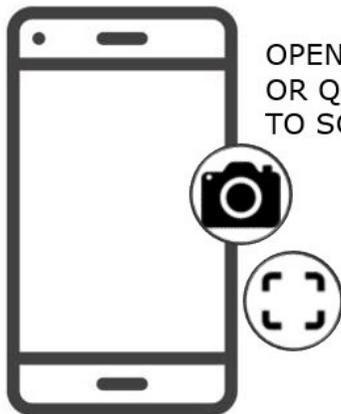


# COVID-19 PREPAREDNESS AND RESPONSE PLAN FRASER COMMUNITY LIVING

In response to the COVID-19 Pandemic and in compliance with state requirements, Fraser developed a Preparedness and Response Plan. All policies and procedures herein for Fraser employees are also mandated for sub-contractor staff. This plan is subject to frequent changes as COVID-19 guidance is updated by the state. Downloading and Printing this manual is not recommended due to the ever-changing nature of the COVID-19 Pandemic. Any updates to this plan will be available for employees, individuals served, legal representatives, and case managers on the Fraser website at: <https://www.fraser.org/resources/coronavirus-information>. You may also access this link using the QR code below.



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A paper copy of this plan will be posted at each Fraser Community Living location and is available upon request via email to [communitysupports@fraser.org](mailto:communitysupports@fraser.org) or by phone at 952-737-6278, during regular business hours. For questions regarding this plan, you may call your Coordinator or email:

[CommunityLivingHealthandSafetyTeam@fraser.org](mailto:CommunityLivingHealthandSafetyTeam@fraser.org)

This plan is considered proprietary and may not be shared outside of Fraser business purposes.

COVID-19 PREPAREDNESS AND RESPONSE PLAN  
FRASER COMMUNITY LIVING

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## SECTION A: COVID-19 PREVENTION POLICIES

**POLICY #1:** Wellness Screening for Employees

**DATE ADOPTED:** April 2020

**DATE REVISED:** 6/25/2020; 7/9/2020; 8/20/2020; 11/17/2020

### Policy

This policy outlines how employees should daily screen themselves and others in their household for COVID-19 symptoms and exposures to protect individuals served and all Fraser employees.

### Procedure

- 1) All Fraser employees must complete the online [Daily Wellness Screening](#) prior to reporting to work or immediately upon arrival at each Fraser location.
  - a. If an employee does not have access to a thermometer at home, they must use the thermometer available at the Fraser location, ensuring they disinfect the thermometer before and after use as directed.
  - b. Employees working extended or multi-day shifts, must complete a Daily Wellness Screening at the beginning of each workday.
- 2) Employees must attest in Therap each time they log in that they accurately completed and passed their Employee Wellness Screening.
- 3) Coordinators must assure all employees are consistently completing their Wellness Screenings.
- 4) Managers must verify that Coordinators are monitoring the completion of Employee Wellness Screenings.
- 5) Employees must mark “Yes” on the Wellness Screening if they or anyone in their household are experiencing symptoms of COVID-19 including:
  - a. Temperature above 100degrees
  - b. Cough (new or worsening)
  - c. Shortness of breath, wheezing, chest tightness, labored breathing
  - d. Sore throat
  - e. New loss of taste or smell
  - f. Headache or muscle pain
  - g. Chills or unexplained fatigue
  - h. Congestion
  - i. Gastrointestinal issues such as nausea, diarrhea or vomiting
  - j. Other COVID-19 symptoms as defined by MDH or a healthcare professional
- 6) Employees who have suspected or confirmed COVID-19 diagnosed by a healthcare professional, regardless of their symptoms, are not allowed to work.
- 7) Employees who have had direct exposure to a person with suspected or confirmed COVID-19 may not report to work or must leave their shift as soon as safely possible. Direct exposure is defined as:
  - a. Face-to-face contact with less than 6 feet of social distancing for 15 minutes or longer within 24 hours to a person with a confirmed or suspected COVID-19 diagnosis. (This does not apply to employees caring for individuals served with COVID-19 while wearing appropriate Personal Protective Equipment.)
  - b. Employees who have someone in their household with a confirmed COVID-19

diagnosis or suspected COVID-19 symptoms are considered to have direct exposure and are excluded from work.

- c. Employees who care for a friend, family member or others with a confirmed or suspected COVID-19 diagnosis, regardless of where the person lives, are considered to have had direct exposure and are excluded from work.
- 8) Employees who have a confirmed exposure to COVID-19 or any symptoms of COVID-19 must not report to work or leave as soon as possible.
- a. If an employee identifies or develops symptoms upon arrival or during their shift, the employee should leave immediately if there are other employees on-site who can cover their shift until a replacement employee arrives.
  - b. If an employee develops symptoms during their shift, they should re-take their temperature and complete another Wellness Screening. If an employee must remain on-site until a replacement employee arrives, the employee must wear a surgical or respirator (if approved) mask, face shield, gloves and maintain as much social distance as safely possible from individuals served.
  - c. Once the employee has put on the appropriate Personal Protective Equipment (PPE), they must immediately notify the Coordinator or On-Call Coordinator of their symptoms and the need for a replacement employee to report to the site as soon as possible.
  - d. Employees must assure appropriate supervision of individuals receiving services prior to leaving due to signs or symptoms of illness.
  - e. Upon receipt of the Wellness Screening with a “Yes” response, the Community Living Health and Safety Team will reach out to the submitting employee, their Fraser supervisor, and other key program managers.
- 9) If an employee has COVID-19 like symptoms due to a chronic health condition or an alternative illness diagnosed by a healthcare professional, employees must consult with [AskHR@Fraser.org](mailto:AskHR@Fraser.org) before reporting to work.
- a. If approved to work, HR will notify the employee and their Supervisor on how they should complete the Daily Wellness Screening.

**POLICY #2: Wellness Screening for Individuals Served**

**DATE ADOPTED:** April 2020

**DATE REVISED:** 6/25/2020; 7/9/2020; 8/20/2020; 9/25/2020; 11/10/2020

**Policy**

Individuals receiving licensed 245D services in Community Living will have daily Wellness Screenings including monitoring vitals and a review of COVID-19 symptoms.

**Procedure**

- 1) Employees must complete daily Wellness Screenings for individuals served by monitoring their temperature, oxygen saturation level, asking about any COVID-19 symptoms the person may be experiencing and/or observing the person, especially if the person is unable to consistently or accurately report symptoms of illness as follows:
  - a. Twice daily, once in the AM and once in the PM in **Supervised Living**;
  - b. Once daily in **Supportive Living**;
  - c. At the beginning of each **Home-Based** shift worked;
  - d. Three times daily for individuals at a site with suspected or confirmed COVID-19;
  - e. More frequently if directed to do so by a supervisor or nurse;
- 2) Employees must immediately document Wellness Screening results for individuals served in Therap using both the Wellness Screening ISP Program and Vital Signs module.
  - a. Coordinators must closely monitor each work day that employees are accurately completing the Wellness Screening for individuals served.
  - b. Managers must verify that Coordinators are monitoring Wellness Screenings.
- 3) Employees must **immediately call 911 for any serious symptoms (as defined below) and must also notify the nurse and Coordinator (or on-call)** if individuals report or staff observe any of the following COVID-19 symptoms:
  - a. **911 must be called for any serious symptoms** which may include, but are not limited to: severe difficulty breathing, persistent chest pain or pressure, or new confusion or inability to rouse (awaken).
  - b. **Oxygen Saturation below 95%** - O2 readings equal to 94% or below require immediate RN consultation unless there is a respiratory protocol in place approved by the RN or another healthcare professional as noted in the person's record;
  - c. **Temperature of 100 F or above** – watch for signs illness, including changes in behavior or mood such as irritability, crying, socially isolating, etc.;
  - d. **Cough (new or worsening)** – cough may be dry or productive and mild - severe;
  - e. **Sore throat** - watch for signs of increased thirst and/or increased fluid intake;
  - f. **New loss of taste or smell** - watch for signs of food aversion / reduced appetite;
  - g. **Headache or muscle pain** - watch for behavioral signs of head and/or body pain;
  - h. **Chills** - watch for unexpected changes in clothing / layers worn indoors;
  - i. **Fatigue** - watch for increased sleep/sleepiness, disinterest in preferred activities;
  - j. **Congestion** – watch for signs of nasal secretions, sinus pain or pressure;
  - k. Gastrointestinal issues such as nausea, diarrhea or vomiting – watch for frequent bathroom breaks, increased toilet paper usage, loss of appetite;
  - l. Other COVID-19 symptoms as defined by MDH or a healthcare professional;

#### 4) Temperature monitoring:

- a. Employees must wash hands per the Hand Hygiene Policy
- b. Thermometers must be disinfected before and after using an alcohol prep pad;
- c. Employees must check temperatures of individuals served twice daily in Supervised Living and once daily in Supportive Living and Home-Based services; three times daily for individuals at a site with COVID-19 or as directed;
- d. Temperatures should be checked at least 30 minutes after individuals have been awake, out of bed or blanket coverings; and 60 minutes after exercise;
- e. Temperature readings must immediately be documented in Therap Vitals;
- f. Temperatures over 100 must be immediately reported to the on-call RN

#### 5) Oxygen saturation level monitoring:

- a. Pulse oximetry is a test used to measure the oxygen level (oxygen saturation) of the blood. It is an easy, painless measure of how well oxygen is being sent to parts of your body furthest from your heart, such as the arms and legs.
- b. [MDH Guidance](#) suggests that an oxygen level below 95% could be an indicator of COVID-19, even if the individual served feels well otherwise.
- c. Low oxygen saturation rates are one of the most serious symptoms of COVID-19 and oximeter reading below 95% must **immediately be reported** to the On-Call Nurse unless a respiratory protocol indicates otherwise and is documented in the person's record and approved by the RN or another healthcare professional.
- d. Employees must review this [Ombudsman Oximeter Medical Alert](#) to understand the critical importance of accurately and consistently measuring oxygen saturation.
- e. Employees must use an oximeter to measure the oxygen saturation levels of individuals served twice daily in Supervised Living, once daily in Supportive Living; three times daily if an individual served has COVID-19 or as directed;
- f. Oximeter readings must be immediately documented in Therap;
- g. Oxygen saturation levels measured with an oximeter are not used in Home-Based services as individuals with COVID-19 symptoms are excluded from services;
- h. Employees and individuals served must wash hands per the Hygiene Policy;
- i. Disinfect the Oximeter with an alcohol wipe (do not spray or submerge)
- j. Gently insert middle or index finger into Oximeter so it is snug, but not tight.
- k. Forcing the finger too deep may damage the device, and loose fitting device may cause errors in the reading; please refer to these [tips](#) regarding low O2 readings;

**POLICY #3: Hygiene Procedures**

**DATE ADOPTED:** March 2020

**DATE REVISED:** 6/25/2020

**Policy**

This policy outlines hygiene expectations for employees, individuals served, volunteers and essential visitors at Fraser office and Community Living locations.

**Procedure**

- 1) **Frequent handwashing** is required of employees, individuals served, and visitors upon arrival at all Fraser locations. Everyone must wash their hands with soap and water for at least 20 seconds and again:
  - a. **Before** and **after** putting on gloves to serve food or provide personal care
  - b. **Before** and **after** putting on masks and all Personal Protective Equipment
  - c. **Before** and **after** blowing nose, coughing, or sneezing
  - d. **Before** and **after** touching face
  - e. **After** using the bathroom
  - f. **After** returning from work or any public location
  - g. **Before, during, and after** preparing food
  - h. **Before** and **after** eating food
  - i. **After** touching garbage
  - j. **After** coming in from outside
- 2) If soap and water are not readily available, hand sanitizer with 60% or more alcohol should be used by squirting enough sanitizer to cover all surfaces of the hands and rubbing hands together until they feel dry.
- 3) **Avoid touching your eyes, nose, and mouth** with unwashed hands.
- 4) Ensure handwashing and/or hand-sanitizer are readily available and appropriately stocked including by entrances.
  - a. Coordinators must complete the [COVID-19 Quality Assurance Checklist](#) weekly.
  - b. Coordinators or Assistant Coordinators must purchase any needed supplies or submit a COVID-19 Essential Supply Request if assistance is necessary.
  - c. Program Managers must verify the weekly QA Checklists are completed and needed supplies are maintained.
- 5) Provide paper towels for drying hands and tissues for covering coughs and sneezes.
- 6) Post handwashing and “cover your cough” signs.
- 7) Assure individuals store personal hygiene items such as toothbrushes separately and not on a bathroom counter when cross-contamination can occur.
- 8) **Upon returning home from work, a visit with family or any public activity**, the following hygiene procedures should be followed:
  - a. Remove shoes and leave outside, in garage or near front door;
  - b. Wash hands immediately;
  - c. Encourage individuals to align their shower schedule to when they return from work, a family visit, or other public activity, etc.;
  - d. Change and launder clothing upon return, when feasible;

**POLICY #4: Mask Wearing Requirements for Employees**

**DATE ADOPTED:** April 2020

**DATE REVISED:** 6/25/2020; 8/20/2020; 9/25/2020; 11/10/2020

**Policy**

This policy outlines when Community Living employees must wear various types of facemasks per the published guidance by the Minnesota Department of Health (MDH).

**Procedure**

- 1) Fraser employees must wear a facemask at all times when:
  - a. Working with individuals served, coworkers or others;
  - b. Walking through common areas of the house, apartment, or answering the door;
  - c. Providing transportation to individuals served or coworkers;
  - d. While supporting an individual in the community;
  - e. At all other times risk of exposure cannot be ruled out;
- 2) If an employee wearing a mask experiences difficulty breathing, dizziness, light headedness, etc., they should remove the filter and/or mask while physically distanced from others. Employees must consult with the on-call RN or Coordinator for further direction.
- 3) Employees with a chronic medical condition who may experience difficulty wearing a mask for prolonged periods as required, must contact [AskHR@Fraser.org](mailto:AskHR@Fraser.org) to discuss options.
- 4) When employees remove their mask as allowed by the Minnesota Indoor Mask Mandate, employees must follow these guidelines:
  - a. While eating or drinking during their shift, they should be as distanced as possible and at least 6 feet or more away from others.
  - b. Employees working an asleep overnight shift do not need to wear their mask unless they are working directly with an individual served,
  - c. During
- 5) Fraser developed color code protection levels to be followed as supplies allow. The Designated Coordinator must post the appropriate Protection Level on the door at each Supervised Living home and in a prominent location inside the Supportive Living staff apartment so employees know what PPE is required upon arrival for each shift.
  - a. **GREEN – Minimum Protection Level: Employees must wear a cloth face mask.**
    - i. Green - Minimum Level allows employees to wear a cloth facemask for source control when there is not broad community spread of COVID-19.
  - b. **YELLOW – Enhanced Protection Level: Employees must wear surgical masks.**
    - i. Yellow – Medium Level requires employees to wear surgical masks when there is broad community spread of COVID-19.
  - c. **RED – Maximum Protection Level: Employees should wear respirator masks.**
    - i. Red – Maximum PPE Level will be elevated if an individual served has suspected or confirmed COVID-19;

Fraser provides various types of facemasks for employees:

- 6) **Cloth masks:** Fraser employees may wear a cloth facemask when the **PPE Level is Green** or as a result of the shortage of Personal Protective Equipment (PPE) due to the COVID- 19 pandemic per the [MDH guidance](#):
  - a. Cloth masks are intended to provide source control, they are not intended to protect the person wearing the mask and are not considered PPE.
  - b. Cloth masks may have a pocket for a filter which can increase protection.

- c. Filters for cloth masks must be removed prior to laundering/sanitizing and should be stored in a paper bag labeled with the employee's name.
  - d. The paper bag should also be dated each time the filter is used and the filter should be replaced after 5 dates worn or if soiled or torn.
  - e. Cloth masks must be placed in the soiled meshed laundry bag at the end of each shift and washed daily after disinfecting the washing machine per [instructions](#).
  - f. Cloth masks may be worn by employees when supporting individuals served with at least 6 feet of social distance. Closer contact requires a surgical mask.
  - g. Cloth masks may be worn by employees when providing services to individuals who are not suspected or confirmed to have COVID-19.
- 7) **Surgical masks:** Employees must wear surgical masks at all times during service delivery in Community Living when the Protection Level is Yellow, as supplies allow. Fraser is working diligently to maintain a supply of surgical masks which are considered PPE. [MDH Guidance](#) clarifies the differences of cloth masks and surgical masks.
- a. Employees wear surgical masks when the protection level is Yellow.
  - b. Surgical masks should be worn by employees who have not yet been approved to wear a respirator mask, when the Protection Level is Red.
  - c. Regardless of the PPE Level, if an employee returns to work following a COVID-19 diagnosis, confirmed exposure, travel or other high exposure risk activities, the employee must wear a surgical mask for at least 14 days upon return.
  - d. If a shortage of PPE occurs, Fraser may also implement additional extended use practices to optimize PPE as noted by [MDH Guidance](#).
- 8) **Respirator masks:** If an individual served has suspected or confirmed COVID-19, as supplies allow, Fraser will provide a KN95 or N95 respirator mask to provide employees the maximum level of protection from exposure. Fraser has a Respiratory Protection Plan as required by Occupational Safety and Health Administration (OSHA) which includes:
- a. Prior to wearing a N95 or KN95 mas, each employee must pass a confidential, online medical evaluation to identify any health risks that would prevent them from safely wearing a respirator mask.
  - b. To assure employee privacy, this medical evaluation is coordinated through Fraser Human Resources (HR) using an OSHA-approved, HIPAA- secure vendor. Fraser, including HR does not see employees' responses to the medical evaluation. The vendor only provides information to Fraser as to whether the employee is approved to wear a respirator mask or not. Employees are also notified of the results by the vendor.
  - c. Once an employee has passed the medical evaluation, the Coordinator, Nurse or Fraser trainer must complete fit testing with each employee to assure the N95 or KN95 mask fits appropriately prior to use.
  - d. Employees providing services when the PPE Level is Red receive an increased complex care pay rate or bonus.
  - e. Employees who have not yet been evaluated or trained to wear a respirator mask, must wear a surgical mask with a face shield at the Red level of PPE.
  - f. If an employee passes the medical evaluation, they are then required to complete fit testing and training with a Fraser trainer.
  - g. Respirator masks may only be worn with approval from the On-Call Coordinator, Manager or RN. Once a site has been designated as a Maximum (Red) Protection level and an employee has passed the medical evaluation and fit testing, respirator masks should be worn at all times.

- 9) Employees in all Fraser locations, including office buildings must wear masks in alignment with MDH guidelines and the Governor's Orders. The following workspace factors will require mask-wearing:
- a. Office-based or remote work employees in Community Living who may be called into cover direct care services, should wear a surgical mask when at any Fraser location, including administrative offices.
  - b. All employees are required to wear a mask when walking through Fraser office buildings or using common spaces such as breakrooms, copy rooms or conference rooms.
  - c. Open office environment –
    - i. Desks are spaced less than 6 feet apart and there are no walls or partial between desks;
    - ii. When the partition between workstations is lower than the employee sitting/standing at the desk.
    - iii. Employees are unable to spread out in open spaces to have a physical distance of 6 feet or more;
  - d. Shared Offices –
    - i. Desks are spaced less than 6 feet apart and there are no walls or partial walls between desks.

**POLICY #5: Additional Personal Protective Equipment for Employees**

**DATE ADOPTED:** April 2020

**DATE REVISED:** 6/25/2020; 7/9/2020; 8/20/2020;9/25/2020

**Policy**

This policy outlines when and how Fraser employees must wear additional Personal Protective Equipment (PPE), specifically gloves, gowns and face shields during the COVID-19 pandemic.

**Procedure**

In response to the pandemic, Fraser will provide additional Personal Protective Equipment (PPE), whenever available, per [MDH Guidance](#) to limit employees' exposure to COVID- 19.

- 1) MDH guidance states:
  - a. For prolonged close-contact encounters, employees should wear a surgical facemask or respirator and eye protection. MDH defines prolonged close-contact as within 6 feet of an individual for 15 minutes or longer within a 24-hour period.
  - b. If performing an [aerosol-generating procedure](#), employees should wear gown, gloves, eye protection, and respirator (mask)."
  - c. Whenever possible, complete the above ADLs & Medical Treatments in the person's room or in the bathroom; disinfect used items and surfaces.
  - d. Please refer to the Mask Policy for detailed instructions.
  - e. For eye protection, Fraser requires employees to wear a face shield.
- 2) If caring for an individual with a diagnosis or symptoms of COVID-19, PPE must be put on and removed immediately before and after caring for that individual while avoiding wearing the contaminated PPE in common areas of the home or apartment.
- 3) Clean and disinfect soiled face shields and replace soiled or torn masks when caring for individuals without a diagnosis or symptoms of COVID-19.
- 4) Employees are responsible to immediately notify their Coordinator or On-Call Coordinator if there is a shortage of PPE available on-site.
- 5) If a shortage of PPE occurs, Fraser may also implement additional extended use practices to optimize PPE as noted by [MDHGuidance](#).

The additional PPE and instructions for using refer to the PPE Levels as defined in the Mask Requirements for Employees Policy and as follows:

- 6) **Gloves – recommended to be worn during YELLOW - Enhanced Protection Level and required at RED - Maximum Protection AND at all levelswhen:**
  - f. Fraser employees must wear gloves when serving food, providing personal cares and at all times when working with an individual served who has been diagnosed with or has symptoms of COVID-19.
  - g. Gloves should also be worn when contact with secretions or bodily fluids is anticipated or for any encounters that require extensive body contact.
- 7) **Gowns – recommended to be worn during the YELLOW - Enhanced Protection Level and required at the RED - Maximum Protection AND at all levels when:**
  - a. Fraser employees must wear a washable or disposable gown at all times when caring for an individual who has been diagnosed with or has symptoms of COVID-19. Gown type is specified in the Protection Level Guide.
  - b. Gowns should also be prioritized for high-contact care activities such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device use, and wound care.
  - c. Washable gowns must be laundered in hot water between uses.

- 8) **Eye Protection – is recommended at all times during the YELLOW – Enhanced Protection Level and is required during the RED – Maximum Protection Level**
- a. In addition to a facemask, Fraser employees must ALSO wear Eye Protection when working within 6 feet or less of individuals served AND/OR coworkers.
  - b. Eye protection is recommended to be worn at all times by MDH during the Yellow Protection Level and required at all times when the PPE Level is Red.
  - c. Fraser employees must wear eye protection at all times when caring for an individual served with symptoms of or a diagnosis of COVID-19.
  - d. As noted in the instructions on [Frasernet](#), employees must wash hands, inspect and disinfect eye protection BEFORE each use;
  - e. If you remove eye protection for any reason, please do so with at least 6 ft. of social distance and place it on a clean paper towel in a secluded area;
  - f. Fraser provides three options for eye protection for employees which should be used as following:
    - i. Face Shield (required for close contact personal cares)
    - ii. Goggles (may be worn over glasses)
    - iii. Safety Glasses (recommended for use when driving with others)
  - g. Regardless of PPE Level, employees must wear eye protection when working with all individuals served when providing the cares listed below, any other procedure when splashes or sprays are anticipated or any activity with an increased risk of droplets, including but not limited to:
    - i. Oral Hygiene
    - ii. Bathing/Showering
    - iii. Incontinence
    - iv. Dressing (if incontinence)
    - v. Feeding/Eating
    - vi. Eye drops
    - vii. Medications (if the person tends to spit them out)
    - viii. Glucose Monitoring & Insulin
    - ix. Nebulizer treatment
    - x. Inhaler (unless used independently 6 feet away from employees)
    - xi. Oxygen equipment
    - xii. Shaving
    - xiii. Toileting
    - xiv. Positioning/Transferring
    - xv. Nail Care
    - xvi. Laundry
    - xvii. Medications via G-tube
    - xviii. Wound care
    - xix. C-pap/Bi-pap
    - xx. Coughing or sneezing are present

**POLICY #6: Wearing Masks for Individuals Served**

**DATE ADOPTED:** May 2020

**DATE REVISED:** 6/25/2020; 8/20/2020;

**Policy**

This policy outlines recommendations for when individuals served should wear a mask.

**Procedure**

- 1) Fraser will recommend individuals receiving services wear a facemask in alignment with MDH guidelines, unless the RN or another healthcare professional indicates it is unsafe to do so.
- 2) Fraser may not require individuals served to wear a mask, however, employees will educate individuals served and their legal representatives on the risks of not following MDH mask wearing guidance so they can make an informed choice.
- 3) If an individual served is unable to wear a mask or refuses to do so, Fraser employees should wear a surgical mask to protect themselves while working with that person.
- 4) Fraser will provide individuals served with cloth or surgical mask upon request.
  - a. Individuals attending work, day programs or other activities in the community when exposure cannot be ruled out are strongly encouraged to wear a surgical mask when participating in those activities and upon return when in common areas of the home.
  - b. Individuals served should NOT be provided a respirator, KN95 mask unless directed to do so by their healthcare professional.
- 5) Fraser employees will encourage individuals served to wear a cloth mask when:
  - a. Completing their Daily Wellness Screenings
  - b. In public, including healthcare appointments
  - c. At work or day programming
  - d. Visiting people who do not live in their Fraser home or apartment with them
  - e. Situations when 6 feet of social distance is not able to be maintained.
- 6) Cloth masks worn by individuals served must be washed daily after disinfecting the washing machine per [instructions](#) by employees in Supervised Living.
- 7) Independent Living tenants are responsible for their own laundry; instructions will be provided on how to appropriately wash cloth masks.
- 8) Individuals served in Supportive Living may ask staff to launder their cloth masks or may do so with assistance from staff or independently with instructions provided.
- 9) Home-based and Independent Living staff should follow the laundry instructions in Policy #4 when laundering their cloth masks.

**POLICY #7: Social Distancing and Ventilation Procedures**

**DATE ADOPTED:** March 2020

**DATE REVISED:** 6/25/2020; 9/25/2020

**Policy**

Employees, individuals served, volunteers and visitors must maintain 6 feet of distance from others whenever possible.

**Procedure:**

- 1) **Social Distancing of 6 feet or more is critical to prevent the spread of COVID-19.** In alignment with guidance for MDH, Fraser requires:
  - a. Employees must maintain 6 feet of social distance from individuals served and coworkers whenever safe to do so, including when wearing a mask.
  - b. Since masks must be removed when eating or drinking, be aware of others. Spread out in the room to create 6 feet of physical distance between yourself, individuals served and other employees. Please refer to Policy #4 on Food Preparation and Meal Procedures for more details.
  - c. When using commonly accessed tools like the copier and the microwave, maintain 6 feet of physical distance between yourself and others.
  - d. When working in open-space environments, make sure your desk is at least 6 feet apart from others.
  - e. If employees must attend an in-person meeting, spread out to maintain at least 6 feet of physical distance from other attendees.
  - f. To limit exposure risk, employees should encourage individuals served to maintain a minimum of 6 feet of space between themselves and others.
  - g. Gatherings of individuals should be carefully considered and redesigned, as necessary, to reduce prolonged close contact (15 minutes or more) among employees, individuals served and families.
  - h. 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).
  - i. Staff should also maintain social distance when interacting with each other.
  - j. Staff should limit entering the bedrooms of individuals served as much as possible to reduce potential for cross-contamination, unless required for supervision or personal assistance.
- 2) **Ventilation procedures are critical to prevent the spread of COVID-19.** 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.
  - a. Minimize air flow blowing across people, including adjusting seating and fans.
  - b. Open windows in homes, apartments and vehicles whenever possible.
  - c. Weather permitting, employees should open windows on opposite sides of the home or apartment each morning and evening for air exchange. Employees should remind those in their own homes or apartments to do the same.
  - d. Bathroom fans should be used, whenever possible.
  - e. Follow guidance in the Maintenance Manual for appropriately maintaining heating and cooling (HVAC) systems.
  - f. Notify Facilities immediately if there are any issues with the HVAC systems.

**POLICY #8:                   Cleaning and Disinfecting Procedures**

**DATE ADOPTED:**           March 2020

**DATE REVISED:**         6/25/2020; 7/9/2020

**Policy**

This policy outlines Community Living cleaning and disinfecting procedures.

**Procedure**

Cleaning and disinfecting supplies are available at each Community Living location.

- 1) Employees must frequently clean and disinfect commonly touched surfaces, including but not limited to door handles, light switches, stair rails, counters, tables and chairs, phones, keyboards, and other commonly touched shared items.
- 2) Employees must complete regular cleaning and disinfecting as specified in the [ChoreChart](#).
- 3) Please refer to Policy #4 for detailed instructions on disinfecting the washing machine and laundering clothes, bedding, cloth face masks, etc.
- 4) Employees must follow published cleaning and disinfecting procedures as noted on the cleaning supply label or generally as follows:
  - a. Immerse or wipe surface with a solution of neutral detergent (ex: dish soap) and warm water, use a dish cloth to remove any visible soiling;
  - b. Rinse and wipe down with clean water;
  - c. Disinfect the surface using rubbing alcohol on a cotton pad or alcohol prep pad; OR
  - d. Spray with Virex, and allow the surface to remain wet for a minimum of 10 minutes;
  - e. Rinse or wipe with cool water using a clean cloth and fully dry with clean towel
  - f. Follow label procedures for disinfecting with other products, do not mix chemicals;
- 5) Cleaning protocols should align with CDC guidance, including:
  - a. 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.
  - b. Use EPA-registered disinfectants recommended by the CDC:  
<https://www.epa.gov/coronavirus>
- 6) Employees are expected to clean and disinfect their desk and/or office space daily. This includes phones, keyboards, drawer handles, chair armrests, etc.
- 7) Employees must clean and disinfect shared spaces such as dining tables, kitchen counters, bathroom counters, drop spaces, enclaves and other meeting rooms before and after each use.
  - a. Employees should schedule a minimum of 30 minutes of gap between meetings to allow sufficient time for thorough cleaning of the room. It is the employee's responsibility to clean the room after the meeting is completed.
  - b. Employees should plan 15 minutes prior to meeting start to clean a room in preparation for the meeting. It is the employee who leads the meeting's responsibility to prepare the room for the meeting.
- 8) Staff are expected to use a clean, new paper towel each time when touching items commonly accessed by others, e.g. microwaves, refrigerators, vending machines, etc.
- 9) Staff are expected to use a clean stylus each time when touching shared copiers in offices. Staff will be given a stylus for their own personal use and must disinfect it between uses. Fraser will provide alcohol swabs for cleaning.
- 10) Please refer to the Policy for Providing Services to an Individual with COVID-19 for enhanced cleaning and disinfecting procedures.

**POLICY #9: Laundry Procedures**

**DATE ADOPTED:** April 2020

**DATE REVISED:** 6/25/2020

**Policy**

This policy outlines laundry procedures in Supervised and Supportive Living. Home-Based and Independent Living staff are encouraged to adapt this guidance as necessary.

**Procedure**

- 1) Prior to laundering cloth face masks and after laundering any soiled items, employees must run an empty load to disinfect washing machines per these [instructions](#):
  - a. Set the water temperature to hot, select extrarinse
  - b. Add ½ a cup of bleach to bleach dispenser
  - c. Run on longest cycle
  - d. Wipe out washer with gloves on when finished with a clean cloth
- 2) Employees must adhere to the following procedures when doing laundry:
  - a. Wear disposable gloves and a facemask
  - b. Wash hands with soap and water as soon as you remove the gloves
  - c. Do not shake dirty laundry as this may disperse virus in the air
  - d. Launder items according to the manufacturer's instructions.
  - e. When washing towels, bedding, and other items, use the warmest appropriate water setting and dry items completely.
- 3) Clean and disinfect clothes hampers according to the procedures in this plan.
- 4) Upon completion of their shift, employees should remove their masks 6 feet or further away from others and immediately place in the dirty laundry bag.
- 5) When an individual served is done wearing their cloth mask each day, this must also be placed in the dirty laundry bag by an employee wearing a mask and gloves.
- 6) Employees must wash cloth facemasks daily worn by employees and individuals served in Supervised Living and upon request by individuals in Supportive Living as follows:
  - a. Disinfect the washing machine per instructions above
  - b. Wear disposable gloves and a facemask
  - c. Gently place the dirty laundry bag with masks into the washer
  - d. Use hottest setting of water, and use normal detergent.
  - e. Wash hands after removing disposable gloves
- 7) Cloth facemasks washed by employees must be dried daily per these instructions:
  - a. Wash hands, put on gloves and move laundry bag from washer to dryer
  - b. Use highest heat setting. Do not use dryer sheets
  - c. Remove gloves and wash hands
- 8) Once completely dry, employees should prep cloth masks for future use by:
  - a. Wash hands, put on gloves & take out of the dryer
  - b. Place clean masks neatly in the 'Clean Bin'
  - c. From Dirty Bin to Clean Bin, do not allow masks to touch any surfaces other than inside of machine and your clean, gloved hands.
  - d. If a mask is dropped, placed on a counter, touches another part of you other than hands, or is contaminated, it will need to be washed again before use.

**POLICY #10: Food Preparation and Meal Procedures**

**DATE ADOPTED:** May 2020

**DATE REVISED:** 6/25/2020

**Policy**

This policy outlines Community Living procedures for food preparation and meals.

**Procedure**

- 1) Employees and individuals served must complete hand hygiene and wear disposable gloves prior to food preparation, meal serving and handling dishes.
- 2) Individuals served and employees should not share food or beverages, including condiments.
- 3) If meals are served family-style, plate each meal, including any preferred condiments and serve it so that multiple people are not using the same serving utensils.
- 4) Stagger meal times to assure 6 feet or more of social distancing. Maintain consistent groups during meal times.
- 5) Maintain social distance of 6 feet or more between individuals served or employees face while eating or drinking beverages which require masks to be temporarily removed.
- 6) Position chairs so that people do not face each other while eating or drinking.
- 7) If individuals served need personal assistance with eating or drinking, employees must wear gloves, a surgical mask and face shield while providing that close contact support.
  - a. If an individual needing this type of assistance has COVID-19 symptoms or a diagnosis, a KN95 mask should be worn instead of a surgical mask if the employee has passed the respirator mask medical evaluation and fit testing.

**POLICY #11: Visitor and Community Activities Procedures**

**DATE ADOPTED:** March 2020

**DATE REVISED:** 6/25/2020; 8/20/2020

**Policy**

This policy outlines Community Living procedures for visitors and community activities to prevent the spread of COVID-19.

**Procedure**

- 1) During the peacetime emergency, all Minnesotans have had to limit visitors who would normally come into their homes or apartments.
- 2) Individuals served have the right to have visitors of their choice; they are encouraged to limit visitors to those who are essential for their physical and mental well-being.
- 3) Coordinators should talk with individuals served and their legal representatives about their rights to having visitors and reach agreements about how to manage visitors coming into the home. These discussions must be documented in Therap. In order to best protect all individuals served, managing visitors should include:
  - a. Limiting visitors to 1 visitor per person per day;
  - b. Talking with individuals served to identify visitors that are essential to preserving their physical or mental health.
  - c. Visiting outdoors with social distance, whenever possible
  - d. Limiting indoor visits to the individual's room or another private space near the entrance; visits should be avoided in common, shared spaces
  - e. Alternatives to in-person visitors should be considered for individuals who are at high risk for COVID-19 complications such as a video visit.
- 4) If an individual served is in medical isolation or quarantine because of a known infection or exposure, visitors should be postponed until resolved.
- 5) Visitors who have known exposures to COVID-19 must not visit for at least 14 days.
- 6) Visitors must review the COVID-19 [Visitor Health Screening](#) prior to entering a Fraser-owned home or Fraser-leased apartment.
  - a. Visitors who answer "Yes" to any of the screening questions must postpone their visit and are encouraged to consult with their healthcare provider.
  - b. Visitors going to an apartment leased by a Fraser tenant or individual/s served are strongly encouraged to review the Visitor Health Screening.
  - c. Visitors who answer "Yes" to any of the health screening questions should not visit for at least 10 days after their symptoms began, all symptoms are improving and they have been fever-free for 24 hours without medication.
- 7) If a visitor reviews the Health Screening without identifying any COVID-19 symptoms and has received approval from the Coordinator for a visit, **these procedures should be followed during and after the visit:**
  - a. Visitors must wash their hands for at least 20 seconds upon arrival or use hand sanitizer if the sink is not near the entrance.
  - b. Visitors must wear a facemask throughout the duration of their visit. Fraser will provide visitors a cloth facemask upon request.
  - c. Social distancing is strongly encouraged throughout the visit. Close contact of less than 6 feet of social distancing for 15 or more minutes in a 24-hour period, should be avoided.

- d. Clean and disinfect any surfaces used by the visitor after each visit.
  - e. Visitors should limit their interactions to the person they are visiting.
  - f. Encourage individuals to wash their hands after interacting with a visitor.
- 8) When individuals served are engaging in activities in the community, the following precautions are recommended:
- a. Avoid activities where crowding may occur. Plan activities that allow for at least 6 feet of social distance.
  - b. Individuals served are strongly encouraged to wear a mask in public; employees are required to do so.
  - c. Activities that involve eating or drinking require additional precautions since masks are not able to worn during those activities. Please refer to the Food Preparation and Meals Policy for further guidance.
  - d. Frequent handwashing by employees and individuals served is required.
- 9) Prior to participating in activities in public where COVID-19 exposure cannot be ruled out such as staying with family or attending a day program, Coordinators must discuss the risks involved and the importance of social distancing, mask wearing, handwashing and additional precautions needed upon return with the individual served, their legal representative (if any), their family and support team.
- 10) Employees are expected to utilize person-centered planning practices and document the informed decision-making and discussion with the person served and their team.
- 11) When individuals choose to participate in activities where exposure cannot be ruled out, MDH recommends the following strategies to limit exposing others to COVID-19 for 14-days upon return and longer if symptoms develop:
- a. Wash hands immediately upon return;
  - b. Remind individuals to maintain social distancing of 6 feet or more from others;
  - c. Encourage mask wearing when in common areas of the home or apartment;
  - d. Use a private bathroom when possible or increase disinfecting procedures;
  - e. Eat meals privately or with at least 6 feet of distance or more from others;
  - f. Encourage individuals to align their shower schedule upon return from work, a family visit, or other public activity, etc.
  - g. Change and launder clothing upon return, when feasible;

**POLICY #12:                   Transportation Procedures**

**DATE ADOPTED:**           April 2020

**DATE REVISED:**           6/25/2020; 9/25/2020

**Policy**

This policy outlines Community Living procedures for transportation to prevent the spread of COVID-19. This policy must be followed in addition to existing transportation policies and procedures.

**Procedure**

- 1) Employees must wear a surgical mask and eye protection while driving or riding with individuals served or coworkers.
- 2) Safety glasses are the recommended eye protection when driving, however, goggles or a face shield may also be worn. Employees should choose the eye protection that allows them to see most clearly while driving.
- 3) If at any time, the eye protection makes it difficult for the driver adequately see while driving, the eye protection must be removed and the transportation should end as quickly as possible.
- 4) Individuals served are strongly encouraged to wear a facemask during transportation.
- 5) Employees and individuals served must wash hands or use hand sanitizer before and after transportation.
  - a. Do NOT store hand sanitizer in a vehicle as it is a fire risk during hot weather.
- 6) Employees must clean and disinfect commonly touched areas in the vehicle before and after use.
- 7) Employees should not transport individuals who have confirmed exposures or symptoms of COVID-19, EXCEPT to obtain testing or non-emergency treatment for COVID-19.
  - a. If transporting an individual for COVID-19 testing or treatment, employees must wear a mask (surgical or respirator) and eye protection.
  - b. Depending on the level of support the individual requires, additional PPE may also be required, please refer to Additional PPE Policy for guidance.
- 8) Employees and individuals served should take precautions when using public transportation, ride-sharing, or taxis such as mask wearing and social distancing.
- 9) Limit the number of individuals served per vehicle and ask them to spread out to maintain social distancing as much as possible.
- 10) Do not have air recirculated while in a vehicle; open windows whenever possible.

## SECTION B: COVID-19 MITIGATION POLICIES

**POLICY #13:** Employee Exclusion from Work due to COVID-19

**DATE ADOPTED:** March 2020

**DATE REVISED:** 6/25/2020; 8/20/2020; 9/25/2020

### Policy

This policy outlines when employees must not work due to illness or exposure until they meet the Fraser [Return to Work](#) guidelines.

### Procedure

- 1) If symptoms of COVID-19 are observed, employees may be excluded from work, regardless of their answers on the daily Wellness Screening.
- 2) Employees may not work if they have any COVID-19 symptoms which include:
  - a. Temperature above 100degrees
  - b. Cough (new or worsening)
  - c. Shortness of breath, wheezing, chest tightness, labored breathing (serious symptoms of respiratory distress are considered a medical emergency; 911 must be called)
  - d. Sore throat
  - e. New loss of taste or smell
  - f. Headache or muscle pain
  - g. Chills or unexplained fatigue
  - h. Congestion
  - i. Gastrointestinal issues such as nausea, diarrhea or vomiting
  - j. Other COVID-19 symptoms as defined by MDH or a healthcare professional
- 3) Employees who have suspected or confirmed COVID-19 diagnosed by a healthcare professional, regardless of their symptoms, are not allowed to work.
- 4) Employees who have had direct exposure to a person with suspected or confirmed COVID- 19 may not report to work. Direct exposure is defined as:
  - a. Face-to-face contact with less than 6 feet of social distancing for 15 minutes or longer within 24 hours to a person with a confirmed or suspected COVID-19 diagnosis. *(This does not apply to Fraser employees caring for individuals served with COVID-19 while wearing appropriate PPE.)*
  - b. Employees who have someone in their household with a confirmed COVID-19 diagnosis or suspected COVID-19 symptoms are considered to have direct exposure and are excluded from work.
  - c. Employees who care for a friend, family member or others with a confirmed or suspected COVID-19 diagnosis, regardless of where the person lives, are considered to have had direct exposure and are excluded from work.
- 5) Employees who have any symptoms or exposure to COVID-19 in their household or answer “Yes” to any of the questions on the Daily Wellness Screening must not report to work or leave as soon as possible.
  - a. If an employee identifies or develops symptoms upon arrival or during their shift, the employee should leave immediately if there are other employees on-site who can cover their shift or once a replacement employees arrives.
  - b. Employees who are symptomatic should not clean or disinfect surfaces.

- c. If an employee develops symptoms during their shift, they should re-take their temperature and complete another Wellness Screening. If employees must remain on-site until replacement employees arrive, the employee must wear a surgical mask, face shield, gloves and maintain as much social distance as safely possible from individuals served.
  - d. Once the employee has put on the appropriate PPE, they must immediately notify the Coordinator or (On-Call) of their symptoms or exposure and the need for a replacement employee to report to the site as soon as possible.
  - e. Employees must assure appropriate supervision of individuals receiving services prior to leaving due to signs or symptoms of illness.
- 6) The Coordinator who is notified about an employee with COVID-19 symptoms or a confirmed exposure, MUST immediately call the Program Manager (PM).
  - 7) The PM will then call the COVID Lead to inform them of the employee, their symptoms or exposure and the PM will also email the [Community Living Health and Safety Team](#).
  - 8) During the exclusion from work timeframe, employees who can perform work activities remotely, may be able work from home if pre-approved by management.
  - 9) Employees are excluded from work until they meet the Fraser [Return to Work](#) guidelines.

**POLICY #14: COVID-19 TESTING FOR COMMUNITY LIVING**

**DATE ADOPTED:** April 2020

**DATE REVISED:** 6/25/2020

**Policy**

This policy outlines when Fraser Community Living employees and individuals served should be tested for COVID-19.

**Procedure**

- 1) Employees and individuals served who identify or are observed to have symptoms of COVID-19 as detailed in the Wellness Screenings should be tested as soon as possible.
- 2) [MDH Guidance](#) also recommends employees and individuals served in Community Living be tested for COVID-19 if they have a known exposure, even if they are asymptomatic.
- 3) Employees will be excluded from work for 14 days following their last known exposure, regardless of test results, unless there is a documented alternative diagnosis provided by a healthcare professional.
- 4) If individuals who are symptomatic receive a negative test result, they should consult with their healthcare professional about getting a 2<sup>nd</sup> test.
- 5) Employees or individuals served who need to get tested should contact their healthcare provider or find a testing site on Minnesota's [testingwebsite](#).
- 6) Fraser employees should present their employee ID and/or the Fraser provided Testing Letter for employees who work in or individuals who live in congregate care settings to assure priority access to testing.
- 7) HR will notify employees whether they may return to work based on a low exposure risk level or if they will be excluded from work until they meet the Fraser [Return to Work](#) guidelines.
- 8) Test results should be immediately reported to the [Community Living Health and Safety Team](#) so exposure risk tracing can be completed for both individuals served and coworkers.
  - a. Human Resources (HR) will be interviewing employees with suspected or confirmed COVID-19 as well as other employees with whom they worked to determine exposure risk levels.
  - b. The Community Living (CL) COVID Lead will coordinate exposure tracing with HR to identify exposure risk to individuals served.

**POLICY #15: MDH Reporting and Exposure Tracing for COVID-19**

**DATE ADOPTED:** April 2020

**DATE REVISED:** 6/25/2020; 7/8/2020; 8/20/2020

**Policy**

This policy outlines the exposure tracing and reporting procedures to the Minnesota Department of Health (MDH) for confirmed COVID-19 cases in employees and individuals receiving services.

**Procedure**

- 1) Employees must immediately CALL the Coordinator or On-Call Coordinator when:
  - a. An employee develops symptoms or is diagnosed with COVID-19, regardless if they are working at that time or not. Please refer to the Wellness Screening and Employee Exclusion Policies for additional instructions.
  - b. Either an employee (whether working at the time or not) or an individual served has a confirmed exposure as defined in the Wellness Screening Policies.
  - c. An individual served develops symptoms or is diagnosed with COVID-19.
- 2) The Coordinator must immediately CALL the Program Manager (PM) or the PM On-Call.
- 3) The PM will then CALL the COVID Lead to inform them of the employee or individual served, their symptoms or exposure and will also email that information to the [Community Living Health and Safety Team](#).
- 4) **For confirmed EMPLOYEE cases of COVID-19**, the Community Living Health and Safety Team will complete the exposure risk tracing and MDH notification per these procedures:
  - a. The CL COVID Lead sends the Possible Exposure Assessment to be completed by the Coordinator or Manager.
  - b. The Community Living COVID Lead will report confirmed employee COVID-19 cases to MDH at [MDH reporting tool for COVID-19 cases](#) immediately once they become aware of a positive case.
  - c. Human Resources (HR) in coordination with the Community Living COVID Lead will interview employees with suspected or confirmed COVID-19 as well as other employees with whom they worked to determine exposure risk levels.
  - d. The CL COVID Lead in coordination with HR will complete the MDH Exposure Risk Assessment form to determine exposure tracing and risk level assignment for confirmed cases of COVID-19.
  - e. The CL COVID Lead will provide MDH with the employee identified as COVID positive along with a list of co-workers exposed to this employee using the MDH Risk Level Tracking Spreadsheet. This spreadsheet is to be submitted to MDH to the email address [health.cc.monitoring@state.mn.us](mailto:health.cc.monitoring@state.mn.us) within 24 hours of a positive COVID case.
  - f. Once the exposure tracing and tracking has been completed for a COVID-19 positive employee, a member of the CL Health and Safety Team will contact employees noted as High Risk to exclude them from work in accordance with current guidance from MDH and to recommend they complete COVID testing.
  - g. The CL COVID Lead will also coordinate efforts to notify all employees who regularly work at that location of the exposure by phone and in writing and

- provide those noted as Low Risk an information guide on symptoms to monitor.
- h. The CL COVID Lead will also coordinate efforts to notify all guardians verbally and in writing of the exposure at the affected site. *Individuals* will also be informed and provided information on COVID and symptoms to. The CL COVID Lead will also track test results and keep the site leaders notified of any new positive cases.
  - i. HR will continue to communicate with the confirmed employee(s) and High Risk employee(s) to coordinate a return to work date based on their reports of symptoms and/or recovery. Those employees noted as Low Risk can resume their regular work schedule.
  - j. HR will also track test results and keep the CL COVID Lead notified of any new positive cases.
  - k. MDH will use information submitted to follow up where the exposure occurred and make regular contact with employee(s) that are COVID positive and noted as High Risk.
  - l. The CL COVID Lead will continue to monitor the noted site for increased symptoms/positive tests for both individuals residing there and employees assigned to this site. If any of these are true and an increase is noted, it will be reported to the CL Director to review further actions that may be needed.
- 5) **For INDIVIDUALS SERVED with confirmed cases of COVID-19**, the Community Living Health and Safety Team will complete the exposure risk tracing and MDH notification as follows:
- a. The CL COVID Lead in coordination with the Coordinator or Manager will complete the Possible Exposure Assessment to determine tracing and risk level assignment to *individuals* served for confirmed exposures or suspected cases of COVID-19.
  - b. The CL COVID Lead will report confirmed cases of COVID-19 of *individuals* served using the MDH reporting tool for COVID-19 cases immediately once they become aware of a positive case.
  - c. If there is a confirmed *individual* case, the CL COVID Lead will coordinate *employee* exposure tracing with HR to identify exposure risk to staff using the MDH Exposure Risk Assessment form to determine exposure tracing and risk level assignment for confirmed cases of COVID-19.
  - d. Once the exposure tracing and tracking has been completed for *individuals*, the CL COVID Lead will coordinate immediate action for those *individuals* noted as High Risk by putting measures in place to separate them from others at the site and instruct staff to follow the **Safety Precautions for Serving Individuals with COVID- 19, as well as the Additional PPE and MaskPolicies**.
  - e. The CL COVID Lead will work with the site leaders to put increased symptom monitoring in place as well as have all potentially exposed *individuals* tested for COVID-19, even if asymptomatic (Guardian approval required for testing).
  - f. The CL COVID Lead will also coordinate efforts to notify all guardians verbally and in writing of the exposure at the affected site. *Individuals* will also be informed and provided information on COVID and symptoms to watch for. The CL COVID Lead will also track test results and keep the site leaders notified of any new positive cases.
  - g. If it is noted that an additional *individual* tests positive return to 5a of this policy.
  - h. The CL COVID Lead will provide MDH with the *individual* identified as COVID positive along with a list of *employees* exposed to this individual using the MDH Risk Level Tracking Spreadsheet. This spreadsheet is to be submitted to MDH to the email address [health.cc.monitoring@state.mn.us](mailto:health.cc.monitoring@state.mn.us) within 24 hours of a positive COVID case.

- i. Once the exposure tracing and tracking has been completed for *employees*, return to 4e of this policy.
- j. MDH will use information submitted to follow up where the exposure occurred and make regular contact with the *individual* and their site leader and the *employees* that are COVID positive and noted as high risk.
- k. The CL COVID Lead will continue to monitor the noted site for increased symptoms/positive tests for both *individuals* residing there and *employees* assigned to this site. If any of these are true and an increase is noted, it will be reported to the CL Director to review further actions that may be needed.

**POLICY #16: Return to Work after Illness or Exposure**

**DATE ADOPTED:** April 2020

**DATE REVISED:** 6/15/2020; 8/20/2020; 9/25/2020

**Policy**

The intent of this policy is to outline the return to work requirements necessary when an employee has symptoms or a diagnosis of COVID-19 or confirmed exposure.

**Procedure**

- 1) Employees with [mild to moderate illness](#) who are not severely immunocompromised may return to work when all the following conditions are met:
  - a. At least 10 days have passed *since symptoms first appeared* **and**
  - b. At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
  - c. Symptoms (e.g., cough, shortness of breath) have improved
- 2) Employees who tested positive for COVID-19 who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral COVID-19 diagnostic test.
- 3) Employees with [severe to critical illness](#) due to COVID-19 or employees who are severely immunocompromised, may return to work when all of the following conditions are met:
  - a. At least 10 days and up to 20 days have passed *since symptoms first appeared*
  - b. At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
  - c. Symptoms (e.g., cough, shortness of breath) have improved
  - d. Consider consultation with infection control experts
- 4) Employees who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.
- 5) Employees who are excluded from working due to a confirmed exposure to COVID-19 can return to work after meeting the following criteria:
  - a. At least 14 days have passed since the last day of exposure  
**AND**
  - b. They have no symptoms
  - c. If employees develop symptoms during their quarantine due to an exposure, they can return to work after meeting return-to-work guidelines for illness ([See bullet 1 in this policy](#)).
- 6) Employees who have an illness with a confirmed alternate diagnosis (e.g., strep throat, tested positive for influenza) will have return-to-work criteria based on that diagnosis. All alternate diagnosis must also be reported to the [Community Living Health and Safety Team](#).
- 7) If an employee is hospitalized for an issue not related to COVID-19, return to work should be based on the discharge diagnosis from the hospital and the employer's standard guidance for ill employees.
- 8) If staff test negative for COVID-19 but are still symptomatic without an alternative diagnosis, they should continue to quarantine and consult with their healthcare provider to determine if a 2<sup>nd</sup> test is recommended.

- 9) If an employee with symptoms tests negative for COVID-19 and does not have a known exposure, the employee may be allowed to work but is required to continue to self-monitor symptoms and consider retesting if fever or other COVID-19 symptoms develop.
- 10) If an employee who has tested positive for COVID-19 has been cleared by Human Resources to return to work, they must wear a surgical mask, not a cloth mask for source control at all times until symptoms are completely resolved or 14 days after symptom onset, whichever is longer.
- 11) Staff should self-monitor for symptoms and seek re-evaluation if respiratory symptoms recur or worsen.
- 12) If asymptomatic, staff should wear a surgical mask, not a cloth mask for source control at all times while working until 14 days after the test date.

**POLICY #17: Safety Procedures for Serving Individuals with COVID-19**

**DATE ADOPTED:** May 2020

**DATE REVISED:** 6/15/2020; 8/20/2020; 11/10/2020

**Policy**

This policy outlines additional safety procedures and transmission-based precautions to be implemented if an individual served has symptoms or a diagnosis of COVID-19. This policy also describes when additional Personal Protective Equipment (PPE) can be decreased by employees.

**Procedure**

- 1) When an individual receiving services is experiencing symptoms or has been diagnosed with COVID-19, employees must complete **THREE Wellness Screenings per day**, including temperature and pulse oximetry levels to determine if emergency treatment is needed.
- 2) Employees should limit close, direct contact to what is critical and necessary for health and safety with individuals served with suspected or confirmed COVID-19.
  - a. Employees who enter the bedroom or bathroom of an individual served with confirmed or suspected COVID-19 should wear the Maximum Level (Red) of PPE available as detailed in the Additional PPE and Mask Wearing Requirements for Employees Policies.
  - b. A respirator mask must be worn if the employee has passed the medical evaluation and fit testing and training for a KN95 mask or N95 mask, if approved;
  - c. If an employee is not yet approved to wear a respirator mask, the employee must wear a surgical mask, as supplies allow;
  - d. In addition to wearing a respirator or surgical mask, employees must also wear a face shield, gloves and the most protective gown available;
  - e. Between working with others in the home or apartment site, employees must put on gowns and gloves as close to the infected or symptomatic individual/s bedroom or in the designated bathroom to prevent spreading the virus throughout the home or apartment. Employees do not need to change their mask or disinfect their faceshield during their shift unless they become soiled or torn.
- 3) Individuals served with confirmed or suspected COVID-19 should be separated from others receiving services by spending as much time as possible in their room and a dedicated, private bathroom.
  - a. If a private bathroom is not possible, an alternative option would be to dedicate a separate bathroom in the home for individuals with COVID-19.
  - b. If a separate bathroom is not available for individual/s with COVID-19, the commonly touched surfaces in the bathroom should be cleaned and sanitized after each use by the infected person.
  - c. Employees must clean and disinfect the entire bathroom at least twice per day (AM/PM), or more frequently after times of heavy use.
- 4) If possible, a cohorting plan should be adopted to allow dedicated space, with dedicated staff, for COVID-19-positive individuals receiving services.
  - a. Individuals served with confirmed or suspected COVID-19 (symptomatic or asymptomatic) should remain in their room as much as possible.
  - b. If it is essential to leave their room, individuals served should:
    - i. Wear a surgical (preferred) or cloth mask to cover their mouth and nose.
    - ii. Perform hand hygiene immediately before or after leaving their room.
    - iii. Practice social distancing to remain at least 6 feet from others.

- c. Employees should continue to wear Maximum Level (Red) PPE when working with individuals served with confirmed or suspected COVID-19.
  - d. It is important that employees continue to wear masks and face shields for all services requiring close contact, whether or not they are suspected to have COVID-19.
  - e. Since the duration of viral shedding can vary from person to person due to differing circumstances, determining when to discontinue use of PPE is generally based on whether or not the resident displayed symptoms or is at high risk for complications, either due to advanced age (75 years of age or older) or immunocompromising conditions (e.g., medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV).
  - f. For individuals served who displayed no symptoms, follow CDC's time-based or test-based strategy.
  - g. For individuals served who displayed symptoms, follow CDC's symptom-based or test-based strategy.
- 5) CDC recommends the discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>)
- 6) For individuals served with persistent symptoms or those who are 75 years of age or older (with or without symptoms), MDH recommends that PPE be used for care of these individuals until:
- a. At least 14 days have passed since symptom onset (or test date if asymptomatic), AND
  - b. 3 days have passed since recovery, defined as fever resolution without fever-reducing medication and improvement in respiratory symptoms (e.g., cough, shortness of breath).
- 7) For individuals served with immunocompromising conditions (with or without symptoms), MDH recommends that PPE be used for care of these individuals until:
- a. At least 21 days have passed since symptom onset (or test date if asymptomatic), AND
  - b. 3 days have passed since recovery, defined as fever resolution without fever-reducing medication and clear improvement in respiratory symptoms (there may be lingering occasional cough).
  - c. After release, individuals with lingering cough should wear a facemask when around another person.
- 8) In some circumstances, depending on the nature of immunosuppression and concern about continued use of PPE, individuals served with immunocompromising conditions could undergo a test-based strategy to discontinue PPE use. In this case, consultation with MDH or an expert in infectious diseases may help interpret test results.

**POLICY #18: Procedures for Admissions and Hospital Discharges**

**DATE ADOPTED: April 2020**

**DATE REVISED: 6/25/2020; 8/20/2020**

**Policy**

The intent of this policy is to provide guidance to serving individuals newly admitted or re-admitted to services and those who have been hospitalized and are being discharged back to their licensed residential setting.

**Procedure**

- 1) When an individual is newly admitted to Fraser 245D Community Living services or being re-admitted after an extended absence, the person must be closely monitored for COVID-19 symptoms for the first 14 days of services.
- 2) A pre or post-admission self-quarantine for 14 days (if the person who uses services agrees)
- 3) Testing asymptomatic persons who use services (with the person's or their legal representative's consent) either prior to admission or immediately upon admission,
  - a. and if available at day 7 and 14
  - b. Test results should not be used as the only criteria for admission since a negative test does not guarantee a person who uses services won't develop symptoms
- 4) Within the first 14 days after admission, as PPE supply allows, staff should wear surgical masks and face shields if possible, gowns and gloves for all care provided to the person who uses services
- 5) New individuals served should be strongly encouraged to wear a cloth mask for source control, maintain social distance of 6 feet or more from others served.
- 6) Providing meals privately or with significant distance is also recommended.
- 7) When possible, a private bathroom should be used for the first 14 days.
- 8) Ensuring hospital bed capacity for individuals who require acute care is directly related to the ability to discharge COVID-19 patients to settings equipped to provide appropriate care while maintaining the safety of other vulnerable residents.
- 9) [MDH recommends](#) that patients with suspected or confirmed COVID-19 be discharged home or to a transitional care facility when hospital level of care is no longer medically necessary.
- 10) Individuals served with COVID-19 who have been hospitalized may be discharged home while still testing positive and requiring Transmission-based Precautions as detailed in the Safety Procedures for Serving Individuals with COVID-19 Policy.
- 11) Individuals who are still experiencing symptoms of COVID-19 should be isolated to their bedroom and a dedicated bathroom, if possible upon discharge from the hospital.
- 12) Visitors should be restricted when individuals are in home isolation.

## SECTION C: PROGRAM-SPECIFIC SAFETY POLICIES AND PROCEDURES

### POLICY #19: Service Exclusion due to Illness or Exposure in Home-Based

**DATE ADOPTED:** May 2020

**DATE REVISED:** 6/25/2020; 8/20/2020

#### Policy

This policy outlines when individuals served in home-based are excluded from services due to illness or exposure and what requirements they must meet under [Resume Services](#) guidelines to return to services.

#### Procedure

- 1) Individuals receiving home-based services may be temporarily excluded from services if they or anyone in their household has symptoms of COVID-19 including:
  - a. Temperature above 100 degrees
  - b. Cough (new or worsening)
  - c. Shortness of breath, wheezing, chest tightness, labored breathing (serious symptoms of respiratory distress are considered a medical emergency; **911 must be called**)
  - d. Sore throat
  - e. New loss of taste or smell
  - f. Headache or muscle pain
  - g. Chills or unexplained fatigue
  - h. Congestion
  - i. Gastrointestinal issues such as nausea, diarrhea or vomiting
  - j. Other COVID-19 symptoms as defined by MDH or a healthcare professional
- 2) Individuals who have a known exposure to someone with a confirmed or suspected COVID-19 diagnosis are excluded from services.
- 3) All home-based service exclusions due to illness or exposure must be reported to the [Community Living Health and Safety](#) team to confirm next steps.

**POLICY #20: Resume Services after Illness or Exposure in Home-Based**

**DATE ADOPTED:** April 2020

**DATE REVISED:** 6/25/2020; 8/20/2020

**Policy**

Individuals receiving home-based services who do not pass the Wellness Screening or meet criteria listed in [Exclusion from Services Policy](#) are unable to proceed with services. This policy outlines when individuals can expect to resume services.

**Procedure**

- 1) Individuals receiving home-based services who are temporarily excluded due to illness can resume services after everyone in their household meets the following [MDH guidelines](#):
  - a. At least 24 hours have passed since resolution of fever without the use of fever-reducing medications  
**AND**
  - b. Improvement in all symptoms  
**AND**
  - c. At least 10 days have passed since symptoms first appeared
- 2) Individuals who have an illness with a confirmed alternate diagnosis (e.g., strep throat, tested positive for influenza) can resume services based on that diagnosis.
- 3) Individuals who are excluded due to exposure to someone with a confirmed or suspected COVID-19 diagnosis can resume services after meeting the following requirements:
  - a. At least 14 days have passed since the last day of exposure  
**AND**
  - b. They have no symptoms
  - c. If an individual served develops symptoms during their quarantine due to an exposure, services can resume when guidelines for resuming services after an illness or symptoms are met; [\(See bullet 1 in this policy\)](#).