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Interim Guidance Regarding In-Person Services at Article 16 Clinics

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Interim Guidance Regarding In-Person Services at Article 16 Clinics
Operated and/or Certified by the Office for People With Developmental Disabilities (OPWDD)

This Interim Guidance provides guidelines for Article 16 Clinics operated and/or certified by OPWDD, which have remained open and operational during the state of emergency in response to the Novel Coronavirus (COVID-19), providing essential services to individuals with Intellectual/Developmental Disabilities, focusing on emergent needs for in-person services.

Article 16 Clinics will resume operations safely and consistently with the Governor's NY Forward initiative. OPWDD is committed to resuming full access to services for individuals, as well as to maintaining health and safety standards, social distancing directives, and precautions to help protect against the spread of COVID-19.

These guidelines replace the March 25, 2020 guidance entitled *Article 16 Clinic Management of Coronavirus (COVID-19)* and sets forth minimum requirements based on best-known public health practices at the time of the State's reopening. The documentation and sources referenced in these guidelines are subject to change. The Article 16 Clinics are responsible for implementation and monitoring of these guidelines, are required to adhere to all applicable local, state and federal requirements, remain well-informed with any relevant updates and to incorporate as needed into their operating practices and site-specific Safety Plan. Each Article 16 Clinic has authority to implement additional precautions and/or increased restrictions necessary to meet program specific and individual specific needs.

For Article 16 Clinics that offer dental services, NYS Department of Health (NYS DOH) issued *"Interim Guidance for Dentistry during the COVID-19 Public Health Emergency ("Interim COVID-19 Guidance for Dentistry"),* which provides dental healthcare personnel with precautions to help protect against the spread of COVID-19 as dentistry facilities re-open or continue to operate for elective and emergency procedures, and applies to all dental care, including emergency and non-emergency/elective care, and that guidance is found online here:
https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/DentistryMasterGuidance.pdf

Standards for Article 16 Clinic Services

Article 16 Clinic services may only provide in-person services if they meet minimum State and Federal safety requirements as outlined by Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), United States Department of Labor's Occupational Safety and Health Administration (OSHA), New York State Department of Health (DOH) and OPWDD while also meeting the minimum standards of the Americans with Disabilities Act (ADA).

The requirements contained within this guidance apply to all Article 16 Clinic activities in operation during the remainder of the COVID-19 public health emergency until rescinded or amended by the State. The Article 16 Clinic, or another party as may be designated by the Article 16 Clinic (in either case, "the Clinic") shall be responsible for meeting these standards. Please note that where guidance in this document differs from other guidance documents issued by the State or Federal governments, the more recent guidance shall apply.

References throughout this guidance to Dental Health Care Personnel (DHCP) include all paid and unpaid personnel in the dental health care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP include dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g. administrative, clerical, housekeeping, maintenance, or volunteer personnel), per CDC's Guidelines for Infection Control in Dental Healthcare Settings.

References throughout this guidance to Healthcare Personnel (HCP) shall mean all paid and unpaid persons working in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel) per the CDC's "*Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.*"

Signage must be posted throughout the clinic addressing critical COVID-19 transmission prevention and containment. Clinics can use the DOH issued signage or develop customized signage specific to their needs and location. Signage must include guidance regarding:

- Social distancing requirements
- Use of mask or cloth face-covering requirements.
- Proper storage, usage and disposal of PPE.
- Symptom monitoring and COVID-19 exposure reporting requirements.
- Proper hand washing and appropriate use of hand sanitizer.
- Follow appropriate respiratory hygiene and cough etiquette

A. Entrance to Article 16 Clinics

Each clinic must designate a supervisory level staff or health care professional to implement mandatory health screening practices of DHCP/HCP, patients, and visitors.

Screeners should be provided and use PPE, including at a minimum, a face mask. Ensure that any personnel performing screening activities, including temperature checks, are appropriately protected from exposure to potentially infectious individuals. Personnel performing screening activities should be trained by employer-identified individuals who are familiar with CDC, DOH, and OSHA protocols.

Screening practices may be performed remotely (e.g. by telephone or electronic survey), before the employee or patient reports to the facility, to the extent possible; or may be performed on site. Screening should be coordinated to prevent individuals from intermingling in close or proximate contact with each other prior to completion of the screening.

At a minimum, screening questionnaire should ask about (1) COVID-19 symptoms in the past 14 days, (2) positive COVID-19 test in the past 14 days, (3) close contact with a confirmed or suspected COVID-19 case in the past 14 days and/or (4) travel from within one of the State's list of restricted states with significant community spread.

In addition to the screening questionnaire, temperature checks must also be conducted per U.S. Equal Employment Opportunity Commission or DOH guidelines. Clinics must maintain records that confirm individuals were screened and the result of such screening (e.g. pass/fail, cleared/not cleared).

Refer to CDC guidance on "*Symptoms of Coronavirus*" for the most up to date information on symptoms associated with COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

DHCP/HCP must immediately disclose if their response to any of the screening questions changes, such as if they begin to experience symptoms, including during or outside of work hours.

Clinic services for an individual who screens positive for COVID-19 symptoms should be deferred if possible and if they are not in need of urgent care, dental or otherwise. If emergency care, dental or otherwise, is necessary, it must conform to CDC's Interim Infection Prevention and Control Recommendations or refer to a facility that has appropriate engineering controls in place to take care of the patient.

A DHCP/HCP or individual who screens positive for COVID-19 symptoms must not be allowed to enter the clinic and must be sent home with instructions to contact their healthcare provider for assessment and testing. The clinic must immediately notify the state and local health department about the case if test results are positive for COVID-19.

Clinics should provide DHCP/HCP and individuals with information on healthcare and testing resources, refer to DOH Testing guidance (https://coronavirus.health.ny.gov/covid-19-testing)

Clinics should refer to DOH's "Interim Guidance for Public and Private Employees Returning to Work Following COVID-19 Infection or Exposure" regarding protocols and policies for DHCP/HCP seeking to return to work after a suspected or confirmed case of COVID-19 or after the DHCP/HCP had close or proximate contact with a person with COVID-19.

Clinics must designate a central point of contact, which may vary by activity, location, shift or day, responsible for receiving and attesting to having reviewed all questionnaires, with such contact also identified as the party for individuals to inform if they later are experiencing COVID-19-related symptoms, as noted on the questionnaire.

Clinics must designate a site safety monitor whose responsibilities include continuous compliance with all aspects of the site safety plan.

Clinics must maintain a daily log of all DHCP/HCPs and visitors who may have had close or proximate contact with other individuals in the facility; excluding deliveries that are performed with appropriate PPE or through contactless means. Logs should contain contact information, such that all contacts may be identified, traced, and notified in the event an individual is diagnosed with COVID-19. Clinics shall require

patient and visitor information as part of this log. Clinics must cooperate with state and local health department contact tracing efforts.

Limit the number of entrances in order to manage the flow of visitors into the building and facilitate health screenings while remaining in compliance with fire safety regulations. Develop a plan for people to maintain six feet of social distance while queuing inside or outside of the facility for screening, as applicable. Post signage alerting non-essential visitors are not allowed.

B. Social Distancing Requirements

Clinics must ensure that a distance of at least six feet is maintained among patients, accompanying visitors, and staff at all times, unless safety of the core activity requires a shorter distance (e.g. provision of care during Article 16 Clinic visits and procedures) and ensures the following mitigation strategies are adhered to:

All DHCP/HCP, patients and accompanying visitors wear face coverings at all times when in the Article 16 Clinic facility, unless medically contraindicated or the patient is undergoing a procedure that warrants the removal of a face covering.

- Acceptable face coverings for COVID-19 include but are not limited to cloth-based face coverings and disposable masks that cover both the mouth and nose.

- Cloth, disposable, or other homemade face coverings are not acceptable face coverings for workplace activities that typically require a higher degree of protection for personal protective equipment due to the nature of the work. For those activities, N95 respirators or other personal protective equipment (PPE) used under existing industry standards should continue to be used, as is defined in accordance with OSHA guidelines.

Encourage patients to wait outside or in vehicles until their designated appointment time.

Modify or restrict access to any waiting area seating, as needed, to allow six feet of distance in all directions (e.g. spacing chairs, instructing people to sit in alternating chairs).

When distancing is not feasible within seating areas, clinics may enact physical barriers (e.g. plastic shielding walls in areas where they would not affect air flow, heating, cooling, or ventilation).

- If used, physical barriers should be put in place in accordance with OSHA guidelines, especially in reception areas to limit contact between patients and staff.
- Physical barrier options may include strip curtains, plexiglass or similar materials, or other impermeable dividers or partitions.

Remove any frequently touched objects that cannot be cleaned and disinfected regularly (e.g. toys, magazines etc.).

Clinics should take measures to prevent congregation in elevator waiting areas and limit density in elevators, such as enabling the use of stairs.

Clinics should put in place measures to reduce bi-directional foot traffic using tape or signs with arrows in narrow aisles, hallways, or spaces, and post signage and distance markers denoting spaces of six feet in all commonly used areas and any areas in which lines are commonly formed or people may congregate (e.g. elevator entrances, escalators, lobbies, patient check-in, reception, health screening stations, etc.).

Employees should remain near their workstations as often as possible to reduce movement and clinics should limit on-site interactions by designating a separate entrance and exit when possible or otherwise manage movement using directional tape or markings.

C. Gatherings in Enclosed Spaces

Clinics should advise patients to limit accompanying visitors to Article 16 Clinic appointments, to the extent possible.

Clinics should minimize overlapping arrival and departures by staggering appointment times for Article 16 Clinic visits or procedures.

Clinics must limit in-person employee gatherings (e.g. staff meetings) to the greatest extent possible and use other methods such as video or teleconferencing whenever possible, per CDC guidance "*Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)" https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html*. When videoconferencing or teleconferencing is not possible, Clinics should hold meetings in open, well-ventilated spaces and ensure that individuals maintain six feet of social distance between one another (e.g. if there are chairs, leave space between chairs, have individuals sit in alternating chairs).

Clinics should consider Telehealth options where appropriate for non-emergency consultations to potentially minimize in-office care according to the CDC guidelines and OSHA recommendations.

Clinics must put in place practices for adequate social distancing in small areas, such as restrooms and breakrooms, with appropriate signage and systems (e.g. flagging when occupied) to restrict occupancy when social distancing cannot be maintained in such areas.

D. Workplace Activity

Clinics are encouraged to use a phased approach to resuming additional in-person services. Clinics should consider limiting the number of staff, hours, and number of patient appointments available when fully reopening to provide operations with the ability to adjust to the changes.

Clinics should institute a training plan for all DHCP/HCP to educate staff on new practices and responsibilities before re-opening or expanding operations.

Clinics must take measures to reduce interpersonal contact and congregation, through methods such as:

- limiting in-person presence to only those staff who are necessary to be on site;
- adjusting workplace hours;
- reducing on-site workforce to accommodate social distancing guidelines;
- shifting design (e.g. A/B teams, staggered arrival/departure times); and
- limiting care to as few patients as can safely be treated simultaneously with appropriate distancing whenever possible.

Clinics must allow adequate time between Article 16 Clinic services and procedures for DHCP/HCP to fully and appropriately clean rooms and equipment, replace soiled PPE, and perform appropriate hand hygiene.

Clinics should practice the following workplace activities in accordance with CDC's "*Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic*." https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Make sure that all unused supplies and instruments are appropriately covered and stored (e.g. closets, drawers, cabinets).

Set up patient rooms so that only necessary sterile equipment is accessible. Any supplies or equipment that are exposed but not used may be considered contaminated.

Attempt to limit or avoid aerosol-generating procedures whenever possible (e.g. avoid handpieces, air/water syringe, ultrasonic scalers) and prioritize hand instruments and minimally invasive/atraumatic restorative techniques. If aerosol-generating procedures are necessary, take precautions to minimize exposure (e.g. four-handed dentistry, high evacuation suction, dental dams, limited personnel for procedure support).

Maintain appropriate ventilation systems to provide adequate air movement from clean to contaminated areas, refer to the CDC guidelines and OSHA recommendations for additional details on HVAC setup and appropriate air filtration.

E. Personal Protective Equipment (PPE)

Clinics must ensure that patients and essential visitors wear face coverings at all times, to the extent they can medically tolerate one, except when undergoing a procedure that cannot accommodate a face covering or when a face covering cannot otherwise be tolerated by the patient. Acceptable coverings include at minimum cloth face coverings or surgical masks that securely cover the nose and mouth.

If patients arrive at Article 16 Clinic facilities without appropriate face coverings, Clinic staff must either provide a face covering if supplies are adequate or ask that patient to reschedule and return with an appropriate face covering.

Clinics must ensure that DHCP/HCP wear appropriate PPE when providing care to patients, in accordance with appropriate OSHA standards, including surgical masks, eye protection, gloves, and protective clothing when performing any procedures that do not generate aerosols. For aerosol generating procedures, providers should wear a properly fit-tested, NIOSH-certified, disposable N95 or higher-rated respirator, eye protection (e.g. goggles, face shield) gloves, and gowns.

Clinics must establish policies for DHCP/HCP PPE removal and replacement before and after seeing patients. Clinics must ensure DHCP/HCP follow CDC recommendations for and are properly trained in donning and doffing PPE.

Clinics must ensure that staff with duties unrelated to patient care such as clerical staff also wear appropriate face coverings at all times.

Clinics must procure, fashion, or otherwise obtain acceptable face coverings and PPE, and provide such coverings to their employees while at work at no cost to the employee. An adequate supply of face coverings, gloves, masks and other required PPE should be on hand in the event an employee needs a replacement, or a patient is in need.

Clinics must ensure that DHCP/HCP follow detailed instructions per CDC guidance on suggested sequences for donning and doffing PPE.

Face coverings must be cleaned or replaced after use and may not be shared. Please consult the CDC guidance titled: "Optimizing Supply of PPE and Other Equipment during Shortages." https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html .

Note that cloth face coverings or disposable masks shall not be considered acceptable face coverings for workplace activities that impose a higher degree of protection for face covering requirements. For example, if N95 respirators are required for specific aerosol-generating procedures, a cloth face mask would not suffice. Clinics must adhere to OSHA standards for such safety equipment.

Clinics must allow DHCP/HCP to use their own acceptable face coverings but cannot require staff to supply their own face coverings. Further, this guidance shall not prevent staff from wearing their personally owned additional protective coverings (e.g. surgical masks, N95 respirators, or face shields), or if the clinic otherwise requires staff to wear more protective PPE due to the nature of their work. Employers should comply with all applicable OSHA standards.

- Clinics should also remind patients to wear appropriate face coverings in shared spaces before entering/exiting the facility (e.g. lobby, corridors, elevators).
- Clinics must put in place measures to limit contamination from high-touch areas; this might include installing touchless appliances such as contactless payments, contactless soap/towel dispensers, and contactless trash cans.

F. Hygiene, Cleaning, and Disinfection

Clinics must ensure strict adherence to hygiene and cleaning and disinfection requirements following each patient visit or procedure as advised by the CDC and DOH, including "Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19," and the "STOP THE SPREAD" poster, as applicable. Clinics must maintain logs that include the date, time, and scope of cleaning and disinfection.

For dental care: Clinics must ensure that DHCP wait at least 15 minutes after completion of dental visit or procedure to allow potential contagious droplets to sufficiently fall from the air before beginning cleaning and disinfection of surfaces in the dental operatory per CDC Guidance on Generation and Behavior of Airborne Particles. Clinics must ensure that DHCP use a clean operatory, while wearing at minimum gloves, surgical mask, and eye protection such as goggles or face shield.

Clinics must provide and maintain hand hygiene stations on site, as follows:

- For handwashing: soap, running warm water, and disposable paper towels.
- For hand sanitizing: an alcohol-based hand sanitizer containing at least 60% alcohol for areas where handwashing facilities may not be available or practical.
- Make hand sanitizer available throughout common areas (e.g. lobbies). It should be placed in convenient locations, such as at entrances, exits, waiting areas. Touch-free hand sanitizer dispensers should be installed where possible.

Clinics should place signage near hand sanitizer stations indicating that visibly soiled hands should be washed with soap and water; hand sanitizer is not effective on visibly soiled hands.
Clinics should place receptacles around the Article 16 Clinic site for disposal of soiled items, including PPE.

Clinics must provide appropriate cleaning and disinfection supplies for shared and frequently touched surfaces and encourage staff to use these supplies, following manufacturers' instructions, before and after use of these surfaces, followed by hand hygiene.

Clinics must conduct regular cleaning and disinfection of the facility and more frequent cleaning and disinfection for high risk areas used by many individuals and for frequently touched surfaces. Cleaning and disinfection must be rigorous and ongoing and should occur at least after each shift, daily, or more frequently as needed. Please refer to *OPWDD's General Management of Coronavirus (COVID-19) in Facilities or Programs Operated and/or Certified by OPWDD, specifically in the section on "Cleaning and Disinfection."* (https://opwdd.ny.gov/system/files/documents/2020/03/3.25.2020-general-guidance-document-final.pdf)for detailed instructions on how to clean and disinfect facilities.

Clinics must ensure regular cleaning and disinfection of restrooms. Restrooms should be cleaned and disinfected more often depending on frequency of use.

Clinics must ensure distancing rules are adhered to by using signage, occupied markers, or other methods to reduce restroom capacity where feasible.

Clinics must ensure that equipment and tools are regularly cleaned and disinfected using hospital grade disinfectant. Refer to the OSHA recommendations, and the Department of Environmental Conservation (DEC) list of products registered in New York State and identified by the EPA as effective against COVID-19.

Clinics should follow routine cleaning and disinfection procedures in accordance with standard practices for disinfection and sterilization of all devices, including dental devices, contaminated with SARS- CoV-2 as describes in the CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, and the Guideline for Infection Control in Dental Health Care Settings.

Clinics must provide for the cleaning and disinfection of exposed areas in the event an individual is confirmed to have COVID-19, with such cleaning and disinfection to include, at a minimum, all heavy transit areas and high-touch surfaces (e.g. elevators, waiting areas, entrances, badge scanners, restrooms handrails, door handles).

Clinics must adhere to CDC guidelines on "*Cleaning and Disinfecting Your Facility*" (https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html) if someone is suspected or confirmed to have COVID-19:

- Close off areas used by the person suspected or confirmed to have COVID-19.
- Affected areas need to be closed off and cleaned and disinfected.
- Shared building spaces used by the individual must also be shut down until cleaned and disinfected (e.g. elevators, waiting areas, restrooms).
- Clinics must immediately communicate information about individuals suspected or confirmed to have COVID-19 to all impacted entities occupying space in the building and inform them of which spaces are shut down and once they are re-opened.

- Open outside doors and windows to increase air circulation in the area.
- Wait 24 hours before you clean and disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect all areas used by the person suspected or confirmed to have COVID-19, such as offices, bathrooms, common areas, and shared equipment.

Once the area has been appropriately cleaned and disinfected, it can be re-opened for use.

- Employees and visitors without close or proximate contact with the person suspected or confirmed to have COVID-19 can return to the work area immediately after cleaning and disinfection.
- Refer to DOH's "Interim Guidance for Public and Private Employees Returning to Work Following COVID-19 Infection or Exposure" or information on "close or proximate" contacts.
- If more than seven days have passed since the person who is suspected or confirmed to have COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary, but routine cleaning and disinfection should continue.

Clinics must prohibit shared food and beverages among employees (e.g. self-serve meals and beverages), encourage employees to bring lunch from home, and reserve adequate space for employees to observe social distancing while eating meals.

G. Tracing and Tracking

Clinics must notify the state and local health department immediately upon being informed of any positive COVID-19 test result by a DHCP/HCP, patient or visitor at their site and must be prepared to receive reports of positive cases from DHCP/HCP, patients, or visitors, and notify as follows.

In the case of a DHCP/HCP, patient, or visitor testing positive, the clinic must cooperate with the state and local health department as required to trace all contacts in the workplace.

State and local health departments may, under their legal authority, implement monitoring and movement restrictions of infected or exposed persons including home isolation or quarantine.

Individuals who are alerted that they have come into close or proximate contact with a person with COVID-19, and have been alerted via tracing, tracking or other mechanism, are required to self- report to their employer at the time of alert and shall follow the protocol referenced above.

Additional safety information, guidelines, and resources are available at:

New York State Department of Health Novel Coronavirus (COVID-19) Website
https://coronavirus.health.ny.gov/

Centers for Disease Control and Prevention Coronavirus (COVID-19) Website
https://www.cdc.gov/coronavirus/2019-ncov/index.html

Occupational Safety and Health Administration COVID-19 Website
https://www.osha.gov/SLTC/covid-19/