Staff can wear the same face covering while working with multiple persons with confirmed COVID-19 without removing the mask between persons. Staff change masks only when soiled, wet or damaged. Staff do not touch the face covering. If necessary, staff may need to use “expired” facemasks, should the supply be temporarily compromised. Masks are prioritized for staff use rather than as source control for people supported. People supported minimally use tissues or similar barriers to cover their mouth and nose, with assistance from staff as needed. The exterior surface of the facemask is not touched. After removal, the mask is folded so that the outer surface of the mask is inward and then it is stored in a breathable container, such as a paper bag (labeled with the staff’s name) between uses.

Facemasks are assigned to a single staff member. Hand hygiene is performed immediately after touching the facemask. When splashes or sprays are anticipated, a face shield covering the entire front and sides of the face is used. Goggles can be used if face shields are not available. The use of cloth masks or other homemade masks (e.g., bandanas, scarves), for clinical and direct support staff providing direct care is not recommended. All staff wearing N95 respirators undergo medical clearance and fit testing. N95 Respirators offer a higher level of protection and are worn, if available, for any aerosol-generating procedures or similar procedures where there is the potential for uncontrolled respiratory secretions. Eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) is put on before entering a person’s room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Eye protection is removed before leaving the person’s room or care area. Reusable eye protection (e.g., goggles) is cleaned and disinfected according to the manufacturer’s reprocessing instructions, prior to re-use. Disposable eye protection should be discarded after use. Clean, non-sterile gloves are put on upon entry into a person’s room or care area. Gloves are changed if they become torn or heavily contaminated. Gloves are removed and discarded when leaving the person’s room or care area and staff then immediately perform hand hygiene. A clean isolation gown is donned upon entry into an isolated person’s room or care area. The gown is changed if it becomes soiled. Gowns are removed and discarded in a dedicated container for waste or linen when leaving the person’s room or care area. Disposable gowns are discarded after each use. Cloth gowns are laundered after each use.

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When Caring for Persons who are NOT infected with or presumed to be infected with COVID-19:

All staff are instructed to wear a facemask, at all times while at work. This is intended to reduce COVID-19 transmission from potentially infected staff, which may be asymptomatic. The use of cloth face coverings or other masks is acceptable. All handwashing and environmental hygiene standards must be met.

Staff Training

All staff are required to review this policy using the online training software. Updates are provided as needed via Agency email. The policy and attachments are also available in the online folder, Policy Procedure Manual.

Coarc Infection Control Policy Attachments

- Attachment A: Temperature and Symptom Check Log
- Attachment B: Coarc COVID-19 Essential Visitor Log
- Attachment C: Symptoms of COVID-19
- Attachment D: Return to Work Following Exposure to COVID-19

COVID-19 Infection Control Policy & Procedures-Attachment D

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Vaccination Status

Consistent with recent CDC guidance, anyone who is fully vaccinated against COVID-19 is exempt from quarantine requirements post exposure to COVID-19, as of the 15th day following the second vaccination dose, through the 90th day following the second vaccination dose. The Human Resources department tracks employee's vaccination dates and will monitor the CDC and NYSDOH/OPWDD information relative to what happens after the 90th day about quarantine/return to work. Vaccinated persons must adhere to the current NYSDOH Travel Advisory.

Return to work following exposure to COVID-19

Coarc may allow employees *who are not fully vaccinated*, who have been exposed to a confirmed case of COVID-19 outside their immediate household, to return to work before ten (10) days of quarantine if the employee reports they have had no symptoms during the quarantine period AND if all the following conditions have been met:

1. Furloughing the employee would result in staff shortages that would adversely affect the health and safety of individuals served by the facility;
2. The employee remains asymptomatic;
3. The employee continues symptom monitoring through day 14 post exposure twice daily;
4. The employee is directed to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and use of face coverings;
5. When possible, the employee is assigned to individuals at lower risk for severe complications; and
6. The employee is directed to maintain self-quarantine when not at work until the 14th day post exposure.

Coarc may allow employees *who are not fully vaccinated*, who have been exposed to a confirmed case of COVID-19 to return to work after ten (10) days of quarantine if no symptoms have been reported during the quarantine period AND if all the following conditions have been met:

1. The employee remains asymptomatic;
2. The employee continues symptom monitoring through day 14 twice daily post exposure;
3. The employee is directed to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and use of face coverings;
4. When possible, the employee is assigned to individuals at lower risk for severe complications; and
5. The employee is directed to maintain self-quarantine when not at work until the 14th day post exposure.

Temperature and Symptom Check Log

NON-VACCINATED EMPLOYEES and VISITORS: Have you had symptoms of COVID-19 in the last 14 days? Have you had contact with anyone who has confirmed or suspected COVID-19 in the last 14 days? Have you traveled internationally in the last 14 days?

VACCINATED EMPLOYEES and VISITORS: Do you have any symptoms of COVID-19?

Please indicate yes or no below and take your temperature. If you answered yes to any of the questions please obtain clearance from your supervisor and/or HR prior to coming to work today. If you have a temperature greater than or equal to 100.0 please do not enter the building. Instead please contact your Supervisor if you are an employee or the Department of Health if you are a member of the community.

Site: _____ Month/Year: _____

| Date | Name (Please print) | Response to the COVID-19 Questionnaire above Yes/No | If you answered yes, has your supervisor and/or HR cleared you to work? Yes/No | Initials of Staff Taking Temperature | Daily review |
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People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

These symptoms may appear **2-14 days after exposure to the virus:**

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea