



COVID-19 Preparedness Plan – DHS Behavioral Health Division Certified Programs

(ARMHS, CTSS, ITFC)

According to Executive Order 20-48, critical businesses, including behavioral health providers certified by the Department of Human Services, are required to follow guidance from the [Minnesota Department of Health \(MDH\)](#) and the [Centers for Disease Control and Prevention \(CDC\)](#) to mitigate the spread of COVID-19. The MDH/CDC guidance is designed to prevent, mitigate, or respond to the transmission of COVID-19.

[Executive Order 20-74](#), signed by Gov. Walz on June 5, 2020, requires all critical businesses to develop and implement a COVID-19 Preparedness Plan (“Plan”) that describes how your business will implement, at a minimum, the following components, in compliance with MDH and CDC guidelines:

1. hygiene and source control;
2. cleaning and disinfecting;
3. policies related to arrivals and departures;
4. screening and policies for staff and volunteers exhibiting signs or symptoms of COVID-19;
5. screening and policies for service recipients exhibiting signs or symptoms of COVID-19;
6. social distancing;
7. face covering;
8. ventilation;
9. communication and training about the Plan.

This plan was developed using the “COVID-19 Preparedness Plan Optional Template for DHS Licensed or Certified Nonresidential Programs” (“Plan”) template provided by DHS. NHCFS will evaluate, monitor, and update Plans as necessary, on a regular basis. Strategies may be modified slightly for successful implementation at each licensed site.

1. Hygiene and source controls

- Reinforce handwashing routines, after having been in a public place, prior to and after eating, after using the toilet, or after blowing your nose, coughing, or sneezing.
- Before and after a session, whether in-home or out-patient, ensure staff and clients/families have access to a place to wash hands. Service recipients, staff, and visitors should wash their hands for at least 20 seconds with soap and water. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- Ensure handwashing and/or hand-sanitizer facilities are readily available and appropriately stocked including by entrances.
- Provide paper towels and ensure a trash-receptacle is placed by the bathroom door so a paper towel can be readily disposed of when operating the door.
- Post handwashing and “cover your cough” signs.
- Plan for when and how facemasks will be used by service recipients, staff, and visitors.
- Provide staff with recommended protective supplies, such as facemasks, gloves, disinfectant, eye protection, shields, etc.
- Provide tissues for proper cough/sneeze etiquette and no-touch disposal containers.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Community drinking stations and water-fountains should not be available/used. Touchless water-filling stations may still be provided.
- CDC guidance on handwashing can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>

NHCFS PLAN FOR HYGIENE AND SOURCE CONTROLS:

- Staff required to wear a mask outside of personal office and if another staff or client is in their office; clients wear mask when inside the office. *Client will need to inform NHCFS if s/he has a medical condition for which wearing a mask is not recommended by the CDC.*
- Disposable facemasks available for staff/clients.

- Drinking fountains are shut down; coffee stations shut down.
- COVID-19 supply preparedness boxes available from NHCFS nursing department in the event there is a suspected or confirmed case of COVID-19.
- Hand sanitizer stations at each entrance, in each office, at reception desk, in each conference rooms; extra hand sanitizer on-site.
- Tissues in each office, at reception desk, in each conference room; extra tissues on-site.
- ‘Cover your cough’ signs posted throughout the building, ‘hand washing’ signs posted in bathrooms.
- Trash can near door in bathrooms.
- Travel: NHCFS follows guidance from the CDC and MDH, and Executive Orders from the MN Governor’s Office regarding travel restrictions.
 - The following link from CDC provides education on ways to prevent the spread of COVID-19 with local and state travel:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>

At this time, there are not travel restrictions within state and local travel that would require staff to quarantine for 14 days upon returning home from vacation. However, staff need to know that this is an evolving situation and there may be future restrictions. Those restrictions may occur while they are on vacation; NHCFS will follow the guidelines that are in place the day the staff returns.
 - The CDC does recommend that a person who has traveled internationally self-quarantine at their home for 14 days upon return. The following link provides information from the CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>
- In light of the COVID pandemic, the CDC and MDH have announced the importance of receiving a flu vaccination for the 2020-2021 year. Nursing staff has provided/will continue to provide resources of organizations in our communities who will be administering flu vaccinations this year.

2. Cleaning and disinfecting

- Follow MDH and CDC guidance for frequent cleaning and disinfecting of your program space, especially shared spaces.
- Establish a documented sanitation schedule and checklist, identifying surfaces/equipment to be sanitized, the agent to be used, and the frequency at which sanitation occurs.
- For in-home providers educate employees on common residential high touch surface areas (doorknobs, light switches, stair rails, counters, tables and chairs etc.) and develop strategies to minimize contact and wash hands/utilize hand sanitizer before and after touching.
- Ensure high-touch surfaces such as doorknobs, light switches, stair rails, counters, tables and chairs, phones, keyboards, program equipment and other shared items are regularly cleaned and disinfected.
- Minimize the use of shared supplies (e.g. arts and crafts, office supplies) that cannot be sanitized and consider using designated bins for clean and used items. Sanitize between uses
- Use EPA-registered disinfectants recommended by the CDC: <https://www.epa.gov/coronavirus>

NHCFS PLAN FOR CLEANING AND DISINFECTING

- No shared office supplies among staff: supplies removed from mail rooms/conference rooms; encourage staff to tie a pen around their neck to prevent setting pen down and someone else picking it up.
- Clean and dirty pen containers at entrance(s) and reception desk to be used for check-ins.
- Staff cleaning:
 - In charge of cleaning own office with wipes and/or bleach water
 - a) Door handles before start of day,
 - b) if a client touches door handle
 - c) at the end of the day
 - d) any hard surface
 - Personal use of bathroom use wipes and/or bleach water to clean bathroom after use
 - e) Toilet handle and seat
 - f) Counter
 - g) Sink handle
 - h) Door handles
 - Mail room wipe down at 12:00pm and 5:00pm (to be assigned)
 - a) Copy machine
 - b) stamp machine
 - c) counter tops
 - d) cupboards
 - Conference rooms
 - a) Staff that uses conference room must wipe down after use
 - Public space wipe down at 12:00pm and 5:00pm (to be assigned)
 - e) entrance door handles inside and out
 - f) front desk
 - g) light switches
 - h) alarm pad
 - Client Bathroom at 12:00pm and 5:00pm (to be Assigned)
 - i) Toilet handle and seat
 - j) Counter
 - k) Sink handle
 - l) Diaper changing
 - m) Door handles
 - Personal use of breakroom wipe
 - a) Counter
 - b) Fridge door handles
 - c) Counter
 - d) table
- Staff encouraged to bring hand sanitizer to home visits; wash/sanitize hands immediately upon arrival to the home and immediately prior to leaving.

- Cleaning and disinfecting educational resources from the CDC and/or MDH are available for staff and clients

3. Arrivals and departures

- Limit Points of Entry. Designate one door entry only and one for exit only if possible.
- Increase the time between individual appointments in office to limit the number of people in the waiting room.
- Manage visitors. Only clients/participants/those with business may enter the building at the designated time.
- Whenever possible, pick up and drop off should occur outside and or limit the extent to which participants enter the building and interact with each other.
- Conduct health screenings of service recipients, staff, and visitors outside or near the entrance to the program using a health screening tool such as this: <https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>.
- Post instructions at entrances informing people:
 - Not to enter if they are experiencing COVID-19 symptoms;
 - To wash or sanitize their hands upon arrival;
 - Screening for COVID-19 symptoms by staff is required prior to or immediately upon entering the program;
 - To wear face-coverings whenever possible; and
 - To adhere to hygiene and social distancing instructions, signage and markings.
- Install barriers to limit contact with patients at check in
- Clearly mark areas for pick-up and drop-off.
- Limit use of shared items for check-ins (i.e. pens).

NHCFS PLAN FOR ARRIVALS AND DEPARTURES

- Clean and dirty pen containers at entrance(s) and reception desk to be used for check-ins.
- Instructions (i.e. do not enter if experiencing symptoms, wear a mask, etc.) are posted on each entrance.
- Where applicable, identify which entrance is to be used for clients, staff. Bemidji office: Main entrance will be only entrance utilized by clients; the side entrance remains locked (signage posted instructing clients use front entrance).
- Group times are staggered – if two group occurring on the same day at the same facility, staff coordinate start/end times to minimize contacts.

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

- Monitor staff and volunteers for signs of illness, including using health screening questions before beginning a work shift, and require sick staff and volunteers to stay home or return home if they are experiencing symptoms. You may also opt to conduct temperature screening if it can be done with proper social distancing, protection, and hygiene protocols. However, temperature screening is not required.
 - You may consider using the employee screening checklist or something similar www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf
- Ensure sick policies are clearly communicated and supportive of staff and volunteers staying home when sick.
- Ensure staff and volunteers know the signs and symptoms of the COVID-19 illness.
- Establish protocols based on MDH guidance for when a staff member or volunteer exhibits symptoms of COVID-19 or tests positive for COVID-19.
- You may consider CDC guidance to develop a plan for what you will do if someone becomes sick with Covid-like symptoms <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>
- Ensure that emergency contact information for staff and volunteers is up-to-date.

- Establish communication protocols for a positive COVID-19 case or potential exposure and ensure that an individual’s identity is not disclosed, other than to a person authorized to receive the information.
- Designate an individual to maintain communication with and gather information from workers who may have been exposed.
- Provide accommodations for “high risk” and vulnerable populations. Vulnerable workers should be encouraged to self-identify. Take particular care to reduce these workers’ risk of exposure.
- Notify MDH and follow their direction if a staff member or volunteer is diagnosed with COVID-19.
- Have a plan for back-up staffing in case a staff member or volunteer becomes ill during program hours.

NHCFS PLAN FOR SCREENING AND POLICIES FOR STAFF AND VOLUNTEERS:

- Staff take temperature and complete Health Screening Checklist at employee entrance; put in Director’s mailbox. *If staff has a temperature over 100.4 OR presence of symptoms on the checklist, s/he cannot continue into the building; s/he is instructed to return home and call their Supervisor/Director.
 - Staff are expected to follow CDC and MDH guidelines of no work for ten (10) days from onset of symptoms OR 24 hours of fever-free/resolving symptoms (whichever is greater) *.
 - Two exceptions to the above are as follows*:
 - The staff has a note from his/her primary care provider stating there is other medical reasoning for the symptoms, the staff is clear of COVID symptoms, and the staff is cleared to return to work.
 - The staff has a negative COVID test – the staff can return to work after 24 hours of fever-free/resolving symptoms, does not need to wait the ten (10) days.
 - Staff are not expected to self-quarantine if another person living in his/her home has been instructed to self-quarantine due to possible exposure.
 - If a staff is diagnosed with COVID-19, the staff person is responsible to immediately notify their immediate supervisor, the NHCFS Nursing Director (or nurse designee), and the Human Resources Director that s/he was confirmed positive. The Nursing Director (or nurse designee) will facilitate action steps to be taken, including notification to MDH, if not yet notified.
 - Symptoms of COVID-19 educational materials posted around the building.
- *Staff should always follow the orders of his/her primary care physician/treating medical doctor; if orders differ, staff are requested to provide a copy of the doctor’s order.*

5. Screening and policies for when service recipients exhibit signs or symptoms of COVID-19

- Monitor service recipients for signs of illness, including using a health screening tool such as this: <https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>.
- Conduct pre-visit health checks. This may include a phone screening conducted by a staff person for a client prior to arriving for a home visit or a brief survey or questionnaire for out-patient clients sent via email or text that day prior to the appointment
- Ensure service recipients know the signs and symptoms of the COVID-19 illness.
- Identify criteria for cancelling appointments due to presence of illness or symptoms.
- Have protocol if a symptomatic client shows up for an appointment
- Ask clients to cancel or reschedule if they are Covid-19 positive or have been in contact with someone who is Covid-19 positive or are living with someone exhibiting symptoms of Covid-19.
- Establish protocols based on MDH guidance for when a service recipient exhibits symptoms of COVID-19 or tests positive for COVID-19 to limit exposure.

Some helpful ideas from the Department of Health (MDH):

- [Visitor and Employee Health Screening Checklist \(PDF\)](#)
 - [Hmong: Visitor and Employee Health Screening Checklist: \(PDF\)](#)
 - [Somali: Visitor and Employee Health Screening Checklist: \(PDF\)](#)
 - [Spanish: Visitor and Employee Health Screening Checklist: \(PDF\)](#)
- [CDC: Reducing the Spread of COVID-19 in Workplaces](#)
 - Ensure that emergency contact information for service recipients is up-to-date.
 - Establish communication protocols for positive COVID-19 cases or potential exposure and ensure that an individual's identity is not disclosed, other than to a person authorized to receive the information.
 - Notify MDH and follow their direction if a service recipient is diagnosed with COVID-19.

NHCFS PLAN FOR SCREENING AND POLICIES FOR SERVICE RECIPIENTS

- Procedure for screening clients:
 1. Call office when arrive and stay in car, staff will complete the COVID-19 health screen
 2. Admin will notify therapist when client is clear for appointment
 3. Therapist will walk outside to take client temperature and get client
 4. Client put mask on
 5. Use hand sanitizer at front door
 7. Client leaves and therapist wipes down own office
- If client has a temperature over 100.4 OR presence of symptoms on the checklist, s/he cannot continue with the appointment.
- Symptoms of COVID-19 educational materials posted around the building; CDC and MDH resources will be provided to clients upon request.
- If a client is diagnosed with COVID-19, the staff person receiving this information will notify the NHCFS Nursing Director (or nurse designee) that a client was confirmed positive (client identify will not be disclosed). The Nursing Director (or nurse designee) will facilitate action steps to be taken, including notification to MDH, if not yet notified.

6. Social distancing

- Waiting areas, common areas, and other areas of congestion should be marked to provide for social distancing of at least 6-feet, including floor markers for distance and appropriately distanced seating arrangements.
- Rearrange seating spaces to maximize the space (at least 6 feet) between people. Turn chairs to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
- Limit group size as much as possible and maintain group consistency of clients and providers, staff, and volunteers who stay together throughout the day. Ensure all group members are wearing masks and avoid passing around materials and supplies. Cleaning and sanitizing should occur between groups.
- Consider using visual aids (e.g., painter's tape, stickers, signs) to illustrate traffic flow and appropriate spacing to support social distancing.
- For larger programs, whenever possible, refrain from intermixing groups. If intermixing of groups is necessary, limit the number of groups that intermix and keep records of staff and service recipients that intermix.
- Discuss options for providing services remotely with service recipients. Optimize telehealth and telemedicine modes to deliver services when available and appropriate to do so to minimize the need for in person services.
- Whenever possible, consider having groups or individual sessions outdoors if safe to do so and client confidentiality can be facilitated. Encourage participants to spread out. Avoid outdoor areas that are densely populated.

- If not possible to maintain a distance (such as during transportation situations) have a plan on how to mitigate the spread of the virus in close quarters such as the car. Staff may wish to use disinfectant spray on seats, disinfectant wipes on dashboard, door handles and other interior places both before and after transportation occurs.
- To the extent possible, encourage staff to work from home. Hold meetings remotely, if possible. Use virtual formats for guest speakers or staff meetings
- Staff and volunteers should also maintain social distance when interacting with each other.
- Provide for physical distancing in restrooms or limit restroom capacity. Mark off areas for where to wait to use the restroom.

NHCFS PLAN FOR SOCIAL DISTANCING

- Waiting areas/common areas closed.
- Staff coordinate with one another when scheduling groups so they do not overlap.
- Groups facilitated outdoors; if raining, cancel unless there is appropriate space inside to facilitate the group while maintaining social distancing.
- Group size limited to 10 people, including staff.
- No shared offices; staff that are able to work from home continue to do so.
- Bemidji office: back bathrooms for staff only; clients use front bathrooms.
- Staff that are able to work from home are encouraged to do so.

7. Face coverings

- Executive Order 20-81 from the MN Governor’s office requires face coverings in certain settings to prevent the spread of COVID-19.
- Post one or more signs that are visible to all persons – including workers, customers, and visitors – instructing them to wear face coverings as required by the Executive Order.
- Face coverings are an important piece of mitigating the spread of the virus, but are only effective if it can stay in place without being pulled on or touched by the person wearing it or others. Within this context, the provider, staff members, and volunteers should wear face coverings during the work day as much as possible.
- When providing services in the home provide employees with face coverings, gloves, shoe covers and hand sanitizer (Note: Homemade face coverings primarily protect others not yourself)
- When providing services in the office provide employees with face coverings.
- Provide a cloth or towel for employees to cough or sneeze into should the need arise. If a towel is not available, employees should use the inside of their elbow.
- Conduct trainings for appropriate ways to put on and take off and disposal procedures of protective equipment (e.g. new gloves should be put on prior to entering the home and removed after exiting the home) Consider providing infographic sheets of this to employees
- For in-home or out-patient services ask any client or family member who intends to be in the same room while the session is occurring to wear a face covering.
- Clients are required to wear face coverings when entering the building for appointments and for the duration of the meeting.
- For groups that are longer in duration (4-5 hours per day) please consider breaking up group times or using a combination of in-person and virtual meetings to accommodate those with difficulty wearing masks for an extended period of time.
- Face covering guidance is available here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

NHCFS PLAN FOR FACE COVERINGS

- Per the Executive Order 20-81 from the MN Governor’s office, a face mask or covering is required to enter NHCFS facilities.

- Signs are posted on the entrances and throughout the facility instructing persons to wear a face covering per the Executive Order.
- Staff required to wear a mask outside of personal office and if another staff or client is in their office; clients wear mask when inside the office. *Client will need to inform NHCFS if s/he has a condition for which wearing a mask is not recommended by the CDC; proof or explanation of medical condition, mental health condition, or disability is not required.*
- Disposable facemasks available for staff/clients.
- Staff will bring extra disposable facemasks to home visits; ask client and others participating in the visit to wear a face mask during the meeting.
- Facemasks must be worn by all staff and clients facilitating and participating in group.
- Nursing staff will provide training to staff on the appropriate way to put on and take off a face covering.

8. Ventilation

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

NHCFS PLAN FOR VENTILATION

- Staff encouraged to open office windows for fresh air, weather-permitting.
- Facility HVAC systems are regularly maintained.

9. Transportation

Plan for the use of facemasks when providing transportation.

Take precautions when using public transportation, ride-sharing, or taxis.

Limit the number of residents in the vehicle and ask them to spread out to maintain social distancing as much as possible.

Do not have air recirculated while in a vehicle.

Remind residents to wear a facemask or face covering, wash their hands, and follow social distancing guidelines while they are away.

NHCFS PLAN FOR TRANSPORTATION:

- Driver and passenger(s) should wear a cloth face covering for source control
- Wash hands for 20 seconds immediately before and after transit, and when hands are visibly soiled, or use hand sanitizer with at least 60% alcohol
- Improve ventilation in the vehicle by opening windows or setting the air ventilation/conditioning on non-recirculation mode
- Clean and disinfect commonly touched surfaces in and on the vehicle (e.g., steering wheel, door handles, seatbelt buckles, radio and temperature dials) before and after each transport
- Avoid touching surfaces that are frequently touched by drivers or other passengers (e.g., door frames, door handles, windows)

- Do not touch face with unwashed hands
- Individuals living in the same household may be transported together

10. Communications and training

- Provide a copy of this plan to all of your staff, contracted service providers, and volunteers.
- Provide training to all staff and volunteers on how to follow the plan, ensure they are capable of implementing it, and update them on any changes to the plan.
- The plan must be available to the Commissioner, service recipients, and other concerned persons upon request.
- The plan must be posted in a prominent place or accessible to staff who need to review it.
- Explain in plain language the parts of the plan relevant to the service recipients and, as appropriate, parents, guardians, legal representatives, case managers, and residential providers. Provide them with resources to follow the plan.
- For in-home clients, communicate to clients in advance of the visit what the agency and staff will do to protect the client and employees of the agency allowing enough notice for clients and employees time to prepare for additional precautions.
- Consider asking clients if they have any concerns about the upcoming in-person visit.
- Employees with concerns about their employer's COVID-19 Preparedness Plan or questions about their rights should contact MNOSHA Compliance at osha.compliance@state.mn.us, 651-284-5050 or 877-470-6742.

NHCFS PLAN FOR COMMUNICATIONS AND TRAINING

- Staff training on NHCFS COVID-19 Preparedness Plans during weekly clinical and program team meetings; training also through Ultipro.
- All agency staff have access to the COVID-19 preparedness plans via NHCFS IT network Share Drive; staff will explain relevant sections of the plan to clients, as needed and appropriate, and provide clients with resources to follow the plan (i.e. face mask).

NOTIFYING AND WORKING WITH MDH

You are expected to notify MDH when there is a confirmed case of COVID-19 in your program by calling 651-297-1304 or 1-800-657-3504 (Mon.– Fri., 8 a.m- 5 p.m.). You are expected to work with MDH and comply with their directives when given.

COMPLIANCE WITH EXECUTIVE ORDERS:

NHCFS staff are expected to comply with all Executive Orders from the MN Governor's office pertaining to COVID-19.