

South East
Consortium



South East Consortium for Special Services, Inc

COVID-19 Safety Plan for Site-Based Respite Programs

South East Consortium for Special Services, Inc.
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On March 17, 2020 OPWDD issued guidance suspending in-person programming until further notice. As of July 15th, 2020, for regions that have entered Phase Four of the state's reopening plan, may resume operations while meeting all the State and Federal safety requirements. These include health screenings and assessments, social distancing, use of personal protective equipment, hygiene, and cleaning standards. This information is current as of Friday, August 7th, 2020. The safety plan procedures and practices will be modified as information changes or by OPWDD directives.

Health Screening and Safety:

- Program Supervisors will be assigned to each program and site whose responsibilities include continuous compliance with all aspects of the site safety plan.
- Program Instructors will be responsible for overall site safety and compliance on an ongoing basis with the oversight and assistance from Program Supervisors.

Entrance/Attendance to Site Based Programs:

- Parents/Guardians will arrive at the site location and drop-off the individual in the designated location at each facility. Parents/Guardians/Individuals must always remain in their vehicle.
- A staff health safety monitor will approach the vehicle for prescreening and will wear, at minimum a face mask, and gloves.
- The staff health safety monitor will require the Parents/Guardians/ Individuals and staff to self-report by filling out the Pre-Screening COVID-19 Questionnaire. Individuals /parents/staff must wear masks during these exchanges. Individuals/Staff will have their temperatures taken using the no touch laser thermometers.
- Their temperatures will be recorded in a binder. Any individual or staff exhibiting signs or symptoms of COVID-19 upon arrival will not be allowed to exit their vehicle. They will be required to return home until they are fever free for 72 hours without the use of fever-reducing medications (e.g. Advil, Tylenol). If their temperature is over 100 degrees, they will not be accepted and will be unable to attend program.

- Health screening assessments will be reviewed daily and documented. All information is kept confidential according to HIPPA regulations.

Staff Screening and Program Procedures:

- Health Safety Monitor will conduct and record a health assessment and daily prescreening for all staff. (See attached “Staff” form). The health assessment will ask the following: (1.) Have experienced symptoms of COVID-19 in the past 14 days; (2) Have you tested positive COVID-19; or been in close or proximate contact with anyone who has tested positive for or has/had symptoms of COVID-19 within the past 14 days; (3.) Have you in the last 14 days returned to the US, after traveling to a country for which the Centers for Disease Control and Prevention, have a level 2 or 3 travel health notice; or 4.) Have you traveled within one of the designated states with significant community spread?
- Any staff exhibiting signs or symptoms of COVID-19 upon arrival will not be allowed to enter the program building or program site. Additionally, staff with a temperature greater or equal to 100.0F will be sent home, and staff who develop new symptoms or fever while at program will be sent home. They will be required to return home until they are fever free for 72 hours without the use of fever-reducing medications (eg. Advil, Tylenol).
- Health screening assessments will be reviewed daily and documented as Pass or Fail. All information is kept confidential according to HIPPA regulations.
- All South East Consortium Staff are required to be tested for COVID-19 every two weeks.
- All South East Consortium Staff will be provided with disposable PPE at the start of programs and will have access to additional PPE equipment, as necessary including but not limited to face masks, hand sanitizer, latex free gloves, germicidal disinfectant.
- All programs will be limited to 10 Individuals and 4 staff members. The Program Supervisor /Instructor and facility site utilized will ensure maximum space between individuals and staff.
- Prior to the program start, staff will be assigned roles that they will maintain throughout the season. One Staff member at each program will be trained as a Health Safety Monitor in charge of taking and recording temperatures for both staff and Individuals. Another staff member will receive the Individuals at drop off and escort them to the program site while maintaining social distancing requirements. Another staff member will set-up the social distance markers.

- Staff will be assigned to maintain sections of the program location. Each Individual in program will remain in their assigned sector/spot number for the entire program season. [For example, one staff will take 3 Individuals on the left, one will take 4 in the middle and one will take 3 on the right side of the area.]The staff will ensure that Individuals are staying in their squares and wearing face masks.
- Staff will always use social distance markers to designate no less than 8 feet of separation to ensure Individuals are maintaining social distance. Staff will assist in the set-up of chalk lines to ensure proper spacing allowing additional spacing due to the physical nature of recreation programs. These markers will be clearly numbered and visible to keep individuals aware of the space around them. These markers will also be disinfected by staff at the start and end of program.
- In addition equipment used during program will be sanitized and clean before each program.
- Staff will have hand sanitizer available to use whenever their hands are soiled. [Programs are conducted outdoors in park facilities which may not have immediate access to restroom facilities.]
- Staff will receive training on all new procedures.

Individual Screening and Program Procedures:

- Prior to attending site-based programs a COVID-19 Wavier must be on file in the South East Consortium Office.
- Parents/Guardians will arrive at the site location and drop-off the individual in the designated location at each facility. Maps will be provided. Parents/Guardians/Individuals must always remain in their vehicle.
- The staff health safety monitor will approach the vehicle for prescreening will require the Parents/Guardians/ Individuals and staff to self-report by filling out the Pre-Screening COVID-19 Questionnaire. Individuals /parents/staff must wear masks during these exchanges. Individuals will have their temperatures taken using the no touch laser thermometers.
- Their temperatures will be recorded in a binder. Any individual exhibiting signs or symptoms of COVID-19 upon arrival or has a temperature is over 100 degrees will not be allowed to exit their vehicle. They will be required to return home until they are fever free for 72 hours without the use of fever-reducing medications (e.g. Advil, Tylenol).

- Health screening assessments will be reviewed daily and documented as Pass or Fail. All information is kept confidential according to HIPPA regulations.
- If someone becomes ill during program, staff will follow all emergency procedures including calling 911 as needed and contacting a Program Supervisor immediately. The healthy safety monitor will document if the screening was passed or if the individual was sent home. Any individual sent home will also require supervisor notification. Staff that have been in contact with this individual will consult with their supervisor and/or health care professional.
- Once the Health Screening is complete and the individual has passed, a staff member will escort the individual to the program site. They will maintain 6 feet of distance.
- Prior to the start of program, Individuals will be placed in designated spots/number. These spots will be marked by spot markers and each marker will be placed no less than 8 feet apart. These boundaries will also be marked to help Individuals be aware of the space around them. Individuals will remain in these spots for the program season.
- There will be no 1:1 or hand over hand instruction. Both require contact that would put our staff and Individuals at risk of infection and are not allowed by the facilities that have agreed to host our programs. Parents and Individuals are asked to be aware of that when registering for program.
- Everyone will be provided with the required (new) program-specific equipment (balls, stretch bands, etc.) Staff will put names on everyone's item. These items will not be shared and must be disinfected after use. Individuals will be responsible for bringing their provided equipment to program each week. If they forget the equipment, none will be provided, and they will participate in program without it.
- There will be no bathroom trips during program. Individuals are asked to make sure they come to program ready to participate for the entire time and handle anything else prior to or after program.
- Program will run in accordance with the NYS implemented social distancing procedures. Individuals will be prompted to maintain distance. Masks will be worn at all times. Individuals will not engage in any physical contact (high fives, fist bumps, hugs) with staff or any other Individual at any time. Any Individual that fails to follow these policies will not be allowed to attend program.

Signage and Hygiene Standards:

- Signs will be posted to reinforce health and safety standards during programs to include: Use of face mask or cloth covering required, social distancing requirements, space limitations.
- The Program Supervisor, with oversight from the Executive Director, will ensure that there is an appropriate amount of hand sanitizer, paper towels and PPE (masks, gloves) available.
- Staff and individuals will disinfect their hands upon entering the program and throughout the program, as necessary.
- The Program Supervisor will maintain an adequate stock of EPA approved disinfecting agents, which shall be safeguarded from individuals but accessible to staff as needed. Inventory will be secured and tracked on a log. Supplies must be ordered in a timely fashion.
- All program equipment will be disinfected between each program.
- Hand sanitizing stations will be set-up at all programs.
- Program Supervisors and program health safety monitor will ensure that all employees comply with all personal protective equipment requirements set forth by OPWDD and NYS Department of Health.
- Social distancing principles must be adhered to, to the greatest extent possible.
- Face coverings must always be worn.
- There should be no unnecessary interaction with other members of the public while attending programs in outdoor sites.
- Staff will receive training on the practices above.

Tracing and Tracking of COVID-19:

- The Executive Director or Risk Management designee will notify the local health department and OPWDD IRMA unit immediately upon being informed of any positive COVID-19 test result by an individual or staff.
- In the case of a staff or visitor testing positive, we will cooperate with the local health department to trace all contacts in the workplace. We will notify the health department of all staff and individuals who entered the office or program facility site dating back to 48 hours

before the staff/individual began experiencing COVID-19 symptoms or tested positive, whichever is earlier, but maintain confidentiality as required by federal and state law and regulations.

- Staff who are alerted that they have come into close or proximate contact with a person with COVID-19, and have been alerted via tracing, tracking or other mechanism, are required to self-report to their Programs Supervisor at the time of alert and shall follow all required protocols as if they had been exposed at work.



PROGRAM PRESCREENING QUESTIONS AND AGREEMENT

This form MUST be filled out each time your participant attends program.

In an effort to reduce illness at the program, we ask that you check on the health of your participant and complete this form upon arrival to program.

PARTICIPANTS NAME: _____

PROGRAM DECLARATION OF HEALTH		
	YES	NO
Has your participant had a positive COVID-19 test in the past 14 days prior to this program?		
Has your participant had close contact with someone diagnosed with COVID-19 within the last 14 days?		
Has your participant experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)?		

Any participant answering yes to any of the above questions will not be permitted to attend the program. Participants must be symptom-free for 14 days prior to their first day of the program.

PARENT/GUARDIAN AGREEMENT		
	AGREE	DISAGREE
I agree that I will not send my participant to the program if they are experiencing any Covid-19 signs or symptoms.		
I agree that my participant's temperature is not 100.4 or higher prior to the beginning of this program.		
I agree to not give my participant fever-reducing medications so they can attend this program.		
I agree that if my participant has had close or proximate contact with a confirmed or suspected COVID-19 case during the course of this program we will keep them out of program for the required 14 days.		
I agree that my participant has not traveled or had close contact with an individual that has traveled to any states currently on the NYS Travel Restrictions list. (Found on the back of this document)		

Parents/guardians, group homes must agree to the above in order for their participant to be eligible for the program.

By signing this agreement, I consent to the above requirements for my child to attend this program.

Parent/Guardian Signature _____ Date ___/___/___

Travel Advisory States:

1. Alabama
2. Alaska
3. Arizona
4. Arkansas
5. California
6. Delaware
7. Florida
8. Georgia
9. Idaho
10. Illinois
11. Indiana
12. Iowa
13. Kansas
14. Kentucky
15. Louisiana
16. Maryland
17. Minnesota
18. Mississippi
19. Missouri
20. Montana
21. Nebraska
22. Nevada
23. New Mexico
24. North Carolina
25. North Dakota
26. Ohio
27. Oklahoma
28. Puerto Rico
29. South Carolina
30. Tennessee
31. Texas
32. Utah
33. Virginia
34. Washington
35. Washington D.C.
36. Wisconsin



PROGRAM PRESCREENING QUESTIONS AND AGREEMENT

Staff MUST complete this form upon arrival to work!

In an effort to reduce illness at the program, we ask that you check on the health of your participant and complete this form upon arrival to program.

STAFF NAME: _____

PROGRAM DECLARATION OF HEALTH		
	YES	NO
Have you had a positive COVID-19 test in the past 14 days prior to this program?		
Have you had close contact with someone diagnosed with COVID-19 within the last 14 days?		
Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)?		

Any staff answering yes to any of the above questions will not be permitted to attend the program. Staff must be symptom-free for 14 days prior to their first day working.

STAFF AGREEMENT		
	AGREE	DISAGREE
I agree that I will not attend programs if I am experiencing any Covid-19 signs or symptoms.		
I agree that if I have had close or proximate contact with a confirmed or suspected COVID-19 case during the course of this program I will notify my supervisor and not attend the program for the required 14 days.		
I agree that I have not traveled or had close contact with an individual that has traveled to any states currently on the NYS Travel Restrictions list. (Found on the back of this document)		

By signing this agreement, I consent to the above requirements for my child to attend this program.

Employee Signature _____ **Date** ___/___/___

Supervisor Signature _____ **Date** ___/___/___

Travel Advisory States:

1. Alabama
2. Alaska
3. Arizona
4. Arkansas
5. California
6. Delaware
7. Florida
8. Georgia
9. Idaho
10. Illinois
11. Indiana
12. Iowa
13. Kansas
14. Kentucky
15. Louisiana
16. Maryland
17. Minnesota
18. Mississippi
19. Missouri
20. Montana
21. Nebraska
22. Nevada
23. New Mexico
24. North Carolina
25. North Dakota
26. Ohio
27. Oklahoma
28. Puerto Rico
29. South Carolina
30. Tennessee
31. Texas
32. Utah
33. Virginia
34. Washington
35. Washington D.C.
36. Wisconsin



SOUTH EAST CONSORTIUM FOR SPECIAL SERVICES, INC.

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of **South East Consortium for Special Services, Inc.** programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest supervisor immediately; and,
4. I acknowledge the contagious nature of COVID-19 and voluntarily, knowingly, and intelligently agree to assume all the risk that my family and/or I may be exposed to or infected by COVID-19 due to any contact whatsoever, no matter how limited, with employees, agents, representatives, or participants of South East Consortium for Special Services, Inc. or for visiting any office, facility, or program location of South East Consortium for Special Services. I accept sole responsibility for any injury to myself or any member of my family including but not limited to personal injury, disability, illness, death, damage, loss, claim, liability, or expense of any kind that I or my family may experience or incur.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE AND LEGAL GUARDIAN

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____