

COVID-19 General Information Checklist

This checklist is designed to provide standards for COVID-19 preparations and protocols. Each person, and each program may require variations from these standards. If something doesn't sound right for an individual or a staff person, talk to your Senior Director to make an adjustment.

a) MEDICATIONS:

- ☐ Keep supply of prescribed and OTC meds stocked as soon as possible.
- ☐ Medication delivery staff should not enter the program. Arrange for items to be dropped outside and picked up immediately by staff.

b) MEALS:

- ☐ Maintain food resources with weekly or every other week shopping, keeping a 2 week supply of food at all times.
- ☐ All meals should be eaten separately by staggering and/or clients should eat in different areas of the program. Eating in bedrooms is okay.
- ☐ Prepare meals in advance and freeze. Meals should be easily reheated.

c) STAFF:

- ☐ Staff will be temperature checked and monitored for symptoms upon entering the program.
- ☐ Staff are required to wear homemade cloth masks to help keep non-symptomatic staff from spreading COVID-19.
- ☐ Staff are required to wear eye protection when working closely with individuals (less than 6 feet).
- ☐ Staff (and clients) will switch to wearing surgical face masks once a client is suspected of having COVID-19.
- ☐ Staff with symptoms should not work and are required to pursue a test for COVID-19. Staff should notify the medical provider they work in a congregate care setting with individuals that meet the definition of a high-risk. Assessments and testing is free at most locations. Program Directors and Senior Directors should be made aware of timeframes and will accept documentation of medical recommendations. Staff will be asked to keep Program Directors aware of status.
- ☐ Staff requesting to not work will be categorized into these areas: COVID-19 related medical leave, personal leave, furloughed due to lack of work, or other. (ie: high risk of exposure at a secondary employer).
- ☐ Staff may use sick or vacation time to cover missed hours related to the need for isolation, observations, and testing.
- ☐ Staff requesting a leave of absence without a documented medical reason may use vacation time for their regularly scheduled shifts.
- ☐ Staff that have been transferred to another program, asked to self-isolate, or have been diagnosed with COVID-19 should use "ALT pay codes."
- ☐ We are not able to advance any sick and vacation hours during this time.

d) STAFF RETURN TO WORK AFTER ILLNESS:

- ☐ Staff can be allowed back to work after suspected or diagnosed COVID-19 following these protocols;
 - ☐ At least 10 days have passed since symptom onset AND
 - ☐ Three days (72 hours) have passed since recovery, which is defined as resolution of fever without fever reducing medication and improvement in respiratory symptoms (e.g., cough, shortness of breath).
- ☐ Staff returning from work after suspected or diagnosed COVID-19 are required to wear a surgical mask (not a homemade mask) during all awake working hours for 14 days since symptom onset.
- ☐ For staff that are tested and found positive for COVID-19 who have not had any symptoms should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

e) STAFFING:

- ☐ Create a staffing plan that meets minimal needs of the program if covid-19 limits staff availability.
- ☐ Staff may need to be reassigned based on agency needs/program needs.

f) LAUNDRY (AFTER SUSPECTED OR DIAGNOSED COVID-19):

- ☐ Towels, bedding, or other items cannot be shared with others. Clearly separate these items when cleaning and storing.

- ❑ Launder items as appropriate in accordance with the manufacturer's instructions.
- ❑ Do not shake dirty laundry.
- ❑ Wear gloves and keep soiled items away from body while laundering. Wash hands immediately after removing gloves.
- ❑ If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- ❑ Launder reusable gowns, shirts used as gowns, and homemade face masks separate from items used by a person with confirmed COVID-19.

g) **PERSONAL PROTECTIVE EQUIPMENT:**

- ❑ Programs currently have a supply of PPE that includes an infrared thermometer, face masks, gowns or shirts, face shields, eyeglasses, oximeter, and disposable gloves.
- ❑ Programs should have a plan to ensure staff have access to an adequate supply of PPE during all hours.
- ❑ Use of N-95 masks is reserved only for aerosol generating procedures which include suctioning of airways, nebulizer treatments, CPAP use. If a program has N-95 masks and does not do these procedures, the masks should be exchanged at the main office.
- ❑ Monitor supply of hand sanitizer (60%-90% alcohol) and disposable gloves.
- ❑ All staff are required to wear a face mask throughout each shift. Use individual paper bags labeled with names for storage during brief periods when a face mask cannot be worn (meals, drinking, etc.).
- ❑ All staff are required to wear eye protection when working closely with individuals (less than 6 feet), but may wear eye protection throughout all working hours. Clients may also wear eye protection if they request.
- ❑ All clients are required to wear a face mask as tolerated. Staff should make a reasonable effort when attempting to have a client wear a face mask.
- ❑ A mask should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- ❑ Clients do not need to wear a mask when in their room without others present regardless of what type of mask.
- ❑ Wash homemade face masks using a mesh laundry bag or a tied pillowcase, using usual methods and soaps. Hang to dry.
- ❑ Laundering of PPE supplies may need to occur multiple times daily.

h) **TIPS FOR USING FULL PPE:**

- ❑ Adding extra layers of clothing gets warm. Prepare by wearing light clothes and dress in layers that can be removed prior to donning PPE.
- ❑ Have a change of clothes at the program.
- ❑ The "hospital look" may scare clients. Consider getting creative with softening/normalizing the appearance if negatively affecting client(s). For example, wearing safety glasses and a backward shirt rather than a face shield and disposable gown.
- ❑ Comfort the individual by talking, use a soothing or upbeat voice as appropriate.
- ❑ Have PPE stations set up outside the door for donning and doffing in order. Place receptacles in doffing order on a table for staff exiting the room:
 1. Gloves
 2. Face shield/goggles
 3. Washable gown

i) **SANITATION/HYGIENE:**

- ❑ Wash hands between working with different clients.
- ❑ Allow cleaning products to remain on surfaces for 5-10 minutes before wiping (check product label).
- ❑ If possible, keep a separate bathroom for the person(s) that is sick. Only clean the area around the person who is sick when needed (ie: area is soiled). This helps limit contact with the person who is sick.
- ❑ If a bathroom has to be shared, staff should wait as long as possible before cleaning and disinfecting.

- ❑ Clean “high-touch” surfaces multiple times each day giving special attention to door handles, faucets, toilet handles, light switches, handrails, countertops, chairs, tables, remote controls, shared electronic equipment, and shared exercise equipment.
 - ❑ Sanitize vehicle interior surfaces between uses.
 - ❑ Sanitize house phone after use.
 - ❑ Wear reusable poly gloves for sanitizing areas. Sanitize gloves after each use. Limiting use of disposable gloves helps maintain critical supply for working with individuals confirmed to have COVID-19.
- j) STAFF TRAINING:
- ❑ Ensure all staff have read training materials and watched training videos regarding use of PPE.
 - ❑ Staff are encouraged to practice using reusable PPE.
 - ❑ Observe competency of each staff regarding donning and doffing PPE.
 - ❑ Program Directors should train directly with the nurse, then train their staff.
- k) INFORMATION SHARING:
- ❑ Notify Senior Director if COVID-19 test is recommended by a medical provider for client or staff.
 - ❑ Executive Director will work with MDH to report occurrences of COVID-19.
 - ❑ Share PPE shortages with as much advance notice as possible.
 - ❑ Share PPE surplus with all Senior Directors.
- l) EXPOSURE OF STAFF OR CLIENT:
- ❑ Exposure is defined by being within approximately 6 feet of a person with COVID-19 for a prolonged period of time or having unprotected direct contact with infectious secretions or excretions of a person with COVID-19.
 - ❑ Document staff exposure using the Significant Exposure form (EF96).
 - ❑ Complete a first report of injury for each staff person that is diagnosed with covid-19 after working in a program where a client has a positive COVID-19 diagnosis.
 - ❑ of injury should be completed if staff are diagnosed with COVID-19 after working in a program where a positive COVID-19 diagnosis.
 - ❑ Staff who are household contacts or intimate partners of someone with confirmed or suspected COVID-19 infection should quarantine at home for 14 days after preventive self-isolation measures are put into place for the contact.
 - ❑ If necessary, employees with no symptoms are permitted to continue to work following a potential exposure. Employee will need to follow implemented screening measures, remain asymptomatic, and employee must wear a cloth face mask at all times.