

Aspire of Western New York, Inc.
School Reopening Plan Attachments

ASPIRE OF WNY POLICY AND PROCEDURE

Aspire Policy Manual: <input checked="" type="checkbox"/> Agency <input type="checkbox"/> Multi-Division <input type="checkbox"/> Division	Topic: COVID-19 Reporting and Contact Tracing Original By: Aspire Administration Date Approved: 06/2020	Section: Page: _1_ of _2_ Revision Dates: Regulatory Reference_NYS DOH, OPWDD, SED and CDC:
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Policy Statement: It is the policy of Aspire of WNY to prioritize the health and safety of individuals supported by the agency, employees, volunteers, contractors and visitors. Contact Tracing is important because anyone who comes into close contact with someone who has COVID-19 is at increased risk of becoming infected themselves, and of potentially infecting others. Contact tracing can help prevent further transmission of the virus by quickly identifying and informing people who may be infected and contagious, so they can take steps to not infect others.

Aspire of WNY will conduct contact tracing when confirmed cases of COVID-19 have been identified for individuals receiving services and employees. Information will also be collected from visitors and contractors for contact tracing purposes.

RESPONSIBILITY	PROCEDURES
All Aspire of WNY Employees	1. Reports to a supervisor if they have been diagnosed with a confirmed case of COVID-19.
All Aspire of WNY Supervisors	2. Reports confirmed cases of COVID-19 for employees and individuals who receive services to Aspire Incident Management (AIM.) 3. Completes applicable COVID-19 IRMA Reporting Form. 4. Completes additional notifications as required.
Director of Quality	5. Assigns a Contact Tracer. 6. Sends contact tracing letter to the employee.
Division Vice President/Designee	7. Sends positive case memo to the affected site.
Contact Tracer	8. Completes contact tracing as outlined in the Contact Tracing Instructions including but not limited to:

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	<ul style="list-style-type: none">• Notifies Local Health Department.• Obtains Case information from AIM.• Completes Contact Tracing Form
Director of Quality	9. Ensures completed contact tracing information is reported as required by state oversight agencies.

Attachments:

COVID-19 Individual IRMA Reporting Form
COVID-19 IRMA Staff Reporting Form
Contact Tracing Instructions
Contact Tracing Form
Contact Tracing Letter
Positive Case Memo

Renee Filip
President & CEO

06/2020
Date

COVID-19 Contact Tracing Instructions

Upon notification by an employee that s/he has tested positive for the COVID-19 virus, the following steps will be taken in order complete Contact Tracing as directed by the DOH and OPWDD. Please contact Bob Pettit at **716.399.8463** if you have any questions/concerns about this process.

1. The Director of QA will:

- Send the “Memo Notification” form to the program for distribution to site staff
- Assign a Contact Tracer to the case
- Mail the Contact Tracing letter to the employee notifying them of what to expect

2. The Contact Tracer will:

- Contact the Local Department of Health (LDH) (**858.2929**) to notify them that Aspire will complete Contact Tracing for the person’s contacts at Aspire; ask the LDH what to do with the contact tracing form once it is completed
- Obtain the case information from AIM
- Contact the site/program manager where the employee is assigned to obtain site schedule, duty roster, visitor’s log, and contact information for the employee
- Retrieve the COVID-19 Contact Tracing form from Sharepoint and complete as much information as possible prior to contacting the employee
- Contact the employee to discuss who they had contact with at Aspire within the 48-hours prior to their testing positive
 - Use the following guide when determining who needs to be contacted:
Notify all contacts the person had since 48 hours before the symptoms started or for positive tests. Contacts are considered direct or proximate as follows:
 - **Direct Contacts:** people they have had physical contact with; people who may have had contact with their infections secretions (been coughed on/touched used tissues with bare hands), and people who were within 6 ft of them for 15 minutes or more (same room/car)
 - **Proximate Contacts:** people in the same enclosed environment for 2 hours or more (classroom, office, or gathering but greater than 6 ft from person displaying symptoms or tested positive
 - Using the site schedule and duty roster, work with the employee to develop a complete list of contacts
- Once the list has been created, contact the site/program manager to obtain the contact information for those employees who worked with the infected employee
- Use page 2 of the COVID-19 Contact Tracing form to record all notifications made to contacts of the infected employee
- Once all notifications have been made, send the completed COVID-19 Contact Tracing form, site schedule, and site duty roster to the Director of Quality (Bob Pettit @ bpettit@aspirewny.org)

3. The Director of Quality will:

- Review the completed COVID-19 Contact Tracing form
- Upload the COVID-19 Contact Tracing form, site schedule, and site duty roster to the associated case folder in Sharepoint
- Upload the COVID-19 Contact Tracing form into the “Other” folder in IRMA under the associated incident number



COVID-19 Contact Tracing
Aspire Contact Tracer CONFIDENTIALITY AGREEMENT

All information about people (employees and persons receiving services) obtained during the contact tracing process is to be kept in strictest confidence. Under no circumstances is information to be discussed except to the extent necessary to obtain contacts of the person. Identifying the person who has tested positive for the Coronavirus is strictly prohibited.

Any breach of confidentiality represents a failure to meet professional and ethical standards. Appropriate action will be taken to address any confidentiality breach up to and including dismissal.

Release of information to anyone outside of this Agency, other than the Department of Health, will be done following the Policies and Procedures of Aspire, including written, signed consent for release of information and in compliance with the Federal Health Information Portability and Accountability Act.

I have read, fully understand and agree to comply with Aspire's Confidentiality Agreement.

Name: _____
Please Print

Date: _____

Signature: _____

**Contact Tracing
Individuals or Staff Showing Symptoms of COVID-19**

Aspire will be conducting Contact Tracing for staff/individuals associated with Aspire.

Section 1:

Site Name	
Name of person (individual or staff)	
Symptoms the person is exhibiting	<input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Asymptomatic
Date symptoms began	Click or tap to enter a date. <input type="checkbox"/> N/A
Has the person been in contact with someone who tested positive for COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Details (if known):
Has the person traveled outside their home/residence within the previous 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Where?
Has the person been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown What hospital? Date: Click or tap to enter a date.
If tested for COVID-19:	Where was the test done? Date of test: Click or tap to enter a date. Date and Time results received: Test results:
Where is the person's current location?	

Section 2:

Name of LHD staff	
Email address of LHD staff	
Telephone number of LHD staff	

If it has been determined that Aspire will complete the tracing, complete section 3 (back of this document) following the directions here:

Notify all contacts the person had since 48 hours before the symptoms started or for positive tests. Contacts are considered direct or proximate as follows:

- **Direct Contacts:** people they have had physical contact with; people who may have had contact with their infections secretions (been coughed on/touched used tissues with bare hands), and people who were within 6 ft of them for 15 minutes or more (same room/car)
 - 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 positive, they must maintain isolation for at least 7 days from date of 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)
- **Proximate Contacts:** people in the same enclosed environment for 2 hours or more (classroom, office, or gathering but greater than 6 ft from person displaying symptoms or tested positive)
 - Require precautionary quarantine; daily LHD check-ins are not required

**Contact Tracing
Notification Record for Direct or Proximate Contacts**

Section 3:

Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:	Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:
Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:	Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:
Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:	Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:
Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:	Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:
Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:	Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:
Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:	Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:
Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:	Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:
Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:	Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:
Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:	Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:
Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:	Contact	Name: Phone and/or Email: Facility: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, notify LHD) LHD Name & Number:

May 28, 2020

Dear _____,

You are receiving this letter because you notified Aspire on _____ that you tested positive for the COVID-19 virus.

Aspire has been instructed by the Department of Health (DOH) and the Office for People With Developmental Disabilities (OPWDD) to conduct contact tracing within Aspire of those employees and individuals who have tested positive for the virus.

A member of Aspire's "Contact Tracing Team" will contact you within 1-3 days to obtain information about those who you came in contact with at Aspire within 48-hours prior to your positive COVID-19 results. Please begin to think about those who you had contact within that time frame. Your anticipated cooperation during this challenging time is very much appreciated.

Aspire wishes you a speedy recovery and return to good health.

Sincerely,

Bob Pettit
Director of Quality / Corporate Compliance Officer