



COVID-19 Preparedness Plan – DHS- Licensed Residential Programs

(all NHCFS Residential Programs)

According to Executive Order 20-48, critical businesses, including providers licensed or certified by the Department of Human Services to deliver residential 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. screening and policies for staff and volunteers exhibiting signs or symptoms of COVID-19;
4. screening and policies for residents exhibiting signs or symptoms of COVID-19;
5. social distancing;
6. food preparation and meals;
7. ventilation;
8. visitors;
9. transportation;
10. communication and training about the Plan.

This plan was developed using the “COVID-19 Preparedness Plan Optional Template for DHS Licensed or Certified Residential Services” (“Plan”) template provided by DHS. NHCFS will evaluate, monitor, and update Plans as necessary, on a regular basis.

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.
- Residents, 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 residents, 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.
- Prepare for potential symptomatic or COVID-19 positive residents by having appropriate supplies.
- Sinks could be an infection source so residents should avoid placing toothbrushes directly on counter surfaces. Totes can be used for personal items so they do not touch the bathroom countertop.

NHCFS PLAN FOR HYGIENE AND SOURCE CONTROLS:

- All staff providing direct care to students are expected to wear an alternative face mask during their shift.
- Staff working with students in quarantine are recommended to utilize the following PPE: gloves, surgical mask, gown/scrubs, eye protection (goggles or face shields)
- Staff have been educated on the appropriate sequence for putting on PPE and how to safely remove PPE.
- Students are continuously educated on proper hand-washing techniques and are encouraged to perform frequent hand hygiene.
- Students are discouraged from touching his/her face.
- Students are continuously reminded to cover his/her cough or cough into his/her elbow.
- Disposable facemasks available for staff/clients.
- No use of drinking fountains.
- 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 available throughout the facility.
- 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. Nursing has secured a resource to bring the flu vaccination to the

Itaskin Center and the Cottage; other residential programs will bring their students to the resources identified by nursing staff.

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.
- 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.
- Use EPA-registered disinfectants recommended by the CDC: <https://www.epa.gov/coronavirus>.
- When washing towels, bedding, and other items, use the warmest appropriate water setting and dry items completely.

NHCFS PLAN FOR CLEANING AND DISINFECTING

- Common areas of the facility and high-touch surfaces are cleaned and disinfected at least three times a day (see *Attachment A: Daily Cleaning*).

3. 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. <https://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.
- 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.
- 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.

NHCFS PLAN FOR SCREENING AND POLICIES FOR STAFF AND VOLUNTEERS:

- All essential staff are required to complete a symptom screen and have their temperature taken and documented prior to beginning their shift.
- Guidance from MDH for long-term care (LTC) providers recommends that staff experiencing a combination of two or more of the following symptoms without medical diagnosis to explain why the symptoms are occurring warrants exclusion from work:

- Chills
- Cough
- Shortness of breath
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Nausea/vomiting
- Diarrhea
- Fatigue
- Malaise
- Fever is an automatic exclusion from work.
- 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.

**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.*

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

- Monitor residents for signs of illness, including using a health screening tool such as this: <https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>.
- Ensure residents know the signs and symptoms of the COVID-19 illness.
- Establish protocols based on MDH guidance for when a resident exhibits symptoms of COVID-19 or tests positive for COVID-19 to limit exposure.
- Ensure that emergency contact information for residents 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 resident is diagnosed with COVID-19.

NHCFS PLAN FOR SCREENING AND POLICIES FOR RESIDENTS:

It is important that students and their families are informed that social distancing and quarantine/isolation related to exposure or prevention of COVID-19 is not considered a violation of a person’s right. Rather, this is a point-in-time allowable response to a pandemic following the direction of public health and personal health care providers.

- A pre-admission COVID-19 screening is conducted via telephone with the student’s family and student (if able); during this call, the admission process and prevention strategies are discussed. Nursing follows up with the family prior to admission to answer any additional questions or address any concerns.
- All students admitted to a NHCFS residential program are screened for signs of COVID-19 and actively monitored for fever and respiratory symptoms (i.e. shortness of breath, new or change in cough, sore throat). This quarantine period continues for up to 14 days, until cleared by nursing staff. Symptom monitoring is documented on the *Intake Symptom Screening Form*. Nursing staff check in on these youth daily.
 - A unit at the Itaskin Center has been repurposed as an ‘admission unit’. Students are transitioned to the appropriate unit or program following the quarantine period. NHCFS residential programs licensed for 10 or less follow the same quarantine protocols within the facility.
 - If a student is not able to be quarantined due to non-COVID-19 related safety concerns (i.e. suicide precaution), a medical provider’s order will be requested. The facility will assess the situation and evaluate other care options, if needed.
- All new admissions will be tested for COVID-19 at the Grand Itasca Clinic and Hospital (GICH). If the youth tests negative, s/he can be transitioned to the appropriate unit/program as soon as the negative test result is received. If the youth tests positive, s/he must be quarantined for a minimum of 10 days OR 24 hours no fever/resolving symptoms, whichever is longer; refer to *SUSPECTED OR CONFIRMED COVID-19* below.

SUSPECTED OR CONFIRMED COVID-19

If COVID-19 is suspected, based on evaluation of a resident or prevalence of COVID-19 in the community, students with symptoms will be separated from asymptomatic ones. Room sharing might be necessary as roommates of symptomatic students might already be exposed; it is generally not recommended to separate the students in this scenario. Space in the facility (i.e. classrooms, conference rooms) will be repurposed and used to cohort students as needed to mitigate the spread of infection. **The MN Department of Health will be notified immediately; MDH will provide guidance to assist with these decisions. New admissions are likely to be suspended.**

If COVID-19 is confirmed, all students within the facility will be isolated for 14 days per CDC and MDH recommendations. **New admissions are suspended.**

In the event of a confirmed COVID-19 case, MDH will contact the facility immediately upon receiving the confirmation (within 48 hours). MDH will prioritize testing of staff and clients within the facility and assess risk exposure. The facility will be assigned a case management team; the team will provide recommendations tailored to the specific layout of the facility to minimize transmission and spread of the infection.

If a student requires a higher level of care or the facility cannot fully implement recommended precautions, arrangements will be made to transfer the student to another facility that is capable of meeting the student's treatment needs.

5. Social distancing

- Gatherings of residents and staff in the facility should be carefully considered and redesigned, as necessary, to reduce prolonged close contact among staff, residents, and families.
- Common areas and other areas of congestion should be marked to provide for social distancing of at least 6-feet.
- Consider using visual aids (e.g., painter's tape, stickers, signs) to illustrate traffic flow and floor markers for where to stand for appropriate spacing to support social distancing.
- 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).
- 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 residents that intermix.
- Stagger breaks to maximize social distancing.
- Hold meetings remotely, if possible.
- Staff and volunteers should also maintain social distance when interacting with each other.
- Staff should limit entering residents' rooms as much as possible to reduce potential for cross-contamination, unless required for supervision.
- Ensure that beds are spaced out as much as possible. Consider placing residents' beds head to toe in order to further reduce the potential for viral spread.
- 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:

It is important that students and their families are informed that social distancing and quarantine/isolation related to exposure or prevention of COVID-19 is not considered a violation of a person's right. Rather, this is a point-in-time allowable response to a pandemic following the direction of public health and personal health care providers.

- Students are continuously educated on the meaning and importance of social distancing, including current recommended practices. Students are reminded to practice social distancing by keeping at least 6 feet between themselves and others at all times.
- The Itaskin Center (IC) is operating with a daily census below the licensed capacity.

6. Food preparation and meals

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

NHCFS PLAN FOR FOOD PREPARATION AND MEALS:

- Students are not permitted to share food, beverages, condiments, or utensils.
- Kitchen staff consistently reminds students to maintain social distancing and that sharing is not permitted.
- Meal times are staggered to limit the number of people in the cafeteria at the same time.
- Meals are prepared and dished by kitchen staff.

7. Ventilation

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

NHCFS PLAN FOR VENTILATION:

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

8. 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 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 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.
- 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.
- Students are strongly encouraged to wear face coverings when they are not on their living unit, with the exception of while eating.

9. Visitors

- Visitors should be screened for COVID-19 symptoms prior to entrance.
<https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>
- Provide visitors with hand sanitizer or access to a handwashing area, and facemasks if available.
- Encourage social distancing between residents and their visitors.
- Whenever possible, visits should occur outdoors or in a visiting room close to the facility entrance. Visitors should limit interactions to those individuals that they are visiting.
- Clean and disinfect the visiting room after each visit.
- Encourage residents to wash their hands after interacting with a visitor.

NHCFS PLAN FOR VISITORS:

- On-site visitation may resume with implementation of the guidelines and strategies outlined below:
 - Prior to beginning the visit, visitors are required to complete a COVID-19 symptom and exposure screening checklist; have their temperature recorded; and agree to follow the infection control strategies and precautions of the facility. Staff will meet visitors in the vestibule of the facility to complete these items.
 - Visitation must take place in designated spaces; visits are strongly encouraged to take place outdoors whenever possible.
 - Limit visitor access only to areas of the facility necessary for the visit to occur.
 - Visits must be scheduled to ensure a designated space is available for the visit to occur.
 - Allow for at least one hour between visits so that the space can be cleaned properly.
 - Visit areas are cleaned and disinfected by staff before and after each visit.

- Encourage social distancing and the use of face masks during the visit; minimize close contact as much as possible i.e. student on one side of the table and family members on the other side.
- Ensure hand sanitizer is available to the student and visitors during the visit; encourage frequent use.
- Remind student and visitors to avoid touching their eyes, nose, and mouth, cover their cough, and practice good hand hygiene immediately prior to and after visits.
- To further reduce the risk of silent disease spread from asymptomatic visitors, encourage families to practice strict social distancing when not at the facility and take precautions in the community while their loved one is in care. Offer to provide educational materials from MDH, MN DHS, or the CDC.
- Visits should be limited to the student and no more than five (5) parents/guardians and siblings from the same household (persons considered essential in the student's life) unless otherwise necessary for the student's treatment. Guidelines and strategies apply to all visitors, including siblings.
- In the event a visitor is not cooperative with the guidelines and strategies of the facility, the facility may turn the visitor away or not allow a visit to continue. The potential negative consequences on the student will be considered.
- Visits may be canceled with little notice if the facility determines an increase in health or safety risks.

10. 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:

- Drivers 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
- Students living in the same program can be transported together
- The following safety precautions will be taken when transporting symptomatic students to the hospital for testing:
 - Student will wear fabric face mask for source control
 - Student will sit in the far back seat while transporting
 - Staff will wear surgical face mask and face shield
 - Student will not touch door handles; staff will open door for student
 - Staff will disinfect vehicle wearing full PPE equipment (gloves, gown, mask, face shield) (refer to *PPE* below) and using approved disinfectant once returned from the hospital.

11. Communication and training about the plan

- 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 and posted in a prominent place and readily accessible to staff who need to review it.
- Explain in plain language the parts of the plan relevant to the residents and, as appropriate, parents, guardians, legal representatives, and case managers. Provide them with resources to follow the plan.
- Staff with concerns about their employer’s COVID-19 Preparedness Plan or questions about their rights should contact MNOSHA Compliance at osha.compliance@state.mn.us, 651-284-5050 or 877-470-6742.

NHCFS PLAN FOR COMMUNICATION AND TRAINING ABOUT THE PLAN:

- 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).

12. Staffing Preparedness Plan

- Develop a plan to be prepared for staffing shortages in the event of an outbreak at the facility.
- MDH recommends 12-hour shifts for long-term care providers as a proactive effort to help battle the possibility of staff shortage due to sickness, and to decrease the number of people in the building on a daily basis.

NHCFS PLAN FOR STAFFING SHORTAGES:

- Supervisors will schedule staff for 12-hours shifts as able to do so.
- Units are staffed with trained PPE staff; additional staff would be trained as well.
- If all existing staff within the program are utilized and the program is still short-staffed, the program will initiate the following call-down plan for staff:
 - Other NHCFS residential program staff
 - NHCFS CTSS school-based staff (and other laid off staff, if any)

- Nursing staff
- Residential case managers and Program Directors
- Program Administrators
- If needed, NHCFS will utilize the *Crisis Staffing Shortage* plan developed by MDH.
 - Implementation of the crisis staffing plan includes utilizing lowest-risk staff first; the lowest-risk staff may be symptomatic and/or waiting for COVID test results.

13. Testing Preparedness Plan

- Develop a testing process for residential (congregate care) facilities.

NHCFS PLAN FOR TESTING IN CONGREGATE CARE (RESIDENTIAL) FACILITIES:

- NHCFS will work with Grand Itasca Clinic and Hospital (GICH) (Grand Rapids) and Sanford Health (Bemidji) for testing residential youth.
- NHCFS will follow the GICH testing guidelines for a possible outbreak or mass testing. The guidelines are as follows:
 1. If resident is symptomatic, resident has phone visit with Grand Itasca provider. Call 218-326-3401 to schedule.
 - a. If resident is asymptomatic and needs testing due to an exposure to a known positive, visits are not needed.
 2. Provider on phone will order COVID test if criteria is met.
 3. If someone at facility is educated and comfortable swabbing for COVID, go to step 4. If not, resident will need to arrive for curbside testing. Let provider know this and you will be transferred to the appointment line after phone visit. You can also get ahold of the appointment line by calling the main number at 218-356-3401. A curbside appointment will be scheduled. If this is the case, you will be given instructions when making curbside appointment, skip to step 11.
 4. Nurse at facility will fill out the Excel spreadsheet provided by GICH each time the list is updated by following the directions on the spreadsheet.
 5. Staff at the facility will print and fax the form each time it is updated to 218-999-1919 as shown on form.
 6. A staff member from your center will then go to Grand Itasca's Rapid Clinic entrance on the day of testing and pick up the needed swabs from the registration staff member at the window. Please state who you are and that you are here to pick up COVID swabs for X facility.
 7. Nurse from facility will swab the appropriate residents.
 8. Please mark the following on the lab slip that is in each of the biohazard bags.
 - a. Write ordering provider, date, time of collection and circle collection/swab type.
 - b. Check the box for Long term care/group home/assisted living inpatient and list the facility on the line.

- c. Write fax number of which facility would like to receive the results on the bottom of the slip; also write preferred contact phone number to call at the facility if there are any issues. *(This is the only way to receive results.)*
9. Place completed swabs in test tubes, label with appropriate patient label and place individually back into each biohazard bag with completed lab slip in the pocket.
 10. A staff member from your center will bring the swabs back to Grand Itasca appropriately individually packaged in the biohazard bags and compiled into a larger bag. The bag will be dropped off to at the same registration window in the Rapid Clinic where they were originally picked up. Please state who you are and that you have COVID swabs to drop off from X facility.
 11. Grand Itasca's lab will send tests to Fairview to be processed
 12. Results will be faxed back to the facility at the fax number written on the lab slip once they are processed and received.
 13. Fairview system will call the patient will positive results. An RN from Grand Itasca will call your patient with a negative result; the patient will receive a letter stating negative result a few days later as well.

MODIFICATIONS TO LICENSING REQUIREMENTS:

The Commissioner of Human Services has temporarily modified certain requirements for licensed children's residential facilities, determining these modifications necessary to provide flexibility to providers, mitigate the spread of the virus, and protect the health and safety of residents and staff. NHCFS has implemented the following:

- All spirituality services, activities, and counseling may be provided by telephone or video instead of in the community. License holders also must implement additional measures to allow for continued spirituality involvement, including the recommendations in the MDH *Interim Guidance for the Prevention of COVID-19 in DHS-Licensed Residential and Non-Residential Settings with At-Risk Persons*.
- Programs that restrict or eliminate in-person visitation based on MDH and CDC guidance must offer alternative means of communication with people who would otherwise visit, such as virtual communications (phone, video communication). The program also must implement additional measures to allow for continued social contact including the recommendations in the MDH *Interim Guidance for the Prevention of COVID-19 in DHS-Licensed Residential and Non-Residential Settings with At-Risk Persons*.
- Mental health treatment programs may allow the mental health professional to provide their weekly face-to-face clinical supervision by telephone or video.
- Shelter programs may allow a resident to stay for more than 90 days without a variance from DHS if the program documents the reason the resident needs to stay at the program for more than 90 days.

- The timeline for completing an administrative review of each use of a restrictive procedure is extended from within three working days after the use of the procedure to within 10 calendar days after the use of the procedure.
- Programs are only required to provide orientation trainings to staff persons on the following topics:
 - Maltreatment reporting procedures
 - Emergency procedures (includes behavioral emergency procedures)
 - Confidentiality
 - Resident rights
 - Job-specific responsibilities
- Annual training requirements for staff are temporarily suspended. The requirements to complete annual staff training plans and annual staff development evaluation plans are temporarily suspended.

COMPLIANCE WITH EXECUTIVE ORDERS:

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

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., 8AM-5PM). You are expected to work with MDH and comply with their directive when given.

ATTACHMENT A: DAILY CLEANING

Daily Cleaning & Safety Checklist

****Wear disposable gloves to clean and disinfect****

Upon arriving to work:

- Wash hands
- Disinfect phone with Clorox or Lysol wipe

When clients arrive:

- Direct them to wash hands immediately
- Complete screening tool with clients when:
new client, client has visited a "hot spot,"
OR client and/or family is presenting with symptoms.

After each group, wipe down:

- Tables (including sides/skirt & legs)
- Chairs (including backs & legs)
- Doorknobs
- Light switches
- Countertops
- Handles
- Other surfaces touched by clients/staff
- Spray Lysol on carpet surfaces

Mid-Day:

- Disinfect phone with Clorox or Lysol wipe
- Disinfect keyboard (if you've been doing office work) with Clorox or Lysol wipe
- Disinfect workspace

Before Eating:

- Disinfect surface you will eat at
- Wash hands

After Eating:

- Disinfect surface you ate at
- Wash Hands

Before Leaving for the Day:

- Wipe tables (including sides/skirt & legs)
- Chairs (including backs & legs)
- Doorknobs
- Light switches
- Countertops
- Handles
- Other surfaces touched by clients/staff
- Spray Lysol on carpet surfaces
- Remove and replace garbage bags
- Disinfect phone with Clorox or Lysol Wipe
- Disinfect keyboard with Clorox or Lysol Wipe
- Clean workspace with disinfectant

As Needed:

- Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow, throw used tissues in the trash, & immediately wash your hands with soap and water for at least 20 seconds.

Supplies Needed (please notify supervisor when supplies are low):

- Clorox or Lysol wipes
- Hand Soap
- Lysol Disinfectant spray (aerosol can to use on soft surfaces)
- 409, Lysol, or other hard surface cleaner
- Disposable gloves
- Trash bags
- Hand sanitizer that contains at least 60% alcohol