



COVID-19 REOPENING SAFETY PLAN

For Site Based Day Programs

Colocation of Day Services:

The Day Service Programs covered within this plan are co-located within UCP of Greater Suffolk Inc.'s administrative offices located at 250 Marcus Boulevard, Hauppauge NY 11788 (Marcus). In addition to administrative services and day program services, vocational services are also delivered at Marcus. Respite Services operated in Marcus have been cancelled at this time. Day Services will not be using the Marcus building as a hub site for the Program Without Walls Program (see separate reopening plan for this program).

Phased Reopening:

UCP Suffolk will implement a three phase reopening plan. This will ensure the gradual reintroduction of participants and staff into the Marcus building. This approach will provide adequate time and space to ensure health and safety protocols are implemented and to monitor for any progression of the COVID-19 virus. Phase 1 will open up to 50% of enrolled participants; Phase 2 will open up to 75%, and Phase 3 will open up to 100%. There will be a minimum of three weeks between Phase 1 and Phase 2. There will be a minimum of two weeks between Phase 2 and Phase 3. Phase 1 is scheduled to begin on 8/10/20. Participants will be grouped into cohorts (see Cohorting section of this plan for more details). This will minimize the intermingling within classrooms of participants who live in different residences. Participants will be selected and invited to return to program during an assigned Phase keeping within the cohort groups. Participants may choose not to return for individual reasons during their assigned Phase; however, in order to maintain the integrity of the cohorts, another person will not be selected to replace them. Over the course of the three Phases and respecting the choice of the individual participants, the capacity of the program will gradually increase to full. During the Phased Reopening, individuals who have chosen to receive virtual services from the program can continue to do so.

Access Into The Marcus Building:

Access is strictly limited to essential program and building staff and program participants only. All non-essential visitors will be restricted from entry. A "non-essential visitor" is defined as anyone who is not required to provide service delivery to program participants within the building, or anyone whose business can be conducted virtually. All Life Plan and Comprehensive Functional Assessment Meetings involving outside personnel will be conducted virtually. Family visitations will not be allowed. Intake Screenings may continue as long as all provisions within this Reopening Plan are met. Deliveries will be made at the rear entrance lobby only. Delivery personnel will be required to wear a mask and not enter the building beyond the drop off point in the lobby entrance.

Participant Entrance and Exit:

Day Program Participants will enter and exit Marcus using entrance 9 only. Adequate staff will be assigned during program start and end times to assist with safe entry and exit.

Participant Arrival:

Before entrance into Marcus all participants will have their temperature taken by day program staff using a touchless thermometer. The staff or family member dropping them off will be asked to verify that the participant meets the criteria for entry specified in the “Participant Entry Clearance” form (see attached). Screening of each individual will be documented and kept by program administration. Under no circumstance will the staff or family accompanying the participant be allowed to enter Marcus through entrance 9. Day program staff will assist the individuals into the building from one vehicle at a time not intermingling participants from different vehicles. Staff will ensure an orderly entrance into the building maintaining social distancing of 6 feet between participants who arrived in separate vehicles in the entranceway and hallways. Staff will accompany participants to their classrooms following directional markers in the hallway. While in the hallways staff should avoid any delays which would violate social distancing.

Participant Departure:

Staff will be stationed at entrance 9 to monitor when vehicles arrive for pick-up. Participants will remain in their classroom until their vehicle arrives. Staff will notify the classroom when the individual can be brought to the exit and assist as needed with their departure. Staff will ensure an orderly process in calling participants to maintain social distancing at all times.

Participant Entry Denial and Clearance to Return to Program:

Day Staff assigned to assist with arrival are responsible to ensure participants who do not pass the clearance criteria are not allowed entry into Marcus. In addition to denying entry for the participant, all those in the same vehicle or residence with the participant will also be denied entry. Participants who have had close or proximate contact with someone who has tested positive for COVID-19 or close or proximate contact with someone who has signs or symptoms of COVID-19 or who has traveled outside the USA or New York State to a place on the COVID-19 Travel Advisory List will be required to stay out of program for a minimum of 14 days from their last date of exposure. Participants who have tested positive for COVID-19 or who are exhibiting signs and symptoms of COVID-19 as specified by the CDC (see Isolation Protocols of this plan) will be restricted from program until they are fever and symptom free, without fever reducing medications, for a minimum of 72 hours. All participants who have been restricted from program cannot return unless they are symptom free, meet clearance criteria and provide written physician clearance. All participants returning to program must be approved by the Program Nurse and the Program Director or Associate Director.

Entrance Into Marcus For All Other People:

Entry is restricted to three entrances only: the front entrance, the rear entrance and the north side entrance located by the administrative offices. No one will be granted entrance without being screened for signs and symptoms of illness. Screening will consist of the following: At the time of arrival everyone will be required to have their temperature taken using a touchless thermometer, they will be required to self-disclose the information contained on the “Marcus Building Clearance Form” (see attached), and they are required to be wearing a mask. The receptionist at the Front and Rear entrance will be responsible to collect the Clearance forms, record the temperature and

grant admission to the building. Anyone not meeting the clearance criteria will be directed to leave the building immediately. The receptionist will notify the Director of Facilities that a person has been denied entry. The Director of Facilities will ensure the entrance lobby is sanitized immediately. The north side entrance does not have a receptionist located at the door to screen visitors. Use of this entrance is strictly limited to specified Marcus staff only. Upon arrival at the entrance, staff will utilize a wall mounted touchless thermometer to take their temperature, and complete the Marcus Building Clearance Form. Staff are responsible to self-certify they are in compliance with the entrance criteria. If they do not meet the criteria they are responsible to leave the building immediately and contact their supervisor. Staff using the side entrance who meet the criteria may enter the building and then proceed immediately to the Front entrance receptionist to turn in their Clearance Form. All Clearance Forms will be delivered to the Safety Officer at the end of the day who will be responsible to review and maintain them.

Contact Tracing:

To allow contact tracing, logs will be kept of everyone entering the Marcus building. These logs will track at a minimum all people entering the building within the last 48 hours. All Marcus staff will be required to log in and out at the beginning and end of their time in the building using the MITC scanning system. A log of all Day Program Participants in the building will be maintained using the daily attendance record keeping system. All other people entering the building will be required to sign a visitor's log with the date and time of entry and a contact phone number. The visitors log, MITC records, and program attendance records will be maintained by the agency and utilized for contact tracing as necessary. UCP Suffolk staff will assist the NYS DOH with contact tracing activities as required.

Program Use of Common Spaces at Marcus and Signage:

Signs will be placed throughout the Marcus building in common areas and in classrooms reminding people about:

- Social distancing requirements
- Use of mask or cloth face-covering requirements.
- Proper storage, usage and disposal of PPE.
- Symptom monitoring and COVID-19 exposure reporting requirements.
- Proper hand washing and appropriate use of hand sanitizer.
- Access to the building restricted to essential staff and visitors.
- Access to program areas is restricted to program personnel.

Social distance markers will be placed on the floor in entrance ways. Directional markers will be placed on each side of the hallway to facilitate people walking as close to the opposing wall as possible and to promote social distancing. Staff and essential visitors should use the quickest route to their destination and avoid lingering in the hallways. All drinking fountains will be restricted. Gang bathrooms in the program areas will be restricted to program participants and staff stationed within the program area only (see Cleaning and Disinfecting section of this plan for more information); all other Marcus staff and essential visitors will be required to use the bathrooms located in the administrative area of the building. Use of common rooms for participants will be subject to the procedures outlined in the Cohorting Section of this reopening plan. Furniture in all common areas, for participants and staff will be limited to ensure the space is not occupied by more than 50% of capacity and social distancing is maintained. Lobby seating will be redesigned to ensure social distancing.

Administrative, non-program staff working at Marcus, along with essential visitors must limit their movement within the building to minimize passage through program space. This includes not entering into program rooms, common areas (i.e. cafeteria, multi-purpose room), not

lingering in hallways for conversations and limiting face-to-face contact. Preferred means of communication with day program staff will be use of telephone and e-mail. To walk between the front and back of the building people should utilize the south hallway that leads directly from the back lobby, past the multipurpose room, up to the display case near the front of the building. Staff entering Marcus through the rear entrance in order to go to the training room should avoid the hallway that leads past the ECHO program rooms and enter the training room hallway adjacent to the cafeteria side entrance.

Cohorting / Group Activities / Social Distancing:

Participant classroom assignments have been reorganized in order to minimize the intermingling of participants who live in different residences. Some classrooms will have participants from other residential settings, but all individuals residing in the same residence are now grouped into the same classroom within their program (Day Habilitation or Day Treatment). Each classroom will have no more than 15 participants in the room and rooms have been rearranged to ensure each classroom has adequate space. This will also ensure that we have 36 square feet per participant per classroom. Each classroom will be considered a “cohort” and will not intermingle with participants from other classrooms throughout the day. Day group activities will be limited to the individuals within the cohort. The cohort or part of the cohort may go to a common area of the building for an activity (i.e., recreation room, cafeteria, multipurpose room) as long as they are the only cohort using the space (see Cleaning Protocols of this plan for more details). In person group activities between cohorts are not permitted. Cohorts will also be maintained when providing or planning transportation (see Transportation section of this plan for more detail). Staff will work to maintain social distancing between participants within the cohort; however, given the needs of the program participants this will not always be possible. Furthermore, staff will be required to provide hands-on assistance to many individuals including but not limited to, personal care, assistance with eating and toileting, as well as two-person assists with lifting and transfers. This will not allow for social distancing between participants and staff (see Use of PPE section of this plan for related guidance). By limited the intermingling of participants between residences and within program cohorts we will reduce the risk of exposure between individuals.

Use of Personal Protective Equipment (PPE):

Staff are required to wear approved masks at all times while working with participants, while in common areas of the building, and when within 6 feet of another staff member. Masks must cover the person’s mouth and nose. Disposable masks are to be changed every day or when soiled. Cloth masks must be cleaned at least once a day or changed when soiled. Masks must never be shared between people.

Gloves are used for the protection of the staff as well as the participant. Gloves are to be worn whenever staff are providing personal care to a participant or cleaning and disinfecting. Gloves are for single use only and must be changed between each participant. The same gloves should never be worn to clean and then assist a participant with personal care. For their own protection, staff must use proper donning and doffing procedures.

Clear face shields must be worn by staff in addition to their face masks when assisting an individual during meal times or when splashes or sprays are anticipated. Clear face shields will be provided to staff for their individual use. They must be labeled for that particular staff’s use only. Clear face shield are reusable and must be cleaned after use.

Gowns are only necessary when there is a risk of clothes being soiled by bodily fluids, or during isolation protocols (see Isolation Protocol section of this plan for more detail).

The agency is responsible to maintain an ample supply of PPE for all staff. Staff disposing PPE must place the items in a receptacle with a plastic bag and lid.

Participants will be encouraged to wear a face mask that covers their mouth and nose as long as there is no health or safety risk to the individual. It is anticipated that there will be individuals who will not tolerate wearing a mask for the entire program day. Participation in the program will not be denied based upon an individual's ability to wear a mask. Staff should work with individuals as appropriate to gradually increase their comfort level with wearing a mask for longer periods of time.

Hand Hygiene:

The agency will provide and maintain hand hygiene stations throughout each location where possible to include:

- Handwashing: soap, running warm water, and disposable paper towels.
- Hand sanitizing: alcohol-based hand sanitizer containing at least 60% alcohol for areas where handwashing facilities may not be available or practical. Hand sanitizer should be available and utilized frequently throughout community based services.

All staff and individuals should wash their hands frequently with soap and water, for at least 20 seconds upon arriving to any site-based programming, before handling food, before and after eating and drinking, smoking/vaping, using the bathroom, after touching shared objects or surfaces, after touching their eyes, nose or mouth, or after cleaning, sanitizing or disinfecting surfaces or when hands are visibly dirty. Use of alcohol-based hand sanitizers with at least 60% alcohol are also acceptable. Use of hand sanitizer by individuals should be supervised as needed by staff.

Staff must support individuals in practicing hand hygiene as necessary to comply with these requirements.

Program Activities / Food Preparation:

Program rooms have been cleaned and organized prior to reopening to remove items difficult to sanitize (i.e., cloth chairs, excess decorations, excess furniture, etc.). Activities will be planned for individuals within their respective cohorts. Activities between cohorts may be offered through virtual means only. Sharing program materials between participants will be limited to only those items that can be disinfected between each person. Items such as board games, or cloth material that cannot be disinfected will not be used. Each participant will be provided their own arts and crafts supply box. Individuals may bring personal items from home as long as it is for their exclusive use. Shared items such as computer key boards should be disinfected between each use. Ambulatory participants should be encouraged not to share or interchange chairs and limit moving to different places at tables. Individuals in wheelchairs should be encouraged regarding this as well. Staff will be responsible to monitor these safety protocols and disinfect as required between participant use.

Certain individuals are accustomed to walking the halls for exercise and increased socialization. Individuals who wish to walk the hallways for this purpose must be able to wear a mask and must stay within the program area of the Marcus building. Staff must accompany all individuals who wish to walk the halls to ensure they are practicing social distancing. Under no circumstances are they permitted to intermingle with someone from another cohort or enter a room where another cohort is conducting an activity. Staff must ensure individuals are compliant with these guidelines. Participants who cannot remain compliant will be suspended from program until an appropriate plan of action can be developed.

Participants will be responsible to bring food for themselves for the day. Food preparation for the individuals should be limited to microwave preparation only. Any activities related to cooking are suspended. Sharing food between staff and participants is strictly prohibited.

Community Outings:

Community outings for site-based programs are suspended at this time.

Transportation:

Individuals traveling in the same vehicle to and from the day program will be either: living within the same residence or from within the same cohort at day program.

Individuals who reside together in the same home may be transported together to day program in the same vehicle without a vehicle capacity reduction.

When individuals being transported together are within the same cohort but are from different residences vehicle occupancy will be reduced to 50% of capacity to maximize social distancing and reduce COVID-19 transmission risks;

While in the vehicle, participants should be encouraged to wear a face mask as long as there is no risk to their health and safety. Staff must wear a face mask while transporting individuals.

After each trip is completed, the driver will be responsible to disinfect the interior of the vehicle before additional individuals are transported (see Agency Vehicle Disinfection protocols).

Staff will be assigned to transportation duty following the staffing coverage guidelines within this plan.

Monitoring for Signs and Symptoms / Isolation Protocols:

Although all participants and staff will be screened upon entry to the program, staff will be expected to self-monitor and monitor participants throughout the day for the emergence of any signs and symptoms of COVID-19 and report to the nursing department immediately. According to the Center for Disease Control (CDC) people with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills (agency protocol is fever of 100.0F or higher)
- 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

This list does not include all possible symptoms. Any concerns must be brought to the attention of the nursing supervisors immediately.

Upon the report that a participant has COVID-like symptoms the nursing staff will immediately remove the individual from their cohort and accompany them to the nursing isolation room. Any staff and participants who may be in the isolation room must be removed prior to the symptomatic participant being brought into the room (unless they are in the room to care for another COVID symptomatic individual). All staff assisting the symptomatic participant will wear a gown, gloves, and a face shield as well as a N95/KN95 rated face mask. Every effort will be

made to have the symptomatic individual wear a surgical face mask unless doing so presents a greater risk to their health and safety. Nursing staff will complete an assessment and determine the best course of action. If it is confirmed that there is COVID like symptoms, the participant may not leave the isolation room until arrangements are made for them to be picked up from program.

Participants within the symptomatic individual's cohort will be restricted to their classroom. Arrangements must be made to have them return home as quickly as possible.

Nursing will be responsible to provide all effected individuals and their caregivers with instructions to contact their health care provider as well as written information about healthcare and testing related to COVID-19.

Access to all areas of the building where the symptomatic individual and their cohort have been will be restricted until they have all left the building. The program supervisor will be responsible to ensure access is restricted until the areas can be disinfected. Program staff working within the cohort and nursing staff who assisted the symptomatic individual will be responsible to disinfect the spaces used by all the effected participants. When possible the areas should be allowed to sit undisturbed for 24 hours before disinfection to allow any air particles to settle. If this is not possible, staff should wait as long as possible before disinfection occurs. No one should enter the areas until disinfection occurs. Once the area has been disinfected, they will be made available for general use again.

Effected participants must follow the return to program guidance within this plan. Staff exposed to the symptomatic individual will follow agency protocols established for essential workers (See Staff Coverage section of this plan for more details).

Staff exhibiting signs and symptoms of COVID will be responsible to report their condition to their supervisor and leave the building immediately. Supervisors should notify the Human Resources department which will follow up with the symptomatic staff. The Human Resources Department will be responsible to provide the staff with instructions to contact their health care provider as well as written information about healthcare and testing related to COVID-19. Supervisors should contact the Director of Facilitates to disinfect the effected areas (see Rapid Response section of this plan).

All suspected or confirmed cases of COVID will be reported to the agency Quality Assurance Department which will be responsible to make all required notifications to NYSDOH and OPWDD.

Communication with Families:

Day Program staff will contact the person the participant lives with to extend an invitation to return to program at least one week prior to the participant's scheduled return date (see Phased Reopening section of this plan for more details). If the participant lives within a certified residential setting, Day Staff will coordinate communication to the families through the residential provider. A copy of this reopening plan will be made available to anyone who requests a copy. Questions or concerns about this plan can be directed to the Assistant Director, Doug Ford, Associate Director, Gina Mangini or the Director, Mark Crean.

If a participant exhibits signs or symptoms of COVID-like illness or is exposed to someone exhibiting signs or symptoms of COVID-like illness, Day Program staff will directly inform all families (regardless of the participant's residential status) of the situation, ensuring to respect the privacy of individuals as required by HIPAA regulations. If there is a confirmed case of COVID within the program, similar notification will be made to all families of individuals exposed.

Staffing Coverage:

Day Program supervisors will be responsible to assign staff to work within one cohort. At the discretion of the program supervisor staff may be transferred between cohorts to ensure safe

staffing ratios. Staff should limit their interaction with other staff outside their cohort and ensure social distancing between staff from other cohorts (e.g. breaks within shared spaces).

Staff providing transportation or assisting with arrivals and departures of participants should be assigned within their cohort as much as possible.

Program supervisors, nursing staff and recreational staff will be required to work between cohorts to provide proper supervision and delivery of activities.

Day program staff are essential workers. Agency protocols have been established for essential workers to ensure the health and safety of the employees and program participants when a suspected or actual COVID exposure occurs. Questions regarding this matter should be directed to Human Resources.

Cleaning Protocols:

Cleaning and disinfecting activities will occur at various levels throughout the program day. Staff will follow a “clean-then-disinfect” procedure – items should be cleaned using typical means to remove any visible dirt and grime as needed before disinfectant is applied to the surface. This ensures maximum effectiveness of any disinfecting products applied. The agency will supply disinfecting products that are approved by the Environmental Protection Agency (EPA) as effective against the virus that causes COVID-19, this will include but not be limited to bottle sprayers to be used with disposal paper towels, disinfectant wipes, and area sprayers for larger surfaces. Staff will adhere to the product dwell time required to kill the virus before wiping the surface. Staff will change gloves between cleaning activities. Gloves used for cleaning should never be used when providing personal care to participants. Proper hand hygiene should be practiced after cleaning (see Hand Hygiene section of this plan). Cleaning activities can be grouped into three areas as follows:

I. Routine and Ongoing:

Day program staff are responsible to maintain a clean and sanitized environment within their cohort classroom by disinfecting the following ongoing throughout the program day:

- All program material before being passed to another participant,
- All program material when finished being used by the participants.
- All travel wheelchairs before and after each person’s use.
- All shared equipment before and after use, for example: lifts, beds, mats, etc.
- The toilet seat and bathroom grab bars and faucet handles before and after each person’s use
- Chairs and table tops when individuals interchange places
- Table tops / eating area before and after eating
- Any item contaminated by bodily fluids

In addition, any high touch surface areas used by staff and participants should be disinfected throughout the day. Staff should take note of use of computer keyboards, tablets and touch screens, phones, light switches, door knobs, appliance handles, etc. Sprays should not be used on electronic equipment.

Day Program staff will be responsible on a daily basis to clean and disinfect their cohort classroom at the end of the day and document it on the Day Program Room Cleaning Checklist (see attached).

Day Program staff who bring their cohort into a common room within Marcus for activities will be responsible to disinfect the room (i.e. chairs, tables, equipment) before and after use. Program Recreational and Supervisory staff participating in the activity will assist.

Nursing and supervisory staff will be responsible to clean and disinfect all areas within their offices that are touched or used by a program participant, or are shared between staff.

All day program staff are responsible to disinfect any common rooms before and after they use them.

Staff contracted through the agency Facilities Department will be responsible to follow agency established procedures for cleaning throughout the day, including but not limited to cleaning and disinfecting all bathrooms twice a day, emptying trash bins within the program rooms twice a day, and wiping down high touch surface areas in the common areas of the building throughout the day.

II. Rapid Response:

When a visitor to the building has been denied entrance past the lobby, or anyone has been sent out of the building because they are exhibiting signs or symptoms of COVID, a rapid response cleaning procedure must be followed. All staff must be restricted from entering the contaminated area until it has been cleaned and disinfected. When the individual sent home is a program participant, nursing and the staff assigned to that participant's cohort will be responsible to clean the area (see Isolation Protocol section of this plan for more detail). When the individual sent home is a staff or visitor the Facilities Director must be notified and assign someone from within the facilities department to disinfect the effected areas.

III. Daily Commercial Cleaning

The agency contracts the services of a professional cleaning company to clean and disinfect our commercial properties on a daily basis after program operation hours. Cleaning protocols and disinfection logs are maintained by agency administration.

Staff Training and Acknowledgement:

Prior to reopening, all staff will be trained on the requirements of this plan and provided hands-on demonstrations, as applicable, regarding the responsibilities listed. Staff will be required to demonstrate proficiency with the requirements and acknowledge completion of all trainings related to this reopening plan.

Program supervisors will be responsible to ensure staff are compliant with these guidelines through on-going supervision and monitoring.