

Protections and Protocols for: 245D COMMUNITY RESIDENTIAL SERVICES (CRS) STAFF

CRS staff continue to provide essential caregiving services to their residents face-to-face at our two group homes. These services are not able to be conducted remotely. Services are provided while optimizing PPE and other standard precautions as outlined below to ensure the health and safety of the residents and the staff who provide their services.

HANDLING SICK EMPLOYEES and RESIDENTS

The following policies and procedures are being implemented to assess employees' health status prior to entering the group home and for staff to report when they or their residents are sick and/or experiencing symptoms.

Employee Health Screening/Self-Monitoring/Reporting Policy

Before coming to work and/or entering the group home, staff are required to take their temperature at home, self-assess their symptoms, and report concerns to Alliance. Staff should contact the Directors of Nursing at 651-895-8030 to make a report. Staff must stay home and report any of the following symptoms that may apply:

- Temp of 100.3 or greater (with or without accompanying symptoms)
- Chills
- Cough
- Shortness of breath
- Sore throat
- Muscle aches
- Headache
- Loss of smell and/or taste

Staff who have self-monitored from home and are symptom free may come to work. Before entering the group home, staff must complete another temperature check utilizing a touchless forehead thermometer to ensure their temperature is still less than 100.3. This temperature check will be completed by another staff person who will then log the temp before allowing the newly arrived staff to enter the home.

Staff must then don an appropriate face mask, as defined by the CDC, before entering the group home and wash their hands immediately upon entry to the home before beginning to work with the residents. Staff are required to maintain 6 feet of distance from the residents and other staff as much as possible, except when providing personal care.

Alliance will not make unnecessary medical inquiries but encourage staff who are considered "high risk" or vulnerable to self-identify. When known, Alliance will take care to provide additional precautions to reduce these staff member's risk of exposure.

Staff Who Become Sick at Work

If a staff becomes sick at work, they must do the following:

- keep their mask on
- distance themselves from others in the home (isolate if it is safe to do so, and does not put residents at risk)
- contact the House Coordinator and/or other staff immediately to make arrangements for another staff to relieve them

Once back up staff have arrived and residents are not at risk, the ill staff person must:

- leave the group home
- report their symptoms/illness, as required above, and
- follow MDH quarantine guidelines (listed below)

In the case on a staffing shortage and back up staffing cannot be secured, the ill staff must:

- stay on shift but isolate or distance as much as safely possible without putting residents at risk
- remain masked (it is recommended to wear a face mask, as defined by the CDC, covered with a fabric mask)
- put on gloves
- not touch their eyes, nose, mouth, or face
- try not to move around or touch things in the home unnecessarily.
- avoid any non-essential cares with residents or tasks in the home.
 - essential personal cares will still need to be given, but the ill staff must then wear a face mask, as defined by the CDC, with a fabric mask over the top, a face shield and gloves
 - when possible, have the resident receiving personal cares wear a face mask, as defined by the CDC, as well (if they can tolerate it and do not have a health condition that would be complicated by wearing a mask)

Resident Health Screening

Group home residents are screened twice daily by having their temperatures and symptoms checked and logged.

If a resident is sick or showing symptoms of possible COVID-19:

- staff should notify the House Coordinator immediately
- the resident should be moved to their private room and kept separate from the rest of the residents/staff (unless necessary to complete personal cares)
- the ill resident will have a designated staff who will attend to their personal cares while donning full PPEs, including face mask (as defined by the CDC), gloves, gown, and face shield)
- health permitting, the ill resident will also don a face mask, as defined by the CDC.

CRS staff have been informed of these protocols through regular correspondence since March 2020.

Returning to Work after Exposure or Potential Exposure

Employees must stay home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. An employee will be permitted to return to work following the conditions that have been set forth per the [Minnesota Department of Health-COVID-19 and When to Return to Work Guidelines](#), which states the following:

- If the exposed employee and/or household member does not show symptoms of COVID-19 ten (10) days after exposure, they can return on the 11th day, or seven (7) days after receiving a negative COVID-19 test; however the test needs to be performed on day 5 or later from the exposure date.
- If an exposed employee and/or household member develops symptoms of COVID-19, they are required to quarantine for fourteen (14) days if no COVID-19 test is taken. If they receive a positive COVID-19 test, they are required to quarantine ten (10) days from onset of symptoms; if asymptomatic, they are required to quarantine ten (10) days from the date of the positive COVID-19 test.
- When you live with someone who has COVID-19, you should quarantine during the time they might be contagious (their isolation period), as well as the time you could develop COVID-19. **This may mean you need to quarantine for 24 days or more.** Your 14-day quarantine period starts the day **after** the last person you live with completes their isolation period. This is usually:
 - 10 days from the day their symptoms started.
 - If they didn't have symptoms, 10 days from the day they got tested.

Who does not need to quarantine?

If you have recovered from COVID-19 in the past 90 days and have close contact with someone with COVID-19, you do not need to quarantine if ALL of the following are true:

- Your illness was confirmed with a positive lab test in the past 90 days.
- You have fully recovered.
- You do not currently have any symptoms of COVID-19.

Vaccination

If someone has completed COVID-19 vaccination (two doses in a two-dose series or one dose in a one-dose series) and is exposed, they do not need to quarantine if ALL of the following are true:

- The COVID-19 exposure was at least 14 days after their vaccination series was fully completed.
- The COVID-19 exposure was within 90 days of their final dose of the vaccination series.
- They do not currently have any symptoms of COVID-19.

Staffing Shortages

During staffing crises or staffing shortages, asymptomatic and fever-free staff who have been exposed to a person with COVID-19 may not be able to quarantine for 14 days, and may be required to continue working or return to work. In this case the following should be followed as much as possible during the 14 days from exposure:

- Avoid or severely limit (when possible) providing care to or interacting directly with high-risk residents.
- Practice diligent hand hygiene
- Wear a face mask, as defined by the CDC, (instead of fabric at all times when in the during the 14-day period. Staff must keep the mask on at all times when providing care to a resident and when within 6 feet of any other person. Wearing a face mask, as defined by the CDC, is preferred over a cloth mask during this 14-day period, but if none are available, a cloth mask must be worn.
- Monitor themselves closely for symptoms associated with COVID-19 and measure their temperature daily before going to work. Remain at home and notify their supervisor if they develop symptoms or have a measured or subjective fever.
- Immediately notify their supervisor if at work when fever or symptoms of illness develop.

Leave Policy

Leave policies promote staff staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household.

- Per FMLA, Alliance will provide up to twelve (12) weeks unpaid leave to eligible staff for a variety of reasons related to family and medical care in accordance with state and federal law requirements. Eligible staff are those who have worked for the company at least twelve (12) months and worked 1,250 hours during the twelve (12) months immediately preceding the start of the leave.
 - Should a staff not qualify for FMLA, the Benefits Coordinator will work with them regarding reasonable accommodation and/or leave when needed to ensure that the staff is able to stay home without worry when ill.
- CRS staff working 35+ hours a week are eligible to accrue both PTO and Vacation time. Staff are encouraged to use this time, when needed.
 - Staff who have exhausted or are not eligible for PTO or Vacation will be permitted to take time off, unpaid, when needed.
- Staff have been encouraged to reach out to their House Coordinator with any concerns or accommodation requests to ensure they feel safe and comfortable while working.

Exposure Notification

Alliance has implemented a policy for informing staff if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the required amount of time.

- Exposed staff will be notified immediately via phone/email by their supervisor if they have been exposed to a person with COVID-19 at work.

- The identity of the individual with positive COVID-19 will not be released.
- Exposed staff will be sent home and will be required to quarantine as outlined above in the “Return to Work After Exposure or Potential Exposure” section.

Privacy of Worker Health Status

A staff person’s health status and health information is considered private and will be protected by Alliance.

- All staff health information is protected, kept confidential, and not released. Only the Director of Nursing who received the report will be privy to the name of the staff with COVID-19 or COVID-19 symptoms.
- Any information regarding a staff’s health information will be stored outside of the staff’s personnel file in a locked and secured area.

CUSTOMERS, RESIDENTS, VISITORS

Corporate Office Building

Alliance’s corporate office is currently operating remotely and closed to our customer, residents, and visitors. All communication with/by our administrative staff occurs through phone, email, fax, or video to ensure the health and safety of our staff, customers, residents, and visitors. CRS staff and other field staff are not allowed to enter the building at any time.

Group Home Visitors

Only essential visitors (i.e. Nurses, Staff, House Coordinators, licensing personnel, etc) are being permitted into the group home to ensure the health and safety of the residents and staff.

- All visitors are encouraged to conduct their visit outdoors while still maintaining social distancing.
- If outdoor visiting is not possible, visitors entering the group home must submit to a health screening and temperature check, wear a face mask, as defined by the CDC, wash their hands immediately upon arrival, limit interactions with others, and practice social distancing while in the home (unless providing personal care).
- The home/visiting area must be cleaned and disinfected after each visit.
- Staff and residents should wash their hands after interacting with any visitors.
- If staff have any concerns regarding a visitor and the health and safety of the residents or themselves, they are instructed to contact the House Coordinator.

SOCIAL DISTANCING

Home Modifications/Adjustments

Common areas of the group home have been modified to allow for proper distancing in the home.

- Living room furniture has been spaced out and turned to face the same direction as much as possible. Residents have identified designated sitting areas for themselves.

- Kitchen dining has been limited to one seat at the dining table and residents stagger their eating times
- 4 out of 6 residents have access to their own bathrooms. If one of the 2 residents sharing a bathroom gets sick, there is an additional ½ bathroom that would be used to ensure separation
- Additional outdoor seating and visiting areas have been set up and are encouraged to be used.

Spacing Protocol

Staff and residents should maintain social distancing of 6 feet from all other individuals in the home as often as possible, except when personal cares are being provided.

- Social gatherings are to be limited.
 - Residents are encouraged to engage in activities outdoors or in their rooms.
 - Common areas should be limited to 1-2 individuals at a time as long as 6 feet of distance can be maintained.
- Only one staff person at a time should be in the staff office unless it is an emergency.
- Staff meetings should be held remotely, electronically, or outdoors
- Residents should not enter any other resident's bedroom or bathroom at this time
- Residents are not allowed in the staff office
- Staff should limit entering a resident's room as much as possible to reduce potential for cross-contamination, unless required for supervision, personal care or other necessary tasks related to resident care.
- Staff should follow any other resident-specific infection control guidelines as directed by the plan of care and the 245D Program Manager/House Coordinator.
- See "Transportation" section for information on distancing during community travel.

HYGIENE, PPE, AND SOURCE CONTROL

Basic infection prevention measures and universal precautions are being implemented at our workplaces at all times.

Hygiene

All staff and any permitted visitors entering the group home are required to wash or sanitize their hands immediately upon entering the home and before they leave the home.

- Staff are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their day/shift, prior to and after providing personal cares, prior to and after any mealtimes, prior to and after being in a public place, and after using the restroom, blowing their nose, coughing, or sneezing.
- Disposable paper towels are provided and should be used and then discarded in provided trash receptacles.
- Signage is posted in all restrooms with detailed instructions on how to thoroughly and properly wash hands and cover coughs.

- Hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) are at locations throughout the workplace so they can be used for hand hygiene in place of soap and water, if necessary, as long as hands are not visibly soiled.
- Staff will be encouraged throughout the day to wash and/or disinfect hands and will be allowed proper time in the day to accomplish this infection control protocol.

CRS staff should encourage residents to practice the same hygiene methods and reiterate the importance of these practices on a regular basis to ensure health and safety for all.

Personal Protective Equipment (PPE)/Face Masks

Staff are required to wear a face mask, as defined by the CDC, that covers their mouth and nose in accordance with Executive Order 20-81. This Executive Order requires everyone—including employees—to wear a face mask, as defined by the CDC, in indoor businesses and indoor public spaces. Group homes are a place of indoor business; therefore, all staff and visitors must wear a face mask, as defined by the CDC, when entering the group home and for the duration of their shift.

- Staff should provide and wear their own cloth face mask during the entirety of their shift.
- When providing close personal care, staff should wear gloves and a face mask, as defined by the CDC (provided by Alliance), and it is recommended that cloth masks be worn over the face mask, as defined by the CDC, as well.
- If a resident is ill or suspected to be ill, they should wear a face mask, as defined by the CDC, unless doing so would present a further health or breathing risk. We cannot require a resident to wear a mask in their home.
- When caring for a resident who is ill or suspected to be ill and/or is under quarantine, designated staff must wear an appropriate face mask, as defined by the CDC, gloves, face shield and gown (provided by Alliance and stocked at the group home).
- The Executive Order includes exemptions for people who are unable to wear or tolerate a face covering due to medical or mental health conditions or other reasons—such as when wearing a face covering would create a job hazard. There are also situations in which a face covering may be temporarily removed. More information about face covering requirements and exemptions is available on the MDH website at [Facemasks and Personal Protective Equipment \(PPE\) Webpage \(https://www.health.state.mn.us/diseases/coronavirus/prevention.html#masks\)](https://www.health.state.mn.us/diseases/coronavirus/prevention.html#masks). CRS staff must contact Alliance if they feel that this exemption may apply to them.

Source Controls

- Staff are instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing (even when wearing a mask), and to avoid touching their face, particularly their mouth, nose, and eyes, with their hands.
- Staff are expected to dispose of provided tissues in proper trash receptacles and wash or sanitize their hands immediately afterward.
- Residents should avoid placing toothbrushes directly on counter or sink surfaces. Individual totes must be used for personal items.

- Towels and bathroom supplies should not be shared between residents.
- Training on respiratory etiquette has been communicated via email memos to staff.
- Staff are expected to keep their food individualized and not share any food or drinks with residents or other staff members.

CLEANING, SANITIZING, AND DISINFECTING

Regular practices of cleaning and disinfecting have been implemented, including a detailed schedule for routine cleaning and disinfecting of work surfaces, the company vehicle, shared spaces, and areas in the work environment, including restrooms and eating areas. Frequent cleaning and disinfecting is being conducted of high-touch areas, including light switches, remote controls, door handles, railings, etc.

- daily shift-specific cleaning schedules and checklists are utilized to ensure all areas are cleaned and disinfected by designated staff throughout the day. This list includes restrooms, eating areas, common areas, shared equipment, and high touch areas such as door knobs, light switches, railings, countertops, etc.
- personal equipment, tools, supplies, phones, etc are not to be shared. Items that cannot be sanitized should be separated by resident in designated areas or bins (i.e. craft supplies)
- laundered items should be washed on the warmest appropriate water setting and items should be dried completely

After persons suspected or confirmed to have COVID-19 have been in the residential program, staff must:

- close off areas visited by the ill persons
- open outside doors and windows and use ventilating fans to increase air circulation in the area
- clean and disinfect common areas where staff/others providing services may come into contact with ill persons or areas touched or visited by ill persons

Appropriate and effective cleaning and disinfecting supplies are available for use in accordance with product labels, safety data sheets and manufacturer specifications, and are being used with required PPE for the product. These products, which meet EPA's criteria for use against SARS-COV-2, are used to disinfect Alliance's building and workspaces.

FOOD PREPARATION AND MEAL TIME

- Residents and staff must wash their hands before and after meal preparation and dining.
- Residents will dine one at a time at the kitchen table.
- Staff will clean and disinfect the dining area before and after each resident's meal time.
- Disposable plates, cups and cutlery will be used at this time.
- No food, drink, or condiments will be shared between residents.
- Staff must bring their own food and drink to the group home and store independently from residents' food.

TRANSPORTATION and COMMUNITY OUTINGS

- Staff must continue to wear face masks, as defined by the CDC, when providing transportation in company or personal vehicles.
- Residents may be encouraged to wear face masks, as defined by the CDC, during transport, but not required.
- Use of public transport should be avoided or limited.
- Limit the number of individuals in the vehicle to 1 resident/1 staff as much as possible.
- Wash hands before and after using the vehicle.
- Disinfect the inside of the vehicle after each use.
- Do not recirculate air while in the vehicle. Open windows when possible.
- Remind residents of the requirement of wearing a face mask, as defined by the CDC, in public indoor places (unless prevented by health condition), and the importance of washing hands and following social distancing guidelines when out in the community.

GROUP HOME SYSTEMS AND VENTILATION

- The maximum amount of fresh air should be brought into the home by opening windows and doors as much as possible.
- Minimize air flow flowing across people by repositioning seating and fans as necessary.
- Home systems including water, plumbing, electrical, heating, ventilation, and air conditioning (HVAC) systems will be maintained as required to ensure proper functioning.