

Catholic Charities Disabilities Services	
Agency Standard and Procedure	
Standard Category	Administration
Standard Title	Infection Control Plan
Regulations	OPWDD Revised Staff Guidance for the Management of Coronavirus (COVID-19) in Facilities or Programs Operated and/or Certified by the Office for People with Developmental Disabilities; OPWDD Management of Communicable Respiratory Viral Infections
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Attachments	OPWDD Management of Communicable Respiratory Viral Infections; Procedure for Donning and Doffing PPE
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Standard:

Catholic Charities Disabilities Services will implement infection control measures to meet the needs of the individuals supported residing in the IRAs. Examples of communicable respiratory viral infections include, but are not limited to the following, and infection control measures will be similar:

- Seasonal Influenza
- Respiratory Syncytial Virus (RSV)
- COVID-19
- Measles
- Chickenpox
- Shingles

Definitions:

- 1) Outbreak: When there is an increase in the number of persons ill with a respiratory viral illness above a commonly observed baseline in a particular.
- 2) Exposure: A close contact with an infected person.
- 3) Close contact:
 - For Influenza: Persons within approximately six (6) feet or within the room or care area of a person confirmed or suspected to have Influenza for a prolonged period.
 - For COVID-19: Persons who are less than six (6) feet away from the infected person (laboratory-confirmed or clinical diagnosis) for a cumulative total of fifteen (15) minutes or more over a 24-hour period.
- 4) Standard Precautions: Minimum infection prevention practices that apply to all patient care.
- 5) Transmission Based Precautions: Second tier of basic infection control and used in addition to Standard Precautions for individuals with infections requiring additional precautions needed to prevent infection transmission.
- 6) Droplet Precautions: Utilized when an individual has a communicable viral respiratory infection that can be spread through coughing and/or sneezing. These include but are not limited to:
 - Use of surgical mask at minimum when providing care.

- Use of eye protection if splashes or sprays are anticipated, consistent with standard precautions.
- Providing surgical mask to individuals supported who have a viral respiratory infection.
- Separation of ill and well individuals to the extent possible.
- Dedicated medical equipment for the duration of symptomatic period.

Procedure:

- 1) Actions to prevent or slow the spread of Communicable Respiratory Viral Illnesses:
 - a. Staff will be informed about proper coughing and sneezing etiquette and encouraged to cough or sneeze into a tissue or their elbow.
 - b. Staff will be educated and encouraged to wash their hands often with soap and water for at least 20 seconds. If hand washing is not available, they should use an alcohol-based hand sanitizer.
 - c. Staff will perform environmental cleaning of frequently touched surfaces and objects.
 - i. Following the use of common areas (i.e.: conference rooms, lunch rooms, etc.) staff will disinfect multiple use surfaces, including but not limited to: tabletops, chair armrests, computer/TV equipment and doorknobs
 - ii. Staff will perform cleaning of the agency vehicles after use focusing on commonly touched areas (e.g. door handles, seatbelts and buckles, armrests, headrests, and seat surfaces, window controls, steering wheel). Disposal of all cleaning products follow the CDC, DOH, and OPWDD guidelines.
 - d. Depending on the type of services provided, Personal Protective Equipment (PPE) will be used, in accordance with CDC, DOH and OPWDD guidelines. (*See attached procedure for donning and doffing PPE*)
- 2) Workplace Policies:
 - a. Staff are not to report to work ill.
 - b. All staff with relevant signs and symptoms of a communicable respiratory viral infection must be sent home, their direct supervisor notified, and directed to contact their medical care provider.
 - c. Staff who test positive for COVID-19 or Influenza and are directed to isolate must notify their supervisor.
 - d. All paid time off policies remain in effect for absences due to illness.
 - e. Regular call-out procedures remain in effect, as dictated by each program. (*See Standard and Procedure for Requests for Time Off*).
- 3) Education:
 - a. No less than annually, staff and individuals supported by OPWDD will receive training on prevention the transmission of communicable respiratory viral infections. Education will include the following topics:
 - i. The importance of vaccination against influenza and COVID-19.
 - ii. Influenza and COVID-19 signs and symptoms, and risk factors that increase the potential for complications of each illness.
 - iii. Standard precautions, handwashing, respiratory etiquette, environmental cleaning and disinfection, hand hygiene, PPE to prevent the spread of viral illnesses; and
 - iv. Droplet precautions (*see definition*).

4) Reporting Procedures:

- a. Facilities are required to report clusters of Influenza-like Illness (ILI) or laboratory-confirmed influenza to the Local County Health Department (LHD) where the outbreak is occurring.
- b. Facilities are required to report the following to the LHD:
 - i. Suspected or confirmed cases of a novel influenza A virus (including viruses suspected to be of animal origin); and
 - ii. Suspected lack of response to antiviral therapy (e.g. ongoing severe disease despite a full course of antiviral therapy.”
- c. Facilities must also report clusters of influenza or ILI to the Local Developmental Disability State Operations Offices (DDSOO) Infection Control Officer or Nursing Program Coordinator.
- d. Single cases do not need to be reported to OPWDD.

5) Park Place:

- a. If the office becomes closed to outside visitors, including CCDS staff who do not work at Park Place, communication will be sent informing parties of this action.
 - i All efforts will be made to maintain normal business operations.
 - ii Two-way communication will take place through emails, conference calls, and fax.
- b. If public health conditions worsen and stronger social distancing measures are needed, some or all employees may be given the option or be required to work from home.
 - Senior management will determine what staff needs portable electronic devices and access to the agency's network to conduct essential business remotely.

6) Residential/Supportive Health Services:

- a. Care for individuals with possible Communicable Respiratory Viral Illness Infection in the residential programs:
 - i CCDS recognizes that preventative health care, including vaccinations, is important for the health and wellbeing of the individual (*see Standard and Procedure for Health Care Screening*) for more information re: vaccinations.
 - ii All residential staff will be trained upon hire, and annually thereafter, on Infectious Disease Control.
 - iii Residents with fever or acute respiratory symptoms will be restricted to their rooms. If they must leave the room for medically necessary procedures, they will wear a facemask (if tolerated).
 - iv For care of residents with undiagnosed respiratory infection use Standard, Contact and Droplet precautions with eye protection.
 - v Alcohol-based hand sanitizer will be available throughout the residence as supplies are available.
 - vi All staff will be required to clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing PPE.

- vii Post signs on the door or wall outside of an individual's room that clearly describes the type of precautions needed and the required PPE, if the individual supported allows.
 - viii PPE will be available as supplies are available in close proximity of the individual's room when it is determined PPB is needed for that individual.
 - ix A trash can will be kept near the exit but inside the individual's room to make it easy for staff to discard PPE.
- b. Environmental Cleaning and Disinfection:
 - i Each shift will perform targeted cleaning and disinfection of frequently touched and non-porous surfaces (appliances, tabletops, doorknobs, phones, remote controls, etc.) and any other surfaces that are visibly soiled.
 - ii Cleaning will be done in accordance with NYS Department of Health guidance document.
 - c. Visitors:
 - The agency will implement agency protocols in accordance with guidance issued by OPWDD regarding visitors within the residential settings.
- 7) Nursing:
- a. The agency's RN's, the Manager of Supportive Health Services, the Director of Residential, in conjunction with executive leadership will play a critical role in managing the agency's response to any public health concern such as Communicable Respiratory Viral Illnesses.
 - i RN's will assess all individuals exhibiting symptoms of acute respiratory illness using sound medical judgement and guidance, as warranted, from the LHD.
 - ii Agency RN's will determine, using sound medical judgement and guidance, as warranted, from LHD, the level of care needed by individuals exhibiting acute respiratory illness.
 - iii RN's will ensure staff providing day to day care to individuals are adequately trained in infection control and are using proper PPE and following other infectious disease prevention protocols.
 - iv When necessary due to a variety of reasons, including but not limited to, staff shortages, RN's, LPN's and Supportive Health Assistants will provide direct medical and personal care to individuals.
 - v In the event nursing staff, RN's and/or LPN's are unavailable for work due to illness and/ or quarantine, the agency will engage temporary nursing services.
- 8) Individualized Community Services:
- a. Services for individuals experiencing acute respiratory illness in our community based programs:
 - If the agency becomes aware that an individual served has been diagnosed with Communicable Respiratory Viral Illness, the agency will temporarily suspend services to that individual in accordance with CDC and LDH guidance.

9) Chain of Communication:

- a. A variety of means will be used to communicate regarding the Communicable Respiratory Viral Illnesses. The information to be communicated and the intended audience will dictate the method used.
- b. The Associate Executive Director or designee has been designated to be the central point of contact for issues related to Communicable Respiratory Viral Illnesses.
- c. Communicating closure and/ or alternative work arrangements of Park Place:
 - i Once the decision has been made to close Park Place, each Director will in turn communicate to their direct reports.
 - ii They, in turn, will communicate the information to their direct reports.
- d. Communication with LHD:
 - The Associate Executive Director or designee, will be the primary point of contact for communication with local and state public health authorities including DOH.
- e. Communication with OPWDD:
 - The Director of Quality Assurance or designee will be the primary point of contact for communication with OPWDD in the event of isolation and/ or quarantine, as needed.
- f. Communication with family (as needed):
 - The Residential Regional Program Managers or designee will communicate pertinent information regarding exposure, as needed, at the time of an outbreak.
- g. Nursing Chain of Communication:
 - i The Manager of Supportive Health will communicate with the RN's, LPN's, and Supportive Health Assistants.
 - ii If the Manager of Supportive Health is unavailable, an RN, is designated to act in their place.

10) Alternative Work Arrangements:

- a. In the event it is deemed wise to close Park Place, alternative work arrangements will be made with the following considerations.
 - i The following options will be considered: work-from-home; working from an alternate CCDS site; work from an alternate CCDA site.
 - ii Each Director will determine what, if any, equipment and/ or network access is needed by each staff member.
 - iii Commonly used forms and documents will be saved for access to staff working remotely.
 - iv Remote access will be given on a case-by-case basis, after making the assessments described above.
 - v Communication with stakeholders and partners regarding any closure of Park Place and/ or alternative work arrangements will be communicated per the above communication processes as set forth in the agency Park Place business safety plan.