

COVID-19 Preparedness Plan for My Brothers' Keeper PCA & ILS

MBK is committed to providing a safe and healthy workplace for all our workers, clients, guests, and visitors. To ensure we have a safe and healthy workplace, MBK has developed the following COVID-19 Preparedness Plan in response to the COVID-19 pandemic. Managers and workers are all responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces and communities, and that requires full cooperation among our workers and management. Only through this cooperative effort can we establish and maintain the safety and health of all persons in our workplaces.

The COVID-19 Preparedness Plan is administered by **Kate Swanson, RN & Cody Siplinger, ED**, who maintains the overall authority and responsibility for the plan. However, management and workers are equally responsible for supporting, implementing, complying with, and providing recommendations to further improve all aspects of this COVID-19 Preparedness Plan. MBK's managers and supervisors have our full support in enforcing the provisions of this plan.

Our workers are our most important assets. We are serious about safety and health and protecting its workers. Worker involvement is essential in developing and implementing a successful COVID-19 Preparedness Plan. We have involved our workers in this process by soliciting their feedback and suggestions and integrating them into the plan.

MBK's COVID-19 Preparedness Plan follows the industry guidance developed by the state of Minnesota, which is based upon Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines for COVID-19, Minnesota Occupational Safety and Health Administration (MNOSHA) statutes, rules and standards, and Minnesota's relevant and current executive orders. It addresses:

- ensuring sick workers stay home and prompt identification and isolation of sick persons;
- social distancing – workers must be at least six-feet apart, when possible;
- worker hygiene and source controls;
- workplace building and ventilation protocol;
- workplace cleaning and disinfection protocol;
- drop-off, pick-up and delivery practices and protocol; and
- communications and training practices and protocol.

MBK has reviewed and incorporated the industry guidance applicable to our business provided by the state of Minnesota for the development of this plan. Other conditions and circumstances included in the industry guidance and addressed in the plan that are specific to our business include:

- additional protections and protocols for customers, clients, guests and visitors;
- additional protections and protocols for personal protective equipment (PPE);
- additional protections and protocol for access and assignment;
- additional protections and protocol for sanitation and hygiene;
- additional protections and protocols for work clothes and handwashing;

- additional protections and protocol for distancing and barriers;
- additional protections and protocols for managing occupancy;
- additional protocols to limit face-to-face interaction;
- additional protections for receiving or exchanging payment; and
- additional protections and protocols for certain types of businesses within an industry.

Expectations for employees of My Brothers' Keeper

Many employees of My Brothers' Keeper provide direct care services to or come into direct contact with vulnerable individuals. Due to the seriousness of potentially life-sustaining services, our employees are expected to comply with all Federal, State, and local guidelines, mandates, and restrictions regarding COVID-19 at work and in their personal lives. MBK expects that employees are acting responsibly and safe, at all times, to avoid putting others at risk for contracting COVID-19, especially vulnerable individuals. COVID-19 guidelines, mandates, and restrictions are listed, subject to change, and not limited to:

- Distancing
 - Stay home as much as possible
 - Stay at least 6 feet from other people if you are in public places
 - Avoid close contact with people who are sick
 - If you are 65 and older or have certain underlying medical conditions, stay at home and avoid situations where you can be exposed, including travel and private social gatherings.
- Hands and face
 - Wash your hands often with soap and water for at least 20 seconds.
 - Always wash your hands after being in public places or private social gatherings
 - Always cover your cough or sneeze with your elbow or a tissue and throw used tissue in the trash
 - Always wash your hands after blowing your nose, sneezing, or coughing
 - Hand sanitizer that is at least 60% alcohol is an option if soap and water is unavailable

- Masks

Masks have been shown to reduce the risk of infection, especially when combined with other prevention efforts. As of 7/25/2020, the Governor's Executive Order states that all people in Minnesota are required to wear a mask or face covering in all indoor businesses and public indoor spaces, unless you are alone. If you have a condition that prevents you from wearing a mask please contact your direct supervisor immediately, before coming in contact with vulnerable individuals. A face shield or other alternatives may be used but must be approved by MBK prior to coming in contact with vulnerable individuals.

- Cleaning
 - Keep your house very clean and disinfected to stop the spread of infections
 - Clean and disinfect things that people touch a lot like counters, telephones, remote controls, light switches, doorknobs, railings, handles, and other objects.

- Always follow instructions on household cleaners and check the EPA to ensure your products will work to kill COVID-19
- Considerations before traveling or social gatherings

If you are thinking about traveling outside of your local community or engaging in a social gathering it is important to take steps to protect your family and others. **A social gathering is described as any social interaction with individuals outside of your immediate household (those that do not live in your home).** Traveling and social gatherings can put people at greater risk of getting sick. Before you travel and attend a social gathering, consider:

- How much is COVID-19 spreading in your local community and where you are traveling. You want to avoid spreading COVID-19 from or to your local community.
- Consider if someone you will be near while traveling or at a social gathering, in your household, or workplace could get very sick from COVID-19
- How easy it will be to keep 6 feet between people while traveling
- Whether you or your family will be able to miss work, school, or other activities if you get sick
- If you travel or engage in social gatherings
 - Wash your hands often with soap and water or hand sanitizer
 - Avoid touching your eyes, nose, or mouth
 - Keep 6 feet of space between yourself and others at all times
 - Wear a mask
 - Cover coughs and sneezes
 - Bring all your necessary items, like medicine, food, and other supplies to last the entire trip/gathering
 - Consider packing food or picking up food from the store, drive-throughs, or curbside pickup to avoid restaurants and bars
 - Check to see if a quarantine is recommended after traveling and follow all federal, state, and local guidance

Ensure sick workers stay home and prompt identification and isolation of sick persons

Workers have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19. These symptoms include fever of 100.0 F or higher; new and persistent dry cough; difficulty breathing (unable to hold their breath for 20 to 30 seconds) or unusual fatigue or muscle aches. When any of these symptoms are present, the employee must notify their direct supervisor. **PCAs will notify their QP, Kate Swanson RN at 952-687-0888 and ILS DSPs will notify the ILS Director, Crystal Jimenez at 952-496-0157.** The worker is to stay home until the fever has subsided and symptoms have reduced, without the use of medication (typically it must be 10 days from the onset of symptoms and 24 hours since symptoms have improved without the aid of medications. If the worker exhibits symptoms while at work, they are to ensure the safety of the client and then leave the premises as soon as they can. If they need to stay until another worker can arrive, they are to self-isolate and make sure

they are wearing a mask and following other source control measures, e.g., hygiene and social distancing of at least six feet.

Workers with ongoing symptoms are strongly encouraged to contact their health care provider to determine if they should be tested for COVID-19. If they are tested, they are not to work until they receive the results of the test. If they receive a positive test, they are to immediately notify **Kate Swanson RN at 952-687-0888** and not report to work until a minimum of 10 calendar days have passed since the day of initial symptoms and symptoms have improved for at least 24 hours without the aid of medications. Results of the test are to be reported to: **Kate Swanson RN at 952-687-0888** who will track positive cases and contact the Minnesota Department of Health. The Minnesota Department of Health will provide guidance regarding reporting and follow up. MBK's HR department will require documentation for leave purposes.

Individuals that come in close contact (being less than 6 feet from someone with COVID for 15 min or more throughout a 24-hour period) with a person who has COVID-19 must quarantine for 14 days, monitor closely for symptoms and become tested for COVID if they develop, wash hands often, and clean surfaces you touch. MBK has leave policies that promote workers staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. See the employee policies/handbook. (See link to Families First Corona Virus Response Act in the business section of the resources in Appendix A.)

MBK will follow the Minnesota Department of Health's guidance for informing workers if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the required amount of time. Any notification will protect the confidentiality of the individual who has contracted COVID-19 virus, according to the standards of the federal Health Insurance Portability and Accountability Act.

Social distancing – Workers must be at least six-feet apart

Social distancing of at least six feet will be implemented and maintained between workers, clients, guests, and visitors whenever possible. Due to the nature of direct care services, social distancing between a worker and a client is not always possible.

For direct care staff, like PCAs and DSPs, social distancing of at least six feet is highly encouraged to be maintained between the staff and client. Due to the nature of the services, it is not always possible to maintain social distancing while providing direct care services. PPE, like surgical masks, face shields, gowns, and/or gloves, will be worn when physical distancing of less than 6 feet is required. Proper cough/sneeze and hand hygiene will be followed. Staff should keep a distance of 6 feet from other individuals in the client's home, like family and friends of the client.

For office workers at MBK, social distancing, masks, daily cleaning, and hand hygiene is expected daily. Hand sanitizer will be available in the office and workers are encouraged to use it when they arrive and before they leave. Phones, pens, computer equipment, desks, cubicles, workstations, offices or other personal work tools and equipment will not be shared and, if used by more than one person, will be cleaned and disinfected between users. High touched surfaces, the bathrooms and lunchroom will be cleaned daily. All people entering the office, unless exempt, will wear a face covering while inside the building and in a common area.

Update: Minnesota now requires face covering to be worn in certain settings. See Executive Order 20-81 Requiring Minnesotans to Wear a Face Covering in Certain Settings: https://mn.gov/governor/assets/EO%2020-81%20Final%20Filed_tcm1055-441323.pdf

Screening and Policies for Persons Served Exhibiting Signs and Symptoms of COVID-19

PCAs, DSPs, and managing staff must monitor for signs and symptoms of COVID19 twice a day, such as, but not limited to:

- Cough
- Shortness of breath
- Fever >100 Fahrenheit
- Chills
- Muscle pain and/or headache
- Sore throat
- New loss of taste or smell
- New confusion
- Additional symptoms not attributed to another illness, including fever <100 F, nausea, vomiting, diarrhea, abdominal pain, runny nose, and fatigue

If you are experiencing any of the above symptoms, or any others, please report those to your supervisor ASAP, electronically. Do not come in to work unless you are instructed by your supervisor to do so. Contact your health care provider for guidance and to discuss potential COVID-19 testing. MBK HR will require documentation from your health care provider for leave purposes. You will work with your supervisor, Kate Swanson, RN, and your medical professional(s) to create your back to work plan. You can return to work after your symptoms have improved for 24 hours without medications and at least ten (10) days from the onset of symptoms.

Personal Care Assistants – Personal Care Assistants (PCA) are required to self-monitor for symptoms of COVID-19 as described above. PCAs are required to wear face masks when working with clients. The agency provided PCAs with a limited supply of both cloth and surgical face masks. More face coverings may be available upon request. PCAs may acquire and use personal face masks. PCAs must ensure face masks are sanitized after each day, using guidelines from the Centers for Disease Control (CDC), www.cdc.gov or the Minnesota Department of Health (MDH), www.health.state.mn.us .

People who receive services may be at a higher risk for COVID-19 because they may be an older adult, have serious chronic medical conditions, and/or live in a shared household. They should be encouraged to use standard precautions, and may need assistance to do follow these, such as:

- Practice diligent handwashing
- Avoid touching their eyes, nose and mouth
- Cover coughs and sneezes with tissues and throw the tissues away
- Clean and disinfect frequent touched surfaces
- Wear a facemask to protect others from transmission of the virus.

Additionally, people who receive services should:

- If possible, limit visitors to their home to only those who provide essential supportive services, e.g., PCA services, personal supports, community health worker
- Stay home as much as possible
- Stay at least six feet from other people if it is necessary to go out in public
- Avoid contact with people who are sick.

PCAs are required to wash their hands for at least 20 seconds with soap and water frequently throughout their shift, but especially upon arrival and prior to departure, prior to mealtimes, after using the restroom, after assisting with personal cares, and after blowing their nose.

PCAs are encouraged to wear gloves when assisting with meals, personal cares, cleaning, and other duties that carry a higher risk of infection. See the agencies policy on Infection Control.

PCAs are required to wear a mask throughout their shift. Management of the agency reserves the right to make wearing masks optional for employees or clients based on recommendations of MDH for those who have a signed directive from their health care provider stating that the person has a health concern that is not compatible with wearing a face mask. Alternative, such as a face shield may be provided.

ILS Direct Support Professionals – Direct Support Professionals (DSPs) are required to self-monitor for symptoms of COVID-19 as described above. DSPs are required to wear surgical masks when working with clients. Face shields should be worn over the surgical face mask. The agency provided DSPs with a supply surgical face masks. More face masks, face shields, and additional supplies (like cleaning products or hand sanitizer) may be available upon request. Please contact Cody Siplinger at 952-496-0157 with those requests. DSPs may acquire their own disposable surgical face masks if they choose, that are comparable to the masks MBK purchases.

When a face-to-face visit is required, the DSP must ensure that they are not experiencing any symptoms of COVID-19 as described above. If they are, they are to reschedule the visit, or if allowed, use remote technology to perform the visit.

Before conducting the face-to-face visit, the DSP or the agency will conduct a screening with the client/responsible party no more than 24 hours before the visit is to occur. The screening shall consist of asking the following three questions:

1. Do you have any signs or symptoms of a respiratory infection, such as a fever, cough, difficulty breathing, or sore throat? Yes or No
2. Have you tested positive for COVID-19? Yes or No, if yes, test date and results, positive, negative or pending?

3. In the past 14 days, have you had contact with a household member who was exposed to the COVID-19 virus? Yes or No. If Yes, explain what the exposure was.

If the person answers “yes” to question 1, the scheduled visit will not be provided until the symptoms have subsided for a minimum of 24 hours, without the use of medications.

If the person answers “yes” to question 2, the scheduled visit can occur if the results are negative. If the results are positive or pending, the visit should be rescheduled. The DSP will work with the individual’s team to ensure care is being provide.

If the person answers “yes” to question 3, discuss the exposure with the person and assist them in determining if they should get tested. Follow the guidelines above for when someone has been tested to COVID-19.

If the person answers “no” to all the questions, or it is determined there is not a risk, e.g., the person was tested, but the results were negative, the visit can occur as scheduled.

People who receive services may be at a higher risk for COVID-19 because they may be an older adult, have serious chronic medical conditions, and/or live in a shared household. They should be encouraged to use standard precautions, and may need assistance to do follow these, such as:

- Practice diligent handwashing
- Avoid touching their eyes, nose and mouth
- Cover coughs and sneezes with tissues and throw the tissues away
- Clean and disinfect frequent touched surfaces
- Wear a facemask to protect others from transmission of the virus.

Additionally, people who receive services should:

- If possible, limit visitors to their home to only those who provide essential supportive services, e.g., ILS services, personal supports, community health worker
- Stay home as much as possible
- Stay at least six feet from other people if it is necessary to go out in public
- Avoid contact with people who are sick.

DSPs are required to wash their hands for at least 20 seconds with soap and water frequently throughout their shift, but especially upon arrival and prior to departure, prior to mealtimes, after using the restroom, after assisting with personal cares, and after blowing their nose or coughing.

DSPs are encouraged to wear gloves when assisting with meals, personal cares, cleaning, and other duties that carry a higher risk of infection.

DSPs are required to wear a surgical face mask and face shield throughout their shift. Management of the agency reserves the right to make wearing masks optional for employees or clients based on recommendations of MDH for those who have a directive from their health care provider stating that the person has a health concern that is not compatible with wearing a face mask. Alternative, such as a face shield may be provided. Considerations and exceptions must be approved prior to providing direct care to individuals.

Qualified Professionals or ILS Management Staff – when a face-to-face visit is required for a Qualified Professional (QP) or ILS Management Staff, the QP/ILS Manager must ensure that they are not experiencing any symptoms of COVID-19 as described above. If they are, they are to reschedule the visit, or if allowed, use remote technology to perform the visit.

Before conducting the face-to-face visit, the QP/ILS Manager or the agency will conduct a screening with the client/responsible party no more than 24 hours before the visit is to occur. The screening shall consist of asking the following three questions:

1. Do you have any signs or symptoms of a respiratory infection, such as a fever, cough, difficulty breathing, or sore throat? Yes or No
2. Have you tested positive for COVID-19? Yes or No, if yes, test date and results, positive, negative or pending?
3. In the past 14 days, have you had contact with a household member who was exposed to the COVID-19 virus? Yes or No. If Yes, explain what the exposure was.

If the person answers “yes” to question 1, the scheduled visit will not be provided until the symptoms have subsided for a minimum of three consecutive days, without the use of medications.

If the person answers “yes” to question 2, the scheduled visit can occur if the results are negative. If the results are positive or pending, the visit should be rescheduled. The QP/ILS Manager will work with the individual’s team to ensure care is being provide.

If the person answers “yes” to question 3, discuss the exposure with the person and assist them in determining if they should get tested. Follow the guidelines above for when someone has been tested to COVID-19.

If the person answers “no” to all the questions, or it is determined there is not a risk, e.g., the person was tested, but the results were negative, the visit can occur as scheduled. The QP/ILS Manager is required to wear a surgical face mask during the entire visit. The agency provided each QP/ILS Manager with face masks and can provide more, upon request. QPs/ILS Managers may acquire their own surgical face masks that are comparable to the masks MBK purchases.

QPs/ILS Managers should wash their hands upon arrival and at departure or use hand sanitizer (consisting of at least 60% alcohol). QPs/ILS Managers are required to wear a surgical face mask and face shield throughout their shift. Management of the agency reserves the right to make wearing masks optional for employees or clients based on recommendations of MDH for those who have a directive from their health care provider stating that the person has a health concern that is not compatible with wearing a face mask. Alternative, such as a face shield may be provided. Considerations and exceptions must be approved prior to providing direct care to individuals.

PCA and ILS program guidance

People who receive services will be encouraged to self-monitor for signs and symptoms of COVID-19. If they are experiencing signs and symptoms, they should report these to **Kate Swanson RN, QP at 952-687-0888 for PCA**

and Crystal Jimenez ILS Director at 952-496-0157 for ILS. They should also contact their health care provider to discuss further guidance and testing. Symptoms vary, and may include:

- Cough
- Shortness of breath
- Fever (temperature of >100.0 Fahrenheit)
- Chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- New confusion

Visit CDC for the most up to date information on signs and symptoms and when to seek medical attention:

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fsymptoms.html.

PCAs, DSPs, and QPs/ILS Managers should use additional precautions when working with an individual who has a suspected or confirmed case of COVID-19. Workers are to wear PPE (at a minimum eye protection (face shield), surgical face mask, and gloves) for all interactions that may involve contact with the person or potentially contaminated areas of the persons environment. Workers should put on the PPE prior to entering the environment. The person receiving services should wear a mask, if tolerated, and follow the guidance to protect themselves and others. See CDC Infection control for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

For additional information, see the CDC guidance for home care workers in the resource section of this document.

People who receive PCA and ILS services and other in-home services may be reluctant to allow workers into their home for fear of exposure to infection. It is important to respect people's preferences. MBK will attempt to communicate with individuals to determine their preferences. MBK will attempt to review the person's emergency back-up plan, update the plan as needed, and assess the person's risk if they are unable to receive services.

Health Care Worker Assessment Information from MDH

Internal HCW Risk Assessment Process: Any health care worker that has had contact with a confirmed COVID-19 positive person will need a HCW assessment. When managers receive notification from their staff that they have been exposed to a suspected or confirmed COVID-19 case or they are confirmed positive for COVID-19 they must report the details to Kate Swanson RN, via email (preferred) or phone, immediately. The HCW assessment will occur within 24-hours of exposure notification to Kate Swanson RN.

Results of the Internal HCW Risk Assessment Process: There are two possible risk levels, low or high.

Low-risk exposures: MDH recommends that the HCW **self-monitor for 14 days** following their last exposure to a COVID-19 positive person.

- There are no other restrictions on the individual's movement or activities. If a HCW has another COVID-19 exposure, their date of last exposure would then be updated and their self-monitoring would continue for 14 days from the most recent exposure date.
- MDH requests the total **number of low-risk HCWs exposed** to each COVID-19 positive person be submitted.

High-risk exposures:

- For **high-risk exposures**, MDH recommends active monitoring and **home quarantine for 14 days**.
- For each confirmed COVID-19 person, please fill out the ***Outpatient HCW Contact List TEMPLATE*** including the positive person's full name and D.O.B. Please list the name, phone numbers, and email addresses of any HCWs that were deemed to be high-risk and send the list back to health.HCWMonitoring@state.mn.us.
- **MDH must be provided this information within 24-hours of notification or exposure**, because they must inform HCWs of their quarantine rights and employment protections.
- Active monitoring will be done by MDH for all high risk HCWs. Individuals will be contacted on a daily basis via a RedCap survey or phone in order to collect information as part of the HCW monitoring process. If employees give permission, they have the ability to share this information with their employer.

MDH will be following up the HCWs that we provide contact information for, but they will not notify any other people that could have been exposed to the case at MBK. MBK is responsible for reaching out to any people that may have been exposed.

Worker hygiene and source controls

Workers are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift/visit, prior to any mealtimes, before and after driving, and after using the restroom. All clients, guests, and visitors to the MBK office are required to wash or sanitize their hands prior to or immediately upon entering the office. Hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) are at entrances and locations in the workplace so they can be used for hand hygiene in place of soap and water, as long as hands are not visibly soiled.

Workers, clients, guests and visitors are being instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing, and to avoid touching their face, particularly their mouth, nose and eyes, with their hands. They are expected to dispose of tissues in trash receptacles and wash or sanitize their hands immediately afterward.

Direct care staff, like DSPs and PCAs, will follow basic infection prevention measures while in the client's homes. They will wash their hands for at least 20 seconds with soap and water frequently throughout the day, prior to and after mealtimes, and after using the restroom. It is also important to wash hands before and after your shift. Hand-sanitizer (that uses sanitizers of greater than 60% alcohol) can also be used when hands are not visibly soiled.

Workplace cleaning and disinfection protocol

The company vehicle(s) or personal or borrowed vehicle(s) will be wiped down using Clorox or Lysol disinfectant wipes (or another approved disinfectant) after each use, so it is ready to go for the next driver. Please wipe down the steering wheel, gear shifter, turn signal, radio and heating/cooling buttons, window and door lock switches, and inside and outside door handles.

For PCAs and DSPs working in the client's home, they should assist with disinfecting surfaces, focusing on the high touch areas such as doorknobs, handles, counters, etc. Discuss any issues with cleaning and disinfecting with your direct supervisor.

Communications and training practices and protocol

This COVID-19 Preparedness Plan is communicated to all workers via an SComm in Therap, printed and posted in the MBK main office and ILS Director's office, and available upon request. Necessary training was provided. Additional communication and training will be ongoing as we learn more about COVID-19 and ways to reduce the spread by updating this plan and using the same process to communicate with all workers. Training will be provided to all workers who did not receive the initial training and prior to initial assignment or reassignment.

Instructions will be communicated to all workers, including employees, temporary workers, staffing and labor-pools, independent contractors, subcontractors, vendors and outside technicians and clients about protections and protocols, including: 1) social distancing protocols and practices; 2) drop-off, pick-up, and delivery; 3) practices for hygiene and respiratory etiquette; 4) recommendations or requirements regarding the use of masks, face-coverings and/or face-shields by workers clients, guests and visitors. They will also be advised not to enter the workplace if they are experiencing symptoms or have contracted COVID-19.

Managers and supervisors are expected to monitor how effective the program has been implemented. All suspected or confirmed cases will be discussed with Kate Swanson RN. A pattern will be identified and the plan will be evaluated and updated, as needed, to attempt to correct the issues leading to the pattern of confirmed or suspected COVID19. All management and workers are to take an active role and collaborate in carrying out the various aspects of this plan, and update the protections, protocols, work-practices and training as necessary. This COVID-19 Preparedness Plan has been certified by MBK management and the plan was posted throughout the workplace and made readily available to employees 8/20/2020 and beyond. It will be updated as necessary by Kate Swanson RN.

Certified by: **Kate Swanson RN 12/9/2020 Registered Nurse, Qualified Professional**

Resources specific to Minnesota’s PCA service and COVID-19:

For the latest information about COVID-19 from DSD: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/news/covid19.jsp>

Guidance for agencies providing in-home support during COVID-19 emergency: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/news/covid19.jsp?id=1053-435305>

Sign up to receive updates from DHS regarding COVID-19: https://public.govdelivery.com/accounts/MNDHS/subscriber/new?topic_id=MNDHS_381

Standard precaution training for direct care staff: http://pathlore.dhs.mn.gov/courseware/DisabilityServices/3-DirectAccess/standardprecautions/story_html5.html

MDH protecting yourself from COVID-19: <https://www.health.state.mn.us/diseases/coronavirus/prevention.html>

CDC symptoms of COVID-19: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Guidance for putting on and taking off PPE: <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

MDH COVID website: <https://www.health.state.mn.us/diseases/coronavirus/index.html>

CDC guidance for home care workers: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-home-care.pdf>

Printable resources on COVID, available in many languages: <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc&Search=symptoms>

Appendix A – COVID-19 Resources for the Preparedness Plan

General

Centers for Disease Control and Prevention (CDC): Coronavirus (COVID-19) – www.cdc.gov/coronavirus/2019-nCoV

Minnesota Department of Health (MDH): Coronavirus – www.health.state.mn.us/diseases/coronavirus

State of Minnesota: COVID-19 response – <https://mn.gov/covid19>

Businesses

CDC: Resources for businesses and employers – www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html

CDC: General business frequently asked questions – www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html

CDC: Building/business ventilation – www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

MDH: Businesses and employers: COVID-19 – www.health.state.mn.us/diseases/coronavirus/businesses.html

MDH: Health screening checklist – www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf

MDH: Materials for businesses and employers – www.health.state.mn.us/diseases/coronavirus/materials

Minnesota Department of Employment and Economic Development (DEED): COVID-19 information and resources – <https://mn.gov/deed/newscenter/covid/>

Minnesota Department of Labor and Industry (DLI): Updates related to COVID-19 – www.dli.mn.gov/updates

Federal OSHA – www.osha.gov

Families First Corona Virus Response Act: <https://www.dol.gov/agencies/whd/pandemic/ffcra-employer-paid-leave>

Handwashing

MDH: Handwashing video translated into multiple languages – www.youtube.com/watch?v=LdQuPGVcceg

Respiratory etiquette: Cover your cough or sneeze

CDC: www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

CDC: www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

MDH: www.health.state.mn.us/diseases/coronavirus/prevention.html

Social distancing

CDC: www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

MDH: www.health.state.mn.us/diseases/coronavirus/businesses.html

Housekeeping

CDC: www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

CDC: www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html

CDC: www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Environmental Protection Agency (EPA): www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Employees exhibiting signs and symptoms of COVID-19

CDC: www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

MDH: www.health.state.mn.us/diseases/coronavirus/basics.html

MDH: www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf

MDH: www.health.state.mn.us/diseases/coronavirus/returntowork.pdf

State of Minnesota: <https://mn.gov/covid19/for-minnesotans/if-sick/get-tested/index.jsp>

Training

CDC: www.cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html

Federal OSHA: www.osha.gov/Publications/OSHA3990.pdf

MDH: www.health.state.mn.us/diseases/coronavirus/about.pdf