

COVID-19 Preparedness Plan for Mount Olivet Rolling Acres- Adult Day Services

Mount Olivet Rolling Acres – Adult Day Services (MORA- ADS) is committed to providing a safe and healthy program environment for all our clients and employees. To ensure we have a safe and healthy program and facility, MORA- ADS has developed the following COVID-19 Preparedness Plan in response to the COVID-19 pandemic. Implementation of this plan is the responsibility of all employees. Our goal is to mitigate the potential for transmission of COVID-19 in our facility, program, and communities, and that requires full cooperation among everyone. Only through this cooperative effort can we establish and maintain the safety and health of all persons in our program.

The COVID-19 Preparedness Plan is administered by the ADS Program Director and Senior Health Services Director, who maintains the overall authority and responsibility for the plan. However, all employees are equally responsible for supporting, implementing, complying with, and providing recommendations to further improve all aspects of this COVID-19 Preparedness Plan.

Our clients and employees are our most important assets. We are committed to ensuring the health and safety of everyone. We have also listened to our employees and clients (and/or their team members) as they have shared their concerns about COVID-19 and returning to MORA- ADS. We have incorporated changes/additions to our plan because of their input.

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

- ensuring sick individuals stay home and prompt identification and isolation of sick persons
- hygiene and respiratory etiquette
- building and ventilation protocol
- cleaning and disinfection protocols
- building access, arrival, and departure protocols
- communications and training practices and protocol
- protections and protocols for program related activities and services including social distancing

Identification and Isolation

All MORA-ADS employees and clients are instructed to monitor for signs and symptoms of respiratory illness especially when there was known close contact with a person who tested positive for COVID-19, or if someone traveled from a country or community where COVID-19 is freely spreading. If signs and symptoms are present, they should not report to ADS and contact the ADS Program Director. MORA employees should also contact Stacy Richards, HR Director for further direction on return to work.

In addition, any individual who resides with someone who is currently ill or waiting for results on a COVID-19 test should not report to ADS and contact the ADS Program Director. Please note, clients who live in a

congregate setting who are receiving in center services, can only do so provided the congregate setting has not had a COVID-19 exposure in the last 28 days.

All individuals entering the ADS facility and or ADS vehicle will be screened for signs and symptoms of COVID-19 prior to entry. This screening must be completed by a member of the ADS staff and will include:

- hand hygiene
- symptom surveillance log/questionnaire ([see Appendix A](#))
- temperature check
- Oxygen saturation reading (only with clients when congregate programming occurs)
<https://www.health.state.mn.us/diseases/coronavirus/hcp/pulseoximetry.pdf>
- Donning of appropriate Personal Protective Equipment (PPE)

If a client shows symptoms of COVID-19 after arriving and passing the entrance screening, move them to a separate room. In addition:

- Place a mask over the person's mouth and nose (if they tolerate it).
- Follow droplet precautions which include standard precautions
- All recommended PPE (facemask, eye protection, gown, and gloves) should be worn during care of clients under observation, if PPE supplies allow. At minimum, facemask and eye protection should be worn.
- Notify the ADS Program Director and Consulting RN for further directions
- Arrangements should be made to have the client return home.
- Any areas or equipment used by the symptomatic person will be sanitized as soon as possible.
- If the symptomatic person needs to use the restroom, it should be ensured that they are the only ones in the restroom at that time. Sanitization must be performed after the symptomatic person is finished in the restroom.
- 911 may need to be called for symptoms like shortness of breath, difficulty breathing, and/or a bluish hue to the lips, in addition to the ones mentioned earlier.
- Complete a health care log regarding signs and symptoms observed and support given.
- The client will need to be flagged for surveillance and follow up.

If an employee shows symptoms of COVID-19 after arriving and passing the entrance screening, they should leave the facility immediately and return home.

Testing

When a test is pending

- The person being tested is assumed to have COVID-19 until test results come back. At that point they will be either confirmed positive or confirmed negative.
- Anyone who has been tested but does not have results yet must remain home.
- MORA-ADS employees should not work at any other ADS clients, organizational location or with another provider.
- It is encouraged that employees should self-quarantine when not at work until test results are back, then follow the corresponding protocol noted below.

- If the test results come back negative for COVID-19, the program can return to usual measures being taken to reduce risk of exposure.

When a test is negative

- The person can resume their schedule with MORA-ADS. Regular universal precautions and social distancing will be resumed.

When a test is positive

- All positive test results must be reported to MDH for further surveillance and guidance.
- MORA-ADS staff will utilize guidance from MDH regarding procedures for a positive case in an Adult Day Care setting.
<https://www.health.state.mn.us/diseases/coronavirus/adultdaycase.pdf>
- The ADS Program Director will identify all staff or participants who are close contacts to a confirmed case of COVID-19 at the facility. All close contacts will be notified of the exposure and advised to stay home and away from others for 14 days after the last exposure.
- MDH recommends any close contact to a confirmed case of COVID-19 seek testing as available, 5 to 7 days following their high-risk exposure or if symptoms develop during the 14 day quarantine.
- If one or more persons in a cohort have been confirmed to have COVID-19 then all persons in the cohort are assumed to be a close contact and must not attend the program for 14 days from exposure and should be encouraged to quarantine.
- The ADS Program Director will coordinate communication to all clients and employees who have been exposed. Exposed employees will be provided directive on work status by Human Resources based on the MDH guidance.
- Clients and their interdisciplinary team members will be notified of the positive test. The identity of the person who had a positive test will be kept private.
- Employees who worked within the program in the 3 days before the person testing positive had symptom onset may not work at other MORA locations until 14 days past the date of their last exposure.
- Individuals who have been exposed, should be closely monitored for a temperature of 100F or more, coughing, shortness of breath, and/or difficulty breathing. If any of these symptoms are noted, the ADS Program Director should be notified. Anyone who develops symptoms must remain isolated to three (3) full days after their fever is gone (without the use of fever-reducing medication) and no other symptoms of disease remain before they can return to the program.
- The program will be considered clear when the individual (s) who had positive test results have completed their period of isolation if asymptomatic, OR if it has been at least 10 days since their positive test or onset of symptoms, AND have been without a fever for three days without use of fever-reducing medications, AND noted improvement in respiratory symptoms.

Guidelines for Returning to MORA ADS after illness including COVID-19

The CDC has released guidelines on when health care personnel can return to work after being sick. These are being adopted for both MORA ADS employees and clients

Employees or clients with confirmed COVID-19 may return to work after:

- Resolution of fever (temperature under 100) *without* use of fever-reducing medications AND
- Improvement in respiratory systems AND
- Negative results from two swabs (24 hours apart) OR

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever (temperature under 100) *without* the use of fever-reducing medications AND
- Improvement in respiratory symptoms (cough and/or shortness of breath) AND
- At least 10 days (240 hours) have passed since symptoms first appeared

Clients who live in a congregate setting who are receiving in center services, can only do so provided the congregate setting has not had a COVID-19 exposure in the last 28 days.

After returning to work, individuals must:

- Wear a facemask at all times while in the facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised individuals (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in (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 their medical provider if respiratory symptoms recur or worsen

Staff who had close contact with a person with confirmed or suspected COVID-19 yet did not get tested themselves must:

- Self-quarantine for 14 days after exposure
- Monitor for signs and symptoms of COVID-19, including respiratory symptoms like cough and shortness of breath, and fever of 100 or higher (temp should be checked twice daily)

In addition, if employees or clients have a history of recent travel to an area where COVID-19 is freely spreading in the community, or have been in close contact with someone who tested positive for COVID- 19, this information needs to be discussed with the ADS Program Director and human resources to determine the ability to return to the program.

Voluntary Temporary Facility Closure.

Circumstances related to COVID-19 may occur in which MORA-ADS will temporarily close the program until services can again be delivered safely. Some The following are examples of considerations that will be used to determine if the program is able to deliver services safely or not:

- COVID-19 infection within the facility
- Inability to maintain minimum staffing ratios
- Non-participation by clients due to COVID-19 exposure or infection

Worker hygiene and source controls

Hand Hygiene

The best way to prevent the spread of any illness, including COVID-19, is frequent hand hygiene. Employees and clients will be required to perform hand hygiene prior to entering an ADS vehicle or facility and frequently during the program. Appropriate hand hygiene consists of washing hands with soap and water or the use of an alcohol based handrub.

Individuals should practice hand hygiene:

- After using the restroom
- Before eating
- After blowing your nose, coughing, or sneezing
- When employees are
 - Working with different people
 - Administering medications or treatments
 - Cooking or preparing food
 - Personal hygiene
 - Housekeeping work and
 - Any other time when cross-contamination can occur

Instruction and training are provided for both employees and clients on correct procedures. Instructional posters are placed throughout the building. ADS employees are available to assist any client who may not be able to independently perform hand hygiene.

[Appendix B: Handwashing Procedures](#)

[Appendix C: Alcohol Based Handrub](#)

Personal Protective Equipment (PPE)

A PPE consists of:

- Gloves
- Facemasks / Respiratory Protection
- Gowns
- Eye Protection

Procedures

- The program will follow guidance on the use of PPE from the CDC and MDH.
<https://www.health.state.mn.us/diseases/coronavirus/hcp/facemaskguide.pdf>
<https://www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf>
- The program will monitor PPE supplies on hand and update this information daily.
- The program will obtain additional supplies of PPE when needed through commercial vendors and suppliers, to the extent possible. Additional supplies may be available at MORA's corporate office.

- If the program is running low or has no PPE and is unable to procure PPE through its vendors, online providers, or other means, it will seek assistance from the State of Minnesota Emergency Operations Center, through the program's Regional Health Care Preparedness Coordinator (RHPC).
- The program will make available to employees PPE required for them to complete job duties per guidance from CDC, and MDH when the able to procure PPE.
- If the program is unable to locate enough PPE for staff, visitors, and vendors, the program will follow the optimization strategies for PPE supplies per CDC and MDH.
- The program will document attempts to order / procure additional supplies and efforts to optimize the use of existing PPE.
- Prior to working at ADS, all employees will be trained regarding the appropriate use of PPE
- PPE can be removed when the employee is on break, in a designated area away from clients and other employees. The use of a brown paper bag can be used for storing masks and eye protection that need to be reused by the employee following breaks.

Surgical masks

Surgical masks are used for source control. All MORA-ADS employees are expected to don an agency provided/ approved mask for the duration of their shift. ADS clients are encouraged to don a facemask if appropriate and tolerated. A cloth mask will be provided at request.

If factory-produced surgical masks are not available, alternative masks, such as cloth (homemade) masks, may be used as source control. These masks should tightly enclose the area around the nose and mouth, from the bridge of the nose down to the chin, and extending onto the cheek beyond the corners of the mouth, so no gaps occur when talking or moving

Surgical masks and alternative masks should never be touched on the outside; rather, they should be handled by the ties, ear loops, or other straps.

Alternative masks may NOT be used by individuals demonstrating signs and symptoms of COVID-19. They may be used by asymptomatic individuals who have not had exposures to known or suspect COVID-19 cases.

Alternative masks are not staff-specific and should be laundered daily. They should be changed when saturated from condensation built up from breathing, or after a gross contamination event. They are considered dirty at the end of each 8-hour shift.

Dirty and clean facemasks must be kept in separate, clearly labeled containers or boxes to prevent cross contamination. Used facemasks must be laundered between each use, using hot water with regular detergent, and then drying on high heat. Handwashing of masks is not acceptable

Gowns

Disposable isolation gowns are the preferred method of protection when faced with a suspected case of COVID-19. If the gown becomes visibly soiled, it must be removed and discarded as per usual practices. The outside of the gown should not be touched at any time.

Eye protection

All MORA-ADS employees are expected to don an agency provided/ approved eye protection (goggles or face shield) for the duration of their shift.

Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different people served, or the same person, without removing eye protection between patient encounters. Extended use of eye protection can be applied to disposable and reusable devices.

Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through. Employees should take care not to touch their eye protection. If they touch or adjust their eye protection, they must immediately perform hand hygiene.

Eye protection should be cleaned following these guidelines. While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe. Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with disinfectant solution. Wipe the outside of face shield or goggles with clean water or alcohol to remove residue. Fully dry (air dry or use clean absorbent towels). Finally, remove gloves and perform hand hygiene.

Building and Ventilation Protocol

MORA- ADS employees ensure that the building's HVAC system is functioning appropriately each day. A vendor is in place to address any concerns that may arise with the system.

Cleaning and Disinfection Protocol

Following MDH and CDC guidance, regular practices of cleaning and disinfecting have been implemented, including a schedule for routine cleaning and disinfecting of surfaces, equipment, vehicles, and areas in the facility.

- Updated cleaning checklists have been implemented detailing increased cleaning expectations
- High-touch surfaces in the offices such as doorknobs, light switches, counters, tables and chairs, phones, keyboards, and other shared items are cleaned and disinfected twice daily when the program is in operation
- Chemicals used for cleaning will be EPA-registered disinfectants recommended by the CDC: <https://www.epa.gov/coronavirus>
- Employees will complete a regular inventory of the on-site supply of approved disinfectants, hand sanitizer and paper products. If replacements cannot be secured through usual vendors, additional supplies may be available through MORA's corporate office in Victoria.
- When washing linens, employees will use the warmest appropriate water setting and dry items completely.

Building Access- Arrival and Departure Procedures:

Building Access:

- The ADS building is to remain locked.
- Only those essential ADS employees and clients scheduled for the day will be permitted access to the ADS facility during program hours.
- Visitors will not be permitted at this time.
- In the event of a maintenance or service need within the building, arrangements will be made by the ADS Director for such needs to be addressed outside of program times whenever possible.
- Deliveries will be arranged to be left outside of the building.
- Client's interdisciplinary team meetings will continue to be held virtually.
- During congregate programming, late arrivals or early departures are not permitted.

Arrival and Departure:

- Employees and clients will be scheduled to arrive and depart in a staggered fashion to allow for physical/ social distancing. If more than one individual is waiting to complete the screening process for entry, they must wait in their vehicle.
- When transportation is provided by ADS, one vehicle will load/ unload at a time. Clients waiting to load a vehicle must do so in their designated activity room.

Communications and Training Practices and Protocols

- Prior to working in ADS (alternative services or a congregate setting), all employees will receive training specific to COVID-19, mitigation strategies, proper use of PPE and infection control.
- COVID-19 information and training materials will be made available to all clients. Instruction and training on mitigation strategies will be incorporated into the program sessions.
- Weekly Zoom calls occur for all MORA employees. Updates are shared on the current situation, any changes or modifications to procedures as well as other agency news.
- Weekly e-mails are sent to all employees with updates and information.
- A communication plan is in place to notify clients and employees of COVID-19 concerns, suspected and confirmed cases.
- This plan will be posted online as well as in the ADS facility. Copies will also be distributed to all employees, clients and their interdisciplinary team members
- 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.

Protocols for Program Activities and Services

Physical/ Social Distancing

- When resuming congregate programming, clients and employees will be assigned to a cohort group that will not exceed ten people. Members of this cohort will remain consistent. Co-mingling of employees and clients outside of a cohort is not permitted at this time
- All ADS clients and employees will remain in their designated activity rooms for the duration of the program time with exceptions for needs such as restroom use, personal care needs, positive support needs.
- Use of the large open area for activities is not permitted at this time.
- Six feet or greater will always be maintained between clients and employees.

Activity Precautions

- Physical/ social distancing must always be maintained
- Activities will be chosen, and room formations designed to limit face to face contact between clients (i.e. clients facing the same direction instead of seated around a table)
- Only activity supplies/ equipment that are either single use or easily sanitized can be utilized. The ADS Program Director and Therapeutic Recreation Specialist will maintain a list of acceptable items.
- Activity items cannot be shared between clients without disinfecting first. Attempts will be made to provide separate supplies (i.e. markers, dice etc.) for individuals when possible.

Community Outings

- The frequency of community outings will be limited at this time.
- Participation in community outings will remain voluntary and at the discretion of the individual and their legal representative.
- Outings will only occur with one staff and client at a time.
- Outings should only occur to destinations that are outdoors, allow for appropriate physical/ social distancing, and limit contact with persons outside of the program.

Medication Administration

- To promote physical/social distancing one employee will be assigned to medication administration responsibilities daily. A second employee may be assigned at the ADS Program Director's discretion for times when multiple clients require medication during the same time frame.
- When administering aerosolized medications, the client will need to be isolated in a separate room from anyone else. The door is to remain shut during administration. The room will be sanitized following administration.

Food Service

- Food deliveries will be directed to be delivered outside the ADS building with notification to ADS staff via phone.
- Physical distancing of six feet or greater must be maintained during snacks and meals

- Employees are prohibited from eating with clients. Breaks will be provided to allow staff to eat. Because of this, mealtimes may be staggered to accommodate this.
- Communal food (treats, donuts etc.) will not be allowed until further notice
- Cooking activities will not be allowed until further notice except when alternative services are being provided.
- Appropriate hygiene and sanitization must occur prior to and after all meals and snacks
 - All clients and staff must wash their hands
 - Tabletops must be disinfected
 - All dirty dishes, food and beverage trash etc. must be disposed of outside of the room immediately. Food and beverage items are not allowed to be disposed of in activity room garbage cans.
 - Clothing protectors, towels and related items must be shaken out in the food service garbage can and placed in the laundry hamper (in the open area).
 - Dirty dishes will be washed following each snack and meal.
 - Disposable items will be encouraged where appropriate.

Transportation

- Transportation services may be suspended, reduced, or modified to allow for physical distancing of drivers and passengers
- Attempts will be made to ensure drivers and passengers remain as consistent as possible on routes and in specific vehicles
- Each passenger will have a designated seat in the vehicle to promote physical distancing
- Drivers and passengers will be asked to don masks during transportation. This includes clients if appropriate and tolerated
- Vehicles will be disinfected after each trip. ADS drivers will adhere to the guidance available from the CDC related to the cleaning and disinfecting of non-emergency transport vehicles:
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

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Appendix B: Handwashing

<https://www.health.state.mn.us/people/handhygiene/wash/dontforget.pdf>



Appendix C: Alcohol Based Handrub

<https://www.health.state.mn.us/people/handhygiene/clean/alcoholrubs.html>

Easy as 1 2 3.

Alcohol-based handrub

Keep your hands clean! Use an alcohol-based handrub when your hands are not visibly soiled. Wash your hands with soap and water when your hands are visibly soiled.

[Food handlers in restaurants, schools, deli's and grocery stores must wash their hands with soap and water before applying hand sanitizers. Minn Rules Chap. 4626.0070 - 4626.0085]



Alcohol-based handrubs provide several advantages over handwashing with soap and water:

- require less time than handwashing
- act quickly to kill microorganisms on hands
- more effective than handwashing with soap and water
- more accessible than sinks
- reduce bacterial counts on hands
- do not promote antimicrobial resistance
- less irritating to skin than soap and water
- can even improve condition of skin

How do you use it?

It is as easy as 1, 2, 3... When decontaminating hands with an alcohol-based handrub use an amount of alcohol-based handrub sufficient to cover all surfaces of hands.

- 1 Apply handrub to palm of one hand.
- 2 Rub hands together covering all surfaces of hands and fingers.
- 3 Rub until handrub is absorbed.