

Wingspan Life Resources Covid-19 Preparedness Plan

In response to the Covid-19 Pandemic, Wingspan Life Resources has identified a team to plan contingencies for the protection of clients and staff. The members of this team include: Therese Davis, Executive Director; Frank Merrill, Director of Residential Services; Stacy Jacobsen, Registered Nurse; Deborah Monk, Director of Human Resources; and Pam Carlson, Director of Operations. The team will develop and implement the plan by doing the following:

- Monitoring information from MDH, CDC, and Governor Walz via conference calls, webinars, websites, and direct calls to MDH.
- Processing this information and assess for needed plan changes on a regular basis.
- Communicating any changes in the plan to staff, clients, and guardians.

Hygiene and Source Control

- All staff and clients will be educated on hand and cough hygiene.
- Handwashing and “cover your cough” signs will be posted at all locations.
- Hand hygiene should be performed by staff and clients after having been in a public place, prior to and after eating, after using the toilet, or after blowing your nose, coughing, or sneezing.
- Clients, staff, and visitors should wash their hands for at least 20 seconds with soap and water. If soap and water are not available, a hand sanitizer that contains at least 60% alcohol will be used.
- Hand sanitizer will be readily available and stocked by entrances, if feasible.
- Trash-receptacles will be placed by the bathroom door so a paper towel can be readily disposed of when operating the door.
- Clients and staff will be encouraged to avoid touching their mouth, nose, or eyes with unwashed hands.
- Tissues for proper cough/sneeze etiquette and no-touch disposal containers will be provided.
- Cloth facemasks will be used by staff and visitors; clients will be encouraged to wear cloth facemasks when outside their rooms.
- Staff will be provided with recommended protective supplies, such as facemasks, gloves, disinfectant, eye protection, etc. as supply allows.
- All efforts will be made to stock the sites and offices with the proper PPE. Contingency plans will be made in the event this is not possible.
- Personal hygiene items will not be stored directly on bathroom countertops

Cleaning and Disinfecting

- Sites and offices will be cleaned and disinfected according to recommendations from the CDC and MDH: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- A sanitation schedule and checklist will be utilized, identifying surfaces/equipment to be sanitized, the agent to be used, and the frequency at which sanitation occurs.
- High-touch surfaces such as doorknobs, light switches, stair rails, counters, tables and chairs, appliance handles, remote controls, phones, keyboards, toilets, faucets, program equipment and other shared items will be cleaned and disinfected at least twice daily.
- The use of shared supplies (e.g. arts and crafts, office supplies) that cannot be sanitized will be minimized; bins will be designated for clean and used items as feasible.
- EPA-registered disinfectants recommended by the CDC will be used: <https://www.epa.gov/coronavirus>
- Towels, bedding, and other items will be laundered using the warmest appropriate water setting and dried on the highest heat setting.
- Cleaning and disinfection in common areas will increase if a positive Covid-19 case is identified; cleaning and disinfection of the ill person's room will be reduced to as-needed.

Screening and Policies for Staff and Volunteers Exhibiting Signs or Symptoms of COVID-19

- Staff and volunteers will be screened for signs of illness, including accessing exposure history and using a health survey with temperature screening before beginning a work shift.
- Sick staff or volunteers will not be allowed to enter the site.
- Sick policies will be clearly communicated and supportive of staff and volunteers staying home when sick.
- Staff vulnerable to serious risk of complications from COVID-19 should be encouraged to self-identify for possible extra safety considerations: <https://www.cdc.gov/coronavirus/2019-ncov/need-extraprecautions/people-at-higher-risk.html>
- Staff and volunteers will be educated on the signs and symptoms of the COVID-19 illness.
- The Wingspan RN will be notified of any staff members or volunteers exhibiting symptoms of Covid-19 or reporting significant exposure to COVID-19; these individuals will be encouraged to be tested for COVID-19.
- MDH will be notified if a staff member or volunteer is diagnosed with COVID-19 and will be consulted for direction on next steps.
- Staff members or volunteers exhibiting symptoms of COVID-19 or testing positive for COVID-19 will be excluded from the site according to current MDH guidelines.
- Emergency contact information for staff and volunteers will be verified to confirm it is up-to-date.

Screening and Policies for Staff and Volunteers Exhibiting Signs or Symptoms of COVID-19 *(continued)*

- Communication protocols will be established for a positive COVID-19 case or potential exposure that ensures an individual's identity is not disclosed, other than to a person authorized to receive the information. This information will be restricted to members of the COVID-19 team and site management as appropriate.
- Guardians and staff will be notified of positive Covid-19 cases in the site, while maintaining privacy as appropriate. The individual's identity may be disclosed to other staff if it is necessary to determine exposures.
- Non-essential staff and volunteers are discouraged in the home.

Back-up Staffing Plan in Case a Staff Member or Volunteer Becomes Ill

- Staff must leave the site as soon as the illness is discovered; if there is not a second staff, they will leave the site after their supervisor arrives to relieve them. A surgical mask and social distancing will be used in the interim.
- If the supervisor is unavailable, call the Program Director. If the PD is unavailable, then call the emergency cell phone for assistance.
- During staffing shortages, in-home program staff and furloughed day program workers may be utilized for group home sites.
- Clients may be moved to locations with open beds during staff shortages.
- Exclusionary periods for staff after exposures to or possible COVID-19 illness may be decreased during extreme staffing shortages, according to direction from MDH.
- MDH will be consulted for homes without adequate staff.

Screening and Policies for Clients Exhibiting Signs or Symptoms of COVID-19

- Clients will be screened for signs of illness, including using a health screening survey and taking temperatures daily.
- The Wingspan RN will be notified of any clients exhibiting symptoms of Covid-19 or reporting significant exposure to COVID-19; arrangements will be made for these individuals to be tested for COVID-19 and their primary care provider will be notified.
- Clients exhibiting symptoms of COVID-19 or testing positive for COVID-19 will be isolated to their rooms and encouraged to wear a surgical mask; preferably using a dedicated bathroom and having dedicated medical equipment. Their isolation period will be determined by current MDH guidelines.
- MDH will be notified follow if a client is diagnosed with COVID-19 and will be consulted for current best practices.
- Clients will be educated on the signs and symptoms of the COVID-19 illness.
- Emergency contact information for clients will be verified it is up-to-date.

Screening and Policies for Clients Exhibiting Signs or Symptoms of COVID-19

(continued)

- Communication protocols will be established 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. This information will be restricted to members of the COVID-19 team and site staff as appropriate.
- Guardians and staff will be notified of positive Covid-19 cases in the site, while maintaining privacy as appropriate.

Arrivals and Departures for In-Home/SES Programs

- Clients, Staff and Volunteers will be screened outside or near the program entrance for signs of illness, including using a health screening survey and taking temperatures daily.
- Instructions will be posed at entrances informing people:
 - Not to enter if they are experiencing COVID-19 symptoms;
 - To wash or sanitize their hands upon arrival;
 - Screening for COVID-19 symptoms by staff is required prior to or immediately upon entering the program;
 - To wear face-coverings whenever possible; and
 - To adhere to hygiene and social distancing instructions, signage and markings.
- Stagger when people arrive and leave so that larger groups of people do not congregate during these times.
- Consider use of multiple entrances and exits when these can be used safely by the service recipient, staff, volunteers and visitors.
- Clearly mark areas for pick-up and drop-off. Limit the number of persons accompanying the service recipient.
- Limit use of shared items for check-ins (i.e. pens).

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 and clients.
- Encourage social distancing in the group home/site.
- 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).
- 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 direct care.

Food Preparation and Meals

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

Ventilation

- Work to maximize the amount of fresh air being brought in, limit air recirculation and ensure ventilation systems are properly used and maintained.
- Take steps to minimize air flow blowing across people.

Visitors

Visitors are discouraged inside the group home/sites. Maintaining contact via FaceTime, Zoom, letters and phone calls, and outdoor visits is recommended. The following protocols will be in place if a visit occurs:

- Visits should be arranged in advance with the house coordinator.
- Visitors and clients must not have symptoms of Covid-19 or be under quarantine or isolation due to a possible exposure to Covid-19.
- One visitor at a time is permitted.
- 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 the client's room.
- 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.

Community Outings

- Walking in the group home/program site neighborhood or at parks is recommended for community outings.
- Community outings with individuals other than staff are discouraged.
- Medical providers and guardians will be consulted to determine what medical appointments are essential for health.
- Clients and their visitors should be screened for COVID-19 symptoms prior to going out into the community.
- Clients and the individuals who accompany them will be educated on social distancing and masking for community outings.
- Frequent hand hygiene will be encouraged.
- Outings without staff (work environments, family home visits, etc.) will require the client using a cloth face mask or staying in their room upon return for 14 days, as feasible.
- Guardians will be notified when other clients are going on community outings in situations when COVID-19 exposures cannot be ruled out.

Admissions from Other Facilities

- The client will be screened for symptoms of COVID-19.
- The client will be quarantined to their room for 14 days.

Transportation

- Plan for the use of facemasks when providing transportation.
- Take precautions recommended by the CDC 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. Use the vehicle's ventilation system to exchange fresh air from outside of vehicle; lower windows as much as possible.
- Remind clients to wear a facemask or face covering, wash their hands, and follow social distancing guidelines while they are away.

Communication and Training about the Plan

- The preparedness plan will be available to staff, contracted service providers, and volunteers.
- Staff should direct questions regarding the Plan to their House Coordinator or Program Director.
- Staff and volunteers will be trained on the plan and will receive updates 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.
- The plan will be explained in plain language to the residents and, as appropriate, parents, guardians, legal representatives, and case managers. Resources may be provided to assist individuals in following 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.