



Jawonio COVID Safety Plan Draft Update

This update: January 19, 2022

Agency: Jawonio Inc.

Industry: Human Service/ Health Care

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January 19, 2022: Omicron surge

October 4, 2021: Updates/revisions: CDC on booster, Community spread rate update

September 2021: COVID general update

July 2021 Delta Variant and rising case rates

5/21/2021 Clarification on CDC Mask guidance change and applicability to Jawonio. Community Spread update and CDC update on transmission risk and vaccine safety.

2/5/2021 Update Community Spread and COVID Variants

12/27/2020 Update on Community spread / winter surge

12/10/2020 Update on vaccines

11/4/2020 Fit testing, personnel update, cluster zones

10/22/2020 CDC redefinition of close contact

10/8/2020 ventilation

8/26/2020ws "Further considerations"

8/20/2020 Ventilation, disease onset

8/17/2020 Tracking

7/17/2020 (move visitation) Quarantining, Revised transportation,

7/14/2020 reference visitation, community outings

7/8/2020: Reporting section, disposal of PPE

7/6/2020: OPWDD Contact tracing attachment, Contact tracing statement, Assumptions: threat of resurgence, Disposal of PPE

6/19/2020- Transportation

6/18/2020- Vulnerability: Pediatric Multi-System Inflammatory Syndrome and risk for children of asymptomatic transmission

(6/17/2020a- requirements for visitors, definition of close contact,

6/17/2020,

6/16/2020,

6/11/2020)

Introduction:

"Employers should prepare themselves and their workers as far in advance as possible of potentially worsening outbreak conditions. Lack of continuity planning can result in a cascade of failures as employers attempt to address challenges of COVID-19 with insufficient resources and workers who might not be adequately trained for jobs they may have to perform under pandemic conditions." - **OSHA's Guidance on Preparing Workplaces for COVID-19**

Applicability: Jawonio is classified as an "Essential Business" as defined in the guidance on New York State Executive Order 202.6.

Workforce reductions: Jawonio's safety plan conforms to New York State's intent for workforce reductions where possible and applicable. Workforce /occupancy reductions are not possible in Jawonio Community Living Service residences.

Agency Overview:

A multifaceted community-based not-for-profit organization, Jawonio provides essential services to meet a spectrum of need in two New York counties impacted by the COVID-19 pandemic. Working with our regulatory and community collaborative partners to ensure the safety of our services recipients, their families, our employees and our community is an agency imperative that is reflective of our historic commitment to service to our community.

With programmatic service areas including Early Intervention, Preschool, Summer Camp (SED), Article 16 clinical services, CDPAS, PROS, Mental Health drop in services, Care Management, SEMP, Social businesses (also classified as essential under Executive Order 202.6), ETP / prevocational services, Day Habilitation, Community residential services (ICF, IRA, ISS) and administration, the agency's safety plan is developed to conform to the diversity of requirements of our statutory and regulatory partners and to the range of need and circumstance of our constituents.

Update January 19, 2022

- As of this date, Omicron is the dominant strain of COVID-19 in the United States.
- The CDC COVID transmission level for New York and the Hudson Valley has remained at a high level, however, the threat level has risen even further in the final weeks of December through into January 2022.
- Break through infection, COVID infection of vaccinated persons, have become more prevalent with the Omicron variant underscoring the need for comprehensive measures to mitigate infection spread including social distancing and masking.
- Agency efforts to encourage individuals served and staff to get vaccinated and to maintain the highest level of vaccination immunity through booster vaccinations consistent with CDC recommendations, are ongoing as are efforts to encourage staff to maintain all other mitigation measures on and off the job.
- Current risk of COVID infection is very high for all persons including vaccinated persons and the risk of severe disease is especially high for persons who are unvaccinated.
- OPWDD mask regulations now require "tight fitting" masks for staff working directly with service recipients. All staff, even staff not in direct contact with service recipients, are also directed to wear masks of a type that offer some protection against COVID aerosols. This supersedes previous sections of this document that suggest that the use of less protective masks are adequate to minimize the risk of COVID transmission in agency work spaces and in the community.
- Masks provide to staff by the agency are the KN95 type or N95 type where consistent with the agency's Respiratory Safety Plan.
- For all staff appropriately qualified and fit tested, N95 mask are the standard in the presence of service recipients in OPWDD programs and required in any Jawonio facility where active COVID is present.
- Assumptions concerning transmission exposure times, masks and other social distancing measures especially in indoor spaces, the CDC and NIH suggest, must now be reconsidered in the context of this new and more transmissible strain of COVID.
- Initial research on Omicron suggest that it is 2.7-3.7 times as transmissible as Delta.

- Quarantining and return to work policies in place for all staff at Jawonio are consistent with updates in those policies by OPWDD for staff working in direct service. Refer to those documents for the most current update. <https://opwdd.ny.gov/system/files/documents/2021/12/return-to-work-12-28-21.pdf>

From the CDC:

Omicron Variant: What You Need to Know

Updated Dec. 20, 2021

Languages

Omicron in the United States

CDC is working with state and local public health officials to [monitor the spread of Omicron](#). As of December 20, 2021, Omicron has been detected in most states and territories and is rapidly increasing the proportion of COVID-19 cases it is causing.

Omicron Data and Potential Spread

CDC is expecting a surge of COVID-19 cases in the coming days to weeks. Learn more about Omicron variant surveillance and potential rapid spread.

What We Know about Omicron

CDC has been collaborating with global public health and industry partners to learn about Omicron, as we continue to monitor its course. We don't yet know how easily it spreads, the severity of illness it causes, or how well available vaccines and medications work against it.

Spread

The Omicron variant likely will spread more easily than the original SARS-CoV-2 virus and how easily Omicron spreads compared to Delta remains unknown. CDC expects that anyone with Omicron infection can spread the virus to others, even if they are vaccinated or don't have symptoms.

Severe Illness

More data are needed to know if Omicron infections, and especially reinfections and breakthrough infections in people who are fully vaccinated, cause more severe illness or death than infection with other variants.

Vaccines

Current vaccines are expected to protect against severe illness, hospitalizations, and deaths due to infection with the Omicron variant. However, [breakthrough infections](#) in people who are fully vaccinated are likely to occur. With other variants, like Delta, vaccines have remained effective at preventing severe illness, hospitalizations, and death. The recent emergence of Omicron further emphasizes the importance of vaccination and boosters.

Treatments

Scientists are working to determine how well existing treatments for COVID-19 work. Based on the changed genetic make-up of Omicron, some treatments are likely to remain effective while others may be less effective.

We have the Tools to Fight Omicron

Vaccines

Vaccines remain the best public health measure to protect people from COVID-19, slow transmission, and reduce the likelihood of new variants emerging.

- COVID-19 vaccines are highly effective at preventing severe illness, hospitalizations, and death.
- Scientists are currently investigating Omicron, including how protected fully vaccinated people will be against infection, hospitalization, and death.
- CDC recommends that everyone 5 years and older protect themselves from COVID-19 by getting [fully vaccinated](#).
- CDC recommends that everyone ages 18 years and older should get a [booster](#) shot at least two months after their initial J&J/Janssen vaccine or six months after completing their primary COVID-19 vaccination series of Pfizer-BioNTech or Moderna.

Masks

Masks offer protection against all variants.

- CDC continues to recommend wearing a mask in public indoor settings in areas of substantial or high [community transmission](#), regardless of vaccination status.
- CDC provides [advice about masks](#) for people who want to learn more about what [type of mask](#) is right for them depending on their circumstances.

Testing

Tests can tell you if you are currently infected with COVID-19.

- Two types of tests are used to [test for current infection](#): nucleic acid amplification tests ([NAATs](#)) and [antigen tests](#). NAAT and antigen tests can only tell you if you have a current infection.
- Individuals can use the [COVID-19 Viral Testing Tool](#) to help determine what kind of test to seek.
 - Additional tests would be needed to determine if your infection was caused by Omicron.
 - Visit your [state](#), [tribal](#), local, or [territorial](#) health department's website to look for the latest local information on testing.
- [Self-tests](#) can be used at home or anywhere, are easy to use, and produce rapid results.
 - If your self-test has a positive result, stay home or isolate for 10 days, wear a mask if you have contact with others, and call your healthcare provider.
 - If you have any questions about your self-test result, call your healthcare provider or public health department.

CDC: Potential Rapid Increase of Omicron Variant Infections in the United States: <https://www.cdc.gov/coronavirus/2019-ncov/science/forecasting/mathematical-modeling-outbreak.html>

COVID Community Spread Report

- Though Westchester active cases rose (though the state's count of cases per 100K for 7 days, declined) the City of Yonkers and Rockland cases posted slight declines (a welcome sign given the unprecedented rise over the past two weeks).
- Rockland deaths spiked in the last week to 24 for the week, up from 13 the week before. Through most of the year deaths were 1-2 per week on average.
- Rockland hospital bed availability on January 13, 2021 was 11.7 down from 48.9 on January 13, 2020 suggesting that the local hospital system is under stress. Hospitalizations may, however, be starting to decline locally.
- % positive tests are declining though they remain very high

- CDC forecasting suggests that we are seeing the inflection point in US cases and that new infection may be on the decline. US deaths , however, are predicted to continue their precipitous rise through January.

Report Date 1/18/2022 Last report date 1/10/2022

Note that in () is last report

Location	% + tests this date	%+ tests 7 day rolling	Active cases <u>1/14 update</u> <u>Rockland</u> <u>1/13update</u> <u>Westchester*</u>	Change in active cases since last report	Active cases as a % of pop	Cases per 100K Pop 7 day	Population
New York State (1/16 update)*	13.1% (19.3%)	15.7% (21.3%)				250.6 (381.7)	19.4M
Mid-Hudson Region	12.7% (21.1%)	15.5% (22.6%)				234.1 (359.6)	
Rockland	9.1% 16.9%)	12.3% (19.5%)	16,390 (16,466)	-76	5.00% (5.03%)	288.4 (402.8)	327,407
Westchester	12.2% 20.7%)	14.8% (22.5%)	47,069 (45,469)	+1,600	4.87% (4.1%)	218.8 (383.0)	966,092
City of Yonkers			10,854 (11,452)	-598	5.39% (5.69%)		201,344

Vaccination rate (CDC) Note that the State, Local and CDC dashboards all have different numbers .

CDC COVID tracker Rockland data (for 1/18/2022. Note that the link data is constantly updated):

https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=New+York&data-type=Vaccinations&list_select_county=36087

	5+yrs	% total pop
US	79.6%	
NY	77.5	
Westchester	81.5%	

Rockland	66.5%	61%
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Rockland zips with most active cases

3,410 - Spring Valley (10977)

1,841 - Monsey (10952)

1,564 - New City (10956)

1,286 - Nanuet (10954)

1,213 - Suffern (10901)

938 - Haverstraw (10927)

Rockland zip with most cases as a percent of population:

Garnerville 7.74%

Haverstraw 7.70%

Rockland zip with the lowest as a percent of population

Sparkill 1.87%

Most Rockland zip are about equal to the Count average of 5.00%

Level of Community transmission (Source CDC)

Rockland: **High**

Westchester: **High**

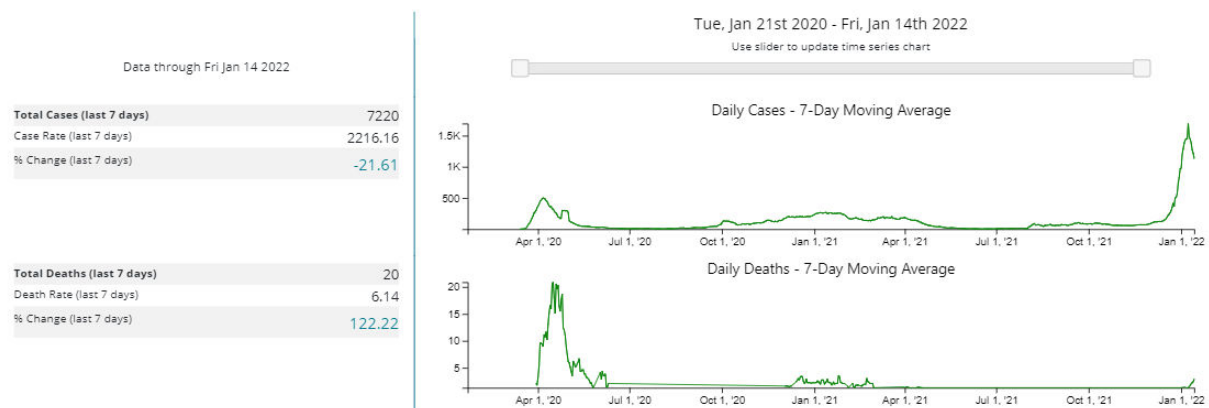
New York State: **High**

Total deaths by this date US= 847,577 (CDC 1/18/2022) 65,159,554 cases

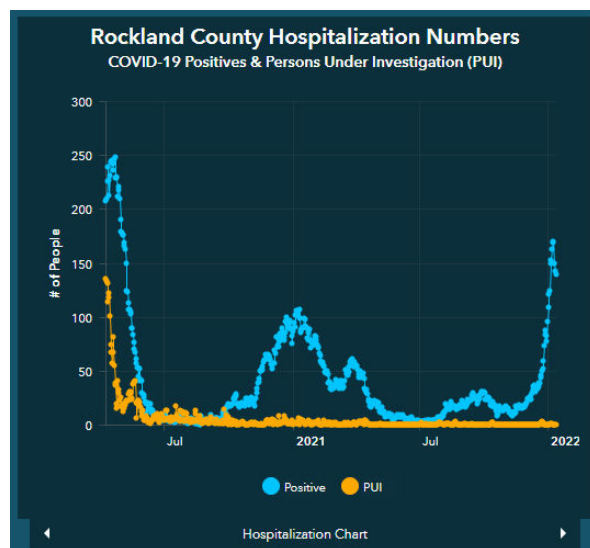
Rockland	Change since last report
1057 (1033)	+24

Cases and death Rockland (Source CDC)

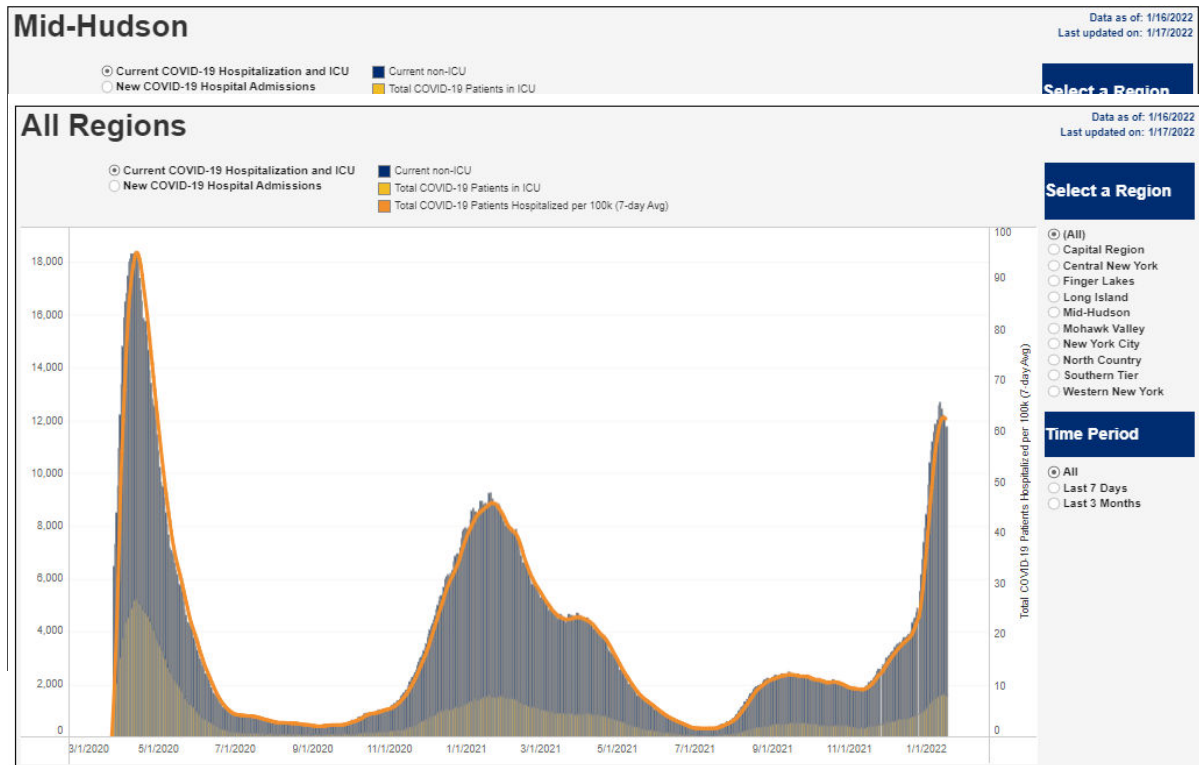
Cases & Deaths in Rockland County, New York



Rockland Hospitalizations (Rockland COVID Dashboard):

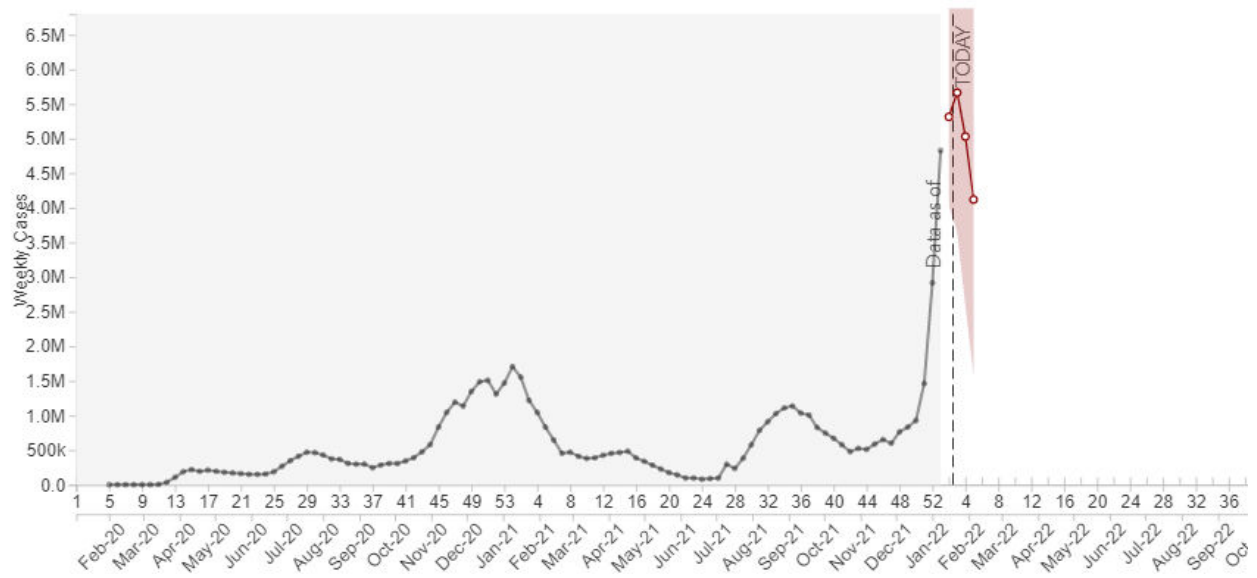


Mid-Hudson Region Hospitalizations (NYS Health Department)

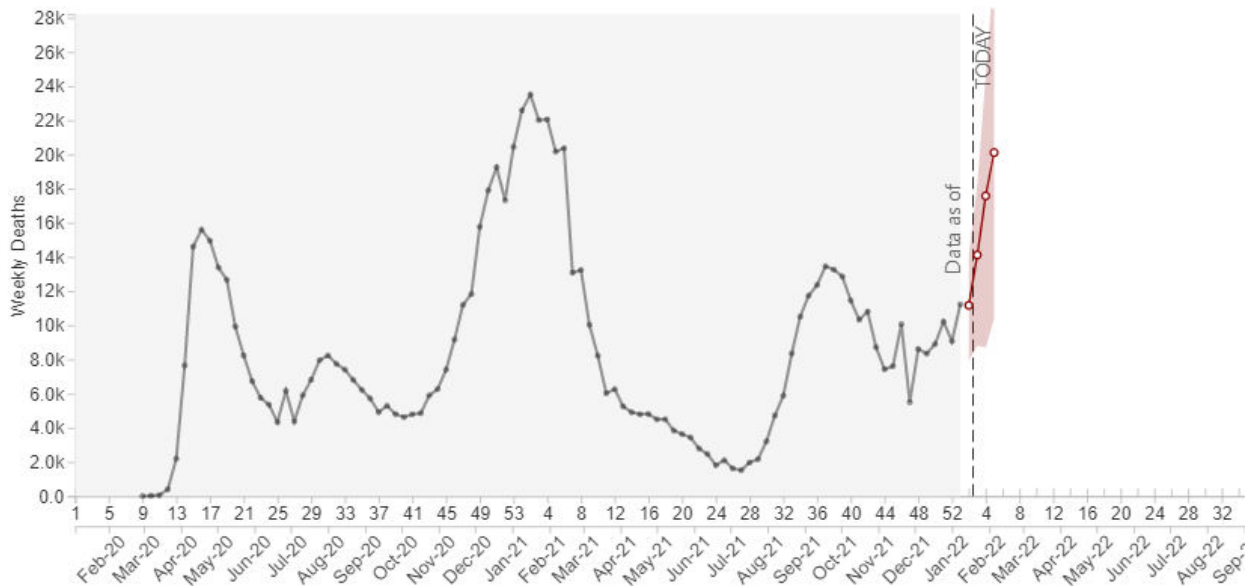


Source: CDC 1/18/2022

Observed and forecasted weekly COVID-19 cases in the United States



Observed and forecasted weekly COVID-19 deaths in the United States



Update October 4, 2021

The Delta COVID-19 variant continues to be the dominate strain of the disease in the US and the world.

Occupational health and safety and Hero Act compliance: Please refer to those agency plans.

Vaccine Booster Shots:

What You Need to Know (from the CDC update September 27, 2021)

COVID-19 Vaccine booster shots are available for the following Pfizer-BioNTech vaccine recipients who completed their initial series at least 6 months ago:

- 65 years and older
- 18+ who have [underlying medical conditions](#)
- 18+ who work in [high-risk settings](#)
- 18+ who live in [high-risk settings](#)

Note that boosters vaccinations for the Moderna and Johnson and Johnson are, as of this update, not yet recommended by the CDC/FDA (or available) but are currently being reviewed. Individuals with compromised immune systems or other conditions that may compromise the effectiveness of the vaccine, however, may be able to receive a 3rd (or second in the case of the J&J) dose of the vaccine with the recommendation of their health care provider. Consult your health care provider as to whether an additional vaccination does is warranted to ensure effective COVID-19 immunity.

When can I get a COVID-19 vaccine booster? (CDC September 1, 2021 guidance) For most Americans, not immediately. The goal is for people to start receiving a COVID-19 booster shot beginning in the fall, with individuals being eligible starting 8 months after they received their [second dose](#) of an mRNA vaccine (either [Pfizer-BioNTech](#) or [Moderna](#)). This is subject to authorization by the U.S. Food and Drug Administration and recommendation by CDC's Advisory Committee on Immunization Practices (ACIP). FDA is conducting an independent evaluation to determine the safety and effectiveness of a booster dose of the mRNA vaccines. ACIP will decide whether to issue a booster dose recommendation based on a thorough review of the evidence. *See the complete update:* [CDC COVID-19 Vaccine Booster Shot](#)

A Food and Drug Administration (US FDA) advisory panel voted unanimously on Friday September 17, 2021 in favor of a booster dose of the Pfizer-BioNTech Covid-19 vaccine for people 65 and older and for individuals at high risk for severe disease, with the shot given at least six months after their initial vaccination.

The vote came after the independent committee unexpectedly voted 16-2 against advising the agency to approve a plan for a more generalized administering of booster immunizations, limiting their endorsement to the specified high risk groups. Members' concerns centered on the amount and quality of data available to weigh the booster's long-term effectiveness and its safety in young people.

Status of mitigation measures:

Mask mandates and all social distancing measures remain in place at all Jawonio facilities. Some modifications, however, have been implement with respect to quarantining after expose for vaccinated persons.

Community Spread Report: Note that Community Spread Reports are developed weekly and that the attached is a sample.

COVID Community Spread Report

Trends:

- US case rate improving as is Westchester but Rockland mostly the same
- Westchester Community Transmission rate downgraded to "Substantial" from "High"
- Though the CDC reports 698K US deaths, other dashboard (Johns Hopkin for example) report 700K+

Report Date 10/4/2021 Last report date 9/27/2021

Note that in () is last report

Location	% + tests this date	%+ tests 7 day rolling	New Positives Previous 7 days	Active cases <u>10/4update</u> <u>(Rockland)</u> <u>10/3/update</u> <u>Westchester*</u>	Change in active cases since last report	Active cases as a % of pop	Population

New York State (10/2 update)*	2.4%	2.4%					19.4M
Mid-Hudson Region	2.3%	2.3%					
Rockland	3.1%	2.4%	578 (551)	913(1,040)	-127	.28% (.32%)	327,407
Westchester	1.3%	1.3%	695 (973)	1,634 (2,104)	-470	.17% (.22%)	964,278
City of Yonkers				346 (472)	-126	.17% (.24%)	199,968

Level of Community transmission (Source CDC)

Rockland: **High**

Westchester: **Substantial**

New York State: **High**

Vaccination rate (CDC)

	1 dose -all eligible
US	75.8%
Westchester	79.3%
Rockland	67.6%

Total deaths by this date US= 698,672(CDC)

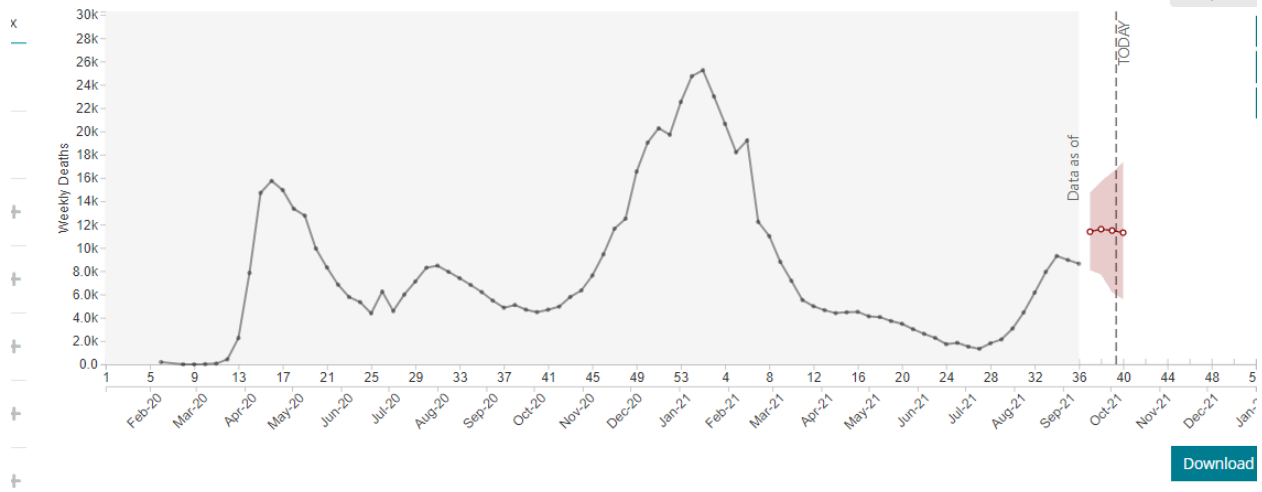
Rockland	Change since last report
981	+3

Active Cases Rockland by zip	Active Cases as a % of population	Vaccination rates +12yrs
238 - Spring Valley (10977)	.37%	41.01%
227 - Monsey (10952)	.54%	22.62%
71 - New City (10956)	.22%	70.47%
72 - Suffern (10901)	.30%	65.59%
39 - Nanuet (10954)	.23%	70.16%
28 - Valley Cottage (10989)	.28%	75.51%
27 - Pomona (10970)	.28%	63.15%
26 - Stony Point (10980)	.19%	63.19%
23-Pearl River (10965)	.16%	66.18%
23 - Haverstraw (10927)	.19%	60.24%
22 - Garnerville (10923)	.26%	67.69%
20 - Tappan (10983)	.34%	67.09%
15- Blauvelt (10913)	.26%	65.86%
15 - Nyack (10960) 58.05%	.10%	58.44%
14 - Congers (10920)	.16%	64.39%

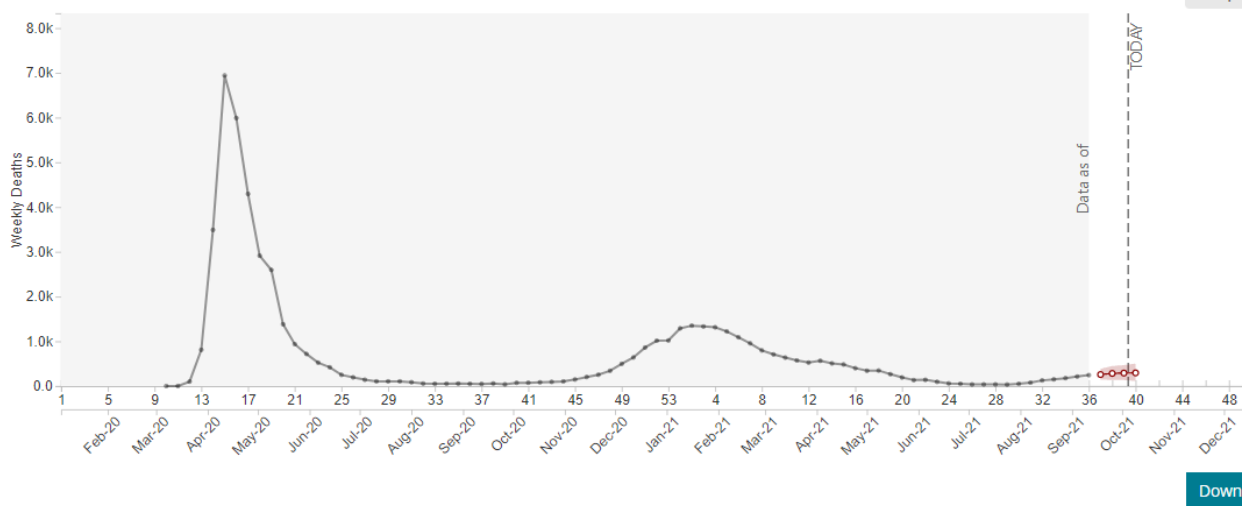
12- West Nyack (10994)	.21%	68.98%
11 - Orangeburg (10962)	.19%	73.68%
11 – WestHaverstraw (10993)	.21%	63.83%
6 - Palisades (10964)	.44%	76.40%
3 - Piermont (10968)	.13%	58.83%
3 - Sloatsburg (10974)	.09%	64.90%
3 - Thiells (10984)	.10%	57.91%
2 - Tomkins Cove (10986)	.11%	57.80%
1 - Sparkill (10976)	.04%	51.39%
1 - Hillburn (10931)	.10%	56.33%

Forecast:

Observed and forecasted weekly COVID-19 deaths in the United States

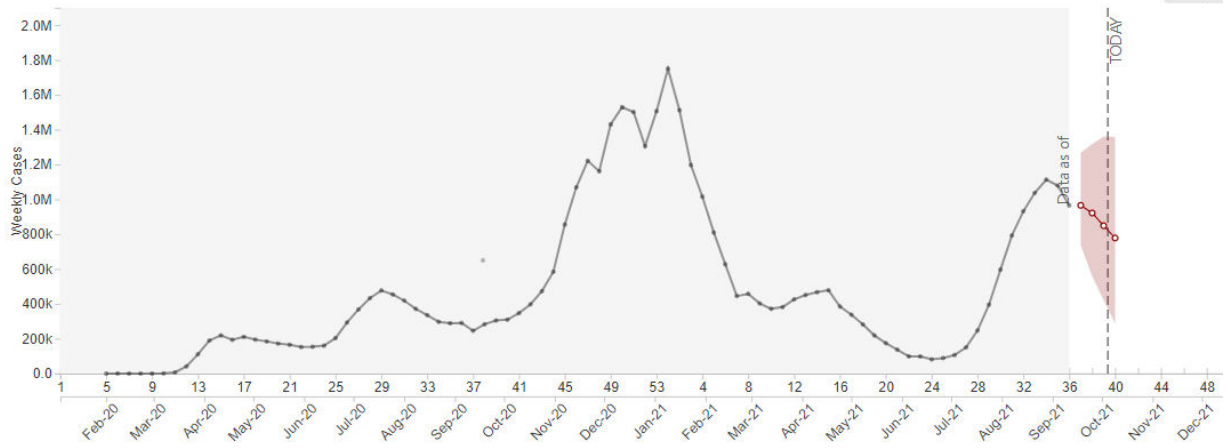


Observed and forecasted weekly COVID-19 deaths in New York



Observed and forecasted weekly COVID-19 cases in the United States

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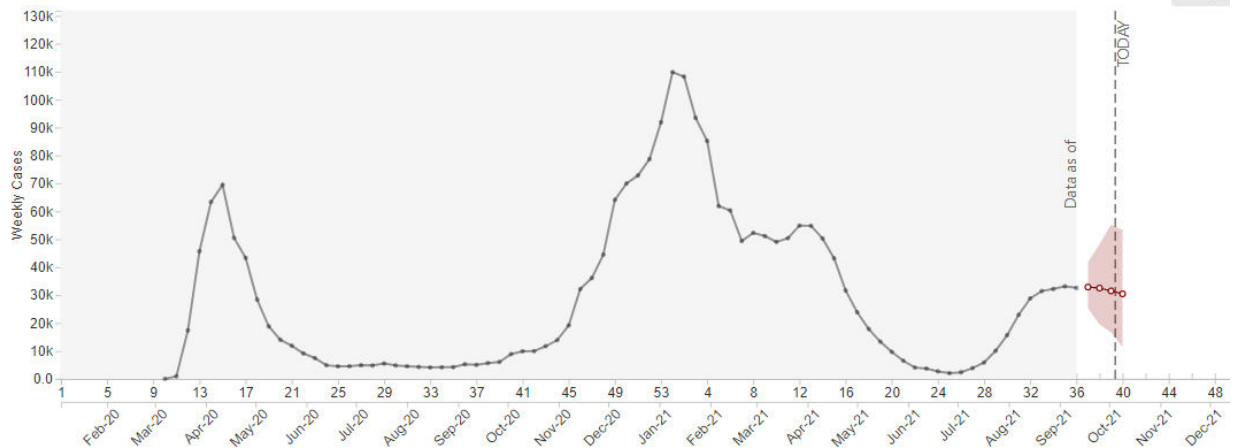


Down

Footnotes and Additional Information

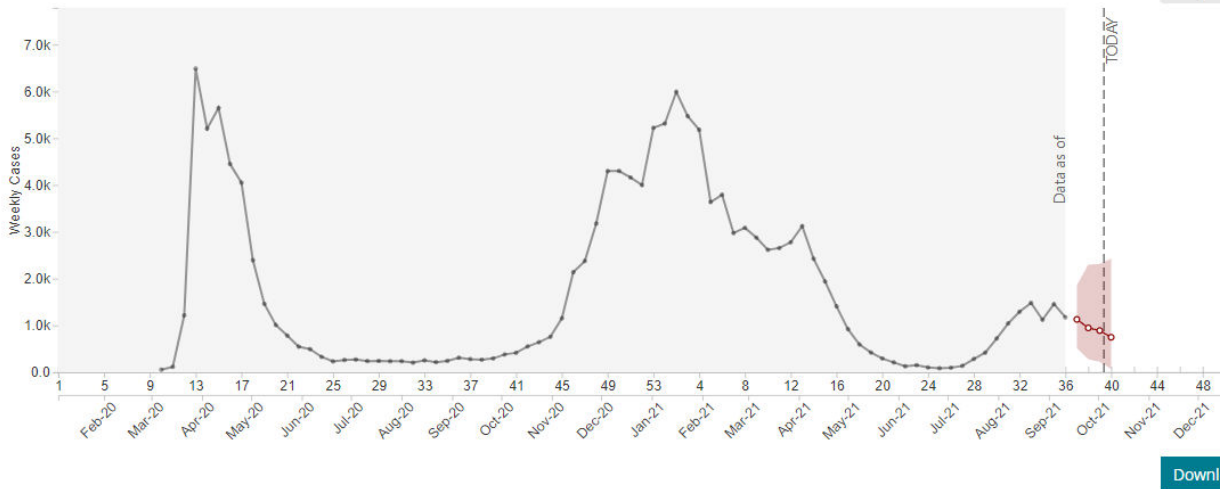
Observed and forecasted weekly COVID-19 cases in New York

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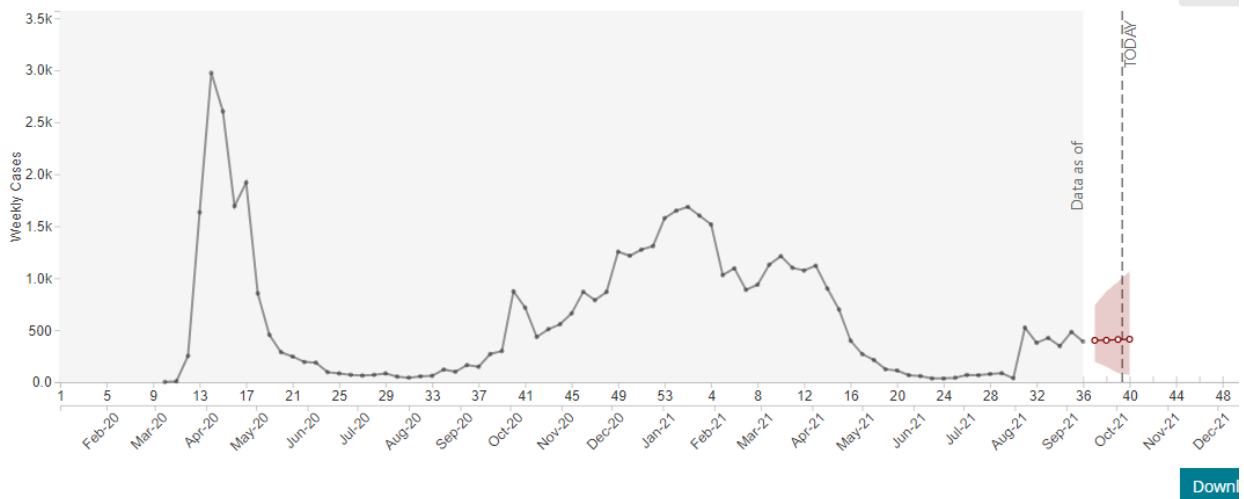


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Observed and forecasted weekly COVID-19 cases in Westchester County, New York



Observed and forecasted weekly COVID-19 cases in Rockland County, New York



NY Forward dashboard: <https://forward.ny.gov/percentage-positive-results-county-dashboard>

Rockland COVID dashboard: <https://rockland-covid-19-portal-rockland.hub.arcgis.com/>

Westchester Dashboard: <https://wcgis.maps.arcgis.com/apps/opsdashboard/index.html#/280339d96db14efd9cc304dba0f3a71d>

CDC COVID Tracker: <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

Update July 23, 2021

Masking, health checks and all social distancing protocols remain in effect at all Jawonio facilities.

Delta is the name for the B.1.617.2. variant, a SARS-CoV-2 mutation that originally surfaced in India. It is among several strains of the virus circulating in the US though currently. Of those strains, Delta is the one that poses the most significant public health threat.

Attributes:

- Increased transmissibility²⁹
- Potential reduction in neutralization by some EUA monoclonal antibody treatments-

Key Points:

- The delta Covid variant is one of the most infectious respiratory diseases seen by experts.
- As of this date (July 23, 2021), the more infectious strain makes up more than 83% of sequenced cases in the U.S.
- 97% of people admitted to hospitals with Covid symptoms are unvaccinated.

“According to CDC Director Dr. Rochelle Walensky : *“The delta variant is more aggressive and much more transmissible than previously circulating strains.”* Walensky further characterized the state of the US COVID outbreak: *“This is becoming a pandemic of the unvaccinated.”*

Persons at Risk:

- Unvaccinated persons
- Vaccinated people for whom the vaccination may be compromised due to reliance on immuno-suppressant medications or other compromising medical conditions.

COVID Community Spread Report :

Report Date 7/22/2021

Note that in () is last report

Location	% + tests this date	%+ tests 7 day rolling	New Positives Previous 7 days	Active cases <u>7/21/update</u> <u>(Rockland)</u> <u>7/20/update</u> <u>Westchester</u>	Change in active cases since last report (Rockland last report 7/16, Westchester 7/18)	Active cases as a % of pop	Population
New York State <u>7/21update</u>	1.7%	1.5%					19.4M
Mid-Hudson Region	1.4%	1.1%					
Rockland	.7%	.6%	79	151 (129)	+22	.05%	327,407
Westchester	1.2%	1.3%	357	632 (503)	+129	.06%	964,278
City of Yonkers				137(108)	+29	.07%	199,968

Level of Community transmission (Source CDC)

Rockland: **Moderate**

Westchester: **Moderate** (Upgraded to **"Substantial"** week of August 1, 20221)

Rockland Vaccination rate

Rockland Vaccine complete	First dose	% of County pop. With 1 dose
156,744	171,522	52.7% (52.3%)

US vaccination rates (Source CDC) 62.6% of the US population has at least 1 dose

As previously reported, zips with the lowest vaccination rates in Rockland are in Monsey and Spring Valley. These zips also have the youngest media age and this is especially true of Monsey where the media age is 15.5 years. Other Rockland zips the median age is 40+.

Total deaths by this date US= **607,289** (CDC)

Rockland	Change since last report (previous week)
968	+1

Active Rockland cases by zip. Note that the number of cases mostly follows the population demographic. Though early on we saw concentrations in Monsey, Spring Valley and Haverstraw and then in West Haverstraw, mostly the cases are everywhere.

20 - Spring Valley (10977)

19 - New City (10956)

15 - Nanuet (10954)

14 - Monsey (10952)

11 - Pearl River (10965)

10 - Valley Cottage (10989)

10 - West Haverstraw (10993)

8 - Suffern (10901)

7 - Haverstraw (10927)

7 - Stony Point (10980)

5 - Blauvelt (10913)

4 - Tappan (10983)

4 - West Nyack (10994)

4 - Nyack (10960)

3 - Pomona (10970)

3 - Congers (10920)

3 - Garnerville (10923)

1 - Palisades (10964)

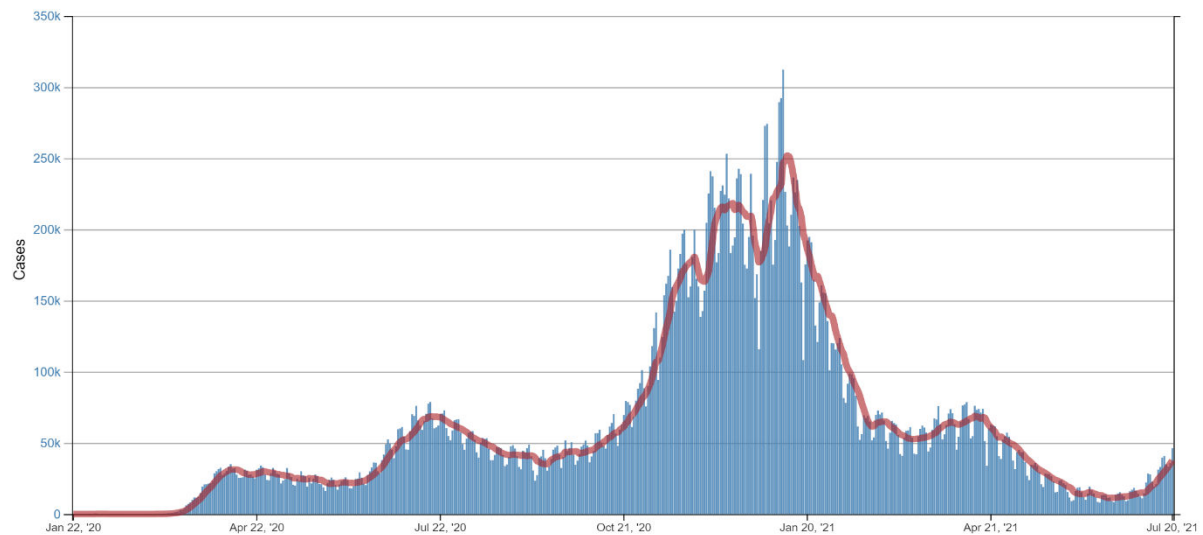
1 - Orangeburg (10962)

1 - Thiells (10984)

1 - Bear Mountain (10911)

All others =0

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



COVID-19 Vaccinations in the United States

Overall US COVID-19 Vaccine | Deliveries and Administration; Maps, charts, and data provided by CDC, updates daily by 8 pm ET[†]
Represents all vaccine partners including jurisdictional partner clinics, retail pharmacies, long-term care facilities, dialysis centers, Federal Emergency Management Agency and Health Resources and Services Administration partner sites, and federal entity facilities.

How Do I Find a COVID-19 Vaccine?

Total Vaccine Doses		People Vaccinated		At Least One Dose	Fully Vaccinated
Delivered	391,248,955	Total		186,819,440	161,895,045
Administered	339,102,867	% of Total Population		56.3%	48.8%
Learn more about the distribution of vaccines.		Population ≥ 12 Years of Age		186,597,197	161,765,990
		% of Population ≥ 12 Years of Age		65.8%	57.1%
		Population ≥ 18 Years of Age		176,729,812	154,028,105
		% of Population ≥ 18 Years of Age		68.4%	59.6%
		Population ≥ 65 Years of Age		48,767,745	43,507,032
		% of Population ≥ 65 Years of Age		89.2%	79.5%

161.9M
People fully vaccinated

i About these data

CDC | Data as of: July 21, 2021 6:00am ET. Posted: Wednesday, July 21, 2021 2:05 PM ET

Vaccinations in Rockland County, New York

How Do I Find a COVID-19 Vaccine?

Percent of New York's fully vaccinated recipients with valid county of residence: 97.4%

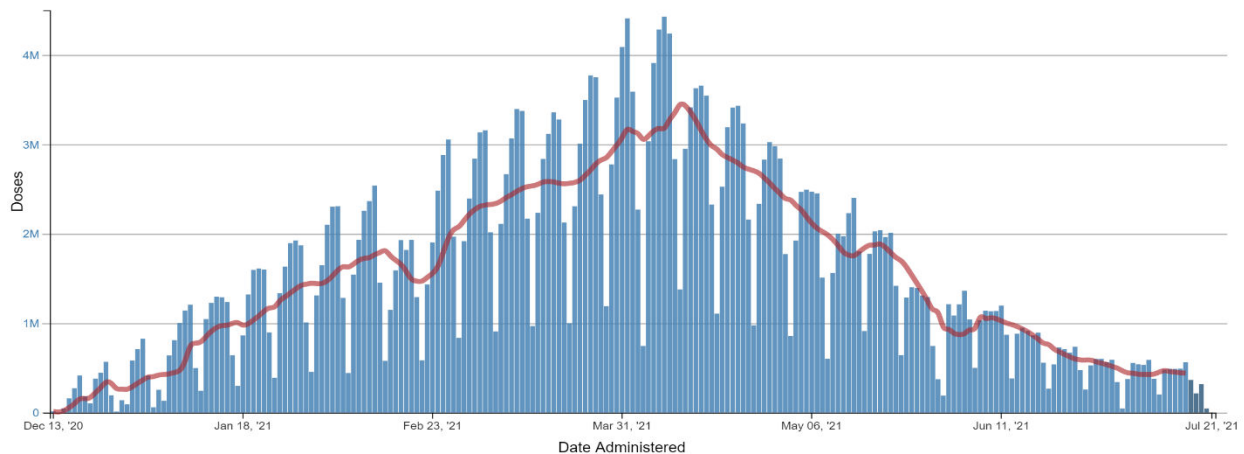
States with lower percentages for valid county of residence should be interpreted with caution.

People Vaccinated	At Least One Dose	Fully Vaccinated
Total	171,510	157,564
% of Total Population	52.6%	48.4%
Population ≥ 12 Years of Age	171,481	157,553
% of Population ≥ 12 Years of Age	65%	59.7%
Population ≥ 18 Years of Age	160,902	148,618
% of Population ≥ 18 Years of Age	69%	63.7%
Population ≥ 65 Years of Age	44,134	41,051
% of Population ≥ 65 Years of Age	85.3%	79.3%

See more information on what these data mean.

CDC | Data as of: July 21, 2021 6:00am ET. Posted: Wednesday, July 21, 2021 2:05 PM ET

Daily Count of Total Doses Administered and Reported to the CDC by Date Administered, United States



NY Forward dashboard: <https://forward.ny.gov/percentage-positive-results-county-dashboard>

Rockland COVID dashboard: <https://rockland-covid-19-portal-rockland.hub.arcgis.com/>

Westchester Dashboard: <https://wcgis.maps.arcgis.com/apps/opsdashboard/index.html#/280339d96db14efd9cc304dba0f3a71d>

[More CDC information on vaccination rates:](#)

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

How much more contagious is the delta variant, really?

Very. As [NPR has reported](#), delta appears to be about 225% more transmissible than the original SARS-CoV-2 strains. One [recent preprint study from China](#) found that people who are infected with delta have — on average — about 1,000 times more copies of the virus in their respiratory tracts than those infected with the original strain, and are infectious earlier in the course of their illness.

It is important to note that, whereas the COVID Alfa strain which we experienced in 2020 and early 2021 was a moderately contagious virus, the Delta variant has been characterized by health experts as among the most infectious viruses that they have seen. The community spread rate numbers are as of this date low by comparison to the spikes we have seen in 2020 and in the winter months earlier this year but we must appreciate that the Delta needs fewer opportunities to infect people and that some of our assumptions about things like the time of exposure and the effectiveness of community mitigation strategies like social distancing, mask wearing etc. may have diminished effectiveness against the Delta strain.

The threat might now be stratified into three categories:

- Risk to vaccinated persons
- Risk to vaccinated person who may have compromised vaccine effectiveness due to the use of immunosuppressant drugs etc.
- Risk to unvaccinated persons

The risk to vaccinated person according to the CDC remains low. There are more and more breakthrough cases but, thus far, the vaccines approved in the US seem to be effective (97%) in either preventing infection or at least, preventing serious disease.

The risk to people with compromised vaccine effectiveness we must view as an emerging threat

Risk to unvaccinated persons: This must be a serious concern for Jawonio given the number of people that are unvaccinated. As the fall and winter approach, we must anticipate that we could see cases rise as the weather gets colder and we begin to share indoor air.

Update May 21, 2021

- **Mask requirements remain in place:** In response to the recent CDC guidance on the easing of mask requirements for fully vaccinated people, Governor Cuomo provided details on how this updated guidance would be implemented in New York State. Although the mask mandate has been lifted in many settings across the state, per the guidance, “Pre-K to 12 schools, public transit, homeless shelters, correctional facilities, nursing homes, and healthcare settings will

continue to follow State's existing COVID-19 health guidelines until more New Yorkers are fully vaccinated." For Jawonio, this means masks will continue to be required at all of our locations.

- **Community Spread Update May 21, 2021:** (Note that the agency track community spread on an ongoing basis and that weekly reports on COVID spread and more recently, on community vaccination rates.)
 - Percent Positive tests: (Note that the numbers of persons tested are declining as more people are vaccinated.) Positive tests: NYS: 9% for May 19 with 1.0% for 7 day rolling average. Rockland .7% for May 19 with .9% for the 7day, Westchester .7% for May 19 and .7 for the 7 day.
 - Active cases in Westchester, Rockland and NYS have similarly declined since a peak on or around the first week of January 2021.
- **Vaccination rates, this date:** (Source:Our World in Data) United States fully vaccinated 127M, 38.6% of population. New York State fully-vaccinated : 8.52M, 43.8% of population. Westchester County 57% at least one dose (Source NY DOH), Rockland 45.5% at least one dose (Source NY DOH)
- Vaccination rates nationally and in New York state among residents of correctional facilities, long term care facilities and certified residences are higher than the national averages while vaccination rates among works at these settings are lower.
- Community COVID transmission level this date; Westchester (Source CDC) "Moderate", Rockland "Moderate".

Other updates and hazards:

Concern from variants from the CDC:

We(CDC) are monitoring multiple variants; currently there are five notable variants in the United States:

B.1.1.7: *This variant was first detected in the United States in December 2020. It was initially detected in the United Kingdom.*

B.1.351: *This variant was first detected in the United States at the end of January 2021. It was initially detected in South Africa in December 2020.*

P.1: *This variant was first detected in the United States in January 2021. P.1 was initially identified in travelers from Brazil, who were tested during routine screening at an airport in Japan, in early January.*

B.1.427 and B.1.429: *These two variants were first identified in California in February 2021.*

These variants seem to spread more easily and quickly than other variants, which may lead to more cases of COVID-19. An increase in the number of cases will put more strain on healthcare resources, lead to more hospitalizations, and potentially more deaths.

So far, studies suggest that the current authorized vaccines work on the circulating variants. Scientists will continue to study these and other variants.

May 7, CDC update on transmission risk:

Per published reports, **factors that increase the risk of SARS-CoV-2 infection under these circumstances include:**

- Enclosed spaces with inadequate ventilation or air handling within which the concentration of exhaled respiratory fluids, especially very fine droplets and aerosol particles, can build-up in the air space.
- Increased exhalation of respiratory fluids if the infectious person is engaged in physical exertion or raises their voice (e.g., exercising, shouting, singing).
- Prolonged exposure to these conditions, typically more than 15 minutes.

Vaccine safety (Source CDC):

What you need to know

- COVID-19 vaccines are **safe and effective**.
- Millions of people in the United States have received COVID-19 vaccines under the most intense safety monitoring in U.S. history.
- CDC recommends you get a COVID-19 vaccine as soon as possible.
- Many people have reported only mild side effects after COVID-19 vaccination.

Millions of people have safely received a COVID-19 vaccine

Over 272 million doses of COVID-19 vaccine have been given in the United States from December 14, 2020, through May 17, 2021.

*COVID-19 vaccines are **safe and effective**. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the Food and Drug Administration's (FDA) rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization (EUA). [Learn more about EUAs in this videoexternal icon](#). Millions of people in the United States have received COVID-19 vaccines, since they were authorized for emergency use by FDA. These vaccines have undergone and will continue to undergo the most intensive safety monitoring in U.S. history. This monitoring includes using both established and new safety monitoring systems to make sure that COVID-19 vaccines are safe.*

Serious safety problems are rare

To date, the systems in place to monitor the safety of these vaccines have found only two serious types of health problems after vaccination, both of which are rare. These are anaphylaxis and thrombosis with thrombocytopenia syndrome (TTS) after vaccination with J&J/Janssen COVID-19 Vaccine.

Anaphylaxis

*A small number of people have had a [severe allergic reaction](#) (called "anaphylaxis") after vaccination, but this is **rare**. Anaphylaxis can occur after any vaccination. If this occurs, vaccination providers have medicines available to effectively and immediately treat the reaction.*

After you get a COVID-19 vaccine, you will be asked to stay for 15–30 minutes so you can be observed in case you have a severe allergic reaction and need immediate treatment.

Thrombosis with Thrombocytopenia Syndrome (TTS) after vaccination with J&J/Janssen COVID-19 vaccination

After receiving the J&J/Janssen COVID-19 Vaccine, there is risk for a rare but serious adverse event—blood clots with low platelets (thrombosis with thrombocytopenia syndrome, or TTS). Women younger than 50 years old should especially be aware of their increased risk for this rare adverse event. There are other COVID-19 vaccines available for which this risk has not been seen.

This adverse event is rare, occurring at a rate of about 7 per 1 million vaccinated women between 18 and 49 years old. For women 50 years and older and men of all ages, this adverse event is even more rare.

Long-term side effects are unlikely

Serious side effects that could cause a long-term health problem are extremely unlikely following any vaccination, including COVID-19 vaccination. Vaccine monitoring has historically shown that side effects generally happen within six weeks of receiving a vaccine dose. For this reason, the FDA required each of the authorized COVID-19 vaccines to be studied for at least two months (eight weeks) after the final dose. Millions of people have received COVID-19 vaccines, and no long-term side effects have been detected.

CDC continues to closely monitor the safety of COVID-19 vaccines. If scientists find a connection between a safety issue and a vaccine, FDA and the vaccine manufacturer will work toward an appropriate solution to address the specific safety concern (for example, a problem with a specific lot, a manufacturing issue, or the vaccine itself).

Help protect yourself and others by getting vaccinated

Getting vaccinated against COVID-19 and following [CDC recommendations on wearing masks and social distancing](#) are the best ways to protect yourself against COVID-19. CDC recommends you get a COVID-19 vaccine as soon as possible.

CDC, FDA, and other federal agencies will continue to monitor the safety of COVID-19 vaccines as they continue to become more broadly used in the population.

Update February 5, 2021

Community Spread Update February 5, 2021:

- Cluster zone restrictions were lifted for Westchester and Rockland Counties on 1/26/2021
- Hospitalization rates improved since the winter holiday surge
- Percent of positive tests data shows modest improvement since the worst of the winter/holiday surge but continues to exceed 5% in Rockland and Westchester as of 2/5/2021
- Rockland reported 2,300 active COVID cases on 2/4/2021
- Community spread risk continues to be high

New COVID variants Update February 5, 2021 as reported by the CDC

- Multiple variant strains of COVID-19 have been detected in the U.K- B.1.1.7, in South Africa- B.1.351 and Brasil- P.1.
- There is evidence of the presence of these variants in the U.S. and in New York State.
- These variants may be able to spread more quickly and the impact of these mutant strains of COVID-19 on community spread rates, the severity of the infection they may cause and their impact on the effectiveness of the existing COVID vaccines, is not fully understood.
- The presence of these new variants suggests the urgency of ongoing mitigation practices.

Vaccine Update February 5, 2021

- Vaccination rate of Jawonio residents as of this date is substantial .
- Vaccination rate among direct support staff is lower consistent with national averages and is a focus for the agency.
- Ongoing efforts by the agency to get staff vaccinated include efforts to make vaccine available, informational sessions and efforts to facilitate the vaccinations of staff through the HR department.
- Though no new vaccines have been approved for emergency use since the approval of the Pfizer and Moderna vaccines, approval of the Johnson and Johnson vaccine is expected by March.

Update December 27, 2020

Community Spread Update 12/7/2020:

According to the CDC, as of this date COVID-19 cases, hospitalizations, and deaths across the United States are rising. As cold weather moves in, people spend more time indoors, and the holidays approach, the CDC advises taking steps to slow the infection rates.

The prevalence in Rockland, Westchester and throughout the Mid-Hudson region is high and is rising along with case rates across the country which the CDC, the NIH and other experts have characterized as a serious threat to public health.

Governor Cuomo in responding to rising cases in New York has suggested that small family gatherings are responsible for 65% of the community spread most recently reported in NY and that continued vigilance is essential to prevent the state's health care systems from being overwhelmed.

Vaccine Development:

The Pfizer/ BioNTech vaccine have received emergency use authorization on December 11, 2020 and priority vaccinations began soon after that. The Moderna vaccine received emergency use authorization on December 18, 2020 and is available for phased distribution. And, there are several other vaccines that are moving forward toward the final approval process and on to distribution in the coming months.

- Pfizer/BioNTech mRNA Vaccine
- Moderna mRNA Vaccine

- AstraZeneca Modified Adenovirus Vaccine
- Johnson & Johnson (Janssen) Modified Adenovirus Vaccine

Both the Pfizer and Moderna vaccines use technology known as mRNA, which introduces into the body a messenger sequence that contains the genetic instructions for the vaccinated person's own cells to produce the antigens and generate an immune response.

The Oxford and Johnson and Johnson vaccines works like a traditional inoculation where a spike protein (adenoviral vector) of the virus is injected which the immune system builds up a response to if the real virus enters the body.

Efficacy (effectiveness in preventing COVID-19 infection in the inoculated person): The Pfizer and Moderna vaccine trials report a 95% and 94.5% efficacy rate respectively. The AstraZeneca vaccine studies are ongoing but report up to 90% efficacy. The Johnsons and Johnson efficacy is not yet determined/ reported.

Doses: The Pfizer, Moderna and AstraZeneca vaccines require 2 immunizations. The Johnson and Johnson will be a “one shot” vaccine but will be a 1ml intermuscular vaccination (like a flu shot).

Timelines and Prioritization: Initial US distribution began in December 2020. The Pfizer and Moderna vaccine vaccinations began in early December. The AstraZeneca vaccine is due by January and the Johnson and Johnson vaccine is expected by February.

Though vaccine makers have been actively ramping up their manufacturing and distribution capacity simultaneously with their research, development and testing activities, sufficient supplies of the vaccine will not be immediately available and so distribution of the first doses will be prioritized by local authorities. Governor Cuomo has outlined his plan for distribution in New York State in his: “New York State’s COVID-19 Vaccination Program” document of September 2020.

Individuals living in congregate ID/DD settings and their direct support staff are a part of the 1a vaccine priority group. However, given the large number of individuals in the 1a group and the prioritization within the group for health care workers, it will likely be mid-late winter before agency individuals have access to the vaccine.

https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/NYS_COVID_Vaccination_Program_Book_10.16.20_FINAL.pdf

Phase 1	- Healthcare workers (clinical and non-clinical) in patient care settings - ICU, ED, EMS top priority - Long-term care facility (LTCF) workers who regularly interact with residents - Most at-risk long-term care facility patients
Phase 2	- First responders (fire, police, national guard) - Teachers/school staff (in-person instruction), childcare providers - Public Health workers - Other essential frontline workers that regularly interact with public (pharmacists, grocery store workers, transit employees, etc.) or maintain critical infrastructure - Other long-term care facility patients and those living in other congregate settings - Individuals in general population deemed particularly high risk due to comorbidities and health conditions
Phase 3	- Individuals over 65 - Individuals under 65 with high-risk comorbidities and health conditions
Phase 4	All other essential workers
Phase 5	Healthy adults and children

The state's priorities and intended distribution plan contingencies are further developed in the document.

Safety and side effects: Though the development of a COVID vaccine has been fast-tracked, the studies have included rigorous oversight and review for both safety and efficacy. In the case of the Pfizer/Bio/NTech vaccine, for example, 40K volunteers tested the drug with 20K receiving the actual vaccine and the balance, the placebo. Safe distribution of the vaccine requires the ability of the personnel administering the vaccine to respond to any potentially serious side effects.

Basic COVID plan assumptions:

How SARS-CoV-2, the virus that causes Coronavirus Disease (COVID-19), is transmitted:

- Respiratory droplets from infected persons is understood by the CDC and other health experts to be the primary route of transmission.
- Infected surfaces are also a route of transmission. As infected surfaces are touched and people touch their faces, they may become infected.
- Ambient airborne transmission: In internal spaces especially, it is suspected that finer atomized particles can remain in the air and stay active in indoor spaces and in air handling systems. Note that this is the theory as to how the virus spread so pervasively on cruise ships.

The best way to prevent illness:

- According to the CDC, the best way to prevent illness is to avoid being exposed to the virus. In general, the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.
- By limiting your circle of contacts you reduce the risk.
- More recent studies suggest that that intensity and duration of exposure may not only impact whether you contract COVID but how severe your symptoms might be. Further wearing a mask may lessen the impact to the wearer of the intensity of exposure. <https://www.nejm.org/doi/full/10.1056/NEJMp2026913>
- When do people infected with SARS-CoV-2 infect others?

According to the World health Organization: Evidence suggests that SARS-CoV-2 can be detected in people 1-3 days before their symptom onset, with the highest viral loads observed around the day of symptom onset, followed by a gradual decline over time. The duration of the presence of (detectable SARS-CoV-2) generally appears to be 1-2 weeks for asymptomatic persons, up to 3 weeks or more for patients with mild to moderate disease and for patients with severe COVID-19 disease, it can be much longer.

Symptoms of COVID-19

The CDC advises that 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
 - 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
-
- Trouble breathing, constant pain or pressure in the chest, bluish lips or face, sudden confusion are some of the symptoms associated with severe cases of COVID-19 and for which immediate medical attention is advised.

The CDC further advises that a wide range of symptoms have been associated with COVID-19 and that this list does not include all possible symptoms. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

- Children have been significantly less affected by COVID-19, as only 1 percent of New Yorkers who have been hospitalized were under 20 years old. Programs serving children and adolescents should be familiar with DOH guidance on Pediatric Multi-System Inflammatory Syndrome.

https://www.health.ny.gov/press/releases/2020/docs/2020-05-06_covid19_pediatric_inflammatory_syndrome.pdf

- Resurgence: Though at the time of this writing the infection rate in Rockland and Westchester Counties and in the State of New York (as measured by the daily percentage of positive tests) has shown significant reduction, the prevalence of the disease remains high as does the risk of infection. Uncontrolled spread in other areas of the country further suggest an imminent and ongoing threat. Program reopening and visitation changes may also involve some risk of reinfection in agency residences. The Jawonio Safety plan and departmental plans include strategies for maintaining vigilance in our safety practices and contingencies for responding to new infection.

General Guidance for staff (OSHA)

For all workers, regardless of specific exposure risks, it is always a good practice to:

- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol. Always wash hands that are visibly soiled.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Practice good respiratory etiquette, including covering coughs and sneezes.
- Avoid close contact with people who are sick.
- Stay home if sick.
- Recognize personal risk factors. [According to U.S. Centers for Disease Control and Prevention \(CDC\)](#), certain people, including older adults and those with underlying conditions such as heart or lung disease or diabetes, are at higher risk for developing more serious complications from COVID-19.

Workers at Increased Risk of Occupational Exposure

- Certain Jawonio staff are likely to perform job duties that involve medium, high, or very high occupational exposure risks. Staff in these department should be aware of the evolving community transmission risk. CDC: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html#reporting-cases>

Vulnerability:

- There is no pharmacological intervention for COVID-19 (COVID-19 vaccines have since proven to be an effective pharmacological intervention. Note plan updates)

- COVID-19 has spread pervasively throughout the US and around the world.
- What we know based on our experience to date is that the people served by Jawonio and most especially CLS (residential), are at very high risk for infection and for severe complications and/or death from the virus as compared to the general population. A survey of member provider agencies conducted by the NY Alliance with Syracuse University suggested that people with ID/DD (in the survey) were 4x as likely to contract the disease and 2 x as likely to die from it as compared to the general population. Whether Jawonio service recipients as a group will similarly be at higher risk in the community with social distancing in place, we don't know, but we operate with the assumption that they are.
- Asymptomatic or pre-symptomatic transmission: People who do not display symptoms can transmit the disease.
- Many staff across the agency, as health care data from our insurance carrier would suggest, also have the kinds of underlying health conditions associated with serious complications from COVID.
- The agency's direct support workforce is also assumed to be at heightened risk. Human Resources information on the home addresses of agency employees would suggest that, in a significant number of cases, the same people working with the most vulnerable Jawonio service recipients are staff living in the communities historically with the highest prevalence COVID cases. That condition we must assume will continue.
- Inability / limited ability to social distance: Children in our children's programs, our pre-school, summer camp and early intervention program and many participants in our adult programs have impediments to social distancing. In that regard, assumptions concerning social distancing must be considered on a person by person basis.
- Underlying medical conditions identified by the CDC that may increase the risk from COVID-19: Blood disorders, Chronic kidney disease, Chronic liver disease, Compromised immune system, Current or recent pregnancy, Endocrine disorders, Heart disease, Lung disease, Neurological and neurologic and neurodevelopment conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].
- Any unnecessary physical contact including shaking hands, hugging, etc. represents an undue infection risk. And, though it is the practice in a human service organization for people to offer expressions of warmth and affirmation, these gestures cannot be permitted given the potential risk of infection.
- Gatherings and unnecessary contact: Gatherings and any and all unnecessary contact present a risk for infection spread. All events, meetings and any unnecessary contact at Jawonio are suspended pending notification by public health officials and applicable regulatory agencies that these activities are safe again for Jawonio service recipients, employees and visitors. Wherever possible, virtual gatherings are assumed to replace in-person contact especially in circumstances where social distancing is impractical or impossible.

- Community Spread: Rockland and Westchester Counties are areas that, at the time of this writing, have a history of high prevalence of COVID-19 cases. The community and environs are to be considered places of potential risk for exposure. The state's daily tracking of positive COVID tests for Rockland, Westchester and the surrounding counties shall serve as an indicator of the current rate of community spread.
- Transportation: Transportation is a necessary part of Jawonio's service provision. Social distancing for individuals being transported can be difficult if not impossible. Managing the risk of exposure during transportation is a concern. See response strategies.
- Internal spaces and recirculated air: In internal spaces especially, it is suspected that finer atomized SARS-CoV-s particles can remain in the air and stay active in indoor spaces and in air handling systems posing a potential infections risk.
- Children have been significantly less affected by COVID-19, as only 1 percent of New Yorkers who have been hospitalized were under 20 years old. Programs serving children and adolescents should be familiar with DOH guidance on Pediatric Multi-System Inflammatory Syndrome.

https://www.health.ny.gov/press/releases/2020/docs/2020-05-06_covid19_pediatric_inflammatory_syndrome.pdf

- Though less affected (with the proliferation of the Delta COVID-19 variant, adolescents and children are more at risk from COVID-19 infection. See plan updates), adolescents and children are, or may be, at heightened risk for asymptomatic transmission. The CDC advises in their "Information to Pediatric Providers" (May 29,2020): "There have been multiple reports to date of children with asymptomatic SARS-CoV-2 infection. The prevalence of asymptomatic SARS-CoV-2 (COVID-19) infection and duration of pre-symptomatic infection in children are not well understood, as asymptomatic individuals are not routinely tested."
- Community mitigation strategies rely on the vigilance of community members with respect to social distancing, mask wearing and other related practices. Experience in much of the US suggests that many Americans lack the requisite discipline to adhere to these strategies and thus the risk to the general population and especially to vulnerable person is higher.

Screening testing:

- Testing is available on site in Rockland with our partnering FQHC, Cornerstone. Given the vulnerability of our constituents and potential for error in the testing, testing for the purposes of this plan, whether COVID testing or antibody testing, will not be assumed to mean that an employee, visitor or person served, are not a potential transmitter of the virus and thus exempt from the active infection control and mitigation requirements of this plan.
- Recent studies suggest that the timing of COVID testing relative to the time of exposure may greatly impact the efficacy of the testing. <https://www.acpjournals.org/doi/10.7326/M20-1495>
- According to Governor Cuomo, "the single most important thing we can do to combat and contain the novel coronavirus is test for it." Note the New York State Department of Health

web page on COVID testing and the link to a testing assessment: (Note that since the advent of the availability of vaccines, the most significant thing we can do is to vaccinate against COVID-19. See plan updates) <https://coronavirus.health.ny.gov/covid-19-testing>

- Note the April 26, 2020 OPWDD Guidance on testing https://opwdd.ny.gov/system/files/documents/2020/04/4.27.2020-doh_covid19_revisedtestingprotocol.pdf
- Health screening is an essential due diligence requirement in every agency departmental safety plan for employees, service recipients and visitors. Employees, persons served and visitors (such that they are permitted) have their temperature taken upon entry to their work/program site. Signage and regular agency communication provide notice to employees, visitors and service recipients of the symptoms of COVID-19 and a directive to not come to work, as applicable, and/or report those symptoms. In addition to temperature checks, all employees reporting to their work sites and/or conducting field visits should consistently and continuously self-evaluate their own health status by reviewing the below questions. In the case of any visitor, it shall be the responsibility of the staff assigned to screening to review these questions with a visitor and to acknowledge that their entry does not pose a risk to Jawonio service recipients, staff or other visitors.

Visitors who answer in the affirmative to any these questions, will be barred subject to review by the designated executive level staff or their assign. Staff who answer in the affirmative to any of these questions must document that they have advised their supervisor and reported to the Jawonio Human Resources Department.

1. Do you have a fever or have you felt feverish or hot recently- within the past 14-21 days? (Note that the screening will include a mandatory temperature check without regard to the answer.)
2. Are you experiencing, or have you recently experienced, a shortness of breath or other breathing difficulty?
3. Do you have a cough or have you recently experienced a cough? (Note screener will observe for coughing and/or sneezing)
4. Do you have any flu-like symptoms, such as gastrointestinal upset, headache or fatigue?
5. Have you experienced a loss of taste or smell?
6. Have you been in contact with any confirmed cases of COVID-19? Have you been in contact with anyone suspected of having COVID-19?
7. Have you travel recently and from a place identified as having a prevalence of COVID-19, flown on a plane or sailed on a cruise ship? Note New York State's

travel restrictions and associate quarantine requirements. <https://www.governor.ny.gov/news/governor-cuomo-announces-individuals-traveling-new-york-additional-state-will-be-required> Note the CDC maps indicating areas of prevalence in the US and in the world : <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/world-map.html>

8. Have you consistently social distanced in the past 14 days, worn a mask in public places, stayed at least 6' apart from others and avoided gatherings of 10 or more people?

Note the CDC information on Symptoms of Coronavirus: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

- A “close” contact of someone with known or suspected COVID-19 is defined as:
 - Sharing the same household;
 - Direct physical contact (e.g., handshake) with the individual;
 - Direct contact with infectious secretions of the individual (e.g., being coughed on, touching used tissues with a bare hand).
 - Being within 6 feet of the individual for 10 minutes or more (e.g., in a small psychotherapy office, car, etc.). (note CDC 15 minute definition of close contact)
- The Centers for Disease Control and Prevention (10/22/2020) has broadened the definition of what it means to be a "close contact" of a person with COVID-19. Previous language defined a close contact as someone who spent at least 15 minutes within 6 feet of a person with a confirmed case. The CDC now defines a close contact as someone who was within 6 feet of an infected person for a total of 15 minutes or more over a 24-hour period.
- A “proximate” contact is being in the same enclosed environment such as a classroom, office, or gatherings but greater than 6 ft from a person displaying symptoms of COVID-19 or someone who has tested positive for COVID-19, without necessary personal protective equipment (PPE), within 48 hours prior to symptom onset, for a duration of time greater than 1 hour. Please note that a “contact of a contact” (i.e., contact with an asymptomatic person who has had a close or proximate contact) does not qualify as a contact for infection control purposes.
- Given the strong evidence of the potential for pre-symptomatic and asymptomatic transmission/spread of the COVID-19 virus and the wide variety of possible symptoms, the agency position is that all employees, service recipients and visitors will be regarded as being potential sources of infection/ spread regardless of the absence of symptoms (most associated with COVID-19) that would be detected in a health screening. Staff, service recipients and visitors will be expected to maintain the highest level of vigilance, to the degree that they are able in the case of our service recipients, with respect to their adherence to universal precautions intended to prevent the transmission of COVID-19.

- **Note on contact: Given the increased transmissibility of the Delta variant, the contact hazard may be increased. This is especially a concern for unvaccinated persons.**

Reporting-If a case of COVID-19 is discovered or reported:

- For Community Living Service: Refer to the Community Living Service (CP Division) Policy and Procedure for reporting COVID-19.
- Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (*10NYCRR 2.10*).
- COVID-19 cases should be reported immediately to local health departments by phone.
- All case of COVID-19 must also be reported to the agency.
- In Rockland County, the County's COVID-19 Hotline at [845-238-1956](tel:845-238-1956) is available Monday-Friday from 8:00 am-5:00 pm or send an email to COVIDCallCenter@co.rockland.ny.us
- Reporting cases in Westchester (914) 813-5159 [M-F 8:30-4:30] (914) 813-5000 [After Hours & Weekends]

Requirement for visitors/ visitation

- All visitation to Jawonio facilities under the state of emergency is subject to the discretion of the agency CEO or their assigns. Note “cluster zone restrictions.”
- All visitation is subject to compliance with applicable Executive Order and/or the regulatory mandates governing that area of agency operation. For the Administrative Office for example, access to the building shall be consistent with Executive Order as applied to the agency’s plan for reopening.
- Requirements for visitors:
 - Subject to temperature screening and test within the normal temperature range
 - Attest to the questions in the screening section. Note that based on the responses to those questions, that the agency reserves the right to bar access to a Jawonio facility.
 - Wear appropriate personal protective equipment: What shall be considered “appropriate” shall be determined by the agency based on the agency’s consideration of the potential risk to agency service recipients, staff, other visitors or the potential visitor themselves.
 - Visitors access under the state of emergency, such that it is allowed, will only be by appointment.
 - In the appointment call, visitors are to be advised of the applicable policies and procedures, asked the health/contact attestation questions and advised of the appropriate PPE for that area of agency operations.

- At the entry, the temperature check will be performed, the health attestation will be reviewed again and signed along and a hold-harmless document that must be executed by the visitor before entry.
- Resident visitation, community outings and home visits- refer to the most current applicable Division/ Departmental policies and procedures.

* Some easing of restrictions on visitation has been implemented for vaccinated persons. The Jawonio agency will, nonetheless, continue to manage visitation based on the latest science and guidance from the CDC, requirements of our regulatory partners ie OPMDD, DOH, DMH, SED , the community spread rate/ hazard level and the agency's best judgement relative to individual vulnerability of persons served and agency staff.

Mitigation:

- Vaccination: All persons served and staff of Jawonio are strongly encouraged to be vaccinated for COVID-19 now that safe and effective vaccines are available. The agency provides information from medical experts and facilitates vaccine appointments for any individual served, agency employee or volunteer.
- Please also refer to the agency OSHA respiratory safety information and Hero Act compliance documents.
- The agency mitigation strategies will conform to the CDC guidance for communities with local COVID-19 transmission. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>
- Premise: When a novel virus with pandemic potential emerges, nonpharmaceutical interventions, which the CDC refers to as community mitigation strategies, are employed to help slow transmission of the virus in communities. The intent is to protect vulnerable person and the health care system/ health care workforce essential to the response effort. The success of these strategies relies on the vigilant cooperation and participation of community members. As a community leader, Jawonio's intent is to example the highest standards of compliance.
- As Jawonio is, respective of the breadth of its programs, services and community involvement, a "work place", a "school", like an "assisted living/ adult day program", a "healthcare setting" and a "community organization", it's service areas/ program departments will conform respectively to the CDC's mitigation strategies as applicable. Note: <https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html#table1>
- Training : All staff are in-serviced on COVID-19 precautions. These trainings are consistent with the regulatory requirements and the specific circumstances of each department. Agency trainings are conducted by the agency's certified nurse educator though individual department heads provide instruction on policies and procedures related to their specific work areas, PPE distribution and occupancy/ distancing for their subordinates, persons served by their department and/or visitors as applicable. Department Heads are accountable for ensuring that their subordinates have received the required training appropriate for the risk level for their department personnel (refer to OSHA 3990 for workplace risk classification <https://>

www.osha.gov/Publications/OSHA3990.pdf) and that they are fully apprised of their responsibilities under the agency safety plan. Department Heads will similarly be responsible for the instruction of all visitors, such that they are permitted, on the Jawonio safety plan. Finally, all Jawonio staff are personally responsible for reporting breaches in the safety plan to their supervisors and to the Compliance Office in cases where such breaches have the potential to endanger service recipients.

- PPE is provided to employees with the expectation that they will wear it and wear it properly. Staff training on infection control as well as training on the proper use of PPE is also provided and for any staff who work with service recipients, it is required. As a health care provider and advocacy organization serving persons most at risk for COVID infection and death, Jawonio staff are expected to demonstrate good practice with respect to the use of PPE on and off the job. In high risk areas with known or suspected cases of COVID-19, N95 respirators (subject to fit testing), face shield and protective outer garments are required (or as emergency conditions permit subject to crisis prioritization) to ensure the safety of agency staff and service consumers. In the event of a shortage associated with the agency's role as an essential provider, requests for PPE should be directed through the Office of Emergency Management (Rockland County OEM for CLS- Gordon Wren 845-364 -8800) Note: https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh_covid19-_ppeshortages_040220.pdf <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- In general though, cloth or surgical masks are presumed to be effective in containing the emission of the respiratory droplets that are the suspected principal source of the spread of the virus. (refer to OSHA 3990 pg.14 for risk appropriate PPE). Cloth face masks should have multiple layers of fabric and, according to the CDC, should be washed "routinely" (routinely, it is suggested, means daily). Surgical masks used for "patient" care should be changed between patients but for general use should be routinely changed. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>
- PPE is distributed by department and Department Heads within the agency are responsible for ensuring adequate supply for their service recipients and visitors, as applicable, and subordinates. Agency supplies are procured through the agency purchasing department. Decisions concerning the distribution and priorities are made at the agency executive level with the highest priority going to staff/ individuals in the highest risk areas. Policies and procedures for discarding contaminated and/or soiled PPE are specific to the department. In areas where employees work in close contact with service recipients, those staff and associated chain of authority is accountable for the appropriate use of PPE consistent with their training and certification in infection control practices as directed by the Head of Nursing and the agency Nurse Educator and with the authority of the Associated Executive Director or Division Director. In areas of the agency where there is no service-recipient contact, staff are expected to self-monitor for safe practice with the respective department head responsible and accountable for ensuring safe practice. In either case, all staff are considered mandatory reporters in any situation where the improper use of PPE or any other circumstance or condition which may risk harm or injury to service recipients, employees or visitors.
- Jawonio will maintain a 90 day supply of PPE on hand consistent with Governor Cuomo's directive to health care providers.

- Disposal of PPE
 - General: PPE used and discarded by agency staff or visitors at agency facilities including masks, gloves etc. will be bagged in an individual plastic bag and placed in a plastic bag-lined waste container.
 - PPE disposed of in higher- risk service areas will be disposed of as medical waste consistent with the procedures for that area of agency operations.
- OSHA on PPE:
 - PPE should be selected based on the results of an employer's hazard assessment and workers specific job duties. Jawonio employee exposure risk ranges from very high where staff are supporting individuals that are COVID-19+ to lower risk for people who are office workers with minimal contact with service recipients, visitors, customers, vendors or other staff.
 - When disposable gloves are used, workers should typically use a single pair of nitrile exam gloves. They should change gloves if they become torn or visibly contaminated with blood or body fluids.
 - When eye protection is needed, use goggles or face shields. Personal eyeglasses are *not* considered adequate eye protection.
 - If workers need respirators, they must be used in the context of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard ([29 CFR 1910.134](#)) and includes medical exams, fit testing, and training.
 - Surgical masks are not respirators and do not provide the same level of protection to workers as properly fitted respirators.
 - If there are shortages of PPE items, such as respirators or gowns, they should be prioritized for high-hazard activities.
 - Workers need respiratory protection when performing or while present for aerosol-generating procedures, including cardiopulmonary resuscitation (CPR) and intubation.
 - Workers must be protected against exposure to human blood, body fluids, other potentially infectious materials, and hazardous chemicals, and contaminated environmental surfaces.
- Fit testing: All staff working with confirmed or suspected COVID + individuals or who work in areas where there is a high likelihood that they will be in contact with active COVID individuals, are subject to the agency's Respiratory Protection Program requirements.
 - The appropriate PPE for these high-risk areas includes N95 respirators.
 - Proper use of PPE under this standard requires that respirators be fit tested by a qualified medical professional and that wearers receive the associated medical evaluation before they are permitted to wear a respirator on the job.
 - Respirators provide a higher level of protection than masks but must be worn consistent with the agency Respiratory Protection Program requirements.

- Cleaning and disinfecting regimens throughout the agency are as appropriate for that program/ worksite. In all cases, cleaning and disinfection will conform to the OSHA recommendations (reference OSHA 3990 <https://www.osha.gov/Publications/OSHA3990.pdf>)

Note New York State DOH Cleaning Guidance for Non-Health Facilities: https://coronavirus.health.ny.gov/system/files/documents/2020/03/cleaning_guidance_non-healthcare_settings.pdf

- Social distancing- staying 6 feet apart -especially important indoors. Going forward and until further notice, social distancing shall be an essential aspect of the Jawonio corporate culture. This includes refraining from any physical contact such as shaking hands, hugging, etc. Whatever we do, however we work, our intent shall be to find ways to do it safer.
- Care in contact with surfaces touched by others (doorknobs, copy machine buttons, etc.): Contact points used by different service recipients and/or different service recipients and staff or visitor will be cleaned/disinfected after every use. It shall be the general responsibility of the Jawonio maintenance staff and cleaning crew to clean all Jawonio contact points consistent with OSHA guidelines and consistent with our acknowledged responsibilities in our NY Forward Safety Plan. In Jawonio program spaces where services recipients may have contact with surfaces and touch points, direct support staff are charged with ongoing cleaning and disinfection of surfaces and all touch points. This is in addition to the regular cleaning and disinfecting done by the maintenance and/or cleaning crew. Similarly, it shall be the personal responsibility of every employee to monitor the places where they are touching and/or, coming in contact with, and ensuring that they are doing so after appropriate hand hygiene. The hygiene of all commonly touched objects shall be a shared responsibility throughout the agency. (*Examples of frequently touched areas in congregate settings:* • Desks and chairs; • Tables and chairs; • Door handles and push plates; • Handrails; • Kitchen and bathroom faucets; • Appliance surfaces; • Light switches; • Remote controls; • Shared telephones; • Shared desktops; and • Shared computer keyboards and mice)
- Hand hygiene and gloves (hand washing and gloves procedures): Instructions on proper hand washing and related hygiene practices are posted in the bathrooms and cleaning areas of every Jawonio facility. Training by the agency Nurse Educator is required for all staff on infection control and is part of the orientation of all staff. Those trainings include a thorough review of hand hygiene and the appropriate wearing and doffing of gloves. Appropriate handling and disposal of infected material is also covered in the training for all staff.
- Note the OSHA Guidance on Control and Prevention: <https://www.osha.gov/SLTC/covid-19/controlprevention.html>
- Quarantine- staff/ service recipients: Jawonio's policies and procedure for the isolation and quarantining of an employee in contact with a person diagnosed with COVID-19 or a suspected case or who have tested positive for COVID-19, will conform to the guidance from the applicable county and state health departments and with the guidances from the applicable regulatory agencies governing that area of agency operations. As of this plan date, the mandatory period for that term of isolation is 14 days. Quarantine/ isolation requirements for staff or service recipients returning to work, returning to program or to a residence, shall conform to the mandates of any active Executive Order, current local and state health department requirements and to the most current directives of the applicable regulatory body.

Those requirements are referenced in the applicable departmental plans. Staff or service recipients who have traveled from countries or US states, for example, identified as having a high prevalence of COVID-19 spread and for which there is a mandatory quarantine period of 14 days stipulated by Executive Order, will maintain documentation of compliance with that current order.

- Ventilation and airborne transmission: Airborne transmission is the primary route of COVID spread. Respiratory droplets are $>5\text{-}10\text{ }\mu\text{m}$ in diameter whereas droplets $\leq 5\mu\text{m}$ in diameter are referred to as droplet nuclei or aerosols. Droplets mostly fall within 2 meters whereas aerosols can linger in the air for hours and be transported within indoor spaces through air handling systems.
- Jawonio operations should favor outdoor activities and contact. Sunlight and humidity reduce the aerosol transmission risk.
- Where possible, open windows, air out rooms, employ COVID-effective filtration, set HVAC systems to minimized air recirculation and exercise heightened vigilance with mask wearing, distancing and reduced occupancy in indoor spaces.
- With regard to airborne COVID transmission, outdoor contact whether for activities, meetings or visitation is better than indoor.
- Note the CDC's Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
- In situations where the welfare of service recipients may be at risk and emergency conditions compel modification, Jawonio will conform to the guidance of its applicable regulatory partners. Note applicable OPWDD guidance of 3/28 /2020 https://opwdd.ny.gov/system/files/documents/2020/03/3.28.2020-essential-employee-return-to-work-memo_opwdd-final.pdf
- Note the CDC Guidance on the Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings file:///C:/Users/dlukens/Desktop/Emergency52020/Disposition%20of%20Non-Hospitalized%20Patients%20with%20COVID-19%20_%20CDC.html

Quarantine- service recipients: See departmental plans

Occupancy:

As an Essential Business, Jawonio has maintained critical operations throughout the pandemic state of emergency. Occupancy of CLS residential spaces have conformed where possible to social distancing as is practical in a residential setting. Essential administrative operations have also continued through the state of emergency though all non-essential staff and work functions were shifted to remote operation with the Governor's Executive order 202.6 (to reduce occupancy minimally by 50%). Pursuant to that order, Jawonio programs (other than CLS) closed on 3/17/2020 and the administrative occupancy reduction took place on 3/18/2020.

Jawonio program and service areas that closed and either have reopened or will reopen with the progression of the Governor's phased reopening plan and/ or consistent with the mandates of the

applicable regulatory authorities governing the operation of those agency programs have or will conform to occupancy mandates outlined in the respective reopening criterion. For example, Jawonio's preschool will open when and how that reopening is conditioned by the New York Department of Health and the State Education Department consistent with the mandates for a preschool.

Response Strategies:

- Anticipate: Global experience with the coronavirus pandemic strongly suggests that where governments and public health entities were able to anticipate the presence of the coronavirus and respond quickly and aggressively that they were more likely to avoid pervasive spread and minimize their infection/death rates. It is imperative that Jawonio work to develop any, and all, resources that would provide advanced warning of the presence of potential infection and commit to a policy of effective preparation and aggressive response.
- Vigilance: Though the infection/death rates on the State of New York and in the Lower Hudson Valley region fluctuates, our emergency planning must anticipate a potential resurgence in the near future and the very real possibility of similar novel coronavirus outbreaks in the future.
- Ongoing and continuous tracking of community spread will guide the agency understanding of the risk: Note the NYS DOH COVID Tracker- <https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-DailyTracker?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n>
- The daily rate of positive tests for Rockland, Westchester and the surrounding counties will serve as the metric for community spread.
- The Rockland Westchester County dashboard data on active cases are reviewed on an ongoing basis as well as hot spot zone maps from New York State.
- NY State Cluster Action Initiative identifies COVID "hot spots" in order to apply targeted restriction to control the spread of the virus. The agency will comply with any and all cluster restrictions consistent with its commitment to comply with Executive orders. Note the zone restriction requirements attached to this plan.
- Employee personal responsibility: The agency provides the resources, expectation, management structure and the systems of accountability required to ensure safety. The strength of the agency safety plan, Jawonio recognizes, depends largely on the personal commitment of each employee in their adherence to the letter and spirit of the plan.
- Health screening: In addition to the beforementioned health checks, Jawonio is committed to wellness of its workforce and the people it serves. It promotes optimum health to its service recipients through access to not only primary health care but the gamut of specialty health services as well as access to telehealth. Ongoing agency employee wellness programs offer the agency workforce options to prevent the kinds of underlying conditions associated with severe cases of COVID-19 such as, diabetes, obesity, hypertension etc.

- Mental Health: Jawonio serves the mental health of its community as well as its own employees at times of crisis. Virtual contact, where possible is employed to support persons served. Staff at Jawonio have access to mental health support resources through the Human Resources Department.
- Virtual whenever possible: All Jawonio activities, meetings, service recipient contacts and related that can be done virtually, will be done so. All staff departments and service areas have been directed to develop the requisite technology resources to accomplish this shift in agency business practice as an essential element of the agency's safety plan.
- Tracing: Upon discovery of a service recipient or staff who is showing symptoms consistent with COVID-19 (see symptoms) or if a recent visitor to a Jawonio facility has since reported symptoms, or if a staff, service recipient or visitor, have received a positive COVID-19 test result even if they are not showing symptoms, contact tracing procedures must be immediately implemented. Tracing procedures (see appendix A) to identify persons who may have been infected as a result of contact, or suspected contact, with COVID-19 is a Jawonio agency imperative. The agency will notify the local health department. Specify in that notification if that confirmed or suspected case of COVID+ is a resident or staff of an OPWDD agency (See Appendix A). Jawonio and the local health department (Rockland or Westchester) will then come to a mutual understanding as to whether the agency or the health department will be completing the tracing.
- Jawonio staff attendance records, on-site work assignments and visitor logs shall serve to document who is present at Jawonio facilities. All staff, visitor and service recipients will report to Jawonio in the event that they develop symptoms or test positive for COVID-19 after they have been in contact with any Jawonio facility, employees or service recipients and will be asked for a list of contacts that they had or may have had at the agency. Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10). Reports are made to the local health department in the county in which the patient resides and need to be submitted within 24 hours of diagnosis. However, COVID-19 cases should be reported immediately to local health departments by phone.
- Agency staff are expected to fully cooperate and report any and all pertinent information or contact in either an agency or a community (health department) contact tracing effort.
- Where social distancing is not possible: In circumstances where social distancing is not possible, for example where vulnerable persons are unable to wear masks and require direct physical contact to receive essential care, in addition to universal precautions, the strategy will be to maintain the smallest possible circle of contact ("cohorting"). Wherever possible, strategies to limit the number of persons with direct contact with the individual will be employed and this practice will be prioritized for persons who are COVID+, suspected cases or whom are at high risk for serious complications from COVID.

Note: https://opwdd.ny.gov/system/files/documents/2020/04/4.28.2020-opwdd_covid19_staffguidance_updated2_0.pdf

- Transportation: Given the challenges with social distancing, transportation is an area of heightened vigilance for staff and for Jawonio service recipients.

- Note: Departmental plans for guidance on the transport of service recipients and programmatic strategies to maintain social distancing.
- Only individuals and staff traveling to and from the same residence or day program should be transported together wherever possible; individuals or staff from other day programs or residences should not be intermingled for purposes of transportation at this time; individuals transported together are encouraged to be “cohorted”, in order to further reduce intermingling.
- Capacity on buses, vans, and other vehicles transporting individuals where intermingling cannot be avoided, should be reduced to 50% of total capacity to maximize social distancing and reduce COVID-19 transmission risks.
- Individuals and staff who reside/work together in the same home may be transported together to day program(s) in the same vehicle without a vehicle capacity reduction.
- The staggering of arrival and departure times to reduce density will be a part of the agency transportation strategy.
- Individuals and staff from different households should avoid traveling together. When they do however, they should restrict close contact by not sitting near each other or the driver.
- Extra care should be employed with individuals upon entering and exiting a vehicle to maintain social distancing.
- To the extent they can medically tolerate one, individuals (service recipients) should wear masks. And, the ability of individuals to tolerate masks and to social distance will be a consideration in all transportation decisions. Staff and the driver must wear facecoverings at all times in the vehicle. Social distancing must be maintained for individuals who cannot tolerate wearing a mask and, when possible, such individuals should be transported alone or with members of the same household. Staff who cannot medically tolerate the use of a face covering should not be assigned to transport individuals at this time.
- After each trip is completed, the interior of the vehicle should be thoroughly cleaned before additional individuals are transported.
- Where appropriate and safe, windows should be rolled down to permit air flow.
- In circumstance where telemedicine and virtual contact can replace traveling in a vehicle especially for either infected or suspected individuals, the following alternative should be employed:
 - For essential transportation of COVID + or suspected individuals, no other service recipients should be on the vehicle and where safe, the minimum number staff. When staff are transporting COVID-19 positive or symptomatic individuals, both the staff and individual should wear masks and other PPE as appropriate and tolerable by the individual. In the case of the staff, an N95 respirator (note the requirement for compliance with the agency Respiratory Protection Program), coverings and gloves. The individual should sit in the farthest possible position from the driver or other staff, taking safety into consideration. Eye protection, such as goggles, are advisable if it does not impede driving safety should also be worn. It is also recommended that while the car is going less than 30mph, the windows of the vehicle be left

open to maximize ventilation. At higher speeds, the car climate settings should be set to allow ventilation from outside the car (do not recirculate the air) and the fans should be set at maximum level. After the individual has been transported, the vehicle should be thoroughly wiped down. Both staff and the individual should be advised to avoid touching their faces and to wash their hands upon arrival.

- In the case of non-COVID+ individuals, the vehicle should be thoroughly wiped down before and after any trip and similar distancing strategies employed. And, as with other activities where social distancing may be difficult, the intent should be to minimize the circle of contact “chorting” in the transportation process. For example, transportation activities should involve the same staff providing residential supports and not staff who would otherwise be assigned elsewhere. Individuals from different residences should not be transported together whenever possible.

Jawonio Agency New York Forward Plan Response:

People I

Physical Distancing. To ensure employees comply with physical distancing requirement you agree to the following:

- Ensure 6 ft. distance between personnel, unless safety or core function of the work activity requires a shorter distance. Any time personnel are less than 6 ft. apart from one another, personnel must wear acceptable face coverings.
- Tightly confined spaces will be occupied by only one individual at a time, unless all occupants are wearing face coverings. If occupied by more than one person, will keep occupancy under 50% of maximum capacity.
- As the agency has already adapted its policies, procedures and work practices to eliminate the need for individuals, staff or visitors to wait in line, distance markers are not necessary. Should conditions present themselves that undermine the agency’s imperative for social distancing at copy machines, hallways or common areas, the agency will install floor markers.
- Limit in-person gatherings as much as possible and use tele- or video-conferencing whenever possible. Essential in-person gatherings (e.g. meetings) should be held in open, well-ventilated spaces with appropriate social distancing among participants.
- Post social distancing markers using tape or signs that denote 6 ft. of spacing in commonly used and other applicable areas on the site (e.g. clock in/out stations, health screening stations)
- Establish designated areas for pick-ups and deliveries, limiting contact to the extent possible.
- Install barriers where appropriate and practical

Situations that might not allow for Social Distancing:

Situations whereas 6’ Social Distancing may not be maintained, such as shared printer/copier/fax machine and restrooms- Staff will be trained of procedures and expectation of compliance; signs to communicate the expectations to visitors and floor markers as applicable in common areas. Any situation

that 6' distance cannot be maintained; employees are expected to wear a face covering/mask in accordance with CDC guidelines.

In agency residences and other circumstances where service to individuals entrusted to the agency will not permit Social Distancing and/or the wearing masks or other PPE by service recipients is not practical, staff/employees will be provided and wear PPE appropriate to the circumstance which would include the use of medical grade masks N95, gloves, face/eye protection and appropriate coverings. In these circumstances, in addition to universal precautions, the agencies will engage infection control strategies consistent with OPWDD's guidance on quarantining, visitation restrictions including restrictions on family visitation and related strategies.

Managing Visitors to the Building

Visitor will be allowed as necessity dictates and as restrictions are lifted. Employees setting up meetings will be responsible for communicating to visitors prior to the visit. Masks will be available at the reception area and hand sanitizer throughout the building. Communication will also be through signage at building entrances and throughout common areas, including floor markings as needed in common areas. How will you manage industry-specific physical distancing (e.g. shift changes, lunch breaks, etc.)

During shift changes and lunch breaks employees will follow the same guidelines of social distancing and face covering/masks. All employees and program participants will be expected to respect 6' social distancing and wear a mask as needed in all situations, including lunch breaks. Use of common areas will be restricted to a number designated for the area. The Agency Chief Compliance Officer and the agency compliance staff will monitor compliance common areas of the administrative facility. At other sites the Site Supervisor and/or their designee will monitor common spaces for employee, visitor and service recipient compliance.

II Places

Protective Equipment. To ensure employees comply with protective equipment Requirements, you agree that you will do the following:

- Jawonio will provide employees with Employees with an acceptable face covering at no-cost to the employee and have an adequate supply of coverings in case of replacement.

What quantities of PPE and how will you ensure adequate supply?

Jawonio has been supplying PPE to its workforce through the state of emergency. PPE will continue to be inventoried and tracked routinely and established patterns of use will be modified as additional staff return to on-site work to ensure the availability of all necessary protective items, including masks, gloves, gowns, eye protectors, etc. Inventories are presently monitored by the RN Trainer, Residential Administrative Support and the Purchasing Representative.

Jawonio will follow the CDC recommendations for inventory control of PPE – see: [Personal Protective Equipment \(PPE\) Burn Rate Calculator | CDC](#)

Strategies to manage PPE in the event of potential shortages will be consistent with the CDC's guidance.

[COVID-19: Strategies for Optimizing the Supply of PPE | CDC](#) And, consistent with that guidance will

communicate and work collaboratively with all local public health partners to ensure the effective use of local PPE supply resources.

- Face coverings must be cleaned or replaced after use or when damaged or soiled, may not be shared, and should be properly stored or discarded.

What policies will you implement to ensure that PPE is appropriately cleaned, stored and discarded?

Jawonio does not clean or reissue used PPE. Strategies for extending the use of PPE at Jawonio are consistent with the CDC's guidance: "Operational Considerations for Personal Protective Equipment in the Context of Global Supply Shortages for Coronavirus Disease 2019 (COVID-19) Pandemic: non-US Healthcare Settings" <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/emergency-considerations-ppe.html>

Managing employee maintenance, use, cleaning (as required) and discarding of PPE will be an individual responsibility for each Jawonio employee but will be managed by the respective program/ site directors for compliance. Non-compliance will be reported and address through the agency compliance department.

- Limit the sharing of objects and discourage touching of shared surfaces; or, when in contact with shared objects or frequently touched areas, wear gloves (trade-appropriate or medical); or, sanitize or wash hands before and after contact.

Objects/ touch points shared by staff include biometric time and attendance scanning devices, entry hardware (doorknobs), bathroom fixtures, copy machine controls, in limited cases- paper files and log books, telephones and documents. All agency biometric scanning devices have associated hand sanitizer stations. Entry hardware and copy machine or other commonly used office equipment is cleaned daily and employee training include vigilance in hand hygiene and in cleaning commonly touched objects. All bathrooms have appropriate hand washing and hygiene signage and staff are specifically trained on ways to avoid germ contact in bathrooms. Computers and telephones in office areas are not shared and most documents are computerized. For those that are not, the practice is to wear gloves when handling paper document, log books, receipts etc.

Hygiene and cleaning

Adhere to hygiene and sanitation requirements from the Centers for Disease Control and Prevention (CDC) and Department of Health (DOH) and maintain cleaning logs on site that document date, time, and scope of cleaning.

Cleaning logs will be maintained by the Jawonio Maintenance Department or the Jawonio Cleaning Crew depending on the site and will document the regularly cleaning and disinfecting regimen. Additional interim cleaning and disinfecting will be performed as appropriate to the specific area or division with the agency consistent with hygiene need of that area and/or the associated additional regulatory requirements and/or guidance applicable. For example, the Jawonio Pre-school when it opens, will conform to the applicable SED standards for that program and provide whatever addition cleaning and documentation that is required.

Provide and maintain hand hygiene stations for personnel, including handwashing with soap, water, and paper towels, or an alcohol-based hand sanitizer containing 60% or more alcohol for areas where handwashing is not feasible.

Hand sanitizer will be available at the entrance to each location, in hallways, meeting areas and in offices. Employees were provided individual personal sized, refillable hand sanitizer sprays at the start of the pandemic.

Conduct regular cleaning and disinfection at least after every shift, daily, or more frequently as needed, and frequent cleaning and disinfection of shared objects (e.g. tools, machinery) and surfaces, as well as high transit areas, such as restrooms and common areas, must be completed.

A complete list of touched objects/surfaces including bathrooms, entrance hardware, copy machine controls etc. is provided to the cleaning crew to serve as a checklist for their daily regime. Employees using these shared objects are also charged with cleaning these surfaces and touch points as they are used.

Communication

Post signage throughout the site to remind personnel to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting protocols.

Establish a communication plan for employees, visitors, and customers with a consistent means to provide updated information.

Maintain a continuous log of every person, including workers and visitors, who may have close contact with other individuals at the work site or area; excluding deliveries that are performed with appropriate PPE or through contactless means; excluding customers, who may be encouraged to provide contact information to be logged but are not mandated to do so.

The receptionist for each building will be assigned to maintain a log of each person that enters the site. Residential programs will continue to maintain a visitor log at each location. This information will be maintained and shared with the Compliance Office upon request.

If a worker tests positive for COVID-19, Jawonio must immediately notify state and local health departments and cooperate with contact tracing efforts, including notification of potential contacts, such as workers or visitors who had close contact with the individual, while maintaining confidentiality required by state and federal law and regulations.

The Office of Human Resources will have an assigned representative to handle notifications and tracking to state and local departments and will adhere to tracing efforts and make notice as applicable to individuals that may have had close contact with an individual that tests positive for COVID-19.

Reference the CDC's standard reporting form: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf>

Process

Health screening assessment (e.g. questionnaire, temperature check) is mandatory before employees begin work each day and for essential visitors, asking about (1) COVID-19 symptoms in past 14 days, (2) positive COVID-19 test in past 14 days, and/or (3) close contact with confirmed or

suspected COVID-19 case in past 14 days. Assessment responses must be reviewed every day and such review must be documented.

What type(s) of daily health and screening practices will you implement? Will the screening be done before employee gets to work or on site? Who will be responsible for performing them, and how will those individuals be trained?

Employees are expected to self-monitor their health status prior to reporting to work. It is advised that employees take their temperature and stay home if they have a fever or any other COVID related symptoms.

Upon arrival to the worksite, employees will have their temperature checked, this information will not be recorded for privacy purposes in our main buildings. Residential programs will continue to document their temperatures as per OPWDD. Any employee with a fever >100 will be sent home and notifications will be made to the Office of Human Resources. PPE will be supplied to the assigned person taking employees temperatures, they will contact the nursing office to request PPE supplies as needed.

Contact tracing and disinfection of contaminated areas

Plan for cleaning, disinfection, and contact tracing in the event of a positive case.

In discovery of a COVID-19 positive case within our buildings, all areas will be disinfected by our cleaning company and/or maintenance department. Areas will be sanitized as soon as feasibly possible. Disinfecting cleaning products are maintained at each location and will be readily available for use.

Cleaning products used:

Clorox 360 EPA # 67619-38 <https://www.thecloroxcompany.com/wp-content/uploads/2019/09/Clorox-Commercial-Solutions%C2%AE-Clorox%C2%AE-Total-360%C2%AE-Disinfectant-Cleaner1.pdf>

Ecolab A456 EPA# 6836-78-1677 <https://safetydata.ecolab.com/svc/GetPdf/?cntry=US&langid=en-US&sid=903964-01>

Free'N Clear EPA # 1839-83-4238 [https://spapartners.com/files/SDS-9314-Free-N-Clear-EN%20\(002\).pdf](https://spapartners.com/files/SDS-9314-Free-N-Clear-EN%20(002).pdf)

Contact Tracing will be completed by an assigned representative for the Office of Human Resources in partnership with state and local health offices. Division Directors for the area of exposure will work in collaboration with the HR representative, with information obtained from the visitor's log to track the events, interactions and potential exposures. HR will then make the appropriate

Appendix A

OPWDD Operational Instructions for Agency Contact Tracing

The following guidance is for OPWDD Provider Agencies following discovery of an individual or staff who is showing symptoms consistent with COVID-19 (e.g., fever, cough, or shortness of breath). Follow this

guidance also if an individual or staff has received a positive COVID-19 test result even if they are not showing symptoms.

Notify the local health department (LHD). Specify that the person is a resident or staff of an OPWDD agency. Please obtain the name, email and phone number of LHD staff person spoken with. The notification to the LHD is required. The agency and the LHD must come to a mutual understanding of whether the agency or the LHD will be completing the tracing. If the agency is able, you should advise the LHD that the agency will complete the process outlined in the OPWDD Operational Instructions for Agency Contact Tracing. If the agency is completing this, follow these steps:

1. For each person who is showing symptoms consistent with COVID-19 (e.g., fever, cough, or shortness of breath) identify and write down the following:

- The name of the person
- The symptoms the person is exhibiting
- The date symptoms began
- Whether the person is known to have been in contact with someone who tested positive for COVID-19? Yes/no/unknown. If yes, any details if known.
- If the person traveled outside their home/residence within the previous 14 days - yes/no? If yes, where?
- If the person has been hospitalized, what hospital, the date of hospitalization. *This is to be entered into the OPWDD's Incident Report and Management Application (IRMA) on the person's COVID-19 form.
- If the person has been tested for COVID-19, where was the test done (i.e., hospital/clinic), the date of test, and date/time test results were received, and test results if known. *This is to be entered into OPWDD's IRMA on the person's COVID-19 form.
- Where the person is currently located (e.g., home/hospital) and their quarantine/isolation status.
 - i. 2. Reach out and notify all contacts that the person had since 48 hours before the symptoms started (or if no symptoms but had a positive test, then 48 hours before they were tested). Contacts are considered direct or proximate as follows: a. Direct contacts include: i. People they may have had physical contact with (such as shaking hands or taking vital signs)
 - ii. ii. People who may have had contact with their infectious secretions (persons near enough to have been coughed on or who may have touched used tissues with a bare hand)
 - iii. iii. People who were within 6 ft of them for 15 minutes or more (such as being in the same room/car)
 - iv.
 - v.

b. Proximate contacts are defined as: i. People being in the same enclosed environment for 2 hours or more such as a classroom, office, or gathering but greater than 6 ft from a person displaying symptoms of COVID-19 or someone who has tested positive for COVID-19.

i.

c. Direct contact staff must have maintained isolation for at least 7 days after illness onset, must have been fever-free for 72 hours without the use of fever reducing medications, and must have other symptoms improving. If such worker is asymptomatic but tested and found to be positive, they must maintain isolation for at least 7 days from the date of the positive test, and, if they develop symptoms during this time, they must maintain isolation for at least 7 days after illness onset and must have been 72 hours fever free (as above).

- ii. d. Proximate contacts require precautionary quarantine; daily LHD check-ins are not required.
- iii.

3. Keep a record of all contacts including:

- Each contact's name
- Each contact's phone number and/or email address, and facility location (where they live or work)
- Date they were contacted and by who (Name, Title)
- If a contact cannot be reached or notified, note this on the record of contacts and contact the LHD to report this. Also note the LHD contact information (Name, Phone Number) on the record of contacts when the notification is made
- Upload the completed record of contacts into the "other" folder into OPWDD's IRMA. If contact tracing was completed by the LHD, please note this in OPWDD's IRMA.

COVID Cluster Zone restrictions:

Type of Activity	Red	Orange	Yellow
Non-Essential Gatherings	Prohibited	10 people maximum, indoors and outdoors	25 people maximum, indoors and outdoors
House of Worship	Lesser of: 25% of maximum capacity 10 people	Lesser of: 33% of maximum capacity 25 people	50% of maximum capacity
Businesses	Non-essential businesses are closed	Certain high-risk non-essential businesses (eg., gyms, fitness centers and classes, barber shops, hair salons, personal care services) are closed.	Open

Dining	Takeout or delivery only	Outdoor dining, takeout or delivery only, 4 person maximum per table	Indoor and outdoor dining permitted, 4 person maximum per table
Schools	Closed* Remote-only	Closed* Remote-only	Open Mandatory weekly testing of students and school personnel, in accordance with DOH guidance to be issued by October 9, 2020.