

COVID-19 PREPAREDNESS AND RESPONSE PLAN FRASER CASE MANAGEMENT

In response to the COVID-19 Pandemic and in compliance with state requirements, Fraser developed a Preparedness and Response Plan for each of our program areas. 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 and clients on the Fraser webpage. A paper copy of this plan will be posted at each Fraser location and is available upon request.

FRASER CASE MANAGEMENT COVID-19 PANDEMIC RESPONSE PLAN

Table of Contents

| | |
|---|----|
| SECTION A: STAFF POLICIES AND PROCEDURES | 1 |
| POLICY #1: Wellness Screening for Staff | 1 |
| POLICY #2: Staff Exclusion from Work due to Illness or Exposure | 2 |
| POLICY #3: Return to Work after Illness or Exposure | 4 |
| POLICY #4: Wearing Masks for Staff | 5 |
| POLICY #5: Hand Hygiene for Staff | 7 |
| POLICY #6: Social Distancing for Staff | 8 |
| POLICY #7: Cleaning Commonly Touched Surfaces for Staff | 9 |
| SECTION B: POLICIES AND PROCEDURES FOR INDIVIDUALS SERVED BY CASE MANAGEMENT | 10 |
| POLICY #8: Wellness Screening for Face-to-Face Meetings | 10 |
| POLICY #9: Exclusion of Individuals Served from Face-to-Face Services due to Illness or Exposure ... | 11 |
| POLICY #10: Resuming Face-to-Face Services after Illness or Exposure | 13 |
| POLICY #11: Wearing Masks for Individuals Served | 14 |
| SECTION C: PROGRAM-SPECIFIC SAFETY POLICIES AND PROCEDURES | 15 |
| POLICY #12: Cleaning & Visitor Protocols for the Case Management Office Space | 15 |
| SECTION D: GENERAL SAFETY POLICIES AND PROCEDURES | 16 |
| POLICY #13: Mitigation of Presumptive or Confirmed COVID-19 Diagnosis | 16 |

SECTION A: STAFF POLICIES AND PROCEDURES

POLICY #1: Wellness Screening for Staff

DATE ADOPTED: June 2020

DATE REVISED: 6/2/2020; 9/5/2020

Policy

This policy outlines how staff should screen for COVID-19 symptoms before starting a shift and what to do if they have symptoms when working from a Fraser location.

Procedure

- 1) All Fraser staff must complete the online [Daily Wellness Screening](#) each work day prior to arrival or immediately upon arrival at each Fraser location.
- 2) If staff members do not have access to a thermometer at home, they must use thermometers located in Fraser Bloomington's wellness stations, ensuring they disinfect the thermometer before and after use as directed.
- 3) Supervisors must assure all staff who work at a Fraser location submit their Wellness Screening before they start their work day.
- 4) 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 100 degrees
 - 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
- 5) Staff who have any signs of illness or answer "yes" to any of the questions on the Daily Wellness Screening are expected to stay home or return home, and immediately inform their supervisor or coverage supervisor.
- 6) Staff who identify symptoms upon arrival or develop symptoms during their shift must maintain as much distance as safely possible from other individuals and return home immediately.
- 7) The Supervisor will collaborate with the staff and AskHR@Fraser.org regarding when the staff can be expected to return to work.
- 8) If staff have symptoms due to chronic conditions, staff must consult with AskHR@Fraser.org before reporting to work.

POLICY #2: Staff Exclusion from Work due to Illness or Exposure

DATE ADOPTED: June 2020

DATE REVISED: 6/12/2020; 9/5/2020

Policy

This policy outlines when staff are excluded from going into any Fraser site or community location for work purposes due to illness or exposure until they meet Fraser [Return to Work](#) guidelines.

Procedure

- 1) If symptoms of COVID-19 are observed, staff may be excluded from going into any Fraser site or community location for work purposes, regardless of their answers on the daily Wellness Screening.
- 2) Staff may not work in Fraser sites and community locations if they have any COVID-19 symptoms which include:
 - 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
- 3) Staff who have presumptive or confirmed COVID-19 diagnosed by a healthcare professional, regardless of their symptoms, are not allowed to enter any Fraser site or community location for work purposes.
- 4) Staff who have had direct exposure to a person with presumed or confirmed COVID-19 may not report to a Fraser site or community location for work purposes. 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 presumptive COVID-19 diagnosis.
 - b. Having someone in their household with a confirmed COVID-19 diagnosis or presumptive COVID-19 symptoms.
 - c. Caring for a friend, family member or others with a confirmed or presumptive COVID-19 diagnosis, regardless of where the person lives.
- 5) Staff 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 a Fraser location or community location for work purposes or leave as soon as possible.
- 6) If a staff identifies or develops symptoms upon arrival or during work at a Fraser location or

community location for work purposes, the employee should leave immediately.

- 7) Staff who are symptomatic should not clean or disinfect surfaces.
- 8) During the exclusion from work timeframe, employees who can work remotely from home can do so under the guidance of their supervisor.
- 9) Staff are excluded from work until they meet the Fraser [Return to Work](#) guidelines.
- 10) All illnesses must be reported to the supervisor and AskHR@Fraser.org to confirm when staff can expect to return to Fraser sites and community locations used for work purposes.
- 9) During the COVID-19 pandemic Fraser is not prohibiting staff from engaging in particular activities, but the leadership team does ask each employee to consider whether your actions will put you at increased risk of contracting or potentially spreading COVID-19 to your co-workers or clients.
- 10) If you choose to engage in high-risk activities and then develop symptoms of COVID-19, Fraser reserves the right to ask you to stay home and self-quarantine consistent with guidelines from the Centers for Disease Control and Minnesota Department of Health.
- 11) If you know that you engaged in a high-risk activity or you have reason to believe that you were exposed to COVID-19, Fraser asks that you email the Health and Safety Team (ClinicalHealthandSafety@Fraser.org) to make your leadership team aware of the exposure.
 - a. High-risk activities include situations with people outside of your immediate household:
 - ✓ Where social distancing of 6 feet or more cannot be maintained;
 - ✓ Masks are not consistently worn by the people who are present;
 - ✓ Bodily fluids such as saliva or mucus are present in the air;
 - ✓ Groups of 10 or more people are gathered inside for more than 10 minutes;
 - ✓ Groups of more than 25 people are gathered outside; or
 - ✓ The situation is unpredictable.
 - b. Examples of high-risk activities include:
 - ✓ Athletic activities like basketball games or martial arts
 - ✓ Traveling on a crowded plane or train,
 - ✓ A backyard barbeque with more than 25 people that lasts several hours or more
 - ✓ Attending a wedding with 200 guests where participants are singing and not wearing masks
 - c. Low risk activities include situations where people outside of your immediate household:
 - ✓ Are able to maintain at least six feet of distance from each other;
 - ✓ Masks are worn by the people who are present;
 - ✓ Bodily fluids such as saliva or mucus are NOT present;
 - ✓ The interaction occurs outdoors with fewer than 25 people;
 - ✓ The interaction occurs indoors with fewer than 10 people for less than an hour; or
 - ✓ The situation is relatively predictable.
 - d. Examples of low risk activities include:
 - ✓ Going for a run on an uncrowded trail;
 - ✓ Having a picnic at the park with friends with more than six feet between households;
 - ✓ Driving to a cabin and staying with only your immediate household members for the weekend;
 - ✓ Attending a wedding with 10 or fewer people present.

POLICY #3: Return to Work after Illness or Exposure

DATE ADOPTED: June 2020

DATE REVISED: 6/2/2020; 9/5/2020

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) Staff who are excluded due to illness can return to any Fraser site or community location for work purposes after meeting 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 developed or were identified
- 2) Staff 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 diagnoses must also be reported to the Supervisor and AskHR@Fraser.org.
- 3) Staff who are excluded from working at any Fraser site or community location for work purposes due to a confirmed exposure to COVID-19 can return to those sites 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 staff develop symptoms during their quarantine due to an exposure, they can return to Fraser sites and community locations for work purposes after meeting return-to-work guidelines for illness (see bullet 1 in this policy).

POLICY #4: Wearing Masks for Staff

DATE ADOPTED: June 2020

DATE REVISED: 6/15/2020

Policy

This policy outlines staff requirements for wearing masks, masks available for staff use, and re-usage guidelines for masks.

Procedure

- a) All staff are required to wear a mask when walking through Fraser office buildings or using common spaces.
- b) Staff in open office environments and shared offices may also be required to wear masks at their desks. The following workspace factors will require mask-wearing:
 - a. **Open work environment** –
 - i. Desks are spaced less than 6 feet apart and there are no walls or partial walls between desks
 - ii. Staff are unable to spread out in open spaces to have a physical distance of 6 feet or more.
 - b. **Shared Offices** –
 - i. Desks are spaced less than 6 feet apart and there are no walls or partial walls between desks.
- c) When staff must remove their mask while eating or drinking during their shift, they should stay 6 feet or more away from others.
- d) All Case Management staff are required to wear masks when providing face-to-face services to individuals served and their support teams, to align with CDC guidelines.
- e) Fraser has a supply of handmade masks and/or surgical masks provided to staff. Handmade masks were manufactured for Fraser by a local vendor following the CDC guidelines. All staff working in Fraser buildings must wear only Fraser-provided handmade masks or surgical masks to assure standard protection levels for everyone.
- f) Fraser provides two types of masks for staff:
 - a. **Handmade masks:** Handmade masks are washed on site following CDC guidelines so a clean mask will be ready for staff each day at the designated locations in each building. Staff can enter the building wearing their own personal masks and upon arrival they will pick-up a clean Fraser-provided mask to wear throughout the day. At the end of the day, they will drop the used mask in the soiled mask bin.

All staff are also provided nosepieces and ear savers; filter inserts are also provided and are expected to be used once we return to doing face-to-face visits with individuals served and their support teams. These additional items are staff's to keep in a paper bag for reuse. While nosepieces can be reused until they no longer function, filters must be changed weekly.

If staff have difficulty breathing with the filter insert, they can remove the filter and use only the cloth mask.

- b. If staff have chronic conditions that could make it unsafe for them to wear masks for prolonged time or could cause breathing problems, staff must contact their supervisor and AskHR@fraser.org immediately.
- c. **Surgical masks:** Fraser has a limited supply of surgical masks. Surgical masks are meant for single use; however, due to limited supplies, the CDC has issued guidelines on how to reuse masks. If handmade masks are not an alternative for staff, they can use surgical masks instead.

Staff can reuse masks that are not torn or soiled for up to a week. To reuse a mask, staff will follow [CDC guidelines](#):

- i. Fold mask so the outside surfaces are folded together completely.
- ii. Store mask in a clean paper bag or breathable container.

POLICY #5: Hand Hygiene for Staff

DATE ADOPTED: June 2020

DATE REVISED: 6/2/2020

Policy

This policy outlines hand hygiene expectations for staff throughout the day.

Procedure

- 1) Upon arrival to the building, staff are expected to wash their hands with soap and water for at least 20 seconds, following directions posted in the restrooms.
- 2) Staff are also expected to wash hands in the following situations:
 - a. **Before** and **after** blowing nose, coughing, or sneezing
 - b. **Before** and **after** touching face
 - c. **After** using the bathroom
 - d. **Before, during, and after** preparing food
 - e. **Before** and **after** eating food
 - f. **After** touching garbage
- 3) If soap and water are not readily available, staff should use the hand sanitizer that is provided, by squirting enough sanitizer to cover all surfaces of the hands and rubbing hands together until they feel dry.
- 4) **Avoid touching your eyes, nose, and mouth** with unwashed hands.

POLICY #6: Social Distancing for Staff

DATE ADOPTED: June 2020

DATE REVISED: 6/2/2020

Policy

Staff are expected to maintain 6 feet of distancing whenever possible. If staff are unable to maintain physical distance at least 6 feet, they are required to wear masks. Refer to [Policy #4 – Wearing Masks](#) for details.

Procedure:

- 1) When using a shared breakroom space, be aware of others. Try to spread out in the room to create 6 feet of physical distance between yourself and other staff. Eating at your workstation is preferred to reduce the risk of spreading germs while masks cannot be worn.
- 2) When using commonly accessed tools like the copier and the microwave, be aware of others. Take turns to maintain 6 feet of physical distance between yourself and other staff.
- 3) When working in open-space environments, make sure your desk is at least 6 feet apart from others.
- 4) When meeting 1:1 with your supervisor or with a group, Zoom meetings should be used if inadequate space is available to ensure 6-foot social distancing.
- 5) If staff must attend an in-person meeting, spread out to maintain at least 6 feet of physical distance from other attendees.
- 6) Team builders must allow at least 6 feet of physical distance from other attendees or be conducted via Zoom.

POLICY #7: Cleaning Commonly Touched Surfaces for Staff

DATE ADOPTED: June 2020

DATE REVISED: 6/2/2020

Policy

This policy outlines individual expectations of cleaning commonly touched surfaces. In addition to these general procedures, refer to program-specific policies for more details.

Procedure

Cleaning kits are available throughout all clinics and administrative buildings and instructions on how to use them are available in each kit.

- 1) Staff are expected to clean and disinfect their workstations daily. This includes shared phones, keyboards, drawer handles, chair armrests, etc.
- 2) Staff must clean and disinfect drop spaces, enclaves, and other meeting rooms before and after each use.
- 3) 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.
- 4) Staff are expected to use a clean stylus each time when touching copiers. Staff will be given a stylus for their own personal use and must disinfect it between uses.

SECTION B: POLICIES AND PROCEDURES FOR INDIVIDUALS SERVED BY CASE MANAGEMENT

POLICY #8: Wellness Screening for Face-to-Face Meetings

DATE ADOPTED: June 2020

DATE REVISED: 6/2/2020; 9/5/2020

Policy

Individuals served and any support team members will be subject to a Daily Wellness Screening to minimize the risk of exposure and impact on others in the program.

Procedure

- 1) Anyone scheduled to meet face-to-face with Fraser Case Managers in the field need to complete a Wellness Screening prior to the meeting. A link to this screening will be sent via email to any participants with email access.
- 2) Individuals served and their support team members must mark “Yes” on the Wellness Screening if they or anyone in their household are experiencing symptoms of COVID-19 including:
 - a. Temperature above 100 degrees
 - 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
- 3) Individuals served and their support team members will submit their answers online prior to the meeting to determine whether the face-to-face meeting can occur.
- 4) If individuals and their support team members do not submit prior to the meeting start time, a Fraser staff member will contact them to gather the wellness screening information over the phone.
- 5) Based on their answers, individuals and their support team members will be informed if they can or cannot proceed with the face-to-face meeting.
- 6) Individuals and their support team members who are experiencing any signs of illness or answer “yes” to any of the questions on the Wellness Screening will be directed to reschedule, based on Fraser’s [Resume Services](#) policy.

POLICY #9: Exclusion of Individuals Served from Face-to-Face Services due to Illness or Exposure

DATE ADOPTED: June 2020

DATE REVISED: 6/2/2020; 9/5/2020

Policy

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

Procedure

- 1) If symptoms of COVID-19 are observed with individuals served or their support team members during an in-person visit, Fraser staff will need to discontinue face-to-face services immediately, regardless of the answers on the person's Wellness Screening.
- 2) Individuals served and their support team members may not meet face-to-face with Fraser staff if they have any COVID-19 symptoms which include:
 - 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
- 3) Individuals served and their support team members who have presumptive or confirmed COVID-19 diagnosed by a healthcare professional, regardless of their symptoms, are excluded from face-to-face services.
- 4) Individuals served and their support team members who have had direct exposure to a person with presumed or confirmed COVID-19 are excluded from face-to-face services. Direct exposure is defined as:
 - d. 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 presumptive COVID-19 diagnosis.
 - e. Having someone in their household with a confirmed COVID-19 diagnosis or presumptive COVID-19 symptoms.
 - f. Caring for a friend, family member or others with a confirmed or presumptive COVID-19 diagnosis, regardless of where the person lives.
- 5) Individuals served and their support team members 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 are excluded from face-to-face services until they meet the Fraser [Resume Services](#) guidelines.

- 6) All exclusions of individuals served due to illness or exposure must be reported to the CM Supervisor Team to confirm next steps.

POLICY #10: Resuming Face-to-Face Services after Illness or Exposure

DATE ADOPTED: June 2020

DATE REVISED: 6/2/2020; 9/5/2020

Policy

The intent of this policy is to outline the resuming face-to-face service requirements necessary when an individual served or their support team member has symptoms or a diagnosis of COVID-19 or confirmed exposure.

Procedure

- 1) Individuals served and their support team members who are excluded due to illness can resume face-to-face services after meeting 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 developed or were identified
- 2) Individuals served and their support team members who have an illness with a confirmed alternate diagnosis (e.g., strep throat, tested positive for influenza) can resume face-to-face services based on that diagnosis.
- 3) Individuals served and their support team members who are excluded from face-to-face services due to a confirmed exposure to COVID-19 can resume face-to-face services after meeting the following criteria:
 - a. At least 14 days have passed since the last day of exposure
AND
 - b. They have no symptoms

POLICY #11: Wearing Masks for Individuals Served

DATE ADOPTED: June 2020

DATE REVISED: 6/2/2020

Policy

This policy outlines when an individual served and their support team members are required to wear masks.

Procedure

- 1) All individuals served and support team members receiving face-to-face services are required to wear masks during services.
- 2) Individuals served and support team members who are unable to wear masks will be rescheduled for a future date when this policy does not remain in effect.
- 3) Individuals served and support team members who show up to face-to-face appointments without masks will be provided a mask immediately.
- 4) If no mask is available at the start of the face-to-face appointment, the appointment will be rescheduled.

SECTION C: PROGRAM-SPECIFIC SAFETY POLICIES AND PROCEDURES

POLICY #12: Cleaning & Visitor Protocols for the Case Management Office Space

DATE ADOPTED: June 2020

DATE REVISED: 6/2/2020

Policy

This policy outlines staff expectations for cleaning the Case Management office space at the Bloomington site. These enhanced cleaning and safety requirement will remain in effect until further notification is provided. The intent of these protocols is to reduce unnecessary cross-contamination whenever possible.

Procedure

- 1) Staff will enter the office building using the nearest accessible door to their workstation.
- 2) In addition to completing the [Daily Wellness Screening](#), staff must sanitize their workstation daily upon arrival to and departure from the office. This includes shared phones, keyboards, drawer handles, chair armrests, etc.
- 3) Staff will only access work areas within the Bloomington site that are necessary to complete their work.
- 4) Operations staff will disinfect surfaces and touched items midway through each business day. In addition, the contracted cleaner will clean and disinfect the entire office in the evening per usual.
- 5) Breakroom space use needs to be staggered to allow for appropriate social distancing of at least 6 feet between people in the breakroom.
- 6) All food service supplies will be one-time-use disposables.
- 7) When IT support is needed, all requests must be made via an emailed IT ticket or by calling 612-798-8377 rather than walking into the IT office in Bloomington. Staff needing support will need to enter and stay at a conference table just inside the IT office. This will allow IT staff to disinfect that area between visits.
- 8) Any individuals served or their support team members who arrive at the Bloomington, Suite 6 office for a scheduled meeting with their assigned Case Manager will be asked to complete a Wellness Screening to assure no risk of illness or exposure is identified prior to meeting face-to-face with Fraser staff.
- 9) Individuals served and their support team members will be able to continue services upon meeting the [Resume Services](#) guidelines.
- 10) Chair armrests and other touched surfaces located in the lobby space will be sanitized by Community Supports Operations staff after each use.
- 11) The number of people allowed in each meeting room will be limited to 10 or less depending on the room size in order to minimize the impact of COVID-19 exposure.
- 12) After visitors leave the building, CM staff are expected to clean and disinfect every touched surface.

SECTION D: GENERAL SAFETY POLICIES AND PROCEDURES

POLICY #13: Mitigation of Presumptive or Confirmed COVID-19 Diagnosis

DATE ADOPTED: June 2020

DATE REVISED: 6/12/2020

Policy

This policy outlines the procedures for a staff or individual served who receives a presumptive or confirmed diagnosis of COVID-19.

Procedure

- 1) Staff or individuals served who have signs of illness or have had direct exposure to someone with COVID-19 are not allowed to provide or receive face-to-face services. If staff or individuals served are present at a Fraser location at the time of receiving the diagnosis, they must immediately be isolated and sent home.
- 2) If an employee receives a presumptive diagnosis of COVID-19, their supervisor must inform the AskHR@Fraser.org immediately. The employee will be directed to receive testing to confirm their diagnosis. While waiting for test results, the appropriate guidelines will be followed.
- 3) If testing results come back negative:
 - a. Employee can return to Fraser sites or community locations used for work purposes when they are able and have no illness symptoms.
 - b. Other staff and/or individuals served who might have been considered at risk of exposure and as result have been isolated, can return when able and have no illness symptoms.
- 4) If testing comes back positive, the employee will be isolated until they meet the [Return to Work](#) guidelines.
- 5) **Cleaning Steps:** The Clinical Health and Safety Team will arrange cleaning with key people based on the situation. When cleaning, the following need to be applied:
 - a. **Open Workspaces:** Close off any areas used by the individual who is sick. Wait 24 hours, if possible, to disinfect the employee's desk to prevent others from touching infected surfaces.
 - b. **Individual Offices:** Close the doors. Disinfect the space after 24 hours.
 - c. Immediately clean and disinfect all areas used by the person who is sick, including bathrooms, common areas, and shared electronic equipment like phones, copiers, touch screens, and keyboards.
 - d. If **more than 7 days** have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
- 6) Interview the sick employee to find out which staff and individuals served or support team members they were in close contact with 48 hours prior to receiving their diagnosis. Close contact is defined as face-to-face interaction for more than 10 minutes and less than 6 feet apart.
 - a. Employees who have been at high risk of exposure with the sick person must self-quarantine for 14 days from the last day of exposure.

- b. Individuals served and their support team members who have been in close contact with the sick employee must be informed immediately. Individuals served and their support team members should self-quarantine for at least 14 days from the day of last exposure.
- c. Employees and individuals served can all resume face-to-face meetings after 14 days from the last exposure, as long as they do not develop any symptoms during that time. If they do develop symptoms, the return date must be reevaluated based on the [Return to Work](#) and [Resume Services](#) policies.