



Phoenix Service Corporation



The
Phoenix
Residence, Inc.

Pandemic Planning and Response Guidelines

Coronavirus Disease 2019 (COVID-19)

6.26.2020 Edition
6.24.2020 Edition
6.05.2020 Edition
5.29.2020 Edition
5.20.2020 Edition
5.05.2020 Edition
4.29.2020 Edition
4.27.2020 Edition
4.23.2020 Edition
4.22.2020 Edition
4.15.2020 Edition
4.06.2020 Edition
3.26.2020 Edition
3.05.2020 Edition

There is an ongoing investigation to determine more about this outbreak. This is a rapidly evolving situation and information will be updated as it becomes available. Please also refer to ADM 059 COVID-19 Preparedness Plan for DHS Licensed Residential and Non-Residential Services

OVERVIEW

Preface: The Phoenix Residence, Inc./Phoenix Service Corporation (Phoenix) supports individuals who are vulnerable to influenza due to co-morbidities, disability, and/or advanced age, and the environment of communal living facilitates the spread of respiratory agents. Employees should start preparing now, even though COVID-19 has not arrived in the communities where we operate. Through education and the implementation of best practice guidelines, we can already reduce working days lost due to illness and stop or slow the spread of COVID-19 if it arrives at one of our locations. The important thing to keep in perspective is coronaviruses are not uncommon.

Personal Preparedness: What you should do now

- **Make sure your contact information is correct** at Phoenix (contact HR to verify). Contacting employees by text may be crucial.
- **Clean your hands often.** With an alcohol-based hand sanitizer (Betco or other product) that contains at least 60-95% alcohol or wash your hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty. Use **ONLY** your knuckle to touch light switches, payment systems (check out /ATM) buttons, touchscreens etc. Lift the gasoline dispenser with a paper towel or use a disposable glove. Keep a bottle of sanitizer in your car for use after getting gas or touching other contaminated objects when you can't immediately wash your hands.
- **Make sure you have all your medications stocked**-preferably a few months' worth if you can. There is concern about the supply chain for medications, many of which are made in China, or from ingredients made in China.
- **Practice Social Distancing**-Keep a distance of **6 feet** from others when possible. Avoid public gatherings such as movies, concerts, and church or community meetings when possible. Isolation and quarantine are also part of social distancing. They are common healthcare practices used to control the spread of a contagious disease such as pandemic flu by limiting people's exposure to it.
- **If you have not already done so, GET A FLU SHOT.** This year's vaccine is about 50% effective against the flu, and while not perfect, confers some protection against the flu. You don't need to be fighting a war on two fronts.
- **STOP SMOKING OR VAPING.** Reports seem to indicate the illness and mortality rate is much higher in smokers than non-smokers.
- **Routinely clean** all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that Phoenix has purchased for this purpose (Betco Fight Bac RTU or other agent) in these areas and follow the directions on the label.
- **Stock up with some non-perishable foods**, such as canned soup, noodles, hydrating fluids, etc in case the grocery stores are empty due to either panic buying or supply chain interruptions.

The purpose of this document: This guide is designed to provide resources and up to date information. It is to provide education and best practice guidelines for: preparing, preventing, identifying and managing outbreaks of COVID-19 Virus as we better understand the virus.

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SECTION 1 GENERAL INFORMATION

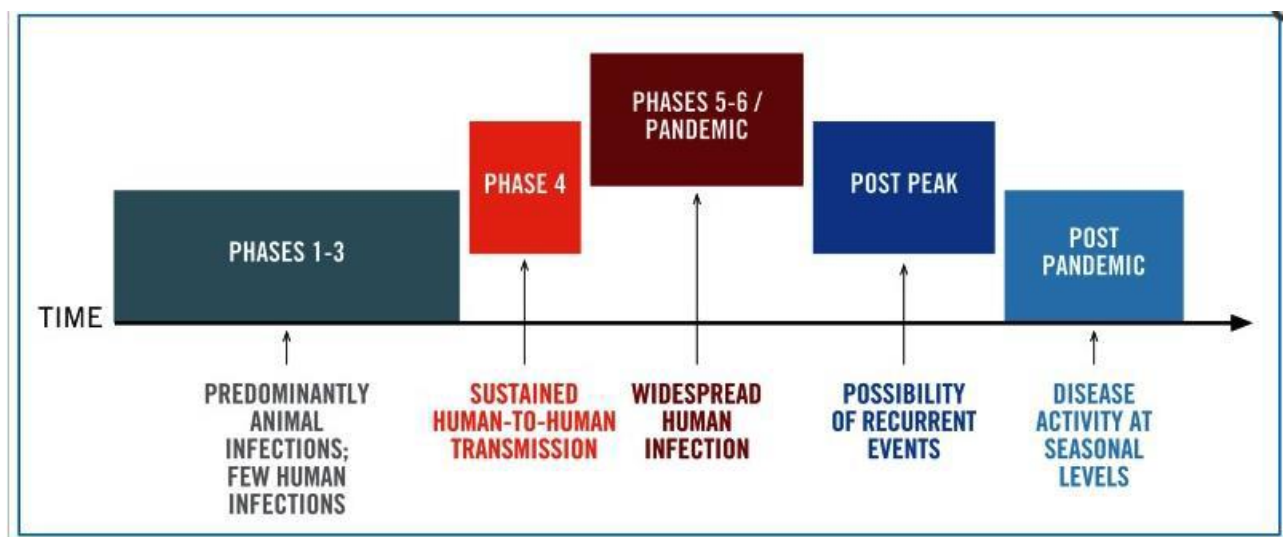
What is a Pandemic?

Pandemic refers to the occurrence, two to three times per century, of a novel coronavirus infection that circulates around the globe. In basic terms, that means a *disease that has spread widely across geographic regions. It has nothing to do with how many people actually get sick, how severe their sicknesses are, or how many people die.*

There have been 3 influenza pandemics in the 20th century, of varying degrees of severity – the **Spanish Flu** of 1918/1919, the **Asian Flu** of 1957/1958, and the **Hong Kong Flu** of 1968/1969.

The 21st Century saw its first influenza pandemic in April 2009 (**H1N1**), originating in Mexico and spreading around the world a month later and in January 2020 **COVID-19** originating in China.

World Health Organization Phases for a Pandemic



Novel coronavirus vs. flu symptoms

Novel Coronavirus (Covid 19) Symptoms

- Fever
- Cough
- Difficulty breathing
- Shortness of breath

If you are feeling ill and **have recently traveled to China** or have been in close contact with someone who has COVID-19, please contact your doctor immediately.

Flu Symptoms

- Fever/feeling feverish
- Headache
- Muscle and body aches
- Feeling very tired (fatigue)
- Cough
- Sore throat
- Runny or stuffy nose

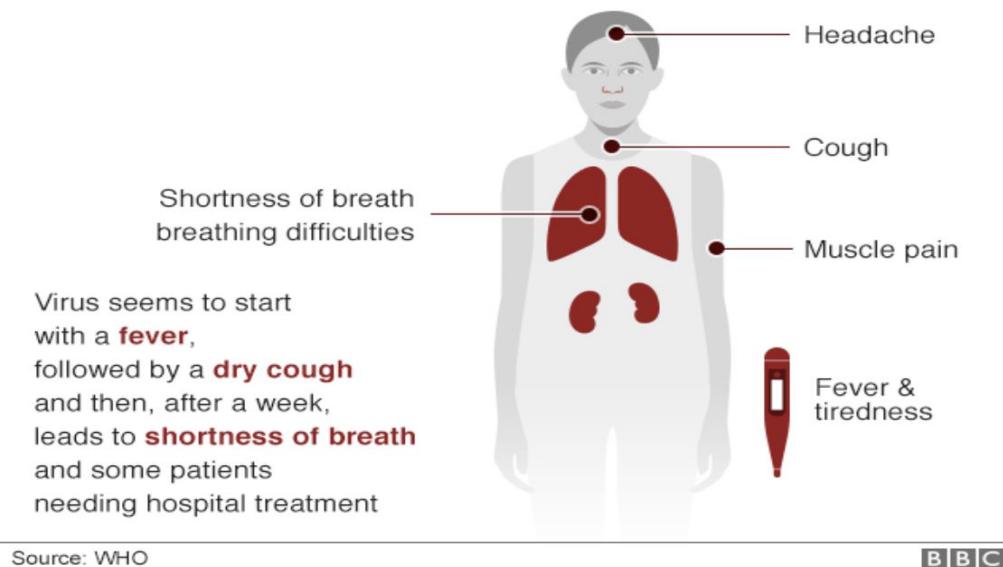
Incubation

For comparison, the incubation period for the common flu (seasonal influenza) is typically around 2 days. Incubation period for other coronaviruses: SARS 2-7 days; MERS 5 days typically (range 2-14 days).

Virus	Incubation Period (typical cases)
Novel Coronavirus (2019-nCoV)	2-14 or 0-24 days *
SARS	<u>2-7 days</u> , as long as 10 days
MERS	<u>5 days</u> (range: 2-14)
Swine Flu	<u>1-4 days</u> , as long as 7 days
Seasonal Flu	2 days (1-4 range)

SECTION 2 CLINICAL

Symptoms of coronavirus (Covid-19)



Symptoms and signs

COVID-19 can be difficult to distinguish from other viral respiratory tract infections on clinical signs alone.

2/24/2020 update: People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, on an average of 5-6 days after infection.

Typical signs and symptoms include: fever (87.9%), dry cough (67.7%), fatigue (38.1%), sputum production (33.4%), shortness of breath (18.6%), sore throat (13.9%), headache (13.6%), myalgia or

arthralgia (14.8%), chills (11.4%), nausea or vomiting (5.0%), nasal congestion (4.8%), diarrhea (3.7%), and hemoptysis< coughing up of blood> (0.9%), and conjunctival congestion (0.8%). Clinical signs and symptoms may worsen with progression to lower respiratory tract disease in the second week of illness; all patients should be monitored closely.

4/26/2020 update: CDC addendum to 6 additional symptoms of COVID-19: Shortness of breath, headache, body aches with chills, loss of taste and/or smell, muscle pain, shakiness with chills.

Possible risk factors for progressing to severe illness may include, but are not limited to, older age, and underlying chronic medical conditions such as lung disease, cancer, heart failure, cerebrovascular disease, hypertension, obesity, renal disease, liver disease, diabetes, immunocompromising conditions, and pregnancy. Individuals who are taking ace-inhibitor medications are at higher risk.

Appendix 1: What to do if you are sick with coronavirus disease 2019 (COVID-19)

SECTION 3 MONITORING AND SURVEILLANCE

Effective outbreak management has four phases:

- Preparation: plan is in place
- Response: to activate the outbreak management plan
- Monitor outbreak progress: assess and report outbreak control activities
- Conclusion: declare the outbreak over, review events and lessons learned for future outbreaks
- **Notify the Minnesota Department of Health immediately of confirmed cases of COVID-19 5/29/20**
- **6/5/20 Phoenix will Notify MDH immediately (within 24 hours) about any of the following:**
 - 1. Severe respiratory infection associated with hospitalization or sudden death of a resident.**
 - 2. Individual residents or staff identified with confirmed COVID-19.**
 - 3. Increase in the number of residents transferred to acute care hospitals for any cause over baseline. An increase of EMS transfers has sometimes been the first indication of a COVID-19 outbreak in a facility.**

Appendix 2: Flowchart to Identify and Assess 2019 Novel Coronavirus

Recognizing influenza-like illness and outbreaks

Three (3) or more people (Person Supported or staff) with influenza like illness within the same 3 days (72-hour period) indicates a potential outbreak at that location. The Director of Nursing Kim Human should be notified immediately in the event you see signs of an influenza like illness so we can begin our surveillance.

Influenza surveillance

The aim of influenza like illness surveillance is to ensure early identification of symptoms in Person Supported and staff that may precede or indicate early stages of an outbreak. It is also to allow the

Phoenix nursing staff to monitor the progression on the illness and provide the most appropriate interventions in a timely basis.

Prompt detection of outbreaks allows early implementation of control measures.

Early implementation of control measures and notification has been associated with shorter duration of outbreaks.

SITE NURSE RESPONSE TO A SINGLE CASE OF AN INFLUENZA LIKE ILLNESS OR INFLUENZA IN A PERSON SUPPORTED

- Call the healthcare provider and tell them that the individual has or may have COVID-19. Contact the Director of Nursing Kim Human.
- Isolate the infected Person Supported or cohort and minimize interaction with other Person Supported /staff.
- Provide updates to the Phoenix Nursing and Administrative teams on a regular basis, as requested.
- Seek prompt medical attention if the illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that the individual may have, or are being evaluated for, COVID-19. Put on a facemask before they enter the healthcare facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.
- If they have a medical emergency and need to call 911, notify the dispatch personnel that the individual may have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.
- **All residents admitted to a hospital must be quarantined for 14- days upon return from the hospital despite the reason for hospitalizations. 5/29/20**

RESPONSE TO AN OUTBREAK OF AN INFLUENZA LIKE ILLNESS OR INFLUENZA

An outbreak is defined as 3 or more cases at any location (staff or persons supported). Phoenix Residence will continue adhering to standard precautions as well as increasing surveillance. Response will be driven by the severity of the outbreak.

SECTION 4 TREATMENT OF THE PERSONS SUPPORTED FOR COVID-19

There is no specific antiviral treatment recommended for COVID-19. People with most cases of COVID-19 should receive supportive care to help relieve symptoms as they would for other respiratory viral illnesses such as:

- **Drink plenty of liquids.** Choose water, juice and warm soups to prevent dehydration.
- **Rest.** Get more sleep to help the immune system fight infection. Individuals may need to change their activity level, depending on the symptoms.
- **Consider Fever & pain relievers.** Use an over-the-counter pain reliever, such as acetaminophen (Tylenol, others) or ibuprofen (Advil, Motrin IB, others), to combat the achiness associated with the virus. Any medications given to individuals supported must be approved by Phoenix Nursing staff in accordance with Physicians' orders.

In consultation with the local health department staff, Phoenix Nursing staff should assess whether the residential setting is appropriate for home care. Considerations for care at home include whether:

- The individual is stable enough to receive care at home.
- Appropriate staffing is available at home.
- There is a separate bedroom where the individual can recover without sharing immediate space with others.
- Resources for access to food and other necessities are available.
- The individual and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);
- There are household members who may be at increased risk of complications from 2019-nCoV infection (e.g., people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions).

For severe cases, treatment should include care to support vital organ functions which will occur in a hospital.

People who think they may have been exposed to COVID-19 should contact their healthcare provider immediately.

In the event that Antiviral medication for prophylaxis is made available during an outbreak – Phoenix Residence will take the lead from Public Health.

SECTION 5 INFECTION PREVENTION AND CONTROL/TRANSMISSION

Key elements for infection controlling:

- Social distancing
- Develop harm-reduction habits like pushing buttons with a knuckle and not touching face
- Flu vaccination
- hand hygiene before and after personal care activities
- use of appropriate personal protective equipment (PPE)
- regular cleaning
- increased cleaning of shared equipment
- infected Person Supported placement - isolation and cohorting
- minimizing Person Supported transfer or transport

The strategies for slowing down transmission include quarantine and isolation of known or highly suspected cases, **social distancing** (cancelling gatherings such as meetings, concerts, schools, etc) and **good hygiene** (covering your cough by coughing into your elbow, hand washing, etc). Wearing a mask helps protect the wearer and others. Masks will limit droplet spread from the wearer to other people. Masks may prevent you from touching your nose and mouth.

4.2.2020 Staff are instructed to wear Masks at all times.

Appendix 3: Standard Precautions

Social distancing is a strategy where you try to avoid crowded places, large gatherings of people or close contact with a group of people. In these situations, viruses can easily spread from person to person. In general, a distance of one to two metres (6 feet) will slow the spread of a disease, but more distance is more effective.

Appendix 4: Social distancing

Hygiene: Replace handshakes, hugs and kisses with no-touch greetings like 'namaste' (Namaste is a traditional greeting in India said with a hand gesture, in which the palms are pressed together at the chest or head accompanied by a slight bow or arm raise).

All staff, Persons Supported, and visitors will perform hand hygiene:

- BEFORE initial contact
- AFTER body fluid exposure risk
- AFTER Person Supported personal or environmental contact

In addition, Persons Supported will be expected to perform and/or be assisted to perform hand hygiene after toileting, before leaving their room and prior to any nourishment / mealtimes.

All individuals have hand sanitizer in bedrooms where appropriate to individual's plan, common areas, staff office, etc.

CDC recommends washing hands with soap and water whenever possible because handwashing reduces the amounts of all types of germs and chemicals on hands. But if soap and water are not available, using a hand sanitizer with at least 60% alcohol can help you avoid getting sick and spreading germs to others.

Appendix 5: How to Handwash / How to Hand-rub

Contact Precautions: To protect employees from the risk of occupational exposure to COVID-19, it has been advised that the N95 mask is especially useful on infected individuals to help prevent transmission. It is also recommended that the use of N95 respirators (instead of surgical masks) when in a room/area with infected individuals. These include the use of an N95 mask, together with eye protection and gloves and gowns as necessary, for direct care encounters within 6 feet of the Person.

Note: While a mask seems like a good idea to wear at all times, it can actually give users a false sense of security. There is no good evidence that shows a mask to reliably prevent infection when worn by the public at large. **Update 4/13/2020** MDH and CDC has deemed PPE is at Crisis capacity. Long term care and congregate setting are to not utilize N95 facemask or N95 respirators these are only to be utilized in hospital settings. Crisis standards of care for personal protective equipment to utilize Surgical Masks.

Isolation:

Isolation is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well.

Quarantine:

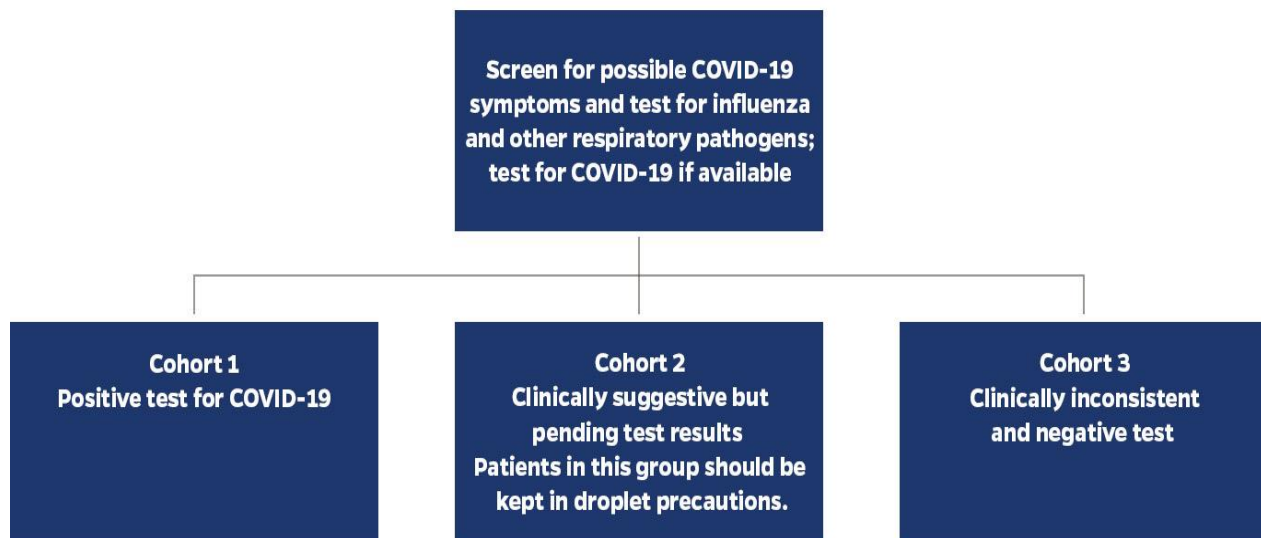
Is defined as the separation of people who have been exposed to a contagious disease from those not exposed. For people who have been exposed to a contagious disease but who may or may not become ill.

Working quarantine:

Refers to persons who are at occupational risk of influenza infection, such as Direct Support Professionals, who may be restricted to their homes or designated facilities during off duty hours.

Cohorting:

Cohorting is the practice of grouping together individuals who are infected with the same organism to confine their care to one area and prevent contact with other individuals.



Interaction with Community Partners

Transfer to Family:

If a Person Supported has been determined best supported to go home temporarily with family members, the multidisciplinary team will: provide support, education, medication and personal care items to facilitate transfer of care activity to the community setting. **NOTE:** This temporary transfer will not be considered a discharge to the community.

Notification to Minnesota Department of Health:

We will notify the Minnesota Department of Health of any confirmed COVID-19 cases of staff or individuals we support. We will also contact the Provider Help Line with questions and guidance as appropriate. 5/29/20

Transfer to hospital will be required if:

- A Person Supported requires care involving equipment or skill sets not available in the home and cannot be brought to the home.
- A Person Supported requires care involving supplies not available at the home and cannot be brought to the home.
- A Person Supported is not palliative but has experienced a life-threatening event
- The Physician/NP determines transfer to hospital is necessary.

If transfer to hospital is required, notify the ambulance service and receiving hospital of the outbreak and

the suspected or confirmed diagnosis.

Re-admission of Person Supported, who were transferred to hospital or another facility, requires the provision of appropriate accommodation, care and infection prevention and control.

Visitor restriction and signage

During an outbreak, preferably, minimize the movement of visitors into and within the locations. Inform regular visitors and families of Persons Supported and of the transmission guidelines and request they only undertake essential visits; discourage unnecessary visitors. Virtual Visits via Office 365-Skype can be arranged at most locations.

- Ensure that appropriate respiratory outbreak signage indicating additional precautions and updates are posted for staff, family, visitors and other services.

Appendix 6: Visitor Signs (Droplet and Contact Precautions)

Cleaning & Environmental Decontamination

3/3/2020 & 4/21/2020 update: At this time, there is no evidence that the COVID-19 is spread through environmental exposures, such as coming into contact with contaminated surfaces.

Because the transmissibility of COVID-19 from contaminated environmental surfaces and objects is not fully understood, you should carefully evaluate whether or not areas occupied by people suspected to have virus may have been contaminated and whether or not they need to be decontaminated in response.

Clean frequently touched surfaces and objects daily (e.g., tables, countertops, light switches, doorknobs, and cabinet handles) using a regular household detergent and water.

1. First, clean dirt off of the surface. Then wipe the surface with disinfectant. Leave the surface you are cleaning wet with disinfectant for as many minutes as the product instructions require. This step is key, and people often miss this important step. It is not enough to just wipe a surface with a rag dampened with disinfectant.
2. Clean high-touch areas such as door handles, phones, remote controls, light switches and bathroom fixtures. Clean horizontal surfaces such as countertops, kitchen tables, desktops and other places where cough droplets could land frequently. The most important factors to disinfecting are cleaning frequently, thoroughly, and using the cleaning product correctly.
3. Follow standard procedures for cleaning and disinfecting with an Environmental Protection Agency (EPA) registered disinfectant with a claim for human coronaviruses.

Always follow the disinfectant manufacturer's instructions for use, including:

- Use the proper concentrations of disinfectant
- Allow required wet contact time
- Pay close attention to hazard warnings and instructions for using personal protective items such as gloves and eye protection
- Use disinfectants in a sufficiently ventilated space
- Follow the material safety data sheets (MSDS) for each disinfectant chemical

4. **All packaged items** must be left at a central location designated at the home for package drop off and must be disinfected / sanitized before staff handle the item. One staff will be assigned to handle items wearing PPE. No individual supported will be allowed to handle packages until the package has been sanitized and items removed from the packaging.
5. **Handling money** – all individuals handling money must wear gloves and use hand sanitizer on the gloves immediately after handling money or other paper products.
6. **Additional guidelines have been developed for individuals going out in the community.**

Appendix 7: Interim Guidelines for Cleaning and Disinfection of COVID-19

SUMMARY: The spread of respiratory viruses can be greatly reduced by hygiene measures (hand hygiene, cleaning), barriers to transmission (masks, gloves, eye protection, gowns), and isolation of infected Person Supported (social distancing).

SECTION 6 STAFFING

4/21/20 update

Staffing will be a critical issue for The Phoenix Residence. Phoenix is prohibiting staff from working at multiple sites within a 14 day period. Staff may only work at two sites within a 14-day period. The agency will attempt to maintain standard staffing until such time the outbreak results in excessive absences. Phoenix will endeavor to provide care using existing staffing resources. Because of the differing nature of each residential setting as well as the fluidity of the current situation. **Staffing responses will be individually tailored to each location and its unique needs.** Staff are asked to limit contact at multiple locations and to use virtual or remote visits whenever possible.

Allocation of staff

- Once Person Supported isolation measures are in place, to further reduce the risk of transmission, it is preferable to allocate specific (non-symptomatic/vaccinated) staff to the care of Person Supported
- Staff members should self-monitor for signs and symptoms of respiratory illness and self-exclude from work if unwell
- When influenza like illness is apparent, COVID-19 can be spread within a location by non-symptomatic staff, who should work only if well.
- Creative staffing may be necessary should the agency be overwhelmed with absences.
- The Phoenix Residence currently has a contract with a staffing agency and utilizes this resource when staffing needs cannot be met adequately with internal resources. Additionally, Phoenix has contracts with multiple DT & H providers and is currently utilizing their furloughed staff.
- Administrative and support staff will be called upon to provide direct support to individual homes.
- The Minnesota Department of Health nurse coordinator will be notified if there are emerging staffing issues that cannot be met with existing resources.
- Phoenix will contact the Metro Health and Medical Preparedness Coalition for staffing needs

that cannot be met with existing resources.

- The Statewide Healthcare Coordination Center (SHCC) will be notified for staffing needs that are 48 hours or less.
- If staff have symptoms we will follow the most recent guidance from the Minnesota Department of Health and CDC. (10 Days from start of symptoms and 3 days with no fever without use of medication) 5/29/20

SECTION 7 CARE OF PERSON SUPPORTED

The level of care to be provided to Persons Supported during a pandemic is dependent upon the staffing levels available. The minimum basic care will be provided as follows:

- Essential personal care (essential bathing limited to baths/showers as needed only; face hands and perineum twice daily and as needed to maintain skin integrity).
- Medication administration. Update 4/27/2020, The persons primary care physician may order to hold non-essential over the counter medications and treatments as deemed by the health care provider, and to allow for medications time be opened to 2 hours before and after scheduled medication times.
- Personal hygiene and grooming may be modified depending on staff availability
- Oral care twice a day.
- Ongoing assessment of care needs.
- Clothing and bedding will be changed only as needed.
- Routine toileting and continence care will be based upon the Person 's individual need to maintain skin integrity. Routine catheter care will be maintained as ordered.
- Skin and wound care management including routine aseptic dressings and sterile dressings, and colostomy care must be maintained.
- Assistance with eating as needed. G-tube feeding, and maintenance will be maintained as ordered.
- Oxygen therapy as required (additional O2 supplies will be available for use).
- Bedridden Person Supported will be repositioned every two hours and as needed.
- Maintain regular communication with the relatives/substitute decision makers of Person Supported to keep them updated and reassured about the situation and discourage unwarranted visiting.
- Non urgent medical appointments will be cancelled and rescheduled.
- Persons Supported with Acute respiratory infections (ARI) will automatically be isolated in a designated area or cohorted with Persons Supported exhibiting like symptoms.
- All Persons Supported with Acute respiratory infections will be requested to remain to their rooms or the designated area.
- Nursing staff will ensure consent for administration of antiviral and pandemic influenza vaccinations are obtained from the Person Supported/Guardian should they become available.
- Ensure advance directives are updated
- All residents will begin symptom screening for sore throat, cough, and vital signs to include temperature, pulse, respirations and oxygen saturation (O2 sats) twice daily. Information will be stored in Carasolva.
- Call medical provider professional/nurse if cough, sore throat, temp over 100.0, or shortness of breath with O2 sats that are beginning to trend lower for the person and pulse begins to elevate.
- Individuals must social distance at all times and no communal dining will be allowed 5/29/20

SECTION 8 RIGHTS OF PERSONS SUPPORTED DURING PANDEMIC EVENTS

As it relates to services at The Phoenix Residence, Inc., an individual's basic rights remain intact during a pandemic event. Quarantine and isolation should be voluntary whenever possible, and, when that is impossible, they should be enforced by the least intrusive means available.

The Department of Health and Human Services guidelines cite two important principles designed to help ensure that those in quarantine are not placed at increased risk:

1. Quarantined individuals will be closely monitored in order to detect earliest onset of symptoms and separation from those who are well.
2. Persons in isolation will be among the first to receive any disease-prevention interventions.

In addition, the HHS plan recommends that they should be provided with all needed support services, including psychological support, food and water, and household and medical supplies.

Rights restrictions will only be enforced when directed by public health or other medical professionals.

Quarantine and isolation are the most complex and controversial public health powers. Given that they involve a significant deprivation of an individual's liberty in the name of public health, quarantine and isolation expose the tension between the interests in protecting the health of the community and the civil liberties of individuals, such as privacy, non-discrimination, freedom of movement, and freedom from detention. Any rights restrictions such as voluntary isolation or quarantine will be approved by Phoenix leadership and may include the Human Rights Committee.

SECTION 9 SUPPLIES AND STOCKPILES

Access to essential supplies may be disrupted. Phoenix will maintain a two-week inventory of PPE, as available from medical supply agencies.

FOOD / PERSONAL ITEMS

Phoenix will maintain at a minimum a three-day inventory for current census of food and water and other medical supplies, such as incontinent care products. Ideally a two-week inventory of foods should be maintained, if feasible. Canned foods that have a long storage life and need little or no cooking are recommended. Meat products, fish or beans, soups, broths and stews, fruits and fruit juices, vegetables, canned (or powdered) milk, are among good supply choices.

For COVID-19, we do not expect the utilities (electrical grid & water) to be impacted, so frozen foods are an option, too. Other recommended foods are peanut butter, jelly, crackers, nuts, trail mix, dried fruits, granola bars, bouillon cubes, and staples like sugar, salt, pepper. (Keep in mind you may need to include some special foods for individuals on special diets.)

Water and liquids. It is suggested to have plenty of fluids on hand, such as bottled water and supply of fluids with electrolytes, such as Pedialyte or Gatorade. Minimum water is one gallon per person (project staff needs as well). Again, the water utilities probably will not be impacted but you will need drinks with electrolytes for hydration of individuals that may be infected.

MEDICATIONS

Phoenix staff should order as much medication as allowed. Typically, a 30-day supply is provided. Individuals will want to have a minimum of a 14-day supply of any prescription medications. Preferable

up to a 60-day supply for this event if allowable. Insurance may not allow this. You may also want over-the-counter pain relievers, antacids, cough and cold medicines, and vitamins stocked.

PERSONAL PROTECTIVE EQUIPMENT

Each location will provide an adequate supply of personal protective equipment (PPE) to staff, and persons supported as needed and requested. The PPE must always be readily available and accessible to staff during suspected outbreak, heightened surveillance and declared outbreaks.

- There will be a 14-day stockpile of PPE available as allowed by distribution networks.
- The Agency will closely monitor the use of supplies and ensure adequate replenishment of PPE stock is done routinely. Education and training will be provided on the proper use and application of PPE in the regular influenza season and enhanced training and monitoring during pandemic influenza outbreak. The goal of the training is to increase the safety of the work environment, promote Person Supported safety through proper use of PPE and hand hygiene, reinforce safe practices and limit the transmission of Infection.

Appendix 8: Putting on and removing PPE's

All employees receive training in proper donning and removal of PPE, via video and written instructions

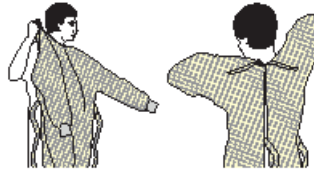
<https://www.youtube.com/watch?v=t1lxq2OUy-U>

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



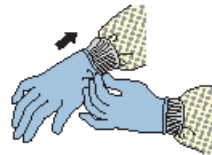
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



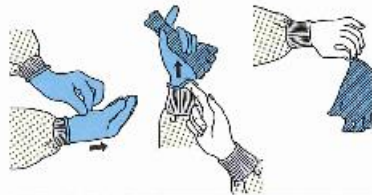
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

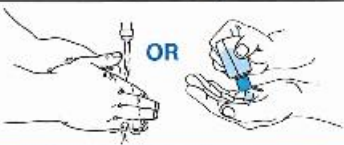


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



020264146

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

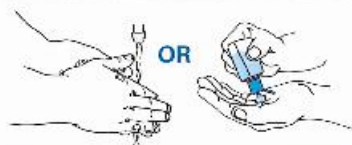


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE



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3/26/2020

Updated COVID 19 Planning Guidelines

3/26/2020	Topic	Page
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SECTION 1A INFECTION CONTROL

Disinfecting –

APD & Managers will enforce the importance of disinfecting procedures. This is extremely important as we do not want to compromise the health of the individuals we support or the staff as this can be catastrophic for all involved. The following schedules have been implemented for cleaning and disinfecting. All schedules will be filed in the COVID 19 Record Book.

Home Cleaning Schedule (Manager please assign daily)

- Implement: Environmental and Equipment Cleaning of surfaces using EPA registered, disinfectant to frequently touched surfaces in the home, **clean after each use (All personnel)**:
 - door knobs (Three times daily)
 - phones, (after each use)
 - cell phones, (after each use)
 - Wheelchairs (Nights)
 - tabletops, (Three times daily after meals or craft activities)
 - computers (after each use)
 - refrigerator-freezer handles (Three times daily)
 - Countertops (Before and after meal preparation)
 - toilet handles (After each use)
 - toilet seats (After each use)
 - sink handles (After each use)
 - copier/fax machines, (After each use)
 - medication cart, (After each use)
 - washing machines and dryers after each use (wipe down knobs and buttons/controls and handles)
 - TV Remote Controls (in resident rooms complete daily at bedtime)
 - Alexa Units (after touch, or daily on nights) After each use
 - Light switches (Each shift)
 - Clean tabletop services after any activities
- Clean tabletops, kitchen counters, and office services (computer desks) after each meal (Three times daily) and snack times. Clean all door handles in the home at this time as well, every handle to include exterior handles for garage, front door and porch door. Light switches
 - Staff to be assigned this in one to one book:
 - (i) Breakfast: _____
 - (ii) Morning Snack: _____
 - (iii) Lunch: _____
 - (iv) Afternoon Snack _____
 - (v) Supper: _____
 - (vi) Bedtime Snack: _____
- **Company vans** wipe interior and exterior door handles, steering wheel, shift control, radio after use of the van, upon returning back to group home.
- Those in isolation with confirmed COVID-19 clean room once daily, and after 14 day isolation implement deep clean of room.
- Clean the exterior bedroom door 3 times daily, and clean door handle after leaving room.

- **Confirmed COVID-19 individuals:** Laundry: dirty clothes to be double bagged, caregiver to place double bag outside room. Remove PPE and then replace new PPE to bring dirty laundry to washing machine, wash clothes in hot water separate of others.

Central Office Cleaning Schedule

- Implement: Environmental and Equipment Cleaning of surfaces using EPA registered, disinfectant to frequently touched surfaces in the office.
- **ALL OFFICE STAFF – CLEAN AT LEAST 2X PER DAY**
 - Your office phone
 - Your cell phone
 - Your mouse
 - Your keyboard
 - Your desktop
 - Your file cabinet or wall cabinet handles
 - Your desk chair armrests
- **SPECIFIED OFFICE STAFF TO CLEAN THE FOLLOWING 4X/PER DAY**

Monday – Friday, Administrative Assistant will disinfect common areas in use at central office.

 - front and back entry door handles, inside and out
 - front desk countertop
 - applicant table, applicant chair back and armrests
 - arm rests of couch and entry chairs
 - office and bathroom doorknobs, inside and outside
 - common phones
 - Conference room – tables, chair backs/arm rests, light switches, countertop, micro, fridge/freezer handles, dishwasher, coffee pot handle, cupboard door handles, remotes, keyboard, mouse
 - Training center – tables in use, chair backs/arm rests, light switches, computer equipment
 - All pump bottle handles for sanitizer and soaps
 - Bathrooms (3) – light switches, stall door locks, toilet handles and seats, counter, faucet handles
 - Copier buttons, postage machine – spray on rag and wipe
 - 2 credenza tops, handles
 - Culligan water dispenser handles, fridge handle

PSC Company vehicles: Mary will wipe down company vehicles stored at 330 each morning, and provide direction for users to do this after each use at both sites.

SECTION 2A Employee & Visitor Symptom Screening & Visitor Guidelines

3/18/2020 Implement Symptom Screening at Homes and Central Offices Employees and Visitors

3/19/2020 All residents will begin symptom screening for sore throat, cough, and vital signs to include temperature, pulse, respirations and oxygen saturation (O2 sats) twice daily. Information will be stored in Carasolva. Call medical

Employee Name	Time	Temperature If above 100.0 employee cannot work	Cough Present Yes or No	Shortness of Breath Yes or No	Soreness of throat Yes or No	Facemask for work Yes or No	Comments If travel outside the United States in the last 14 days with any symptoms must consult with their physician.

professional/nurse if cough, sore throat, temp over 100.0, or shortness of breath with O2 sats that are beginning to trend lower for the person and pulse begins to elevate.

Employee Symptom Screening Sheet

Before each start of shift, employees must be evaluated for the following symptoms. For employees who have a temperature greater than 100.0 with other symptoms they may not work. Employee must call their physician for telephone screening or may call MDH at 651-201-5414 for consultation and questions. Employee must have clinic fax over return to work slip before being able to return to work. For other symptoms present without fever, employee must wear a face mask during shift.

Date _____ House _____

We've gotten direction from MDH and CDC on employees returning to work. With our health care systems full, they are not seeing non-critical patients any longer. This will be our protocol going forward:

- Employees with a fever of 100.0 will not be able to continue to work and must be released immediately. The employee must be off work for at least 7 days and be 72 hours fever free before being able to return to work (without the aid of fever reducing medicine). **5.29.2020 Employee must be off work for 10 days since onset of symptoms and 72 hours fever free before being able to return to work (without the aid of fever reducing medicine).**
- While off, employees will be asked to self monitor their temperature at home
- Upon return, employees will be asked to wear a mask while at work for an additional 7 days (this is out of an abundance

Visitor Name	Time	Temperature If above 100.0 visitor cannot visit	Cough Present Yes or No	Shortness of Breath Yes or No	Soreness of throat Yes or No	Facemask for work Yes or No	Comments If travel outside the United States in the last 14 days with any symptoms must consult with their physician.

of caution, it has not been mandated). **4.2.2020 Masks must be worn at all times.**

Visitor Symptom Screening Sheet

Before visitors enter facility they must be evaluated for the following symptoms. For visitors who have a temperature greater than 100.0 with other symptoms they may not visit. For other symptoms present without fever, visitor must wear a face mask during shift.

Date_____ House_____

3/19/2020

New Visitor guideline restricts all visitors into Phoenix homes.

Family members are allowed to take individuals to their own homes. If family members make such a request, staff should follow these guidelines to limit contact:

- a. Tell family the individual should not go out if individual is experiencing symptoms or if anyone in the family home is experiencing symptoms.
- b. If neither of the above, the family should call when they arrive, but wait outside.
- c. Staff bring the individual and belongings out to family
- d. Upon return, family calls and staff meet them outside.
- e. Staff complete symptom screening with individual upon return to the home.
- f. If the person exhibits symptoms, notify nursing and encourage individual to wear mask and stay in room. Staff should wear PPE when in contact with individual.

March 27, 2020

Visiting Guidelines for Residential Settings Updated

Governor Waltz implemented Stay at Home Orders for the State of Minnesota and the Minnesota Department of Health recommends no visitors in group living settings that may house individuals with high risks and underlying health conditions. The Phoenix Residence, Inc. continues to restrict all visitors. We will continue to implement virtual visits as described below.

June 17, 2020

Visiting Guidelines for Residential Settings Updated

Outdoor Visitation Guidance for Long-term Care Facilities See pages 39-40

Virtual Visits: Encouraged and recommended instead of taking individuals out of the home. Phoenix is facilitating virtual visits with the following technology:

1. Facetime

- a. All of our locations have Facetime on the iPads and is a relatively simple approach for families who utilize Apple products.

2. Skype

- a. We will download the Skype app on all iPads and set up accounts for all houses and invite family members who don't have apple products to sign up for Skype and share their information with us.

Facetime instructions:

1. All calls being made on the Facetime App need to be initiated from the Phoenix Residence iPad because of how they are set up. If people try to call the iPad from an outside number it may ring on all Phoenix iPads.
2. Staff member should open the Facetime App on the iPad.
3. In the top right corner there is a +. Tap on the +.
4. Enter in the phone number of the person you are attempting to call.
5. You'll see the options for Audio and Video appear on the screen, Tap Video.
 - a. Once you tap Video, the call will be placed. The person you are calling will have to answer the phone on their device.
6. Once on the call you can adjust the following:
 - Volume: Use the buttons on the side to adjust volume.
 - Mute: Tap the Microphone to mute the microphone if needed.
 - Switch Camera: The Camera icon will allow you to switch between the cameras on the front and back of the iPad.

End Call: Tap to end the call.

Skype set up instructions:

1. When a family member doesn't have an Apple product, Facetime will not work. We will need to use another service to facilitate the call. For these families, Phoenix will use Skype and ask that people set up a free account.
2. First download Skype to your iPad.
 - a. You'll need to coordinate with Alan to get this app on your device as it'll ask you to verify the account password and send a code.
3. Next go online to set up an account.
 - a. When prompted to put in your email. Click on the "Get a new email address" link.
 - b. Set up a XXXX@outlook.com as the email. Use your house name.
 - i. Example: Janetcourt@outlook.com
 - ii. You might need to add house or numbers in order to complete as some email addresses might already be taken.

SECTION 3A PROGRAMS / ACTIVITIES / MEETINGS

Social Distancing and Group Size Limitations - CDC Guidelines:

- Given new developments with COVID-19, Phoenix is adhering to "Social Distancing" as recommended by Center for Disease (CDC). This means we are directing our staff to limit Phoenix community activities to only essential activities. We will work with our day programs and other community partners to assure that they are taking the required steps to help people remain safe.
- Many day service providers have announced closures or individuals and their families have decided to discontinue attendance at the day programs at this time.
- Non-urgent medical appointments will be cancelled and rescheduled for a later date.
- The folks we support are considered to be at higher risk due to age and/or underlying health issues. We think it is best to comply with recommendations as we progress through the pandemic.
- Please note the above stated actions mean some community activities that individuals typically participate in will not be facilitated given the risk of being exposed to the virus. We think it is best to be proactive. We will focus on having fun at home!
- We have developed a list of things people can do including going for a walk, a drive, shopping for personal items as allowed with a staff, games and movies at home, exercise programs in the home, crafts and spa days practicing social distancing.

3/12/2020 All community activities suspended. Non-critical medical appointments will be cancelled and rescheduled.

Day Program Participation

- Phoenix will work with our community partners to assure that infection control practices are being implemented.
- Phoenix is leaving the participation to participate in day programs up to the individual and or their guardian.
- Some providers of day programs have decided to close until further notice. We will inform individuals as we become aware of any closures.
- Phoenix recommends that everyone follow the recommendations of the experts and licensing agencies with regard to community activities.

Meals

- Family style dining will be suspended due to social distancing requirements. Individuals must spread out during mealtimes or meals may be staggered so that everyone is not eating at the same time to facilitate the required distance between people.
- We will purchase enough food so employees can eat while at work.

SECTION 4A QUARANTINE GUIDELINES

Shelter in Place

WI has put into effect the shelter in place. Provided a letter for Phoenix employees who live in Wisconsin.

3/28/2020 State of MN has enacted a Stay at Home order, directing no travel except for essential purpose, such as health care workers, groceries, gas, etc. Letter provided for Employees to verify essential service provider.

Quarantine Guidelines – If directed by the MDH

1. This will be implemented for confirmed cases – we will house the person off site with a staff for the 14 day period. This would be the best practice to keep the individuals and others from risks of continued exposure.
2. Several staff have indicated that they would accept a Quarantine assignment – this would mean we would pull them off the floor of a house.
3. Staff must pack a bag and be ready to stay at the location with the staff
4. Identify the belongings and equipment individual will need to have with them.
5. Manager and APD will be responsible for assuring the individual has all necessary supplies, equipment, groceries and PPE for the staff for the duration of the stay.
6. Staff must document in Therap every hour activities and condition– and must maintain contact with the person’s family several times per day. If there is a change in condition they must call 911.
7. Rooms will be 1 or 2 bedroom suite – staff must sleep in separate room and must awake to attend to the needs of the person with every two hour checks during the night hours.
8. For those staff members providing services with those presenting some symptoms. Consider wearing full PPE when providing direct contact services.
9. We will not initiate escalated protocols until directed by MDH regarding a confirmed contact.

See HOTEL INFORMATION

AmericInn Hotel & Suites

Could use the 1 King/1 Queen two bedroom suite. No accessible rooms listed for availability. Adjoining rooms available upon request.

15000 Glazier Ave.

Apple Valley MN

952-431-2800

AmericInn White Bear Lake

No Multi room suites but lists Connected rooms available upon request. Accessible room listed as available.

4675 White Bear Parkway

White Bear Lake, MN

651-429-7131

Best Western White Bear Country Inn

No Multi room suites or adjoining rooms listed. King Suite does have a separate room from the sitting area which has a sofa bed.

4940 Hwy 61 North
White Bear Lake, MN
651-429-5393

Extend-A-Stay

Plenty of room availability at multiple locations. No adjoining rooms available. All single room spaces.

3384 Norwest Ct.
Eagan, MN 55121
651-681-9991

3015 Denmark Ave.
Eagan, MN 55121
1-888-978-6498

Country Inn & Suites- Roseville, MN

All single room availability. Doesn't list adjoining rooms.

2905 Snelling Ave. N.
Roseville MN
651-628-3500

SECTION 5A COMMUNICATIONS RE: COVID 19 UPDATE

Communication

1. Virtual visits – Facetime and Skype are options for family members. Each home will have instructions for process.
2. Employee Meetings – Management and department meetings must be held via Microsoft Teams. No in-person meetings will be held, as this poses a risk with management and department staff visiting more than one home.
3. Staff Meetings – can be held via conference call. All managers have been given instructions for conference call procedure.
4. Alert Media
 - We've contracted with AlertMedia to help us facilitate mass communications. You should receive a text message and this email from them. If you do not get both, please let Alan know so I can review the information we have in the system.
 - We'll be communicating updates to our staff, families, and case managers through this as well. Information from the IDFs was used for the family contact info. There is an opt out people can select if they don't want text/email. I'll be testing this today to ensure it is working properly.
5. Website—The Event Page on the Phoenix website houses Phoenix COVID 19 updates.
6. Staff and Family updates
7. Conference Call or Team meetings – will be called on emergency bases as needed
8. Utilization Review and HRC: Kim Human, DON and Alan Berner, VPCS will evaluate how we can facilitate these meetings remotely. Either through Conference Call or Microsoft Teams.

SECTION 6A SUPPLIES, FOOD, GOODS AND SERVICES

Supplies, Food, Goods and Services

- Maintenance staff assisting with getting necessary supplies to houses. Will not enter homes for delivery of supplies
- Only health and safety work orders are being completed until further notice
 - Managers to call maintenance directly for these items.
- All contractor work is on hold until further notice, unless health and safety issue
- Managers are ordering in advance wherever possible. Even if noted “out of stock” proceed with order and attempt to source item from another supplier.
- Have purchased a freezer to store additional supply of frozen foods in the event a home is unable to obtain.
- PSC coordinating food and supply packs to run out to housing support clients.
- We purchased shop rags to use when disinfecting surfaces.
- We have a supply of masks at the office, approximately 4000.
- Engaged people to make reusable masks and isolation gowns.
- **Managers: Secure essential PPE, gowns and masks in the manager office. Only leave out what might be necessary.**
- **Managers: Need to inventory our Tylenol and cough syrup. Kim has ordered in bulk to the office. Will not be able to use Ibuprofen if someone contracts COVID-19.**
- Air mattresses, sheets/bedding have been purchased for each site in the event staff isolate on site based on recommendation from MDH. Phoenix will not require employees to stay on site. Some staff have volunteered to stay in the event MDH makes this recommendation.
- Paper products, cleaning and disinfecting, sanitizing products are being stored on site and at the central office. Managers notify central office when additional supplies are needed and maintenance staff deliver.

SECTION 7A HIRING, STAFFING AND WORKING REMOTELY

Hiring/Training of staff

- Hiring will proceed
- Do virtual interviews
- No Realistic Job Previews
- Phoenix will be transparent with applicants/new hires about our protection/response to COVID 19
- Phoenix will adjust New Employee Orientation so everything can be done on site at the home and avoid the main office.
- Ceallaigh will check to ensure the Mantoux checks will ensure these continue to go.

Working Remotely

- Nurses are to suspend site visits wherever possible. Utilize virtual visits.
- All nursing staff and other management staff have access to Microsoft Teams
- Nursing staff will only conduct on site visits for procedures which cannot be delegated.
- Med training

1. Developing a video to facilitate med training and will need to figure out a way to check staff off on meds
 2. DON will start working on that process now. For the time being we'll rely on our established med passer.
- Telecommuting policy identifies expectations and procedures for working remotely and applies to both PRI/PSC employees.
 - Staff Development has developed Vulnerable Adult training with voice over set up.
 - Other non-critical training sessions will be suspended until further notice.

Staffing & New Legislation Implications

1. Managers must continue to check in with our staff to make sure they are doing ok.
2. FMLA – Employees must follow same rules as previous in making request
3. Ill staff with a fever – may not report to work they must notify their health care provider. We will follow MDH guidelines when employee displays symptoms of COVID 19: **Follow Test-based on Non-test-based strategy**

Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

Use one of the below strategies to determine when HCP may return to work in healthcare settings

- A. **Test-based strategy.** Exclude from work until
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)[1]. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).
- B. **Non-test-based strategy.** Exclude from work until
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 7 days have passed *since symptoms first appeared*

If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in [CDC's interim infection control guidance](#) (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

4. Families First Coronavirus Response Act

- We are unclear if DSP and Disability Services will be considered Health Care Professionals – which are excluded.
- **Childcare** – unique to Minnesota a provision was made to assure that health care workers continued to have child care the two weeks that Minnesota – used as planning time to get prepared for remote learning.
- Staff indicating that they were off the first two weeks due to child care – should bring in documentation indicating that the school based childcare was not available to them. This only applies to day shift employees as eve shift employees should not be impacted by childcare related to school closing

5. Contracts with Day Program Providers

- We have entered into staffing arrangements with several DT&H providers – or have hired their staff directly, so we can easily use their staff as a resource
 - Rise
 - Merrick
 - MSS
 - TSE
 - PAI

SECTION 8A ADMISSIONS

Open Beds There are no reports of exposure of any of our sites so Phoenix will can move forward with admissions

- Required H&P is not happening at this point in time. We are getting a copy of the previous H&P and getting Dr.s to sign off or provide written updates where needed.

4.22.20 Admission Procedures during COVID-19

Best Practice for Admission to Residential Home during COVID-19 Pandemic.

1. Communicate admissions procedures to the individual and or guardian to outline how the pre admission and admission activities will be handled and requirements that would need to be met before the admission can take place.
2. Inform individual of the no visitor policy that is in place due to CDC and MDH COVID-19 Guidelines. Request notification requirements and how the individual and family would like to maintain ongoing connection for the time being until CDC and MDH guidelines are updated.
3. Inform the individual and family of the types of activities that will be implemented to help individuals remain active.
4. Inform individual and families of procedures in place to help individuals remain safe in the home: disinfecting and sanitizing procedures, receiving mail and deliveries, employees wearing PPE, strategy to limit exposure by 1:1 assignments and limiting contact in the home, staffing limiting work to no more than two sites in a 14 day period.
5. Individuals require a completed history and physical update by their primary physician- An in-person visit is not required but an update of the persons last physical is completed within the last 12 months.
6. Individual would need to be free of respiratory illness and must pass symptoms screening to move forward with an admission at the time of admission.
7. Individuals with an active COVID-19 diagnoses will not be admitted until they have tested negative for COVID-19 and have recovered for at least 14 days.
8. All pre admission activities will be coordinated via remote or virtual meetings and electronic transmission of information between parties. A virtual tour of the home will be conducted including room dimensions.
9. Set up Therap and other electronic records.
10. Communicate Medical Assistance and Rep Payee information to Financial Services Department.
11. Coordinate with maintenance preparing the room for the new admission.
12. Secure necessary equipment per the individuals needs and set the room up with assistance of maintenance as needed.

Day of admission moving of items must be coordinated by the individual and or their guardian.

- Phoenix is not able to assist with moving of large furniture and other equipment. We can provide resource information for moving help if needed.
- Family members can help with the move. They must wear PPE and complete symptom screening prior to entering the home. Phoenix is not able to provide PPE for family members.
- Social distancing must be maintained during the move.
- Symptom screening must be completed for any individuals helping with the move.

- Other individuals in home will maintain social distancing from individuals assisting with the move.
- Family members or others will not be able to remain in the home after items have been moved in and arranged in the person's room.
- The admission meeting will be conducted remotely prior to the physical move.

SECTION 9A MEDICATIONS

Sheltering in place can increase anxiety of individuals served. Some pharmacies have altered hours based on the Stay at Home order within the state of MN. Managers will take the following steps to assure that PRN medications are on site and in adequate supply. Routine medications are delivered per the cycle fill schedule.

1. Check PRN medication supply to make sure that there is enough in stock to have at least a one week supply. If you do not have a one week supply, order it from pharmacy.
2. If the pharmacy states they do not have a refill order, call and email the nurse and your APD to secure a new order from the physician.

SECTION 10A COVID PLANNING CHECKLIST

See Coronavirus Disease 2019 (COVID 19) Preparedness Checklist for Nursing Homes and other Long Term Care Settings

SECTION 11A USE OF PPE

4.2.20 All Employees have been instructed to wear masks during their shift.

- Employees can wear non-manufactured (homemade) masks if individuals are not displaying respiratory symptoms.
- Employees must wear manufactured masks if individuals are displaying respiratory symptoms.
- Homemade and manufactured masks can be re-worn if not soiled, wet or damaged.
- Homemade masks can be washed in hot water and dried on high heat.
- Between uses, masks should be folded with outside inward, be placed in a brown paper bag, labelled with staff name.
- Staff should wash hands prior to putting mask on and before taking mask off.
- Managers are including quantity of all PPE equipment at their site in the weekly report to Administrative team.

4.2.20 All employees have been instructed to wear full PPE for Nebulizer treatments, as this is considered an aerosolizing procedure. This includes the use of gloves, gown, mask, and goggles.

4.3.20 To preserve PPE, staff have been instructed to wear homemade (non-manufactured) masks and homemade gowns (when gowns are necessary for aerosolizing procedures).

SECTION 12A PROTOCOLS FOR STAFF WHO HOLD OTHER EMPLOYMENT

4.6.20 For Phoenix employees and Temp Agency staff who work at other facilities/hold other employment

The Occupational Health Committee (OHC) met on 4/6/20 to discuss protocols for employees who may hold 2nd jobs in

facilities or other places of employment who have a confirmed case of COVID 19.

- There is no CDC or MDH specific guidance on this issue yet.
- We will ask employees if they work at another care facility
- We will ask employees to alert us and to acknowledge issues of suspected or confirmed cases of COVID-19 at other locations.
- We will ask affected employees to complete a short survey to determine risk level based on recommendations from CDC, including whether employee was wearing source control PPE, worked directly or indirectly with positive COVID 19 case, etc.
- Depending on responses, OHC will make a determination as to whether employee should report for duty.
- Phoenix will not use any Temp agency staff that are working at a facility with confirmed COVID 19 cases. Temp Agency has protocols in place for staff to alert them of any potential exposure as well any symptoms that they might be experiencing themselves.
- Phoenix will continue with current symptom monitoring.

SECTION 13A

SYMPTOM SCREENING UPDATE

4.7.20 The symptom screening document has been updated per recommendations of the MDH. See next page. Additionally, Phoenix will complete an employee questionnaire if employee reports proximity to suspected or Confirmed case of COVID-19.

See Updated Employee Individual Symptom Screening form below. (4/29/20)

Employee questionnaire for those who have been around anyone with respiratory illness either at home or in another workplace. Employees are asked to alert Phoenix Management and to acknowledge issues of suspected or confirmed COVID-19 at other locations to decrease risk of transmission to individuals supported at Phoenix or other Phoenix employees.

Employee Name: _____ Email: _____ Phone: _____
Date: _____

1. Have you been around anyone with respiratory issues in your workplace or in your home? Yes or No
 - a. Please circle individual with respiratory issues: Individual in home Resident Health Care Worker
 - b. Date of last contact with individual: _____
2. Did you wear source control at your other place of employment? Yes or No
3. Has there been a confirmed case of COVID-19 at your place of employment? Yes or No
4. Did you work with the person (resident or health care worker) directly or not? Yes or No
5. Circle PPE utilized if you worked with the person? Facemask (manufactured or handmade) Gown Gloves Eye Protection
(If full PPE is not utilized, this person should be ordered off for the 14 day period)
6. Has there been a suspected case of COVID-19 at your place of employment? Yes or No
7. Did you have direct contact with the person or not? Yes or No
8. Did the suspected case of COVID-19 at your place of employment wear a face mask? Yes or No
 - a. Did you wear full PPE (gown, gloves, eye protection, facemask)? Yes or No

- b. Employees working with someone of suspected COVID-19 for another agency who was not wearing PPE should not come to work until test results come back, if negative results then employee may return to work.
 - c.
- 9. Have you been contacted by the MDH regarding need to be tested for COVID-19? Yes or NO
- 10. Are you experiencing any symptoms of COVID-19? Fever above 100.0 yes or no, cough yes or no, shortness of breath yes or no, sore throat yes or no, loss of taste or smell yes or no.

Employee /Vendor Symptom Screening Sheet

Before each start of shift and end of each shift, employees must be evaluated for the following symptoms. For employees who have a temperature greater than 100.0 with other symptoms they may not work. Employee must call their physician for telephone screening or may call MDH at 651-201-5414 for consultation and questions. Employee must have clinic fax over return to work slip before being able to return to work. For other symptoms present without fever, employee must wear a face mask during shift.

Date _____ House _____

Employee questionnaire who have been around anyone with respiratory illness either at home or in workplace. Asking employees to alert us and to acknowledge issues of suspected or confirmed cases of COVID-19 at other location is important.

Employee Name: _____ Email: _____ Phone Number: _____

Today's date: _____

	Employee/Vendor Name and Email Address, and Phone Number	Time	Temperature If above 100.0 employee cannot work	Cough Present Yes or No	Shortness of Breath Yes or No	Soreness of throat Yes or No	PPE Utilized Circle	Have you been around anyone with respiratory issues in your workplace or in your home?	Comments:
Start				Yes No	Yes No	Yes No	Facemask Homemade/ Manufactured Gown Eye protection	Yes No If yes, fill out separate questionnaire, and call manager	
End				Yes No	Yes No	Yes No	Facemask Homemade/ Manufactured Gown Eye protection		
Start				Yes No	Yes No	Yes No	Facemask Homemade/ Manufactured Gown Eye protection	Yes No If yes, fill out separate questionnaire, and call manager	
End				Yes No	Yes No	Yes No	Facemask Homemade/ Manufactured Gown Eye protection		
Start				Yes No	Yes No	Yes No	Facemask Homemade/ Manufactured Gown Eye protection	Yes No If yes, fill out separate questionnaire, and call manager	
End				Yes No	Yes No	Yes No	Facemask Homemade/ Manufactured Gown Eye protection		

SECTION 14A END OF LIFE CARE: COVID and NON-COVID RELATED

4.23.2020 The following best practices have been developed for end of life care, COVID and NON COVID related.

Best Practice COVID-19 Compassionate Visitor Guidelines

Due to the risk of infection to the highly contagious Coronavirus Phoenix cannot guarantee there will be no risk of infection to individuals who wish to visit a loved one who has been diagnosed with COVID-19.

Phoenix will take extra precautions in an effort to protect visitors and staff working with individuals in –end- of- life- situations. “Informed Decisions” about visitation in compassionate care situations are to be made on a case-by-case basis with full knowledge of the risk involved for individuals wishing to visit.

Phoenix will provide information from The Center for Disease Control and the Minnesota Department of Health related to COVID-19 to all visitors.

All visiting is restricted with the exception of visits to say good bye to loved ones as stated above. Please note if there is an outbreak and the Minnesota Department of Health prohibits even compassionate visiting Phoenix will adhere to these guidelines.

If the MDH allows visiting in these circumstances no more than two people will be allowed to visit at a time. Visitors may be asked to remain outside so that we can control the number of people in the home or area at one time.

Visitors must complete symptom screening for fever or respiratory symptoms and complete hand hygiene requirements immediately at the front entrance. Visitor must wear PPE: face mask and gloves during the visit. Phoenix will not provide PPE. Phoenix staff must maintain social distancing. If symptoms are present, visitor will not be allowed inside the home. Visit can be completed virtually or by the individual’s closed window from outdoors.

Visitors will not be allowed to touch the individual in our care nor should they touch any surfaces in the visiting area.

The room must be sanitized by Phoenix staff after each visitor, and before new visitors are allowed in the room.

Visitors will be advised to monitor for signs and symptoms of respiratory infection for at least 14 Days after exiting the home and must contact their health care provider immediately if they experience any signs and symptoms.

All visitors must indicate their contact information (first and last name, email address and phone number) on the symptom screening document that they complete before the visit.

Required paper work in the event of death shall be coordinated by no more than two people on site , to include one manager and one nurse; any other support shall be provided remotely using online tools.

Best Practice End of Life Care not related to COVID- 19

There are no known cases of COVID-19 in the home and the individual that passed away was not diagnosed with COVID-19.

Due to COVID-19 Pandemic visitors have been restricted in all group living environments where people live that may have underlying conditions which puts them at a higher risk of contracting the coronavirus.

These guidelines have been developed for individuals in our care who are receiving end- of –life- care for diagnoses unrelated to COVID-19; families and friends may wish to pay respect to their loved ones. Phoenix will allow compassionate care visits while maintaining Center for Disease Control and the Minnesota Department of Health guidelines.

No more than two people will be allowed to visit at a time. Visitors may be asked to remain outside so that we can control the number of people in the home or area at one time.

Visitors must complete symptom screening for fever or respiratory symptoms and complete hand hygiene requirements immediately at the front entrance. Visitor must wear PPE: face mask and gloves during the visit. Phoenix will not provide PPE. Phoenix staff must maintain social distancing.

Visitors will be advised to monitor for signs and symptoms of respiratory infection for at least 14 Days after exiting the home and must contact their health care provider immediately if they experience any sign and symptoms.

All visitors must indicate their contact information on the symptom screening document that they complete before the visit.

The room must be sanitized by Phoenix staff after each visitor, and before new visitors are allowed in the room.

Required paper work in the event of death shall be coordinated by no more than two people on site, to include one manager and one nurse; any other support shall be provided remotely using online tools.

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MDH DEPARTMENT OF HEALTH

Crisis Standards of Care

PERSONAL PROTECTIVE EQUIPMENT FOR

LONG TERM CARE | SKILLED NURSING FACILITIES | ASSISTED LIVING | OTHER NON-ACUTE CARE FACILITIES FOR COVID-19

Healthy staff

(In addition to CDC Standard Precautions <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>)

***GREEN COLUMNS:** Assign dedicated staff to these patients and give them 1 surgical mask per shift per day. Do not switch between cloth/alternative mask and surgical mask. Wear surgical mask all day for both PPE (personal protective equipment) and source control.

****AQUA COLUMNS:** These staff should not be near or interact with residents requiring surgical masks to conserve PPE.¹

CONDITION OF RESIDENT/CLIENT

	*Positive for COVID-19? Symptomatic or asymptomatic Isolate to room. Wear cloth/alternative mask as tolerated.	*Exposed to COVID-19 Symptomatic Isolate to room. Wear cloth/alternative mask as tolerated.	*Exposed to COVID-19 Asymptomatic Can leave room in cloth/alternative mask as tolerated. Keep 6 feet from others.	*Diagnosed with other respiratory illness requiring droplet precautions (e.g., influenza) Symptomatic or asymptomatic Isolate to room.	**Diagnosed with MDRO requiring contact precautions Open wounds, uncontained secretions, incontinent diarrhea, or colonized with other MDRO (not MRSA or VRE) Isolate to room.	**Colonized with MDRO requiring contact precautions Colonized with MRSA or VRE without open wounds, secretions, diarrhea, etc. Can leave room in cloth/alternative mask as tolerated. Keep 6 feet from others.	**Healthy (COVID-19 not suspected) Asymptomatic Can leave room in cloth/alternative mask as tolerated. Keep 6 feet from others.
DIRECT PATIENT CARE (Wear cloth/alternative mask at all times.)	- Surgical mask ² - Gown - Gloves - Eye protection	- Surgical mask ² - Gown - Gloves - Eye protection	- Surgical mask ² - Gown - Gloves - Eye protection	- Surgical mask	- Cloth/Alternative mask - Gown - Gloves	- Cloth/Alternative mask	- Cloth/Alternative mask
ENVIRONMENTAL SERVICES (Enter room only when necessary. Direct care staff can remove garbage, etc.)	- Surgical mask - Gown - Gloves - Eye protection	- Surgical mask - Gown - Gloves - Eye protection	- Surgical mask - Gown - Gloves - Eye protection	- Surgical mask	- Cloth/Alternative mask - Gown - Gloves	- Cloth/Alternative mask	- Cloth/Alternative mask
DIETARY SERVICES (Wear cloth/alternative mask at all times.)	Do not enter room. Direct care staff can deliver meal.	Do not enter room. Direct care staff can deliver meal.	Do not enter room. Direct care staff can deliver meal.	Do not enter room. Direct care staff can deliver meal.	Do not enter room. Direct care staff can deliver meal.	- Cloth/Alternative mask	- Cloth/Alternative mask
PATIENT FACING RESPONSIBILITIES (Wear cloth/alternative mask at all times.)	Avoid/Do not enter room.	Avoid/Do not enter room.	Avoid/Do not enter room.	Avoid/Do not enter room.	Avoid/Do not enter room.	- Cloth/Alternative mask	- Cloth/Alternative mask

¹ These staff can wear eye protection such as goggles or wrap-around safety glasses when interacting with these patients. Do not wear disposable face shields.

² If no masks are available or there is extreme shortage, prioritize facemasks for positive COVID-19 patients. When no masks are left, Health Care Workers (HCW) and residents who can tolerate a mask at all times should wear a cloth or alternative mask.

³ Per CDC Guidance, fit-tested N95s or surgical masks can be worn in the direct patient care of a COVID-19 positive patient. N95s should be prioritized for aerosol generating procedures (AGPs). MDH is not providing N95 masks to any facility that does not conduct AGPs. Currently, OSHA has waived annual fit testing requirements for N95s. All health care workers must be fit tested in model available prior to use. MDH does not provide fit testing equipment.

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CRISIS PPE FOR LTC/SNF/ALF AND NON-ACUTE CARE FACILITIES

Exposed health care worker who is asymptomatic

(In addition to CDC Standard Precautions <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>)

***GREEN COLUMNS:** Dedicate these staff per shift and give 1 surgical mask per shift per day. Do not switch between cloth/alternative mask and surgical mask. Wear surgical mask all day for both PPE (personal protective equipment) and source control.

****AQUA COLUMNS:** These staff should not be near or interact with residents requiring surgical masks to conserve PPE.¹

CONDITION OF RESIDENT/CLIENT

	*Positive for COVID-19? Symptomatic or asymptomatic Isolate to room. Wear cloth/alternative mask as tolerated.	*Exposed to COVID-19 Symptomatic Isolate to room. Wear cloth/alternative mask as tolerated.	*Exposed to COVID-19 Asymptomatic Can leave room in cloth/alternative mask as tolerated. Keep 6 feet from others.	*Diagnosed with other respiratory illness requiring droplet precautions (e.g., influenza) Symptomatic or asymptomatic Isolate to room.	**Diagnosed with MDRO requiring contact precautions Open wounds, uncontained secretions, incontinent diarrhea, or colonized with other MDRO (not MRSA or VRE) Isolate to room.	**Colonized with MDRO requiring contact precautions Colonized with MRSA or VRE without open wounds, secretions, diarrhea, etc. Can leave room in cloth/alternative mask as tolerated. Keep 6 feet from others.	**Healthy (COVID-19 not suspected) Asymptomatic Can leave room in cloth/alternative mask as tolerated. Keep 6 feet from others.
DIRECT PATIENT CARE (Do not enter room. Wear surgical mask at all times for 14 days after exposure.)	- Surgical mask ³ - Gown - Gloves - Eye protection	- Surgical mask ³ - Gown - Gloves - Eye protection	- Surgical mask ³ - Gown - Gloves - Eye protection	- Surgical mask	- Surgical mask ³ - Gown - Gloves - Eye protection	- Surgical mask	- Surgical mask
ENVIRONMENTAL SERVICES (Enter room only when necessary. Direct care staff can remove garbage, etc.)	- Surgical mask - Gown - Gloves - Eye protection	- Surgical mask - Gown - Gloves - Eye protection	- Surgical mask - Gown - Gloves - Eye protection	- Surgical mask	- Cloth/Alternative mask - Gown - Gloves	- Cloth/Alternative mask	- Cloth/Alternative mask
DIETARY SERVICES (Do not enter room. Wear cloth/alternative mask at all times.)	N/A Direct care staff should take meal into room when performing other care.	N/A Direct care staff should take meal into room when performing other care.	N/A Direct care staff should take meal into room when performing other care.	N/A Direct care staff should take meal into room when performing other care.	N/A Direct care staff should take meal into room when performing other care.	- Cloth/Alternative mask	- Cloth/Alternative mask
PATIENT FACING RESPONSIBILITIES (Wear cloth/alternative mask at all times.)	Avoid/Do not enter room.	Avoid/Do not enter room.	Avoid/Do not enter room.	Avoid/Do not enter room.	Avoid/Do not enter room.	- Cloth/Alternative mask	- Cloth/Alternative mask

¹ These staff can wear eye protection such as goggles or wrap-around safety glasses when interacting with these patients. Do not wear disposable face shields.

² If no masks are available or there is extreme shortage, prioritize facemasks for positive COVID-19 patients. When no masks are left, Health Care Workers (HCW) and residents who can tolerate a mask at all times should wear a cloth or alternative mask.

³ Per CDC Guidance, fit-tested N95s or surgical masks can be worn in the direct patient care of a COVID-19 positive patient. N95s should be prioritized for aerosol generating procedures (AGPs). MDH is not providing N95 masks to any facility that does not conduct AGPs. Currently, OSHA has waived annual fit testing requirements for N95s. All health care workers must be fit tested in model available prior to use. MDH does not provide fit testing equipment.

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CRISIS PPE FOR LTC/SNF/ALF AND NON-ACUTE CARE FACILITIES

Exposed health care worker who is symptomatic

Do not work until all of the following are met:

- 14 days have passed since exposure to COVID-19 positive person AND
- Return to work criteria are met for sick healthcare workers: <https://www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf>

Family and clergy

	Positive for COVID-19 ¹ Symptomatic or asymptomatic	Exposed to COVID-19 Symptomatic (suspected)	Exposed to COVID-19 Asymptomatic	Diagnosed with other respiratory illness requiring droplet precautions (e.g. Influenza) Symptomatic	Diagnosed with MDRO requiring contact precautions Open wounds, uncontained secretions, incontinent diarrhea or colonized with other MDRO (not MRSA or VRE)	Diagnosed with MDRO requiring contact precautions Colonized with MRSA or VRE without open wounds, secretions, diarrhea, etc.	Healthy (COVID-19 not suspected) Asymptomatic
VISITATION (Compassionate care)	- Cloth/Alternative mask - Gloves	- Cloth/Alternative mask - Gloves	- Cloth/Alternative mask - Gloves	- Cloth/Alternative mask - Gloves	- Cloth/Alternative mask - Gloves	- Cloth/Alternative mask - Gloves	- Cloth/Alternative mask - Gloves

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4/27/2020

SECTION 16A COVID 19 RELEASE OF RESPONSIBILITY

Addendum COVID-19 Release of Responsibility

1. Release of Responsibility during the pandemic crisis. Individuals that elect to leave the home during the pandemic must adhere to the guidelines outlined here. The authorized individual / guardian must sign a Release of Responsibility form.
2. Individual must complete a symptom screening before leaving the home if the person has symptoms we would recommend that they not leave the home.
3. Staff will assist the individual with transferring into the vehicle or with transporting the individual if this has been arranged.
4. Staff must maintain "Social Distancing" guidelines when they encounter the public and they must wear PPE.
5. If an individual out of our care, whether for a few hours or overnight, starts to experience COVID symptoms while in the care of their family members the individual will need to remain with their family member for 10-14 days or until a COVID-19 test has been performed with negative results.
6. A symptom screen must be completed immediately upon return or if transported the symptom screen must be conducted at the family home and results must be shared before Phoenix staff picks them up, if transportation has been arranged with Phoenix.

SECTION 17A VISITING DURING COVID 19

Please Note: 4/29/2020 - VISITORS Remain RESTRICTED at this time.

Addendum COVID-19 – Visiting during COVID-19

The Phoenix Residence, Inc. will follow the Center for Disease Control (CDC) and the Minnesota Department of Health (MDH) Guidelines with regard to visiting of our residential homes during the Pandemic crisis.

When visiting restricted are recommended limiting visitors or restricting visitors Phoenix will adhere to the guidelines.

If visiting is allowed anyone entering the home must complete a symptom screening form; if any COVID-19 symptoms are present they will not be allowed to enter the home. Individuals must wear masks and or other PPE as recommended by the CDC or MDH. Individuals must complete hand hygiene at the door and wear gloves during the visit.

Visiting will be restricted to a designated area in the home and social distancing must be adhered to through- out the visit. Only two visitors per individual may visit the home at one time and only two visitor total will be allowed in home. Individuals wishing to visits must contact the home to schedule the visits to assure that the time is available and no other visitors are in the home.

At the conclusion of the visit a symptom screening must be completed.

The area where the visit was conducted must be thoroughly disinfected

June 17, 2020

Visiting Guidelines for Residential Settings Updated

Outdoor Visitation Guidance for Long-term Care Facilities

INCLUDES NURSING HOMES, ASSISTED LIVING, AND OTHER CONGREGATE SETTINGS

To prevent outbreaks of COVID-19 in long-term care (LTC) facilities, Centers for Medicare & Medicaid Services (CMS) and the CDC provided direction related to restricting visitation.

Facility criteria

- Outdoor visits (only) must be scheduled in advance with the Program Manager.
- Adequate staff must be present to allow for help with outdoor transition of individual, and to assist with wiping down any visitation areas as necessary.
- Staff should provide routine check-ins with individual and visitor and allow for privacy of the visit conversation.
- Visitors will be screened for signs and symptoms of COVID-19 outside the building.
- Visitors must provide and wear a mask at all times; individuals are encouraged to wear a mask as tolerated.
- Outdoor visitation spaces must be designed to be accessible without visitors having to walk through the facility.
- Outdoor visitation spaces must support social distancing of at least 6 feet between the visitor and individual.
- Phoenix will provide hand sanitizer to persons visiting and provide verbal reminders of correct use.
- Phoenix may establish additional guidelines as needed to ensure the safety of visitations and facility operations. These guidelines must be reasonable and must take into account individual needs.

Individual criteria

- Current COVID-19 positive individuals or those with COVID-19 signs or symptoms, and those in a 14-day quarantine or observation period are not eligible for outside visits.
- Individuals who have had COVID-19 must no longer require transmission-based precautions as outlined by the CDC and MDH guidelines.
- Individuals should wear a mask, or other face covering, as tolerated.

Visitor criteria

- Visitors must provide their own and wear a mask, or other face covering, during the entire visit unless medically contraindicated.
- Visitors must use hand sanitizer upon entering and exiting the visitation area.
- Visitors must be actively screened for signs and symptoms of COVID-19, and must attest to COVID-19 status if known. This should be done at a designated location outside the building.
- Visitors should not walk through the facility to get to the outdoor visitation area.
- Visitors must sign in and provide contact information.
- Due to the risk of exposure, holding hands, hugging, kissing, or other physical contact is not allowed during family visits.
- All visitors must maintain 6 feet social distance and must stay in designated visitation locations.

Weather: Visits should occur only on days when there are no weather warnings that would put visitors, staff or individuals at risk.

Facilities that meet the criteria above retain the right to deny outdoor visitation only if they believe:

1. Circumstances pose a risk of transmitting COVID-19 to the facility because the resident or visitor does not comply with infection control guidance, or
2. The resident or visitor is at risk of abuse/harm.

SECTION 18A PROCEDURES WHEN AN INDIVIDUAL RETURNS TO PHOENIX FROM COMMUNITY

Please Note: 4/30/2020 Shelter at home remains in place for non essential travel within the community

Procedures when Individuals Return to our Homes from the Community

When individuals return from the community, staff must follow disinfecting procedures. Community can be defined as:

- Visiting a family member at their home

- Day Training and Habilitation programs
- Community Employment
- Shopping to obtain essential items
- Other activities in the community

If an individual is using transportation provided by a someone other than Phoenix, such as family members, Metro Mobility, Newtrax, etc., allow the driver to assist the individual with getting out of the vehicle. Staff must not enter the vehicle to assist. If Phoenix is providing transportation, the vehicle must be disinfected after use.

Staff should maintain social distance from the driver as able, depending on the individual's ability to stand alone, assuring brakes are secured on a wheelchair etc.

Staff should wear appropriate PPE when assisting the person into the home. Minimally, this includes the use of gloves and a face mask. Staff should place any bags the individual has in the spot designated for package delivery. Items need to be disinfected per the package disinfection procedure.

Individuals must receive symptom screening assistance from staff upon entering the home. Individuals must also receive assistance with sanitizing hands.

Staff must disinfect handles, armrests, rails and footrest handles of wheelchairs.

SECTION 19A Return to Day Training and Habilitation Program Procedures:

5.20.20 DT&H programs remain closed at this time.

Return to Day Training and Habilitation Program Procedures:

Once Day Training and Habilitation/Employment/Adult Day programs are operational, prior to individuals attending, Phoenix will request a written plan from programs regarding plan for social distancing, symptom screening, use of PPE, and cleaning and sanitation procedures.

Decisions about determining when individuals will return to programs will be made by the individual and their team, including their guardian, family, and case manager.

Once an individual returns to work, the Assistant Program Director and / or Program Manager will schedule a visit to the program to monitor for compliance with the plan for preventing the transmission of COVID-19. Additional visits will be scheduled periodically to assure continued compliance with COVID-19 transmission prevention.

Individuals must complete symptom screening upon returning to the home each day.

Items transported with individuals to programs, such as lunch bags, backpacks, wheelchair bags, etc, must be disinfected when an individual returns to the house. Staff must wear PPE (gloves and mask) when handling items which have been returned from the program.

Lunch items should be sent in disposable containers/bags whenever possible.

Individuals who can tolerate wearing a mask should wear a mask when receiving direct assistance from transportation providers and Day Program staff.

SECTION 20A Employee Individualized Symptom Screening Form

4.29.2020 The Employee Individual Symptom Screening Form was updated to obtain more specific information in determining level of risk.

5.6.2020 The Individual Symptom Screening has been updated. REFER TO COMPANY DRIVE FOR LATEST VERSION.

5.29.2020 The Individual Symptom Screening has been updated, to include:

- 1. HCW Potentially Exposed to COVID 19; and**
- 2. HCW Experiencing Symptoms of COVID 19.**

REFER TO COMPANY DRIVE FOR LATEST VERSION.