



COVID-19 Preparedness Plan – DHS-Licensed Non-Residential Programs

(SUD, RULE 29)

According to Executive Order 20-48, critical businesses, including providers licensed or certified by the Department of Human Services to deliver nonresidential 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. food preparation and meals;
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.
- Service recipients, staff, volunteers 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 facilities and/or hand-sanitizer 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, volunteers and visitors.
- Provide staff and volunteers 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 service recipients by having appropriate supplies.

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

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.
- Toys/Activities cleaned/sanitized before and after each supervised visit; families may bring toys to use during the visit.
- 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

3. Arrivals and departures

- Conduct health screenings of service recipients, staff, volunteers 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.
- Stagger when people arrive and leave so that larger groups of people do not congregate during these times.
- Consider use of multiple entrances and exits when these can be used safely by the service recipient, staff, volunteers and visitors.
- Clearly mark areas for pick-up and drop-off.
- Limit the number of persons accompanying the service recipient.
- Limit use of shared items for check-ins (i.e. pens).

NHCFS PLAN FOR ARRIVALS AND DEPARTURES:

- Therapists will be in pairs with appointments scheduled on the hour, 15 min past, 30 min past, and 45 min past. For example, therapists A & B schedule on the hour; therapists C & D schedule at 15 min past the hour, etc.
- Clean and dirty pen containers at entrance(s) and reception desk to be used for check-ins.
- Therapist will schedule next appointment (instead of admin staff) to avoid clients congregating at the reception desk.
- 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).
- Individuals accompanying the client to the visit are required to stay in their vehicle, or in the therapy office (if clinically appropriate and approved).

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.
- 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 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 designee), and the Human Resources Director that s/he was confirmed positive. The Nursing Director (or 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 service recipients exhibiting 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>.
- Ensure service recipients know the signs and symptoms of the COVID-19 illness.
- 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.
- 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, admin 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
 6. Therapist schedule your next appointment
 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; appointment will be rescheduled, a telehealth appointment may be offered/recommended.
 - 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 designee) that a client was confirmed positive (client identify will not be disclosed). The Nursing Director(or designee) will facilitate action steps to be taken, including notification to MDH, if not yet notified.

6. Social distancing throughout the day

- 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).
- 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.
- To the extent possible, encourage staff to work from home. Hold meetings remotely, if possible.
- Stagger breaks to maximize social distancing.
- Staff and volunteers should also maintain social distance when interacting with each other.
- Increase physical space between staff and service recipients through the use of partitions and barriers of sufficient dimension and appropriate material, e.g. Plexiglass or taut heavy plastic curtains stretched and secured, as necessary, to protect workers.
- 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.

- Bemidji office: back bathrooms for staff only; clients use front bathrooms.
- Staff that are able to work from home are encouraged to do so.
- Provide services via telehealth when client is amenable to this type of service provision.

7. Food preparation and meals

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

NHCFS PLAN FOR FOOD PREPARATION AND MEALS:

- Food/Meals are not prepared for clients at these facilities/programs.
- Staff encouraged not to share food/drinks with one another.
- Staff to wipe down areas in staff kitchen/break room after use. (see *staff cleaning* under 2. *Cleaning and disinfecting*, above)

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 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.*
- 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.

9. 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.

10. Communications and training

- Provide a copy of this plan to all of your staff 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 or accessible to staff and volunteers 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.
- 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 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).

MODIFICATIONS TO MENTAL HEALTH CENTER CERTIFICATION REQUIREMENTS:

The Commissioner of Human Services has temporarily modified certain requirements for certified mental health centers, determining these modifications necessary to provide flexibility to providers, mitigate the spread of the virus, and protect the health and safety of clients and staff. NHCFS has implemented the following:

- A mental health professional is not required to be onsite at each satellite location if:
 - The center has other methods for a mental health professional to supervise the services provided at each location, such as telephone and video; and
 - The mental health professional documents that, in their professional judgement, services can be safely and effectively provided with this type of supervision.
- Case consultation meetings are not required to occur twice a month if the center has and follows an alternative process for consultation that must include a meeting once a month.
- A mental health professional may provide the required client-specific supervisory contact to a mental health practitioner via telephone or video communication instead of face-to-face.
- Requirements for multidisciplinary peer reviews of the annual caseload of each mental health professional scheduled during the peacetime emergency are temporarily suspended.
- Requirements for multidisciplinary staff ratios and amounts of hours of mental health professionals are temporarily suspended.

MODIFICATIONS TO SUBSTANCE USE DISORDER TREATMENT LICENSING REQUIREMENTS:

The Commissioner of Human Services has temporarily modified certain requirements for licensed substance use disorder treatment programs, determining these modifications necessary to provide flexibility to providers, mitigate the spread of the virus, and protect the health and safety of clients and staff. NHCFS has implemented the following:

- Programs may temporarily suspend group counseling or limit the attendance of clients or staff at sessions if they are unable to accommodate requirements for social distancing or other community mitigation strategies. If programs continue to provide therapy or counseling services in a group setting, programs are encouraged to limit group sizes to no more than ten people total, including clients and staff, based on recommendations from MDH and CD to limit group activities and maintain social distancing.
- Comprehensive assessments may be completed by telephone or telehealth.
- A counselor, recovery peer, or treatment coordinator may provide treatment services from their home via telephone or video communication (telehealth) to a client in their home.
- Treatment plan for adolescent clients are not required to contain documentation of coordination with the school system. *(NHCFS requires documentation of this coordination to resume for the 2020-2021 academic school year.)*

- Programs may document a client’s verbal approval of a treatment plan in the client file instead of requiring the client’s signature.
- Nonresidential programs are not required to have at least one staff person present at the program is first aid and CPR certified.
- Annual and two-year training requirements for staff members are temporarily suspended.
- Annual job performance evaluation requirements 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.