

# COVID-19 Preparedness Plan for Leo A. Hoffmann Center

Leo A. Hoffmann Center is committed to providing a safe and healthy workplace for all our staff, clients, families and visitors. To ensure we have a safe and healthy workplace, Leo A. Hoffmann Center has developed the following COVID-19 Preparedness Plan in response to the COVID-19 pandemic. Managers and workers are all responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces and communities, and that requires full cooperation among our workers and management. Only through this cooperative effort can we establish and maintain the safety and health of all persons in our workplaces.

The COVID-19 Preparedness Plan is administered by Gene Taylor, Executive Director, who maintains the overall authority and responsibility for the plan. However, management and workers are equally responsible for supporting, implementing, complying with and providing recommendations to further improve all aspects of this COVID-19 Preparedness Plan. Leo A. Hoffmann Center's managers and supervisors have our full support in enforcing the provisions of this plan.

Our workers are our most important assets. Leo A. Hoffmann Center is serious about safety and health and protecting its workers. Worker involvement is essential in developing and implementing a successful COVID-19 Preparedness Plan. We have involved our workers in this process by: requesting feedback and suggestions during weekly clinical and staff meetings, using "What's Working/Not Working" form, and conducting all agency Town Hall Meetings via Zoom.

Leo A. Hoffmann Center's COVID-19 Preparedness Plan follows the industry guidance developed by the state of Minnesota, which is based upon Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines for COVID-19, Minnesota Occupational Safety and Health Administration (MNOSHA) statutes, rules and standards, and Minnesota's relevant and current executive orders. It addresses:

- ensuring sick workers stay home and prompt identification and isolation of sick persons;
- social distancing – workers must be at least six-feet apart;
- worker hygiene and source controls;
- workplace building and ventilation protocol;
- workplace cleaning and disinfection protocol;
- drop-off, pick-up and delivery practices and protocol; and
- communications and training practices and protocol.

Leo A. Hoffmann Center has reviewed and incorporated the industry guidance applicable to our business provided by the state of Minnesota for the development of this plan, including the following industry guidance for DHS Licensed Residential Services and Behavioral Health Programs. Other conditions and circumstances included in the industry guidance and addressed in the plan that are specific to our business include:

- additional protections and protocols for customers, clients, guests and visitors;
- additional protections and protocols for personal protective equipment (PPE);
- additional protections and protocol for access and assignment;
- additional protections and protocol for sanitation and hygiene;
- additional protections and protocol for distancing and barriers;

- additional protections and protocols for managing occupancy;
- additional protocols to limit face-to-face interaction;

## **Ensure sick workers stay home and prompt identification and isolation of sick persons**

Workers have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19. The following policies and procedures are being implemented to assess workers' health status prior to entering the workplace and for workers to report when they are sick or experiencing symptoms.

Employees who are ill are asked to stay home and contact their supervisor to inform supervisor the employee is ill. All employees will complete a pre-work temperature and health screen upon reporting to work. Employees will document the absence of symptoms and fever prior to reporting to their work station. Any staff displaying fever or symptoms will be required to leave the agency immediately, contact their supervisor, go home, and contact the Mankato Clinic hotline to seek advice regarding testing for COVID-19. Employees who become ill during the course of their shift are asked to leave the building immediately, contact their supervisor, go home, and contact the Mankato Clinic hotline to seek advice regarding testing for COVID-19. When employees leave their shift due to feeling ill, employees who remain on duty must disinfect all areas the ill employee came into contact with. Supervisors will keep the agency nurse informed of staff requiring testing and results of those tests in order to identify others (service recipients, staff, etc.) who may have had contact with that employee. The agency nurse will complete a risk assessment in order to determine each individual's risk level and provide recommendations for testing based on that assessment (See "Employee Pre-Work Temperature and Health Screen" and "Management of Symptomatic Staff" Procedures). The agency nurse will notify the Minnesota Department of Health regarding confirmed cases of COVID-19 in our programs and share directives from MDH with the Pandemic Response Team.

Leo A. Hoffmann Center has implemented leave policies that promote workers 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. Leo A. Hoffmann Center is exempt from the COVID-19 Families First Coronavirus Response Act as we are a "Healthcare Provider". LAHC has developed a COVID-19 PTO Loan Procedure allowing employees who do not have enough accumulated PTO to cover absences, or who do not wish to deplete their current PTO balance to receive a PTO loan of 80 hours for full-time employees and 40 hours for part-time employees working an average of 16 hours per week. Accommodations for workers with underlying medical conditions or who have household members with underlying health conditions have been implemented (See COVID-19 Policy 9.9 in the Employee Handbook and COVID-19 PTO Loan Memo).

Leo A. Hoffmann Center has also implemented a protocol for informing workers if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine when necessary for the required amount of time. LAHC's registered nurse will be informed of all symptomatic clients and staff, will provide advice regarding testing, will coordinate testing of clients and staff, will notify MDH of any confirmed cases of COVID-19, will identify others who may have been exposed to the COVID-19 positive individual, will complete risk assessment with others who may have been exposed, and coordinate testing of those individuals as needed (See "Management of Symptomatic Staff" and "Management of Patient Presumed to be Positive" Procedures).

In addition, a policy has been implemented to protect the privacy of workers' health status and health information. The person in charge shall record and maintain an employee illness log. This information will be protected and follow data privacy rule.

## **Social distancing – Workers must be at least six-feet apart**

Social distancing of at least six feet will be implemented and maintained as much as possible between workers, clients, families and visitors in the workplace through the following Residential Programs engineering and administrative controls which includes, but not limited to: encouraging employees to telework when possible, providing services via telehealth or secure video, conducting employee meetings remotely, rearranging tables and chairs in meeting rooms to achieve at least 6 feet between participants, utilizing tape on the floor in the residential units as a visual aide to assist clients in maintaining social distance, refraining from intermixing cottages during school, recreation and meal times, staggering client meal and snack times, limiting staff entering client rooms unless needed to provide supervision or care, discouraging employees from entering buildings they are not assigned to, restricting employee access to the administrative office, utilizing shields/barriers on the staff desks located on the residential units, utilizing shield/barrier in the dining hall between the cook and staff/clients, utilizing shield/barrier at the reception desk in the administrative office, encouraging remote visitation between clients and family, reducing the number of visitors allowed on campus, and staggering visitation times to limit the number of visitors on campus and allow time for disinfecting between visits.

Outpatient Programs have implemented the following engineering and administrative controls which includes, but is not limited to: no travel with clients, maintain services via telehealth when possible, maintain social distance when providing services in homes (although providing services outside is still preferred if possible), keep office doors shut to reduce contact, avoid entering other's offices, continue telehealth platforms to facilitate meetings between staff members, minimize the amount of time spent in the office and work remotely when possible, stagger office time to reduce contact, beverages and magazines will not be offered, restrict entrance of individuals not participating in sessions, clients will wait in their vehicles until called by provider for their appointment time, avoid clients coming into contact with each other (bring one client into the office at a time), limit time spent in common areas of offices, remain 6 feet apart when providing in-person services in the office setting. If waiting rooms need to be opened due to inclement weather, or for clients utilizing public transportation to their appointments seating will be minimized to provide 6 feet of distance between chairs, clients will be expected to wear face masks at all times and sanitize their hands upon entry. Surfaces/chairs will be immediately sanitized when the provider retrieves the client for the session.

## **Worker hygiene and source controls**

Basic infection prevention measures are being implemented at our workplaces at all times. Workers 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 shift, prior to any mealtimes and after using the restroom. All visitors to the workplace are required to wash or sanitize their hands prior to or immediately upon entering the facility. Hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) are at entrances and locations in the workplace so they can be used for hand hygiene in place of soap and water, as long as hands are not visibly soiled. Hand washing and respiratory etiquette signage is posted in restrooms. LAHC's agency nurse and

the Residential Program Coordinator will maintain a supply list which will be updated each week regarding current supplies of hand sanitizer, PPE equipment, etc. Orders will be placed each week for supplies that are getting low.

**Residential Programs:** Source controls are being implemented at our workplaces at all times. All staff providing direct care to clients will wear a surgical face mask and eye protection during all client interactions. Employees who do not provide direct care for clients will wear surgical face masks as a means of source control. All clients will wear fabric face masks when out of their assigned bedrooms. All visitors will be expected to wear a face mask. If visitors do not have their own face mask, one will be provided to them by LAHC. All visitors to the residential programs will be screened 2-3 hours prior to their scheduled visit via phone. Once the visitor arrives on campus, they will be screened again and have their temperature taken. Any visitor reporting symptoms will not be allowed on campus. Additional PPE (gloves, surgical gown) will be worn when staff are providing care for a symptomatic or COVID-19 positive client (See "Use of PPE" Procedure). Clients in residential programs will complete a health screen three times a day including check of temperature.

**Outpatient Programs:** In-home providers will wear a surgical face mask and eye protection and client will wear a face mask. In-home providers will have discretion regarding providing services to clients who refuse to wear a face mask. If the in-home provider is comfortable providing services they will need to wear a surgical mask and eye protection. Outpatient staff will also be provided with gloves to use as necessary. In-office providers will wear a surgical face mask and maintain 6' distance between provider and client who will also wear a face mask. Clients receiving services at the office sites will be asked to leave if they refuse to wear a mask. Providers will be provided hand sanitizer to utilize between in-home sessions when hand washing may not be possible. Providers have been instructed to wash hands/sanitize between sessions. Clients receiving services in the office will complete a health screening prior to entering the office. Any clients reporting symptoms will not be allowed in the office and will be asked to reschedule or complete session via telehealth.

Workers, clients, families and visitors are being instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing, and to avoid touching their face, particularly their mouth, nose and eyes, with their hands. Workers, clients, families and visitors are expected to dispose of tissues in provided trash receptacles and wash or sanitize their hands immediately afterward. Respiratory etiquette will be demonstrated on posters and supported by making tissues and trash receptacles available to all workers and other persons entering the workplace.

**Residential Programs:** Visitors have been informed of the need to wash their hands immediately after completing their health screen when arriving on campus (See "On Campus Visitor Consent Form"). Hand sanitizer is also available near entrances and on all visiting tables located outside. Visitors have been informed they will not be allowed to have food or beverages during visits, they should maintain 6' social distance from the person they are visiting and refrain from physical touch.

**Outpatient Programs:** Outpatient offices will have a sanitizing station set up at the entrance of the office. Clients in outpatient programs were sent a letter detailing the new safety protocols that were implemented in order to begin in-person services.

## **Workplace building and ventilation protocol**

Operation of the building in which the workplace is located, includes necessary sanitation, assessment and maintenance of building systems, including water, plumbing, electrical, and heating, ventilation and airconditioning (HVAC) systems. The maximum amount of fresh air is being brought into the workplace, air recirculation is being limited, and ventilation systems are being properly used and maintained. Steps are also being taken to minimize air flow blowing across people.

Residential Programs: MERV 16 rated filters with activated carbon coated fibers that capture contaminants as small as .01 microns (one micron equals 1/25,000 of an inch), removing them from air circulation have been installed in all residential buildings. Furnace fans have been set to continuous fan 24/7. The fresh air damper has been set to bring in continuous fresh air. The air conditioning will maintain humidity in the 40-60% humidity range for summer. During winter heating season, the humidifiers will maintain humidity in the 40-60% range.

Outpatient Programs: St. Peter site has an air exchanger which brings in fresh, natural air from outside and exchanges it for air that has grown stale on the inside of a building. New Ulm site will set the system fan to run continuously. Waseca site will utilize a free-standing fan to increase circulation.

## **Workplace cleaning and disinfection protocol**

Regular practices of cleaning and disinfecting have been implemented, including a schedule for routine cleaning and disinfecting of work surfaces, equipment, vehicles and areas in the work environment, including restrooms, staff offices and desks, tables and chairs, lunch rooms, and meeting rooms. Frequent cleaning and disinfecting is being conducted of high-touch areas, including phones, keyboards/laptops/ipads, walkie talkies, light switches, door handles, railings, copy and fax machines, credit card readers, etc.

Residential Cottages: Employees will utilize the "Staff Cleaning List" at the end of each shift to disinfect high touch surfaces, staff offices and equipment, laptops, desks, tables and chairs, employee restrooms, etc. before the next shift arrives. Cleaning and disinfecting will occur a minimum of 3 times each day.

Administrative Office: High touch surfaces in shared areas will be cleaned and disinfected once per day. Restrooms will be cleaned once per day. Employees will be responsible for cleaning and disinfecting their individual offices daily.

Meeting/Group Rooms/Family Center: These areas will be cleaned and disinfected after each use. Signage is utilized to indicate whether rooms have been or need to be disinfected.

Outpatient Offices: Employees will utilize the "Cleaning Log" and disinfect high-touch items in shared areas at least once per day. Employees will be responsible for disinfecting their individual office between each in-person session. Tools used in sessions will also be disinfected after each use.

Appropriate and effective cleaning and disinfecting supplies have been purchased and are available for use in accordance with product labels, safety data sheets and manufacturer specifications, and are being used with required personal protective equipment for the product. See "Chemical List" for additional information on which product to use for specific areas/surfaces and required PPE.

Both the Residential and Outpatient programs completed training with workers on how to appropriately don and doff PPE and what PPE is required in various situations (See "Use of PPE" Procedure).

## **Drop-off, pick-up and delivery practices and protocol**

Employees will wear mask and gloves when picking up mail from the post office. Deliveries to the administrative office will be left outside the front door and employees will not sign for packages/deliveries. Paper product deliveries will be delivered and left outside the family center. Food delivery vendors will be encouraged to leave deliveries outside when possible.

## **Communications and training practices and protocol**

Residential Programs: The COVID-19 Preparedness Plan was communicated to workers during staff meeting via in person or secure video by their supervisor and members of the clinical team on April 1, 2020. Workers who were unable to attend the staff meeting on April 1, 2020 due to working remotely received the training via independent study with the ability to ask questions. Additional communication and training will be ongoing by updating workers during weekly staff meetings regarding new or updated procedures. All residential units have a binder with the COVID-19 plan and all COVID-19 procedures which is updated each time a procedure is created or changed. Workers who have elected not to work during the COVID-19 Pandemic will be trained on the plan and procedures by the Accreditation Coordinator prior to returning to work.

LAHC's residential programs were deemed "essential" and residential services continued to be provided through the stay at home order and peacetime emergency. The original COVID-19 Preparedness Plan has been certified by Leo A. Hoffmann Center management and the plan was posted throughout the workplace and made readily available to employees April 1<sup>st</sup> 2020. It has been updated as necessary by the Pandemic Response Team. The plan, in this format, was posted for all employees on June 29<sup>th</sup>, 2020.

Outpatient programs were also deemed "essential" and services continued to be provided through the stay at home order and peacetime emergency; however, all services were provided via telehealth until June 1, 2020. A Reintegration Plan was created for our outpatient programs, detailing what services would look like once in-person sessions and in-home services resumed. Outpatient clinicians were trained on that plan on June 15, 2020 and June 22, 2020. Outpatient practitioners were trained on June 16, 2020 and June 22, 2020. Outpatient employees will be trained on the plan, in this format, beginning June 29, 2020.

Instructions will be communicated to all workers, including employees, temporary workers, independent contractors, subcontractors, vendors and outside technicians, clients, families and visitors about protections and protocols, including: 1) social distancing protocols and practices; 2) drop-off, pick-up, 3) practices for hygiene and respiratory etiquette; 4) recommendations or requirements regarding the use of masks, face-coverings and/or face-shields by workers, clients, families and visitors. All workers, clients, families and visitors will also be advised not to enter the workplace if they are experiencing symptoms or have contracted COVID-19. Signage has been posted on all entrances regarding restricting visitors with symptoms.

Managers and supervisors are expected to monitor how effective the program has been implemented. All management and workers are to take an active role and collaborate in carrying out the various aspects of this plan, and update the protections, protocols, work-practices and training as necessary.

## Additional protections and protocols

Other procedures related to this plan include:

- Employee Pre-Work Temperature and health Screen
- Management of Symptomatic Staff
- Management of Patient presumed to be Positive
- Use of PPE
- Use of Face Mask as Source Control
- Social Distancing
- Visitor Procedure
- Secure Video Visitor Time Procedure
- Severe Weather/Tornado During COVID-19 Pandemic
- Vehicle Cleaning Procedure
- Discharging Residential Clients During COVID-19 Pandemic
- Clorox Total 360 Procedure
- Transporting Clients
- Telehealth Procedure and Informed Consent

Certified by:

Signature: Gene Taylor, MS, & PCC

Date: 11/20/2020