

COVID-19 Precautions and Emergency Preparedness Plan

*** Any violations of this policy should be reported to JEC Miller management (952) 881-4855***

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

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

1. hygiene and source control;
2. cleaning and disinfecting;
3. screening and policies for staff and volunteers exhibiting signs or symptoms of COVID-19;
4. screening and policies for residents exhibiting signs or symptoms of COVID-19;
5. social distancing;
6. food preparation and meals;
7. ventilation;
8. visitors;
9. transportation;
10. communication and training about the Plan.

1. Hygiene and source controls

- Reinforce handwashing routines, after having been in a public place, prior to and after eating, after using the toilet, or after blowing your nose, coughing, or sneezing.

- Residents, staff, and visitors should wash their hands for at least 20 seconds with soap and water. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- Ensure handwashing and/or hand-sanitizer facilities are readily available and appropriately stocked including by entrances.
- Provide paper towels and ensure a trash-receptacle is placed by the bathroom door so a paper towel can be readily disposed of when operating the door.
- Post handwashing and “cover your cough” signs.
- Plan for when and how facemasks will be used by residents, staff, and visitors.
- Provide staff with recommended protective supplies, such as facemasks, gloves, disinfectant, eye protection, shields, etc.
- Provide tissues for proper cough/sneeze etiquette and no-touch disposal containers.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Community drinking stations and water-fountains should not be available/used. Touchless water-filling stations may still be provided.
- Prepare for potential symptomatic or COVID-19 positive residents by having appropriate supplies.
- Sinks could be an infection source so residents should avoid placing toothbrushes directly on counter surfaces. Totes can be used for personal items, so they do not touch the bathroom countertop.

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PLAN FOR HYGIENE AND SOURCE CONTROLS:

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

In addition to handwashing, workers are required to wear masks and 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. Staff should dispose of tissues in the trash in the restroom and wash or sanitize their hands immediately afterward. Respiratory etiquette will be demonstrated on posters and supported by making tissues and trash receptacles available to all workers and visitors.

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Medical grade masks have been provided to all staff and are required to be worn at all times during shifts (if staff need to take a “mask break” they will need to make sure they are not in the same room as the individuals we serve or other staff). Employees working at the main office are required to wear masks at all times in the common areas and may remove masks when alone in personal offices. Gloves will be worn when performing personal cares and cleaning. Eye protection has been provided to each site and instructions for disinfecting are included. Eye protection will be worn at all times during your shift.

When possible, individuals served should be encouraged to wear masks when social distancing cannot be maintained or if going out into the community.

If/ when we have a site that has a confirmed case, staff will be required to wear face shields in addition to medical masks, and additional PPE will be distributed if necessary, and as available.

Any barriers, such as lack of supplies, will be immediately communicated to the site supervisor. Supplies are ordered and delivered on an as needed basis to each site.

2. Cleaning and disinfecting

- Follow MDH and CDC guidance for frequent cleaning and disinfecting of your program space, especially shared spaces.
- Establish a documented sanitation schedule and checklist, identifying surfaces/equipment to be sanitized, the agent to be used, and the frequency at which sanitation occurs.
- Ensure high-touch surfaces such as doorknobs, light switches, stair rails, counters, tables and chairs, phones, keyboards, program equipment and other shared items are regularly cleaned and disinfected.
- Minimize the use of shared supplies (e.g., arts and crafts, office supplies) that cannot be sanitized and consider using designated bins for clean and used items.
- Use EPA-registered disinfectants recommended by the CDC:
<https://www.epa.gov/coronavirus>.
- When washing towels, bedding, and other items, use the warmest appropriate water setting and dry items completely.

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PLAN FOR CLEANING AND DISINFECTING:

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

We have additional cleaning supplies if needed- if staff are working at a home in need, please email your supervisor and request what is needed.

Similarly, cleaning and disinfecting at the main office are required. Regular housekeeping practices are being implemented, including routine cleaning and disinfecting of work surfaces, equipment, and areas in the work environment. Frequent cleaning and disinfecting will be conducted in high-touch areas, such as phones, keyboards, touch screens, controls, door handles, kitchen appliances, etc. All office staff should be cleaning the items that they touch following use, with the exception of the copy machine. Staff will use hand sanitizer, wear a glove, or wash their hands prior to using the copy machine and following use. The last person to leave the office should wipe down all frequently used items and door handles. All office staff should minimize their time in common areas, such as conference rooms, unless absolutely necessary. When using conference rooms, staff are responsible for cleaning the room when they have finished using it. Office cleaning products are kept under the kitchen sink.

3. Screening and policies for staff and volunteers exhibiting signs or symptoms of COVID-19

- Ensure sick policies are clearly communicated and supportive of staff and volunteers staying home when sick.
- Ensure staff and volunteers know the signs and symptoms of the COVID-19 illness.
- Establish protocols based on MDH guidance for when a staff member or volunteer exhibits symptoms of COVID-19 or tests positive for COVID-19.
- Ensure that emergency contact information for staff and volunteers is up to date.

- Establish communication protocols for a positive COVID-19 case or potential exposure and ensure that an individual's identity is not disclosed, other than to a person authorized to receive the information.
- Notify MDH and follow their direction if a staff member or volunteer is diagnosed with COVID-19.
- Have a plan for back-up staffing in case a staff member or volunteer becomes ill.

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PLAN FOR SCREENING AND POLICIES FOR STAFF AND VOLUNTEERS:

Screening Criteria: We are currently screening all staff, individuals, and visitors for symptoms of COVID-19 and fever. The most common symptoms of COVID-19 as reported by the CDC include: cough, shortness of breath or difficulty breathing, fever (100 degrees or more), chills, muscle pain, sore throat, congestion, runny nose, new loss of taste or smell.

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

Work Exclusion: If staff (or someone in their home) are experiencing any of the above symptoms (that are not explained by an alternate diagnosis), they will need to notify their supervisor and a risk assessment will be completed. Staff are encouraged to get tested to help to trace any potential exposures and limit the amount of work missed.

If staff tests negative and they are still experiencing symptoms, the staff should follow the guidance below:

- o If persistent symptoms are consistent with an established chronic health condition, staff may return to work after consultation with their manager and occupational health department. Evaluation of acute symptoms by a health care provider may also be indicated.
- o If persistent symptoms are not consistent with a known chronic health condition, the staff should be evaluated by a health care provider.
 - o If the health care provider provides an alternative diagnosis, criteria for return to work should be based on diagnosis.
- o If the health care provider does NOT provide an alternate diagnosis and staff does NOT have a known higher-risk exposure to a person with confirmed with

confirmed COVID-19, staff should remain isolated and not return to work until at least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath).

- o If the health care provider does NOT provide an alternative diagnosis and the staff does have a known high-risk exposure, the staff should obtain a second SARS-CO-V-2 nucleic acid amplification (NAAT) test or antigen test at least 24 hours after the previous negative test. The HCW should remain isolated until the test results are known.
 - o If positive, follow the appropriate COVID-19 work exclusion and isolation guidance below.
 - o If negative, the staff may return to work following the test-based strategy if at least 24 hours have passed since resolution of fever and symptoms are improving.

If a staff person is sick and refuses a COVID-19 test:

They must be seen by a medical provider and get clearance to come back to work.

If a staff person refuses a COVID-19 test AND being seen by a medical provider, staff will not be able to return to work for 10 days after the onset of symptoms.

If a staff person is sick and tests positive for COVID-19:

- Staff must quarantine for 10 days AND be fever free without the use of fever-reducing medications AND symptoms have improved/asymptomatic.
- Complete a risk assessment for everyone that person came in contact within 48 hours before the positive person's symptoms started.
 - o If staff are high risk and are not fully vaccinated or unvaccinated, they must quarantine themselves for 10-days or 7 days with a negative PCR test on days 5-7 (just one of these days), unless they are symptom free and agree to work during that time with proper PPE. It is required that staff obtain a test immediately after upon identification of the exposure (but not earlier than 2 days after exposure), and again 5-7 days after initial exposure date. We do understand that testing is limited and can be challenging to find at this time. **If staff are not able to find testing within the above timeframe, they will notify their supervisor and wait for further instructions.

- o Low risk, they can continue to work and monitor for symptoms of COVID-19.
 - o If a staff is fully vaccinated (boosted or received a Pfizer vaccine within the last 5 months, Moderna in the last 5 months or J&J within the last two months), they do not need to quarantine, but it is required that they obtain a test immediately after exposure (but not earlier than 2 days after exposure), and 5-7 days after initial exposure date. We do understand that testing is limited and can be challenging to find at this time. **If staff are not able to find testing within the above timeframe, they will notify their supervisor and wait for further instructions.
 - o If a staff member has had a prior infection of COVID-19 in the last 90 days, they are not required quarantine or to obtain a test following an exposure, unless they become symptomatic.
- Notify team/staff about the positive result without stating the positive person's name.
 - Notify the company Nurse about the positive case and if there is anyone that was at high-risk exposure.

COVID-19 Exposures: If staff have been exposed to a person that has tested positive for COVID-19, they will need to report this exposure to their supervisor and will be required to comply with a 10-day quarantine (exceptions for teleworking will be made for supervisory staff on a case-by-case basis OR unless they are symptom free and agree to work during that time with proper PPE). Staff who are fully vaccinated (boosted or received a Pfizer vaccine within the last 5 months, Moderna in the last 5 months or J&J within the last two months) or have had a prior COVID-19 infection in the last 90-days, may continue to work after a COVID-19 exposure if they are asymptomatic. All fully vaccinated staff are required to get tested immediately after exposure (but not earlier than 2 days after exposure), and 5-7 days after exposure in order to help with contact tracing within the agency. All vaccinated but eligible for a booster and have not received one or unvaccinated staff are required to get tested immediately following exposure (but not earlier than 2 days after exposure), and again 5-7 days after initial exposure date in order to help with contact tracing within the agency. If the staff lives with the individual that tested positive for COVID-19 and is not able to self-isolate, the quarantine won't start until 10 days from when the positive persons isolation is over and will go 10 days from there. Exceptions for teleworking will be made for supervisory staff on a case-by-case basis OR unless they are symptom free and agree to work during that time with proper PPE.

For anyone that has a continuous exposure, such as working at a site with COVID-19 or living with someone who they cannot quarantine away from, this person will be asked to test every 3 days until the positive persons 10-isolation period is over. Once the isolation period is over,

staff will be required to get tested immediately after exposure (but not earlier than 2 days after exposure), and 5-7 days after exposure.

If a staff member has had a prior infection of COVID-19 in the last 90 days, they are not required to quarantine or to obtain a test following an exposure, unless they become symptomatic.

If there has been a COVID-19 exposure at a site, in which staff have worked 2 days prior to symptoms being experienced, those staff will be notified by their supervisor of their exposure level and how to proceed. Personal information regarding a COVID-19 positive test of healthcare workers will not be shared with other staff exposed. In cases in which an individual served has suspected or confirmed COVID-19, all staff will be notified within 24 hours and will be given the option of continuing to work at that site, another site, or choosing not to work while there is an active COVID-19 case at the site.

The pandemic presents staffing challenges. During this time, staff who are willing and able to work at a program that has a positive COVID-19 case will be paid an “appreciation pay” of an additional \$3.00 per hour. When working with individuals with a positive test result, overnight hours will be “awake” hours whenever feasible. Staff will wear full PPE when working at sites with positive COVID-19 results.

4. Screening and policies for residents exhibiting signs or symptoms of COVID-19

- Monitor residents for signs of illness, including using a health screening tool such as this: [https:// www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf](https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf).
- Ensure residents know the signs and symptoms of the COVID-19 illness.
- Establish protocols based on MDH guidance for when a resident exhibits symptoms of COVID-19 or tests positive for COVID-19 to limit exposure.
- Ensure that emergency contact information for residents is up to date.
- Establish communication protocols for positive COVID-19 cases or potential exposure and ensure that an individual’s identity is not disclosed, other than to a person authorized to receive the information.
- Notify MDH and follow their direction if a resident is diagnosed with COVID-19.

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PLAN FOR SCREENING AND POLICIES FOR RESIDENTS:

Screening Criteria: We are currently screening all staff, individuals, and visitors for symptoms of COVID-19 and fever. The most common symptoms of COVID-19 as reported by the CDC include: cough, shortness of breath or difficulty breathing, fever (100 degrees or more), chills, muscle pain, sore throat, congestion, runny nose and new loss of taste or smell.

If one of the individuals that you are working with is experiencing any of the above symptoms, please contact the company nurse, at (952) 237-9869 and/or the individual's medical provider for guidance on how to proceed.

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

COVID-19 Exposures: If an individual has been exposed to a person that has tested positive for COVID-19, they will be encouraged to quarantine for 10 days. If they are vaccinated or unvaccinated, the individual will be encouraged to get a COVID-19 test immediately following an exposure (but not earlier than 2 days after exposure), and again 5-7 days after initial exposure date. If they are fully vaccinated, the individual will be encouraged to get a COVID-19 test immediately following an exposure (but not earlier than 2 days after exposure), and again 5-7 days after initial exposure date.

If an individual has had a prior infection of COVID-19 in the last 90 days, they are not required to obtain a test following an exposure, unless they become symptomatic.

If there has been a COVID-19 exposure at a site, in which staff have worked 2 days prior to symptoms being experienced, the individual and their IDT will be notified by management of their exposure level and how to proceed. Personal information regarding a COVID-19 positive test of healthcare workers and individuals will not be shared with staff or teams. In cases in which an individual served has a confirmed COVID-19 case, all staff and individuals in the home and their IDT will be notified within 24.

The pandemic presents staffing challenges. During this time, staff who are willing and able to work at a program that has a positive COVID-19 case will be paid an "appreciation pay" of an additional \$3.00 per hour. When working with individuals with a positive test result, overnight hours will be "awake" hours whenever feasible. Staff will wear full PPE including a face shield,

gloves, gown and a KN95 mask with proper training when working at sites with positive COVID-19 results.

5. Social distancing

- Gatherings of residents and staff in the facility should be carefully considered and redesigned, as necessary, to reduce prolonged close contact among staff, residents, and families.
- Common areas and other areas of congestion should be marked to provide for social distancing of at least 6-feet.
- Consider using visual aids (e.g., painter's tape, stickers, signs) to illustrate traffic flow and floor markers for where to stand for appropriate spacing to support social distancing.
- Rearrange seating spaces to maximize the space (at least 6 feet) between people. Turn chairs to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
- For larger programs, whenever possible, refrain from intermixing groups. If intermixing of groups is necessary, limit the number of groups that intermix and keep records of staff and residents that intermix.
- Stagger breaks to maximize social distancing.
- Hold meetings remotely, if possible.
- Staff and volunteers should also maintain social distance when interacting with each other.
- Staff should limit entering residents' rooms as much as possible to reduce potential for cross-contamination, unless required for supervision.
- Ensure that beds are spaced out as much as possible. Consider placing residents' beds head to toe in order to further reduce the potential for viral spread.
- Provide for physical distancing in restrooms or limit restroom capacity. Mark off areas for where to wait to use the restroom.

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PLAN FOR SOCIAL DISTANCING:

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

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

We also encourage staff to help the individuals we serve with reminders of the importance of practicing social distancing and wearing a mask at this time. Hugs and other personal contact with housemates and other staff should be avoided and discouraged. Mealtimes should continue to be staggered and when individuals are spending time in common areas, they should be encouraged to keep distance between them and their housemates. If individuals are spending time in their common areas, they should be encouraged to wear a mask.

At the JEC Miller, Inc. main office, at this time we are limiting the number of staff in the office at one time to 25 people or less. We should social distance when at all possible and sit 6 feet apart or more. Areas including desks should be disinfected before and after each use. At this time, only administrative staff should be utilizing the office space. Other JEC Miller, Inc staff will need to be invited to the office or make an appointment with an administrative staff member prior to coming to the space.

6. Food preparation and meals

- Prohibit food (including condiments) and beverage sharing between residents.
- Stagger mealtimes to maximize social distancing.
- Maintain consistent groups during mealtimes.
- If meals are served family-style, plate each meal to serve it so that multiple people are not using the same serving utensils.

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PLAN FOR FOOD PREPARATION AND MEALS:

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

At the office, the kitchen area should only be used by office staff at this time and disinfected each time it is used.

7. Ventilation

- Work to maximize the amount of fresh air being brought in, limit air recirculation and ensure ventilation systems are properly used and maintained.
- Take steps to minimize air flow blowing across people.

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PLAN FOR VENTILATION:

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

8. Visitors

- Visitors should be screened for COVID-19 symptoms prior to entrance.
<https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>
- Provide visitors with hand sanitizer or access to a handwashing area, and facemasks if available.
- Encourage social distancing between residents and their visitors.
- Whenever possible, visits should occur outdoors or in a visiting room close to the facility entrance. Visitors should limit interactions to those individuals that they are visiting.
- Clean and disinfect the visiting room after each visit.
- Encourage residents to wash their hands after interacting with a visitor.

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PLAN FOR VISITORS:

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

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

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

9. Transportation

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

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PLAN FOR TRANSPORTATION:

All staff are required to wear masks while driving or riding in a JEC Miller vehicle. Staff will encourage all individuals to wear masks in vehicles and try to limit the number of people being transported at a time.

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

All individuals should wear a mask while out in the community and practice social distancing.

10. Communication and training about the plan

- Provide a copy of this plan to all of your staff, contracted service providers, and volunteers.
- Provide training to all staff and volunteers on how to follow the plan, ensure they are capable of implementing it, and update them on any changes to the plan.
- The plan must be available to the Commissioner and posted in a prominent place and readily accessible to staff who need to review it.
- Explain in plain language the parts of the plan relevant to the residents and, as appropriate, parents, guardians, legal representatives, and case managers. Provide them with resources to follow the plan.
- Staff with concerns about their employer's COVID-19 Preparedness Plan or questions about their rights should contact MNOSHA Compliance at osha.compliance@state.mn.us, 651-284-5050 or 877-470-6742.

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PLAN FOR COMMUNICATION AND TRAINING ABOUT THE PLAN:

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

Resources:

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

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

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