

COVID-19 Preparedness for Outreach Services

Restart Inc.

June 24, 2020

Restart Inc. is committed to providing a safe and healthy workplace for all persons served, employees, and guests. The Preparedness Plan is for Residential Services and this document lays out how Restart Inc. will continue to address COVID 19 preparedness.

Managers and employees are all responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces, and that requires full cooperation among employees, managers and persons served. Only through this cooperative effort can we establish and maintain the safety and health within our workplace and communities.

Persons served by Restart Inc. are the reason it exists. Our mission is human rights – every person’s right to dignity, quality of life, equal access to opportunity, gainful employment, and to be an active member of a community. Empowering them to remain safe and healthy is of utmost importance in achieving that mission.

Restart Inc. employees are its most important assets. We are serious about keeping our employees safe and healthy.

Hygiene and source controls

- Reinforce handwashing routines, after having been in a public place, prior to and after eating, after using the toilet, or after blowing your nose, coughing, or sneezing.
- Residents, staff, and visitors should wash their hands for at least 20 seconds with soap and water. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- Ensure handwashing and/or hand-sanitizer facilities are readily available and appropriately stocked including by entrances.
- Provide paper towels and ensure a trash-receptacle is placed by the bathroom door so a paper towel can be readily disposed of when operating the door.
- Post handwashing and “cover your cough” signs.
- Plan for when and how facemasks will be used by residents, staff, and visitors.
- Provide staff with recommended protective supplies, such as facemasks, gloves, disinfectant, eye protection, shields, etc.
- Provide tissues for proper cough/sneeze etiquette and no-touch disposal containers.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Community drinking stations and water-fountains should not be available/used. Touchless water-filling stations may still be provided.
- Prepare for potential symptomatic or COVID-19 positive residents by having appropriate supplies.

- Sinks could be an infection source so residents should avoid placing toothbrushes directly on counter surfaces. Totes can be used for personal items so they do not touch the bathroom countertop.

PLAN FOR HYGIENE AND SOURCE CONTROLS:

- Employees will wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially upon arrival and prior to departure, after using the bathroom, and after blowing their nose.
- Hand-sanitizer (consisting of at least 60% alcohol) will be made available to employees.
- Employees will provide cues to persons served who need it in washing hands or using hand sanitizers.
- Gloves will be highly recommended to be worn by employees while assisting Outreach persons served.
- Employees and persons served are instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing and to avoid touching their face, their mouth, nose, and eyes, with their hands. They should dispose of tissues in the trash and wash or sanitize their hands immediately afterward.

1. Cleaning and disinfecting

- Follow MDH and CDC guidance for frequent cleaning and disinfecting of your program space, especially shared spaces.
- Establish a documented sanitation schedule and checklist, identifying surfaces/equipment to be sanitized, the agent to be used, and the frequency at which sanitation occurs.
- Ensure high-touch surfaces such as doorknobs, light switches, stair rails, counters, tables and chairs, phones, keyboards, program equipment and other shared items are regularly cleaned and disinfected.
- 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.
- Use EPA-registered disinfectants recommended by the CDC: <https://www.epa.gov/coronavirus>.
- When washing towels, bedding, and other items, use the warmest appropriate water setting and dry items completely.

PLAN FOR CLEANING AND DISINFECTING:

- Employees will be encouraged to sanitize their personal vehicles including steering wheels, handles and other high touch areas throughout the day using a sanitizer composed of 60% alcohol or more.

2. Screening and policies for staff and volunteers exhibiting signs or symptoms of COVID-19

- Monitor staff and volunteers for signs of illness, including using health screening questions before beginning a work shift, and require sick staff and volunteers to stay home or return home if they are experiencing symptoms. You may also opt to conduct temperature screening if it can be done with proper social distancing, protection, and hygiene protocols. However, temperature screening is not required. <https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>
- Ensure sick policies are clearly communicated and supportive of staff and volunteers staying home when sick.
- Ensure staff and volunteers know the signs and symptoms of the COVID-19 illness.

- Establish protocols based on MDH guidance for when a staff member or volunteer exhibits symptoms of COVID-19 or tests positive for COVID-19.
- Ensure that emergency contact information for staff and volunteers is up-to-date.
- Establish communication protocols for a positive COVID-19 case or potential exposure and ensure that an individual's identity is not disclosed, other than to a person authorized to receive the information.
- Notify MDH and follow their direction if a staff member or volunteer is diagnosed with COVID-19.
- Have a plan for back-up staffing in case a staff member or volunteer becomes ill.

PLAN FOR SCREENING AND POLICIES FOR STAFF AND VOLUNTEERS:

- Employees have been informed of and encouraged to self-monitor for the following signs and symptoms of COVID-19: Fever of 100.4 or higher; new and persistent dry cough; difficulty breathing (unable to hold breath for 20-30 seconds); or unusual fatigue. When any of these symptoms are present, the employee must notify their manager and stay at home until the fever has been absent for three consecutive days, without the use of medications
- Employees who exhibit symptoms of COVID-19 while at work, will immediately report to their supervisor or Director of Outreach Services, sign out and leave the premises. They must stay at home until the symptoms have subsided for a minimum of three consecutive days, without the use of medications.
- Employees with ongoing symptoms are strongly encouraged to contact their health care provider and ask to be tested for COVID-19 or go to one of the public testing sites. Employees are to tell their health care provider that they work in a Congregate Care setting. They are not to work until they receive the results of the test. If they receive a positive diagnosis, they must inform their supervisor immediately and not report to work until 14 calendar days have passed since the day of initial symptoms. Results of the test are to be reported to the Director of Residential Services who is Restart's designated representative who reports positive test results to the Minnesota Department of Health who provides guidance regarding reporting and follow up.
- Employees with a household member who the employee has been in close contact with, and when that household member has been tested and has received a positive diagnosis of COVID-19, must immediately inform their supervisor and not report to work until 14 calendar days have passed since the day of initial symptoms. Supervisors are to report incidents to the Human Resource Specialist.

3. Screening and policies for residents exhibiting signs or symptoms of COVID-19

- Monitor residents for signs of illness, including using a health screening tool such as this: <https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>.
- Ensure residents know the signs and symptoms of the COVID-19 illness.
- Establish protocols based on MDH guidance for when a resident exhibits symptoms of COVID-19 or tests positive for COVID-19 to limit exposure.
- Ensure that emergency contact information for residents is up-to-date.

- Establish communication protocols for positive COVID-19 cases or potential exposure and ensure that an individual's identity is not disclosed, other than to a person authorized to receive the information.
- Notify MDH and follow their direction if a resident is diagnosed with COVID-19.

PLAN FOR SCREENING AND POLICIES FOR RESIDENTS:

- Persons served will be screened when Outreach staff is meeting in person served in person. The screening shall consist of asking the following three questions:
 - Do you have any signs or symptoms of a respiratory infection, such as a fever, cough, difficulty breathing, or sore throat? No or Yes.
 - Have you tested positive for COVID-19? No or Yes; If yes, test date? Results or pending results:
 - In the past 14 days have you had contact with a household member who was exposed to the COVID-19 virus, is being tested for, or who is positive for the COVID-19 virus? No or Yes; If yes, explain when, what was the exposure etc.
- If the person served answers "yes" to question 1, the scheduled in-person service will not be provided until the symptoms have subsided for a minimum of three consecutive days, without the use of medications. Symptoms should be reported to the individual's guardian and/or case manager. Remote services may be provided.
- If the person served answers "yes" to question 2, the employee who have been tested for COVID-19 and have received a positive diagnosis or are presumed to have a positive diagnosis, must inform Restart immediately and then stay at home for 14 calendar days since the day of initial symptoms. Remote services may be provided.
- If the person served answers "yes" to question 3, the person served who are deemed high risk for COVID-19 because they have been exposed to a household member who has been tested for COVID-19 and that household member has received a positive diagnosis or is presumed to have a positive diagnosis, must immediately inform Restart and will not receive in-person services until 14 calendar days have passed since the day of initial symptoms. Remote services may be provided.

4. Social distancing

- Gatherings of residents and staff in the facility should be carefully considered and redesigned, as necessary, to reduce prolonged close contact among staff, residents, and families.
- Common areas and other areas of congestion should be marked to provide for social distancing of at least 6-feet.
- Consider using visual aids (e.g., painter's tape, stickers, signs) to illustrate traffic flow and floor markers for where to stand for appropriate spacing to support social distancing.
- 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).
- For larger programs, whenever possible, refrain from intermixing groups. If intermixing of groups is necessary, limit the number of groups that intermix and keep records of staff and residents that intermix.
- Stagger breaks to maximize social distancing.
- Hold meetings remotely, if possible.

- Staff and volunteers should also maintain social distance when interacting with each other.
- Staff should limit entering residents’ rooms as much as possible to reduce potential for cross-contamination, unless required for supervision.
- Ensure that beds are spaced out as much as possible. Consider placing residents’ beds head to toe in order to further reduce the potential for viral spread.
- Provide for physical distancing in restrooms or limit restroom capacity. Mark off areas for where to wait to use the restroom.

PLAN FOR SOCIAL DISTANCING:

- Employees and persons served will be strongly reminded to keep 6 feet distances while engaged in activities in the home.
- Shaking hands, hugging, fist bumps, high fives and other physical forms of greetings or celebrations will not be allowed.
- Large meetings will be held via ZOOM, teleconferencing or by other technologies.
- In person meetings will be held as needed and will abide by social distancing guidelines.

5. Food preparation and meals

- Prohibit food (including condiments) and beverage sharing between residents.
- Stagger meal times to maximize social distancing.
- Maintain consistent groups during meal times.
- If meals are served family-style, plate each meal to serve it so that multiple people are not using the same serving utensils.

PLAN FOR FOOD PREPARATION AND MEALS:

- N/A

6. Visitors

- Visitors should be screened for COVID-19 symptoms prior to entrance.
<https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>
- Provide visitors with hand sanitizer or access to a handwashing area, and facemasks if available.
- Encourage social distancing between residents and their visitors.
- Whenever possible, visits should occur outdoors or in a visiting room close to the facility entrance. Visitors should limit interactions to those individuals that they are visiting.
- Clean and disinfect the visiting room after each visit.
- Encourage residents to wash their hands after interacting with a visitor.

PLAN FOR VISITORS:

- N/A

7. Transportation

- Plan for the use of facemasks when providing transportation.
- Take precautions when using public transportation, ride-sharing, or taxis.
- Limit the number of residents in the vehicle and ask them to spread out to maintain social distancing as much as possible.
- Do not have air recirculated while in a vehicle.
- Remind residents to wear a facemask or face covering, wash their hands, and follow social distancing guidelines while they are away.

PLAN FOR TRANSPORTATION:

- Restart will not transport persons served in Outreach Service until further notice.
- Restart will work with the person served to determine alternative solutions for grocery shopping, doctor's appointment, and other activities that employees would usually provide transportation.

8. Communication and training about the plan

- Provide a copy of this plan to all of your staff, contracted service providers, and volunteers.
- Provide training to all staff and volunteers on how to follow the plan, ensure they are capable of implementing it, and update them on any changes to the plan.
- The plan must be available to the Commissioner and posted in a prominent place and readily accessible to staff who need to review it.
- Explain in plain language the parts of the plan relevant to the residents and, as appropriate, parents, guardians, legal representatives, and case managers. Provide them with resources to follow the plan.
- Staff with concerns about their employer's COVID-19 Preparedness Plan or questions about their rights should contact MNOSHA Compliance at osha.compliance@state.mn.us, 651-284-5050 or 877-470-6742.

PLAN FOR COMMUNICATION AND TRAINING ABOUT THE PLAN:

- This Preparedness Plan will be posted on website It will be updated, as necessary. This Preparedness Plan was provided in-person or via mail or email to employees, persons served, guardians, and case managers. Necessary training will be ongoing. Director of Outreach Services will monitor effectiveness of implementation and training will be updated, as necessary. It will be updated, as necessary.