

# Medical Policies

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**Staff Acknowledgement**

I have reviewed the Medical policy manual. I understand the contents contained in each policy. I understand I have access to this manual through Star Services or at EBI West House. I understand my responsibilities outlined in each policy.

**Signature:**

**Date:**

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# Policy and Procedure on Health Service Coordination

Rev. 8/2015

## Purpose

The purpose of this policy is to promote the health and safety of persons served through establishing guidelines for the coordination and care of health-related services.

## Policy

This company is designated as a residential program and will implement procedures to ensure the continuity of care regarding health-related service needs as assigned in the *Coordinated Service and Support Plan (CSSP)* and/or *CSSP Addendum*. These procedures will be implemented in a way that is consistent with the specific health needs of the person served and which follows the procedures stated in the *Policy and Procedure on Safe Medication Assistance and Administration*.

Decision making regarding the health services needs of the person served will be guided by person-centered philosophy and conservative medical practice. The company will defer to the judgment of the assigned nurse, nurse consultant, or other licensed health care professional regarding medical or health-related concerns. If the company does not have an assigned nurse or nurse consultant, the company will coordinate all health-related services with the licensed health care professionals of the persons served.

## Procedure

- A. If responsibility for meeting the person's health service needs has been assigned to the company in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*, the company must maintain documentation on how the person's health needs will be met, including a description of the procedures the company will follow in order to:
  1. Provide medication setup, assistance, or administration according to MN Statutes, chapter 245D.
  2. Monitor health conditions according to written instructions from a licensed health care professional.
  3. Assist with or coordinate medical, dental, and other health service appointments.
  4. Use medical equipment, devices, or adaptive aides or technology safely and correctly according to written instructions from a licensed health care professional.
- B. Unless directed otherwise in the *CSSP* or the *CSSP Addendum*, the company will ensure the prompt notification to the legal representative, if any, and the case manager of any changes to the person's mental and physical health needs that may affect the health service needs assigned to the company in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*. This notice will be made, and the date documented, when the change in mental and physical health needs of the person has been discovered by the company, unless the company has reason to know that the change has already been reported.
- C. In coordination with the person's health care providers, the company and person's legal representative will determine how each person's health condition(s) will be monitored.
- D. When a person served requires the use of medical equipment, devices, or adaptive aides or technology, the company will ensure the safe and correct use of the item and that staff are trained accordingly on its use and assistance to the person. These items will only be used according to the written instructions from a licensed health care professional.
- E. When a person served requires the use of medical equipment to sustain life or to monitor a medical condition that could become life-threatening without proper use of the medical equipment, staff will be specifically trained by a licensed health care professional or a manufacturer's representative including an observed skill assessment to demonstrate staff's ability to safely and correctly operate the equipment according to the treatment orders and manufacturer's instructions. Equipment includes, but is not limited to ventilators, feeding tubes, and endotracheal tubes.

# POLICY AND PROCEDURE ON SAFE MEDICATION ASSISTANCE AND ADMINISTRATION

Rev. 11/2018

## **Purpose**

The purpose of this policy is to establish guidelines to promote the health and safety of persons served by ensuring the safe assistance and administration of medication and treatments or other necessary procedures.

## **Policy**

The company is responsible for meeting health service needs including medication-related services of persons as assigned in the *Coordinated Service and Support Plan (CSSP)* and/or *CSSP Addendum*.

Persons served will be encouraged to participate in the process of medication administration to the fullest extent of their abilities, unless otherwise noted in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*. The following procedures contain information on medication-related services for the administration of medication as well as the assistance staff may provide to a person who self-administers their own medication.

All medications and treatments will be administered according to this policy and procedure and the company's medication administration training curriculum.

## **Staff training**

- A. When medication set up and/or administration has been assigned to the company as stated in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*, staff who will set up or administer medications to persons served will receive training and demonstrate competency as well as reviewing this policy and procedure.
- B. Unlicensed staff, prior to the set up and/or administration of medication, must successfully complete a medication set up or medication administration training course developed by a registered nurse or appropriate licensed health professional. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures. The course must be taught by a registered nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician, if at the time of service initiation or any time thereafter. This may occur if the person has or develops a health care condition that affects the service options available to the person because the condition requires specialized or intensive medical or nursing supervision and nonmedical service providers to adapt their services to accommodate the health and safety needs of the person.
- C. Upon completion of this course and prior to the setting up and/or administering medications, staff will be required to demonstrate medication set up and/or administration established specifically for each person served at their location, if this has not already been completed.
- D. This training will be completed for each staff person during orientation, within the first 60 days of hire. Staff who demonstrate a pattern of difficulty with accurate medication administration may be required to complete retraining at a greater frequency and/or be denied the responsibility of administering medications. Documentation for this training and the demonstrated competency will be maintained in each staff person's personnel file.
- E. Staff will read side effect sheets on each medication that the consumer takes prior to administering the medication. When there is a new medication, staff must complete assigned readings or trainings immediately, and notify the DC/DM of any discrepancies.

## **Medication set up, assistance, and administration**

### **Medication set up**

- A. Medication setup means the arranging of medications according to instructions from the pharmacy, the prescriber, or a licensed nurse, for later administration when the company is assigned responsibility in the *Coordinated Service and Support Plan or the CSSP Addendum*. A prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.
- B. Staff will document the following information in the person's served medication administration record:
  - 1. Dates of medication set up.
  - 2. Name of medication.
  - 3. Quantity of dose.
  - 4. Times to be administered.
  - 5. Route of administration at the time of set up.
  - 6. When the person will be away from the service location,
  - 7. To whom the medication was given.

### **Medication assistance**

- A. There may be occasions when the company is assigned responsibility solely for medication assistance to enable a person served to self-administer medication or treatments when the person is capable of directing their own care or when the person's legal representative is present and able to direct care for the person.

- B. If medication assistance is assigned in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*, staff may:
1. Bring to the person and open a container of previously set up medications, empty the container into the person's hand, or open and give the medication in the original container to the person under the direction of the person.
  2. Bring to the person food or liquids to accompany the medication.
  3. Provide reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.

**Medication administration**

- A. Medication may be administered within 30 minutes before or after the prescribed time. For example, a medication ordered to be given at 7:00 am may be administered between 6:30 am and 7:30 am.
- B. Medications ordered to be given as an "AM medication" and/or "PM medication" may be administered at a routine daily time. The routine time may fluctuate up to two hours in order to accommodate the person's schedule. For example, if a person typically receives their medication at 7:00 am, then on the weekends, the medication may be given between 5:00 am and 9:00 am.
- C. Staff administering medication must know or be able to locate medication information on the intended purpose, side effects, dosage, and special instructions.
- D. General and specific procedures on administration of medication by routes are included at the end of this policy. Routes included are:
1. Oral tablet/capsule/lozenge.
  2. Liquid medication.
  3. Buccal medication.
  4. Inhaled medication.
  5. Nasal spray medication.
  6. Eye medication.
  7. Ear drop medication.
  8. Topical medication.

**Medication Authorization**

- A. Prior to administering medication for the person served, the company will obtain written authorization from the prescribing physician, person served and/or legal representative to administer medications or treatments, including psychotropic medications.
- B. This authorization will remain in effect unless withdrawn in writing and it may be withdrawn at any time.
- C. If authorization by the person served and/or legal representative is refused, the company will not administer the medication or treatment. This refusal will be immediately reported to the person's prescriber and staff will follow any directives or orders given by the prescriber.

**Injectable medications**

- A. Injectable medications may be administered to a person served according to their prescriber's order and written instructions when one of the following conditions has been met:
1. A registered nurse or licensed practical nurse will administer injections.
  2. A supervising registered nurse with a prescriber's order can delegate the administration of an injectable medication to unlicensed staff persons and provide the necessary training.
  3. There is an agreement that must be signed by the company, the prescriber, and the person served and/or legal representative will be maintained in the service recipient record. This agreement will specify:
    - a. What injection may be given;
    - b. When and how the injection may be given;
    - c. That the prescriber retains responsibility for the company to give the injection.
- B. Only a licensed health care professional is allowed to administer psychotropic medications by injection. This responsibility will not be delegated to unlicensed staff.

**Psychotropic medication**

- A. When a person served is prescribed a psychotropic medication and the company is assigned responsibility for the medication administration, the requirements for medication administration will be followed.
- B. The company will develop, implement, and maintain the following information in the person's *CSSP Addendum* according to MN Statutes, sections 245D.07 and 245D.071. This information includes:
1. A description of the target symptoms that the psychotropic medication is to alleviate.
  2. Documentation methods that the company will use to monitor and measure changes to these target symptoms, if required by the prescriber.
  3. Data collection of target symptoms and reporting on the medication and symptom-related data, as instructed by the prescriber, a minimum of quarterly or as requested by the person and/or legal representative. This reporting will be made to the expanded support team.

- C. If the person and/or legal representative refuse to authorize the administration of a psychotropic medication as ordered by the prescriber, the company will not administer the medication and will notify the prescriber as expediently as possible. After reporting the refusal to the prescriber, the company must follow any directives or orders given by the prescriber. A refusal may not be overridden without a court order. Refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency.

### **Documentation requirements on the Medication Administration Record (MAR)**

#### **A The following information will be documented on a person's MAR and / or attached with the persons MAR**

1. Information on the current prescription labels or the prescriber's current written or electronically recorded order or prescription that includes the:
  - a. Person's name
  - b. Description of the medication or treatment to be provided
  - c. Frequency of administration
  - d. Other information needed to safely and correctly administer medication or treatment to ensure effectiveness
2. Easily accessible information on risks and other side effects that are reasonable to expect and any contraindications to the medications use. (located in the MAR book).
3. Possible consequences if the medication or treatment is not taken or administered as directed. (SE sheet)
4. Instruction on when and to whom to report:
  - a. If a dose of medication is not administered or treatment is not performed as prescribed, whether by staff error, the person's error, or by the person's refusal;
  - b. The occurrence of possible adverse reactions to the medication or treatment.
5. Notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by staff error, the person's error, or by the person's refusal, or of adverse reactions, and when and to whom the report was made.
6. Notation of when a medication or treatment is started, administered, changed, or discontinued.

#### **B. A designated staff member (EBI Program Director, Designated Manager, or Coordinator) will transcribe a prescriber's new, changed, and discontinued medication/treatment orders on the MAR by:**

1. Comparing the label on the medication with the prescriber's order to ensure they match. Any discrepancy must be reported to the pharmacy and or prescribing physician immediately.
2. Copying any new medication/treatment or change from the original prescriber's orders to the MAR.
3. When there is a change in a current medication/treatment, the revision is written on the MAR in order to implement the medication change.
4. Entering the medication/treatment name, dose, route, frequency, and times to be administered.
5. Drawing an arrow to the start date for each assigned time.
6. Writing the date the medication is to start, the name of the prescriber who ordered the medication, and the initials of the person making the entry, on the line just below the arrows or under the order on a separate line.
7. Discontinuing a medication/treatment as ordered by writing "D/C" or "Discontinued," the date, the prescriber's name, and the initials of the person making the entry on the line just below the arrow.
8. Completing any applicable health documentation regarding the entry and notifying the necessary personnel.

#### **C. EBI's DM, DC, or Program Director will ensure the person's name, diagnosis, medications/treatments, notification requirements, physician information, allergies, prescriber's name, month, and year are on the MAR each month.**

#### **D. All staff who have been trained in Medication Administration procedures will document administration of medications/treatments onto the MAR immediately after assisting with administration or treatment by:**

1. Signing off on the person's MAR in the correct space by the medication or treatment provided.
2. As applicable, making any additional notations on the MAR, following the key on the MAR. If additional notation is made, staff must also write in the persons medical notes and fill out a medication/treatment error or discrepancy form as applicable.

### **Schedule I-V Medication**

- A. Schedule II controlled substances, names in MN Statutes, section 152.02, subdivision 3, must be stored in a separate locked container within the locked medication area
- B. All Schedule II Controlled Substances will be counted by two staff members together daily, and the results documented on the consumer's MAR. Any discrepancies with scheduled II medications will be immediately communicated to EBI's DM or DC.
- C. If a controlled substance must leave the home, the medication will be counted when leaving the home and when being returned to the home. Results of the count will be documented in the consumer's medical notes.
- D. No schedule I prescription medication will be administered or supplied at EBI, Inc.
- E. EBI's DM will determine the frequency for counting Schedule medications.

**Verification and monitoring of effectiveness of systems to ensure safe medication handling and administration (reporting and reviewing)**

- A. A designated person (EBI DC or DM) will be responsible for reviewing each person’s MAR to ensure information is current and accurate. This will include a review of the monthly medication sheets, referrals, medication orders, etc.
- B. At a minimum, this review will occur quarterly or more frequently if directed by the person and/or legal representative or the *Coordinated Service and Support Plan* or *CSSP Addendum*.
- C. Based upon this quarterly or more frequent review, the reviewer will notify the manager, as needed, of any issues. Collaboratively, a plan must be developed and implemented to correct patterns of medication administration errors or systemic errors when identified. When needed, staff training will be included as part of this plan to correct identified errors.
- D. The following information will be reported to the legal representative and case manager as they occur or as directed by the *Coordinated Service and Support Plan* or *CSSP Addendum*:
  - 1. Concerns about a person’s self-administration of medication or treatment.
  - 2. A person’s refusal or failure to take or receive medication or treatment as prescribed.
  - 3. Any reports as required, regarding:
    - a. If a dose of medication is not administered or treatment is not performed as prescribed, whether by staff error, the person’s error, or by the person’s refusal
    - b. Occurrence of possible adverse reactions to the medication or treatment

**Coordination and communication with prescriber (completed by EBI’s DM, DC, or PD)**

- A. As part of medication set up and administration, the company will ensure that clear and accurate documentation of prescription orders has been obtained by the prescriber in written format.
- B. Initiations, dosage changes, or discontinuations of medications will be coordinated with the prescriber and discussed as needed to ensure staff and/or the person served has a clear understanding of the order. If the order has only been done verbally, staff will request a written or electronically recorded copy from the prescriber. Staff will not make any changes to medications or treatment orders unless there is a written or electronically recorded copy.
- C. All prescriber instructions will be implemented as directed and within required timelines by staff and/or the person served and documented in related health documentation.
- D. Concerns regarding medication purpose, dosage, potential or present side effects, or other medication-related issues will be promptly communicated to the prescriber by EBI’s DM, DC, or Program Director.
- E. Any changes to the physical or mental needs of the person as related to medication will be promptly made to the prescriber in addition to the legal representative and case manager.

**Coordination of medication refills and communicating with the pharmacy**

- A. All medications, including topical, refrigerated, and over-the-counter medications, as well as administration supplies, will be checked weekly by the designated direct care staff member to ensure the supply is adequate. If this assigned person is absent on the designated day that the check is completed, it will be the responsibility of the person working for that assigned person to complete the check unless the house supervisor has made alternative arrangements for the completion of this task.
- B. Medications and supplies that have a 7 day supply or less will be called into the pharmacy for reorder. There will be a designated day and designated direct care staff person to complete the medication check and calling the pharmacy for reorders. If the designated staff member is absent on the designated day that this check and reordering of medications are completed, it will be the responsibility of the person working for that designated person to complete this task unless the house supervisor has made alternative arrangements for the completion of this task. If a medication was reordered, the designated staff person must write down what was ordered and when it will be ready if the medication is not eligible for delivery. This information (medication that was reordered and when it will be ready) should be wrote down on the staff log calendar. When the medication arrives into the home, either by delivery (Falk’s) or by pick up (Walgreen’s), the staff on duty will place the medication in the excess stock bin in the medication cabinet, and document each medication onto the medication Rx log for the assigned consumer after verification procedures have been completed. **Verification procedures that must be completed include:**
  - a. Compare the medication bottle to the consumer’s MAR. If all information is correct, place the medication in the Rx bin and document the medication information on the Rx log.
  - b. If there is a discrepancy found (medication name/label does not match the persons MAR), immediately contact the house supervisor, EBI DM or DC. Do not administer the medication until the information can be verified and the persons MAR is corrected by EBI’s house supervisor, unless you have been directed to make this correction by your supervisor. If correction is being made by the EBI supervisor, place the medication in the rx bin for review along with the side effect sheet, make a note on the pharmacy bag holding the medication “needs review by EBI supervisor”.
- C. Some pharmacies may automatically refill prescriptions of persons served. If this is the case, EBI’s DC, DM, or PD will contact the pharmacy if a medication or treatment is discontinued.
- D. The company will ensure that the pharmacy has the contact information for the service location and the main contact person

who can answer questions and be the primary person responsible for coordinating refills.

### **Handling changes to prescriptions and implementation of those changes**

- A. All written instructions regarding changes to medications and treatments are required to be documented through a prescription label or the prescriber's written or electronically recorded order for the prescription.
- B. Changes made to prescriptions will be immediately communicated to EBI's house supervisor by the staff member accepting the change. EBI's supervisor will make this change on the person's MAR before administration can take place..
- C. Any concerns regarding these changes and the order will be resolved prior to administration of the medication to ensure safety and accuracy.
- D. Discontinued medications or medications that the dosage is no longer accurate due to the changes will be discarded appropriately.

### **General and specific procedures on administration of medication by routes**

- A. General procedures completed before administering medication **by any route**
  - 1. Staff must begin by washing their hands and assembling equipment necessary for administration.
  - 2. The person's MAR is reviewed to determine what medications are to be administered and staff removes the medication from the storage area.
  - 3. Staff will compare the medication sheet with the label of each medication for the following:
    - a. Right person
    - b. Right medication
    - c. Right date
    - d. Right time
    - e. Right route
    - f. Right dose
    - g. Expiration date
  - 4. If there is a discrepancy, the medication will not be administered. Instructions will be verified by contacting EBI's DC or DM, and as applicable, the prescribers nurse, pharmacist, or prescriber.
  - 5. Staff will compare the label with the medication sheet for the second time.
  - 6. Immediately prior to the administration of any medication or treatment, staff will identify the person and will explain to the person what is to be done.
  - 7. Staff will compare the label on the pill bottle with the MAR for the third time before administering it, according to the specific procedures below, to the person.
  - 8. After administration, staff will document the administration of the medication or treatment or the reason for not administering the medication or treatment.
  - 9. Staff will contact EBI's DC or DM, and as applicable, the prescribers nurse, or prescriber regarding any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed.
  - 10. Adverse reactions will be immediately reported to the prescribers nurse, or prescriber.
- B. Additional procedures for administration of **oral tablet/capsule/lozenge**
  - 1. If medications are in a bottle, staff will pour the correct number of tablets or capsules into the lid of the medication container and transfer them to a medication cup.
  - 2. If medications are in bubble packs, staff will, beginning with the highest number, push the correct dose into a medication cup, and write the date and their initials on the card next to the dose popped out.
  - 3. If medication is in lozenge form, staff will unwrap the lozenge and transfer it to a medication cup.
  - 4. Staff will administer the correct dosage by instructing the person to swallow the medication. If the medication is in lozenge form, staff will instruct the person not to chew or swallow the lozenge so it is able to dissolve in their mouth.
  - 5. If the medication is to be swallowed (tablet/capsule), staff will offer at least 4 ounces of a beverage and remain with the person until the medication is swallowed.
  - 6. If the medication is in lozenge form, staff will stay in the vicinity until the lozenge is completely dissolved; checking periodically to ensure the lozenge has not been chewed or swallowed.
- C. Additional procedures for administration of **medication from a med minder**
  - 1. If medications are in a med minder, staff will pour the correct number of tablets or capsules from the med minder into a cup or bowl.
  - 2. Staff will see that the correct dosage has been placed into the bowl or cup by referring to the persons MAR prior to giving the person their medication. Staff will count the number of pills poured against the number of pills listed on the MAR for the designated med pass time to confirm that information in addition to knowing what the medication

you are giving looks like. If there is a discrepancy, the staff will refer to the persons pill bottles to determine what may be missing or if there is excess supply of a pill and will fix this discrepancy prior to giving. In the event that there are no pills in the med minder for the med pass, confirm with previous staff on duty to determine if an error occurred and if not, staff on duty will be responsible for filling the med minder for the designated med time so that the individual has their medication at the correct time. In the event that an error did occur, contact your house supervisor for further direction.

3. Once medication has been placed in a cup or bowl and it has been confirmed that the dosage is correct, staff will administer the correct dosage by instructing the person to swallow the medication. Refer to the individuals plan to determine if medications need to be cut, crushed, or taken with food or liquid.
4. Sign off on the person's MAR and complete any additional report forms if an error occurred.

D. Additional procedures for monitoring **self-administration of oral tablet/capsules**

1. If medications are arranged so that the person self-administers their own medications, staff will be responsible for checking with the person when their medication time approaches. Staff have up to ½ hour after the medication time to check with the person to see that they took their medication. If the person is not home during this time, staff will check with the person when the person arrives home.
2. Once it has been confirmed that the medication has been taken by the person, the staff member will sign off on the MAR. If there is a discrepancy or error, staff will call the house supervisor and staff will complete the correct form to document the discrepancy or error. Staff will also write in the persons medical notes.
3. Staff will follow individualized retraining plans for the person if a medication error occurs.

E. Additional procedures for the administration of **liquid medications**

1. Staff will shake the medication if it is a suspension (staff will check the label if in doubt).
2. Staff will pour the correct amount of medication, at eye level on a level surface, with the label facing up, into a plastic medication measuring cup or measuring spoon.
3. Staff will wipe around the neck of the bottle with a damp paper towel, if sticky, and replace the cap.
4. Staff will dilute or dissolve the medication if indicated on the label or medication sheet with the correct amount of fluid.
5. Staff will administer the correct dose according to the directions in an appropriate container.
6. Staff will remain with the person until the medication is swallowed.

F. Additional procedures for the administration of **buccal medication**

1. Buccal medications are usually given in a liquid form and administered into the cheek.
2. Staff will open the container and measure the correct dose of liquid medication into a syringe or dropper.
3. Staff will position the person on their side.
4. Staff will administer the medication by squeezing the syringe or dropper into the person's cheek, with gloved hands, avoiding going between the teeth.
5. Staff will remain with the person to ensure that the medication has been absorbed into the cheek and that they have not drank any liquids.

G. Additional procedures for the administration of **inhaled medications**

1. If more than 1 inhaled medication is to be given, staff will state which one is administered first.
2. Staff will position the person sitting, if possible.
3. Staff will gently shake the spray container (Diskus style inhalers do not require shaking).
4. Staff will assemble the inhaler properly, if required, and remove the cover (Diskus style: staff will slide lever to open inhaler, then cock internal lever to insert dose into mouthpiece).
5. Staff will instruct the person to exhale through their mouth completely.
6. Staff will place the mouthpiece into the person's open mouth and instruct the person to close their lips around the mouthpiece.
7. Staff will press down the canister once, while instructing the person to inhale deeply and slowly through the mouth (Diskus style: staff will instruct the person to inhale the powdered medication).
8. Staff will wait 1 minute and repeat steps 5-7, if more than one puff is ordered.
9. Staff will instruct the person to rinse their mouth with water if directed.
10. Staff will return the medication to the locked area.
11. Staff will wash the inhaler mouthpiece daily with soap and warm water and dry it with a clean paper towel (Diskus style: staff will wipe the mouthpiece with a clean dry cloth).

H. Additional procedures for the administration of **nasal spray medications**

1. Staff will ask the person to blow their nose or will gently wipe the nose with gloved hands.

2. Staff will gently shake the spray container.
3. Staff will ask the person to tilt their head slightly forward.
4. Staff will remove the cap from the nozzle and will insert the nozzle into one nostril, aiming away from the septum (middle of the nostril).
5. Holding the other nostril closed, staff will instruct the person to inhale and squeeze once to spray.
6. Staff will repeat steps 4 and 5 to deliver the correct dosage to the other nostril.
7. Staff will rinse the nozzle with warm water, dry it with a clean paper towel, and replace the cap.

I. Additional procedures for the administration of **eye medications**

1. Staff will open the medication container.
2. Staff will position the person in a sitting or lying down position.
3. Staff will observe the eye(s) for any unusual conditions which should be reported to the nurse or prescriber prior to administration.
4. Staff will cleanse the eye (unless otherwise noted) with a clean tissue, gently wiping from the inner corner outward once (if medication is used in both eyes, staff will use a separate tissue for each eye).
5. Staff will assist or ask the person to tilt their head back and look up.
6. With gloved hands, staff will pull correct lower eyelid down to form a 'pocket' or ask the person to pull down their lower eyelid and will administer the correct dose (number of drops/strand for ointments) into the correct eye(s).
7. If different eye medications are prescribed, staff will give (5) minutes before administering the second medication.
8. Staff will avoid touching the tip of the dropper or tube to the person's eyelid or any other object or surface and replace the cap.
9. Staff will offer the person a tissue for each eye or blot the person's eye with separate tissues.

J. Additional procedures for the administration of **ear drop medication**

1. Staff will have the person sit or lie down with the affected ear up.
2. If sitting, staff will have the person tilt head sideways until the ear is as horizontal as possible.
3. If lying down, staff will have the person turn their head.
4. Staff will observe ears and notify the nurse or prescriber of any unusual condition prior to administration of the medication.
5. Staff will administer the correct number of drops, that are at room temperature, into the correct ear by pulling the ear gently backward and upward. For children, under 3 years of age, staff will pull the ear gently back and down.
6. Staff will have the person remain in the required position for one (1) to two (2) minutes.
7. Staff will have the person hold their head upright while holding a tissue against the ear to soak up any excess medication that may drain.
8. Staff will repeat the procedure for the other ear if necessary.
9. Staff will replace the cap on the container and will avoid touching the tip of the dropper to the person's ear or any other surface.

K. Additional procedures for the administration of **topical medications**

1. Staff will position the person as necessary for administration of the medication.
2. Staff will, prior to administering the medication, observe for any unusual conditions of the affected area of the body which should be reported to the nurse or prescriber.
3. Staff will wash and dry the affected area unless otherwise indicated.
4. Staff will administer medication to the correct area, according to directions, with the appropriate applicator or with gloved hands.
5. If the topical is in powder form, staff will instruct the person to avoid breathing particles in the air that may result from the application.
6. If the topical is a transdermal patch, staff needs to be aware of the appropriate site location to place the transdermal patch.
7. If the topical is a transdermal patch, staff will remove the old patch and select a new patch site (new patch should be applied to clean dry skin which is free of hair, cuts, sores, or irritation on upper torso unless otherwise directed).
8. If the topical is a transdermal patch, staff will unwrap the new patch, sign and date the patch, remove the backing, and apply it to the new patch site.
9. Staff will replace the cap on the container, if needed, avoiding contact with any other surfaces.

L. Staff will throw away all disposable supplies and place all medications in the locked medication storage area/container prior to leaving the area.

M. Staff will wash their hands.

**This policy and procedure was established in consultation with and approved by:**

**Name:** Penny Wilmers; **Title:** Registered Nurse; **Date of consultation and final approval:** July 31, 2015

**Date of additional Review/Revision:** November 1, 2018

## Skills Assessment for Medication Administration

**Five Rights = Resident, medication, dose, time, method**

**Directions for Supervisor:** After the staff member has completed the assigned medical or medication administration training, observe the staff member passing medications to each assigned consumer. Sign off on the observed competency after the staff member is competent of performing the skill.

<b>Skill</b>	
Completes a review of all prescribed medications and is knowledgeable of side effects and medication	
1) Washes hands before assisting with medication administration	
2) If applicable, sets up pudding, liquids, applesauce, or full glass of water	
3) Unlock cabinet and take out the persons storage bin containing their medications. Obtain the MAR from storage area	
4) From storage bin, take out the medications to be given by comparing the label on the bottle (name, medication, dose, date/time, method) to the MAR and set medication bottle aside – repeat this step for each medication	
5) Compare the label of the medication bottle to the MAR as the medication is put into the medication cup (name, medication, dose, date/time, method)	
6) Compare the label of the medication bottle to the MAR when returning the medication bottle back to storage bin	
7) Put medication bin back into locked storage. Never turn your back on prepared medications	
8) With MAR in hand, go to consumer, identify consumer, and let them know you have their medication.	
9) Knowledgeable of what you are giving, why you are giving it, and what some of side effects are.	
10) Watch person take medication and initial MAR on correct day and time.	
11) As applicable – Crushes medications according to guidelines	
12) As applicable – Completes the identified procedures with consumers who self-administer	
<b>Performs all medication skills in accordance to written guidelines</b>	

Employee Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing the assessment with employee \_\_\_\_\_ Date: \_\_\_\_\_

## Policy and Procedure on Individual Refusal to Accept Medication or Treatment

Rev. 12/13

### Purpose

The purpose of this policy is to outline the minimum requirements for responding to an individual's refusal to adhere to physician ordered or otherwise prescribed medications and treatments or medical appointments.

### Policy

Individuals have the right to refuse medications and/or treatments. All employees will encourage individuals to follow physician's orders while respecting this right. Employees are not permitted to forcibly administer medications or treatments at any time.

### Procedure

**A. When an individual refuses a medication or treatment, the employee will:**

1. Attempt to discover why the person is refusing and attempt to address the cause.
2. Explain the adverse effect that could occur as a result of refusing.
3. Check if there is a protocol or procedure in place which addresses medication/treatment refusals and follow that protocol or procedure as applicable.
4. Offer the medication/treatment a second time after a 10-15 minute waiting period which may include discussion or a diversionary activity.
5. Allow the individual another 10-15 minutes to decide if the refusal will continue, knowing potential adverse effects.
6. Offer the medication/treatment for a third time before the 30 minute administration window has passed, and/or when there is an indication that the individual may accept the medication or treatment.
7. Contact EBI's DC or DM and follow instructions given.

**B. If the medication/treatment was not given, the employee must:**

1. Call the DC/DM and follow instructions given, which may include calling the persons team members, prescriber, or the prescribers nurse.
2. Call the prescribing physician or physicians nurse if the DC/DM cannot be reached.
3. Document an "R" for "Refusal" on the consumer's MAR.
4. Document in the consumer's medical notes any antecedent to the refusal, how the refusal was communicated, and attempts to encourage acceptance of the medication/treatment.
5. Complete a *medication/treatment error report* form and the *incident/emergency report* form and follow the *Policy and Procedure on Incident Reporting*, if the refusal required physician treatment.

**C. If an individual refuses to attend or cooperate with a medical appointment and does not receive treatment as a result, the Designated Manager (DM) will follow *Policy and Procedure on Coordination and Continuity of Services* to promote facilitation of the missed treatment.**

**D. The DC/DM will notify the physician and legal representative of the refusal or failure to take the medication as prescribed if the following applies:**

1. Physician instructions indicate that notifications be made.
2. The individual's Coordinated Service and Support Plan (CSSP) and or the person's CSSP addendum indicates that notifications be made.

**E. In the case of a pattern of medication/treatment refusals, the DM/DC will consult with the person's support team regarding the pattern of refusals and develop a plan to follow regarding future refusals.**

**F. The DM/DC will follow the *Policy and Procedure on Incident Reporting* whenever the physician has been notified because a medication has not been taken as prescribed and the physician determines that the refusal or failure to take the medication as prescribed creates an immediate threat to the individual's health or safety or the health or safety of other individuals receiving services.**

**This policy and procedure was established in consultation with and approved by:**

**Name:** Penny Wilmers

**Title:** Registered Nurse

**Company:** EBI, Inc.

**Date of consultation and final approval:** January 1, 2014

## Policy and Procedure on Leave of Absence Medications

Rev. 12/13

### Purpose

The purpose of this policy is to establish a process for packaging medications for individuals who will be away from the program site during times when they receive medications.

### Policy

Safe and accurate medication administration is important to the health and safety of each individual. Due to the nature of community life, there will be occasions that an individual does not plan to be at the program site when they are scheduled to receive a medication. In programs where employees are responsible for the administration of medications, medication will be pre-packaged for short term instances or sent in their original pill bottle, envelope, or med minder.

### Procedure

#### A. Short term leave of absence (less than 24 hours)

1. Each medication or treatment that will be administered while the individual is away from the program site will be packaged in a separate medication envelope with the following information written on the envelope: (EBI Denfeld and EBI Berkeley may use med reminders)
  - a. Individual's name
  - b. Name and dosage of medication
  - c. Number of pills to be taken
  - d. Date, time, route to be administered
  - e. Any special instructions such as "take with food"
  - f. The phone number of the program site and the initials of the person who packaged the medication
2. Liquid medications and topical medications will be sent in their original pharmacy labeled containers.
3. All medications given for a leave of absence will be documented in blue/black ink on the consumer's MAR as soon as verification can occur that the medication was given. Follow the key on the MAR to document accordingly.
4. All medications given for a leave of absence will be documented in blue/black ink on the Medication Setup log in the following manner:
  - a. Name of staff setting up medication
  - b. Date
  - c. Individual's name
  - d. Name of medication/dosage/time of administration and date to be administered.
  - e. Name of person medications were given to until time of administration
5. Any medications returned to the program site that were assigned to be administered, but not administered, will need to be given to EBI's DC or DM for review. EBI's DC or DM will follow the policy for missed medication.

#### B. Long term leave of absence (more than 24 hours)

1. Long term leave of absence medications will not be packaged in envelopes, unless EBI's DC or DM has directed you to do so.
2. Prescription medications, over the counter medications, liquid medications and topical medications will be sent in their original pharmacy labeled container (EBI Denfeld and Berkeley may use med reminders).
3. A copy of the consumer's MAR will be sent with the consumer to ensure accuracy with administration.
4. All medications given for a leave of absence will be documented in blue/black ink on the MAR. Follow the key on the MAR to document accordingly.
5. All medications given for a leave of absence will be documented in blue/black ink on the *Medication Setup log* in the following manner:
  - a. Name of staff setting up medication
  - b. Date
  - c. Individual's name
  - d. Name of medication/dosage/time of administration and date to be administered.
  - e. Name of person medications were given to until time of administration
6. If a controlled substance must leave the home, the medication will be counted when leaving the home and when being returned to the home. Results of the count will be documented in the consumer's medical notes.

**This policy and procedure was established in consultation with and approved by:**

**Name:** Penny Wilmers; **Title:** Registered Nurse; **Company:** EBI, Inc.; **Date of consultation and final approval:** January 1, 2014

**Policy and Procedure on Medication Supply, Storage, Destruction, Review, and Records**  
**Rev. 11/2018**

**Purpose**

The purpose of this policy is to establish procedures for medication destruction and for maintaining medication supply and storage.

**Policy**

Safe medication administration requires safe and consistent procedures for storing and maintaining supplies and for destroying medications.

**Procedure**

**A. Medication supply**

1. All medications, including topical, refrigerated, and over-the-counter medications, as well as administration supplies, will be checked weekly by the designated direct care staff member to ensure the supply is adequate. Medications and supplies that have a 7 day supply or less will be called into the pharmacy for reorder. There will be a designated day and designated direct care staff person to complete the medication check and calling the pharmacy for reorders. If the designated staff member is absent on the designated day that this check and reordering of medications are completed, it will be the responsibility of the person working for that designated person to complete this task unless the house supervisor has made alternative arrangements for the completion of this task.
2. Reordering medication to ensure adequate supply – Once it has been determined that a medication or supply must be ordered, the designated staff will gather the necessary information (rx number, pill bottles, etc.) and call the consumer's pharmacy or medical supply store to reorder medication or supplies. This may also apply to new orders.
  - a. If a medication or supply was ordered/reordered, the designated staff person must write down what was ordered and when it will be ready if the medication or supply is not eligible for delivery. This information (medication/supply that was reordered and when it will be ready) should be wrote down on the staff log calendar.
  - b. If the medication or supply was eligible for delivery, staff will write down what was ordered on the staff log book the day it was ordered and what was ordered.
  - c. When the medication or supply arrives into the home, either by delivery or by pick up, the staff on duty will place the medication in the excess stock bin in the medication cabinet, and document each medication onto the medication Rx log for the assigned consumer. Staff will also compare the Rx label to the consumer's MAR to ensure accuracy. Any discrepancies need to be reported to the house supervisor immediately before the medication can be administered. Changes seen may include: new dosage, new med, name change, etc.
    1. For supplies – staff on duty will ensure that the supply is correct when it has been received by reviewing the packing slip that came with the item and will put the supplies away accordingly. The packing slip then needs to be given to the house supervisor for additional review.
3. Med Minder supply – Weekly, or sooner if needed, a designated staff member will complete the steps of filling a consumer's med minder if the consumer is using a med minder for medication administration. The designated staff member will be responsible for completing the following when filling the med minder:
  - a. Staff must begin by washing their hands
  - b. The consumer's MAR is reviewed to determine what medications will be needed and staff will then remove the medication from the storage area.
  - c. Staff will compare the consumer's MAR with the consumer's Rx label of each medication for the following:
    1. Right person
    2. Right medication
    3. Right date
    4. Right time
    5. Right route
    6. Right dose
    7. Expiration date
  - d. If there is a discrepancy, the medication will not be placed into the med minder and staff will need to contact EBP's DC or DM to determine how to proceed. Once information has been verified/corrected, staff then may proceed to the next step.
  - e. Staff will compare the Rx label with the MAR for the second time.
  - f. Staff will then place the medication into the correct slot on the med minder for each med that is assigned.
  - g. Staff will follow the above steps for each medication that needs to be filled when filling the consumers med minder.
  - h. Once the med minder is filled, staff will count each medication in each time slot and compare it to the

MAR to ensure that the correct number of pills are in each time slot according to what is written on the MAR. (ie. If 7a med pass shows 5 pills to be given at 7am per the MAR, each 7a med slot on the med minder must contain 5 pills).

- i. After accuracy has been determined, staff on duty will put the medication supply away and place the med minder in the designed locked area.
4. All prescription medications shall be kept in their original container bearing the original label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration dates, directions for use, consumer's name, physicians name, date of issue or in case of a refill, and the name and address of the pharmacy.
5. The contents of any drug container having no label of identification or an illegible label will need to be immediately given to the house supervisor for review and destruction.
6. Standing order medications will be kept in their original container bearing the original label with legible information stating the prescription number, if any, name of drug, strength and quantity of drug, expiration dates, directions for use, consumer's name, physicians name, date of issue or in case of a refill, and the name and address of the pharmacy (West). Standing order medications stored at EBI Berkeley and Denfeld do not need a prescription label and can be over the counter medications, but must be stored in the original box in the medication storage area.

#### **B. Medication storage**

1. All medications, including over the counter medications, must be kept in a locked storage area, including refrigerated medications, and medications stored by the consumer. Locked storage areas may include: locked cabinet in the staff office, locked cabinet in a supervised area, lock box in the fridge, lock box in the consumers bedroom if consumer is able to self-administer and safely store medication.
- 2.. The medication storage area/container will be appropriate for the person served, which may include being locked by the consumer or by the company, when unattended by staff and will be kept clean, dry, and within the appropriate temperature range. Medication storage areas are: Berkeley- locked cabinets by the fireplace; West – Staff office, tall cabinet; Denfeld – Staff office, hanging wall cabinets.
2. Each individual will have a separate container for their internal (pills) medications and a separate container for their external (creams, liquids, etc.) medications.
3. PRN standing order medications will be in a separate container from internal daily order medications.
4. First Aid supplies will be kept in good stock and in a separate container and will be checked on a monthly basis. If First Aid supplies need to be reordered, the house supervisor will be responsible for reordering or purchasing these items immediately.
5. Medication should not be kept in the same area as food or chemicals (in the case of refrigerated medications, they will be kept in a locked container and separated from food).

#### **C. Medication destruction**

##### **Medications will be disposed of according to the Environmental Protection Agency recommendations.**

1. The Designated Coordinator (DC) and the Designated Manger (DM) will destroy all medication needing destruction. If the DM is not available, the DC will destroy all medications with a witness present.
2. The person destroying the medication(s) will not flush the medication into the sewer system (toilet or garbage disposal).
3. The person destroying the medication(s) will render the medication unusable by packaging the medications in a sealed and appropriately labeled container of liquid or non-edible matter and disposing of the medications in the garbage. The garbage will immediately be removed from the program area and placed in the appropriate outdoor/separate refuse container.
4. The DC/DM will document the following information on the Medication Destruction Record and in the consumers medical notes:
  - a. Name of the medication
  - b. Prescription number
  - c. Amount destroyed
  - d. Date destroyed
  - e. Signature of person who destroyed the medications (signature of the witness and person destroying medication is needed on the medication destruction record)
  - f. Reason for destruction

5. The DC or DM will use a permanent black marker on the prescription label to cross out the individual's name, the medication name, and the prescription number and will discard the medication packaging.
7. When destroying sharps or used glucose test strips, the person will place used sharp or glucose test strip into the top slot on the sharps container. When the sharps container is full, seal and label the container "full" and EBI's DC or DM will bring it to the local clinic collection site.

#### **D. Medication and MAR Review**

1. All prescribed medications, including oral, topical, refrigerated, and over-the-counter medications, will be reviewed at least annually, or more frequently if needed, by the consumer's attending physician. Documentation of this review will be completed on the consumer's medical visit form and on the consumer's standing order form.
2. With each medication pass, staff will complete a review of each medication they are handling. Medications that are expired or if the labels are detached, soiled, or illegible will be removed from the current medication stock area and placed in the assigned designated area for review by EBI's DM or DC. If a medication requires usage before EBI's DC or DM can review the medication, staff setting the medication aside will be responsible for reordering the medication immediately.
3. Monthly, MAR's and medications are reviewed by EBI's DC, DM, or program director. MAR's that have been updated during the current month or require additional updates based on the review are then typed in onto the new MAR for the upcoming month and are set out for the upcoming month. Daily, with each med pass, staff passing medications review each consumer's MAR's and are responsible for notifying EBI's house supervisor if any discrepancies are seen.
4. During each medication pass, staff who is assisting the consumer will review the MAR to ensure that medications have been passed. If there is missing documentation, staff will follow the "Policy and Procedure on Medication and Treatment Discrepancies and Errors".
5. When staff are assisting with using a med minder during medication pass, if applicable, staff will check the med minder to see that the meds have been given from the previous shift by looking at the consumer's med minder. If a discrepancy is seen, staff will follow the "Policy and Procedure on Medication and Treatment Discrepancies and Errors".
6. Weekly, when using med minders, or daily when using medication prescription bottles, staff will immediately report to the house supervisor if there are any concerns medication supply and it has been verified that adequate supply should be on hand.

#### **E. Medication Records**

1. All prescribed medications, treatments, standing orders, and comfort medications will be recorded in the consumer's chronological medical record or destruction record and in medical notes when prescribed, changed, and or discontinued. This will be completed by the house supervisor only.
2. Side effect information sheets are required for all active prescribed medications in use and will be kept in the medication administration record log book. Employees will complete training on side effect information prior to assisting with medication administration.
3. All prescribed medications that have a pharmacy label will be entered onto the prescription log immediately after they are picked up or delivered from the pharmacy. Information will include: Rx number, drug, quantity, physician, date, and purpose of med. This information will be entered onto the log each time the medication is refilled/ordered from the pharmacy.
4. Administration of all medication, including comfort medications, will be documented on the consumer's MAR. Comfort medication use will also be documented in the consumer's medical notes, including follow up information.
5. Adverse reactions and side effects to medications will be documented in the consumer's medical notes, CSSP and CSSP addendum, medical visit forms, MAR, consumer's face sheet, and any other specific areas in the consumer's active file. Documentation to the consumer's physician regarding the adverse reaction will be contained in the consumer's active file.

**This policy and procedure was established in consultation with and approved by:**

**Name:** Penny Wilmers

**Title:** Registered Nurse

**Company:** EBI, Inc.

**Date of consultation and final approval:** January 1, 2014

**Date of additional Review/Revision:** November 1, 2018

## Policy and Procedure on Medication and Treatment Discrepancies and Errors

Rev. 11/2018

### Purpose

The purpose of this policy is to provide guidelines for determining if a medication/treatment error has occurred and how employees should respond and document in the event of an error.

### Definition

#### **Medication and treatment errors and discrepancies**

The following will be considered a **medication error (Medication)**:

- Medication given at wrong time;
- Medication given to wrong person;
- Incorrect medication dose given;
- Medication was given on wrong date;
- Medication given by wrong route;
- Medication was not given;
- Medication refused;
- Medication administered to an individual with a known allergy to the medication;
- Expired medication was given;
- PRN medications/orders given for the wrong reason or incorrectly per instructions including specific protocols;
- Medication errors by individuals on a self-medication plan;
- Medications not administered that cannot be made up, as directed by the assigned nurse, nurse consultant, or health care professional, will also be considered errors.

The following will be considered a **treatment error (Treatment is defined as a non-medication order prescribed by a health care professional)**:

- Treatment not performed correctly as prescribed;
- Treatment was not completed;
- Treatment was completed on wrong date;
- Treatment refused.

The following will be considered a **discrepancy**

- Medication was not administered, but can be made up altering the medication time;
- Medication was given, but there was no documentation of administration on the consumers MAR and or in their medical notes;
- A treatment was carried out, but there was no documentation on the consumers MAR and or in their medical notes.

### Procedure for Medication and Treatment Errors

**At the beginning of their shift, employees will check each consumer's MAR, med minder if they person has one, and medical notes to ensure the medication administration from the prior shift was completed per prescriber's orders and documented according to policy, or if there were any new or changed orders for the person.**

#### **A. Immediate action for medication errors**

1. If a medication error is discovered, the employee discovering the medication error must:

- a. Call the previous staff on duty to discuss/confirm findings; If error, proceed -
- b. Call EBI's DM, DC or house supervisor and follow instructions given. If you cannot get ahold of the DM or house supervisor, contact the house supervisor for the other homes. If you need to leave a message due to no answer, leave a message indicating why you are calling. If you are unable to get a hold of the DM or house supervisor within a 2 hour period of time and the medication error is not life threatening, proceed with contacting the prescribing clinic or nurse online. In the event that your scheduled shift is over when you are waiting for a return call, ensure that you have passed this responsibility onto the next staff member on duty. Complete the correct medication error report form and in medical notes prior to leaving your shift.
- c. If applicable, call Poison Control and follow instructions;
- d. Document the details of the error in the consumer's medical notes and complete a Medication or Treatment Error form and leave for the Designated Coordinator / Manager for review.

#### **B. Immediate action for treatment errors (Non-medication orders on the MAR)**

- a. Call the previous staff on duty to discuss/confirm findings;
- b. Document the details of the error in the consumer's medical notes and complete a Medication or Treatment Error form

and leave for the Designated Coordinator / Manager for review.

**C. Immediate action for pharmacy errors:**

- a. Call the house supervisor to discuss the findings;
- b. Contact the pharmacy to request correction of the error;
- c. If applicable, complete a Medication or Treatment Error form.

**Procedure for medication and treatment discrepancies**

**At the beginning of their shift, employees will check each consumer's MAR, med minder if they person has one, and medical notes to ensure the medication administration from the prior shift was completed per prescriber's orders and documented according to policy, or if there were any new or changed orders for the person.**

**A. Immediate action for medication and treatment discrepancies**

1. If a medication or a treatment discrepancy is discovered, the employee discovering the medication error must:
  - a. Call the previous staff on duty to discuss/confirm findings;
  - b. If discrepancy, circle the unsigned spot on the consumer's MAR.

**Medication and Treatment Error Review**

**The Designated Manager or Coordinator will review each Consumer's MAR at least one time weekly. The Designated Manager or Coordinator will continually monitor the circumstances of medication and treatment errors, identify their causes, act to protect the individuals' health and welfare, and work to reduce the number and severity of medication/treatment errors to the lowest possible frequency.**

- A. The Designated Manager or Coordinator will complete the appropriate follow up and will:
  1. Ensure that the health care professional has been contacted, as appropriate, the individual's health is not in danger, and the individual is receiving appropriate treatment;
  2. Ensure that the consumer's legal guardian and county case manager have been notified, as appropriate;
  3. Ensure that a Medication or Treatment error form has been completed and the incident has been documented in the consumer's medical notes; and
  4. Provide or require re-training for involved employees as necessary.
- B. Medication errors will be regarded as neglect if the error causes illness or injury to the individual that necessitates seeking the care of a medical or mental health professional.
- C. Medication errors will be regarded as neglect when the error is part of a pattern. A group of errors will be considered a pattern when two errors are committed by one employee during the current month.
- D. Identified patterns will require the employee to receive medication retraining and disciplinary action may occur.

**Medication and Treatment Discrepancy Review**

**The Designated Manager or Coordinator will review each Consumer's MAR at least one time weekly. The Designated Manager or Coordinator will continually monitor the circumstances of medication and treatment discrepancies, identify their causes, act to protect the individuals' health and welfare, and work to reduce the number and severity of medication/treatment discrepancies to the lowest possible frequency.**

- A. The Designated Manager or Coordinator will complete the appropriate follow up and will:
  1. Track all medication and treatment discrepancies by reviewing the circled entries on the Medication Administration Record on a monthly basis;
  2. Provide or require re-training for involved employees as necessary;
  3. Ensure that a *Medication or Treatment discrepancy* form has been completed if a staff member has a discrepancy on 3 or more of their scheduled shifts in the current review month. Note: Multiple discrepancies occurring on a single shift is counted as one discrepancy.
- B. Medication discrepancies will be regarded as inattentiveness when the discrepancy is part of a pattern. A group of discrepancies will be considered a pattern when 2 or more error reports have been completed for the staff member in the current review month.
- C. Identified patterns will result in disciplinary action and retraining.

**This policy and procedure was established in consultation with and approved by:**

**Name:** Penny Wilmers

**Title:** Registered Nurse

**Company:** EBI, Inc.

**Date of consultation and final approval:** January 1, 2014

**Date of additional Review/Revision :** November 1, 2018

## Medication and Treatment Error, including discrepancies and refusals; and Adverse Reaction Record

<b>Person:</b>	
<b>Date:</b>	
<b>Medication and dose:</b>	
<b>Time medication/treatment to be given:</b>	
<b>Type:</b>	<input type="checkbox"/> Medication/treatment error <span style="margin-left: 100px;"><input type="checkbox"/> Adverse reaction</span> <input type="checkbox"/> Patient refusal
<b>Description of Error or reaction (why did it occur)</b>	
<b>Person responsible for error:</b>	
Continue below if a Medication error ( <b>see back side to determine if error</b> ) occurred or if an adverse reaction occurred. Staff will do the following: Contact EBI's DM (Sarah Hamilton) and nurse online. EBI DM will do the following: Contact the case manager and legal guardian	
<b>Date and time EBI DM was notified (Sarah Hamilton)</b>	<b>Date:</b> <b>Time:</b> <b>Response:</b>
<b>Date and time when nurse online was contacted: (Call Clinic phone #)</b>	<b>Date:</b> <b>Time:</b> <b>Response:</b>
<b>Time when Case Manager and Legal Guardian were contacted: (Within 24 hrs by EBI DM).</b>	<b>Time Notified:</b>  <b>Who was notified:</b>
<b>Time/Date prescriber was notified: (Within 24 hrs by EBI DM)</b>	<b>Prescriber name who was notified:</b> <b>Date:</b> <b>Time:</b> <b>Response, if any:</b>
<b>Staff who contacted DM:</b>	
<b>Staff review</b>	
<b>Person responsible for error</b>	<b>Sign:</b> <span style="float: right;"><b>Date:</b></span>
<b>Disciplinary action, if any:</b>	<b>List:</b>
<b>EBI DM or DC Review Correction Plan, if any</b>	

## Medication Errors

Immediate action for **medication errors**

1. If a medication **error is discovered**, the employee discovering the medication error must:
  - a. Call the previous staff on duty to discuss/confirm findings; If error, proceed -
  - b. Call the Designated Manager to report error and nurse online and follow instructions given;
  - c. Call the prescriber's clinic or pharmacy and follow instructions if the nurse online and EBI's DM is unavailable or you were instructed to do so;
  - d. If applicable, call Poison Control and follow instructions;
  - e. Document the details of the error in the consumer's medical notes and complete a *Medication or Treatment Error* form and leave for the Designated Coordinator / Manager for review.

### Medication Error

- Medication given at wrong time;
- Medication given to wrong person;
- Incorrect medication dose given;
- Medication was given on wrong date;
- Medication given by wrong route;
- Medication was not given;
- Medication refused;
- Medication administered to an individual with a known allergy to the medication;
- Expired medication was given;
- PRN medications/orders given for the wrong reason or incorrectly per instructions including specific protocols;
- Medication errors by individuals on a self-medication plan;
- Medications not administered that cannot be made up, as directed by the assigned nurse, nurse consultant, or health care professional, will also be considered errors.

### **Treatment error (Treatment is defined as a non-medication order prescribed by a health care professional)**

Immediate action for **treatment errors (Non-medication orders on the MAR)**

- a. Call the previous staff on duty to discuss/confirm findings;
- b. Document the details of the error in the consumer's medical notes and complete a *Medication or Treatment Error* form and leave for the Designated Coordinator / Manager for review

- Treatment not performed correctly as prescribed;
- Treatment was not completed;
- Treatment was completed on wrong date;
- Treatment refused.

### **Discrepancies**

Immediate action for **medication and treatment discrepancies**

1. If a **medication or a treatment discrepancy is discovered**, the employee discovering the medication error must:
  - a. Call the previous staff on duty to discuss/confirm findings;
  - b. If discrepancy, circle the unsigned spot on the consumer's MAR.

### Medication discrepancy or Treatment Discrepancy

- Medication was not administered, but can be made up altering the medication time;
- Medication was given, but there was no documentation of administration on the consumers MAR and or in their medical notes;
- A treatment was carried out, but there was no documentation on the consumers MAR and or in their medical notes.

Physician's Approval / Disapproval for Self-Administration of  
Medications

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Place a check next to the statement with which you agree.**

I **agree** that the person listed above is able to self-medicate.  
*Self-medicate means – The person is able to administer their daily medication without supervision from support staff and the person stores their daily medications in their possession. PRN medications are not included in this plan and the person will receive support with as needed medications.*

I **do not agree** that the person listed above is able to self-medicate; medication and supervision are required by support staff.

I agree that the person listed above may work on self-medication administration if a written program is put in place.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Policy and Procedure on Self-Administration of Medications**  
**Rev. 1/2014**

**Purpose**

The purpose of this policy is to establish guidelines for the self-administration of medications by individuals receiving services.

**Policy**

The policy is to provide individuals with services that are designed to encourage optimal growth and facilitate independence. In accordance with this, individuals who have the interest and ability to complete safe administration of medications can participate in a training procedure as agreed upon by the individual and/or legal representative in cooperation with the interdisciplinary team/support team (IDT).

**Procedure**

- A. EBI's DM or DC will ensure that each individual, who will receive training in the self-administration of medication or treatments, is trained from a plan approved by the physician, before self-administration can occur.
- B. At a minimum, the individual, with or without adaptations, will able to:
  - 1. Physically complete all medication and treatment steps.
  - 2. Identify medications on sight.
  - 3. Identify and complete medication or treatment administration steps in the proper sequence.
  - 4. Identify administration times.
  - 5. Identify and administer correct dosages.
  - 6. Report difficulties in administering.
  - 7. Report a change in their state of well-being.
  - 8. Know the reasons for medications or treatments.
  - 9. Know potential side effects or special instructions of the medications or treatments.
- C. After the DM has identified the individual's capacity for learning the above skills, the DM or DC will obtain a physician's order and develop a self-administration plan.
- D. After the physician approves the development of a plan, the DM or DC will develop a teaching procedure for self-administration and obtain the approval of case manager, and legal representative for the specific plan and teaching procedures.
- E. The DM or DC will ensure that the teaching procedure for self-administration includes the following sequential stages or steps with individualized programming:
  - 1. Employees educate the individual.
  - 2. Individual requests and identifies medications/treatments while employees administer them.
  - 3. Individual self-administers medications/treatments while employees directly supervise them.
  - 4. Individual learns the procedures for ordering medications.
  - 5. Individual self-administers medications/treatments without direct employee supervision and monitoring for up to one month.
  - 6. Individual self-administers medications/treatments without direct employee supervision, but with occasional monitoring.
- F. The individual must meet the criteria, in the judgment of the support team, for each successive stage before training begins in the next stage.
- G. The DM or DC will ensure that the specific teaching procedure for self-administration contains methods to teach: the hours of the day each medication/treatment is taken, proper storage and security of each medication/treatment, reading and understanding of medication/treatment labels and dosage, and any other training deemed necessary for safety. Adaptations for any individuals unable to read may be made with the approval of the assigned nurse, nurse consultant, or a health care professional.
- H. The DM or DC will ensure that employees who support individuals on self-administration programs are trained in the individuals' teaching procedures for self-administration.
- I. Employees will supervise, evaluate, and document progress throughout all stages of self-administration programming.
- J. Employees will immediately document on the consumer's medication administration record self-medication administration and or treatments after they have been completed.
- K. The Designated Coordinator will ensure that the assigned nurse consultant or a health care professional are periodically made aware of individual's progress.
- L. If the individual is observed to be using unsafe practices in the self-administration of medications or treatments, employees will

contact the DM or DC immediately. The DM or DC may stop the self-administration of medication/treatment at any time if the individual's health or safety is compromised or endangered. A support team meeting is not required to convene before doing so.

- M. The DM or DC will immediately notify the physician and the support team if self-administration is stopped if it meets reporting requirements. .
- N. The DM or DC will immediately stop the self-administration of medication/treatment if the individual makes a medication/treatment error (discrepancy contrary to the physician order) and will re-evaluate the plan in consultation with the nurse consultant or a health care professional, if needed.
- O. The DM or DC will complete a medication/treatment discrepancy form for medication errors.

**This policy and procedure was established in consultation with and approved by:**

**Name:** Penny Wilmers

**Title:** Registered Nurse

**Company:** EBI, Inc.

**Date of consultation and final approval:** January 1, 2014

## MEDICATION ADMINISTRATION RECORD REVIEW (Rev. 6/2017)

Name:	Frequency of review:
Date of review:	Months reviewed:

When assigned responsibility for medication administration, the company will ensure that the information maintained in the medication administration record is current and regularly reviewed to identify medication administration errors. This review must be conducted every three months or more frequently as directed by the *CSSP* and/or *CSSP Addendum* or as requested by the person served and/or legal representative.

Review area	Evaluation
Current medication and health related information	<p>The person's medications and treatments are current. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Indicate what is not current and how it will be corrected:</p> <p>According to current prescriptions (review of daily and PRN pill bottles, and medical visit forms) written orders were correct on the MAR and medical visit forms for the person.  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA. If no, indicate how this will be corrected:</p>
Medication or Treatment Errors	<p>Upon review of the medication administration record, medication or treatment errors were identified: <input type="checkbox"/> Yes (complete the following section) <input type="checkbox"/> No</p> <p><u>Error 1</u>  Date of error: _____ Date of discovery, if different: _____  Type of error: _____  Name and title of person who made the error: _____  Who was notified about this error and when: _____</p> <p><u>Error 2</u>  Date of error: _____ Date of discovery, if different: _____  Type of error: _____  Name and title of person who made the error: _____  Who was notified about this error and when: _____</p>
Person specific information	<p>Are there any concerns regarding the person's self-administration of medications or treatments? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, please specify what will be done to address this:</p> <p>Are medication errors related to the person's refusal or failure to take or receive medication or treatment as prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Based upon this review, the company must develop and implement a plan to correct patterns of medication administration errors. If there is no corrective action needed, check here:  NA If corrective action is needed, indicate plan:

Signature of person completing this form :

Date:

## MEDICAL VISIT FORM

Name: Date of Visit: \_\_\_\_\_  
 Licensed health care professional: \_\_\_\_\_  
 Reason for visit: \_\_\_\_\_

Services provided: \_\_\_\_\_  
 Level of supervision needed: \_\_\_\_\_  
 Behavioral management concerns: \_\_\_\_\_ Diet: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

Current Medications:	Allergies:

**Treatment Orders/Medical Orders/Recommendations:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medication admin needs:  Admin by trained staff    Self Admin of medication with supervision    Independent  
 Adverse Reactions, notify physician:  Immediately, within 24hrs,  No notification needed  
 Medication Errors (ex: missed or refused dose), notify physician:  Immediately, within 24hrs,  No notification needed  
 Treatment Errors (ex: missed or refused):  Immediately, within 24hrs,  No notification needed

**To Be Completed By Licensed Health Care Professional And Returned With Person/Staff:**

Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Height: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_

- Free of Communicable Disease: **Y or N**
- Lab completed: **Y or N**
- Is it medically or psychologically contraindicated to use an emergency use of manual restraint when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety? **Yes or No (circle)**

Review of systems:  
 Current findings, results of examination, and or lab completed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medication or Treatment Changes

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Note:**

1. All medications and treatments will be ordered for 1 year unless stop and start dates are indicated.
2. Your signature indicates you have reviewed these findings with the person/staff present.

Licensed health care professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

Next Appt: \_\_\_\_\_



## AUTHORIZATION AND AGREEMENT FOR INJECTABLE MEDICATIONS

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Injectable medications may be administered according to prescriber's order and written instructions when one of the following has been met:

1. A registered nurse or licensed practical nurse will administer the injections;
2. A supervising registered nurse with a physician's order has delegated the administration of injectable medication to an unlicensed staff member and has provided the necessary training; or
3. There is an agreement signed by the company's Designated Coordinator and/or Designated Manager and the person served and/or legal representative specifying what injections may be given, when, how, and that the prescriber must retain responsibility for the license holder's giving the injections.

**The following injectable medications that are marked with an "X" have a prescriber's order and written instructions and may be given:**

\_\_\_\_\_ Epi-pen

\_\_\_\_\_ Pre-drawn Insulin Syringes

\_\_\_\_\_ Insulin Pens

\_\_\_\_\_ Glucagon – Specific instructions attached

\_\_\_\_\_ Other: \_\_\_\_\_

**For the above checked injectable medications, please provide information regarding:**

When the medication may be given:

How the medication may be given:

A health care professional or pharmacist will prepare specified dosages in advance according to a prescriber's order. Staff will administer the medication according to the prescriber's order and written instructions and only after receiving specific training by a registered nurse or licensed health care professional. Staff who have not been specifically trained will not administer any injectable medication.

Only a licensed health care professional will administer psychotropic medications by injection.

\_\_\_\_\_  
Person served and/or legal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prescriber

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designated Coordinator and/or Designated Manager signature

\_\_\_\_\_  
Date

## Psychotropic Medication Use and Monitoring Record

Person name: \_\_\_\_\_

Date: \_\_\_\_\_

Program name: \_\_\_\_\_

Current psychotropic medication prescribed (**complete separate form for each psychotropic medication**):

1. Name of psychotropic medication:

\_\_\_\_\_

Scheduled                       PRN

Describe all target symptoms to be alleviated by medication:

- a)
- b)
- c)
- d)

2. Has the prescriber instructed the program to monitor and measure changes in target symptoms?

Yes                       No

If yes, describe the method the program will use to monitor and measure changes in target symptoms and the reporting requirements as defined by prescriber.

[insert all methods the program will use to report changes in target symptom, for example, if instructed by the prescriber, the program will monitor and measure a target symptom of restless sleep patterns and then each month report this information to the prescriber]

3. Is the program instructed by prescriber to collect and report on medication and symptom-related data?

Yes                       No

If yes, describe the method of collection and reporting documentation for the medication and symptom-related data.

[insert all methods the program will use to collect and report information, for example if instructed by the prescriber, the program will collect and report on observed medication side-effects, such as tics, lip smacking or pill rolling]

The monitoring data listed above must be shared with the expanded support team every three months or as requested.

Monitoring data requested:     every 3 months                       Other: [insert other reporting frequency]

List of expanded support team receiving monitoring data (list name/title/relationship to person):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Date sent: \_\_\_\_\_

Date sent: \_\_\_\_\_

Date sent: \_\_\_\_\_

Date sent: \_\_\_\_\_

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Name and signature of person completing form

Date form initially completed

## Psychotropic Medication History

Name:			
Date Prescribed	Psychotropic Drug Name/Dosage	Reason Prescribed	Prescribing Physician

## Medication Setup Record

Document the information below each time a trained staff completes medication setup when the person will be away from home. Trained staff must document the medication set-up in the person's medication administration record.

Person name: \_\_\_\_\_

Program name: \_\_\_\_\_

Date of medication setup: \_\_\_\_\_

Name of person completing medication setup: \_\_\_\_\_

Name of person the receiving the medications: \_\_\_\_\_

Medications were given to the above named person: \_\_\_\_\_  
Date Time

For each medication setup document the following information:

Name of medication:
Dose:
Times to be administered:
Dates to be administered:

Name of medication:
Quantity of dose:
Times to be administered:
Dates to be administered:

Name of medication:
Quantity of dose:
Times to be administered:
Dates to be administered:

## Health Needs Change Notice

Unless directed otherwise in the coordinated service and support plan or the coordinated service and support plan addendum, the program must report any change in a person's physical and mental health needs when assigned in the coordinated service and support plan or coordinated service and support plan addendum.

Person name: \_\_\_\_\_  
\_\_\_\_\_

Program name: \_\_\_\_\_  
\_\_\_\_\_

Date a change in physical and/or mental health needs was discovered: \_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date of this report: \_\_\_\_\_  
\_\_\_\_\_

Date of notification to:

Legal Representative: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
\_\_\_\_\_

Describe in detail the change in the person's physical and/or mental health needs:

Was the Health Needs Record form updated as a result of this notice?  Yes  No

If you have questions you can contact the Designated Coordinator at:

\_\_\_\_\_

## Medication and Treatment Administration Record

Person: \_\_\_\_\_

Program name: \_\_\_\_\_

### Prescriber Orders

Medication/ treatment (include as needed)	Date medication/ treatment started, stopped, changed (indicate: start, stop, change)	Dose and instructions	Frequency	Possible side effects	Possible consequenc es of missed dose or treatment	Timeframe prescriber would like to be contacted if dose missed, refused or adverse reactions noted	Prescriber Name and Contact information



## Tuberculosis and infection control (TB)

### Policy

All Consumers of EBI West must receive baseline TB screening within 72 hours of admission or within 3 months prior to admission. Baseline TB screening consists of three components:

- (1) assessing the consumer's risk factors for TB,
- (2) assessing for current symptoms of active TB disease, and
- (3) testing for the presence of infection with *Mycobacterium tuberculosis* by administering either a two-step TST or single TB blood test.

EBI consumers' will also undergo annual, or sooner if needed, TB screenings during their annual medical exam with their primary physician. In the event that a consumer is diagnosed with active TB disease, the health department will receive immediate notification. Isolation measures will be set up and occur as directed by the consumer's physician and the local health department. Treatment plans and medications will be started. Education will be provided to the consumer and EBI direct care givers, and necessary follow up appointments will be made. These measures will be taken before the consumer returns back to the EBI home. In the event that a consumer is diagnosed with TB infection, infection control procedures will be followed according to EBI's infection control policy, and recommendations made by the health department and the consumer's primary physician.

### What is TB and how is it spread

TB is a disease caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal.

TB can spread from person to person through the air. The way TB germs are put into the air is when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected; this is called latent TB infection. TB is NOT spread by shaking someone's hand, touching bed linens or toilet seats, or sharing clothes.

Some of the general symptoms of TB disease include feelings of sickness or weakness, weight loss, fever, night sweats, fatigue, chills, bad cough lasting 3 weeks or longer, and poor appetite. The symptoms of TB disease of the lungs also include coughing, chest pain, and coughing up of blood. If you observe these symptoms and or you suspect TB, notify the Program Director immediately and the consumer's physician, if directed, for further direction.

People with *latent TB infection* have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of TB disease and they cannot spread the germs to others. However, they may develop TB disease in the future. They are often prescribed treatment to prevent them from developing TB disease.

People with TB disease are sick from TB germs that are active, meaning that they are multiplying and destroying tissue in their body. They usually have symptoms of TB disease. People with TB disease of the lungs or throat are capable of spreading germs to others. They are prescribed drugs that can treat TB disease.

Once a person is infected with TB bacteria, the chance of developing TB disease is higher if the person has HIV infection, has been recently infected with TB bacteria (in the last 2 years), has other health problems, abuses alcohol or uses illegal drugs, or was not treated correctly for TB infection in the past.

### Exposure and Testing

It is important to know that a person who is exposed to TB bacteria is not able to spread the bacteria to other people right away. Only persons with active TB disease can spread TB bacteria to others. Before you would be able to spread TB to others, you would have to breathe in TB bacteria and become infected. Then the active bacteria would have to multiply in your body and cause active TB disease. At this point, you could possibly spread TB bacteria to others. If you believe exposure has occurred, contact the local health department or physician for further direction and testing.

There are two tests that can be used to help detect TB infection: a skin test or TB blood test. The Mantoux tuberculin skin test is performed by injecting a small amount of fluid (called tuberculin) into the skin in the lower part of the arm. A person given the tuberculin skin test must return within 48 to 72 hours to have a trained health care worker look for a reaction on the arm. The TB blood tests measure how the consumer's immune system reacts to the germs that cause TB.

A negative skin test usually means you are not infected. However, the test may be falsely negative if you were infected recently. It usually takes 2 to 10 weeks after exposure to a person with TB disease for your skin test to react as positive. The test may also be falsely negative if your immune system is not working properly.

A positive test for TB infection only tells that a person has been infected with TB germs. It does not tell whether or not the person has progressed to TB disease. Other tests, such as a chest x-ray and a sample of sputum, are needed to see whether the person has TB disease.

### **Isolation and Referral**

Anyone residing in the EBI home with symptoms of infectious active TB disease should be immediately transferred to a facility with respiratory isolation rooms and promptly evaluated to exclude a diagnosis of active TB disease. Before this process can occur, you may need to place the consumer in their bedroom with their door shut until they can be transferred. To begin the transferring process, contact the consumer's primary physician and program director and follow directions given. During this process, ensure to protect you and the consumer, follow universal precautions, and ensure an evaluation is performed at a health care facility. The evaluation should include a medical examination and symptom screen, a chest radiograph, and collection of sputum specimens or additional testing if indicated. The consumer must remain in respiratory isolation until TB is diagnosed and effective treatment is initiated, or TB is ruled out. The consumer's physician and the public health department should be consulted for guidance regarding when an active TB consumer can be considered to be noninfectious and return back to their home and what additional precautions to take.

### **Treatment**

If diagnosed with latent TB infection but not TB disease, a physician may order a drug to kill the TB germs so that it does not develop into TB disease. The decision about taking treatment for latent infection will be based on the chances of developing TB disease. Some people are more likely than others to develop TB disease once they have TB infection. EBI will not place consumers in the EBI home with confirmed active TB disease.

TB disease can be treated by taking several drugs for 6 to 12 months. It is very important that people who have TB disease finish the medicine, and take the drugs exactly as prescribed. If they stop taking the drugs too soon, they can become sick again. If they do not take the drugs correctly, the germs that are still alive may become resistant to those drugs. TB that is resistant to drugs is harder and more expensive to treat.

### **Prevention**

Wash your hands frequently, especially after being around many people with chronic coughs. Don't shake the hand of someone who has been coughing. Wear a face mask if needed. During winter months, try to avoid staying in the house for long periods with only recycled air. Have a TB skin test completed annually or sooner if needed. Avoid being too close to a coughing person, and always follow universal precautions.

### **Reporting**

A diagnosis of TB will be immediately reported by following the reporting policy as outlined in EBI's incident reporting policy and in the infection control policy. Latent TB infection does not require reporting.

### **Staff Training**

EBI staff will be trained in Tuberculosis and Occupational Exposure to Tuberculosis upon hire, annually thereafter, and as needed.

A pandemic is an epidemic of infectious disease that has spread through human populations across a large region; for instance multiple continents, or even worldwide. A widespread endemic disease that is stable in terms of how many people are getting sick from it is not a pandemic. Further, flu pandemics generally exclude recurrences of seasonal flu.

If one of the EBI homes experiences an illness or symptoms that is related to the pandemic, EBI staff will be responsible for notifying EBI's owner immediately so that all measures can be put in place to protect others immediately. Excess stock of personal protective equipment, food, and supplies may be initially stored at the main office and will be immediately distributed to the EBI home in need; however, during a pandemic, the house supervisor will begin to check the stock of additional items needed and begin to stock each EBI home they are responsible for.

### **To Plan for a Pandemic and taking Precautions**

- **Food, medications, toiletries, medical supplies, paper products, disinfectant, cleaning solutions, sanitizing supplies, soap, first aid supplies, Infection Control supplies, etc.**
  - Each EBI home will have at least a 2-week supply of products in the home. EBI's DM will assign the house manager of each EBI home to assess the home to determine what is needed and will gather these supplies immediately if they are needed.
  - Collection of these items – A designated staff member will be assigned by the house supervisor to obtain or purchase any necessary items, unnecessary shopping trips will be prohibited, curbside pickup or delivery of items will be highly encouraged. Personal protective equipment (gloves, masks, etc.) may be asked to be worn during this time, dependent upon the situation and current safety orders in place.
- **Dining/mealtime:**
  - All meals can be eaten separately and staggered mealtimes can occur if desired. Eating in bedrooms is not encouraged unless there is supervision. If a person is ill, the person will not eat with others during time of illness. Supervision and assistance will be provided with all meals. Limited contact by EBI residents with shared food items should occur and a designated staff member will be encouraged to manage all cooking and serving residents at mealtime, using good hygiene and the use of gloves when handling food.
  - Each EBI location will encourage the use paper products if possible and immediately dispose after use. If not using paper products, wear gloves to complete dishes when placing them into the dishwasher and when putting them away. Wash hands frequently.
  - Dishes, glasses/cups, utensils used for meals cannot be shared with others. Clearly separate these dishes when cleaning and storing.
- **Education and Training**
  - EBI's DM will provide regular updates, postings, and training regarding the active pandemic and precautions to take, signs and symptoms to look for, and how to care for individuals being served.
  - Regular updates will be provided on EBI's Private Facebook page (must ask to join). The Facebook page is EBI, Inc. Adult Foster Care. If you do not have Facebook, it is highly recommended that you check in with your house supervisor regularly to see about posted updates. EBI will also provide updates and training in the staff training binder at each EBI location.
  - During a pandemic, EBI may cancel or reschedule staff meetings. However, staff meeting notes and training updates will be posted in the staff training binder at each EBI location
- **Vaccines**
  - EBI support staff will assist the individuals residing in the EBI homes with obtaining an annual flu shot or other vaccines they may need. Employees are encouraged to follow vaccine schedules but cannot be mandated to do so.
- **Communication and Media**
  - EBI's DM will regularly monitor the news, and follow necessary recommendations made by the MN Health Department, CDC, World Health Organization, and the local, state and the federal government to guide day to day decisions and what further precautions to take. EBI's DM will provide regular updates and plans to EBI staff and consumers.
- **Staffing**
  - Staff schedules are subject to change. EBI house manager will be prepared to contact fill in and part time employees to obtain additional help if needed.
  - EBI staff may be asked if they want to work longer shifts to limit exposure within the EBI homes.
- **Self Quarantine - Events, Appointments, Gatherings, Consumer's Work/Day Program, Visitors**
  - EBI's DM and house supervisors will regularly check for closures, and monitor recommendations made by state, local, federal government, health department, and day programs regarding closures and recommendations. EBI's DM will provide updates to EBI staff of closures and if community exposure should be limited or stopped unless it is an emergency.

- During times of closure or recommendations to self-quarantine, EBI staff will not participate in community events with consumers that come in contact with crowds (i.e. Shopping, movies, parties, out to eat, trips, etc.), and limit or suspend visitors at EBI as long as it meets recommendations from the (Center for Disease Control) CDC and (Minnesota Department of Health) MDH guidelines.
- Shopping that needs to occur, will be done by an assigned staff person during time of pandemic or illness. Online shopping may be completed, if possible, to limit community exposure.
- **Hygiene**
  - EBI staff will wash hands thoroughly throughout the day and assist the consumers with hand washing, following recommended hand washing protocols (At least 20-30 seconds especially after you have been in a public place, around contaminated surfaces, or after blowing your nose, coughing, or sneezing)
  - EBI staff and EBI consumers will increase hand washing during transition times. This includes, but not limited to: before and after meal time, leaving and coming back from being in the community, shift change, before and after medication times, when using the restroom, when touching face or other body parts, when completing laundry tasks, cleaning tasks, when coming in contact with ill or infected individuals, before and after direct care, during incidents of coughing and sneezing, etc.
  - EBI staff should wear medical gloves when completing cares, during isolation, when cleaning, handling contaminated items, laundering clothes, etc.
  - EBI staff and consumers will cover coughs and sneezes with a tissue or shirt sleeve, not hands. Viruses can survive on hands for about five minutes, long enough for you to touch your eyes, mouth, or nose, and transfer the virus into your body.
  - EBI staff and consumers will need to avoid touching eyes, nose, and mouth with unwashed hands.
  - EBI staff and consumers will have their own personal items. Personal items may include, but not limited to: dishes, clothes, treats, hygiene products, towels, bedding, etc. These items should not be swapped or shared with others.
- **Cleaning/Sanitizing**
  - EBI will have cleaning and sanitizing written plans in place for EBI staff to complete daily. Wear reusable poly gloves for sanitizing areas. Sanitize gloves after each use. During a pandemic or illness, cleaning will need to be completed more frequently, following the cleaning plan and to include main living areas, bathrooms, bedrooms, kitchen, shared equipment, and laundry area. Frequency of cleaning shall occur every 4-6 hours during awake hours and during transition times (transition times may include, but not limited to: meal time, staff change, illness, surface contamination, etc.) Sanitize house phone after use..
  - During cleaning tasks, EBI staff need to be sure to disinfect hard surfaces such as phones, light switches, door knobs, and other common surfaces daily. Viruses can survive for up to 48 hours on dry surfaces and up to 72 hours on wet surfaces. Allow cleaning products to remain on surfaces for 5-10 minutes before wiping (check product label).
  - EBI staff will remove bedding that they used immediately after their overnight shift and wash it; However, EBI's DM highly encourages EBI staff to bring their own bedding. EBI consumers will wash their bedding at least weekly, unless their bedding has been contaminated or soiled, then their bedding will be washed immediately, using hot soapy water.
  - EBI staff will clean and disinfect company vehicles after every use during a pandemic or known illness
  - 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 illness.
  - 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.
- **Social Distance and visitors**

- EBI staff and consumers will begin to use social distance, which involves avoiding large gatherings and avoiding physical contact. If you must be around people, remain 6 feet apart or further if possible.
- EBI staff and consumers will avoid handshakes, hugs, and physical contact with others.
- EBI staff will limit or temporarily suspend visitors to the home as long as it meets recommendations from the (Center for Disease Control) CDC and (Minnesota Department of Health) MDH.

### **Exposure to illness - staff or consumer**

- Exposure is defined by being within approximately 6 feet of a person with the diagnosed pandemic illness for a prolonged period of time or having unprotected direct contact with infectious secretions or excretions of a person with the diagnosed illness.
- EBI staff will document exposure using the employee or resident related incident report, and immediately submit it to EBI's DM. EBI's DM will follow recommendations by CDC and MN Health Department in regards to self-isolation, quarantine, testing, and returning to work.

### **Employee plan for protecting self from illness and becoming ill**

- **EBI staff health screening –**
  - EBI staff may be asked to follow CDC or Health Department recommendations by being screened prior to starting their shift. Screening will be performed by EBI's house supervisor. This may include, staff will be temperature checked and monitored for symptoms upon entering the program. Staff will be required to review a worksheet and initial to acknowledge these tasks have been completed.
- **Use of Personal Protective Equipment (PPE)**
  - EBI staff must adhere to Standard Precautions and use a facemask, gown, gloves, and eye protection when working with individuals who are symptomatic, quarantined or isolated to a single confined area. PPE equipment and other contaminated or soiled items will be placed in the appropriate labeled container in the persons room after use and disposed of properly.
    - **Hand Hygiene** – EBI staff will perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves.
    - **Facemask** - Staff are encouraged to wear homemade cloth masks to help keep non-symptomatic staff from spreading illness. Staff will switch to wearing surgical face masks and other PPE, as applicable, if a consumer is suspected of having an symptoms or illness related to the current pandemic.
    - **Eye Protection** - All staff may wear eye protection when working closely with individuals (less than 6 feet), but may wear eye protection throughout all working hours if desired. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.
    - **Gloves** - Put on clean, non-sterile gloves upon entry into the persons room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the persons room or care area, and immediately perform hand hygiene
    - **Gowns** - Put on a clean isolation gown upon entry into the persons room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the persons room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
- Staff will stay at least 6 feet from each other whenever possible.
- If you begin to experience symptoms related to the pandemic illness while working, call your supervisor to arrange for someone to cover your shift, put on a face mask, inform other staff of their possible exposure, and separate yourself from other staff and consumers until you can leave the workplace.
- Staff with symptoms should not work and are required to pursue further screening/testing related to the pandemic before returning to work. Staff should notify the medical provider they work in a congregate care setting with individuals that meet the definition of a high-risk. House Supervisors should be made aware of timeframes and will accept documentation of medical recommendations. Staff will be asked to keep the house supervisor aware of their status.
- Staff may use PTO or ESST to cover missed hours related to the need for isolation and testing.
- Stay home if you are experiencing symptoms, have been diagnosed, and/or you have been exposed to the illness related to the pandemic. You will then be required to do the following:
  - Submit documentation from the ER/medical provider, proof of testing, or documentation from an E visit showing that you must quarantine or that you are receiving care or you must provide care to your child;

- You will not be able to return to work until certain conditions are met (determined by your supervisor per health department and CDC recommendations) with a mandatory quarantine that includes: at least 14 days have passed since symptoms of onset and 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).
- Prior to returning to work after the 14 days, you would also need to provide documentation of medical clearance, which you can obtain from the Er visit, your medical provider, or e-visit.
- If you have had a confirmed diagnosis, notify your supervisor immediately so that precautionary measures can be put in place immediately with those within EBI that may have had contact with you.
- Staff returning from work after suspected or diagnosed illness related to the pandemic are required to wear a surgical mask (not a homemade mask) during all awake working hours for 14 days since symptom onset.

### Consumer plan for illness related to pandemic

- **Regular Monitoring**
  - Continue to assist the consumer with using good hygiene, handwashing, having limited exposure with others, use social distance (stay 6 feet apart if able, no hugs, hand shakes, etc.), and monitor for symptoms related to the current pandemic illness.
    - Temperature checks should be completed daily and at least 4 times/day if fever symptoms appear. Also check temp one hour after PRN fever reducing medication is given.
    - Oximeter checks daily, and up to 4 times/day if signs of breathing difficulty. Seek medical attention if trouble breathing occurs. If individual has an oximeter reading equal to or below 94% (SpO2 ≤94%), contact house supervisor and you may need to seek medical attention. **Note, some consumers may have O2 readings below 94 regularly and is not related to COVID. See the person's MAR for monitoring guidelines.**
    - Monitor for symptoms and provide comfort meds, as applicable. - Refer to PRN's and Standing orders to select approved OTC medications, Focus on relieving fever, cough, aches/pains, congestion.
    - Regularly monitor fluid intake – Encourage 3 liters of fluid/day. Optimal fluids to consume are water, clear liquid beverages with calories and protein, oral rehydration solutions (Pedialyte), and sports drinks when not feeling well.
    - Regularly monitor food intake and if feeling ill, provide high calorie/high protein diet. Due to loss of appetite, don't restrict calories.
  - If symptoms appear, diagnosis, or exposure occurs that are related to the pandemic illness, EBI staff will follow quarantine and or isolation procedures immediately and contact EBI's DM and the persons medical provider, legal guardian and case manager to review plan of action to be taken. EBI staff will set up an isolation area immediately (room for consumer, personal protective equipment, disposal area, and changing room) and move the person to this area. Ensure that the medical provider is aware the individual lives in a congregate care setting, meets the definition of a high-risk individual, and lives with other high risk individuals. Follow their directives.
  - A single designated staff member, per shift, will be assigned to the symptomatic person to help prevent further transmission. Monitor for worsening symptoms. Call 911 if a medical emergency.
- **Use of Personal Protective Equipment (PPE)**
  - EBI staff must adhere to Standard Precautions and use a facemask, gown, gloves, and eye protection when working with individuals who are quarantined or isolated to a single confined area. PPE equipment and other contaminated or soiled items will be placed in the appropriate labeled container in the persons room after use and disposed of properly.
    - **Hand Hygiene** – EBI staff will perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. EBI staff will assist the consumer with follow hand hygiene protocols.
    - **Facemask** – Facemasks should be worn by employee and consumer before entry into the persons room or care area who are ill or symptomatic. Discard after use. 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. Consumers do not need to wear a mask when in their room without others present regardless of what type of mask.
    - **Eye Protection** - Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the persons room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Remove eye protection before leaving the persons room or care

area. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.

- **Gloves** - Put on clean, non-sterile gloves upon entry into the persons room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the persons room or care area, and immediately perform hand hygiene
- **Gowns** - Put on a clean isolation gown upon entry into the persons room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the persons room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
- **Quarantine** (separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick)
  - EBI staff will immediately make contact with the consumers primary physician to report the known exposure or any symptoms related to the pandemic and will follow recommendations provided. Testing for the illness will be requested by EBI. During this time, EBI staff will isolate the consumer to a confined area, begin regular monitoring (of the person, illness, symptoms, etc.), use personal protective equipment at all times when making contact, and seek further treatment as advised. EBI staff will follow recommendations provided by the person's physician. If the person who is quarantined, needs to go into a shared space within the home, the person must wear a mask.
  - Quarantine measures will be in place for at least 14 days 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).
  - Individuals with persistent symptoms should be placed in, and restricted to, a private room in the program and wear a surgical facemask during care activities until symptoms are completely resolved or until 14 days after illness onset, whichever is longer. Use of a cloth face mask is preferred after this 14 day period.
  - Visitors will not be allowed during this time.
  - If the persons symptoms worsen, prompt notification will be made by contacting the person's physician.
  - EBI will not take any referrals for placement if an individual is quarantined and an open bed is available.
- **Isolation** (separates sick people with a contagious disease from people who are not sick)
  - EBI staff will immediately make contact with the consumers primary physician, if not done so already and report the need for isolation or diagnosis. EBI will follow any recommendations provided.
  - The consumer will be placed in the designated isolated area and EBI staff will continue to regularly monitor the person and their symptoms, use personal protective equipment at all times when making contact, and seek further treatment as advised. EBI staff will follow recommendations provided by the person's physician or health care team. EBI staff will continue to provide the consumer with any prescribed medications and PRN's to alleviate experienced symptoms.
  - EBI staff will thoroughly clean and disinfect patient-care equipment immediately after and before use. EBI staff will use as much disposable equipment/items as possible when working with the person.
  - If isolation care is only advised within the home, EBI staff will contact the persons physician and EBI DM if symptoms worsen, persist, or new symptoms develop.
  - Continued isolation will occur until it has been authorized to remove the consumer from isolation. Authorization must come from a medical professional. Visitors will not be allowed during this time.
  - EBI will not take any referrals for placement if an individual is in isolation and an open bed is available.
- **Disposal of Personal Protective Equipment**
  - After working with the quarantined or isolated person, EBI staff will remove personal protective equipment and dispose of it in a labeled red biohazard bag contained in the isolated area or a bin labeled "Dirty". Once the bag is filled or protective personal equipment is no longer needed, EBI staff will contact EBI's DM for proper removal.
  - EBI staff will wash soiled clothing, complete additional cleaning of the home and consumer bedroom, and will sanitize any necessary items.
- **Reporting diagnosis relating to pandemic**
  - EBI staff will immediately report to EBI's DM if a EBI consumer or a EBI staff member has a confirmed diagnosis related to the pandemic.

- EBI's DM will follow EBI's incident reporting policy to report a confirmed diagnosis. Reporting will include, but not limited to: notifying SLC AFC licensor, MN DHS licensing, MN Health Department, County Case Manager, Legal Guardian, and other listed licensed providers providing services to the EBI consumer.
- EBI's DM will notify all staff working, prior to arriving at work, guardians, and any other individuals the staff had contact with at the program.
- **Documentation Responsibilities**
  - EBI staff will regularly document care provided in the consumer's medical notes, medications given, updates, symptoms, contact made with the persons team members or health care team, etc.
  - EBI staff or DM will complete a incident report.
- **Placement Considerations**
  - Discussion should be with EBI's DM as well as medical staff. During the diagnosis phase please consider the following:
    - Whether the individual is stable enough to receive care at home.
    - There is a separate bedroom where the individual can recover without sharing immediate space with others.
    - Are they capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene).
    - Are there household members who may be at increased risk of complications?
  - Placement options may include:
    - The individual is moved to a temporary site.
    - Work with the county, MDH, COVID Case Manager, or hospital to arrange a more appropriate setting.
    - Moving asymptomatic housemates to a hotel.

### **Personal Protective Equipment/other medical equipment to keep on stock**

EBI's DM and house supervisor will ensure the following items are kept on stock:

- Eye protection (visor or goggles)
- Face shield (provides eye, nose and mouth protection)
- Medical gloves
- Medical (surgical or procedure) masks
- Gowns and aprons
- Alcohol-based hand rub
- Plain soap (liquid if possible, for washing hands in clean water)
- Clean single-use towels (e.g. paper towels)
- Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or equipment
- Large plastic bags, garbage bags, linen bags (optional)
- Appropriate clinical waste bags
- Collection container for used equipment (Foot garbage can contained in isolation area)
- First aid kit
- Thermometer
- CPR Mask
- Oximeter
- Prescription and PRN drugs
- Each staff will have access to an adequate supply of PPE during all hours. If more PPE items are needed, immediately contact your house supervisor.
- Regularly Monitor supply of hand sanitizer (60%-90% alcohol) and disposable gloves. Contact your supervisor if supply is low.

### **Available Informational Resources/Websites:**

- St. Louis County Public Health: <https://www.stlouiscountymn.gov/departments-a-z/public-health-human-services/public-health>
- MN Department of Health: <https://www.health.state.mn.us/index.html>
- MN Department of Human Services: <https://mn.gov/dhs/>
- Center for Disease Control and Prevention: <https://www.cdc.gov/>

- World Health Organization: <https://www.who.int/>

**Date of last revision:** 5/1/2020

**Review or Revision by:** Sarah Hamilton, EBI DM

## Coronavirus Disease

(New 3/20)

**At this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it**

### Background

CDC is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in more than 100 locations internationally, including in the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “[public health emergency of international concern](#)” (PHEIC). On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to COVID-19. On March 11, 2020 [WHO publicly](#) characterized COVID-19 as a pandemic.

### Source and Spread of the Virus

Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with [MERS-CoV](#), [SARS-CoV](#), and now with this new virus (named SARS-CoV-2).

The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir.

Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Person-to-person spread was subsequently reported outside Hubei and in countries outside China, including in the [United States](#). Some international [destinations now have apparent community spread](#) with the virus that causes COVID-19, as do some parts of the United States. Community spread means some people have been infected and it is not known how or where they became exposed.

## Coronavirus Symptoms

### Watch for symptoms

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

The following symptoms may appear **2-14 days after exposure**.\*

- Fever
- Cough
- Shortness of breath
- Other Related symptoms include: muscle aches, headache, sore throat, diarrhea, or loss of taste or smell

### What To Do If You Are Sick

- Stay home except to get medical care
- Separate yourself from other people and animals in your home
- Cover your coughs and sneezes
- Clean your hands often
- Avoid sharing personal household items
- Clean all “high-touch” surfaces everyday
- Monitor your symptoms
- **Seek medical attention:** Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing).

## Steps to Prevent Illness

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).

**The best way to prevent illness is to avoid being exposed to this virus.**

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

**Older adults and people who have severe underlying chronic medical conditions** like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. Please consult with your health care provider about additional steps you may be able to take to protect yourself.

## Take steps to protect yourself

### Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

### Avoid close contact

- **Avoid close contact** with people who are sick
- Put **distance between yourself and other people** if COVID-19 is spreading in your community. This is especially important for [people who are at higher risk of getting very sick](#).

## Take steps to protect others

### Stay home if you're sick

- **Stay home** if you are sick, except to get medical care. Learn [what to do if you are sick](#).

### Cover coughs and sneezes

- **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

### Wear a facemask if you are sick

- **If you are sick:** You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes, and people who are caring for you should wear a facemask if they enter your room. [Learn what to do if you are sick](#).
- **If you are NOT sick:** You do not need to wear a facemask unless you are caring for someone who is sick (and they are not able to wear a facemask). Facemasks may be in short supply and they should be saved for caregivers.

### Clean and disinfect

- **Clean AND disinfect [frequently touched surfaces](#) daily.** This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.

### **To disinfect:**

Most common EPA-registered household disinfectants will work. Use disinfectants appropriate for the surface.

### **Options include:**

- **Diluting your household bleach.**

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water  
OR
- 4 teaspoons bleach per quart of water

Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

- **Alcohol solutions.**

Ensure solution has at least 70% alcohol.

- **Other common EPA-registered household disinfectants.**

Products with [EPA-approved emerging viral pathogens pdf icon\[7 pages\]external icon](#) claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.)

**Protect your workforce:**

- **Screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility.** Keep up to date on the recommendations for preventing spread of COVID-19 on [CDC's website](#).
- **Ensure proper use of personal protection equipment (PPE).** Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 [should wear](#) the appropriate [personal protective equipment](#).
- **Encourage sick employees to stay home.** Personnel who develop respiratory symptoms (e.g., cough, shortness of breath) should be instructed not to report to work.

**Date of last revision: 3/1/2020 (new); 5/1/20 (updated)**

**Review or Revision by: Sarah Hamilton, EBI DM**

## COVID -19 Preparedness Plan

### Steps to take to safe and reduce the spread of the virus:

Stay home if your ill; Separate yourself from others if possible; Regularly practice social distancing of 6 feet or more; Wash your hands often; Cover coughs and sneezes; Avoid sharing items; Clean surfaces regularly with disinfectant; Wear a mask

All businesses in Minnesota are required to have a COVID-19 Preparedness Plan that protects staff, residents and the community you serve.

According to Executive Order 20-48, critical businesses, including providers licensed or certified by the Department of Human Services to deliver residential 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. Because there is currently no vaccine for this virus, EBI will operate for many months with the possibility that COVID-19 could be confirmed in our program. 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, *during the peacetime emergency*, to develop and implement a COVID-19 Preparedness Plan (“**Plan**”) that describes how EBI 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. 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.

EBI’s DM will evaluate, monitor, and update this plan if necessary, on a regular basis. Management and employees are responsible for implementing and complying with all aspects of this Preparedness Plan. This Plan will be posted at all the EBI homes and in EBI’s policy manual for staff and resident review. Service recipients, legal guardians, and case managers will be provided a copy of this plan and it will be made available to them upon request. EBI staff and volunteers will be trained on this plan and competency measures will be checked.

The EBI COVID-19 Preparedness Plan defers to the most current information from the CDC and the Minnesota Department of Health websites. Information is subject to change as more is learned from these organizations. Keeping this document current is a continuing process.

No plan can guarantee the prevention of a COVID-19 illness. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces, and that requires full cooperation among employees and management. Only through this cooperative effort can we establish and maintain the safety and health of our employees and residents.

In the event that there is a confirmed diagnosis, EBI’s DM will notify MDH by calling 651-297-1304 or 1-800-657-3504 (M-F, 8a-5p). EBI’s DM and support staff will work with MDH and will comply with any direction given.

EBI staff will be trained in and will implement the following plan.

### Plan to minimize/reduce the risk of COVID-19

#### Hygiene and source control

- **Handwashing/hygiene routines –**
  - EBI staff will be responsible for enforcing handwashing routines during their shift for themselves, residents, visitors, co-workers, and any others within the home. All visitors to the home will be required to wash their hands immediately upon entering EBI.
  - Handwashing routines for staff and residents shall include, but not limited to:

- After having been in public places (examples: shopping, start and end of shift, banking, gas stations, bussing/Stride, day programs/work, etc.);
- Prior to and after smoking;
- Prior to and after eating, and before and after assisting others with eating or meal preparation tasks;
- After using the restroom, and before and after assisting others with using the restroom;
- When blowing your nose, coughing, or sneezing;
- and when providing any resident with resident related personal cares.
- Hand washing should occur for at least 20 seconds with soap and water. If EBI residents are unable to wash their hands, EBI staff will be responsible for assisting residents. EBI staff will only use no-touch trash bins to dispose of garbage. EBI will have trash bins in designated places within the home. In the bathroom, there will be a trash bin near the bathroom door. A sign is posted in each bathroom as a reminder to use a paper towel to open the door and turn lights off after use when your hands are clean.
- Signs are also posted within the home in how to cover your cough and how to wash hands. EBI staff will provide education, assistance, or reminders to others and residents if posted protocols are not being followed. Continued incidents of not following protocols should be reported to EBI's DM, Sarah Hamilton.
- EBI staff will regularly monitor residents to ensure that their hands are washed if observed touching their nose, mouth, or eyes, or other areas where contamination can occur. EBI will have hygiene routines for all residents that include showering/bathing, handwashing, and oral care. EBI staff will encourage and assist residents as needed with following good hygiene routines.
- EBI staff, residents, 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.
- Oral care items or other personal care items will not be left in common areas, where contamination can occur, or on bathroom countertops/countertops. Residents will have their own totes for oral care and hygiene supplies and will be encouraged or assisted with use. EBI staff cannot leave personal items behind at EBI when their shift is over.
- **Hand Sanitizer –**
  - Each home has hand sanitizer available if needed, containing at least 60% alcohol, that can be used for hand hygiene in place of soap and water, as long as hands are not visibly soiled. Hand sanitizer is located by the front door of each home and in the company vehicles. Soap dispensers and hand sanitizers will be checked by EBI staff daily during their scheduled time of cleaning. EBI staff should immediately notify the house supervisor if a dispenser needs attention; not functional or empty. EBI staff are also encouraged to carry personal size hand-sanitizers.
- **Mask use and PPE, misc. supplies –**
  - EBI residents have their own fabric or disposable masks for use.
    - EBI residents will be asked to use their mask, or assisted with, if they are:
      - experiencing illness or COVID-19 related symptoms or are around others who may be or have been recently diagnosed with COVID-19;
      - when attending their day program/job site;
      - when going in the community where other community members are present; and
      - when sharing transportation with other (bus, vehicles, etc.)
  - EBI staff have access to disposable masks within each EBI home or may use their own fabric mask.
    - EBI staff will wear a mask during their shift if they are:
      - experiencing illness or have suddenly started feeling COVID 19 related symptoms, or have been around others who had symptoms or recently diagnosed with COVID-19;
      - when on duty and working with other staff members, unless working in a cubical space (admin office only) where 6 feet of distance or more can be consistently maintained,
      - when providing direct care assistance to residents,
      - when preparing food/snacks for residents,
      - when in the company vehicle with residents, and

- when going in the community where other community members are present during work time.
- If EBI has visitors to the home, the visitor will be asked to put on a mask before entering the home. If visiting outside, visitors will be asked to stay at least 6 feet apart. EBI will supply visitors with a face mask for use if they do not have their own.
- EBI has PPE (gloves, masks, gowns, face shields, goggles) at each EBI location and accessible for use. EBI's DM will consult with MDH and county liaisons if additional supplies are needed in the event that a person within the home has COVID-19, or is symptomatic.
- EBI has disinfectant at each EBI location. EBI stocks each home with disinfectants recommended by the CDC (example: Bleach, Lysol, scrubbing bubbles, Windex, Comet, Clorox, Fantastik, 409, etc.).
- EBI has tissues stocked at each EBI location and residents will be encouraged or assisted with use as needed.
  - EBI staff and residents must wash their hands immediately before/after using PPE, tissues, and cleaning supplies.
- EBI's house supervisor will ensure excess stock is on hand at all times of PPE, tissues, and cleaning supplies. The house supervisor will complete a weekly check and EBI's DM will assist with obtaining additional supplies, if needed, in the event that a person becomes symptomatic or is diagnosed with COVID-19.
- **Water/fountain use –**
  - EBI residents will be provided with or asked if they would like disposable water bottles if attending community events. EBI staff and residents will be discouraged from using community drinking stations and water-fountains. If using refrigerators that are ice/water ready, EBI staff and residents must use a new glass/cup when using this type of water source. Staff will provide the necessary reminders to residents as needed and a posted note will be displayed on the fridge as a reminder. No refills are allowed with the same cup when using the refrigerator to obtain ice or water.

The importance of handwashing or hand-sanitizing, environmental and ongoing housekeeping activities and personal health monitoring is covered in orientation and in ongoing employee training.

### Cleaning and disinfecting

- **Clean workplace**
  - EBI homes are cleaned and disinfected on each shift and additionally as needed by EBI staff. Staff will complete cleaning and document when cleaning is complete, using EBI's cleaning responsibility form. EBI stocks each home with disinfectants recommended by the CDC (example: Bleach, Lysol, scrubbing bubbles, Windex, Comet, Clorox, Fantastik, 409, etc.). EBI's house supervisor will regularly monitor cleaning plans and supplies. EBI staff and residents will use gloves when completing cleaning tasks. Cleaning lists will include, but not limited to:
    - **Kitchen** – Kitchen/cooking areas will be cleaned before and after use by EBI staff. Cleaning will include, but not limited to, wiping down all surface areas (counters, fridge handles, stove tops, microwave, etc.). At no time will dishes be left out on the counter. Dishes must be washed or placed in the dishwasher immediately after eating. EBI staff will complete washing and putting away dishes and all kitchen cleaning duties. If an EBI resident wants to participate in cleaning tasks, the resident must wear gloves, be free from illness, and be supervised to ensure no contamination occurs.
    - **Main living area, hallways, stairs** – EBI staff will be responsible for cleaning all surfaces, and vacuuming. If an EBI resident wants to participate in cleaning tasks, the resident must be free from illness and wash their hands prior to and after cleaning tasks.
    - **Bathrooms** – EBI staff will be responsible for cleaning all surfaces and spraying/disinfecting bathtubs, showers, and sinks. If an EBI resident wants to participate in cleaning tasks, the resident must be free from illness, wear gloves, and wash their hands prior to and after cleaning tasks.
    - **High touch areas** – EBI staff will be responsible for cleaning high touch areas on every shift and more regularly if needed. High touch areas may include, but not limited to: doorknobs, light switches, stair rails, counters, tables and chairs, phones, keyboards, program equipment and other shared items.
    - **Garbage** – EBI staff will be responsible for taking out the garbage on every shift and more regularly if needed. If an EBI resident wants to participate in garbage tasks, the resident must be free from illness, wear gloves, and wash their hands after taking out the garbage.

- **Personal spaces** – Personal spaces that can be cleaned by the EBI resident are completed following a scheduled cleaning list and checked by EBI staff when complete. EBI staff are responsible for completing cleaning of personal spaces if a resident is unable to complete, following a scheduled cleaning list. EBI staff will be responsible for cleaning resident bedrooms daily for those who cannot clean them on their own;
- **Laundry** – EBI staff will be responsible for stripping and washing staff beds daily and resident beds daily if soiled, or weekly if resident bedding is not soiled. EBI staff are responsible for assisting residents who cannot complete laundry tasks on their own. EBI residents will follow a laundry schedule to ensure regular washing of their clothing, bedding, and towels.
- EBI residents participate in cleaning tasks. EBI residents will not be responsible for cleaning shared spaces during the COVID-19 pandemic.
  - EBI Staff are trained in sanitizing surfaces, disinfecting, hand washing, and safety communication protocols. Staff will follow and complete daily cleaning lists.
- **Equipment sanitation needs** –
  - EBI homes are cleaned and disinfected on each shift and additionally as needed. Cleaning lists are provided for support staff to follow on each shift.
  - Equipment requiring sanitization such as wheelchairs, shower chairs, transfer bars, or other shared equipment, will be sanitized at least daily on the night shift and in between use if it is shared equipment or contaminated. Sanitation will be completed with a solution containing bleach or a sanitizing solution.
- **Shared supplies** –
  - EBI residents will not share supplies and will have bins or designated areas to keep their supplies in if stored outside of their personal space.
  - In the event that supplies must be shared or become contaminated, EBI staff will clean the item immediately before returning the item to the owner.
  - EBI staff are responsible to routinely wipe down and clean their work space. EBI staff will be encouraged to not share items and keep their own pen or other office supplies in their mailbox for their own use. EBI staff will be asked to cleanse items that must be shared prior to the end of their scheduled shift to prevent spread of germs.
- **Laundry** –
  - When washing towels, bedding, and other items, EBI staff and residents will use the warmest appropriate water setting and dry items completely.
  - EBI staff will wash their bedding after their overnight shift.
  - EBI staff will follow protocols in “How to clean and disinfect” <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html>

## Social Distancing

- **Gatherings** –
  - EBI DM will regularly review recommendations made by MDH and CDC regarding recommendations for gatherings. Based on that information, gatherings with staff, residents, family, visitors, etc., will only occur based on those recommendations. Prolonged close contact among staff, residents, and families will be discouraged.
  - When gatherings occur, common areas and other areas of congestion will be marked to provide for social distancing of at least 6-feet. If needed, visual aids (e.g., painter’s tape, stickers, signs) will be used to illustrate traffic flow and for where to stand for appropriate spacing to support social distancing.
  - When gatherings occur in the home, such as visits or staff meetings, seating spaces will be rearranged to maximize the space (at least 6 feet) between people. Chairs will be faced in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
- **Staff Meetings** -
  - Staff meetings will be held remotely unless it is safe to have gatherings and social distancing can occur at a designated EBI location.
- **Personal spaces** –
  - EBI staff, visitors, and volunteers will limit entering into resident bedrooms or other personal spaces unless absolutely necessary.

## Food Preparation

- **Food, beverage, and condiment sharing–**
  - EBI staff will provide residents with single serve packaged condiments or their own condiments. EBI residents will have their own designated areas in the fridge and cabinets that hold their condiments. Items in their bin or designated area will be labeled with the resident's name and these items will not be shared.
  - Condiments, food, or beverages that do not come in a single serving will be served by an EBI staff member, using gloves. Residents will be encouraged to use their own single serve coffee machines and creamers. If a resident or staff wants to use the house coffee pot, a new cup must be used for refills.
  - No food or beverage sharing between residents and staff (example: sharing sandwiches, cookies, leftovers).
- **Meal time – Staggering meals, setting tables**
  - EBI staff will wash their hands, and use the designated cleaning solution to clean tables and chairs prior to and after meal time.
  - EBI staff will set the table prior to meal time. If residents choose to participate in table setting, residents may set their own spot at the table. EBI staff must immediately clear the table after mealtime. Residents who participated in clearing the table must only clear their spot at the table. All dishes must be immediately placed in the dishwasher or disposed of if paper product.
  - EBI residents can stagger their mealtime, as desired, to enforce social distancing. If choosing to eat in shifts/different times, the residents who eat together will remain together so that the same residents are consistently eating together. In the event a person is ill, the person will not eat with others and will eat in a separate room with supervision provided.
  - Paper products (paper plates, cups, utensils) will be encouraged to be used for snacks and light meals.
- **Food preparation**
  - EBI staff on duty will prepare all meals for the EBI residents, unless the residents can prepare their own meals and will not be handling food, condiments, or beverages that is not theirs.
  - If residents choose to participate in preparing food for themselves, residents must only prepare for themselves, using food items and cookware designated for their meal preparation only. EBI staff will assist the resident with obtaining and serving any necessary ingredients, that does not belong to the resident, that may be located in the shared fridge or cabinet (ex: milk, butter, sugar, mixes).
  - During meal preparation tasks that EBI residents can complete on their own, only one EBI resident will be encouraged to be in the kitchen during this time. EBI staff will provide reminders, as needed, to wash hands and clean areas before and after use. EBI staff will complete cleaning if the resident did not.
- **Family style dining, serving food, mealtime**
  - For all cooking tasks, including preparation, cooking, and serving, EBI staff must wash their hands and wear gloves. Mask use by EBI staff are encouraged, but not mandatory during meal preparation. If there are signs/symptoms of illness, the resident or EBI staff will not participate in cooking tasks.
  - EBI staff will serve all foods that have been prepared by EBI staff. If a resident has chosen to prepare their own meal, the resident will serve themselves only and will not share this food with others. If a resident wants to have additional helpings during mealtime, EBI staff will assist the resident by placing additional servings on a new plate.
  - Leftovers from meal preparation will be divided into separate storage containers and labeled with each resident's name on it, including date and item. If leftovers, store bought items or bulk food items cannot be divided up, they will be placed in the fridge or storage area in sealed storage bags/containers, as applicable. EBI staff will be responsible for serving these items.

## Ventilation

- **Fresh air –**
  - As weather allows, EBI staff will open windows in the home every AM. When driving with residents in the company vehicle, EBI staff will open windows if weather allows. EBI staff will keep windows open as much as possible during the warm months to maximize the amount of fresh air being brought in.
- **Air conditioners and fans–**
  - EBI staff will try to limit the use of air conditioners in the EBI homes and vehicles to limit air recirculation. EBI staff will change the furnace filter monthly, per EBI schedule, and have the furnace serviced annually. EBI staff will contact EBI’s DM immediately with any circulation concerns.
  - EBI staff may use fans in the main living area, if needed, but will not place fans in front of others where the air blows across others.

**Visitors**

- **Visitors –** Encouraged to interact via remote communication or electronic media. However, visitors may come to the home following these guidelines:
  - All Visitor’s coming to the EBI home will be screened for COVID-19 symptoms, using the screening tool, by the front entrance of each home. All visitors must sign in on the visitor log by the front door. Visitors who have symptoms of infection (e.g., fever, cough, shortness of breath, headache, loss of smell/taste, chills, body aches, or sore throat – also see screening form) will not be permitted to enter the facility at any time even in special circumstances.
  - Visitors entering the facility must practice social distancing, wear a mask, and wash their hands or use hand sanitizer upon entering.
  - If a resident is in isolation or quarantine because of a known infection or exposure, postpone visitation to the home until all individuals in the home have been cleared of infection or have completed their quarantine period.
  - If visitation to the EBI home is restricted, EBI’s DM will send a letter to all residents, families, friends, team members.
- **Visiting area –**
  - Visitors should be encouraged to stay in a visiting area, preferably outside of the home, and practice social distancing. Visitors should limit interactions to those individuals that they are visiting. After the visitor leaves, EBI staff on duty must disinfect the area immediately. EBI staff will assist the EBI resident as needed to wash their hands after the visit is over.

**Transportation**

- **Public transportation**
  - EBI staff and residents will wear facemasks if using the DTA, Stride, taxi, ride-sharing, or other public transportation systems where other community members are present. EBI staff and residents will immediately wash their hands after using public transportation.
- **Company transportation –**
  - EBI staff will limit the number of residents in the company vehicle and residents will be evenly spread out. It will be encouraged that no more than 2 residents are in the company van at one time. All staff and residents will wash their hands prior to leaving and when returning home, when using EBI’s company vehicle. EBI staff will disinfect the van after use, using Clorox wipes or similar product, and sign off upon completion.
  - EBI staff will refrain from using the air conditioner while in a vehicle unless it is necessary. EBI staff open windows as much as possible when driving

**Community Engagement with residents or attending community events, day program, community jobs**

- **Community Engagement –**
  - Community events, shopping, church, dining, etc. -- During the shelter in place/stay safe order, EBI staff will follow the recommendations made by the CDC and state health department and assist EBI residents with community engagement according to orders/recommendations that are set.
  - EBI staff and residents will be asked to wash their hands immediately when returning from community events/outings. EBI Staff and residents will wear a mask if orders or recommendations are in place.
- **Job centers / day programs –**

- Day programs, community employment – During the shelter in place/stay safe order, EBI residents may return to their community job, day program, according to set guidelines from their employer.
- *Leaving for work* – Ensure residents have PPE available to them such as masks and gloves and encourage them to wear prior to entering onto their bus if this is a recommendation in place.
- *Returning from work* – Ask the resident to complete hand hygiene when returning home from work, encourage a change of clothing/showering, monitor for any new symptoms/illness and act on it accordingly. Begin isolation/quarantine measures if necessary.

**Communication and Training**

- **Training and plan review**
  - EBI staff will be provided with a copy of this plan, additional copies will be provided as revisions are made. This plan will be posted at EBI home and in EBI’s policy manual. A copy of this plan will be provided to all contracted service providers (example: day programs that EBI works with, hired contractors coming into the home, etc.) and volunteers that work at EBI.
  - All EBI staff and volunteers will be trained in how to implement this plan. EBI’s DM or DC will complete a verbal review, regular observations, and a knowledge test with EBI staff and volunteers. EBI’s DM or DC will provide additional training as appropriate.
  - EBI residents will be provided with a copy of this plan, and additional copies will be provided as revisions are made. EBI’s house supervisor will provide verbal training, in plain language, to the residents about this plan and as revisions are made. A copy of this plan will also be posted in each EBI home. Guardians, legal representatives, and case managers will also be provided a copy of this plan and when revisions are made. Listed resources will also be included in this plan for further review.
  - A copy of this plan will be available for Commissioners review and will be posted on the emergency board at each EBI home.
- **Communication**
  - EBI staff who have questions or concerns about the COVID-19 Preparedness Plan or about their rights should contact MNOSHA Compliance at osha.compliance@state.mn.us, 651-284-5050 or 877-470-6742.
  - EBI’s DM will regularly post updates or recommendations set by the CDC or MHD on EBI’s facebook page, at staff meetings, and in written correspondence.
  - EBI staff may also contact Sarah Hamilton at 218-624-3122.

**COVID-19: Screening tools, Exposure, Symptoms, Testing Positive, Returning to work, Health Assessments**

**Support Staff –**

- **Screening tool –**
  - EBI has a screening tool for staff and any volunteers or visitors to complete when they enter the EBI home. The screening tool is posted by the timeclock at each home and by the front door of the home at each EBI home. Instructions on the screening tool are provided in what to do if a person has symptoms of COVID 19 or answers yes to any of the questions listed on the screening tool. If a person is demonstrating symptoms, the person will need to leave immediately, and cleaning and disinfecting measures will be completed immediately. EBI’s DM must also be contacted. EBI staff will follow EBI’s infection control policies.
- **Symptoms of COVID-19**
  - All staff and volunteers are expected to stay home if ill or demonstrating symptoms of illness related to COVID-19. These symptoms include: fever or feeling feverish, chills, new cough, short of breath, new sore throat, new muscle aches, new headache, new loss of smell or taste. Other less common symptoms may include gastrointestinal symptoms (nausea, vomiting, diarrhea). These symptoms may appear 2-14 days after you are exposed to the virus that causes COVID-19.
  - If a staff or volunteer cannot work, staff and volunteers may return to work based on instructions from their doctor or recommendations by the CDC or MHD. EBI’s DM will work with the staff member or volunteer to determine a plan to return to work, following conditions set by the CDC and MDH. EBI’s DM will follow the First Coronavirus Response Act: Employee Paid Leave Rights will be followed, as applicable:  
[https://www.dol.gov/sites/dolgov/files/WHD/posters/FFCRA\\_Poster\\_WH1422\\_Non-Federal.pdf](https://www.dol.gov/sites/dolgov/files/WHD/posters/FFCRA_Poster_WH1422_Non-Federal.pdf).

- **Exposure**

- EBI's DM will first assess to see if "**Close Contact**" occurred. Close contact means you were within 6 feet of a person who has COVID-19 for 15 minutes or more throughout the course of a day (24 hours). If this has occurred, EBI's DM will arrange the following:
  - The employee will be asked to stay home for 14 days from the last time the person had **close contact** with a person who has COVID-19.
  - The employee will be encouraged to get tested 5 days after having **close contact** with a person who has COVID 19.
  - The employee will be asked to return to work after the 14 days if they are not sick.
  - The employee may be asked to complete a Risk Assessment with EBI's DM if the employee had **close contact** with a co-worker or resident from EBI that tested positive for COVID 19. To conduct the HCW risk assessments, EBI's DM will use the assessment form to interview staff who have been exposed to the case. EBI may also reference [CDC Interim Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
    - MDH recommends that risk assessment be an active process that includes a conversation with the HCW that was exposed.
    - If there is on-going low-risk exposure due to the need for HCWs to continue providing care to a COVID-19 positive resident, MDH requests that facilities continue to track these employees and update their date of last exposure date. MDH asks that this conversation occur after each shift to assess for any possible breaches in PPE or other exposure concerns.
  - After EBI's DM interviewed the exposed HCW and completed the risk assessment, EBI's DM will document the information on the "HCW Contact Tracing List" spreadsheet that MDH will provide after reporting the positive case. EBI's DM will fill in the facility name, name and symptom onset of the positive case, and the requested information (including risk assessment level) for each exposed staff member. If reporting on exposures to multiple cases, EBI's DM will make sure that the lists are clearly separated on the document.
  - Once the document is complete, EBI's DM send the HCW Contact Tracing List spreadsheet to the assigned case manager with MDH or to [health.CC.monitoring@state.mn.us](mailto:health.CC.monitoring@state.mn.us). The Risk Assessment worksheets do not need to be sent back.

- **Testing negative for COVID-19**

- If you get tested, and are negative, and If you have a different illness or your symptoms are from a chronic condition, follow advice from your health care provider in regards to how long you should stay home. Be sure to provide any documentation to EBI's DM to excuse your absence.
- If you receive a negative test, but have symptoms, talk to your doctor to determine how long you should stay home. Be sure to provide any documentation to EBI's DM to excuse your absence.

- **Testing positive for COVID -19 –**

- If a staff member or volunteer tests positive for COVID-19, and the staff member or volunteer has had contact with other EBI residents or staff at least 48 hours before symptom onset, EBI's DM will complete the following:
  - EBI's DM will contact MDH to report the confirmed positive COVID-19 test by calling MDH at 651-201-5414, option 3, or by going online to complete a case report at [Submitting Clinical Information on Long Term Care COVID 19 Cases](https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H8MT9TTNCD). <https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H8MT9TTNCD>.
  - EBI's DM will contact each residents legal guardian and case manager to report exposure.
  - EBI's DM will contact each staff member at the EBI home where the exposure occurred to alert them of the positive test.
  - EBI's DM will conduct a risk assessment with the staff member or volunteer, contact tracing, and will conduct additional risk assessments with individuals who had contact with the staff member or volunteer to determine the risk level (see risk assessment detail below) and further actions to take based on the risk level.

- The employee or volunteer will be excused from work for at least 10-20 days (see returning to work section in this plan).
- EBI's DM will follow further incident reporting policies if the incident meets incident reporting guidelines.
- EBI's DM will follow EBI's infection control and pandemic policy.
- EBI's DM will review daily correspondence from the MDH, until the case closes, and provide any new case report information as applicable.
- EBI staff will follow EBI's cleaning and disinfecting after suspected or confirmed Covid-19 exposure. EBI staff will follow EBI's infection control and pandemic policies, and EBI's incident reporting policies, as appropriate.
- The individual's identity, who tested positive for COVID-19 or may have exposed others, will not be disclosed other than to the person authorized to receive the information.
- EBI's DM will ask that the employee follow the Stay Safe MN plan, and What to do if you have COVID-19.
- Employees may return to work under the following conditions listed in the policy "Return to Work Criteria for HCW with Suspected or Confirmed COVID-19" and as outlined by the CDC:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
- **Emergency –**
  - In the event that an emergency occurs when on duty, EBI's DM will make contact with the emergency contact that the employee has listed in their personal file. The emergency contact information will be reviewed with the employee at least annually.
- **Staffing/time off due to illness**
  - If a staff member must miss work due to COVID-19, EBI staff, who are currently on the schedule, may be asked to work extra shifts. EBI's house supervisor will be responsible for finding coverage or working the shift if a staff member has been medically excused.
  - EBI's DM will consult with staffing services in the event that a staffing crisis occurs.
  - Full time employee's may use their PTO time, as necessary, for missed work and part time staff may use their ESST for missed work, following the ESST policy. EBI's DM will follow the "Families First Coronavirus Response Act", for paid entitlements, if any.
  - Confidentiality of the individuals involved will be maintained. Information will be shared on a need-to-know basis. Medical information and identification of individuals will follow HIPPA guidelines.
- **Symptom-based strategy for determining when HCW can return to work.**
  - HCP with mild to moderate illness who are not severely immunocompromised:
    - At least 10 days have passed since symptoms first appeared, and
    - At least 24 hours have passed since last fever without the use of fever-reducing medications, and
    - Symptoms (e.g., cough, shortness of breath) have improved
  - HCP who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.
  - HCP with [severe to critical illness](#) or who are severely immunocompromised<sup>1</sup>
    - At least 10 days and up to 20 days have passed *since symptoms first appeared*
    - At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
    - Symptoms (e.g., cough, shortness of breath) have improved
    - Consider consultation with infection control experts
  - HCP who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.
- **Return to Work Practices and Work Restrictions**
  - **After returning to work, HCW should:**
    - Wear a facemask for source control at all times at work until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used for source control during this time period while in the facility. After this time period, revert to EBI's policy regarding [universal source control](#) during the pandemic.

- A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.
- Self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.
- **Risk Assessment recommendations: Recommendations for HCWs Based on Risk Level:**
  - For HCW that are assessed as low-risk, MDH recommends that the HCW self-monitor for symptoms for 14 days following their last exposure to the COVID-19 positive case. No other restrictions on the individual’s movement or activities are advised. This employee may continue to work as long as they remain asymptomatic. The low-risk employee will be provided a copy of the HCW Low Risk Exposure Fact sheet.
  - MDH recommends that HCW assessed as high-risk participate in voluntary quarantine for 14 days after the exposure. The employee will be contacted by MDH, enrolled in symptom monitoring, and notified of the recommendation to self-quarantine. If EBI is experiencing a staffing shortage that cannot be otherwise resolved, asymptomatic high-risk HCW may be asked to return to work during the voluntary quarantine period. The HCW must wear a surgical facemask for source control. High-risk employees can choose not to return to work during the 14 day voluntary quarantine and they are provided employment protections under MN Rule 144.4196.
  - A person who has clinically recovered from COVID-19 and then is identified as a high risk contact of a new case within 3 months of symptom onset of their most recent illness does not need to be quarantined or retested for COVID-19.
- **HCW Risk Assessment Process for any Future Cases of COVID-19 in a Resident or HCW in the Facility:**
  - When MDH becomes aware of an additional case in either a resident or a HCW, MDH will notify EBI by including the name of the HCW/Resident in the HCW Daily Report that EBI’s DM will receive by email. EBI’s DM’s will only be privileged to this information.
  - If EBI’s DM becomes aware of a new cases, EBI’s DM will report it to MDH via this link: [Submitting Clinical Information on Long Term Care COVID 19 Cases, https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H8MT9TTNCD](https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H8MT9TTNCD)
  - EBI’s DM will complete the HCW risk assessments and return a HCW Contact List spreadsheet for each positive case that is associated with the facility within 24 hours of receiving the notification of the new case.

#### Resident Related

- **Screening tool –**
  - EBI staff will screen residents daily, using a screening tool, and will be responsible to sign off on screening documents daily on their shift. Daily screening will include:
    - Temperature checking (100.4 or greater must be reported immediately to the house supervisor);
    - checking O2 sats (O2 of 94 or less must be reported, as applicable, immediately to the house supervisor. Refer to the persons MAR for O2 reading, reportable results may vary).
    - Daily questionnaire and observation for: is the person feeling feverish, chills, new cough, short of breath, new sore throat, new muscle aches, new headache, new loss of smell or taste. Other less common symptoms could include gastrointestinal symptoms like nausea, vomiting, or diarrhea.
  - EBI staff will regularly observe for “Emergency warning signs” for COVID-19 – EBI staff will get medical attention immediately for the following symptoms:
    - Trouble breathing
    - Persistent pain or pressure in the chest
    - New confusion or inability to arouse
    - Bluish lips or face
  - EBI staff will be encouraged to use with residents, if needed, pictures, education, readings, etc., with how to identify signs and symptoms of COVID 19 illness. Posted signs and symptoms will be available in the home as a review. Results from screening will be documented in the residents file daily.
  - EBI staff monitor for and document on symptoms of illness daily, paying specific attention to: fever or felling feverish, chills, new cough, short of breath, new sore throat, new muscle aches, new headache, new loss of smell or taste. Other less common symptoms could include gastrointestinal symptoms like nausea, vomiting, or

diarrhea. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

○ **Exposure, having contact with someone who has COVID-19**

- EBI's DM will first assess to see if "Close Contact" occurred. Close contact means you were within 6 feet of a person who has COVID-19 for 15 minutes or more throughout the course of a day (24 hours). If this has occurred, EBI's DM will arrange the following:
  - The resident will stay home and follow quarantine plans for 14 days from the last time the person had contact with the person who has COVID-19. If EBI's PPE supply allows, residents who were cared for by this HCW should now be cared for using all recommended COVID-19 PPE until 14 days after last exposure to the HCW.
  - The resident will get tested 5 days after exposure if demonstrating no symptoms to COVID-19.
  - The resident will be regularly monitored for symptoms of COVID-19. If the resident begins to develop symptoms related to COVID-19, the resident will be immediately tested, contact with the persons primary provider will be completed, and isolation measures will be taken.
  - EBI's DM will follow incident reporting policies to report the exposure.
  - EBI staff will maintain a low threshold (act on symptoms right away, even with slight changes to their health) for COVID-19 symptoms in any residents that had contact with a positive HCW, and prioritize these residents for testing if they develop symptoms.
  - Per MDH, EBI does not need to report exposed residents to MDH.

○ **Symptoms of COVID-19**

- EBI staff will regularly observe residents for symptoms of COVID-19, as listed in the screening tool plan stated above. These symptoms may appear 2-14 days after you are exposed to the virus that causes COVID-19.
- If an EBI resident is demonstrating symptoms related to COVID-19, EBI staff will make contact EBI's house supervisor or EBI's DM immediately and begin following EBI's COVID-19 Preparedness plan, and infection control and pandemic policies.
- EBI will make a plan to get the person tested for COVID -19 immediately.
- EBI staff will begin Isolation or quarantine measures for the resident, as appropriate, and EBI staff will follow recommended infection prevention and control measures, including the use of recommended PPE. Cloth face coverings are not PPE and should not be worn in place of proper PPE for the care of clients with known or suspected COVID-19.

○ **Testing positive for COVID -19**

- If an EBI resident has been diagnosed with COVID-19, but does not require hospitalization, EBI staff will:
  - Begin Isolation or quarantine measures for the resident.
  - Follow recommended infection prevention and control measures, including the use of recommended PPE. Cloth face coverings are not PPE and should not be worn in place of proper PPE for the care of clients with known or suspected COVID-19.
  - Follow orders/recommendations from the person's healthcare provider and from MDH.
  - EBI's DM will make a plan for group home residents and their staff to get tested for COVID-19 and complete the Risk Assessment questionnaire for HCW's.
  - EBI's DM will develop a plan to minimize the number of staff members who have face to face interactions with the person.
  - EBI staff will assist the resident with following guidance for implementing home care if the person does not require hospitalization. This will include, but not limited to:
    - Stay home, except to get medical care;
    - Separate yourself from others. The resident will not be in shared spaces with others and will be isolated to a place in their home/designated space (TBD);
    - EBI staff will monitor and document on symptoms throughout the day. EBI staff will follow instructions from the healthcare provider on checking and reporting symptoms;

- EBI staff will seek further care for the resident if the person has trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or staying awake, and bluish lips.
- The resident will wear cloth coverings or a face mask that covers their nose and mouth when being around others. The resident does not need to wear a mask if the resident is isolated to a space where they will be alone.
- The resident will be asked or assisted with staying at least 6 feet away from others, cover their cough, and follow infection control plans.
- EBI staff will follow the guidance from the person's doctor and local health department when deciding when to stop home isolation.
- EBI's DM will follow incident reporting policy to report a confirmed diagnosis in addition to contacting MDH and following any direction provided. EBI's DM and staff will also follow EBI's infection control and pandemic policy.
- EBI's DM will notify all individuals or homes involved and follow EBI's incident reporting policies. The individual's identity, who tested positive for COVID-19 or may have exposed others, will not be disclosed other than to the person authorized to receive the information.
- EBI's DM will ensure that the person's personal file is up to date with correct emergency contact information. This review will be completed at least monthly.
- **Situation where exposure cannot be ruled out. EBI staff will assist the resident with ensuring the following:**
  - Stay 6 feet apart and stay home for at least 14 days.
  - Have dedicated areas of the home for the person, clean and sanitize areas of the home the person uses after each use.
  - Wear a face mask in communal areas and perform frequent hygiene.

## Resources Guidance for developing a COVID-19 Preparedness Plan

### General

- [www.cdc.gov/coronavirus/2019-nCoV](http://www.cdc.gov/coronavirus/2019-nCoV)
- [www.health.state.mn.us/diseases/coronavirus](http://www.health.state.mn.us/diseases/coronavirus)
- [www.osha.gov](http://www.osha.gov)
- [www.dli.mn.gov](http://www.dli.mn.gov)

### Handwashing

- [www.cdc.gov/handwashing/when-how-handwashing.html](http://www.cdc.gov/handwashing/when-how-handwashing.html)
- [www.cdc.gov/handwashing](http://www.cdc.gov/handwashing)
- <https://youtu.be/d914EnpU4Fo>

### Respiratory etiquette: Cover your cough or sneeze

- [www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html](http://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html)
- [www.health.state.mn.us/diseases/coronavirus/prevention.html](http://www.health.state.mn.us/diseases/coronavirus/prevention.html)
- [www.cdc.gov/healthywater/hygiene/etiquette/coughing\\_sneezing.html](http://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html)

### Social distancing

- [www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html](http://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html)
- [www.health.state.mn.us/diseases/coronavirus/businesses.html](http://www.health.state.mn.us/diseases/coronavirus/businesses.html)

### Housekeeping

- [www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html](http://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)
- [www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html](http://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html)
- [www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](http://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
- [www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html](http://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html)

### Employees exhibiting signs and symptoms of COVID-19

- [www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html](http://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html)
- [www.health.state.mn.us/diseases/coronavirus/basics.html](http://www.health.state.mn.us/diseases/coronavirus/basics.html)

### Training

- [www.health.state.mn.us/diseases/coronavirus/about.pdf](http://www.health.state.mn.us/diseases/coronavirus/about.pdf)

- [www.cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html](http://www.cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html)
- [www.osha.gov/Publications/OSHA3990.pdf](http://www.osha.gov/Publications/OSHA3990.pdf)

**CDC attachments available and other policy attachments**

- Daily COVID-19 Screening of Employees; Return to Work Criteria for HCW with Suspected or Confirmed COVID-19; Putting on and taking off PPE; Please Read Before Entering; Symptoms of Coronavirus (COVID-19); 10 things you can do to manage your COVID-19 symptoms at home; Prevent the spread of COVID-19 if you are sick; What you should know about COVID-19 to protect yourself and others; Families First Coronavirus Response Act; COVID-19: Quarantine vs. Isolation; What healthcare personnel should know about caring for patients with confirmed or possible coronavirus disease 2019; Social Distancing Guidelines; Visitor Screening Document; Help keep our Resident’s Safe From COVID 19; Cleaning and Disinfecting your home; Cleaning and Disinfecting policy; Daily cleaning List; Weekly Cleaning List; Stop Germs! Wash your hands; Stop the Spread of COVID-19; How to Safely Wear and Take off a face covering; Face masks Do’s and Don’ts; Use of PPE When Caring for Patients with Confirmed or Suspected COVID-19

**Rights (concerns or violation)**

- For concerns that rights of a person who uses services have been violated, you may report to the DHS licensing intake at 651-431-6600 or by filing a complaint with MN Adult Abuse Reporting Center at 1-844-880-1574. For general questions, call Home and Community Based Services at 651-431-6624

**Additional Resources**

- [Interim Guidance on the Management of COVID-19 for Employees and Residents of Licensed Group Homes](https://www.health.state.mn.us/diseases/coronavirus/groupmanage.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/groupmanage.pdf>) contains information on managing COVID-19 cases in group home settings.
- [MDH’s COVID-19 health care page](https://www.health.state.mn.us/diseases/coronavirus/hcp/index.html) (<https://www.health.state.mn.us/diseases/coronavirus/hcp/index.html>) contains information and guidance on coronavirus disease and health care, including information on infection prevention.
- [COVID-19 Resource Request](https://redcap.health.state.mn.us/redcap/surveys/?s=LXR9JMRYEJ) (<https://redcap.health.state.mn.us/redcap/surveys/?s=LXR9JMRYEJ>) to request assistance in getting personal protective supplies.
- [COVID-19 Considerations for Health Care Leaders](https://www.health.state.mn.us/diseases/coronavirus/hcp/7things.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/hcp/7things.pdf>) provides Information on safeguarding mental wellbeing of staff during the COVID-19 pandemic.
- [Defining Crisis Staffing Shortage in Congregate Care Facilities: COVID-19](https://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html) (<https://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html>) provides information about crisis-level staffing strategies.

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trainer:** Sarah Hamilton, DM

**Date of last revision:** 5/18/20 (new); 6/25/20 (rev); 7/23/20 (rev)

**Review or Revision by:** Sarah Hamilton, EBI DM

## Risk Assessment for Health Care Workers Potentially Exposed to COVID-19 in Minnesota

Staff member name: \_\_\_\_\_

Interview conducted by: \_\_\_\_\_

Date of interview: \_\_\_ / \_\_\_ / \_\_\_\_\_

1. Have you been within 6 feet of a person diagnosed with confirmed COVID-19 infection?

Yes       No

How long (cumulative during shift)?     <15 minutes       ≥15 minutes

*Describe the contact:*

\_\_\_\_\_

2. Have you had unprotected direct contact with secretions or excretions of a person diagnosed with confirmed COVID-19 infection?

Yes       No

**\*\* If "No" or "<15 minutes" to Question 1 AND "No" to Question 2 then exposure is LOW RISK, skip to Question 9 \*\***

3. Date of the most recent exposure: \_\_\_ / \_\_\_ / \_\_\_\_\_

4. Did you wear the following personal protective equipment?

a. Eye protection       Yes       No

i. Goggles/safety glasses with side protection       Yes       No

ii. Face shield       Yes       No

iii. PAPR       Yes       No

b. Respiratory protection       Yes       No

i. N95 respirator       Yes       No

ii. Surgical facemask       Yes       No

iii. PAPR       Yes       No

c. Gown       Yes       No

d. Gloves       Yes       No

5. At any point in caring for the resident or interacting with the coworker, did you have a breach in your PPE?       Yes       No

*Describe the breach in PPE:*

\_\_\_\_\_

6. Was the person diagnosed with confirmed COVID-19 infection wearing a facemask (either surgical or alternative/cloth)?

Yes       No

a. If yes, at any point was their facemask removed for ≥ 15 minutes?       Yes

No

7. Did you perform or were you in the room for any procedures that were likely to generate higher concentrations or respiratory secretions or aerosols [including but not limited to noninvasive positive pressure ventilation (e.g. BiPAP and CPAP), CPR, manual ventilation, endotracheal intubation, bronchoscopy, open suctioning of airway secretions, and sputum induction)?

Yes       No

8. Did you have extensive body contact with the resident diagnosed with confirmed COVID-19 infection (e.g., rolling/positioning) when you **were not** wearing a gown and gloves?

- Yes       No

*\*\* If “Yes” to Question 8 and “Yes” to Question 4a. and 4b. then exposure is LOW RISK; however, this interaction may have some risk for infection particularly if hand hygiene is not performed prior to the HCW touching their eyes, nose or mouth. Gown and gloves are recommended when caring for a known or suspected COVID-19 resident. An individual facility has the discretion to deem this type of exposure as HIGH RISK. \*\**

9. *FOR INTERVIEWER:* Check all that apply and determine risk status based on answers to questions above.

#### Exposure to COVID-19 Positive Resident

Low risk includes any of the following:

- HCW not using all recommended PPE but did not have prolonged close contact\* with patient/resident.

HCW had prolonged close contact\* with patient/resident:

- HCW wearing all recommended PPE and adhering to all recommended infection control practices.
- HCW is wearing surgical facemask but no eye protection while positive patient or resident is wearing surgical facemask or alternative/cloth mask.
- HCW wearing a surgical facemask and eye protection, regardless of gown and gloves, **AND** aerosol-generating procedures (see description above) **were not** performed while HCW was present.
- HCW wearing a respirator, eye protection, gown and gloves **AND** an aerosol-generating procedure (see description above) **was** performed while HCW was present.

High risk includes any of the following:

HCW had prolonged close contact\* with resident:

- HCW not wearing surgical facemask or respirator.
- HCW not wearing eye protection and positive patient or resident is not wearing a surgical facemask or alternative/cloth mask.
- HCW not wearing all recommended PPE (respirator, eye protection, gown and gloves) **AND** an aerosol-generating procedures (see description above) **was** performed while HCW was present.
- HCW has sustained breach in PPE for  $\geq 15$  minutes or has direct contact with excretion or secretions from positive patient or resident without wearing recommended PPE (eye protection, surgical mask, gown and gloves).

#### Exposure to COVID-19 Positive Coworker

Low risk includes any of the following:

- Present in the same indoor environment but did not have prolonged close contact\* with positive coworker.

HCW had prolonged close contact\* with positive coworker:

- HCW wearing surgical facemask and eye protection, regardless of PPE worn by positive coworker
- HCW wearing surgical facemask but no eye protection while positive coworker is wearing surgical facemask or alternative/cloth mask

High risk includes any of the following:

- Direct contact with infectious secretions or excretions of positive HCW (e.g., being coughed on) without wearing recommended PPE (eye protection, surgical facemask, gown and gloves)

HCW had prolonged close contact\* with positive coworker:

- HCW not wearing surgical facemask, regardless of PPE worn by positive coworker
- HCW wearing surgical facemask but no eye protection and positive coworker is not wearing surgical facemask or alternative/cloth mask

*\*Prolonged close contact is defined as being within 6ft for  $\geq 15$  minutes cumulatively during a shift **OR** having unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 infection.*

## Health Care Worker Monitoring for COVID-19 – Low Risk Exposure

Patients, residents and/or coworkers at your workplace have tested positive for COVID-19.

Some situations, including providing direct care or working in the same space as people with COVID-19, can put staff at risk for infection.

Because of the COVID-19 in your workplace and the personal protective equipment (PPE) you were using, you have been at low-risk for infection, and the Minnesota Department of Health (MDH) has some recommendations for you.

Public Health Recommendations:

- As long as you do not become sick, you are not in quarantine.
- You may continue to work and go to locations in the community, as long as you follow state recommendations for movement and social distancing.

Health Monitoring Recommendations:

- Pay attention to respiratory symptoms that could be caused by a COVID-19 infection including cough, shortness of breath, and sore throat.
- Take your temperature twice daily—each morning and evening around the same time.

What to Do if You Get Sick:

- Do not work while sick, even if you are only mildly ill.
- If you get a fever (measured temperature  $\geq 100.0$  F or feeling feverish) or respiratory symptoms, like cough, sore throat, or shortness of breath, you must immediately separate yourself from others.
- If you are at home and become sick, do not go to work. Call your supervisor to report your symptoms and tell them you will not be at work.
- If you become sick at work, tell your supervisor and go home.

How to Protect Yourself and Others at Work:

- The work you do to care for patients and residents is important. MDH and your employer want to help you be safe when you return to work.
- Wearing a facemask for source control and practicing good hand hygiene will help keep residents and coworkers safe if you develop COVID-19 without feeling sick.
- To keep yourself safe, make sure to use all of the personal protective equipment (PPE) that is needed for your job duties. When working with a patient or resident that has suspected or confirmed COVID-19, a facemask, eye protection, gown, and gloves are needed. These should be available for staff who are providing direct care. 2
- Find information about using PPE at CDC: Using Personal Protective Equipment (PPE). On this website is information and videos to explain putting on and removing PPE.

What to Do if You Need Testing:

- Health care workers, including staff of long-term care and assisted living, are a priority for testing in Minnesota.
- Call your regular health care provider first to set up a time for testing, or find a location here: Find Testing Locations.
- If you still have difficulty finding testing, please call us. Depending on where you live, we will be able to find a way to get tested.

How to Contact Someone at MDH:

- 651-201-5935 – Weekdays: 8am–8pm & Weekends: 10am–4pm.
- 651-334-8102 – All other times not listed above.
- When you call, say that you are a health care worker being monitored.

## Recommended Guidance for Daily COVID-19 Screening of Employees (Revised 6/25/20)

**Plan:**

You can help prevent the spread of COVID-19 in your facility by screening employees on a daily basis.

**Protocol:**

Screen **everyone** who enters your facility, including:

- All employees before the start of each work shift

**Directions:**

**Answer the following questions daily on your shift. Do not document your answer just initial designated spot:**

“YES or NO, since your last day of work, or since your last visit to this facility, have you had any of the following:”

- A new fever (100.4°F or higher), or a sense of having a fever?
- Do you or have you recently had the chills?
- A new cough that you cannot attribute to another health condition?
- New shortness of breath that you cannot attribute to another health condition?
- A new sore throat that you cannot attribute to another health condition?
- New muscle aches (myalgias) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)?
- New Headache?
- New loss of smell or taste?
- Have you been within 6 feet for 10 minutes or more of someone diagnosed with COVID-19 in the last 14 days?
- Do you live with someone who has been diagnosed with COVID-19 and is under quarantine?
- In the last 3 days have you experience any of the COVID-19 symptoms below? (Not associated with allergies and not treated by a doctor where a return-to-work release was issued.)

**If you answer yes to any of the following questions, contact the house supervisor immediately.**

Date	AM Staff Int	PM Staff Int	Night Staff Int	Date	AM Staff Int	PM Staff Int	Night Staff Int	Date	AM Staff Int	PM Staff Int	Night Staff Int
1				12				23			
2				13				24			
3				14				25			
4				15				26			
5				16				27			
6				17				28			
7				18				29			
8				19				30			
9				20				31			
10				21							
11				22							

AM – 7a-3p;

PM – 3p – 9p

Night – 9p-9a

## Daily COVID-19 Screening for Residents

(Revised 6/25/20)

**Plan:**

You can help prevent the spread of COVID-19 in your facility by screening residents on a daily basis.

**Directions:**

- **Throughout your shift**, observe EBI residents. If you see, or there is a report of the following symptoms, contact EBI's DM, Sarah or the house supervisor immediately and follow instructions given.

**Daily Documentation**

- **Daily**, be sure to write in medical notes for each EBI resident on the PM shift, or more frequently if needed. If symptoms are observed, be sure to include symptoms present when writing in med notes.
- **Daily, in the AM**, take the residents temperature and O2 sat and document those results on the persons MAR. If the person has a temperature above 100 or their O2 sat is 94 or lower, contact EBI's DM or house supervisor immediately.
- **Daily, on every shift**, Document below after you have completed the screening.

**Directions:**

**Review with the residents or observe for the following:**

**Does the EBI resident have -**

- A new fever (100.4°F or higher), or a sense of having a fever?
- chills?
- A new cough that you cannot attribute to another health condition?
- New shortness of breath that you cannot attribute to another health condition?
- A new sore throat that you cannot attribute to another health condition?
- New muscle aches (myalgias) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)?
- New Headache?
- New loss of smell or taste?
- New gastrointestinal symptoms (nausea, vomiting, diarrhea).

**If you answer yes to any of the following questions, contact the house supervisor or DM immediately.**

Date	AM Staff Int	PM Staff Int	Night Staff Int	Date	AM Staff Int	PM Staff Int	Night Staff Int	Date	AM Staff Int	PM Staff Int	Night Staff Int
1				12				23			
2				13				24			
3				14				25			
4				15				26			
5				16				27			
6				17				28			
7				18				29			
8				19				30			
9				20				31			
10				21							
11				22							

**AM – 7a-3p;**

**PM – 3p – 9p**

**Night – 9p-9a**

## **Stay Safe MN**

### **What to do if you have COVID-19**

**(New 6/5/20)**

If you have tested positive for COVID-19, you must separate yourself from others and watch yourself for symptoms such as fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell. This is to protect yourself, your family, and your community.

#### **Separate yourself from others**

Stay home. Do not go to work, school, or any other place outside the home. If you need medical care, follow the instructions below.

Stay home until all three of these things are true:

- You feel better.
- Your cough, shortness of breath, or other symptoms are better.
- It has been 10 days since you first felt sick.
- You have had no fever for the last three days, without using medicine that lowers fevers.

Stay away from other people in your home. As much as possible, stay in a separate room and use a separate bathroom, if available.

Wear a facemask if you need to be around other people and cover your mouth and nose with a tissue when you cough or sneeze. Wash hands thoroughly afterward.

Avoid sharing personal household items. Do not share food, dishes, drinking glasses, eating utensils, towels, or bedding with other people in your home. After using these items, wash them thoroughly with soap and water. Clean all frequently touched surfaces in your home daily, including door knobs, light switches, or faucets.

Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer containing at least 60% alcohol. Avoid touching your face with unwashed hands.

Please carefully review additional information provided to you by the health department and CDC's webpage on Cleaning and Disinfection for Households ([www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html](http://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html)).

#### **Monitor your symptoms**

***IF YOUR SYMPTOMS GET WORSE, YOU HAVE DIFFICULTY BREATHING, OR YOU NEED MEDICAL CARE:***

Contact your health care provider. Call ahead. Do not use public transportation, ride-sharing (such as Uber or Lyft), or taxis if you need to go to a clinic or hospital.

If you need emergency medical attention any time during the isolation period, call 911 and let them know that you have been diagnosed with COVID-19.

Minnesota Department of Health | [health.mn.gov](http://health.mn.gov) | 651-201-5000 625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

**Date of last revision: 6/5/20 (new)**

**Review or Revision by: Sarah Hamilton, EBI DM**

## Return to Work Criteria for HCP with Suspected or Confirmed COVID-19 (7/2020)

**Symptomatic HCP with suspected or confirmed COVID-19** (Either strategy is acceptable depending on local circumstances):

- *Symptom-based strategy.* Exclude from work until:
  - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
  - At least 10 days have passed *since symptoms first appeared*
- *Test-based strategy.* Exclude from work until:
  - Resolution of fever without the use of fever-reducing medications **and**
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens)[1]. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

**HCP with laboratory-confirmed COVID-19 who have not had any symptoms** (Either strategy is acceptable depending on local circumstances):

- *Time-based strategy.* Exclude 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. If they develop symptoms, then the *symptom-based* or *test-based strategy* should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
- *Test-based strategy.* Exclude from work until:
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individual are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Consider consulting with local infectious disease experts when making return to work decisions for individuals who might remain infectious longer than 10 days (e.g., severely immunocompromised).

If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

### Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.
  - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
  - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen



# Putting on PPE (personal protective equipment)



## Gown

- Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back
- Fasten in back at neck and waist

## Mask or Respirator

- Secure ties or elastic band at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

## Goggles/Face Shield

- Put on face and adjust to fit

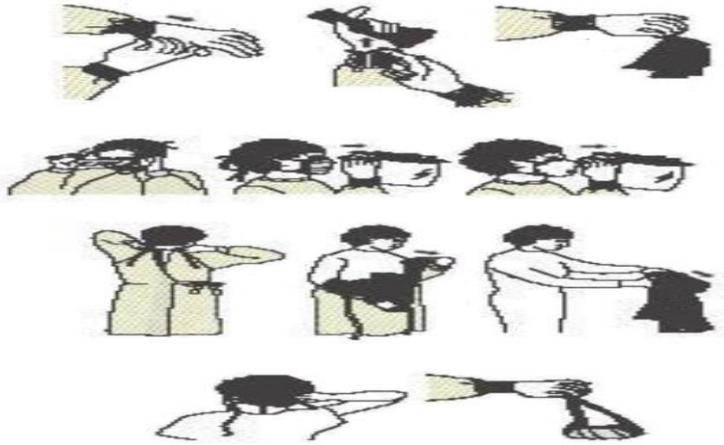
## Gloves

- Use non-sterile for isolation
- Select according to hand size
- Extend to cover wrist of isolation gown

## Safe Work Practices

- Keep hands away from face
- Work from clean to dirty
- Limit surfaces touched
- Change when torn or heavily contaminated
- Perform hand hygiene

# Removing PPE



Remove PPE at doorway before leaving patient room or in anteroom

## Gloves

- Outside of gloves are contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist

## Goggles/Face Shield

- Outside of goggles or face shield are contaminated!
- To remove, handle by “clean” head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container

## Gown

- Gown front and sleeves are contaminated!
- Unfasten neck, then waist ties
- Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
- Gown will turn inside out
- Hold removed gown away from body, roll into a bundle and discard into waste or linen receptacle

## Mask or Respirator

- Front of mask/respirator is contaminated – DO NOT TOUCH!
- Grasp ONLY bottom then top ties/elastics and remove
- Discard in waste container

## Hand Hygiene

Perform hand hygiene immediately after removing all PPE!

## Daily Staff Cleaning for ALL Shifts – (wear gloves when cleaning)

- 1) **Kitchen** –
  - **Clean/Wipe all surfaces in the kitchen with disinfectant** (including, but not limited to: counter tops, outside of cabinets, outside and inside of fridge, stove top, sink, walls, garbage cans, handles, light switches, microwave, breadbox, toasters, coffeepots);
  - **Take out the garbage**
  - **Sweep and Mop**
  - **Dishes** (clean and put away, there should be no dishes on the countertop)
- 2) **Dining Area** –
  - **Wipe all surfaces with disinfectant** (including, but not limited to: tabletop, chairs, buffet, all surfaces, light switches, wall baseboards)
  - **Sweep, mop**
  - **Bring garbage out**
- 3) **Living room, staff bedroom, RR bedrooms, hallways, entryways, house laundry** –
  - **Wipe all surfaces with disinfectant** (including, but not limited to: desks, dressers, end tables, phones, switches, remotes, door handles)
  - **Wash staff bedding/strip beds every AM, complete house laundry on the warmest setting**
  - **Sweep, mop, vacuum**
  - **Bring garbage out**
- 4) **Bathrooms** –
  - **Wipe all surfaces with disinfectant** (including, but not limited to: countertop, walls, mirrors toilet, spray tub and tub handles, door knob, light switch)
  - **Sweep and mop**
  - **Bring garbage out**
- 5) **Equipment** –
  - **Wheelchairs, shower chairs, transfer bars, walkers, canes, etc** – Must be wiped daily on night shift and if shared between residents, using a bleach solution
- 6) **Cleaning Supplies, Soap, Sanitizer**
  - **Check all sanitizers and report to the house supervisor if replacement or a refill is needed.**
  - **Check all soap dispensers and report to the house supervisor if replacement or a refill is needed.**
  - **Check all cleaning chemicals and report to the house supervisor if replacement or a refill is needed.**

**Chemical List:** Bleach, Lysol, scrubbing bubbles, Windex, Comet, Clorox, Fantastik, 409, etc.

Date	AM Staff Int	PM Staff Int	Night Staff Int	Date	AM Staff Int	PM Staff Int	Night Staff Int	Date	AM Staff Int	PM Staff Int	Night Staff Int				
1				12				23							
2				13				24							
3				14				25							
4				15				26							
5				16				27							
6				17				28							
7				18				29							
8				19				30							
9				20				31							
10				21											
11				22											
				<b>AM – 7a-3p;</b>				<b>PM – 3p – 9p</b>				<b>Night – 9p-9a</b>			

**Policy**

Cleaning is the first and biggest step to keeping a facility and its occupants healthy. Sanitizing or disinfecting is often the second step toward this goal

- EBI staff will follow written cleaning policies posted at each EBI location. Cleaning will be completed daily throughout the day. Cleaning lists will be signed off by all staff completing the cleaning. Additional cleaning lists will be provided or additional tasks will be assigned during times of illness or pandemics.
- EBI staff will assist residents with any assigned cleaning, as needed. During times of illness or a pandemic, EBI staff will be responsible for all cleaning.
- EBI staff will use cleaning products provided in the home. EBI staff will be responsible to report product shortage immediately to the house supervisor.

**Procedure**

- **Cleaning removes** germs and involves using soap (or a detergent) and water to physically take them off of surfaces.
- **Disinfecting kills** germs with chemicals or cleaning agents (other than soap) which are necessary to destroy or inactivate them. Disinfecting does not remove dirt or dust, so you should always clean surfaces before disinfecting them.
- **Sanitizing reduces** the number of germs on surfaces to a level deemed safe according to public health standards.

**Pick the Right Products**

- Read the labels on household cleaners and sprays. Products that claim to sanitize are not proper disinfectants unless the label states that the product sanitizes and disinfects.
- Sanitizers are designed to remove 99 percent of bacteria within 30 seconds,
- Disinfectants are designed to kill all specified organisms within at least 10 minutes of product application.
- In addition to certain formulas found in the cleaning aisle of your favorite store, household products such as chlorine bleach, rubbing alcohol and hydrogen peroxide can disinfect. Products with disinfectant capabilities can be easily identified by U.S. Environmental Protection Agency registration information on the packaging.

**Target Hard Surface**

- Read the instructions on the product you are using to determine how long it takes for germs to be killed. Then apply the product to surfaces.
- Focus on areas that are likely to have been touched, such as doorknobs, counter tops, railings and chair backs.
- Allow the disinfectant product to remain on surfaces for as long as necessary, then wipe the surfaces down with disposable towels. Grab a fresh towel each time you start wiping a new surface.

**Kill Germs on Soft Surfaces**

- Wash germ-filled fabrics in hot water, and dry on the highest temperature setting your machine will allow.
- Items you may want to focus on include sofa covers, linens, chair cushion liners and bedding, if you have reason to believe it may have been touched.
- Apply disinfectant spray to nonwashable soft surfaces, such as carpets and furniture. Test spray products on a small area of the surface before applying heavily, to make sure there is no discoloration.

**Don't Forget the Odds and Ends**

- Tissues in wastebaskets are some of the biggest infection risks you can have hanging around, so make sure you empty them immediately. Spray the baskets with disinfectant spray or wipe them with disinfectant cleaner as soon as they have been emptied.
- If any dishes were used, run them through the dishwasher, or hand-wash them with hot water and dish soap.
- Miscellaneous items such as toys may be able to go through the dishwasher for easy disinfecting due to high heat. You can also soak small items in a mixture of bleach and water, or wipe them with disinfectant cleaner.

**Take Safety Precautions**

- Wear disposable gloves while disinfecting to protect your skin from abrasive cleaners, and to avoid spreading germs via your hands.

- Always wash your hands with soap and hot water after cleaning to make absolutely sure no organisms ended up on your fingers.
- Open windows and doors while disinfecting, since the fumes generated by cleaners and sprays can make you sick.

### **Cleaning Expectations**

EBI staff will ensure the following daily as part of their cleaning plan:

- **FLOORS, WALLS, AND CEILINGS.**
  - The floors of all rooms, hallways, bathrooms, store rooms, and all other spaces used or traversed by residents and staff shall be of such construction as to be easily cleaned, shall be smooth, and shall be kept clean and in good repair.
  - Cleaning of floors shall be so done as to minimize the raising of dust and the exposure of residents thereto.
  - The safe use of rugs, carpets, or natural stone, which can be kept clean, is permitted.
  - Abrasive strips to reduce or prevent slipping shall be used where slippery surfaces present a hazard.
  - The walls and ceilings of all rooms, halls and stairways shall be kept clean and in good repair.
- **BEDDING AND LINEN.**
  - All beds provided for residents shall be supplied with suitable pillowcases and under and top sheets.
  - All bedding, including mattresses, mattress pads, quilts, blankets, pillows, sheets, spreads and all bath linen shall be kept clean.
  - Bedding, including mattresses, mattress pads, quilts, blankets, pillows, bed and bath linen which is worn out or unfit for further use shall not be used.
  - Bedding shall be appropriate to the season.
  - Clean bed linen shall be furnished at least once each week, or more frequently to maintain cleanliness, and at least a clean washcloth and a clean towel or appropriate paper service shall be available each day to each resident.
- **ROOM FURNISHINGS.**
  - All equipment, fixtures, furniture and furnishings, including windows, draperies, curtains and carpets, shall be kept clean and free of dust, dirt, vermin, and other contaminants and shall be maintained in good order and repair.
- **TOILETS AND BATHS.**
  - All toilet and bathing areas, facilities, and fixtures shall be kept clean and in good repair and shall be well lighted.

**Date of last revision:** 3/1/2020

**Review or Revision by:** Sarah Hamilton, EBI DM

<b>EBI, Inc. Weekly Cleaning Review –</b>				
<b>Weekly Review –</b>				
<ul style="list-style-type: none"> <li>Daily cleaning lists are in place to ensure regular cleanliness – See staff book for reference if needed.</li> <li>Weekly, a designated staff member will review this list to ensure cleaning has not been missed from the daily cleaning list.</li> <li>Staff reviewing the list will place their int. by each item as they check it.</li> <li>Staff will document further cleaning that was necessary or observed repairs needed.</li> </ul>				
<b>FLOORS, WALLS, AND CEILINGS.</b>				
	<b>Monday PM Shift</b>	<b>Wk 1</b>	<b>Wk 2</b>	<b>Wk 3</b>
The floors of all rooms, hallways, bathrooms, offices, and all other spaces used or traversed by residents and staff are clean and in good repair.				
All floors in the home (carpet, rugs, vinyl, stone) are clean - swept, mopped, or vacuumed				
Abrasive strips that have been placed on surfaces (tubs, decking) are still present and do not need repair.				
Check walls and ceilings of all rooms, halls and stairways and see that they are clean and in good repair.				
All ceiling lights are working and fixtures are without dust				
<b>BEDDING AND LINEN.</b>				
All beds provided for residents shall be supplied with suitable pillowcases and under and top sheets. (If no, place sheets on bed and pillowcase on pillow)				
All bedding, including mattresses, mattress pads, quilts, blankets, pillows, sheets, spreads and all bath linen shall be kept clean. (if not clean, please place in the washing machine)				
Bedding, including mattresses, mattress pads, quilts, blankets, pillows, bed and bath linen which is worn out or unfit for further use shall not be used (if worn out items are seen, please discard and immediately let your house supervisor know so a replacement can be purchased).				
Clean bed linen shall be furnished at least once each week, or more frequently to maintain cleanliness (If bedding is dirty, immediately place bedding in the washer)				
There is a clean washcloth and a clean towel available each day to each resident (check bathrooms or resident bedrooms to ensure their towels are clean. If not, immediately place in the washer and provide resident with new towels).				
<b>ROOM FURNISHINGS.</b>				
Check to see that all equipment, fixtures, furniture and furnishings, including windows, draperies, curtains and carpets, to ensure that they are clean and free of dust, dirt, vermin, and other contaminants (If present, please clean/dust/wash).				
Check to see that all equipment, fixtures, furniture and furnishings, including windows, draperies, curtains and carpets are in good order and repair (If broken, burnt out lights, non-working, please report to the house supervisor).				
<b>TOILETS AND BATHS.</b>				
All toilet and bathing areas – tub/shower, facilities, and fixtures (light fixtures) shall be kept clean and in good repair and shall be well lighted. (If not clean, please use proper cleaning products and clean, dust fixtures if needed, replace lightbulbs or alert house supervisor of lighting concerns)				
<b>Report any needed repairs or additional cleaning needed:</b>				

**Turn form into West at end of month**

**Date of last revision:** 3/1/2020

**Review or Revision by:** Sarah Hamilton, EBI DM

## Finger Pulse Oximeter (New 6/1/20)

**Instructions:**

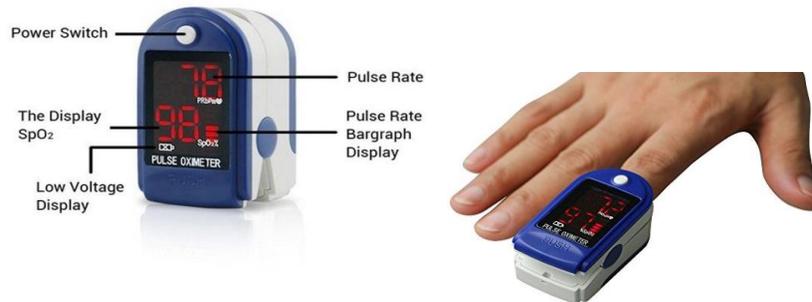
Monitor pulse oxygenation status at least once a day. If a resident has oxygenation saturation less than or equal to 94%, refer them for further evaluation and possible treatment. Contact EBI's house supervisor or DM immediately. **Note, refer to the consumers MAR for monitoring guidelines and O2 saturation levels that may vary for different individuals.**

**How to Use a Finger Pulse Oximeter:**

- 1) **Turn on the pulse oximeter** by firmly pressing the power button. The screen should light up almost instantly.
- 2) **Place the sensor** -- the part that opens and closes like a clothespin -- on any finger, with the sensor screen above the fingernail. Don't use the thumb because readings are less reliable than finger readings.
- 3) **Wait quietly** while the pulse oximeter acquires a signal. This may take 10 seconds or more, depending on the device and the conditions. *Excessive movement during measurement can decrease the accuracy of the result or may cause an error message.*

**Collecting Results**

1. Look at the display to see the heart rate, usually indicated with a heart or pulsing light. The percent of oxygen saturation is typically indicated by the symbol "SpO2." Many devices also have a pulse tone that beeps in time with the heart rate.
2. **Locate the number by the SpO2 and document the number that is displayed on the persons MAR.**



**Warnings**

- 1) A normal percent oxygen saturation reading is in the 95 to 100 percent range. In the event of a low oxygen saturation measurement, look for signs of respiratory distress. This includes shortness of breath, wheezing, difficulty breathing or a bluish discoloration of the face, lips or fingernails.

***Seek medical attention right away if the respiratory distress is a new or uncomfortable symptom. if it's getting worse or if the pulse oximeter measurement is below 94 percent (may vary for different individuals). Also contact EBI's DM and house supervisor.***

I, (print name) \_\_\_\_\_ have been trained on the use of the Pulse Oximeter, verbally and in person. I understand when and how to use it. I will follow the above training information as written.

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trainer:** Sarah Hamilton, DM

## **Kitchen / Dining Plans**

**(make sure to wear gloves and wash your hands before and after task completion. Do not participate in any of these tasks if ill or having symptoms of illness)**

- **Meal Planning and Prep -**

EBI staff will prepare all food for residents that cannot be prepared by the resident. This will often include dinner meals, and breakfast, snacks, and lunch that residents do not prepare on their own.

- **Serving food and beverages –**

EBI staff will serve food that will be shared among housemates. (example – dinner, beverages, bulk condiments, boxed cereals, etc.) When having refills and 2<sup>nd</sup>'s during mealtime, residents must be provided with a new plate, cup. EBI residents and staff will use single serve condiments supplied in the home. Paper products will also be available for use and disposed of after use. EBI residents will have their own condiments for use, which will be labeled.

- **Table setting –**

EBI staff will set the table for all meals and be responsible for wiping the table clean before/after use.

- **Dishes –**

Residents who are able, should put their dishes into the dishwasher immediately after eating. EBI staff will be responsible for putting dishes in the dishwasher immediately after meals for those who are unable to put their dishes in the dishwasher. Dishes cannot stay on the counter. EBI staff will be responsible for washing and putting clean dishes away.

- **Garbage –**

If residents engage in garbage responsibilities, have the resident wear gloves and wash their hands immediately after garbage tasks. Staff

are ultimately responsible for bringing out all garbage (bathroom, kitchen, living room, bedrooms, etc.) out on their shift.

- **Misc. Cleaning (sweeping, mopping, fridge cleaning, microwave cleaning, stovetop cleaning, countertop cleaning, etc.) –**

Residents who are able to assist, may complete these tasks, wearing gloves. EBI staff have the responsibility to ensure these tasks are complete on every shift.