

## **POLICY TITLE: COVID-19 PREPAREDNESS PLAN (Peacetime Emergency)**

### **PURPOSE:**

The purposes of this policy are:

1. to minimize the transmission of communicable disease and prevent infections
2. insure optimum health for clients and employees
3. insure all applicable, governing regulations and timeframes are upheld.

### **POLICY:**

Partnerships for Minnesota Futures, Inc. has an existing and active plan for the transmission of disease and prevent possible infections among our clients and employees. The implementation of this policy and procedures is an adjunct to the established plan in accordance with a peacetime emergency due to the existence of a pandemic of COVID-19.

Guidance within this policy emanates from State of Minnesota Executive Orders when executed, guidance from various governmental agencies including, but not limited to the Minnesota Department of Health (MDH), Centers for disease Control and Prevention (CDC), and the Department of Human Services (DHS). Components of the various sets of guidance set forth to mitigate the spread of COVID-19 will be implemented as situations arise and to the greatest extent possible given home and community based services provided in a residential, community family residence with rotating caregivers.

Clients will have incorporated into their daily lives, sanitation and health promotion practices as part of the services we provide. Clients, employees, and visitors will be informed and educated where needed on this policy and corresponding procedures, protocols, or practices. Employees are expected to know and implement these at all times of providing service to clients.

The corresponding procedures will include the following elements:

1. hygiene and source control;
2. cleaning and disinfecting;
3. screening for employees and visitors exhibiting signs or symptoms of COVID-19;
4. screening for clients exhibiting signs or symptoms of COVID-19;
5. social and physical distancing;
6. food preparation and meals;
7. ventilation;
8. visitors;
9. transportation; and,
10. communication and training about the Plan.

#### **1. Hygiene and source controls**

- Signs relative to handwashing and covering a cough will be posted.
- Handwashing routines will be reinforced after having been in a public place, prior to and after eating, after using the toilet, or after blowing one's nose, coughing, or sneezing.
- Handwashing procedures should be for at least 20 seconds with soap and water. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.

- Availability for handwashing will be at each bathroom and kitchen sink of the home. Hand sanitizer will be made available when sinks for washing hands are not readily available (eg. Community outings, isolation/quarantine rooms).
- Each person, to the greatest extent possible, will avoid touching one's eyes, nose, and mouth with unwashed hands.
- Paper towels will be readily available at each sink and be readily disposed in the corresponding trash-receptacle for ease of disposing when operating a door.
- Appropriate one-use paper products will be made available based on public supply availability of paper towels, napkins, along with facial and toilet tissue.
- Non-touch trash receptacles will be provided to the greatest extent possible.
- Facemasks will be used by clients, staff, and visitors as each situation dictates. This includes appropriate use of cloth (social control), surgical, and KN95 masks as individual situations of interaction and care requirements dictate.
- Employees will be provided with and specifically trained on recommended protective supplies, such as facemasks, gloves, disinfectant, eye protection, shields, etc. as individual situations dictate the use of these items.
- Supplies for the care of a potential symptomatic or COVID-19 positive client will be at levels as available through vendors to the greatest extent possible.
- Hard surfaces, including sink counters or vanity tops, dining tables, etc., are touch-contact sources of infectious droplets. Client personal use items (such as toothbrushes) will be stored for use in such a manner that touch contact is avoided to the greatest extent possible.

## **2. Cleaning and disinfecting**

- Each program will have a cleaning and sanitation schedule that identifies the surface/equipment and frequency of cleaning and sanitation. This will include individual and shared spaces.
- Cleaning and sanitizing agents will be those generally available to the public as supply of brands will vary. Key to the supply of cleaning and sanitizing agents will be measures to procure those that are considered to kill viruses and as marked on the manufacturer's container. Cleaning and sanitizing will be done according to manufacturer's directions and contact time. Additionally, chlorine bleach may be used when in solution of 4 teaspoons per quart of room temperature water or 5 Tablespoons (1/3 cup) bleach per gallon of room temperature water for a contact time of 1 minute.
- High-touch surfaces such as doorknobs, light switches, stair rails, counters, tables and chairs, phones, keyboards, remote controls, program equipment and other shared items are regularly cleaned and disinfected at least once daily and throughout each shift as frequency of touch dictates.

- Shared supplies that cannot be sanitized will be used as minimally as possible. Separation of clean versus used items (such as craft items) will be considered. Minimize the use of shared supplies (e.g. arts and crafts, office supplies) that cannot be sanitized and consider using designated bins for clean and used items, with single use of an item encouraged.
- Washable items such as linens and clothes will be washed on the appropriate water temperature setting appropriate with laundry detergent and then dried completely.

### **3. Screening for signs and symptoms of COVID-19: Employees and visitors**

- Employees will be trained on signs and symptoms of COVID-19 as this is crucial for them to assess and monitor clients, visitors, and themselves.
- Each employee is trained on the procedures for time and attendance, particularly reporting of illness and absence from work.
- Employees will be assessed prior to beginning a work shift. If presenting with signs or symptoms, employees will be required to not work and contact the supervisor using the procedures for time and attendance.
- Visitors will be assessed at the entrance to the program. If presenting with signs or symptoms, visitors will not be allowed to enter. The visitor will be given the phone number of a member of senior administration to contact for follow-up.
- Notice of the monitoring assessment process will be posted for both employees and visitors.
- Protocols are established based on MDH guidance for follow-up care recommendations when an employee or a visitor exhibits symptoms of COVID-19 or tests positive for COVID-19.
- Each employee is responsible to ensure her or his emergency contact information is kept current in her or his personnel file.
- Protocols of communication for a person with a potential exposure or positive case of COVID-19 will be implemented to preserve and hold in confidence, the identity of the individual to the greatest extent possible.
- Senior administration will notify MDH and follow its direction when an employee is diagnosed with COVID-19.
- Consistent with services identified for clients of the home, there will be a plan in place for continued care coverage in the situation of an employee absence.

### **4. Screening and policies for clients exhibiting signs or symptoms of COVID-19**

- Clients receiving services will be monitored for symptoms and signs of illness, including COVID-19.

- Clients will be informed as to symptoms and signs of illness to report to their caregivers. Not all clients will be able to comprehend and/or report illness.
- Protocols of care for a client who exhibits symptoms or signs or tests positive for COVID-19 are based on MDH guidance to limit exposure during the event.
- Emergency contact information for clients is considered up-to-date as changes are made known to the organization.
- Protocols of communication for a person with a potential exposure or positive case of COVID-19 will be implemented to the greatest extent possible to preserve and hold in confidence, the identity of the individual.
- Senior administration will notify MDH and follow its direction when a client is diagnosed with COVID-19.

## **5. Social or Physical distancing**

- Given the nature of the work and home- setting, social or physical distancing will not be feasible at all times (defined as at least 6-feet of space between people).
- In the client's home, there will not be visual aids or markings that illustrate traffic flow or spacing for standing/sitting.
- Clients and visitors will be verbally directed or encouraged by employees to physically distance to the greatest extent possible in common areas or areas of congestion.
- Gatherings of clients, employees, and visitors will be carefully considered and redesigned, as necessary, to reduce prolonged close contact among employees, client, and visitors.
- Seating at meals or during leisure-recreational activities will be arranged to maximize the space between people to the greatest extent possible.
- Meetings – client, team, organizational – will be held remotely where possible. When a gathering occurs, source control masks, physical distancing, and time limiting exposure will occur to the greatest extent possible given environmental restrictions
- Community integration activities will incorporate social or physical distancing, use of source control masks, handwashing, and sanitizing protocols will be used to the greatest extent possible.

## **6. Food preparation and meals**

- Food and beverage sharing between clients and employees is prohibited.
- Meals will be plated and not served family style from a common-use dish/vessel for serving more than one person.
- Items in common use containers (eg. Milk, condiments) will be allowed with the contents being poured/expressed in a non-contaminating manner.

- Clean utensils will be used for each serving (eg. Peanut butter, jelly) when pouring or expressing is not practical.
- Seating at the table for meals will provide the maximum physical distancing allowed. Staggering of eating times may be an option, but not mandated.

## 7. Ventilation

- Given the structure of each home and the ability to open doors and windows when weather is not inclement, fresh air is brought into the house periodically through each day.
- Household furnaces generally have fresh air intakes so recirculating air includes fresh air and not stagnate air.
- Household furnaces have filter check and changes no greater than every 3 months and annual inspections by an HVAC company. Any reports of potential system inoperability are reported and inspected.
- Building construction of HVAC venting is such that minimal air flow is blowing across people. Ceiling fan units or free standing fan units are allowed and clients may make a choice on free standing fan unit positioning for their individual comfort.

## 8. Visitors

- Visitors will be asked to be screened for COVID-19 symptoms prior to entrance. This screening will include taking of one's temperature and inquiring about travel, exposure to others, and symptoms the person may have experienced over the past 14 calendar days.
- <https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>
- Visitors will be provided with a source control mask and handwashing areas to meet requirements in the home. Hand sanitizer will be offered on a limited basis only if access to handwashing areas is not accessible (eg. Community outing).
- Visitors will be requested to maintain physical distancing with clients and employees in the home.
- In the event of an active COVID-19 case in the home, visitors will be prohibited until all illness symptoms and/or quarantine measures are completed, whichever is later.

## 9. Transportation

- When transporting clients in a company vehicle, clients will be encouraged to wear a source control mask. Employees must wear a source control mask.
- In the event a client uses public transportation, employees will provide teaching and instruction for use of source control mask, hand sanitizer, and potentially wearing of non-latex gloves when on public transportation.

- Clients and employees using a company vehicle will be seated to maintain as much physical distancing as possible.
- Recirculation of cabin air in a vehicle will be limited to the greatest extent possible, unless the extreme temperatures of the seasonal weather require it for safety.

#### **10. Communication and training about the plan**

- A copy of this plan will be posted in a prominent place and readily accessible for all employees visitors, guardians, and case managers.
- Training of the plan will be provided to all employees with the initial development and when revisions are made to the plan.
- Explanations will be given to clients and others as relevant to them and in plain language. Additional resources will be provided as needed.
- The plan will be available to the Commission as requested.
- Employees with concerns about this COVID-19 Preparedness Plan or questions about their rights should contact MNOSHA Compliance at [osha.compliance@state.mn.us](mailto:osha.compliance@state.mn.us), 651-284-5050 or 877-470-6742.