COVID-19
PREPAREDNESS AND RESPONSE PLAN
FRASER CLINICAL PROGRAMS

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 Clinical Services Staff Policies and Procedures
For COVID-19 Pandemic

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SECTION A: STAFF POLICIES AND PROCEDURES

POLICY #1: Wellness Screening for Staff

DATE ADOPTED: April 2020
DATE REVISED: 6/14/2020

Policy

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

Procedure

1) Staff will fill out the Daily Wellness Screening before starting a shift by submitting the form electronically either from home or completing the screening at the designated area in the clinic per their program.

2) Supervisors must assure all staff who work at a Fraser location submit their Wellness Screening form before they start their work day. Staff Wellness Screenings must be reconciled daily following the template found in the following shared folder: ..\Staff Wellness Screenings

3) If staff have symptoms due to chronic conditions, staff must consult with the Clinical Health and Safety Team before proceeding to report to work.

4) Staff who have any signs of acute illness or answer “yes” to any of the questions on the Daily Wellness Screening are expected to stay home or return home, and inform their supervisor.
   a. Upon receipt of the Wellness Screening with an elevated response, Clinical Health and Safety Team will reach out to the submitting employee, their Fraser supervisor, and other key program managers if applicable, to confirm that the employee has not reported for work.
   b. Clinical Health and Safety Team will contact the employee to gather information about their response and identify a plan for next steps.
   c. Clinical Health and Safety Team will inform the sick employee’s supervisor regarding next steps including identified return to work timeline. During the employee’s isolation period, Clinical Health and Safety Team will provide regular communication to Fraser supervisor as well as other key program managers.

5) For all Fraser employees working at Saint Paul Public School (SPPS) Collaborative site, Fraser will coordinate additional communication with SPPS COVID-19 Lead through student.wellness@spps.org and report the name, contact information, and interview summary of the excluded Fraser employee to the SPPS COVID-19 Lead. Return to work plan for Fraser staff will be created in collaboration with the SPPS COVID-19 Lead.
POLICY #2: Staff Exclusion from Work due to Illness or Exposure

DATE ADOPTED: March 2020
DATE REVISED: 6/14/2020

Policy

This policy outlines when staff are excluded from work due to illness or exposure until they meet Fraser Return to Work guidelines.

Procedure

1) Staff who show signs of illness can be excluded from work, even if their Wellness Screening did not indicate any illness. Illness can include any flu-like symptoms and the definitions below define the symptoms referenced when making decisions on exclusion:
   a. Fever 100 and above
   b. New onset or worsening cough
   c. Difficulty breathing (wheezing, shallow/rapid breaths, chest tightness)
   d. Other new onset of symptoms including chills, muscle pain, fatigue, sore throat, headache, runny nose, loss of sense of taste or smell, or gastrointestinal symptoms of diarrhea, vomiting, or nausea.

2) Staff who have a confirmed COVID-19 diagnosis, regardless of their symptoms, are excluded from work.

3) Staff who have had direct exposure (face-to-face contact with less than 6 feet of physical distancing for more than 15 minutes) to a person with a confirmed or presumptive COVID-19 diagnosis, regardless of their symptoms, are excluded from work.

4) Staff who have someone in their household with a confirmed COVID-19 diagnosis or presumptive COVID-19 symptoms are considered to have direct exposure and are excluded from work.

5) Staff who care for someone with a confirmed or presumptive COVID-19 diagnosis, regardless of where the person lives, are considered to have had direct exposure and are excluded from work.

6) During the exclusion timeframe, staff who can work remotely from home can do so under the guidance of their supervisor.

7) All illnesses are to be reported to the supervisor and the Clinical Health and Safety Team to confirm when staff can expect to return to work.
POLICY #3: Return to Work after Illness or Exposure

DATE ADOPTED: March 2020

DATE REVISED: 6/14/2020

Policy

Staff who meet any of the exclusion criteria listed in Policy #2 and are unable to report to work as a result can return to work after meeting certain guidelines.

Procedure

1) Staff will be excluded from work if their symptoms are consistent with COVID-19 per MDH guidelines:
   a. At least 1 day (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) 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 diagnosis must also be reported to the Clinical Health and Safety Team.

3) Staff who are excluded from working due to exposure to a confirmed or presumptive COVID-19 diagnosis 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

If staff 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 Return to Work policy)
POLICY #4: Wearing Masks for Staff

DATE ADOPTED: April 2020
DATE REVISED: 6/14/2020

Policy

This policy outlines requirements for wearing masks during clinical services, masks available for staff use, and reusage guidelines for masks.

Procedure

1) All Fraser staff are required to wear a mask when walking through the building or using common spaces.
2) 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.
3) All intensive services staff and school staff must wear masks during services, to align with CDC guidelines.
4) All outpatient clinicians are required to wear masks during in-person services.
5) Fraser has a limited supply of handmade masks and/or surgical masks provided to all staff working in the clinical buildings (excludes all administrative only buildings in Richfield Campus: 6320, 6328 and 6344). These handmade masks were manufactured for Fraser by a local vendor following the CDC guidelines. All staff working in the clinical buildings must wear only Fraser provided handmade masks or surgical masks to assure standard protection levels for client present buildings. In administrative only locations in Richfield campus (6320, 6328 and 6344), staff are expected to wear their own masks and manage laundering on a regular basis.
6) Fraser provides two types of masks for staff in the 7 clinical buildings (Bloomington, Coon Rapids, Eagan, Eden Prairie, Minneapolis, Richfield 2400, Woodbury):
   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 and only staff who provide direct service to clients are provided filter inserts. 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. **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.

7) 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 immediately.
POLICY #5: Hand Hygiene for Staff

DATE ADOPTED: March 2020
DATE REVISED: 4/24/2020

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 these situations:
   a. 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. Before and after changing diapers or assisting client with use of toilet
   g. After touching garbage
   h. After coming from playground
3) If soap and water are not readily available, staff should use the hand sanitizer that is provided in the therapy spaces, 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: March 2020
DATE REVISED: 4/24/2020

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 eating in a shared breakroom, be aware of others. Try to spread out in the room to create 6 feet of physical distance between yourself and other staff. If it is not possible to spread out in the breakroom while eating, try to find an alternative safe space to take a break or eat lunch.

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) If staff must attend an in-person meeting, spread out to maintain at least 6 feet of physical distance from other attendees.
POLICY #7: Cleaning Commonly Touched Surfaces for Staff

DATE ADOPTED: March 2020
DATE REVISED: 4/24/2020

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.
2) Staff must clean and disinfect drop spaces and enclaves before and after each use.
3) Staff who use outpatient therapy rooms to conduct telehealth sessions are expected to clean the table, as well as other commonly touched surfaces like doorknobs, cabinet handles, and chairs, before and after use.
SECTION B: CLINICAL SERVICES CLIENT POLICIES AND PROCEDURES

POLICY #8: Wellness Screening for Outpatient Clients

DATE ADOPTED: April 2020

DATE REVISED: 4/24/2020

Policy

Outpatient clinical services clients will have a preliminary phone screening during the appointment reminder call, if applicable. In addition, clients will have a day-of screening upon arrival, before being confirmed to proceed to their scheduled appointments.

Procedure

1) **Outpatient Wellness Screening** will be used to screen clients scheduled for neuropsychological or psychological testing appointments.
2) Clients who are experiencing any signs of illness on the day of their appointment will be directed to reschedule, based on Fraser’s **Resume Services** policy.
POLICY #9: **Wellness Screening for Day Treatment and ABA Clients**

**DATE ADOPTED:** April 2020  
**DATE REVISED:** 5/4/2020

**Policy**

Day Treatment and ABA clients will be subject to a [Daily Wellness Screening](#) to minimize the risk of exposure and impact on others in the program.

**Procedure**

1) Clients will receive a daily Wellness Screening with a link to a survey via email.
2) Families will submit their answers to determine whether their child can attend scheduled services.
3) If families do not submit prior to service start time, a staff member will contact family to gather information over the phone or for children who are not using transportation, questions will be verified during client drop-off.
4) Based on their answers, clients will be informed if they can or cannot proceed to services.
5) The Clinical Health and Safety Team will reach out to families to follow up on surveys, inform families of next steps, and explain when clients can resume services.
POLICY #10: Client Exclusion from Services due to Illness or Exposure

DATE ADOPTED: March 2020
DATE REVISED: 4/24/2020

Policy

This policy outlines when clients 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) Clients who show signs of illness can be excluded from services, even if their Wellness Screening did not indicate any illness. Illness can include any flu-like symptoms and the definitions below define symptoms staff can refer to when making decisions on exclusion:
   a. Fever 100.4 and above
   b. New onset or worsening cough
   c. Difficulty breathing (wheezing, shallow/rapid breaths, chest tightness)
   d. Other new onset of symptoms including chills, muscle pain, fatigue, sore throat, headache, runny nose, loss of sense of taste or smell, or gastrointestinal symptoms of diarrhea, vomiting, or nausea.

2) Clients who have someone in the household reporting illness are excluded from services.

3) Clients who have a known exposure to someone with a confirmed or presumptive COVID-19 diagnosis are excluded from services.

4) All client exclusions due to illness or exposure must be reported to the Clinical Health and Safety Team to confirm next steps.
**POLICY #11: Resume Services after Illness or Exposure**

**DATE ADOPTED:** April 2020

**DATE REVISED:** 6/14/2020

**Policy**

Clients who do not pass the Wellness Screening or meet criteria listed in Policy #10 Exclusion from Services are unable to proceed with services. This policy outlines when clients can expect to resume services.

**Procedure**

1) Clients who are excluded due to confirmed or presumptive COVID-19 can resume services after meeting the following MDH guidelines:
   a. At least 1 day (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) Clients 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) Clients who are excluded due to exposure to someone with a confirmed or presumptive 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

4) Any accompanying guardian or parent must also be clear of any signs of illness at the time of the appointment.

5) If an accompanying guardian or parent has no symptoms, but has been exposed to someone with either a confirmed or a presumptive COVID-19 diagnosis, they cannot attend an appointment for at least 14 days from the last day of exposure. The client can proceed to their appointment if they are accompanied by a guardian or parent who has no symptoms and no exposure history in the last 14 days.
POLICY #12:  Wearing Masks for Clients

DATE ADOPTED:  May 2020

DATE REVISED:  6/14/2020

Policy

This policy outlines when a client is required to wear a mask.

Procedure

1) All clients and accompanying adults receiving outpatient services are required to wear a mask while in the building and during services. Clients and their families are informed of the policy at the time of the scheduling and also during the phone admissions.

2) Clients who inform Fraser that they are unable to wear masks will be rescheduled for a future date when this policy does not remain in effect.

3) Clients who show up to appointments without masks will be provided one upon check-in.

4) If clients or the accompanying adult are unable to keep their masks on during the appointment, Fraser reserves the right to discontinue the appointment and reschedule for a future date.
SECTION C: PROGRAM-SPECIFIC SAFETY POLICIES AND PROCEDURES

POLICY #13: Safety for Psychological and Neuropsychological Evaluations

DATE ADOPTED: March 2020
DATE REVISED: 6/14/2020

Policy

This policy outlines:

1) Staff expectations for cleaning evaluation rooms, toys, bins, and kits between clients at the Bloomington clinic
2) Expectations on number of attendees per appointment

Procedure

Cleaning Procedures:

1) Between each appointment, Front Desk Operations staff will disinfect surfaces and touched items. In addition, the contracted cleaner will clean each evaluation room in the evening.
2) Clinical staff will bring any toy bins, kits, and equipment used during their session up to the tables behind the Bloomington front desk to be disinfected.
3) Only one evaluation kit will be used per client per day.

Number of Attendees:

1) Clients cannot have more than one accompanying person per appointment. If more than one family member want to be present during the evaluation, a telehealth session can be scheduled in order for them to attend the session without being physically present in the clinic.
POLICY #14: Safety and Cleaning during Day Treatment Services

DATE ADOPTED: May 2020

DATE REVISED: 6/14/2020

Policy

The Day Treatment programs will adhere to enhanced cleaning and safety requirements until further notification is provided.

Procedure

1) Each client will conduct a Daily Wellness Review to assure no risk of illness or exposure is identified prior to the client coming in for the session. Assigned Day Treatment staff will track whether the clients have submitted the Wellness Screenings prior to program start time. If no screening is received, they will gather information from client and/or family.

2) Day Treatment staff will take each client’s temperature upon arrival to the building. Clients under the age of 12 with a fever over 100.4° F OR clients over the age of 12 with fever over 100° F will be isolated immediately. If temperature was slightly elevated (up to 0.2 degrees above the threshold mentioned above), a second temperature check will be conducted after 10 minutes to assure a raised temperature was not due to heat rise during transportation. If the reading still shows above the threshold, clients will remain isolated and arrangements will be made for the client to return home. Clients will be able to continue services upon meeting the Resume Services guidelines.

3) Pre-school Day Treatment program will have significantly reduced number of toys during sessions. The toys available are screened carefully for their physical composition and durability to assure they are conducive to cleaning and disinfecting. Toys are also evaluated to assure they meet clinical needs for service efficacy. Every toy used will be cleaned and disinfected daily.

4) The number of clients allowed in each Day Treatment room will also be limited to minimize the impact of COVID-19 exposure.

5) After clients leave for the day, staff are expected to clean and disinfect every touched and used toy and/or equipment.

6) As needed during the session, as well as after clients leave for the day, staff are expected to clean and disinfect all the surfaces in the room.

7) Each Day Treatment room that is used will also receive a nightly cleaning to assure all commonly touched surfaces are disinfected properly.

8) Outdoor playground use will be based on a staggered schedule, and playground equipment will be cleaned and disinfected after each group.

9) All food service supplies will be one-time-use disposables.
POLICY #15: Safety and Cleaning during ABA Services

DATE ADOPTED: May 2020

DATE REVISED: 6/14/2020

Policy

The ABA program will adhere to enhanced cleaning and safety requirements until further notification is provided.

Procedure

1) Each client will conduct a Daily Wellness Review to assure no risk of illness or exposure is identified prior to the client coming in for their session. Assigned ABA staff will track whether the clients have submitted the Wellness Screenings prior to program start time. If no screening is received, they will gather information from client’s family.

2) ABA staff will take each client’s temperature upon arrival. Clients with a fever of 100.4° F or higher will be isolated immediately. If temperature was slightly elevated (up to 100.6 ° F), a second temperature check will be conducted after 10 minutes to assure a raised temperature was not due to heat rise during transportation. If the reading still shows 100.4° F or higher, clients will remain isolated and arrangements will be made for client to return home. Clients will be able to resume services upon meeting the Resume Services guidelines.

3) Each client’s toys will be carefully screened for their physical composition and durability to assure they are conducive to cleaning and disinfecting. Toys are also evaluated to assure they meet clinical needs. Every toy used will be cleaned and disinfected routinely.

4) Each client will have a designated outpatient room with one staff person. Overlap of rooms/spaces has been designed by groups of three, so no 3 clients will cross paths with or spend time in the same rooms as any other 3 children. The number of staff with each child will also be limited to 3 or fewer whenever possible to minimize the impact of COVID-19 exposure.

5) After children leave for the day, every toy touched will be cleaned and disinfected.

6) As needed during the session, as well as after children leave for the day, staff are expected to clean and disinfect all surfaces in the room.

7) Each outpatient room used will also receive a nightly cleaning to assure all commonly touched surfaces are disinfected properly.

8) Outdoor playground use will be based on a staggered schedule, and playground equipment will be cleaned and disinfected after each group.

9) All food service supplies will be one-time-use disposables.
POLICY #16: Safety and Cleaning for Pediatric Therapy Services

DATE ADOPTED: March 2020
DATE REVISED: 6/17/2020

Policy

The Pediatric Therapy Staff will adhere to enhanced cleaning and safety requirements until further notification is provided.

Procedure

1) Each client will conduct a Daily Wellness Review to assure no risk of illness or exposure is identified prior to the client coming in for the session. The wellness screen will be completed and monitored by the day treatment, ABA, or Fraser School programs and communicated as needed to the pediatric therapy staff.

2) Pediatric therapy staff should take a client temperature if there are symptoms indicative of fever or illness that are evident during the session. Clients under the age of 12 with a fever over 100.4° F OR clients over the age of 12 with fever over 100° F will be isolated immediately. If temperature was slightly elevated (up to 0.2 degrees above the threshold mentioned above), a second temperature check will be conducted after 10 minutes to assure a raised temperature was not due to heat rise during transportation. If the reading still shows above the threshold, clients will remain isolated and arrangements will be made for the client to return home. Clients will be able to continue services upon meeting the Resume Services guidelines.

3) Pediatric therapy treatment spaces will have a significantly reduced number of toys during sessions. The toys available are screened carefully for their physical composition and durability to assure they are conducive to cleaning and disinfecting. Toys are also evaluated to assure they meet clinical needs for service efficacy. Every toy used will be cleaned and disinfected daily.

4) The number of clients allowed in each treatment space is limited to 1 client per space to minimize the impact of COVID-19 exposure.

5) All food service supplies will be one-time-use disposables.

6) Pediatric therapy staff should change clothing prior to the next session if the client’s face is in direct contact with the clinician’s clothing multiple times during the session.

Cleaning Procedures:

1) After clients leave for the day, staff are expected to clean and disinfect every touched and used toy and/or equipment.

2) As needed during the session, as well as in between sessions, staff are expected to clean and disinfect all the surfaces and touched items in the room.

3) Each treatment room that is used will also receive a nightly cleaning to assure all commonly touched surfaces are disinfected properly.
SECTION D: GENERAL SAFETY POLICIES AND PROCEDURES

POLICY #17: Mitigation of Presumptive or Confirmed COVID-19 Diagnosis

DATE ADOPTED: April 2020

DATE REVISED: 6/14/2020

Policy

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

Procedure

1) Staff or clients who have signs of illness or have had direct exposure to someone with COVID-19 are not allowed to provide direct client care or receive services. If staff or client 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 Clinical Health and Safety Team immediately. Employee will be directed to receive testing to confirm their diagnosis. While waiting for test results, the appropriate guidelines from MDH will be followed.

3) If testing results come back negative but there is no alternative diagnosis:
   i. Employee must stay home for at least 10 days from the first onset of symptoms and until they meet Return to Work guidelines.
   ii. Other staff and/or clients who might have been considered at risk of exposure must quarantine for 14 days from the last day of exposure.

4) If testing results come back negative but there is an alternative diagnosis, employee would stay home until symptoms resolve and return to work under the specific guidance of the provider for the alternative diagnosis.

5) If testing comes back positive, the employee will be isolated until they meet the Return to Work guidelines.
   a. If a staff working in an SPPS location tests positive, the Clinical Health and Safety Team will notify SPPS of the positive test. Information will include: report date of case, organization name and location, recommendations from MDH, and if additional cleaning recommendations were recommended outside of the cleaning protocol.

6) Cleaning Steps: 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. Open windows to air the room, if applicable. Wait 24 hours, if possible, to disinfect the employee’s desk to prevent others from touching infected surfaces.
      Individual Offices: Close the doors and open the windows (if applicable) to air the room. Disinfect the space after 24 hours.
   b. Clinical Spaces (i.e., treatment room, DT room): Close the clinical space for use, air the room, if applicable, and disinfect the whole space – including all toys – 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 tablets, copier, 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.

e. **SPPS Locations:** Staff shall follow the [Saint Paul Public Schools COVID-19 Disinfection and Cleaning Procedures Guide](#).

7) Clinical Health and Safety Team will interview the sick employee to find out which staff and clients they were in close contact with 48 hours prior to the onset of symptoms. Close contact is defined as face-to-face interaction for more than 15 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. Clients who have been in close contact with the sick employee must be isolated immediately, and families must be informed. Clients will need to self-quarantine for at least 14 days from the day of last exposure.

c. Employees and clients with high risk of exposure can all return to appointments 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.

d. Employees and clients with low risk to no identifiable risk of exposure can continue to attend work.

8) Staff can use the [Exposure Risk Assessment Visual Guide](#) as a general reference.
POLICY #18:  Employee Activity Outside of Work Time

DATE ADOPTED:  June 15, 2020

DATE REVISED:  

Policy

During the COVID-19 pandemic the state of Minnesota has issued executive orders outlining prohibited activities during the Peacetime Emergency issued by Governor Walz. As those orders are modified and certain activities are once again allowed, Fraser’s policy is to ask staff to review their own actions and self-report if they engage in an activity that will create an increased risk of COVID-19 exposure for the employee, clients or co-workers. 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 others including your co-workers or clients.

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.

Procedure

Staff are expected to work with the Clinical Health and Safety Team and their supervisors to determine next steps if you are engaged in a high-risk activity. The Clinical Health and Safety Team can be reached at clinicalhealthandsafety@fraser.org.

High-risk activities include situations with people outside of your immediate household:

1. Where social distancing of 6 feet or more cannot be maintained;
2. Masks are not consistently worn by the people who are present;
3. Bodily fluids such as saliva or mucus are present in the air;
4. Groups of 10 or more people are gathered inside for more than 15 minutes;
5. Groups of more than 25 people are gathered outside; or
6. The situation is unpredictable.

Examples of high-risk activities include:

1. Athletic activities like basketball games or martial arts
2. Traveling on a crowded plane or train,
3. A backyard barbeque with more than 25 people that lasts several hours or more
4. Attending a wedding with 200 guests where participants are singing and not wearing masks
Low risk activities include situations where people outside of your immediate household:

1. Are able to maintain at least six feet of distance from each other;
2. Masks are worn by the people who are present;
3. Bodily fluids such as saliva or mucus are NOT present;
4. The interaction occurs outdoors with fewer than 25 people;
5. The interaction occurs indoors with fewer than 10 people for less than an hour; or
6. The situation is relatively predictable.

Examples of low risk activities include:

1. Going for a run on an uncrowded trail;
2. Having a picnic at the park with friends with more than six feet between households;
3. Driving to a cabin and staying with only your immediate household members for the weekend;
4. Attending a wedding with 10 or fewer people present.