

COVID-19 Preparedness Plan Optional Template for DHS Licensed or Certified Residential Services Deemed Critical Businesses during Peacetime Emergency

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

All businesses in Minnesota are required to have a COVID-19 Preparedness Plan that protects staff, residents and the community you serve. This template is designed to help you create a plan and recognizes the health and safety requirements already required of your program. This template is designed to assist you in meeting the unique needs of your staff and residents during this peacetime emergency.

According to Executive Order 20-48, critical businesses, including providers licensed or certified by the Department of Human Services to deliver residential services, are required to follow guidance from the [Minnesota Department of Health \(MDH\)](#) and the [Centers for Disease Control and Prevention \(CDC\)](#) to mitigate the spread of COVID-19. Because there is currently no vaccine for this virus, you will need to operate your program for many months with the possibility that COVID-19 could be confirmed in your program. The MDH/CDC guidance is designed to prevent, mitigate, or respond to the transmission of COVID-19.

[Executive Order 20-74](#), signed by Gov. Walz on June 5, 2020, requires all critical businesses 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 MDH and CDC guidelines:

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

You must develop your Plan by June 29, 2020. 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 business’s workplaces in readily accessible locations that will allow for the Plan to be readily reviewed by all workers.

In order to help comply with Executive Order 20-74 requirement to develop a COVID-19 Preparedness Plan, DHS is providing this “COVID-19 Preparedness Plan Optional Template for DHS Licensed Residential Programs” (“Plan”) as a resource for you to use in creating a plan, if you do not already have one. This template should be used with the [checklist guidelines for creating a COVID-19 Preparedness Plan for licensed nonresidential services](#). The use of this particular form is optional. You may create a Plan using your own form but your Plan must address, at a minimum, the ten topics identified below.

You do not need to send the completed plan to DHS for review or approval. However, you will need to:

- notify service recipients about the plan and make it available to them upon request, and if appropriate to their parents, legal guardians, or case workers;
- train staff and volunteers on the plan and ensure they are capable of implementing it; and
- post the plan in a prominent place or make it accessible to staff and volunteers who need to review it.

NOTIFYING AND WORKING WITH MDH:

You are expected to notify MDH when there is a confirmed case of COVID-19 in your program by calling 651-297-1304 or 1-800-657-3504 (Mon. – Fri., 8AM-5PM). You are expected to work with MDH and comply with their directive when given.

HOW TO USE THIS PLAN TEMPLATE:

This template should be used with the [checklist guidelines for creating a DHS Licensed Residential Services COVID-19 Preparedness Plan](#). The use of this particular form is optional. You may create your own form or use a plan you have already created, but it must cover the same ten topics.

For each required element of the Plan, there are highlights from the relevant MDH and CDC guidance as it relates to that specific topic; however, we encourage you to review the full guidance with its more detailed information to determine what is most applicable to your setting. The bullet points are followed by a space for you to explain how you are incorporating the guidance into your program within each of the content areas, if you choose to use this form as your Plan. Otherwise, you must ensure your Plan, however it is written, addresses the required element.

1. Hygiene and source controls

- 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.
- 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.
- Ensure handwashing and/or hand-sanitizer facilities are readily available and appropriately stocked including by entrances.
- 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.
- Post handwashing and “cover your cough” signs.
- Plan for when and how facemasks will be used by residents, staff, and visitors.
- Provide staff with recommended protective supplies, such as facemasks, gloves, disinfectant, eye protection, shields, etc.
- Provide tissues for proper cough/sneeze etiquette and no-touch disposal containers.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

- Community drinking stations and water-fountains should not be available/used. Touchless water-filling stations may still be provided.
- Prepare for potential symptomatic or COVID-19 positive residents by having appropriate supplies.
- 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.

PLAN FOR HYGIENE AND SOURCE CONTROLS:

- Hand-sanitizer receptacles have been hung at each group home and at the main office for use by staff and individuals we support. Staff will wash their hands for a min of 20 seconds if visibly soiled, or use hand-sanitizer (rub in until dry) when not visibly soiled before and after eating or making food, after coughing, sneezing, or blowing your nose, when returning inside from outside, before and after touching your face, or any other time your hands are or may be soiled. It is recommended to wash your hands or use hand-sanitizer frequently.
- Medical grade surgical masks (cloth face coverings will be worn when medical grade surgical masks are unavailable) and face shields **will be worn by staff during their shift**. *As of 7/25/2020, Executive Order 20-81 mandates the use of face coverings in all indoor business and public indoor spaces, unless alone.*
- If a staff experiences symptom of illness while at work, they will notify their supervisor immediately and make plans to go home ASAP. The staff will wear a medical grade mask and face shield, wash hands frequently, and stay six (6) feet or more away from other people, as much as possible. It is recommended to avoid providing direct care to individuals, unless unavoidable.
- Staff that may have a possible exposure to COVID19 and are unable to self-quarantine must always wear a medical grade face mask and face shield when providing care and within six (6) feet of another person. A cloth mask/face covering and face shield will be worn if medical grade masks are not available.
- Staff that provide direct care or are within six (6) feet of an individual experiencing symptoms of illness or with a suspected or positive case of COVID19 will wear a medical grade mask (or a cloth mask/face covering if a medical grade mask is unavailable), face shield or eye protection, gloves, gown, and any other Personal Protective Equipment (PPE) available at the time. Guidance on how to put on/off PPE is hung in the office.
- Staff will disinfect or dispose of their PPE after providing direct care or are within six (6) feet of an individual experiencing symptoms of illness or with a suspected or positive case of COVID19. Guidance on how to put on/off PPE is hung in the office. Face shields can be disinfected between each use. Staff should write their name on their face shield, disinfect between each use, and reuse until broken or visibly soiled.
- Visitors will wear masks/face coverings when entering the home and/or within six (6) feet of another person, when visitors are allowed.
- Ensure hand washing signs are hung up and there is soap, paper towels and a garbage can by every sink.

- Individuals we serve will be encouraged to wear a mask when they are experiencing symptoms of illness, having staff assist them with direct cares, when in public or out of the home, or when they will be within six (6) feet of another person inside of the home.
- Ensure cover your cough signs are hung on each floor of the home.
- Keep an eye on all PPE (Masks, gloves, gowns, face shields). Inform your Direct Supervisor so the message can be relayed to Cody so more can be ordered. Check weekly, DO NOT RUN OUT IF WE CAN HELP IT.
- Encourage each individual to keep their personal hygiene supplies in their bedrooms or in a drawer or cabinet (Labeled) in the bathroom. Toothbrushes and other personal supplies should not be kept on the bathroom countertop or out in the open. Supply totes for the individual's personal hygiene supplies if needed.
- Ensure COVID signs and symptoms poster is hung on each floor, visible for all to see.
- Ensure the house thermometer and pulse oximeter is working properly and there is an adequate supply of alcohol pads to disinfect after each use.
- Non-direct care or support activities that require close contact are not recommended

2. Cleaning and disinfecting

- Follow MDH and CDC guidance for frequent cleaning and disinfecting of your program space, especially shared spaces.
- 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.
- 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.
- 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.
- Use EPA-registered disinfectants recommended by the CDC: <https://www.epa.gov/coronavirus>.
- When washing towels, bedding, and other items, use the warmest appropriate water setting and dry items completely.

PLAN FOR CLEANING AND DISINFECTING

- Staff will follow the cleaning/disinfecting schedule and prompt individuals to clean/disinfect their personal areas too.
- If persons suspected or confirmed to have COVID19 visits the facility, follow these procedures:
 - Close off areas visited by the ill person. Open outside doors and windows and use fans, as needed, to improve air circulation in the area. Wait 24 hours, or as long as possible, to clean and disinfect the area.

- Focus cleaning and disinfecting on common areas and reduce cleaning of bedrooms/bathrooms used by ill people to as needed, unless the bedrooms/bathrooms are used by others.
- If it has been longer than seven (7) days since the person suspected/confirmed to have COVID19 visited or used the facility, additional cleaning and disinfecting is not needed.
- Refill hand sanitizer stations when out and order refills when stock runs low.
- Make sure the house has enough tissues, paper towels, hand soap and sanitizer. Check stock weekly and make a list of items becoming low.
- Staff are required to complete the AM and PM disinfecting/cleaning checklist during their shift.
- Only purchase cleaning/disinfecting products that are on the EPA approved list.
- Clean thermometer and pulse oximeter with an alcohol pad after each use. Make sure supply is stocked.

3. Screening and policies for staff and volunteers exhibiting signs or symptoms of COVID-19

- 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. <https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>
- Ensure sick policies are clearly communicated and supportive of staff and volunteers staying home when sick.
- Ensure staff and volunteers know the signs and symptoms of the COVID-19 illness.
- Establish protocols based on MDH guidance for when a staff member or volunteer exhibits symptoms of COVID-19 or tests positive for COVID-19.
- Ensure that emergency contact information for staff and volunteers is up-to-date.
- 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.
- Notify MDH and follow their direction if a staff member or volunteer is diagnosed with COVID-19.
- Have a plan for back-up staffing in case a staff member or volunteer becomes ill.

PLAN FOR SCREENING AND POLICIES FOR STAFF AND VOLUNTEERS:

- Staff will check their temperature and monitor for symptoms twice a day on the days they work. It is highly recommended to do this on days off as well. The data needs to be written down and kept by the staff until further notice.
- Staff with an elevated temperature (above 100.0F) or symptoms (shortness of breath, cough, chills, muscle pain, headache, sore throat, new loss of taste or smell, new confusion, etc.) should not come into work, but contact their direct supervisor immediately via phone. The staff should try to cover their own shift(s), as applicable. The direct supervisor will immediately notify the MBK nurse, Department Director, Executive Director, and HR Director.

- Staff that feel sick during their shift should contact their supervisor immediately and make plans to go home as soon as possible. The staff will wear a mask, wash hands frequently, and stay six (6) feet or more away from other people, as much as possible, until able to go home. It is recommended to not provide direct care to the individuals we serve, unless absolutely unavoidable.
- Staff with an elevated temperature (above 100.0F) or symptoms (shortness of breath, cough, chills, muscle pain, headache, sore throat, new loss of taste or smell, new confusion, etc.) will be directed to use Virtuwel or their primary clinic/provider for an assessment. The return to work plan will be created using the data from Virtuwel and/or other medical professionals, MBK supervisors, MBK HR department, MBK nurse, and current government guidelines (MDH, DHS, and/or CDC). Staff will submit all Virtuwel documents/correspondence and/or documents/correspondence with other medical professionals to the HR department for time off/leave/return to work purposes.
 - Staff with symptoms will need to be out of work for a minimum of 10 days from the onset of symptoms. They are able to return once they have an improvement in symptoms without the aid of medications AND it's been 10 days since the onset of symptoms.
- Staff without medical insurance can contact the HR department for possible resources for COVID19 testing and/or treatment.
- Staff that come into contact with a positive case of COVID19, are made aware of a contact that is recommended to be tested, or a contact waiting for test results will report it to their direct supervisor immediately. The direct supervisor will report the incident to the MBK nurse and Department Director. Staff will submit all documents/correspondence from medical professionals and/or government entity to the HR department for time off/leave/return to work purposes.
 - Staff are advised to self-quarantine (stay away from the public and work) for 14 days after the last known exposure to COVID19 **The quarantine time may change. Before an individual plan is made, federal, state, and local rules/regulations will be consulted for the proper self-quarantine time.
 - Staff that are unable to self-quarantine and must provide direct care should:
 - Avoid providing care to high risk individuals (like those with pre-existing conditions, elderly, immunocompromised, etc.)
 - Practice diligent hand hygiene and wear a medical grade face mask at all times when providing care and within 6 feet of another person. If medical grade mask is unavailable, then a cloth mask will be worn.
 - Continue to monitor signs & symptoms twice a day on the days they work and highly recommended to do this on days off too
 - Notify direct supervisor ASAP if they develop symptoms and make plans to have shifts covered
 - Notify direct supervisory immediately if symptoms develop while at work

4. Screening and policies for residents exhibiting signs or symptoms of COVID-19

- Monitor residents for signs of illness, including using a health screening tool such as this: <https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>.
- Ensure residents know the signs and symptoms of the COVID-19 illness.
- Establish protocols based on MDH guidance for when a resident exhibits symptoms of COVID-19 or tests positive for COVID-19 to limit exposure.
- Ensure that emergency contact information for residents is up-to-date.

- 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.
- Notify MDH and follow their direction if a resident is diagnosed with COVID-19.

PLAN FOR SCREENING AND POLICIES FOR RESIDENTS:

<ul style="list-style-type: none"> • Individuals we serve will have their temperature and pulse oximetry (SpO2) checked and symptoms monitored twice daily and documented on the COVID19 Symptom Tracker.
<ul style="list-style-type: none"> ○ Staff will disinfect the thermometer and pulse oximeter between each use with an alcohol pad
<ul style="list-style-type: none"> • Individuals with an elevated temperature (>100.0F), SpO2 (>90% & look for decreasing trends), or symptoms (shortness of breath, cough, chills, muscle pain, headache, sore throat, new loss of taste or smell, new confusion, etc.) will be identified immediately as a possible COVID19 infection. The individual’s primary physician or other medical professionals will be contacted for a COVID19 assessment and further instructions. COVID19 • The individual with suspected or confirmed COVID19 will be self-quarantined until further guidance from medical professionals is acquired. The individual will be prompted to wear a mask when in common areas or leaving their room for any reason. They will also be prompted to perform frequent hand hygiene. • Staff will avoid providing direct cares to the individual(s), unless unavoidable. Staff will wear medical grade masks (cloth masks/face coverings if medical grade is unavailable), face shields or goggles, gowns, gloves, or other PPE available when providing direct cares or withing six (6) feet of the individual(s). • Common areas will be cleaned and disinfected per the cleaning/disinfecting schedule a minimum of twice daily. • If possible, the individual(s) with a confirmed or suspected case of COVID19 will not share a bathroom or other common areas with other individuals or staff. If a separate bathroom is not available, then the bathroom will be disinfected between each use. • The individual(s) with confirmed or suspected case of COVID19 will avoid common areas, eat meals in their room, and avoid sharing items with other individuals or staff.

5. Social distancing

- 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.
- Common areas and other areas of congestion should be marked to provide for social distancing of at least 6-feet.

- 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.
- 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).
- 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.
- Stagger breaks to maximize social distancing.
- Hold meetings remotely, if possible.
- Staff and volunteers should also maintain social distance when interacting with each other.
- Staff should limit entering residents’ rooms as much as possible to reduce potential for cross-contamination, unless required for supervision.
- 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.
- Provide for physical distancing in restrooms or limit restroom capacity. Mark off areas for where to wait to use the restroom.

PLAN FOR SOCIAL DISTANCING:

- Staff will work at one group home and avoid picking up shifts at multiple homes, if possible.
- Staff will maintain social distancing (six feet distance) at all times with other staff and individuals whenever possible.
- Non-direct care of support activities that require close contact are not recommended.
- Staff will provide verbal prompts, as needed, to individuals so they maintain social distancing.
- Staff should keep personal supplies like pens they use in their own box in the homes. It is best to avoid sharing supplies.
- Redesign common areas as needed to allow for 6 feet of social distancing.
- Seating arrangements, if possible, should face the same direction, rather than towards each other and observe social distancing.
- Use visual aids if necessary, to show proper traffic flow or floor markings for social distancing in areas of congestion.
- Staff will do their best to have only one staff in the office at a time and consider staggering schedules.

6. Food preparation and meals

- Prohibit food (including condiments) and beverage sharing between residents.
- Stagger meal times to maximize social distancing.
- Maintain consistent groups during meal times.

- If meals are served family-style, plate each meal to serve it so that multiple people are not using the same serving utensils.

PLAN FOR FOOD PREPARATION AND MEALS:

- Staff will wear a medical grade mask and face shield (or a cloth face covering if unavailable) while cooking meals, preparing plates, dispensing condiments, or pouring beverages.
- Staff will dispense condiments into portion cups (medication cups) for individual and staff use.
- Staff will wash their hands with soap and water for a minimum of 20 seconds before, during, and after preparing food, plates, or dispensing condiments into cups.
- Staff will cook and plate meals, including dispensing condiments, to avoid cross-contamination.
- Staff and individuals will avoid eating meals together, if possible. They will maintain a minimum of six (6) feet distance, if possible, when eating meals together. Eating meals together outside, with proper social distancing, is better than eating together inside.
- Staff and individuals will wash their hands before and after eating meals and cleaning up afterwards.

7. Ventilation

- Work to maximize the amount of fresh air being brought in, limit air recirculation and ensure ventilation systems are properly used and maintained.
- Take steps to minimize air flow blowing across people.

PLAN FOR VENTILATION:

- Staff will ensure the furnace/AC system is working properly and notify supervisor and/or maintenance if in need of repair.
- Staff will change the furnace filter per filter/HVAC system/maintenance recommendations. This is typically done monthly.
- Opening windows to allow for fresh air indoors is encouraged when weather allows.
- Individuals, if appropriate/safe, will be encouraged to keep their bedroom door shut, whether inside the room or not.

8. Visitors

- Visitors should be screened for COVID-19 symptoms prior to entrance.
<https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>
- Provide visitors with hand sanitizer or access to a handwashing area, and facemasks if available.
- Encourage social distancing between residents and their visitors.
- 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.
- Clean and disinfect the visiting room after each visit.

- Encourage residents to wash their hands after interacting with a visitor.

PLAN FOR VISITORS:

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| <ul style="list-style-type: none"> • Visitation may be limited or prohibited, depending on the current Executive Orders or MDH rules/restrictions. Visitors will not be accepted into the home when current guidelines/restrictions/executive orders permits it. • Visitation is encouraged to be done electronically, via phone, video chat, or email to avoid visitors to the home. • Non-essential visitation should be limited to one visitor per resident per day. It is important to communicate with persons served to identify family or friends that are essential to preserving their physical or mental health. • When possible, restrict visits to private rooms to avoid visiting in common areas. |
| <ul style="list-style-type: none"> ○ Outdoor visits should be encouraged as conditions allow. |
| <ul style="list-style-type: none"> • Visitors will have to check their temperature at the group home and disclose if they have any signs or symptoms of COVID19 to staff before entrance. |
| <ul style="list-style-type: none"> ○ Visitors with an elevated temperature (>99.9F) or symptoms will not be allowed entrance to the group home until they have been without symptoms, and without medications or aids, for 72 hours. |
| <ul style="list-style-type: none"> • If a household member is in isolation or self-quarantine because of a known infection or exposure, make agreements to postpone visitation to the home until individuals have been cleared of infection or have completed their quarantine period. |

9. Transportation

- Plan for the use of facemasks when providing transportation.
- Take precautions when using public transportation, sharing rides, or in taxis.
- Limit the number of residents in the vehicle and ask them to spread out to maintain social distancing as much as possible.
- Do not have air recirculated while in a vehicle.
- Remind residents to wear a facemask or face covering, wash their hands, and follow social distancing guidelines while they are away.

PLAN FOR TRANSPORTATION:

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| <ul style="list-style-type: none"> • Staff will wear a medical grade face mask and face shield (cloth mask can be worn if unavailable) when in the company vehicle. They will encourage the individuals to also wear their facemasks. • Staff and individuals will wash their hands or use hand sanitizer before and after riding in vehicles. • Make sure there are disinfectant wipes in the van for after each use. Wipe down van after each trip. |
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10. Communication and training about the plan

- Provide a copy of this plan to all of your staff, contracted service providers, and volunteers.
- Provide training to all staff and volunteers on how to follow the plan, ensure they are capable of implementing it, and update them on any changes to the plan.
- The plan must be available to the Commissioner and posted in a prominent place and readily accessible to staff who need to review it.
- 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.
- 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.

PLAN FOR COMMUNICATION AND TRAINING ABOUT THE PLAN:

- All staff will read, sign, and date to acknowledge they understand the Covid-19 Preparedness Plan and will be held accountable.
- Staff will be trained after review of the document on any aspects that are not clear to them. Staff are expected to reach out to their direct Supervisor if they do not have a clear understanding of the complete plan.
- The Preparedness plan will be posted on the wall in the staff office for anyone to review at any time.
- The houses will be thoroughly disinfected a minimum of twice daily. A thermometer and symptom screening will be used when anyone enters the home. Social distancing will be expected, when possible. Masks can be provided, as needed. Hand sanitizer is readily available, either hanging from the wall or in bottles.
- Visitors will be communicated if there is a positive Covid-19 case in the home. Visitors who show any symptoms will not be allowed in the home.
- Individuals’ temperatures and pulse oximetry are taken and documented twice daily to look for early signs of Covid-19.

Staff acknowledge they read and understand the plan and are ready and able to implement and follow:

Sign _____	Date _____

Sign _____	Date _____
Sign _____	Date _____