

**COVID PREPAREDNESS PLAN  
For Employees of Episcopal Group Homes, Inc**

- I. Symptoms and Screening
- II. Source control and disinfection
- III. Social Distancing
- IV. In the event a staff or person served contracts COVID-19

*Updated 6/19/20*

**I: SYMPTOMS AND SCREENING**

**Symptoms, and screening yourself:**

--Do not come to work if you are showing any signs or symptoms of COVID-19 (Fever, dry cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea or vomiting, diarrhea)

--If you exhibit these symptoms call your supervisor or Emma (320-761-2288) or Jeremy (612-310-5553)

--Upon arriving at a community residential setting (group home) or unlicensed setting (Arlington/Hopkins) record your temperature in the log, and report any symptoms you may have. If you develop symptoms on your shift, leave and contact your manager, Emma, or Jeremy.

--If you are serving an individual in his/her own home, take your own temperature and do not enter the person's home if you have a temperature at 99.5 degrees F or above, or if you're showing other symptoms

--If you are at specific risk of COVID-19 due to any given risk factor, please self-identify to EGH staff and a discussion about potential accommodations can take place. For a list of factors that make an individual high-risk, google search "CDC people at higher risk for severe illness"

**Symptoms, and screening the people you serve:**

--Monitor the people you serve who may be showing any symptoms of COVID 19 (Fever, dry cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea or vomiting, diarrhea)

--Record two times per day their temperature and oxygen level. This can be done in an ongoing chart or within Therap

--In the event a person served is displaying symptoms, request that they take private refuge in their room if willing, and call your supervisor

--Request that the person avoid contact with staff or residents until such time as their symptoms subside or a test can be provided

--Report to your supervisor and/or to Emma or Jeremy that the person you serve is showing symptoms

## **II. SOURCE CONTROL AND DISINFECTION**

### **Source control**

--“Source control” is defined as preventing one’s own germs from spreading to another person. A cloth mask or surgical mask prevents virus spread by means of keeping the wearer’s breath contained, preventing accidental transmission.

***--Staff must always wear a cloth or surgical mask (cloth preferred if no illness present) while on the premises of an individual served, or when within 6 feet of a coworker or person served, anywhere.***

### **Disinfection:**

--All staff must take part in the disinfection of the home of the person served, as well as participate in hygiene

1. Upon arrival at the home of the person served, staff should wash their hands for at least 20 seconds, ensuring fingernails, thumbs, and all parts of the hands are clean
2. Staff should routinely encourage persons served to wash their own hands for 20 seconds
3. Staff should use hand sanitizer if soap is unavailable after having touched a commonly-touched surface
4. Routine disinfection of commonly-touched areas should take place more than once per day. This includes using disinfectant to clean:
  - a. Counters
  - b. Faucet handles
  - c. Sinks
  - d. Doorknobs
  - e. Tables
  - f. Toilet handles/seats
  - g. Car doors/safety belts
  - h. Steering wheels
  - i. Stair rails
  - j. Other surfaces routinely touched by more than one person

5. When washing towels, bedding, or other items, water temperature should be as high as possible
6. Staff should sneeze or cough into a tissue when possible, and dispose of it immediately

### III. Social distancing

1. When possible, staff should attempt to maintain social distance of 6 feet from persons served (obviously, for personal cares or other intimate aspects of DSP work, this is not always possible).
2. When in the community, assure persons served are aware of the practice of social distancing, and give prompts as necessary to allow for it.
3. Staff must always wear face masks over their nose and mouths while serving persons. Cloth masks are preferred when no illness is present
4. In the event of a visitor to the domicile of the person served, staff should arrange for the meeting to take place outdoors, and coach visitors and persons served about keeping distance
5. When driving in a car with a person served, roll down window(s) when possible
6. Staff should eat separately from persons served, maintaining at least six feet from persons served while eating (and mask is off)
7. Visitors **within** (inside) group homes, apartments, townhomes, or the residence of person served are *highly discouraged*. Should visitors require to enter the home, they must do a temperature check/health screen beforehand.

### IV. In the event a staff or person served contracts COVID-19:

1. When anyone receives word of a positive case among our staff or persons we serve, immediately call Jeremy at 612-310-5553
2. Jeremy will call the MDH Hotline: 651-201-5414 or 651-297-1304 or see <https://www.health.state.mn.us/diseases/coronavirus/hcp/report.html>
  - a. Will make initial report
  - b. Will begin any immediate guidance from MDH
  - c. Will follow up with them in terms of meeting at location/contract tracing
3. Begin quarantine/isolation procedures in home of positive person, if positive test is client
  - a. Encourage person to isolate in own room
  - b. Sick person gets restroom to his/her self
  - c. See quarantine plan for each EGH location
4. Organize PPE
  - a. Inventory of Masks, Gloves, Gowns, face shields at location
  - b. Funnel PPE from other locations to affected location as needed
5. Jeremy will notify Sandy/Emma to initiate phone tree:  
--Sandy will call people who have worked at location of infection in the last seven days and will follow MDH recommendations

--Emma will call people coming on the schedule and will follow MDH recommendations  
--Jeremy/Program Manager to call parents/guardians of ill persons and those around them

6. Jeremy/Program Manager of affected program calls related families
  - a. Jeremy/Program Manager decide who will call whom
  - b. Will share recommendations from MDH/plans on how to move forward
  - c. Work with Emma on solidifying upcoming schedule
7. Program Manager will inform Nurse of infections, update on MDH Recommendations
8. Using MDH recommendations, Jeremy/Sandy/Emma will instruct staff to get tested
9. Using MDH recommendations, affected individuals will get tested (tests brought on-site?)
10. Refresh staff on training for PPE/Serving people with COVID:
  - a. PPE: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
  - b. Caring for a person with COVID: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>
11. Jeremy will inform Board of Directors of infections

#### **V. Serving people who have COVID-19**

1. Persons served should be encouraged to remain in their rooms, as written in the quarantine plan for each program
2. Staff should wear a surgical mask, face shield, gloves, gown, and goggles when providing up-close services to people. Hair nets and shoe covers are also available
3. Staff should remove/replace gloves each time they've served someone with COVID. Surgical masks should be replaced if they become soiled or wet or otherwise unusable
4. Some gowns are washable (Blue gowns or yellow gowns with a cloth cuff), and should be placed in a clearly marked container to be washed. Some are one-time use only
5. If a staff person deems a gown or other PPE to have been too soiled/contaminated (even if washable) they can dispose of it
6. The face shields are cleanable, though replacement screens are available. They can be washed with disinfectant solution.