

This document is current as of June 18, 2020 and does not reflect guidance or requirements issued after that date.

# Preparedness Plan Requirements Guidelines for DHS Licensed or Certified Nonresidential Services Deemed Critical Businesses during Peacetime Emergency

**(excluding child care programs or programs certified by the Behavioral Health Division)**

## EMPLOYER PREPAREDNESS PLAN REQUIREMENTS CHECKLIST

Businesses and individuals that are deemed critical businesses during the peacetime emergency and are licensed or certified by the Department of Human Services to provide nonresidential services need to develop and implement a COVID-19 Preparedness Plan (“Plan”) that describes how your business will implement, at a minimum, the following components, in compliance the [Minnesota Department of Health \(MDH\)](#) and the [Centers for Disease Control and Prevention \(CDC\)](#) guidelines.

Providers need to evaluate, monitor and update their Plans if necessary on a regular basis. The Plan needs to be posted at all of the licensed or certified locations in readily accessible locations that will allow for the Plan to be readily reviewed by all staff and volunteers as required.

### **ENSURE SICK STAFF STAY HOME:**

1. Establish health screening protocols for staff at the start of each shift (e.g. health screening survey, taking temperature). See the Minnesota Department of Health (MDH)’s Visitor and Employee Health Screening Checklist (<https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>). The checklist is also available in Hmong, Somali, and Spanish (<https://www.health.state.mn.us/diseases/coronavirus/businesses.html>).
2. Establish communication protocols and steps to take when staff have been exposed to COVID-19 at the work-site. Designate an individual to maintain communication with and gather information from staff who may be ill, as to ensure the privacy of staff is maintained.
3. Establish a process to identify contact between infected staff and other staff who may have been exposed. ([CDC Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 \(COVID-19\), May 2020](#) <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> ).
4. Provide accommodations for “high risk” and vulnerable populations. See CDC’s People Who Are at Higher Risk for Severe Illness (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>). Vulnerable staff should be encouraged to self-identify, and employers should avoid making unnecessary medical inquiries. Employers should take particular care to reduce these staff’s risk of exposure.
5. Establish health screening protocols for service recipients, contract staff, volunteers, and visitors outside or near the entrance to the program using a health screening tool such as this: <https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>.
6. Ensure sick policies are clearly communicated and supportive of staff and volunteers staying home when sick.
7. Ensure staff, volunteers and service recipients know the signs and symptoms of the COVID-19 illness.

8. Notify MDH and follow their direction if a staff member, volunteer or service recipient is diagnosed with COVID-19.
9. Have a plan for back-up staffing in case a staff member or volunteer becomes ill.

## **HYGIENE AND SOURCE CONTROLS**

1. **Ensure staff, volunteers, service recipients and visitors regularly wash their hands.** Reinforce handwashing routines, after having been in a public place, prior to and after eating, after using the toilet, or after blowing your nose, coughing, or sneezing.
2. Service recipients, staff, volunteers and visitors should wash their hands for at least 20 seconds with soap and water. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
3. Ensure handwashing and/or hand-sanitizer facilities are readily available and appropriately stocked including by entrances.
4. Provide paper towels and ensure a trash-receptacle is placed by the bathroom door so a paper towel can be readily disposed of when operating the door.
5. Post handwashing and “cover your cough” signs.
6. Plan for when and how facemasks will be used by service recipients, staff, volunteers, and visitors.
7. Provide staff and volunteers with recommended protective supplies, such as facemasks, gloves, disinfectant, eye protection, shields, etc.
8. Provide tissues for proper cough/sneeze etiquette and no-touch disposal containers.
9. Remind staff, service recipients and visitors to avoid touching their eyes, nose, and mouth with unwashed hands.
10. Community drinking stations and water-fountains should not be available/used. Touchless water-filling stations may still be provided.
11. Prepare for potential symptomatic or COVID-19 positive service recipients by having appropriate supplies.

## **WORKPLACE CLEANING AND DISINFECTING PROTOCOLS**

1. Protocols related to cleaning and disinfection of nonresidential facilities should be detailed so that staff know what is expected of them. Guidance is available on the CDC’s Cleaning and Disinfection for Community Facilities <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
2. Establish a documented sanitation schedule and checklist, identifying surfaces/equipment to be sanitized, the agent to be used, and the frequency at which sanitation occurs.
3. Ensure high-touch surfaces such as doorknobs, light switches, stair rails, counters, tables and chairs, phones, keyboards, program equipment and other shared items are regularly cleaned and disinfected.
4. Minimize the use of shared supplies (e.g. arts and crafts, office supplies) that cannot be sanitized and consider using designated bins for clean and used items.
5. Use EPA-registered disinfectants recommended by the CDC: <https://www.epa.gov/coronavirus>

## **ENSURE SOCIAL DISTANCING DURING ARRIVALS AND DEPARTURES**

1. Post instructions at entrances informing people:
  - a. Not to enter if they are experiencing COVID-19 symptoms;
  - b. To wash or sanitize their hands upon arrival;
  - c. Screening for COVID-19 symptoms by staff is required prior to or immediately upon entering the program;
  - d. To wear face-coverings whenever possible; and
  - e. To adhere to hygiene and social distancing instructions, signage and markings.
2. Stagger when people arrive and leave so that larger groups of people do not congregate during these times.

3. Consider use of multiple entrances and exits when these can be used safely by the service recipient, staff, volunteers and visitors.
4. Clearly mark areas for pick-up and drop-off.
5. Limit the number of persons accompanying the service recipient.
6. Limit use of shared items for check-ins (i.e. pens).

## **SCREENING AND POLICIES FOR STAFF AND VOLUNTEERS EXHIBITING SIGNS OR SYMPTOMS OF COVID-19**

1. Monitor staff and volunteers for signs of illness, including using health screening questions before beginning a work shift, and require sick staff and volunteers to stay home or return home if they are experiencing symptoms. You may also opt to conduct temperature screening if it can be done with proper social distancing, protection, and hygiene protocols. However, temperature screening is not required.
2. Ensure sick policies are clearly communicated and supportive of staff and volunteers staying home when sick.
3. Ensure staff and volunteers know the signs and symptoms of the COVID-19 illness.
4. Establish protocols based on MDH guidance for when a staff member or volunteer exhibits symptoms of COVID-19 or tests positive for COVID-19.
5. Ensure that emergency contact information for staff and volunteers is up-to-date.
6. Establish communication protocols for a positive COVID-19 case or potential exposure and ensure that an individual's identity is not disclosed, other than to a person authorized to receive the information.
7. Notify MDH and follow their direction if a staff member or volunteer is diagnosed with COVID-19.
8. Have a plan for back-up staffing in case a staff member or volunteer becomes ill during program hours.

## **SCREENING AND POLICIES FOR WHEN SERVICE RECIPIENTS EXHIBIT SIGNS OR SYMPTOMS OF COVID-19**

1. Monitor service recipients for signs of illness, including using a health screening tool such as this: <https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>.
2. Ensure service recipients know the signs and symptoms of the COVID-19 illness.
3. Establish protocols based on MDH guidance for when a service recipient exhibits symptoms of COVID-19 or tests positive for COVID-19 to limit exposure.
4. Ensure that emergency contact information for service recipients is up-to-date.
5. Establish communication protocols for positive COVID-19 cases or potential exposure and ensure that an individual's identity is not disclosed, other than to a person authorized to receive the information.
6. Notify MDH and follow their direction if a service recipient is diagnosed with COVID-19.

## **ENSURE SOCIAL DISTANCING THROUGHOUT THE DAY**

1. Waiting areas, common areas, and other areas of congestion should be marked to provide for social distancing of at least 6-feet, including floor markers for distance and appropriately distanced seating arrangements.
2. Rearrange seating spaces to maximize the space (at least 6 feet) between people. Turn chairs to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
3. Consider using visual aids (e.g., painter's tape, stickers, signs) to illustrate traffic flow and appropriate spacing to support social distancing.
4. For larger programs, whenever possible, refrain from intermixing groups. If intermixing of groups is necessary, limit the number of groups that intermix and keep records of staff and service recipients that intermix.

5. Discuss options for providing services remotely with service recipients.
6. To the extent possible, encourage staff to work from home. Hold meetings remotely, if possible.
7. Stagger breaks to maximize social distancing.
8. Staff and volunteers should also maintain social distance when interacting with each other.
9. Increase physical space between staff and service recipients through the use of partitions and barriers of sufficient dimension and appropriate material, e.g. Plexiglass or taut heavy plastic curtains stretched and secured, as necessary, to protect workers.
10. Provide for physical distancing in restrooms or limit restroom capacity. Mark off areas for where to wait to use the restroom.

## **ESTABLISH PROCEDURES FOR FOOD PREPARATION AND MEALS**

1. Prohibit food (including condiments) and beverage sharing between service recipients.
2. Stagger meal times to maximize social distancing.
3. Maintain consistent groups during meal times.
4. If meals are served family-style, plate each meal and serve so that multiple people are not using the same serving utensils.

## **WORKPLACE BUILDING AND VENTILATION PROTOCOLS**

1. Work to allow for the maximum amount of fresh air to be brought in (including opening windows if possible), limit air recirculation and properly use and maintain ventilation systems. Take steps to minimize air flow blowing across people, including repositioning seating and fans.

Recommendations for Day-To-Day Operations: Providers that operate in a facility should work to implement where possible the following practices and protocols:

- Maximize fresh-air into the workplace and work to eliminate or minimize air recirculation.
- Maintain relative humidity levels of RH 40-60%
- Keep systems running longer hours to enhance the ability to filter contaminants out of the air.
- Add a flush cycle to the controls of the HVAC system, and run HVAC systems for 2-hours before and after occupancy, if possible.
- Check and rebalance the HVAC system to provide negative air-pressure, if possible.
- Supplement ventilation-system with the use of portable HEPA filter units, if possible.
- Minimize air-flow from blowing across people.
- Consult an HVAC professional or the American Society of Heating, Refrigerating and Air-Conditioning Engineers if helpful to provide advice and assistance on making adjustments to ventilation systems, and on properly maintaining ventilation-systems. See ASHRAE's COVID-19 Preparedness Resources (<https://www.ashrae.org/technical-resources/resources>).

## **COMMUNICATIONS AND TRAINING PRACTICES AND PROTOCOLS**

1. All staff and members of management must be trained regarding COVID-19 exposure, as well as applicable policies, procedures, practices, and protocols. The training must be provided at no cost to worker and is considered worktime. The training must be provided in a manner and language that each employee can understand, and must be adjusted to reasonably accommodate all limiting factors present. See "[OSHA's Resource for Development and Delivery of Training to Staff](https://www.osha.gov/Publications/OSHA3824.pdf)" (<https://www.osha.gov/Publications/OSHA3824.pdf>).

2. Providers must ensure the COVID-19 Preparedness Plan is posted at all of the venue's workplaces in readily accessible locations and is shared with and reviewed by all staff.
3. Providers must ensure the necessary or required rules and practices are communicated to staff, and adequately enforce their provisions.
4. Providers must ensure the necessary or required protocols and practices are communicated to temporary and contract staff, and ensure protocols and practices are discussed with organizations providing temporary and/or contract staff.
5. Ensure all staff, including temporary and contract staff, are provided with and using personal protective equipment necessary to perform their work.
6. Staff must ensure they comply with and follow established rules and practices.
7. Explain in plain language the parts of the plan relevant to the service recipients and, as appropriate, parents, guardians, legal representatives, and case managers. Provide them with resources to follow the Plan.
8. Staff with concerns about their employer's COVID-19 Preparedness Plan or questions about their rights should contact MNOSHA Compliance at [osha.compliance@state.mn.us](mailto:osha.compliance@state.mn.us), 651-284-5050 or 877-470-6742.