

COVID-19 Preparedness Plan

Chrestomathy is committed to providing a safe and healthy workplace for all our employees and clients. To ensure that, we have developed the following Preparedness Plan in response to the COVID-19 pandemic.

Our Preparedness Plan follows Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines and federal OSHA standards related to COVID-19. This plan will be updated as these guidelines and standards evolve.

It must be acknowledged that maintaining the common standards of social distancing now expected in public spaces will not always be possible. Due to the nature of Chrestomathy's services, many activities require prolonged close contact within 6 feet or more of another, e.g. transportation on a van or assistance with hygiene, eating, mobility or other personal or behavioral needs. Chrestomathy also supports many individuals who may not comply with common standards of social distancing. Thus all persons choosing to participate in Chrestomathy services, whether as a client, employee, or visitor, do so voluntarily, assuming this risk.

Good citizenship

Chrestomathy encourages all clients and staff members to be good stewards of each other's health in their time away from work and to utilize the same virus mitigation strategies that are used at Chrestomathy within their personal lives. Specifically we encourage this of our staff persons who generally have a wider network of potential exposure than many clients whose vulnerabilities make it difficult for them to access the community. Thus as the transmission of the virus from one person to the next at Chrestomathy would more likely occur from a staff person to a client, we encourage all our staff persons to be especially mindful of their role in protecting the health and safety of vulnerable clients and to use good handwashing, cleaning, disinfecting, respiratory etiquette, and social distancing in their personal lives and to likewise encourage their family members and friends to whom they most frequently encounter to do the same. Similarly residential caregivers and client family members are encouraged to follow these same guidelines in an effort to protect the health and safety of all vulnerable persons whom we mutually support.

At-risk persons strongly urged to stay at home

All at-risk persons are strongly urged to stay at home or in their place of residence. Training is provided to employees on the underlying health issues of many of our clients and their susceptibility to critical illness levels under COVID-19.

"at-risk persons" include people who are:

1. 65 years and older.
2. Living in a nursing home or a long-term care facility, as defined by the Commissioner of Health.
3. Any age with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma.
 - People who have serious heart conditions.

- People who are immunocompromised (caused by cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, or prolonged use of corticosteroids and other immune weakening medications).
- People with severe obesity (body mass index (BMI) of 40 or higher).
- People with diabetes.
- People with chronic kidney disease undergoing dialysis.
- People with liver disease.

<https://www.leg.state.mn.us/archive/execorders/20-55.pdf>

Informed choice regarding receiving day services in the facility/ community

Clients supported by Chrestomathy have the right to make an informed choice about whether to receive day services in the licensed facility/ community or to “stay-at-home” and receive no day services or receive services remotely during the peacetime emergency to minimize their exposure to COVID-19. This right exists even if the person does not meet the definition of an “at-risk person” under Emergency Order 20-55, paragraph 2.

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7313D-ENG>

Remote supports

Remote supports are available for those individuals not living in an ICF/ DD facility. Remote supports help mitigate the transmission of COVID-19 and utilize various forms of electronic supports to deliver services.

Examples of how the service could be provided remotely:

- Provide verbal instructions/prompts related to goals identified in the person’s plan, e.g. life enrichment, socialization/communication, community engagement, independent living, self-preservation
- Help people find alternatives for leisure or recreation activities that meet stay-home/social distancing guidelines
- Help the person develop and maintain informal support systems, community resources and networks
- Provide verbal instruction related to community safety and awareness
- Provide behavioral redirection, talk with the person about what is causing stress, remind/suggest individualized coping mechanisms (call a loved one, take a walk outside, breathing exercises)

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-321648

<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/news/remote-functions.jsp>

Site capacity during the peacetime emergency

Occupancy is limited to no more than 50% of the licensed capacity or a maximum of 50 people at a time, including staff, whichever is smaller. Onsite supports are limited to occur for a maximum duration of three hours throughout the day for each person receiving services.

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7313D-ENG>

Cohort management

Consistent cohorts of the same staff and persons receiving services will be maintained. Cohorts must consist of 10 or fewer people, including staff. Cohorts must be maintained throughout the program day, including meal times, and should also be maintained through the programming week whenever possible.

- Employees and clients are assigned to specific cohorts and are assigned a specific room throughout the program day to limit social contacts with others.
- Consideration of limiting social contacts is prioritized in arranging cohorts, e.g. roommates or those who have frequent contact with each other may be assigned to the same cohort.
- Cohort sizes are minimized. The use of multiple smaller cohorts in separate rooms is prioritized over larger cohorts in fewer rooms. If necessary, large rooms can be divided into smaller spaces by using physical barriers or tape to separate cohorts.
- Designated staff members should provide all supports to specific clients as much as possible, even within a designated cohort.
- When possible, designated vans should be assigned to specific cohorts. Seating arrangements on vans will maximize the amount of distance between passengers. As much as possible, persons should sit more than six feet apart, and one person should be assigned to each bench seat on a van. When designated vans are not available, vans must be cleaned and disinfected before being used by a different cohort.
- Seating spaces within rooms are arranged to maximize the space between persons receiving services with at least six feet between seats. Whenever possible, seating is turning in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets. During meal times, staff who work directly with individuals should eat at different times and in a separate area at least 6 feet away from others. Food sharing (including condiments) and beverage sharing between program participants is prohibited.

Chrestomathy will document the start and end time for each cohort shift and the staff who worked within each cohort. Activities utilizing common areas such as bathrooms, hallways and entrances; including arrival and departure times; are staggered to minimize contact with others outside of assigned cohorts.

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7313D-ENG>

Symptoms of COVID 19

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms or combinations of symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Symptoms of allergies, the common cold, or influenza.

Symptoms of COVID-19 may be similar to symptoms of allergies, the common cold or influenza. Symptoms of seasonal allergies range from mild to severe and occur seasonally.

Two strong indicators that suggest allergies: if you've had springtime allergies before, and if itch is a prominent component of your symptoms. People with allergies often have itchy eyes, itchy nose, and sneezing, as well as less-specific allergy symptoms such as a runny, congested nose, and a sore throat or cough that is generally due to postnasal drip.

Symptoms of the common cold are usually a runny, congested nose as well as a sore throat, headache, and generally feeling unwell. A mild cough due to postnasal drip and sneezing can occur, but itch would be less likely. More severe symptoms, such as fever and shortness of breath, are not classic symptoms of the common cold.

Flu is characterized by fever, chills, muscle aches, and exhaustion. It classically comes on suddenly, as opposed to the more gradual onset of the common cold. More mild symptoms can also occur, similar to the common cold, such as a runny nose, sore throat, and headache. Vomiting and diarrhea are uncommon in adults, but can happen in children. In the US, the flu season occurs over the winter months, therefore flulike symptoms during other parts of the year should prompt concern for COVID-19.

All persons are encouraged to speak with their health care provider if they are uncertain whether their symptoms are of allergies, a cold, influenza, or COVID-19.

<https://www.health.harvard.edu/blog/allergies-common-cold-flu-or-covid-19-2020040919492>

Self-monitoring for signs and symptoms of COVID-19

- All persons are encouraged to self-monitor for signs and symptoms of COVID-19.
- Clients with symptoms should not get on a van or otherwise receive supports by Chrestomathy.
- Staff with symptoms should not clock in or come to work.
- If you are concerned about your symptoms you should contact your health provider to find out whether you should be tested.
- Any person exhibiting symptoms of COVID-19 should be immediately isolated and prepared to go home.
- Call the State Hotline with additional health questions: 651-201-3920 or 800-657-3903 (7 a.m. to 7 p.m.)

Pre-screening procedure prior to entering the facility

Prior to being allowed admittance into the facility, coming into contact with Chrestomathy employees, clients, or boarding a Chrestomathy van; all persons must meet the following Criteria for Daily Admittance. Employees and visitors will be asked to self-assess prior to entering the program facility by self-measuring their own temperature with the available thermometer and providing written acknowledgment that the Criteria for Daily Admittance have been met. Residential caregivers must similarly provide written acknowledgment that each Chrestomathy client for whom they provide residential supports meets the Criteria for Daily Admittance.

Criteria for Daily Admittance:

- Must not have a current temperature at or above 100.4.
- Must not currently have any of the symptoms of COVID-19 not otherwise explained by allergies or another known health condition. If uncertain, the person must not enter Chrestomathy.

- Must not have within the last 14 days, had household contact or prolonged close contact with an individual with confirmed or suspected COVID-19 and not met CDC's guidance on ending home isolation before returning to Chrestomathy.

Persons waiting to have their temperatures taken must remain 6 feet apart. Pre-screening need only be performed once per day. Staff members assisting others in taking their temperature should wear gloves. All entrants should wash their hands immediately upon admittance into the building.

Anyone who answers affirmatively to any of the screener questions will not be allowed admittance into the facility; may not come into contact with Chrestomathy employees, clients, or board a Chrestomathy van; and will be immediately sent home to self-monitor.

Individuals with symptoms of allergies may be permitted into the building. Persons with symptoms of the common cold or influenza should stay home until symptoms have improved and they meet any CDC guidance for ending self-isolation. All persons are encouraged to speak with their health care provider if they are uncertain whether their symptoms are of allergies, a cold, influenza, or COVID-19.

What to do if someone becomes sick during the day

- Sick employees or visitors should immediately exit the building and go home.
- Sick clients should isolate in a separate room, away from other people, including employees, as much as possible.
- Contact the residence to pick up a sick client. Chrestomathy will not provide transportation home for sick persons.
- Wear a facemask or face covering.
- If they are willing, have the sick client wear a facemask.
- Avoid sharing personal items or touching surfaces within the room.
- If possible, have the client use a separate bathroom.

When to seek medical attention

Seek medical attention immediately if the person develops any of these **emergency warning signs** for COVID-19

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you.

Call 911 in a medical emergency: Notify the operator that you have, or think you might have, COVID-19. If possible, put on a cloth face covering before medical help arrives.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

Where to seek testing

The CARES Act requires that COVID-19 testing is covered without cost-sharing. This applies to all health insurance coverage in Minnesota. It is important to know that this applies to the test only, office visits are

not covered through the CARES Act. Some insurance carriers have agreed to waive cost-sharing for in network visits associated with the COVID-19 test – it is important to check with your health insurance to find out what will be covered and what is in network.

If you have questions about your health insurance coverage call your insurance company prior to getting tested.

Testing site locations as well as a screening tool to assist you in determining whether or not to be tested can be found at:

<https://mn.gov/covid19/for-minnesotans/if-sick/get-tested/>.

Cleaning and disinfection if someone is sick

Close off areas used by the person who is sick.

- Companies do not necessarily need to close operations, if they can close off affected areas.

Open outside doors and windows to increase air circulation in the area.

Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.

Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.

Vacuum the space if needed. Use vacuum equipped with high-efficiency particular air (HEPA) filter, if available.

- Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
- Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.

Once area has been **appropriately disinfected**, it can be opened for use.

- **Workers without close contact** with the person who is sick can return to work immediately after disinfection.

If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.

- Continue routine cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

Exposure Definition

Anyone who has been in **close contact with**:

- A person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness as confirmed by a medical professional)

- A person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet the criteria for discontinuing home isolation).

Note: This is irrespective of whether the person with COVID-19 or the contact was wearing a cloth face covering or whether the contact was wearing respiratory personal protective equipment (PPE)

What counts as close contact?

- You were within 6 feet of someone who has COVID-19 for at least 15 minutes
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (touched, hugged, or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

What to do if a person is exposed but asymptomatic

Employees and clients **not performing critical infrastructure roles** who have been exposed to COVID-19 as defined above to someone at home, work, or elsewhere should stay home and self-quarantine until 14 days after the last exposure and maintain social distance (at least 6 feet) from others at all times. They should self-monitor for symptoms by checking their temperature twice a day; watch for a fever above 100.4, cough, or shortness of breath; avoid contact with people at higher risks for severe illness (unless they live in the same home and had same exposure); and follow CDC guidance if symptoms develop.

This includes individuals who are tested but receive a negative result.

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

To ensure continuity of operations of essential function, CDC advises that employees and clients **performing critical infrastructure roles** who are believed to have been potentially exposed to someone at home, work, or elsewhere to COVID-19 may be permitted to continue working, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

Additional precautions include:

- Pre-screening before entering the building including screening questions and checking temperature.
- Self-monitoring for the emergence of symptoms.
- The person should wear a face mask at all times while in the workplace for 14 days after the last exposure.
- The person should maintain 6 feet and practice social distancing as duties permit.
- Shared spaces should be cleaned and disinfected regularly.

If the person becomes sick, they should be sent home immediately. Information on persons who had contact with the ill person during the time the person had symptoms and 2 days prior to symptoms should be compiled.

<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

What to do if a person tests positive or has symptomatic COVID-19

Persons with **test confirmed or suspected symptomatic COVID-19** can be with others after:

- At least 10 days since symptoms first appeared **and**
- At least 24 hours with no fever without fever reducing medication **and**
- Symptoms have improved

Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, respiratory symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.

Persons who **tested positive for COVID-19 but had no symptoms** can be with others after:

- 10 days have passed since test specimen was submitted

Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.

If you develop symptoms after testing positive, follow the guidance above for persons with symptomatic COVID-19.

Persons with a weakened immune system (immunocompromised) due to a health condition or medication.

People with conditions that weaken their immune system might need to stay home longer than 10 days. Talk to your healthcare provider for more information. If testing is available in your community, it may be recommended by your healthcare provider. You can be with others after you receive two negative test results in a row, at least 24 hours apart.

If testing is not available in your area, your doctor should work with an infectious disease expert at your local health department to determine if you are likely to spread COVID-19 to others and need to stay home longer.

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprevent-getting-sick%2Fwhen-its-safe.html

What to do if a person has previously had COVID-19

Close contacts **who were diagnosed with COVID-19** either by (1) a positive RT-PCR test for SARS-CoV-2 RNA within the last 90 days or (2) a healthcare provider based on their symptoms, and 90 days or less have passed since their symptoms began.

- Those **with no current symptoms** of COVID-19 do not have to quarantine, and retesting is not recommended.
- Those **with symptoms**, should self-quarantine immediately for 14 days and consult with a medical provider to determine if they may have been re-infected with SARS-CoV-2 or if symptoms are caused by another etiology. Contacts with no primary healthcare provider will need to be

connected to telemedicine (e.g., videoconference or phone consultation). Negative test results for contacts do not change the length of quarantine. It is still 14 days.

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html>

Notification policy for persons exposed to COVID-19 at Chrestomathy

The source individual, immediately upon learning of one's illness, should work with a supervisor to compile a list of persons who were exposed to them. Keeping the name of the source individual **confidential**, supervisors should notify those on the list of their exposure.

Notification policy for persons NOT exposed to COVID-19 at Chrestomathy

Chrestomathy will notify clients, family, and residences of any confirmed COVID-19 case occurring at a program site to which they are affiliated.

Family's First Coronavirus Response Act (FFCRA)

Under the FFCRA, an employee qualifies for paid sick time if the employee is unable to work (or unable to telework) due to a need for leave because the employee:

1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. has been advised by a health care provider to self-quarantine related to COVID-19;
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
6. is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Under the FFCRA, an employee qualifies for expanded family leave if the employee is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.

For reasons (1)-(4) and (6): A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.

For reason (5): A full-time employee is eligible for up to 12 weeks of leave (two weeks of paid sick leave followed by up to 10 weeks of paid expanded family & medical leave) at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

<https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave>

Classifying exposure to COVID-19

Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2. To help employers determine appropriate precautions, OSHA divides job

tasks into four risk exposure levels: very high, high, medium and lower risk. Most American workers fall in the lower exposure risk (caution) or medium exposure risk levels.

Very High Exposure Risk

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

High Exposure Risk

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes very high.)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

Medium Exposure Risk

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there is ongoing community transmission, workers in this category may have contact with the general public (e.g., schools, high-population-density work environments, some high-volume retail settings).

Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

<https://www.osha.gov/Publications/OSHA3990.pdf>

Chrestomathy's assignment of risk
Lower Risk

Administrative positions, activities not requiring direct support, or direct support duties not requiring prolonged personal contact have lower occupational exposure risk to COVID-19. Persons in this category are not required to have contact with people known to be, or suspected of having COVID-19, and do not have frequent close contact with members of the general public.

Medium Risk

Activities involving frequent prolonged close contact within 6 feet of others have medium risk of exposure to COVID-19. Persons who may have medium risk include clients and persons providing direct support. Activities with medium risk include only those activities requiring prolonged close contact within 6 feet or more, e.g. transportation on a van or assistance with hygiene, eating, mobility or other personal or behavioral needs. Engaging in any of these activities without prolonged close contact within six feet, is assigned lower risk.

High Risk

Persons at Chrestomathy are at high risk only when required to provide prolonged close contact within 6 feet of someone who is suspected of having a case of COVID-19. Chrestomathy's policies to exclude persons with symptoms of COVID-19, to not be engaged in prolonged close contact with a person exhibiting symptoms, to isolate any person suspected of having a case of COVID-19, and not provide transportation for any person exhibiting symptoms of COVID-19, means that high risk activities are not likely to occur.

Very High Risk

Chrestomathy has no very high risk positions.

Engineering controls

Persons with a lower risk of exposure to COVID-19 require no additional engineering controls. Drinking fountains have been disabled for use. Touchless water stations are still provided. Each site has a space available in which persons with a suspected case of COVID-19 can wait for a ride home, mitigating the high risk of exposure due to supporting someone who is ill at Chrestomathy.

Administrative controls

Administrative, or procedural controls used to mitigate risk to persons with a medium risk of exposure to COVID-19 include:

Handwashing Schedule

Regular hand washing by both staff and clients greatly reduces the risk of transferring an illness or disease. Handwashing and/or hand-sanitizer facilities are readily available and appropriately stocked including by entrances. All persons are encouraged to avoid touching their eyes, nose and mouth with unwashed hands. Paper towels and trash receptacles are placed by bathroom door so a paper towel can be readily disposed of when operating the door. All persons are encouraged to wash their hands upon entering the facility and frequently throughout the day. Hand washing for at least 20 seconds with soap and water or with alcohol gel (greater than 60% alcohol) is required immediately after contact with blood, body fluid visibly contaminated with blood, semen, or vaginal secretions and:

- After having been in a public place
- After contact with an object that is potentially contaminated
- After toileting or diapering
- After removal of gloves or other protective equipment after contact with someone who is ill

- After blowing one's nose, coughing or sneezing
- After using the restroom
- Before and after meal preparation and eating
- Before and after medication administration
- After close contact with a person with a suspected or confirmed case of COVID-19

Regular Cleaning Schedule

Regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment reduce the likelihood of contact with potentially infectious material. Hand sanitizer and disinfectant wipes should be placed near any commonly touched surfaces such as microwaves, timeclocks and copiers.

Disinfecting Schedule

During a pandemic, rooms should be orderly, cleaned, and disinfected daily or before use by a unique cohort or between program participant shifts if separate programming shifts are utilized. Vans should be cleaned and disinfected after use by unique cohorts, including all surfaces that drivers, riders, and clients touch, e.g. seats, armrests, windows, handles, and driver controls. Bathrooms and common areas should be cleaned and disinfected regularly throughout the day. Shared work surfaces, breakroom tables, or other common areas or equipment should be disinfected after each use when possible. High touch areas such as doorknobs, light switches, stair rails, counters, tables and chairs, phones, keyboards, program equipment and other shared items are regularly cleaned and disinfected. Each facility maintains a sanitation schedule and checklist, identifying surfaces/ equipment to be sanitized and the frequency at which sanitation occurs.

Use an EPA-registered household disinfectant. Follow the instructions on the label to ensure safe and effective use of the product. Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

Regular employees can clean and disinfect community spaces and are trained on appropriate use of cleaning and disinfection chemicals. Wear disposable gloves for all tasks in the cleaning process, including handling trash. Properly dispose of gloves when finished and wash your hands.

Soft surfaces

- Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.
- Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

- Disinfect with an EPA-registered household disinfectant.

Electronics

- Follow manufacturer's instruction for cleaning and disinfecting.
- If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.

Laundry

- For clothing, towels, linens and other items, launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Wear disposable gloves when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick can be washed with other people's items.
- Do not shake dirty laundry.
- Clean and disinfect clothes hampers according to guidance above for surfaces.
- Remove gloves, and wash hands right away.

https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fdisinfecting-building-facility.html

Respiratory Etiquette

The following measures to contain respiratory secretions are recommended for all individuals:

- In accordance with the Governor's Executive Order 20-81, all persons are required to wear a face covering in all indoor businesses and public indoor spaces, unless alone. People who have medical or other health conditions, disabilities or mental health, developmental, or behavioral needs that make it difficult to tolerate wearing a face covering are exempt from the requirement. Face coverings may be removed while eating or drinking or while communicating with someone who is deaf or hard of hearing, or who has a medical condition, disability, or mental health condition that makes communication with that individual while wearing a mask difficult, or when alone, such as when working in an office or a cubicle with walls higher than face level or when alone in a vehicle.
- When it does not impede clear communication, staff are required to wear a mask or face covering at all times while working with people receiving services, whether inside or outdoors.
- Cover your mouth and nose with a tissue when coughing or sneezing.
- Use in the nearest waste receptacle to dispose of the tissue after use.
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.
- Tissues and no-touch receptacles for used tissue disposal are available.
- Dispensers of alcohol-based hand rub are conveniently available; where sinks are available, supplies for hand washing (i.e., soap, disposable towels) are consistently available.

<https://www.leg.state.mn.us/archive/execorders/20-81.pdf>

<https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

All persons are encouraged to bring their own masks. Chrestomathy reserves the right to not permit the use of a mask that it feels, in its own determination, is inappropriate and/or compromises the health and safety of others. Chrestomathy has a limited supply of masks for visitors and persons who cannot purchase their own. Many persons at Chrestomathy may benefit from not wearing a mask or being supported by a person not using a mask due to comfort, personal preference, or a desire for improved communication. Criticizing or "shaming" someone for wearing or not wearing a mask will not be tolerated.

Social Distancing

All persons are encouraged to maintain 6 feet of distance between themselves and other persons as reasonable throughout the workday. Grouping in common areas such as the breakroom, hallways and bathrooms is discouraged. Non-face-to-face meeting strategies are encouraged. No visitors are allowed in the building during the pandemic. Mailboxes are installed outside of the building. Packages are left

outside the building. Visitors should wait outside the building and call a Chrestomathy employee to meet them outside. Work assignments should seek to minimize the number of contacts each person has with others. However, due to the nature of supporting persons with personal needs as well as support persons who may or may not adhere to social distancing recommendations, it is understood that social distancing may not occur. Employees will encourage clients to use appropriate social distancing measures while at Chrestomathy.

Ventilation

HVAC fans are set to on to circulate air throughout the day. If there is a suspected or confirmed case of COVID-19 onsite, rooms will be well ventilated before commencing cleaning.

Universal Precautions

According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other Bloodborne pathogens. Universal Precautions must be used whenever there is contact with blood, body fluid visibly contaminated with blood, semen, or vaginal secretions. Additionally, universal precautions should be used whenever working with a person with a suspected or confirmed case of COVID-19.

Employees regularly clean work areas and other common areas with EPA-registered tuberculocidal disinfectants that are labeled as effective against HIV and HBV. Contaminated work surfaces are decontaminated immediately or as soon as feasible after surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials. Work surfaces should be similarly cleaned after potential contamination by a person with a suspected or confirmed case of COVID-19.

Personal protective equipment

Gloves should be worn whenever work duties require touching another person. Examples include assisting someone with personal care or hygiene, eating, mobility, or assisting someone in and out of a van. Persons performing medium or high risk duties wear gloves when it can be reasonably anticipated that there may be hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin; and when handling or touching contaminated items or surfaces. Care must be taken to not transfer potential contaminants from one surface to another. Specific tasks may include cleaning potentially contaminated areas or supporting a person with a suspected case of COVID-19.

After completing the task for which they are worn, immediately remove and properly dispose personal protective equipment.

Communications and training plan

During orientation and on an ongoing basis, all employees will be trained on the COVID-19 Preparedness Plan, Chrestomathy's Safety Program and other policies and procedures related to ensuring a safe workplace. All employees will be trained on any significant policy changes before the changes are implemented. Training will be documented.

The Training Director is responsible for communicating general safety themes as they relate to safety at Chrestomathy and coordinating all safety policy trainings. Team Supervisors are responsible for communicating specific workplace hazards as they relate to an employee's specific assignment.

Whenever significant changes occur in the workplace all staff will be trained on any new procedures prior to encountering the new hazard. Supervisors and Program Directors are responsible for ensuring hazards are identified and proper training is completed. The Training Director may be used as needed to assist in communicating relevant safety procedures.

All employees are expected to model safe work habits and follow all safety rules and procedures. If a person witnesses an unsafe act, they are encouraged to intervene and report the incident to a supervisor. All reports will be investigated and any necessary corrective action will be implemented.

This COVID-19 Preparedness Plan is posted on site and is readily accessible to staff and persons receiving services. A copy of this plan will be offered to each person receiving services, their legal representative, if any, and their case manager. The plan is available to the Commissioner upon request.

Management and supervision necessary to ensure effective implementation of the plan

All exposures must be reported to a supervisor within 24 hours and the event must be documented. Within 24 hours of receiving a report, supervisors will begin an investigation into the incident. The investigation will involve a determination of the cause of the event as well as determining precautions that could be taken to prevent future occurrences. Based upon the investigation, corrective action may be taken, including retraining, discipline, changes to routines, or changes to policies and procedures.

Safety is the responsibility of all Chrestomathy employees. All employees must report safety concerns to a supervisor. Supervisors will investigate each incident and constructively converse with employees on any corrective action needed to prevent future incidents, accidents or exposures. Safety policies and plans will be enforced. Supervisors should immediately intervene if proper procedures are not followed.

Failure to observe safety rules and practices, careless use of equipment, or in any way jeopardizing the safety of one's self and/others is grounds for disciplinary action up to and including termination.

Employee Resources

Medica CallLink®

For employees enrolled in our group health plan, Medica CallLink advisors and nurses are available 24/7 to help members with health concerns, including identifying members' risk and providing recommendations for next steps for COVID-19 concerns.

Call 800-962-9497 (TTY users: 711).

Virtual Care

Virtual care is a convenient way for Medica members to get care for many common medical conditions by connecting with a provider from their computer or mobile device from home, work or wherever they are. Although confirmation and testing of COVID-19 cannot be done via virtual care, members experiencing symptoms can get help assessing risk and receive recommendations on next steps. In most cases, the cost of a virtual visit is \$59 or less depending on the member's plan.

How members can access virtual care:

- Check with their clinic to see if virtual care is available and learn how to connect with their provider online.
- Access virtual care through Amwell, a 24/7 online clinic available in all states – [Amwell.com](https://www.amwell.com)

- Check other virtual care options that may be available through their plan's network (such as virtuwell):
- Go to our *Find Care* page and select your plan, then click on *Virtual Care Providers – [Find Care](#)*

Medica® Optum® Employee Assistance Program

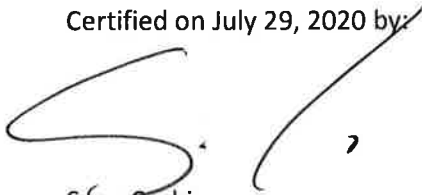
Members can get 24/7 support with the Medica Optum Employee Assistance Program (EAP). The EAP provides access to:

- Five counseling sessions per issue per year covered at 100 percent.
- Help coping with stressful situations, work issues and mental and physical well-being concerns.
- Legal and mediation services. You receive a 30-minute legal consultation at no cost (in person or over the phone). If you decide to hire an attorney, you'll get a 25% discount.
- Child care or elder care support, education and career resources, financial advisor support and more.
- This service is available at no additional cost to members, as part of their benefit plan. Calls and conversations with EAP specialists are kept confidential, in accordance with the law.

The EAP also offers help to employers, including management consultation and crisis response services.

Call 800-626-7944 (TTY users: 711).

Certified on July 29, 2020 by:



Sean Cashin
HR Director
Chrestomathy, Inc.