



Vision: A community where all people are fully accepted and equal in every aspect of their life.

Mission: We provide individualized supports to people that encourage dreams, focus on independence, and foster community connections. Supports are adaptable for each person to ensure a meaningful lifestyle for all.

HMC COVID-19 Preparedness Plan Appendix

6-29-2020

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- G.1. COVID-19 Shelter In Place
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H. Supplies

I. Communication and training on the plan.

Proper Handwashing



1

WET YOUR HANDS



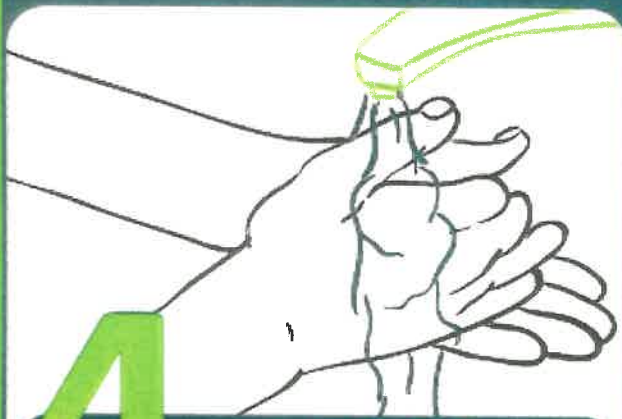
2

APPLY SOAP



3

WASH YOUR HANDS
for 20 seconds



4

RINSE WELL



5

DRY YOUR HANDS



6

TURN OFF WATER
with paper towel



Brown-Nicollet Environmental Health
622 S. Front Street
St. Peter, MN 56082
507-934-7089

2018

Scrub between your fingers, under your
nails and the top of your hands.

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



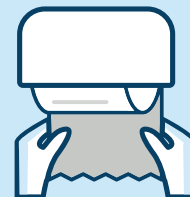
Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH

CLEAN HANDS



www.cdc.gov/handwashing

This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.



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Use of Masks and Goggles for Source Control

Policy:

COVID-19 is spread when an infected person coughs, sneezes, or talks and the respiratory droplets touch another person's mouth or nose or are inhaled into the person's lungs. The CDC and MDH recommend wearing cloth masks as an additional means of preventing the spread of COVID-19 between people. Cloth masks provide a barrier to prevent respiratory droplets from transmitting between people. HMC requires that employees performing direct care wear a cloth mask at all times throughout the shift and that all employees wear a cloth mask at the main office and in other spaces such as hallways, conference rooms, breakrooms, and other shared spaces. Employees may remove the masks when working in their individual offices.

Any visitors or vendors who need to access a location will be issued a disposable mask.

Cloth masks are not considered to be Personal Protective Equipment (PPE). If a person served is exhibiting symptoms or has tested positive for COVID-19, employees will be issued PPE including a surgical mask, gown, goggles, and gloves.

Procedure:

Masks

1. All employees working at a location with people served will wear a cloth mask as a means of source control if the individuals are not exhibiting symptoms or have not been diagnosed with COVID.
2. If an individual has been diagnosed with COVID-19, employees will wear surgical masks.
3. Employees will wear masks at orientation. A cloth mask will be issued to the employee when starting employment.
4. All employees will wear a mask when entering all HMC locations.
5. Employees will not remove the masks to drink water when in close proximity to the people served (closer than six feet).
6. Employees will wear a mask when working with individuals except during meals.
7. Employees at the main office will wear a mask in all shared spaces.
8. When providing transportation, masks will be worn by both parties unless a person served will not tolerate wearing a mask.

Donning and Doffing Masks:

Employees will follow proper donning and doffing etiquette when putting the masks on and removing the masks.

Donning Masks:

1. Wash with soap and water or use hand sanitizer before putting the mask on.
2. Ensure that the mask covers your nose and mouth. The mask should fit snugly but comfortably allowing you to breathe without restriction.
3. Avoid touching the mask while wearing it. If you need to adjust it, sanitize your hands before touching it.

Doffing Masks:

1. Before removing the mask, sanitize your hands by washing with soap and water or using hand sanitizer.
2. Remove the mask by the straps. Do not touch the inside of the mask.
3. If removing the mask during the shift, such as when eating, carefully fold the mask inside and place the mask on a clean surface.
4. Clean your hands after removing the mask.
5. At the end of the shift, place the mask in the laundry basket for masks.

Laundering Masks:

1. Following a shift, masks will be placed in a bin marked for Masks.
2. All masks will be washed and dried nightly.
3. Clean masks will be placed in paper bags.

Goggles

1. At the recommendation of the CDC and MDH, employees will wear goggles when assisting individuals with direct cares.
2. All direct care staff will be issued goggles and be provided training on the correct method of using the goggles.

Donning and Doffing Goggles:

Employees will follow proper donning and doffing etiquette when using goggles.

Donning Goggles:

1. Wash with soap and water or use hand sanitizer before putting the goggles on.
2. Put goggles on.

Doffing Goggles:

1. Before removing the goggles, sanitize your hands by washing with soap and water or using hand sanitizer.
2. Remove the goggles.

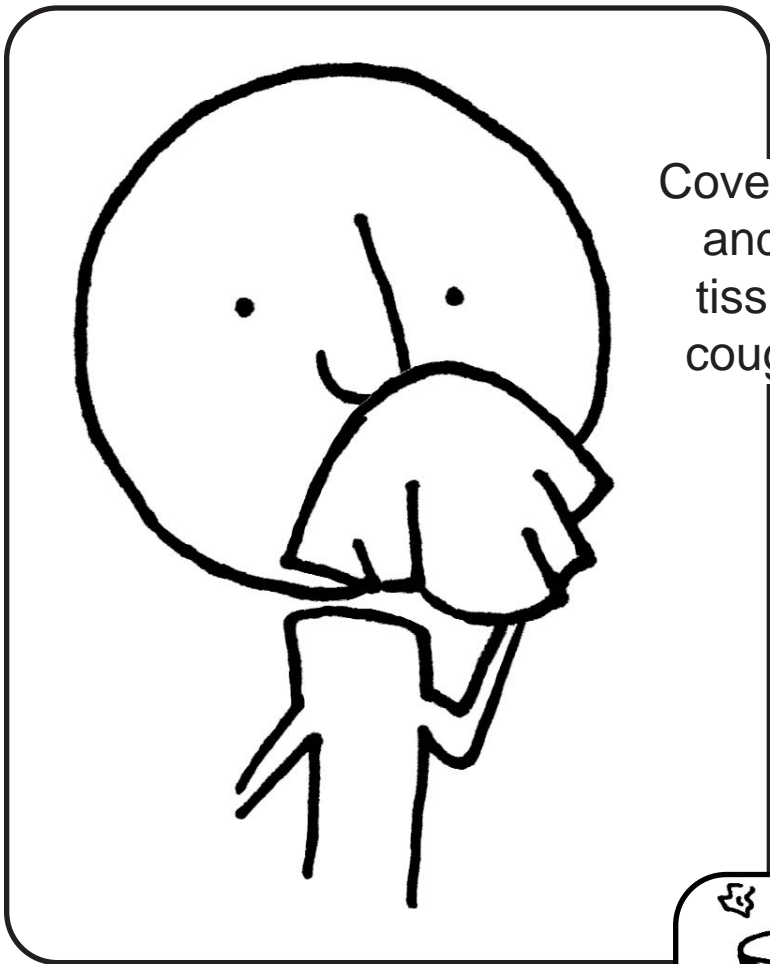
3. If removing the goggles during the shift, such as when eating, place them on a clean surface.
4. Clean your hands after removing the goggles.
5. At the end of the shift, clean the goggles with an alcohol wipe and place in a paper bag.

Internal Controls:

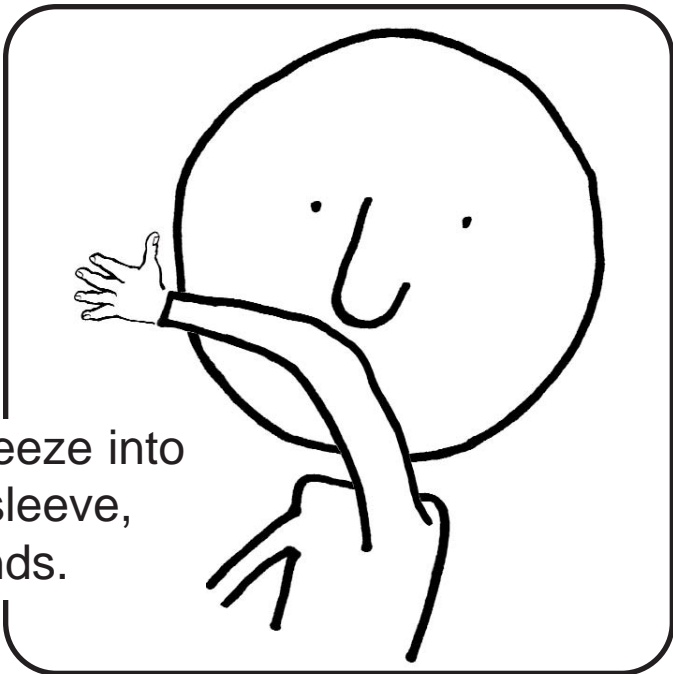
1. All employees are issued a mask prior to beginning work.
2. Masks will be laundered nightly.
3. Employees will receive training on donning and doffing masks.
4. Nurses and supervisors will conduct daily observations of employees to ensure compliance with wearing masks and will provide training as needed if people are not complying with the requirement.
5. Attachments:
 - a. Mask Usage
 - b. Do Your Part to Slow the Spread

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.



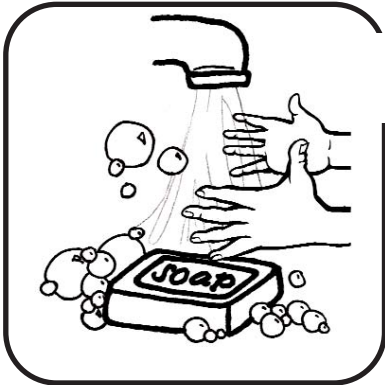
Put your used tissue in the waste basket.



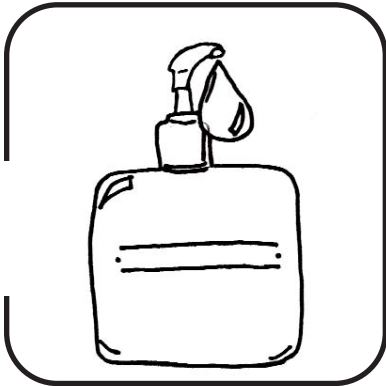
You may be asked to put on a surgical mask to protect others.

Clean your Hands

after coughing or sneezing.



or



Mask Usage

Putting It On



Step 1. Before you put it on, clean your hands with soap and water or an alcohol-based hand rub.



Step 2. Cover your mouth and nose with the face covering. Make sure there are no gaps between your face and the cloth face covering. It should fit snugly, but comfortably on your face. You should be able to breathe without restriction.



Step 3. Avoid touching the covering while you are wearing it. If you do need to adjust it, clean your hands with alcohol-based hand rub or soap and water before and after touching the face covering.

Taking It Off



Step 1. Before you take it off, wash your hands with soap and water or an alcohol-based hand rub for at least 30 seconds.



Step 2. Start from the back and pull your face covering forward. Do not touch the front of your face covering. Do not touch your eyes, nose, and mouth when removing your cloth face covering. Once you have taken it off, put it in the laundry hamper or straight into the washing machine.



Step 3. Clean your hands with soap and water or an alcohol-based hand rub – again!

Do Your Part to Slow the Spread

Use a Face Covering to Limit the Spread of the Coronavirus

As America begins to open up, we must continue to do our part to slow the spread of COVID-19 so that our neighbors, healthcare workers, frontline care givers, factory workers and others taking extra steps to help the people in their communities and workplaces can stay healthy and safe. Whether your state has begun to reopen or not, wearing a cloth face covering can help protect others in your community and workplace.

Researchers now know that people infected with the coronavirus may not show any symptoms, but these asymptomatic individuals can still transmit the disease to others. Symptoms can take up to two weeks to appear. That's why everyone should wear a face covering in public places, such as grocery stores and pharmacies, where it is harder to maintain social distancing measures. Face coverings can also help prevent the spread of COVID-19 in the workplace.

Your face covering protects everyone around you; and theirs protects you. So, how about covering for your community and workplace?

Here are three things you can do to prevent the spread of the coronavirus:



1. Keep Physical Distance, but Emotional Connection!

Remaining connected is critical, but you don't have to be in the same place.

Use technology to stay closely connected to others, while staying at home most of the time. If you must make essential travel, please wear a face covering when outside of your home.



2. Cover for Your Community!

Whether we are going to work, seeking medical care, or shopping for groceries, many of us will have to leave our homes at some point.

If you must go out, cover for your community and co-workers. Make sure you wear a cloth face covering, stay at least six feet away from others, and [take other steps to limit the spread of the virus](#).



3. Wash Your Hands Well and Often!

Washing your hands well and often with soap and water is a key step in preventing the spread of COVID-19. If you can't wash your hands, using hand sanitizer is a good alternative that can also help prevent the spread of COVID-19.

Take some time to sanitize surfaces you've touched, like steering wheels and door handles.

Wearing a face covering is an additional preventive measure to slow the spread of COVID-19. To find out more about ways you can help slow the spread of the virus, see [CDC's How to Protect Yourself and Others](#).



Wear a mask

Employees, visitors, and vendors are required to wear a face-covering in all HMC buildings

As of July 25, 2020, per the [Governor's Executive Order 20-81](#), people in Minnesota are required to wear a face covering in all public indoor spaces and indoor businesses, unless you are alone. Additionally, workers are required to wear a face covering when working outdoors in situations where social distancing cannot be maintained. Research has shown that use of face coverings can greatly reduce the risk of infection when combined with other prevention efforts such as social distancing and hand hygiene.

Employees, visitors, and vendors are required to wear face covering as required by the Executive Order.



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Social Distancing

Policy:

COVID-19 is spread when an infected person coughs, sneezes, or talks and the respiratory droplets touch another person's mouth or nose or are inhaled into the person's lungs. One method recommended by the CDC and MDH to mitigate the spread of the virus is to maintain a distance of six feet between people, a practice known as social distancing. HMC promotes social distancing between persons served and employees whenever possible and in its practices in the main office.

Procedure:

Distancing in Homes and Apartments:

1. Employees will encourage individuals to maintain a distance of approximately six feet whenever possible.
2. During meals, individuals will be encouraged to sit six feet apart. If necessary, provide meals in two shifts.
3. Employees will maintain a distance of six feet between the individuals and themselves unless providing direct cares to the individual.
4. Employees will discuss the importance of social distancing with the individuals before they go into the community.

Breaks:

1. In locations with more than one staff working on a shift, employees will assure that they practice social distancing during breaks. Whenever possible, employees will take breaks at separate times.

SILS:

Employees in the SILS program are encouraged to maintain a distance of six feet or more between themselves and the person receiving services unless providing direct cares.

Main Office:

1. Employees will maintain a distance of six feet in offices.
2. If an employee shares an office, the employees will attempt to schedule office times at different times.

3. Plexiglas shields have been installed on areas with high traffic to provide an additional barrier for the employee, including the receptionist desk and the HR desk.
4. Employees are encouraged to take breaks at separate times and to minimize the time in the copy room.
5. The maximum number of people allowed in each conference room has been identified to allow for appropriate social distancing.

Internal Controls:

1. Nurses and supervisors in the ICF program conduct daily observations of social distancing practices. Employees are provided with coaching as needed.
2. Employees are reminded to practice social distancing frequently.

REDUCE YOUR RISK OF
COVID-19

INFECTION



SOCIAL DISTANCING

Keep your distance around
6 feet to the person next to
you



HARRY MEYERING

REDUCE YOUR RISK OF
COVID-19
INFECTION

**STAY
SAFE &
HEALTHY**

SOCIAL DISTANCING

Keep your distance around
6 feet away to the person
next to you



WASH HAND

Wash your hand with soap
20 seconds and use hand
sanitiser



COVER YOUR MOUTH

Cover your cough or
sneeze with your sleeve or
tissue. Dispose and wash
hands afterward



STAY AT HOME

Always stay home when
there is no urgent or
important need to stay
out of the house



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COVID Cleaning and Disinfecting Policy

Policy:

It is the policy of HMC to promote safe and healthy environments. It is thought that COVID-19 may spread when a person touches an infected surface and then touches his or her mouth, nose or eyes. In an effort to mitigate the spread, HMC has enhanced its cleaning practices. High-touch surfaces will be cleaned frequently.

Procedure:

Cleaning High-Touch Surfaces:

1. High-touch surfaces include counters, tabletops, chairs, doorknobs, stair rails, light fixtures, bathroom fixtures, toilets, phones, keyboards, and tablets.
2. High-touch surfaces will be cleaned at least twice daily with an approved household cleaner or hard surface disinfectant wipe or more frequently if needed.
3. Surfaces should be cleaned if an individual has coughed or sneezed on a surface.

Cleaning iPad, Phones, or Electronics

1. Cell phones, iPads, tablets or other electronic devices must be cleaned after each use.
2. Clean with an alcohol wipe that has been wrung out to remove excess liquid.
3. Thoroughly wipe all surfaces and the sides of the device.
4. Multiple wipes may be needed, depending on the size of the device.
5. Allow to air dry. If necessary, buff with a soft cloth to remove streaks.

Cleaning when an Individual is Infected with COVID-19

If an individual becomes infected with COVID-19, the following cleaning will be completed:

- The person who is infected will remain in his or her room as much as possible.
- Only assigned employees will access the infected person's room.
- Staff will follow isolation procedures when entering and exiting the room and when cleaning any room or equipment associated with the individual

- The individual's room will be cleaned as needed. Soiled surfaces will be cleaned and soiled items removed. The employee performing the cleaning will attempt to avoid contact with the individual as much as possible.
- The bathroom will be cleaned each time the infected person uses the bathroom.
- Any equipment or items such as lunch trays, carts, etc. will be thoroughly disinfected before returning to the kitchen or using again. Employees will wear PPE while cleaning the equipment.
- Cleaning products used by HMC are on the EPA approved cleaning and disinfecting list.
- Cleaning products to be used include:
 - Bathrooms:
 1. NABC -Disinfectant bathroom cleaner and bloodborne pathogens
 2. MLD – Bathroom bowl toilet cleaner
 3. Steraphine 2 – Disinfecting bathrooms including counters, toilet handles, toilet seat, and faucets
 4. Windex glass cleaner
 - Food Prep Areas - SANI T-10 – Sanitizer for food prep areas and dishes at ICF locations
 - General Cleaning - Hard Surfaces use a general purpose cleaner such as 409
 - Electronics – Alcohol wipes

Cleaning Schedules:

Locations:

1. Employees are required to clean high-touch surfaces at least twice daily in each house or apartment.
2. If an individual coughs or sneezes, the area around the individual is disinfected.
3. Bathrooms are cleaned at least daily using approved cleaning products.

Main office:

1. Bathrooms and common areas are thoroughly cleaned daily. Hard Surface wipes are kept in each bathroom.
2. Conference rooms are cleaned after each use.
3. Breakrooms are cleaned after each use.
4. Individual offices are wiped after another person has been in the office.
5. Copy machines, counters in the copy room, and the receptionist desk are cleaned multiple times during the day.
6. Doorknobs and other surfaces such as light switches are cleaned at least daily.

Internal Controls:

1. HMC closely monitors individuals and employees for signs or symptoms of COVID-19. If an employee is exhibiting symptoms or has been exposed, the employee is excluded from work per the MDH guidelines. If an individual is exhibiting symptoms, the

individual is quarantined to his or her room and additional cleaning and disinfecting is completed in the areas.

2. HMC maintains copies of SDS information for all chemical products in the main office.
3. Supplies are reviewed weekly to ensure adequate supplies.
1. Maintenance is continually seeking additional vendors for supplies.

Twice Daily Hard Surface Cleaning Checklist

Hard Surface Cleaning	Date	Time	Initials	
Doorknobs				<input type="checkbox"/>
Light Switches				<input type="checkbox"/>
Railings				<input type="checkbox"/>
Remotes				<input type="checkbox"/>
Ipad				<input type="checkbox"/>
Keyboard/Mouse				<input type="checkbox"/>
Telephone				<input type="checkbox"/>
Time Clock				<input type="checkbox"/>
Toilet Handles				<input type="checkbox"/>
Sink Knobs				<input type="checkbox"/>
Washer/Dryer knobs				<input type="checkbox"/>
Steering Wheel/Knobs in Van/Van Keys				<input type="checkbox"/>
Adaptive Equipment				<input type="checkbox"/>
Any other touched surface areas				<input type="checkbox"/>

Hard Surface Cleaning	Date	Time	Initials	
Doorknobs				<input type="checkbox"/>
Light Switches				<input type="checkbox"/>
Railings				<input type="checkbox"/>
Remotes				<input type="checkbox"/>
Ipad				<input type="checkbox"/>
Keyboard/Mouse				<input type="checkbox"/>
Telephone				<input type="checkbox"/>
Time Clock				<input type="checkbox"/>
Toilet Handles				<input type="checkbox"/>
Sink Knobs				<input type="checkbox"/>
Washer/Dryer knobs				<input type="checkbox"/>
Steering Wheel/Knobs in Van/Van Keys				<input type="checkbox"/>
Adaptive Equipment				<input type="checkbox"/>
Any other touched surface areas				<input type="checkbox"/>

Vehicle Cleaning Checklist

Clean all HMC vehicles after each use and between transporting passengers who are visibly sick.

If the situation does not allow the immediate cleaning, ensure the vehicle is cleaned at the end of your shift.

Gloves and any other disposable PPE used for cleaning and disinfecting the vehicle should be removed and disposed of after cleaning; wash hands immediately after removal of gloves and PPE with soap and water for at least 20 seconds.

[illegible]

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COVID-19 Isolation Procedure

Policy:

HMC values the health and safety of all persons served. COVID-19 is a coronavirus that is highly contagious to other people and easily spreads to others. This policy describes the procedures that will be taken to ensure the health and safety of an individual who may become infected with COVID-19 and the processes that will keep the other housemates and employees as safe as possible.

Procedure:

Diagnosis

1. HMC monitors each individual's temperature and oxygen saturation and screens for signs of COVID-19 symptoms daily in the ICF and SLS programs and during each visit in the SILS program. If an individual exhibits vital signs change or the individual exhibits signs of COVID-19, the employee contacts the nurse or On-Call person. On-Call notifies the program manager.
2. **Call the COVID-19 Hotline – 651-201-3920.** Provide the information that the individual resides in a congregate living situation.
3. The individual will remain isolated in his or her room and the employees will use isolation precautions when caring for the individual.
4. When transporting the individual, the employee will wear PPE and the individual will wear a mask as tolerated.
5. If the individual is exhibiting life-threatening symptoms, such as difficulty breathing, call 9-1-1.
6. The individual will remain in isolation until the tests results are returned.

Isolation Procedure – ICF and SLS

1. A program manager or program director will ensure that the location has an isolation kit. Isolation kits are stored at the main office, in the Homestead nursing office, at Prairie's Edge, and South.
2. HMC has identified employees who are willing to provide cares to people who are COVID positive.

3. If necessary to protect the health of the individual or the health of the other housemates, the person will be moved to an alternative location while positive.
4. The isolation supplies will be located on a cart outside of the individual's room.
5. While in isolation, HMC will provide essential cares to the individual such as assisting with feeding, oral care, and toileting. Other cares such as bathing may be modified as necessary.
6. Bedding will be changed as needed.
7. Meals will be served on disposable dishware.
8. Symptoms will be monitored regularly to ensure that the individual does not need additional medical attention.

Isolation Kits

Isolation Kits contain the following:

- Disposable or reusable gowns
- Disposable Gowns
- Surgical Masks
- Goggles
- Paper bags
- Hand sanitizer
- Procedure describing donning and doffing PPE
- Wastebasket
- Hooks to hang gowns
- Isolation Signs for door
- Cleaning supplies – hard wipes and alcohol wipes

Isolation Procedure – SILS

1. SILS staff have PPE with them at all times including, a disposable gown, gloves, surgical mask, and goggles.
2. If a SILS participant is exhibiting COVID-19 symptoms, the SILS staff should use an HMC van to transport the person to be tested.
3. SILS staff will wear a surgical mask, gown, and gloves when entering an apartment of a SILS participant who is COVID-19 positive.
4. When possible, the SILS staff will check on the individual remotely.

Internal Controls:

1. Employees will receive training on the correct procedures for treating a person who is COVID-19 positive.

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Employee Screening and Tracing Protocol

Policy:

HMC follows the recommendations and guidelines prescribed by the Centers for Disease Control (CDC) and the Minnesota Department of Health (MDH) regarding screening employees and persons served. This policy identifies the screening protocols for screening employees prior to work and screening employees who may exhibit symptoms or be exposed to a person who has tested positive for COVID-19. The procedures include the screening and tracing protocols and the communication procedures when an employee has tested positive.

Procedure:

Following CDC and MDH recommendations, HMC will screen all employees daily using the following process:

Employee Screening Procedure Prior to Starting Work Shift

1. All employees will be screened prior to starting their work at the main office and each location. SILS staff will come to the Homestead office daily to have their screening completed prior to visiting anyone in the SILS program.
2. Both employees will wear a mask during the screening process.
3. An employee at the location will complete the screening for the employee coming to the location.
4. Screening includes:
 - a. Employee name
 - b. Date and time
 - c. Taking and recording the employee's temperature, and
 - d. Recording the employee's answers to the following questions:
 - i. Have you been exposed to a person exhibiting COVID-19 symptoms?
 - ii. Have you been exposed to someone who has tested positive for COVID-19?
 - iii. Have you developed a dry cough?

iv. *Or at least two of these symptoms:* ____ Yes ____ No

1. Fever
2. Chills
3. Repeated shaking with chills
4. Muscle pain
5. Headache
6. Sore Throat
7. New loss of taste or smell
8. Diarrhea

e. The employee completing the screening will initial the form.

5. Locations with one staff:

1. When a new employee arrives at a location, the staff working at the location will meet the employee at the door. Both staff will wear masks during the screening process.
2. The staff working will take the temperature of the staff arriving, ask the staff the screening questions, and document the temperature and answers to the questions on the screening form.
 - If an employee is wearing any kind of head wear; stocking cap, baseball cap, hijab, etc.; it may cause a false elevation in temperature. Please ask that staff remove the headwear 5 minutes prior to checking the temperature.
6. If the employee's temperature is above 100.4 or higher, or the employee answers yes to any of the questions, inform the employee that he or she is not able to work the assigned shift and complete the COVID-19 Employee Screening Protocol form. Contact the on-call person or the program manager.
7. **If the employee has a temperature of 100.4° or higher and a dry cough or temperature of 100.4° with two or more of the related symptoms, exclude the employee from working and refer the individual to the COVID-19 Hotline:**
 - a. **MDH Hotline 651-201-3920 7:00 AM – 7:00 PM**
 - b. **Mankato Clinic COVID-19 Hotline - 507-389-8548**
 - c. **Mayo Clinic Health Systems COVID-19 Hotline – 507-625-4031**
8. Thoroughly clean the thermometer and pen with alcohol wipes. Disinfect other surfaces with hard surface cleaner.

Employee Screening if Exhibiting Symptoms at Home or During Shift

1. If an employee is exhibiting symptoms while still at home or during the work shift, or if the employee has been exposed to a person who has tested positive for COVID-19, the employee will call the On-Call person.
2. The On-Call person will complete the Screening form. If the employee is exhibiting symptoms or has been exposed to a person who has tested positive for COVID-19, forward the information to the program manager or program director.
3. The program manager or program director will assist in determining if the employee must be excluded from work or if the employee can work with restrictions.
4. **If the employee has a temperature of 100.4° or higher and a dry cough or temperature of 100.4° with two or more of the related symptoms, exclude the employee from working and refer the individual to the COVID-19 Hotline:**
 - a. **MDH Hotline 651-201-3920 7:00 AM – 7:00 PM**
 - b. **Mankato Clinic COVID-19 Hotline - 507-389-8548**
 - c. **Mayo Clinic Health Systems COVID-19 Hotline – 507-625-4031**
5. If an employee calls and states that they are ill but do not have any of the symptoms listed above, please respond as you would have prior to COVID-19.

Tracing Procedure

1. On-Call will be notified if:
 - a. An employee reports an exposure or the screening dictates that the employee has symptoms or has been exposed to COVID-19; or
 - b. An employee is
 - i. Exhibiting symptoms before reporting to work,
 - ii. Is being tested for COVID-19, or
 - iii. Has been exposed to a person who has tested positive for COVID-19
2. On-Call will seek a replacement for the employee.
3. The On-Call person will notify the program manager or program director.
4. The program manager or program director will initiate the COVID-19 Employee Screening and Tracing Protocol form.
5. The screening form includes information regarding the source of potential exposure, date of exposure, date of testing, test results, and return to work date.

6. The tracing form identifies the names of people who may have been exposed to the employee and information about the exposure risk.

Timeframes for Exclusions

1. *High Risk Exposure:* Employee is exposed to a person with an active case of COVID-19. Employee will be excluded from work and asked to self-quarantine for 14 days.
2. *Low Risk Exposure:* Employee will be asked to monitor for temperature and other symptoms and provided a surgical mask to wear during work hours for 10 days.
3. *Employee Exhibiting Symptoms:* Employee has a fever of 100.4 or higher and a dry cough or fever and is exhibiting two or more of the other symptoms, the employee will be instructed to contact the COVID-19 Hotline and will be excluded from work until the test results are returned. If the test results are negative and the symptoms have subsided and the employee has been fever-free without the aid of fever-reducing medication for 72 hours, the employee may return to work.
4. *Employee Tested Positive for COVID-19:* Employee has tested positive for COVID-19. Unless directed differently by MDH, HMC will follow the exclusions recommended by the CDC. CDC guidelines provide that an employee who tests positive will be excluded from work for:
 - a. At least three days (72 hours) have passed since recovery, which is defined as resolution of fever without the use of fever-reducing medications; AND
 - b. Improvement in respiratory symptoms (e.g., cough, shortness of breath); AND
 - c. At least ten (10) days have passed since symptoms first appeared.

Families First Coronavirus Response Act (FFCRA)

In response to COVID-19, the federal government initiated the Families First Coronavirus Response Act (FFCRA). FFCRA provides paid sick leave and expanded medical and family leave for specified reasons related to COVID-19. It is effective from April 1, 2020 through December 31, 2020. Employees who are requesting a leave due to the coronavirus or become ill with the virus will contact the HR department to complete the paperwork for FFCRA.

Communication and Documentation

1. Notify Leadership team via email when an employee indicates a possible exposure or exhibits signs and symptoms.
2. Program director or designee will complete screening and tracing form
3. Support Services Manager or designee will input information on tracking spreadsheet

4. Support Services Manager or designee will contact employee about FFCRA if needed
5. Executive Director or designee will contact MDH regarding positive tests
6. If an employee tests positive, family members, guardians, and case managers will be notified by phone.
7. HMC will notify MDH as required and will follow MDH recommendations.

Internal Controls

1. The daily screening logs will be sent to the main office to be filed and retained for a minimum of six months.
2. HMC closely monitors the CDC and MDH for new developments regarding COVID-19 and make changes to policies and procedures as needed.
3. Attachments:
 - a. Employee Screening and Tracing Protocol Form
 - b. HMC COVID Positive Communication Form

COVID-19 Employee Screening and Tracing Protocol

Procedure for use of form: This form will be completed when an employee indicates that s/he has been exposed to a person who has tested positive, the employee is exhibiting symptoms and being tested, or the employee has tested positive. The form will be initiated by the program manager or program director and submitted to Erin Berle.

Employee Name: _____ **Date:** _____

Phone Number: _____ **Reported To:** _____

Work Location: _____

Dates Last Worked: _____

Source of Exposure: _____

Date Exposed: _____ **Exposure Risk:** High Low

Date 48 hours prior to start of Symptoms: _____

Date HMC notified about possible exposure: _____

Date Tested: _____ **Exhibiting Symptoms at this time:** Yes _____ No _____

Date Results Returned: _____ **Results:** _____

Date Excluded from Work: _____

Date Cleared to Return to Work: _____

Surgical Masks Needed? Yes _____ No _____ **If Yes, until when:** _____

Eligible for FFCRA: Yes _____ No _____ **Application completed** _____

ProCare Notified _____ **Person notifying ProCare** _____

Notes:

Form Completed By: _____ **Date:** _____

Communications:

Initial (notice of testing and initial exclusion): Leadership: _____ PM/LC: _____

Updates (results, RTW plans, and notifications): Leadership: _____ PM/LC: _____

IF REQUIRED DUE TO POSITIVE TEST: Teams: _____ Coworkers: _____ MDH: _____

SCREENING:**Name:** _____**SYMPTOMS**

Is the employee exhibiting symptoms: Yes _____ No _____ If yes:

Temperature: _____ Dry Cough: Yes _____ No _____

Difficulty Breathing/Shortness of breath: Yes _____ No _____

Or Two or More of These Symptoms: (not related to allergies)

SYMPTOM	PRESENT		SYMPTOM	PRESENT
Chills			Sore Throat	
Repeated Shaking with Chills			New Loss of Taste or Smell	
Muscle Pain			Nausea or vomiting	
Headache			Diarrhea	
Congestion or runny nose				

If the employee has a temperature of 100.4° or higher and a dry cough or temperature of 100.4° with two or more of the related symptoms, exclude the employee from working and refer the individual to the COVID-19 Hotline:

- **MDH Hotline 651-201-3920 7:00 AM – 7:00 PM**
- **Mankato Clinic COVID-19 Hotline - 507-389-8548**
- **Mayo Clinic Health Systems COVID-19 Hotline – 507-625-4031**

EXPOSURE TO PERSON WITH CONFIRMED COVID-19

Has the employee been directly exposed to a person who tested positive: Yes ____ No ____

Date person tested positive: _____

Date employee exposed to person tested positive _____

Were you closer than 6 feet to the person with confirmed COVID-19? Yes ____ No ____

Length of time exposed to person who tested positive:

≤ 15 minutes _____ ≥ 15 minutes _____

Were you wearing a mask or other PPE during the time that you were exposed to the person who tested positive? Yes ____ No ____

OR

EXPOSURE TO PERSON EXHIBITING COVID-19 SYMPTOMS

Has the employee been exposed to a person exhibiting symptoms: Yes ____ No ____

Date person started exhibiting symptoms: _____

Date employee was exposed to person exhibiting symptoms _____

Were you closer than 6 feet to the person with confirmed COVID-19? Yes ____ No ____

Length of time exposed to person who tested positive:

≤ 15 minutes _____ ≥ 15 minutes _____

Were you wearing a mask or other PPE during the time that you were exposed to the person who tested positive? Yes ____ No ____

Exposure Risk to Employee Reporting Exposure – to determine length of exclusion:

Prolonged contact is defined as being within 6 feet for ≥ 15 minutes or having unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 infection or exhibiting symptoms.

Low Risk:

- Employee was wearing mask and/or PPE when encountering the other individuals and the exposure was less than 15 minutes.
- Employee was in the same area but did not have prolonged close contact with an infected person.

High Risk:

- Employee was not wearing mask and/or PPE and the exposure was for more than 15 minutes.
- Employee had prolonged close contact with an infected person.

TRACING:

1. Since learning of a possible exposure to a person exhibiting symptoms or person who is COVID-19 positive or exhibiting symptoms of COVID-19 personally, have you been within 6 feet of other employees or persons served? Yes ____ No ____
2. How long were you exposed to the employees or persons served?
≤ 15 minutes _____ ≥ 15 minutes _____
3. Were you wearing a mask when you were exposed to the other employees or persons served? Yes ____ No ____
4. Did you have close contact or direct contact with a person served? Yes ____ No ____

Identify the persons served: _____

5. Were the other employees who were exposed to you wearing a mask?
Yes ____ No ____

Exposure Risk to Coworkers or Individuals Served – to determine risk of exposure to coworkers and individuals:

Prolonged contact is defined as being within 6 feet for ≥ 15 minutes or having unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 infection.

Low Risk:

- Employee was wearing mask and/or PPE when encountering the other individuals and the exposure was less than 15 minutes.
- Coworker was wearing mask and/or PPW when encountering the confirmed positive employee.
- Coworker or individual was in the same area but did not have prolonged close contact with an infected person.

High Risk:

- Employee was not wearing mask and/or PPE and the exposure was for more than 15 minutes.
- Coworker was not wearing mask and/or PPW when encountering the confirmed positive employee and the exposure was for more than 15 minutes.
- Employee or individual had prolonged close contact with an infected person.

Summary of Employees and Persons Served who may have been exposed to the employee:

[illegible]

Staff Exclusion from Work COVID-19

Scenario	Days Out of Work	Notes
Employee is exhibiting symptoms, but is not being tested	Exclude from work for 7 days minimum, must be fever free for 72 hours without fever-reducing medication.	
Employee exhibiting symptoms of 100.4 fever and dry cough or two other symptoms	Contact hotline to be tested. Exclude from work for minimum of three (3) days of fever-free without fever-reducing medication.	
Employee exhibiting two or more other symptoms	Contact hotline about testing. Exclude from work for one (1) day. Supervisor will contact the employee prior to the next scheduled workday to see if symptoms are still present.	Inquire if symptoms are fairly normal for the employee – e.g. headache, allergies, etc.
Employee is exhibiting symptoms, was tested and waiting for results	Exclude from work until test results are received.	
Employee was tested for COVID-19, results were...	POSITIVE: Follow MDH recommendations. NEGATIVE: Return to work without restrictions if not presenting symptoms. If presenting symptoms, must be fever-free for 24 hours without medication.	
Employee was exposed to someone with symptoms, but individual is not being tested	Exclude from work for 14 days with no symptoms. If symptoms present, then out for 7 days minimum, must be fever-free for 72 hours without fever-reducing medication.	If symptoms present, employee must be tested. Employee to tell Health Care Provider that s/he works in Long Term Care.
Employee was exposed to someone with symptoms who was tested, waiting for results	Excluded from work until test results are received.	
Employee was exposed to someone with symptoms who was tested, results were...	POSITIVE: Out for 14 days, must be 72 hours fever-free without fever-reducing medication before returning to work. NEGATIVE: Return to work without restrictions.	

STAFF Daily Temperature Charting

(updated 7/17/2020)

DIRECTIONS: Take the temp and ask symptom questions. If yes to additional symptoms, indicate which symptoms and complete employee screening. If none, write NO.

Location:

COVID-19 Symptoms - Yes/No

Last Name	First Name	Date	Time AM/PM	Temp	Staff Taking Temp Initials	Exposure to someone w/ symptoms	Exposure to someone w/ positive COVID-19	Dry Cough	Additional Symptoms
									<input type="checkbox"/> chills, <input type="checkbox"/> muscle pain, <input type="checkbox"/> headache, <input type="checkbox"/> sore throat, <input type="checkbox"/> repeated shaking with chills <input type="checkbox"/> new loss of smell or taste, <input type="checkbox"/> diarrhea
Notes:									
									<input type="checkbox"/> chills, <input type="checkbox"/> muscle pain, <input type="checkbox"/> headache, <input type="checkbox"/> sore throat, <input type="checkbox"/> repeated shaking with chills <input type="checkbox"/> new loss of smell or taste, <input type="checkbox"/> diarrhea
Notes:									
									<input type="checkbox"/> chills, <input type="checkbox"/> muscle pain, <input type="checkbox"/> headache, <input type="checkbox"/> sore throat, <input type="checkbox"/> repeated shaking with chills <input type="checkbox"/> new loss of smell or taste, <input type="checkbox"/> diarrhea
Notes:									
									<input type="checkbox"/> chills, <input type="checkbox"/> muscle pain, <input type="checkbox"/> headache, <input type="checkbox"/> sore throat, <input type="checkbox"/> repeated shaking with chills <input type="checkbox"/> new loss of smell or taste, <input type="checkbox"/> diarrhea
Notes:									
									<input type="checkbox"/> chills, <input type="checkbox"/> muscle pain, <input type="checkbox"/> headache, <input type="checkbox"/> sore throat, <input type="checkbox"/> repeated shaking with chills <input type="checkbox"/> new loss of smell or taste, <input type="checkbox"/> diarrhea
Notes:									
									<input type="checkbox"/> chills, <input type="checkbox"/> muscle pain, <input type="checkbox"/> headache, <input type="checkbox"/> sore throat, <input type="checkbox"/> repeated shaking with chills <input type="checkbox"/> new loss of smell or taste, <input type="checkbox"/> diarrhea
Notes:									
									<input type="checkbox"/> chills, <input type="checkbox"/> muscle pain, <input type="checkbox"/> headache, <input type="checkbox"/> sore throat, <input type="checkbox"/> repeated shaking with chills <input type="checkbox"/> new loss of smell or taste, <input type="checkbox"/> diarrhea
Notes:									
									<input type="checkbox"/> chills, <input type="checkbox"/> muscle pain, <input type="checkbox"/> headache, <input type="checkbox"/> sore throat, <input type="checkbox"/> repeated shaking with chills <input type="checkbox"/> new loss of smell or taste, <input type="checkbox"/> diarrhea
Notes:									

COVID-19 Screening and Tracing Form

Procedure for use of form: This form will be completed when an employee indicates that s/he has been exposed to a person who has tested positive, the employee is exhibiting symptoms and being tested, or the employee has tested positive. The form will be initiated by the program manager or program director and submitted to Erin Berle.

☐ Employee ☐ Person Served Program ☐ ICF ☐ SLS ☐ SILS

Name: _____ Date: _____

Location: _____ Reported To: _____

EMPLOYEE INFORMATION	
Phone Number: _____	Date Last Worked: _____ Shift: _____

Eligible for FFCRA:	Yes	No	Application completed
ProCare Notified	Person notifying ProCare		

Source of Exposure: _____

Date Exposed: _____ Exposure Risk: High _____ Low _____

Date HMC notified about possible exposure: _____

Exhibiting Symptoms at this time: Yes _____ No _____ Date 48 hours prior to start of symptoms: _____

Date Tested: _____ Date Results Returned: _____ Results: _____

Date Excluded from Work or Quarantined: _____

Date Cleared to Return to Work or leave Quarantine: _____

Surgical Masks Needed? Yes _____ No _____ If Yes, until when: _____

Notes:

Form Completed By: _____ Date: _____

Communications:

Initial (notice of testing and initial exclusion): Leadership: _____ PM/LC: _____

Updates (results, RTW plans, and notifications): Leadership: _____ PM/LC: _____

IF REQUIRED DUE TO POSITIVE TEST: Teams: _____ Coworkers: _____ MDH: _____

SCREENING:

Name: _____

SYMPTOMS

Is the person exhibiting symptoms: Yes _____ No _____ Date Onset of Symptoms _____

If yes: Temperature: _____ Dry Cough: Yes _____ No _____

Difficulty Breathing/Shortness of Breath: Yes _____ No _____

Or Two or More of These Symptoms: (not related to allergies)

SYMPTOM	PRESENT		SYMPTOM	PRESENT
Chills			Sore Throat	
Repeated Shaking with Chills			New Loss of Taste or Smell	
Muscle Pain			Nausea or vomiting	
Headache			Diarrhea	
Congestion or runny nose				

1. Employee:

If the employee has a temperature of 100.4° or higher and a dry cough or temperature of 100.4° with two or more of the related symptoms, exclude from working and refer to the COVID-19 Hotline:

2. Person Served:

If the person served has a temperature of 100.4° or higher and a dry cough or temperature of 100.4° with two or more of the related symptoms, implement isolation procedure and call COVID-19 Hotline:

3. COVID-19 Hotline:

- **MDH Hotline 651-201-3920 7:00 AM – 7:00 PM**
- **Mankato Clinic COVID-19 Hotline - 507-389-8548**
- **Mayo Clinic Health Systems COVID-19 Hotline – 507-625-4031**

EXPOSURE TO PERSON WITH CONFIRMED COVID-19

Has the person been directly exposed to a person who tested positive: Yes ____ No ____

Date person tested positive: _____

Date exposed to person tested positive _____ Were they exhibiting symptoms? Yes ____ No ____

Were you closer than 6 feet to the person with confirmed COVID-19? Yes ____ No ____

Length of time exposed to person who tested positive: ≤ 15 minutes _____ ≥ 15 minutes _____

Were you wearing a mask or other PPE when exposed to the person who tested positive? Yes ____ No ____

Were you inside or outside? _____

-- OR --

EXPOSURE TO PERSON EXHIBITING COVID-19 SYMPTOMS

Has the employee or person served been exposed to a person exhibiting symptoms: Yes ____ No ____

Date person started exhibiting symptoms: _____

Date employee or person served was exposed to person exhibiting symptoms _____

Were you closer than 6 feet to the person with confirmed COVID-19? Yes ____ No ____

Length of time exposed to person who tested positive: ≤ 15 minutes _____ ≥ 15 minutes _____

Were you wearing a mask or other PPE when exposed to the person who tested positive? Yes ____ No ____

Were you inside or outside? _____

Exposure Risk to Employee Reporting Exposure – to determine length of exclusion:

Prolonged contact is defined as being within 6 feet for ≥ 15 minutes or having unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 infection or exhibiting symptoms.

Low Risk:

- Employee/person served was wearing mask and/or PPE when encountering the other individuals and the exposure was less than 15 minutes.
- Employee/person served was in the same area but did not have prolonged close contact with an infected person.

High Risk:

- Employee/person served was not wearing mask and/or PPE and the exposure was for more than 15 minutes.
- Employee/person served had prolonged close contact with an infected person.

TRACING:

1. Since learning of a possible exposure to a person exhibiting symptoms or person who is COVID-19 positive or exhibiting symptoms of COVID-19 personally, have you been within 6 feet of other employees or persons served? Yes ____ No ____
2. How long were you exposed to the employees or persons served?
≤ 15 minutes _____ ≥ 15 minutes _____
3. Were you wearing a mask when you were exposed to the other employees or persons served?
Yes ____ No ____
4. Did you have close contact or direct contact with a person served? Yes ____ No ____

Identify the persons served: _____

5. Were the other employees or individuals who were exposed to you wearing a mask?
Yes ____ No ____

Exposure Risk to Coworkers or Individuals Served – to determine risk of exposure to coworkers and individuals:

Prolonged contact is defined as being within 6 feet for ≥ 15 minutes or having unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 infection.

Low Risk:

- Employee/person served was wearing mask and/or PPE when encountering the other individuals and the exposure was less than 15 minutes.
- Coworker was wearing mask and/or PPW when encountering the confirmed positive employee.
- Coworker or individual was in the same area but did not have prolonged close contact with an infected person.

High Risk:

- Employee/person served was not wearing mask and/or PPE and the exposure was for more than 15 minutes.
- Coworker was not wearing mask and/or PPW when encountering the confirmed positive employee and the exposure was for more than 15 minutes.
- Employee/person served had prolonged close contact with an infected person.

Summary of Employees and Persons Served who may have been exposed to the employee:

[illegible]

Staff Exclusion from Work COVID-19

Scenario	Days Out of Work	Notes
Employee exhibiting symptoms of 100.4 fever and dry cough and/or two other symptoms	Contact hotline. Exclude from work based on test results and exposure risk. If symptoms resolve, return to work.	Inquire if symptoms are fairly normal for the employee – e.g. headache, allergies, etc.
Employee is exhibiting symptoms, was tested and waiting for results	Exclude from work until test results are received.	
Employee was tested for COVID-19, results were...	<p>POSITIVE: Follow MDH recommendations. If employee had symptoms. RTW in 10 days from onset of symptoms or test date if no symptoms and fever free for 24 hours without medication</p> <p>Employees who were asymptomatic and not severely immunocompromised may return to work when at least 10 days have passed since the date of the first positive test.</p> <p>NEGATIVE</p> <p>RTW depends on reason for testing.</p> <p><u>Testing due to symptoms, but no exposure:</u></p> <ul style="list-style-type: none"> ▪ Negative results - RTW immediately with surgical mask for 14 days. 	
Employee was exposed to someone with symptoms, but individual is not being tested	<p>Assess type of risk. If high exposure, exclude for 48. If high risk, return to work wearing a surgical mask. Employee should test after 48 hours.</p> <p>If symptoms present, employee will go for testing.</p>	If employee has symptoms present, employee must be tested.
Employee was exposed to someone with symptoms who was tested, waiting for results	<p>Excluded from work until test results are received.</p> <p>RTW is dependent on level of exposure risk:</p> <ul style="list-style-type: none"> ▪ Low Risk, Negative Results – Monitor symptoms, RTW immediately with surgical mask for 14 days ▪ High Risk, Negative Results – Exclude for 14 days ▪ Positive Results – RTW 10 days from onset of symptoms or test, if fever-free and symptom-free for 24 hours without medication 	Review level of risk associated with the exposure
Employee was exposed to someone with symptoms who was tested, results for individual were...	<u>Testing due to exposure, with or without symptoms – RTW is based on level of exposure risk</u>	

	<ul style="list-style-type: none"> ▪ Low Risk, Negative Results – Monitor symptoms, RTW immediately with surgical mask for 14 days ▪ High Risk, Negative Results – Exclude for 14 days ▪ Positive Results, High Risk Exposure – RTW 10 days from date of exposure 	
Employee is severely immunocompromised and asymptomatic	<ul style="list-style-type: none"> ▪ May return to work after at least 20 days have passed since their first positive test ▪ Employees who were severely ill are excluded for 20 days and cannot return to work until fever and symptom free for at least 24 hours without medication 	

HMC COVID-19 Positive Communication Form

Name of infected person _____

HMC Location _____

Date of First Symptoms _____

Date Confirmed Positive _____

Team Notification:

HMC Person Served	Team Member Name	Team Member Status	Date and Time of Contact	HMC staff making contact	Notes

Notification to families, guardians, case managers:

Date: _____ Completed by: _____

Notification to Employees:

Date: _____ Completed by: _____

Instructions:

Use form to document communication when an employee or person served has been confirmed COVID-19 positive. Program Managers or designee will call family members and guardians to notify them about the possible exposure. A member of the Leadership Team will send a letter notifying all families/team members and employees of the potential exposure if the exposure reaches the level required for notification.

Vision: A community where all people are fully accepted and equal in every aspect of their life.

Mission: We provide individualized supports to people that encourage dreams, focus on independence, and foster community connections. Supports are adaptable for each person to ensure a meaningful lifestyle for all.

Screening Persons Served

Policy:

It is HMC's policy to ensure the health and safety of all persons served. In response to COVID-19, HMC implemented a process of monitoring persons served daily. In the ICF and SLS programs, individuals are screened daily. In the SILS program, employees screen the individuals during scheduled visits. If COVID-19 is confirmed for a person served in the ICF and SLS programs, the individuals will be monitored more frequently.

Procedure:

ICF and SLS Program

1. All persons served are screened daily.
2. The information is recorded on the Individual Daily Temperature Charting. A new sheet is used each month for each individual.
 - a. Time
 - b. Temperature
 - c. Oxygen Saturation
 - d. Identify if the individual has been exposed to a person with COVID-19 or if the person has been exposed to someone exhibiting symptoms
 - e. Identify if the individual has been exhibiting any symptoms including
 - i. Shortness of Breath
 - ii. Dry Cough
 - iii. Sore Throat
 - iv. Chills
 - v. Repeated shaking with chills
 - vi. Muscle Pain
 - vii. Headache
 - viii. New loss of taste or smell
 - ix. Diarrhea
 - f. If the individual is exhibiting symptoms, contact the MDH COVID-19 Hotline
 - g. Implement isolation precautions until the test has been returned.
3. If a person served leaves the facility for a visit with a family member, the individual will be screened when the individual returns.
4. Individuals who leave for day program activities or activities with other individuals not related to HMC, the individual will be screened upon return.

SILS Program

1. The SILS employees will screen SILS participants prior to starting each visit.
2. The screening components include all of the data identified above.
3. If a SILS participant reports symptoms to the SILS employee, the SILS employee will assist the participant in arranging for testing for COVID-19

Internal Controls

1. HMC closely monitors the CDC and MDH guidance and will make changes to the screening protocols as changes arise.
2. The screening forms will be maintained at each location in the SLS program and in the main office for the ICF and SILS programs.
3. Employees will monitor the temperature and oxygen saturation levels for each individual and report any changes to the nursing staff.
4. Forms:
 - a. Individual Temperature Charting SLS and SILS
 - b. ICF Daily Screening Chart – provided by program manager or program director

INDIVIDUAL Daily Temperature Charting

Month	Individual Name:						
Date	Time AM/PM	Temp	Oxygen Sats	Exposure to someone with COVID-19 Symptoms	Exposure to someone tested positive COVID-19	Dry Cough/Respiratory Symptoms	Staff Initials
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Symptoms: fever, dry cough, sore throat, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of smell or taste, diarrhea.

(Updated 6/12/2020)

INDIVIDUAL Daily Temperature Charting

Month	Individual Name:						
Date	Time AM/PM	Temp	Oxygen Sats	Exposure to someone with COVID-19 Symptoms	Exposure to someone tested positive COVID-19	Dry Cough/Respiratory Symptoms	Staff Initials
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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25							
26							
27							
28							
29							
30							
31							

Symptoms: fever, dry cough, sore throat, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of smell or taste, diarrhea.

(Updated 6/12/2020)

Date:

Daily Temperature Tracking - ICF Homestead

If temp is 100.4 or higher and/or there is a change in respiratory status, please notify nursing as soon as you are able

Symptoms: sore throat, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of smell or taste

Last Name	First Name	Time	Temperature	Oxygen Level	Diarrhea?	Dry Cough?	Unusual for Individual?	Staff Initials
Apartment 1								
Apartment 2								
Apartment 3								
Apartment 4								
Apartment 5								



Vision: A community where all people are fully accepted and equal in every aspect of their life.

Mission: We provide individualized supports to people that encourage dreams, focus on independence, and foster community connections. Supports are adaptable for each person to ensure a meaningful lifestyle for all.

Visitor and Vendor Screening Policy

Policy:

During COVID-19, HMC has limited visitors and vendors who have access to the building and locations in an effort to minimize exposure to potential exposure to the coronavirus. Visitors who have been identifies as needing to access the buildings or family members will be screened prior to entering the buildings or locations.

Procedure:

HMC limits access to locations and the main office. The doors are locked and visitors or vendors have to ring a bell to make a delivery or access the building. All visitors or vendors are screened prior to accessing the building.

1. A sign is posted on the doors indicating that HMC is limiting access to the building. Visitors will be instructed to ring a doorbell.
2. An HMC employee will answer the door.
3. Deliveries – employee will accept the delivery.
4. Screening supplies will be kept by the door including
 - i. Screening Log
 - ii. Thermometer and thermometer covers
 - iii. Wipes
 - iv. Gloves
 - v. Wastebasket
5. HMC employee will write the visitor's name, phone number, time, and date on the log
 - b. Visitor name and number is recorded to allow for tracing if needed
6. Employee dons gloves and places a cover on the thermometer to take the visitor's temperature.
7. After the temperature has been taken, discard the thermometer cover, wipe the thermometer with an alcohol wipe and remove the gloves.
8. Record the visitor's temperature on the log and ask the visitor the remaining questions on the log, recording their answers.
9. If the visitor is symptom-free, the visitor will be allowed into the building

10. If the visitor answers yes to any of the following questions on the log, the visitor will be told that she or he will not be allowed into the building:

- i. Have you been exposed to a person exhibiting COVID-19 symptoms?
- ii. Have you been exposed to someone who has tested positive for COVID-19?
- iii. Have you developed a dry cough?
- iv. *Or at least two of these symptoms:* ____ Yes ____ No
 - 1. Fever
 - 2. Chills
 - 3. Repeated shaking with chills
 - 4. Muscle pain
 - 5. Headache
 - 6. Sore Throat
 - 7. New loss of taste or smell
 - 8. Diarrhea

11. If the visitor has a temperature of 100.4° or higher and a dry cough, or exhibits two or more of the related symptoms, the visitor will be denied access to the building.

12. Visitors will be issued a mask to wear in the buildings or locations.

Internal Controls:

- 1. All visitors or vendors will be screened before entering an HMC building. The names and phone numbers of the visitors will be recorded to assist with tracing if needed.
- 2. Screening logs will be maintained at the main office for a minimum of six months.

COVID-19 Visitor Screening

Location: _____

Visitor access will be denied if the visitor answers yes to any of the questions or is displaying any symptoms.

Name: _____ Phone Number: _____

Date: _____ Time: _____

Temperature: _____

1. Have you been exposed to someone with COVID-19 symptoms? No ☐ Yes ☐ When? _____
2. Have you been exposed to someone with positive COVID-19? No ☐ Yes ☐ When? _____
3. Have you traveled within the last 14 days to an area that may be considered high-risk?
No ☐ Yes ☐ When? _____ Where? _____

4. Check any of the symptoms you are experiencing at this time:

☐ fever of 100.4 or higher ☐ dry cough ☐ chills ☐ repeated shaking with chills ☐ muscle pain
☐ headache ☐ diarrhea ☐ sore throat ☐ new loss of smell or taste

+++++

Name: _____ Phone Number: _____

Date: _____ Time: _____

Temperature: _____

1. Have you been exposed to someone with COVID-19 symptoms? No ☐ Yes ☐ When? _____
2. Have you been exposed to someone with positive COVID-19? No ☐ Yes ☐ When? _____
3. Have you traveled within the last 14 days to an area that may be considered high-risk?
No ☐ Yes ☐ When? _____ Where? _____

4. Check any of the symptoms you are experiencing at this time:

☐ fever of 100.4 or higher ☐ dry cough ☐ chills ☐ repeated shaking with chills ☐ muscle pain
☐ headache ☐ diarrhea ☐ sore throat ☐ new loss of smell or taste

+++++

Name: _____ Phone Number: _____

Date: _____ Time: _____

Temperature: _____

1. Have you been exposed to someone with COVID-19 symptoms? No ☐ Yes ☐ When? _____
2. Have you been exposed to someone with positive COVID-19? No ☐ Yes ☐ When? _____
3. Have you traveled within the last 14 days to an area that may be considered high-risk?
No ☐ Yes ☐ When? _____ Where? _____

4. Check any of the symptoms you are experiencing at this time:

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☐ headache ☐ diarrhea ☐ sore throat ☐ new loss of smell or taste



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Visitation and Overnight Visits during COVID-19

Policy:

HMC values opportunities to promote and foster relationships for the people served. Normally, family members, case managers, guardians, and other friends are encouraged to visit the people served. Under the current circumstances of COVID-19, HMC has followed the CDC and Minnesota Department of Health (MDH) guidelines for visits and maintaining the health and safety of people served. HMC will continue to follow the guidance and recommendations of the CDC and MDH while assisting people to access the community and encourage visits with family and friends safely.

Procedure:

The governor replaced the “Stay at Home” order with a “Stay Safe MN” order effective May 19, 2020. The “Stay Safe” order encourages people to continue to stay home, and practice good hand hygiene and social distancing. It also allows people to have small gatherings of ten people or fewer. MDH has not lifted the visiting restrictions for long term care facilities.

Visits:

HMC will request that family members schedule visits with program managers. Program managers will work with the coordinators family members will be asked to comply with the following:

1. Outdoor visits are preferable. The program manager will assist in scheduling a location for the visit.
2. No more than two people will visit at a time.
3. Family members will be screened prior to the visit including:
 - a. Temperature
 - b. Answering questions
 - i. Have you been experiencing any of the COVID-19 symptoms
 - ii. Have you been exposed to anyone exhibiting symptoms
 - iii. Have you been exposed to anyone who has a confirmed case of COVID-19
4. If a family member has a temperature of 100.4 or higher or answers positive to the screening questions, the family member will not be allowed to visit.

5. Visits will be arranged in a location that allows for social distancing of at least six feet between people.
6. Family members will be asked to wear masks as a means of source control.
7. HMC staff will bring hand sanitizer for the staff, family members, and individuals to use during the visit.

Overnight Visits:

If a family member requests to take an individual out of the residence to their home for a visit, the family will be asked to comply with the following:

1. Family members understand that the individual may not be able to return if the individual has been exposed to the virus during the visit or that the individual may need to be quarantined for 14 days following the visit.
2. The family agrees to record and screen all family members or other individuals that come in contact with the person served during the visit and the person served.
3. The screening includes:
 - a. Temperature
 - b. Answering questions
 - i. Have you been experiencing any of the COVID-19 symptoms
 - ii. Have you been exposed to anyone exhibiting symptoms
 - iii. Have you been exposed to anyone who has a confirmed case of COVID-19
4. The family will coordinate the individual's return to the location with the coordinator or program manager. HMC employees will ask to review the screening log and clarify information is missing.
5. Family members will notify HMC if the individual exhibits symptoms or becomes ill during the visit. HMC employees will provide information about obtaining testing for the individual.
6. The individual will be screened – temperature and oxygen level upon return.
7. If the individual is exhibiting symptoms or has been exposed to the virus, the individual may not be allowed to return or will be quarantined for 14 days. Contact the program director before admitting the individual to the location.

Internal Controls:

1. Employees will record the names of visitors, date of visit, time, and screening information on the visitor screening form.
2. Program managers will be involved in scheduling the visit and reviewing the information upon return.



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Self-Management Assessment
COVID-19 ADDENDUM
Individual:
Program Name:
Date of COVID-19 Addendum:
Updated:
Person(s) assisting in the development of ISMA: (updated with PM and nurse and anyone else assisting in development)
Social Distancing Will individual follow social distancing guidelines? Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="margin-left: 20px;"> <input type="checkbox"/> Independently <input type="checkbox"/> Verbal Reminders <input type="checkbox"/> Unable </div>
Assessment:
Wearing Mask: Will individual cooperate with wearing a mask? Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="margin-left: 20px;"> <input type="checkbox"/> Independently <input type="checkbox"/> Verbal Reminders <input type="checkbox"/> Contraindicated </div>
Assessment:
Hand Hygiene: Will individual perform hand hygiene? Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="margin-left: 20px;"> <input type="checkbox"/> Independently <input type="checkbox"/> Verbal Reminders <input type="checkbox"/> Physical Prompting </div>
Assessment:

Symptoms:

Able to report symptoms? Yes ☐ No ☐

If the individual contracts COVID-19 would individual be able to quarantine? Yes ☐ No ☐

☐ Independently

☐ Verbal Reminders

☐ Physical Prompting

Medical Needs:

Does the individual have any medical needs that put individual at increased risk for complications if they contract COVID-19? Yes ☐ No ☐

Identify:

How will the individual's medical appointments be attended?

☐ In Clinic

☐ Via Telehealth

Notes:

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Return to Work/Community Activities

Name _____

Date: _____

HMC Location _____

Work Location _____

A. Assessment of Work Environment:

	Yes	No
1. Does the work environment/work station provide at least 6 feet between workers?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all workers required to wear face masks?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is hand sanitizer supplied at the work station?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the work provide social distancing in common areas, restrooms and lunchroom?	<input type="checkbox"/>	<input type="checkbox"/>
5. What is the plan at the work place for frequent cleaning of high-touch surfaces?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

B. Individual

	Yes	No
1. Is the individual capable of following infection control measures?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the individual follow the infection control measures?	<input type="checkbox"/>	<input type="checkbox"/>
Hand hygiene	<input type="checkbox"/>	<input type="checkbox"/>
Wear mask	<input type="checkbox"/>	<input type="checkbox"/>
Maintain social distancing	<input type="checkbox"/>	<input type="checkbox"/>
3. Input from Team members:		
Supported by guardian:	<input type="checkbox"/>	<input type="checkbox"/>
Supported by case manager:	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

C. Transportation

	Yes	No
1. Will transportation provide social distancing?	<input type="checkbox"/>	<input type="checkbox"/>
2. What cleaning procedures are used in the vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
Transportation provided by:		
Number of people in vehicle:		

D. Evaluation of Roommates

	Yes	No
1. Are other roommates returning to work?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do other roommates have health issues that put them at risk such as immune compromised systems?	<input type="checkbox"/>	<input type="checkbox"/>

Proposed work schedule:

Days of week _____

Hours _____

Notes:

Form Completed by: _____

Date: _____

Instructions: Complete form for each individual in the ICF and SLS programs who are preparing to return to work or day program outside of HMC. Submit the completed form to the Program Manager. Form will be included in the individual's file.

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Transporting Individuals during COVID-19

Policy:

It is the policy of HMC to ensure the health and safety of all persons served and employees. This policy addresses safe transportation of individuals during COVID-19.

Procedure:

Transporting Healthy Individuals

The CDC recommends that people stay home as much as possible. However, one of the options available to individuals served is to go on a ride. The following procedures will be observed when going on rides with people who are not ill:

- Staff members will wear a mask at all times.
- Individuals will be encouraged to wear a mask as tolerated and if not medically contraindicated.
- Individuals will be separated in the vehicle to allow for social distancing.
- Upon completion of the trip, the vehicle will be sanitized including the steering wheel, door handles, seats, and dashboard.
- Vehicles will be cleaned weekly according to the cleaning schedule.

Non-COVID-19 Illness

- If an individual is displaying life-threatening symptoms, call 911. Describe the symptoms and let them know that the individual lives in a congregate living situation. Identify if the person has COVID-19 symptoms, is COVID-19 positive or not.
- Prepare the paperwork to send with the individual.
- A staff member will follow the ambulance to the hospital and be prepared to answer questions about the individual.

Transporting a person with suspected or confirmed COVID-19:

- Notify the hospital, emergency room, or clinic that the person has confirmed case of COVID-19.

- The individual will wear a surgical mask during transportation unless wearing the mask would pose additional health issues for the individual.
- Staff will wear PPE including mask, goggles, gown and gloves.
- Limit the number of people who come in contact with the individual.
- The vehicle will be cleaned and wiped after the trip has been completed. Staff cleaning the vehicle will wear PPE.
- SILS staff will use an HMC vehicle to transport an individual who is exhibiting symptoms or has been confirmed as COVID-19 positive.

Paperwork to accompany a person who is ill:

Prior to sending an individual with emergency personnel or providing transportation to a clinic or hospital, staff will ensure that the following paperwork is completed and sent with the individual:

ICF: For individuals in the ICF programs, take a copy of the Individual's Crisis Plan and note the current symptoms on the form. If applicable, also take the DNR/DNI order.

SLS: For individuals in the SLS programs, take the appointment book with the individual's IDF and note current symptoms on the Symptom Sheet.

SILS: For individuals served through the SILS program take the Individual data form, Medical Facesheet, copies of the insurance cards. DNR/DNI or Health Directives, and symptom sheet

Internal Controls:

1. Employees will wear a mask during transportation.
2. Individuals will sit apart to provide social distancing.
3. Vehicles will be thoroughly cleaned after transporting an individual who is COVID-19 positive or exhibiting symptoms.

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- $\frac{2}{3}$ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at $\frac{2}{3}$ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.*

► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- | | |
|---|---|
| <ol style="list-style-type: none">1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;2. has been advised by a health care provider to self-quarantine related to COVID-19;3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | <ol style="list-style-type: none">5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
|---|---|

► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd



WH1422 REV 03/20



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Staffing Shortages during COVID-19

Policy:

According to the CDC and MDH, COVID-19 is a viral respiratory illness caused by a novel coronavirus. IT is thought that COVID-19 is spread through respiratory droplets when an infected person coughs or sneezes and the infected person is in close contact with other people. It may also spread by touching a surface or object that has the virus on it and then touching eyes, nose, or mouth.

HMC is licensed by the MN Department of Health (MDH) and the Department of Human Services (DHS) residential services and supports to people with disabilities. Services are provided via shift staff or by providing services to people in their own homes. Persons served depend on the staff to provide the services.

HMC has a policy regarding Staffing Guidelines addressing staffing considerations during COVID-19. This policy augments the Staffing Guidelines policy and provides additional information regarding supporting individuals who have an active case of COVID-19 and plans if employees are not able to work due to an active case of COVID-19 or being excluded from work due to exposure.

Procedure:

ICF and SLS General guidelines:

1. HMC will maintain a list of trained employees for each location in the ICF and SLS programs. A list of employees who are familiar with SILS participants will also be maintained.
2. Program managers will have a discussion with employees to determine if they are willing to provide supports to an individual who has received a diagnosis as COVID-19 positive. The managers will identify employees who are not able to provide services due to underlying medical conditions.
3. The employees who are willing and able to provide services to individuals who are COVID-19 positive will be trained on isolation procedures including, use of PPE,

monitoring the individual's symptoms, and the types of cares to be provided to the individuals.

4. Whenever possible, an employee who has received training at a location will provide supports.
5. If necessary, an additional employee will be assigned to work directly with the individual who has COVID-19.
6. The lists of employees will be reviewed and updated on a weekly basis by the program directors or the designee.
7. If all of the employees at a location become ill or quarantined, the program directors and program managers will confer to determine who will provide the services for the individuals. Information about each person's needs is available at all locations.
8. The hours for shifts may be changed if necessary to permit coverage in a location. Staff may be asked to work 24-hour shifts, allowing for sleep time, providing individuals served a means of summoning staff should the need arise.
9. Individuals served may be group together based on the individuals' needs to allow for a higher individual to staff ratio.

Isolation Procedures:

1. If an individual is exhibiting COVID-19 symptoms, the COVID-19 Hotline will be contacted to determine if the individual needs to be tested. In the interim, isolation precautions will be initiated. An Isolation Kit with PPE will be issued to the location.
2. While in isolation, essential cares will be provided, and basic needs will be met. Outcomes, Procedures, and Provisions of Care will be put on hold during the isolation period. Other interactions will be based on how the individual is feeling and what they are able to and are interested in participating in to aid in maintaining the isolation status.
3. All efforts will be made to keep a person who is COVID-19 positive isolated from other individuals. Employees will follow isolation protocols. Nursing staff will assist with implementing the isolation procedures.
4. The program directors, program managers, or leadership team will determine if the best location to provide services for an individual who is COVID-19 positive. If one person is diagnosed as COVID-19 positive, and the individual is compliant with isolating in his or her room, services may be provided at the location. In other circumstances or if there are several individuals who are COVID-19 positive, the individuals may be moved to another location to provide services. Trained staff will accompany the individuals.

SILS Program General Guidelines:

1. The SILS staff has developed a plan to meet the needs of each person in the program if the individual tests positive for COVID-19
2. Staff wear PPE if needing to have in-person contact with individuals who are COVID-19 positive
3. Whenever possible, services will be delivered remotely, such as a phone call when a person is COVID-19 positive.

Internal Controls

1. The list of employees trained at all locations will be reviewed weekly by the program directors or a designee and updated as needed.
2. The staffing report will be reviewed by the leadership team weekly to identify any areas that may cause staffing concerns. Examples of concerns include more than one individual at a location COVID-19 positive or several employees excluded from work due to COVID-19 related issues.
3. Staffing Triage:
 - a. Staff trained at each location.
 - b. Staff cross-trained for different locations.
 - c. Program managers and nursing staff.
 - d. Staff who have been trained through HMC and can provide general cares using the SMA and crisis plans. Oversight provided by program managers.
 - e. Reach out to other local providers.
 - f. Reach out to the state.
4. HMC may elect to allow staff who have tested positive and still able to work as a last resort to cover shifts. The staff will wear PPE throughout the shifts.
5. A report will be provided to the leadership team identifying areas that may cause red flags such as several employees in one home who are out due to testing positive for COVID-19 or quarantined or more than one individual.



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ICF Staffing Guidelines

Policy

This document describes the development, implementation, monitoring, evaluation and modification of the staffing plan for patient care. The Program Director, in cooperation with the Program Managers, is responsible for his or her service-specific staffing plan as it relates to the organization-wide staffing plan. Direct-care staff's input shall be considered in the development, implementation, monitoring, evaluation, and modification of the staffing plan, by way of conversation with the staff in charge of that location (i.e.; LC or BC). The primary purpose of this plan is to support the provision of safe patient care and adequate direct care staff.

Procedure

The staffing philosophy is designed to support adequate staffing levels in accordance with our mission and vision.

DEVELOPMENT AND IMPLEMENTATION

Development of the staffing plan shall include consideration of:

- a. Nursing and direct care required by aggregate and individual individuals' needs.
- b. Specialized qualifications and competencies of the staff. The skill mix and competency of the staff shall ensure the needs of the individuals are met and shall ensure safety.
- c. The scopes of practice of registered nurses, licensed practical nurses and authorized duties of direct support staff.
- d. The numbers staff needed for all units.
- f. Relevant infection control and safety issues.
- g. Budgets and care standards.
- h. Continuity of Care

COHORTS

The purpose of the acuity system is to sort individuals into similar groups related to complexity of care as not all individuals show need for a 1:3.2 staffing ratio as outlined in regulation.

Program Directors, with the assistance of the Program Managers shall determine the division and initiation of the Acuity Cohort system as follows:

1. Acuity Based Cohorts

- a. In order to maximize the utility of direct care staff, individuals of lower acuity shall be housed together, allowing for a higher individual to staff ratio
- b. If needed, based on acuity, staff may be scheduled for a 30-hour shift allowing for an 8-hour sleep period; provisions shall be made for individuals served to summons help if required during the sleep period

The purpose of the wellness-based system is to allow for maximum movement for individuals served within their respective settings, to help to prevent the spread of infection, and assist in the preservation of appropriate PPE. The COVID-19 team, comprised of nursing staff and direct care staff where appropriate, under the direction of the Program Directors shall determine the division and initiation of the Wellness Based Cohorts as follows:

2. Wellness Based Cohorts

- a. Individuals diagnosed with COVID-19 shall be housed together as necessary and appropriate. The COVID-19 cohort shall be staffed, as appropriate and possible, by the nursing staff as well as direct care staff who are properly trained and supervised while providing care.
- b. Programs will not be run for individuals diagnosed with COVID-19 as the focus shall be on observing and treating symptoms of the illness and providing basic cares during the illness period.
- c. Well individuals shall be housed together as necessary and appropriate while providing provisions to maintain each individual's highest level of mental health.

The purpose of flexible location planning is to allow for the isolation of individuals positive for COVID-19 from the well individuals while providing their basic needs and preventing the spread of infection.

3. Flexible location planning

- a. Flexible location planning shall be utilized as deemed necessary by the Executive Director, Program Directors, Director of Operations and the Support Services Manager.
- b. Individuals shall be moved to designated locations within their respective programs to allow for the isolation of individuals who are positive for COVID-19, aiding to prevent the spread of the disease.

- c. Areas considered shall be homes within the SLS or ICF programs that could be used to house COVID-19 positive individuals, a conference room within the Homestead building or hotel rooms where possible. The Homestead ICF has a fire door that could be closed providing for division of well and ill individuals.

DAILY STAFFING

Daily staffing practices include the following:

1. Staffing is evaluated and adjusted at least daily and more often if needed by considering individuals' served as well as staff wellness and individual acuity level.
2. Responsibility for each shift is delegated to Location Coordinators under the direction of the Program Managers and/or Program Directors as available.
 - a. Location Coordinators, Program Managers, Program Directors and HR work together in providing timely, accurate information to each other regarding employee and individual illnesses as to best prepare the team for staffing challenges.
 - b. The team searches for additional staff as needed. Replacement Staff: Every reasonable effort will be made to obtain staff to fill unfilled hours or shifts before requesting a staff to work overtime.
 - c. Location Coordinators, Building Charge or Program Managers, where able, provide locations with daily staffing sheets in order to track ratios and guide staff as to their assignments.

Staffing Assignments:

1. Staffing assignments are designed to match individual needs with the competence of the staff, when possible to allow for continuity of care.
2. When staff who are trained to work with a certain set of individuals are not available; the staff who are assigned to said individuals refer to the Orientation and Reference Manual or Crisis Plan as appropriate to the program as a means of guiding them through each individual's cares.
3. As necessary, the COVID-19 team, who may not necessarily be trained to the specific needs of each of the individuals that they are providing care for, shall provide basic cares such as nutritional, pharmaceutical and hygienic needs.

HOMESTEAD ICF SPECIFIC DIETARY STAFFING SHORTAGE PLAN:

The purpose of the Dietary Staffing Shortage Plan is to ensure that all individuals served by the Homestead ICF are provided appropriate and adequate nutrition according to his or her Diet Order. Determination of need for staff to serve in a dietary capacity shall be made by the ICF Program Director under the direction of the Executive Director.

1. Staff shall prepare meals in their locations according to each individual's diet order as trained by Dietary Manager.
2. Non-Dietary staff are trained as to the location of the menus and recipes as needed during a dietary staff shortage.
3. Staff are trained on the location of kitchen equipment necessary to prepare meals according to individual diet orders.
4. Staff are trained to monitor and record all refrigerators and freezers that are used to store foods used within the Homestead ICF.
5. The ICF Program Director, ICF Program Managers, ICF Programs Coordinator and Homestead location coordinators are trained in process of ordering food necessary to provide for the dietary needs of the individuals served by the ICF.

All Director level staff are familiar with the processes of each of the respective Programs so that each could step in and provide direction should one director be unable to fulfill his or her duties due to COVID-19 illness.

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COVID-19 Shelter In Place

Policy:

On March 13, 2020, President Trump issued a proclamation declaring that the United States is in a state of emergency as a result of a viral respiratory coronavirus, known as COVID-19. According to the Minnesota Department of Health (MDH), it is thought that COVID-19 spreads mainly through respiratory droplets that spread when an infected person sneezes or coughs. It may also spread when a person touches a surface or object that has the virus on it and then touches his or her mouth, nose, or eyes. Preventive measures include frequent handwashing, covering coughs, and wiping and sanitizing high-touch surfaces frequently. In addition, the CDC recommends monitoring individuals for symptoms of the illness and promoting social distancing as a means of preventing the spread of the illness. Social distancing is a mitigation strategy that encourages people to refrain from gathering in large groups and maintaining a distance of at least six feet between people. As the illness continues to spread, the CDC is recommending that organizations practice social distancing by encouraging individuals to remain in self-quarantine and minimize the spread of the virus. HMC has identified mission-critical activities that need to be completed on-site and actions that can be accomplished remotely.

Ensuring the health and safety of the people supported by HMC and its employees is the number one priority. It is the policy of HMC to follow CDC and MDH recommendations while remaining in compliance with other regulations.

Procedure:

Identification of Essential Personnel - HMC has identified the following personnel as essential to ensuring the health and safety of the individuals served:

- Direct Care Professionals - In the ICF and SLS programs, HMC must ensure that trained, competent staff members are present to meet the needs of the persons served 24 hours per day, seven days per week. Services are provided in three and four-person homes throughout the greater Mankato area. DSPs are required to provide services on-site.
- SILS staff members provide one-on-one services to persons served as identified by their plan to meet their needs. SILS services are provided in the individual's homes. Services will be provided through a combination of on-site visits and direct contact through a remote option such as phone calls or Face Time.
- Location Coordinators – Location coordinators coordinate the services for the individuals at a particular location, including scheduling staff, ordering food and supplies, and ensuring that the locations are operating smoothly. Location coordinators are essential to the health and safety of individuals. Services are required to be provided at the location or at the main office.

- Nursing Staff – HMC employs nursing staff in the ICF and SLS programs. The nurses provide essential support in managing the cares of persons served. Nurses provide some cares on-site and other management will be provided at the main office.
- Program Managers – Program managers provide oversight to the programs. They provide overall management for the locations and ensure quality service provision for the individuals served. Their responsibilities include communications to the location coordinators. Program managers are essential in maintaining the health and safety of the individuals. Some services may need to be provided on-site or through the main office. Program managers will also work remotely,
- Program Directors – The program directors are essential members of the Crisis Management Team. They may provide services on-site, at the main office, or work remotely.
- Finance Team – The finance team reviews and submits payroll, submits monthly billings, ensures that all payables are paid, processes Social Security payments, and supports the Representative Payee program. Finance team members can complete most of their work remotely. However, they will need to be on-site to complete routine tasks.
- HR - The HR team recruits and screens applicants, assists with on-boarding of new employees, answers questions about benefits, processes terminations, and tracks training.
- Maintenance - The maintenance team is responsible for ensuring that all locations operate smoothly. The maintenance manager will work remotely and provide daily assignments to the maintenance team.
- Front Office – Coverage of the front office is essential to answer phones, take deliveries, etc. The office will be open Monday through Friday, 8:00 AM – 4:00 PM.

POSITION	ON-SITE	OFFICE	WORK REMOTELY
DSP	X	No	No
Location Coord	X	X	No
Nurse - ICF	X	No	No
Nurse - SLS	X	X	
Program Manager	X	X	Yes
HR		X	Yes
IT		X	Yes
Maintenance Manager	X	X	Yes
Maintenance	X	X	Yes
Finance Team		X	Yes with occasional trips to the office
Office Team		X	Yes with a rotating schedule for office coverage
Support Planner	Possible		Yes

Activities Coordinator	Possible	X	Rotate with office staff
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Essential Activities:

Supervision of Individuals – provided according to the needs of the individuals. Several people served through the SILS program have elected to stay with family members for a couple of weeks. HMC will continue to work with team members regarding provision of services.

Food:

ICF – The Dietary Manager will work from home and will report to the site at least weekly. Food orders for the ICF programs will continue through IS Foods. Food for Prairie’s Edge and South will be distributed by the dietary manager, maintenance manager or picked up by a staff from each location.

SLS – Locations will continue to purchase food from Hy-Vee. Weekly checks will be provided to each location. Staff members will purchase the food.

SILS – the SILS workers will work with each individual to ensure that they have sufficient food supplies and assist them with online ordering if appropriate.

Supplies:

Maintenance will retain an updated list of supplies and place orders to ensure that there are sufficient supplies. SLS locations will request supplies and the supplies will be delivered to the locations.

Medications:

Medications will be ordered through Genoa. Non-routine medications should be ordered two weeks before running out.

Communications:

The leadership team, Executive Director, Operations Director, ICF Program Director, SLS-SILS Program Director, and Support Services Manager, provide oversight as the crisis management team and continues to act as the central point for questions and communications.

Communication requests from the media will be cleared through the Executive Director.

Regular communications and updates will be sent out to employees via email and SComm. Communications to families, guardians, and case managers will be sent via email and US mail.



Vision: A community where all people are fully accepted and equal in every aspect of their life.

Mission: Providing individualized supports to people that encourage dreams, focus on independence, foster community connections, and ensure a meaningful lifestyle for all.

Working Remotely Policy

Policy:

Minnesota Governor Walz released an order to Stay at Home on March 25, 2020. The executive order runs from March 27th through April 10th. The order defines businesses that provide essential services and ask that other people alter their work habits to tele commute or work from home. HMC qualifies as an essential service and will continue to provide services to the people supported. In an effort to promote social distancing, HMC has identified several positions that may be completed in remote capacity. This policy identifies the procedures for the positions that will be completing job tasks from a remote location.

Procedure:

The positions identified as able to work remotely include the finance team, HR team, IT, Support Planner, dietary manager, and maintenance. Program managers and the leadership team will work remotely as scheduled. Other positions may be able to work remotely as projects are identified.

1. Nonexempt employees working remotely who have access to review their timecards will sign into Kronos at the beginning and end of their shift. Employees who do not have access to Kronos will record the beginning and end times and email the times to their supervisors. Supervisors will enter the time into Kronos.
2. The IT manager will work with all employees to identify who needs computer equipment and will grant access to the VPN in order to allow people to work on documents remotely.
3. Employees working remotely will forward their desk phones to their cell phones so that they can respond to calls throughout the day. They will be available to attend meetings scheduled via video conference or conference calls.
4. Employees working remotely will submit a list of activities completed while working remotely to their supervisor at the end of the week.
5. Employees will be mindful of private data.

Internal Controls:

Employees will approve the timecard submissions and the supervisors will have the final review and approval of timecards.