

# **HANDBOOK FOR RE-OPENING OF ADULT DAY SERVICES**

**Summer 2020**

**August 20, 2020**

**Revised January 29, 2021**

The purpose of this Handbook is to detail the proactive steps being taken to create a safe environment before the re-opening of the Adult Day Program and to clearly define the policies and procedures that staff, individuals and families need to adhere to while the Adult Day Program is open.

This Handbook will address the following areas:

- Entrance into the Adult Day Services Program Areas
- Procedures for Responding to COVID-19 Symptoms/Positive Diagnosis
- Social Distancing Requirements
- Food Service
- Personal Protective Equipment (PPE)
- Hygiene, Cleaning and Disinfecting
- Transportation
- Tracing and Tracking

## **Entrance to Adult Day Services Program Areas**

- All staff will complete a Health Assessment Screening Form (Attachment A) before they are allowed entry into the building. Each program area will have a designated entrance.
  - Any staff who answers yes to any of the questions or has a fever of 100 degrees or over upon arrival will not be allowed to enter the program building. The screener will ask for and record the staff person's cell phone number and instruct the staff person to return home. The screener will immediately contact the staff person's Supervisor. The Supervisor will contact the staff person to gather all the necessary information to determine next steps. The Supervisor will then contact Program Director, the Director of Nursing and/or the Assistant Executive Director to determine the course of action. The Program Director maintains the copies of the Health Assessment Screening Forms. The Director of Nursing will be on call to speak to any staff who answered yes to any of the questions or has a temperature of 100 degrees or over to direct them to follow up with their Health Care Provider and provide resources, if needed.
- Families will complete the Health Assessment Screening Form (See Attachment A), minus the temperature for all individuals who are transported by CP Nassau before being put on the van. The CP Nassau driver will take the temperature of the individual prior to being put on the van.
  - Any individual who answers yes to any of the questions or has a fever of 100 degrees or over will not be put on the van. The driver will contact the Transportation Coordinator. Upon returning to the Center, the driver will give the Health Assessment Form to the Transportation Coordinator. The Program Coordinator, the area Director and the Director of the Nursing will be apprised of the individual's status. The Program Supervisor or his/her designee will follow-up with the family. Family will be encouraged to follow-up with their Health Care Provider.
- All individuals who are transported to CP Nassau by other means such as Able Ride, a family or a residence will be asked to complete the Health Assessment Screening Form before they leave their house and the Health Assessment Screening Form (Attachment A) will be completed again upon arrival at the Center.
  - Any individual who answers yes to any of the questions or is exhibiting signs or symptoms of COVID-19 upon arrival will not be allowed to enter the program building. The staff person will contact the Supervisor on duty.

- If the individual was transported on Able Ride, a CP Nassau staff person will bring the individual home. The staff person will be using the contents of the emergency PPE packet, which includes a N95 mask, face shield, gown and gloves;
  - If the individual was transported by family or a residence, the family member or residence will take the individual home;
  - Family/residence will be encouraged to follow up with their Health Care Provider.
- If an individual develops a temperature or shows symptoms of COVID-19 during the program day, the staff will immediately inform the Supervisor on duty. The immediate goal will be to separate the individual who is sick from the rest of the program participants and the staff. An isolation room in the ADS program has been established for this purpose. The family/residence will be contacted to pick up the individual upon receiving the phone call. The Supervisor on duty will complete the Program Participant Sick Form (See Attachment C) and contact the Nursing Department. All contacts are documented on a nursing note.
  - If an individual needs to be picked up during the program day, pick up time will be pre-arranged, a phone call will be made to the program when they are outside and the day program staff will bring the individual outside to the waiting vehicle. Staff will be using the contents of the Emergency PPE packet.
  - Staff will be trained to monitor their own health during the day and self-report if they are experiencing any COVID-19 related symptoms. They will notify their Supervisor immediately via an Adult Day Program phone and leave the building. The Supervisor will complete the Staff Sick Form (See Attachment B) and immediately forward to the Nursing Department for appropriate follow-up and documentation. The program must keep sick individuals and staff separate from well individuals and staff.
  - Visitors will not be allowed. If any person, outside of the identified cluster, is given permission by the Program Director to enter the facility, the Health Assessment Screening, including temperature check will be completed. The visitor will have identified and limited access to a specific area. All CDC guidance will apply to any approved visitor, including face covering and social distancing.
  - Families who are transporting their family member to and from day program will be eligible to complete and submit a Day Hab Monthly Transport Mileage Reimbursement Form (See Attachment F).

### **Procedures for Responding to COVID-19 Symptoms/Positive Diagnosis**

The following guidelines have been established to minimize the spread of the COVID-19 virus. Please note that these are **general guidelines** as every scenario, with all the mitigating factors, experienced and reported during this pandemic, cannot be covered in one manual. As such, the Agency's Medical Director is frequently consulted to determine the best path to follow and meet our goal of keeping everyone as safe as possible. It is important to note that depending upon the current environment/circumstances; guidelines may be altered for the health of the individuals and the staff.

- CP Nassau staff will immediately notify the local health department and OPWDD about all confirmed and suspected cases of COVID-19 for both staff and individuals.
- Any individual or staff sent home will be instructed to contact their Health Care Provider.
- Staff sent home will comply with appropriate return to work guidance. The Director of Nursing will be on call to speak to any staff and provide resources, if needed. Until resolved, staff must maintain daily contact with their Supervisor unless otherwise specified.
- Individuals sent home from program should consult with their Health Care Provider as soon as possible. In addition, all individuals must submit a completed COVID-19 Return to Program Form (See Attachment E) before they can return to the day program.
- Staff and individuals may not return to or attend the day program while a member of their household or certified residence are being quarantined or isolated for 14-days from the last date of exposure. Until resolved, staff must maintain daily contact with their Supervisor unless otherwise specified.

- If an individual has a fever of 100 degrees or more they will be required to return home until they are fever free for 72 hours without the use of fever-reducing medications (e.g. Advil, Tylenol). In addition, all individuals must submit a completed COVID-19 Return to Program Form (See Attachment E) before they can return to the day program.
- Staff with a fever of 100 degrees or more will be required to return home until they are fever free for 72 hours without the use of fever-reducing medications (e.g. Advil, Tylenol). In addition, all staff must submit a completed COVID-19 Fitness for Duty Form (See Attachment D) before they can return to work. Until resolved, staff must maintain daily contact with their Supervisor unless otherwise specified.
- Staff with confirmed or suspected COVID-19 must maintain isolation for at least 14 days after illness onset, must be fever-free for 72 hours without the use of fever reducing medications and must have other symptoms improving. In addition, all staff must submit a completed COVID-19 Fitness for Duty Form (See Attachment D) before they can return to work. Until resolved, staff must maintain daily contact with their Supervisor unless otherwise specified.
- Staff who are asymptomatic but tested and found to be positive must maintain isolation for at least 14 days after the date of the positive test. If they develop symptoms during that time, they must maintain isolation for at least 14 days after illness onset and must be fever-free for 72 hours without the use of fever reducing medications and must have other symptoms improving. In addition, all staff must submit a completed COVID-19 Fitness for Duty Form (See Attachment D) before they can return to work. Until resolved, staff must maintain daily contact with their Supervisor unless otherwise specified.
- If a staff has had close contact with a person with COVID-19 for a prolonged period of time during the past 5 days and is symptomatic, the staff must maintain isolation for at least 14 days after illness onset and must be fever-free for 72 hours without the use of fever reducing medications and must have other symptoms improving. In addition, all staff must submit a completed COVID-19 Fitness for Duty Form (See Attachment D) before they can return to work. Until resolved, staff must maintain daily contact with their Supervisor unless otherwise specified.
- If a staff has had close contact with a person with COVID-19 during the past 5 days and is not symptomatic, the staff must maintain isolation for at least 14 days. Until resolved, staff must maintain daily contact with their Supervisor unless otherwise specified.
- If an individual or a staff person has had second hand contact with a person who has tested positive for COVID-19, the staff/individual person can go to work/program. The staff person must wear a N95 mask for 14 days and the individual should be encouraged to wear a mask, if they are able to do so.
- In the event an individual, staff or anyone they reside with are placed on quarantine or isolation, the responsible party (i.e. self, guardian, residence manager, etc.) will notify the day program immediately and suspend attending day program until they are medically cleared to return to work/program. Until resolved, staff must maintain daily contact with their Supervisor unless otherwise specified.

\*Primary Care Physician medical notes can be submitted for staff in lieu of the COVID-19 Fitness for Duty Form as long as the same medical clearance information is included.

\*\*Primary Care Physician medical notes can be submitted for individuals in lieu of the COVID-19 Return to Work Form as long as the same medical clearance information is included.

### **Social Distancing Requirements**

- Each day program has assessed the maximum amount of participants and required staff which ensures that at least six feet of physical distance is maintained among individuals and staff, unless safety of the core activity requires a shorter distance or an individual's treatment plan requires that closer contact be maintained with a staff member.
- All staff must wear an appropriate face mask or covering at all times at work, consistent with all current Executive Orders and OPWDD guidelines, unless medically contraindicated.

- Acceptable face coverings for a non COVID-19 environment include but are not limited to cloth-based face coverings, disposable or homemade masks that cover both the mouth and nose.
  - Individuals receiving services are to be encouraged to wear face coverings, mask and/or shield, especially if they can medically tolerate one whenever social distancing cannot be achieved.
  - A N95 mask, when available, will be distributed to staff in a presumed or active COVID-19 environment. A presumption of COVID-19 will exist if someone has COVID-like symptoms. The presumption of COVID-19 will end either when the test results come back negative or a doctor's note is completed.
- Each program is designing "clusters" of staff and individuals to be together on a daily basis to provide an environment that is as static as possible by having the same group of individuals work with the same staff whenever and wherever possible. Group size will be limited to no more than fifteen (15) individuals receiving services. The restriction on group size does not include employees/staff.
  - It is not our intent to have programs with a staffing plan that requires employees to "float" between different rooms or groups of individuals, unless such rotation is critical to safely staff individuals due to unforeseen circumstances (e.g. staff absence).
  - The use of program rooms and seating areas will be modified to allow for social distancing of at least six feet apart in all directions (i.e. 36 square feet). When distancing is not feasible between workspaces, the program will provide physical barriers, such as plastic shielding walls where they would not affect air flow, heating, cooling or ventilation
  - The use of tightly confined spaces (e.g. supply closets, equipment storage areas, kitchens or restrooms) is not to exceed 50% occupancy of the maximum capacity of the space.
  - Social distancing will be maintained in areas to prevent congregation in lobbies, hallways and in elevator waiting areas and limit density in elevators.
  - Additional measures will be implemented to prevent congregation in elevator waiting areas and limit density in elevators, such as enabling the use of stairs, when possible.
  - Signage and distance markers to denote spaces of six feet will be visible in all commonly used areas and any areas in which lines are commonly formed or people may congregate.
  - Social distancing will not always be possible when caring for our individuals with higher medical, behavioral or adaptive support needs. Their specific treatment plans may necessitate physical contact to ensure health and safety during activities of daily living (e.g. toileting, eating etc.), behavior intervention techniques (e.g. physical restraint), medical treatments (e.g. administration of daily medication or first aid etc.). All appropriate personal protective equipment and hygiene will be utilized.
  - Programs will increase ventilation with outdoor air to the greatest extent possible (e.g. open windows and doors in program room and vehicle windows and prop open doors and/or open as frequently as possible), unless such air circulation poses a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) to individuals using the facility.
  - For sport and athletic activities, stable groups of individuals will be kept together and separated from other groups. They will focus on activities with little or no physical contact (e.g. walking or hiking) and which do not rely on shared equipment.

## **Food Services**

- Only individual portions will be served.

- The cafeteria will be open to prepare food. The individualized prepared food will be delivered to the individual's classroom. The individuals will not be using the cafeteria for communal dining as social distancing cannot be maintained.
- Food brought from home should require limited preparation at the day program site (i.e. heating in microwave) and be packed appropriately.
- All reusable food utensils and storage containers should be washed in the dishwasher on the hottest wash and dry setting.
- Adequate space will be provided to staff for breaks and lunch. Break and lunch times may need to be staggered to maintain social distancing.
- Shared food and beverages and buffet-style food is prohibited.

### **Personal Protective Equipment**

- All day programs will have an adequate supply of required PPE on site.
- All required staff and essential visitors are required to wear a face covering.
  - Staff may choose to provide their own face covering, however, they are not required to. Acceptable face coverings may include, surgical masks, N95 respirators and/or cloth masks (e.g. homemade sewn, bandana). Any personally supplied face coverings must maintain standards for professional/workplace attire.
  - Emergency PPE packages will be available in case an individual or staff person needs to be treated who has COVID-19 like symptoms. Emergency PPE packet includes: N95 mask, face shield, disposable gown, and gloves.
- All staff will be trained on proper use of PPE including when to use and donning, doffing, disposing and/or reusing and sanitizing when appropriate.
- Face coverings and face shields must be cleaned or replaced after use and may not be shared.
- Individuals will be encouraged to wear a face covering and/or face shields whenever possible.
- All day programs and staff will comply with OSHA standards applicable to each specific work environment.

### **Hygiene, Cleaning and Disinfecting**

- The new I-Wave systems have been installed at the Center and the Oceanside site. This system filters out viruses, bacteria and germs as air passes through the HVAC systems.
- The Agency has also purchased the following disinfecting equipment:
  - Ultra violet machine used to sterilize flat services such as floors and mats.
  - E-Spray Electrostatic Sprayers to disinfect to be used throughout the facility, especially in commonly used areas.
- Strict adherence to hygiene and sanitation requirements to reduce transmission as advised by DOH "[Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19.](#)"
- "[STOP THE SPREAD](#)" posters will be posted around the day program.

- Day programs will implement the following minimum standards:
  - Maintain an adequate stock of cleaning and EPA approved disinfecting agents.
  - Conduct frequent cleaning and rigorous disinfection of high-risk areas (i.e. bathrooms, nursing stations) and high touch surfaces (i.e. shared equipment or supplies).
  - Adhere to proper dwell times for all cleaners, sanitizers and disinfectants per manufacturer recommendations as indicated on the product label and ensure adequate ventilation to prevent inhaling toxic fumes. Use only EPA registered products for disinfecting non-porous surfaces.
  - Maintain at each site cleaning logs indicating the date, time and scope of cleaning.
  - Cleaning products, sanitizers and disinfectants will be kept secure and out of reach of individuals who may misuse. Products are locked in a separate supply closet or cabinet, with only staff having key access. After sanitizing or disinfecting any gloves, paper towels or other disposable items that are used will be immediately discarded.
- There will be a limited use of shared objects/equipment and these items will be sanitized after each use. Items that cannot be cleaned and sanitized will not be used (i.e. soft toys, cloth placemats, etc.) Individuals will not be permitted to bring such personal items from home.
- Hand hygiene stations will be provided and maintained throughout locations where possible to include:
  - Handwashing: soap, running warm water and disposable paper towels.
  - Hand sanitizing: alcohol-based hand sanitizer containing at least 60% alcohol for areas where handwashing facilities may not be available or practical. Hand sanitizer should be available and utilized frequently throughout community based services.
- All staff and individuals will wash their hands frequently with soap and water, for at least 20 seconds upon arriving to any site-based program. Specifically, staff will wash their hands before handling food, before and after eating/drinking, smoking/vaping, using the bathroom, after touching shared objects or surfaces, after touching their eyes, nose or mouth, or after cleaning, sanitizing or disinfecting surfaces or when hands are visibly dirty. Use of alcohol-based hand sanitizers with at least 60% alcohol are also acceptable. Use of hand sanitizer by individuals will be supervised as needed by staff.
- CDC guidelines on “Cleaning and Disinfecting Your Facility” will be followed if someone is suspected or confirmed to have COVID-19 infection:
  - Areas used by the person will be closed off.
  - Open outside doors and windows to increase air circulation in the area.
  - Wait 24 hours before area is cleaned and disinfected.
  - Clean and disinfect all areas used by the person who is sick such as offices, classrooms, bathrooms, common areas and shared equipment.
  - Once the area has been appropriately disinfected, it can be opened for use. Employees and individuals without close contact with the person who is sick can return to the area immediately after disinfection.

## **Transportation**

The Agency will implement the following measures in order to transport individuals to/from day programming:

- Only individuals and staff from the same day program will be transported together.
- The goal for transportation runs is for individuals transported together to be in the same cluster at the day program to further reduce intermingling.
- Capacity on vehicles should be reduced to maximize social distancing and reduce COVID-19 transmission risks.
- Individuals and staff who reside/work together in the same home can be transported together in the same vehicle without vehicle reduction capacity.
- All staff must wear face coverings at all times. Individuals will be encouraged to wear face coverings, if they can tolerate one.
- After each trip is completed, the interior of the vehicle will be thoroughly disinfected before vehicle is used again.
- Where appropriate and safe, windows will be rolled down to permit air flow.

### Tracing and Tracking

- Day programs will maintain a log of every person, including staff and essential visitors, who may have close contact with other individuals at the facility. Log will contain contact information, such that all contacts may be identified, traced and notified in the event someone is diagnosed with COVID-19.
- The Agency will follow NYS DOH and OPWDD guidance related to reporting and contact tracing in the case of a positive or presumed positive COVID-19 individual or staff.

## CP Nassau's Health Assessment Screening Form

Attachment A

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Do you or did you have any of the following symptoms during the past 14 days?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Nausea or vomiting
- Congestion or runny nose
- Sore throat
- Diarrhea
- Headache
- Loss of taste or smell

Yes      No  
     

If you have any of these symptoms, you may not enter the building. Please return to your car and contact your supervisor immediately.

2. Have you, or someone close to you, had a positive COVID test during the past 14 days?

Yes      No  
     

If yes, you may not enter the building. Please return to your car and contact your supervisor immediately.

3. Have you, or someone close to you, been in contact with a person known to have the Corona virus in the past 14 days?

Yes      No  
     

If yes, you may not enter the building. Please return to your car and contact your supervisor immediately.

4. Have you traveled outside of New York State within the past 14 days?

Yes      No  
     

If yes, you may not enter the building. Please return to your car and contact your supervisor immediately.

5. Have you had visitors who traveled from outside of New York State to New York State within the past 14 days?

Yes      No  
     

If yes, you may not enter the building. Please return to your car and contact your supervisor immediately.

Cell phone number where you can be reached: \_\_\_\_\_

**Signature:** \_\_\_\_\_

6. Does the person have a temperature of 100 degrees or over?

Yes      No  
     

To Receiver: If yes, please inform the person that they may not enter the building. Instruct them to return to their car and contact their supervisor immediately.

Cell phone number where person can be reached:  
\_\_\_\_\_

**Receiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



1. ¿Tiene usted o alguno de los siguientes síntomas durante los últimos 14 días?

- Fiebre o escalofríos
- Tos
- Corta Respiracion
- Fatiga
- Dolores musculares o corporales
- Náuseas o vómitos
- Congestión nasal o nariz mucosa
- Dolor de garganta
- Diarrea
- Dolor de cabeza
- Pérdida del gusto u olor

Sí	No
<input type="checkbox"/>	<input type="checkbox"/>

Si usted tiene cualquiera de estos síntomas, no puede entrar en el edificio. Por favor, vuelva a su coche y póngase en contacto con su supervisor inmediatamente.

2. ¿Usted, o alguien cercano, ha tenido una prueba COVID positiva durante los últimos 14 días?

Sí	No
<input type="checkbox"/>	<input type="checkbox"/>

En caso afirmativo, no puede entrar en el edificio. Por favor, vuelva a su coche y póngase en contacto con su supervisor inmediatamente.

3. ¿Usted, o alguien cercano a usted, ha estado en contacto con una persona que se sabe que tiene el virus Corona en los últimos 14 días?

Sí	No
<input type="checkbox"/>	<input type="checkbox"/>

En caso afirmativo, no puede entrar en el edificio. Por favor, vuelva a su coche y póngase en contacto con su supervisor inmediatamente.

4. ¿Ha viajado fuera del estado de Nueva York en los últimos 14 días?

Sí	No
<input type="checkbox"/>	<input type="checkbox"/>

En caso afirmativo, no puede entrar en el edificio. Por favor, vuelva a su coche y póngase en contacto con su supervisor inmediatamente.

5. ¿Ha tenido visitantes que viajaron desde fuera del estado de Nueva York al estado de Nueva York en los últimos 14 días?

Sí	No
<input type="checkbox"/>	<input type="checkbox"/>

En caso afirmativo, no puede entrar en el edificio. Por favor, vuelva a su coche y póngase en contacto con su supervisor inmediatamente.

Número de teléfono celular donde se puede contactar: \_\_\_\_\_

**Firma:** \_\_\_\_\_

6. ¿Tiene la persona una temperatura de 100 grados o más?

Sí	No
<input type="checkbox"/>	<input type="checkbox"/>

Para el receptor: En caso afirmativo, informe a la persona que no puede entrar en el edificio. Indíqueles que regresen a su coche y se ponga en contacto con su supervisor inmediatamente.

Número de teléfono celular donde se puede contactar a la persona: \_\_\_\_\_

**Firma del receptor:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Staff person answered "Yes" to the following question(s):

1. Do you or did you have any of the following symptoms during the past 14 days?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Nausea or vomiting
- Congestion or runny nose
- Sore throat
- Diarrhea
- Headache
- Loss of taste or smell

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

2. Have you, or someone close to you, had a positive COVID-19 test during the past 14 days?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

3. Have you, or someone close to you, been in contact with a person known to have the COVID-19 in the past 14 days?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

4. Have you traveled outside of New York State within the past 14 days?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, where?
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5. Temperature 100 degrees or over

\_\_\_\_\_ (Record the actual Temperature)

6. Staff person sent back to their car:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Cell phone number where staff can be reached: \_\_\_\_\_

Screener Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions:

- Complete Form and give immediately to Supervisor on Duty
- Supervisor on Duty will immediately forward to Director of Nursing (Center/Bayville) Coordinator of Health Care Services (Residential)
  - In Residential, if there is no Supervisor on Duty, contact Coordinator of Health Care Services immediately.

Attachment C

**PROGRAM PARTICIPANT SICK FORM - ADDRESS IMMEDIATELY**  
**CP Nassau's Health Assessment Screening Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Staff person answered "Yes" to the following question(s):

1. Do you or did you have any of the following symptoms during the past 14 days?

- |   |                            |
|---|----------------------------|
| • Fever or chills                             | • Nausea or vomiting       |
| • Cough                                       | • Congestion or runny nose |
| • Shortness of breath or difficulty breathing | • Sore throat              |
| • Fatigue                                     | • Diarrhea                 |
| • Muscle or body aches                        | • Headache                 |
|   | • Loss of taste or smell   |

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

2. Have you, or someone close to you, had a positive COVID-19 test during the past 14 days?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

3. Have you, or someone close to you, been in contact with a person known to have the COVID-19 in the past 14 days?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

4. Have you traveled outside of New York State within the past 14 days?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
If yes, where?	

5. Temperature 100 degrees or over

\_\_\_\_\_ (Record the actual Temperature)

6. Symptoms: \_\_\_\_\_

Receiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:**

- Complete Form and give immediately to Supervisor on Duty
- Supervisor on Duty will immediately forward to Director of Nursing (Center/Bayville) Coordinator of Health Care Services (Residential)
  - In Residential, if there is no Supervisor on Duty, contact Coordinator of Health Care Services immediately.

Attachment D



Cerebral Palsy Association of Nassau County  
380 Washington Avenue, Roosevelt, New York 11575

**COVID-19 RETURN TO WORK - FITNESS FOR DUTY CERTIFICATION**

This form must be completed by staff who have a temperature of 100 degree or over, exhibited symptoms of COVID-19, have been diagnosed with COVID-19 or were exposed to coronavirus/COVID-19.

When your physician releases you from care, you will be required to deliver this certificate to your supervisor, by mail or email, 1-2 business days prior to your planned return to work date.

Failure to submit this form may delay your return to work.

**SECTION 1 to be completed by Employee:**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date Leave Began: \_\_\_\_\_ Date of Planned Return: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**SECTION 2 to be completed by Health Care Provider:**

I have examined the above-named employee of the Cerebral Palsy Association of Nassau County. I certify that this employee is fit to return to work, as follows:

\_\_\_\_ Fully duty with no restrictions.

\_\_\_\_ With restrictions as noted below:

Restrictions: \_\_\_\_\_

Restrictions must be in place until \_\_\_\_\_  
Date \_\_\_\_\_

Health Care Provider's Signature

Date

Health Care Provider's Name (printed)

Date

Attachment E



Cerebral Palsy Association of Nassau County  
 380 Washington Avenue, Roosevelt, New York 11575

**COVID-19 RETURN TO PROGRAM  
 FOR PROGRAM PARTICIPANTS**

This form must be completed by Health Care Provider for any individual who has a temperature of 100 degrees or over, exhibited signs or symptoms of COVID-19, have been diagnosed with COVID-19 or were exposed to COVID-19.

**Name:**

**Date:**

I have examined the above named individual who attends day program at Cerebral Palsy Association of Nassau County.

**Covid-19 Test:**

Yes

Result: \_\_\_\_\_

Date: \_\_\_\_\_

No

The above named individual is able to return to program, as follows:

Cleared to return without restrictions

Date of return: \_\_\_\_\_

With restrictions as noted below:

**Restrictions:**

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Restrictions must be in place until: \_\_\_\_\_ (Date)

Health Care Provider's Signature:

Date:

Health Care Provider's Stamp:

Attachment E-1



Cerebral Palsy Association of Nassau County  
 380 Washington Avenue, Roosevelt, New York 11575

**COVID-19 REGRESO AL PROGRAMA  
 PARA LOS PARTICIPANTES DEL PROGRAMA**

Este formulario debe ser completado por el proveedor de atención médica para cualquier persona que tenga una temperatura de 100 grados o más, presente signos o síntomas de COVID-19, haya sido diagnosticado con COVID-19 o haya estado expuesto a COVID-19.

**Nombre:**

**Fecha:**

He examinado a la persona mencionada anteriormente que asiste al programa de día en la Asociación de Parálisis Cerebral del Condado de Nassau.

**Prueba Covid-19:**

Si

Resultado: \_\_\_\_\_ Fecha: \_\_\_\_\_

No

El individuo mencionado anteriormente es capaz de volver al programa, de la siguiente manera:

Despejado para regresar sin restricciones

Fecha de devolución: \_\_\_\_\_

Con restricciones como se indica a continuación:

**Restricciones:**

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Las restricciones deben estar en su lugar hasta: \_\_\_\_\_ (Fecha)



	<b>Mileage Total</b>	
	<b>Reimbursement Total @\$57.5 per mile</b>	

**Department Code:** \_\_\_\_\_  
**Approval:** \_\_\_\_\_  
**Date:** \_\_\_\_\_