JEC Miller, Inc.
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COVID-19 Precautions and Emergency Preparedness Plan

We are so grateful for the dedicated team of employees that we have at JEC Miller, Inc. and want to ensure their safety and employment during this time. The following Emergency Preparedness Plan has been created as guidance for employees in response to the COVID-19 pandemic. All JEC Miller, Inc. employees are responsible for implementing this plan. The JEC Miller, Inc. Directors of Program Services will monitor compliance of the plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces, and that requires full cooperation among workers and management. Only through this cooperative effort can we establish and maintain the safety and health of our workers and workplaces.

Our Preparedness Plan follows Centers for Disease Control and Prevention (CDC), Minnesota Department of Health (MDH) guidelines, and federal OSHA standards related to COVID-19 and addresses:

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.

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.

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- 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.

PLAN FOR HYGIENE AND SOURCE CONTROLS:

One of the best modes of defense against germs is to follow proper handwashing. Staff need to wash their hands as soon as they enter the house or office for their shift. Staff will wash their hands frequently throughout their shift using soap and warm water for at least 20 seconds. Staff should be encouraging and monitoring the handwashing of the individuals we serve frequently as well.

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Workers and visitors are being instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing and to avoid touching their face, in particular their mouth, nose and eyes, with their hands. They should dispose of tissues in the trash and wash or sanitize their hands immediately afterward. Respiratory etiquette will be demonstrated on posters and supported by making tissues and trash receptacles available to all workers and visitors.

Cloth masks and medical grade masks have been provided to all staff and should be worn at all times during shifts (if you need to take a "mask break" you will need to make sure you are not in the same room as the individuals we serve). Employees working at the main office are required to wear masks in the common areas and may remove masks when alone in personal offices. The cloth masks and medical masks that we re-use should be worn as "source protection" to keep your germs from reaching those around you. The cloth masks need to be washed in hot water and hung to dry at the end of each shift. When possible individuals served should be encouraged to wear masks when social distancing cannot be maintained or if going out into the community (as able given the Governor's orders). If/ when we have a site that has a confirmed case, staff will be instructed to wear only medical grade masks and additional PPE will be distributed if necessary and as available. Gloves should be worn when performing personal cares and cleaning.

Any barriers, such as lack of supplies, will be immediately communicated to the site supervisor.

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.

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- 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.

PLAN FOR CLEANING AND DISINFECTING:

In order to prevent the spread of germs, particularly with the risk of COVID-19, staff are required to increase cleaning and disinfecting in the homes. This includes wiping down all high-touch surfaces and handles throughout the homes throughout the days (minimally twice per day). This will be included in the cleaning checklist for each site.

We have additional cleaning supplies if needed- if staff are working at a home in need, please email carolyn@jecmiller.com.

Similarly, cleaning and disinfecting at the main office are required. Regular housekeeping practices are being implemented, including routine cleaning and disinfecting of work surfaces, equipment, and areas in the work environment. Frequent cleaning and disinfecting will be conducted in high-touch areas, such as phones, keyboards, touch screens, controls, door handles, kitchen appliances, etc. All office staff should be cleaning the items that they touch following use, with the exception of the copy machine. Staff will use hand sanitizer or wash their hands prior to using the copy machine and following use. The last person to leave the office should wipe down all frequently used items and door handles.

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.

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- 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.

PLAN FOR SCREENING AND POLICIES FOR STAFF AND VOLUNTEERS:

Screening Criteria: We are currently screening all staff, individuals, and visitors for symptoms of COVID-19 and fever. The most common symptoms of COVID-19 as reported by the CDC include: Cough, Shortness of breath or difficulty breathing, Fever (100 degrees or more), Chills, Muscle pain, Sore throat, New loss of taste or smell.

Screening Tool: There is a screening tool called the "Staff/ Visitor Log" in Therap, under the "Agency" tab that needs to be completed at the start of each shift or upon entering the office. This would also be used if there was a visitor to the site.

Work Exclusion: If you are experiencing any of these symptoms (that are not explained by an alternate diagnosis), you will need to notify your supervisor and self-isolate for at least 10 days from the first symptom **and** at least 3 days fever free without the use of medication to control. We would also encourage you to get tested to help us to trace any potential exposures.

COVID-19 Exposures: If you have been exposed to a person that has tested positive for COVID-19, you need to report this exposure to your supervisor and will be required to comply with a 14 day quarantine (exceptions for teleworking will be made for supervisory staff on a case by case basis). If there has been a COVID-19 exposure at a site in which you have worked 2 days prior to symptoms being experienced, you will be notified by management of your exposure level and how to proceed. Personal information regarding COVID-19 positive test of healthcare workers will not be shared with other staff exposed. In cases in which an individual served has suspected or confirmed COVID-19, all staff will be notified within 24 hours and will

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be given the option of quarantining with the site or choosing not to work for the following 14 days.

The pandemic presents staffing challenges. During this time, staff who are willing and able to work at a program continuously for a week or potentially longer in the event that an individual/ program needs to be quarantined due to exposure or contact with COVID-19 may qualify for increased pay. Although we do not anticipate the need for this, we want to be prepared. We will be offering an incentive of $1000 per week for those staff that are able to work at a program for a full week. If necessary, homes may close if the individuals are staying with family or are willing to stay at an alternate location to help with staffing.

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.

PLAN FOR SCREENING AND POLICIES FOR RESIDENTS:

Screening Criteria: We are currently screening all staff, individuals, and visitors for symptoms of COVID-19 and fever. The most common symptoms of COVID-19 as reported by the CDC include: Cough, Shortness of breath or difficulty breathing, Fever (100 degrees or more), Chills, Muscle pain, Sore throat, New loss of taste or smell.

Screening Tool: Vital signs for the individual's served can be recorded under the "Health" tab, under "vital signs." Each individual will need an HPN completed each shift documenting they do or do not display or complain of symptoms.

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If one of the individuals that you are working with is experiencing any of these symptoms, please contact the company nurse, Shannon (952) 208-2626 or the individuals medical provider for guidance on how to proceed.

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.

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- Provide for physical distancing in restrooms or limit restroom capacity. Mark off areas for where to wait to use the restroom.

PLAN FOR SOCIAL DISTANCING:

COVID-19 is primarily transmitted from person-to-person. The CDC and MDH have made recommendations that everyone practice social distancing during this pandemic. This has been defined by keeping about 6 feet between you and others.

In our residential homes and when caring for the individuals we support, this is not always possible, but should be practiced whenever possible. However, we expect that staff will practice this important action in their personal lives in consideration of the vulnerable individuals that we serve as well.

We also encourage staff to help the individuals we serve with reminders of the importance of practicing social distancing at this time. We should discourage hugs and other personal contact with their housemates and other staff. Meal times should continue to be staggered and when individuals are spending time in common areas they should keep distance between them and their housemates.

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.

PLAN FOR FOOD PREPARATION AND MEALS:

Staff will prepare meals for individuals and assist with getting items from the refrigerator cupboards. Meals will be plated for individuals rather than family style serving. Meal times should be staggered when possible and when individuals are spending time in common areas they should keep distance between them and their housemates.

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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.

PLAN FOR VENTILATION:

Staff should open windows when practical and avoid using fans in the residential homes. If it appears that vents need to be cleaned, staff will ensure this is completed or put in a maintenance request.

8. 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.

PLAN FOR VISITORS:

We want to make sure the individuals we serve to stay healthy, active, and happy. Going for walks and outdoor activities are a great option to get out of the house and get some fresh air. During the pandemic, visitors are encouraged to limit visits at the sites unless there is an “essential” purpose to the visit.

All essential visitors will need to complete the required screening upon arrival. Family taking individuals home will also need to complete the visitor screening prior to pick up and drop off. Non-essential activities in the community in which social distance cannot be maintained will be discouraged.

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Non-essential visitors should limit visits to outdoor visits and should wear masks and maintain social distance during those visits.

9. Transportation

- Plan for the use of facemasks when providing transportation.
- Take precautions when using public transportation, ride-sharing, or taxis.
- Limit the number of residents in the vehicle and ask them to spread out to maintain social distancing as much as possible.
- Do not have air recirculated while in a vehicle.
- Remind residents to wear a facemask or face covering, wash their hands, and follow social distancing guidelines while they are away.

PLAN FOR TRANSPORTATION:
All staff should be wearing masks throughout their shifts, including in vehicles. Staff will encourage all individuals to wear masks in vehicles and try to limit the number of people being transported at a time.

If an individual is refusing to wear a mask they should not be transported with other individuals and should sit as far away from the driver as possible if there is an essential reason for the transport. Staff will advise that they can get in the vehicle as soon as masks are put on. High touch vehicle surfaces should be disinfected following use.

10. 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.

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- 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.

PLAN FOR COMMUNICATION AND TRAINING ABOUT THE PLAN:

All JEC Miller, Inc. employees are responsible for implementing this plan. The JEC Miller, Inc. Directors of Program Services will monitor compliance of the plan. This plan will be review with all staff and the individuals (within context and ability to understand) with the individuals that we serve. This plan will be emailed to parents, guardians, legal representatives, and case managers. This plan will be posted on the JEC Miller, Inc. website under the "Resources" tab.

Resources:

https://www.health.state.mn.us/diseases/coronavirus/index.html

https://www.cdc.gov/coronavirus/2019-ncov/index.html

https://mn.gov/governor/covid-19/