DEPARTMENT OF HUMAN SERVICES

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 Residential 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 by the Departmental Human Services to provide residential 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 with 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' risk of exposure.

5. Ensure sick policies are clearly communicated and supportive of staff and volunteers staying home when sick.
6. Ensure staff, volunteers and residents know the signs and symptoms of the COVID-19 illness.
7. Notify MDH and follow their direction if a staff member, volunteer or resident is diagnosed with COVID-19.
8. Have a plan for back-up staffing in case a staff member or volunteer becomes ill.

STAFF AND RESIDENT HYGIENE AND SOURCE CONTROLS

1. **Ensure staff and residents 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. Residents, staff, 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 residents, staff, and visitors.
7. Provide staff 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, residents and visitors to avoid touching your 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 residents by having appropriate supplies.
12. Sinks could be an infection source so residents should avoid placing toothbrushes directly on counter surfaces. Totes can be used for personal items so they do not touch the bathroom countertop.

WORKPLACE CLEANING AND DISINFECTING PROTOCOLS

1. Protocols related to cleaning and disinfection of residential programs 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. Follow MDH and CDC guidance for frequent cleaning and disinfecting of your program space, especially shared spaces.
3. 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.

4. 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.
5. 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.
6. Use EPA-registered disinfectants recommended by the CDC: https://www.epa.gov/coronavirus
7. When washing towels, bedding, and other items, use the warmest appropriate water setting and dry items completely.
8. Establish procedures for cleaning and disinfection after persons suspected or confirmed to have COVID-19 have been in the residential program, including:
    a. Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.
    b. This includes focusing on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons but reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons to as-needed.
    c. If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.

ENSURE SOCIAL DISTANCING THROUGHOUT THE DAY

1. Gatherings of residents and staff in the facility should be carefully considered and redesigned, as necessary, to reduce prolonged close contact among staff, residents, and families.
2. Common areas and other areas of congestion should be marked to provide for social distancing of at least 6-feet.
3. Consider using visual aids (e.g., painter's tape, stickers, signs) to illustrate traffic flow and floor markers for where to stand for appropriate spacing to support social distancing.
4. 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).
5. 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 residents that intermix.
6. Stagger breaks to maximize social distancing.
7. Hold meetings remotely, if possible.
8. Staff and volunteers should also maintain social distance when interacting with each other.
9. Staff should limit entering residents' rooms as much as possible to reduce potential for cross-contamination, unless required for supervision.
10. Ensure that beds are spaced out as much as possible. Consider placing residents' beds head to toe in order to further reduce the potential for viral spread.
11. Provide for physical distancing in restrooms or limit restroom capacity. Mark off areas for where to wait to use the restroom.

ESTABLISH PROCEDURES FOR VISITORS TO THE PROGRAM

1. Visitors should be screened for COVID-19 symptoms prior to entrance. https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf
2. Provide visitors with hand sanitizer or access to a handwashing area, and facemasks if available.
3. Encourage social distancing between residents and their visitors.
4. Whenever possible, visits should occur outdoors or in a visiting room close to the facility entrance. Visitors should limit interactions to those individuals that they are visiting.
5. Clean and disinfect the visiting room after each visit.
6. Encourage residents to wash their hands after interacting with a visitor.

ESTABLISH PROCEDURES FOR FOOD PREPARATION AND MEALS

1. Prohibit food (including condiments) and beverage sharing between residents.
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 it 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).

TRANSPORTATION

1. Plan for the use of facemasks when providing transportation.
2. Take precautions when using public transportation, ride-sharing, or taxis.
3. Limit the number of residents in the vehicle and ask them to spread out to maintain social distancing as much as possible.
4. Do not have air recirculated while in a vehicle. Use the vehicle's ventilation system to exchange fresh-air in from outside the vehicle; Lower the vehicles windows as often as possible.
5. Pre-coordinate, schedule, and reduce and the number of trips to accommodate and allow ample time for cleaning and disinfecting in-between trips.
6. Remind residents to wear a facemask or face covering, wash their hands, and follow social distancing guidelines while they are away.

COMMUNICATIONS AND TRAINING PRACTICES AND PROTOCOL

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 by and paid for by the venue. 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 Workers" (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 residents 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, 651-284-5050 or 877-470-6742.