

# COVID-19 Preparedness Plan: Catholic Charities of St Paul and Minneapolis

Catholic Charities Minneapolis and St Paul (CCSPM) is committed to providing a safe and healthy workplace for all our workers, clients, volunteers, and visitors. To ensure we have a safe and healthy workplace, CCSPM has developed the following COVID-19 Preparedness Plan in response to the COVID-19 pandemic. Managers and workers are all responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces and communities, and that requires full cooperation among our workers and management. Only through this cooperative effort can we establish and maintain the safety and health of all persons in our workplaces. The COVID-19 Preparedness Plan is administered by Laurie Ohmann who maintains the overall authority and responsibility for the plan. However, management and workers are equally responsible for supporting, implementing, complying with and providing recommendations to further improve all aspects of this COVID-19 Preparedness Plan. CCSPM's managers and supervisors have our full support in enforcing the provisions of this plan. Our workers are our most important assets. CCSPM is serious about safety and health and protecting its workers. Worker involvement is essential in developing and implementing a successful COVID-19 Preparedness Plan. We have involved our workers in this process by welcoming feedback on (including but not limited to) procedures for PPE and masking, human resources, food services, and volunteer services. Changes were made based on worker feedback. Procedures were made in consultation with agency leaders, subject matter experts, staff, and clients. We routinely send out surveys, work closely with staff on procedure adjustments, and host cross-functional team huddles multiple times a week.

CCSPM COVID-19 Preparedness Plan follows the industry guidance developed by the state of Minnesota, which is based upon Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines for COVID-19, Minnesota Occupational Safety and Health Administration (MNOSHA) statutes, rules and standards, and Minnesota's relevant and current executive orders. It addresses:

- ensuring sick workers stay home and prompt identification and isolation of sick persons;
- social distancing – workers must be at least six-feet apart;
- worker hygiene and source controls;
- workplace building and ventilation protocol;
- workplace cleaning and disinfection protocol;
- drop-off, pick-up and delivery practices and protocol; and
- communications and training practices and protocol.

CCSPM has reviewed and incorporated the industry guidance applicable to our business provided by the state of Minnesota for the development of this plan, including the following industry guidance:

- MDH Homeless Service Settings: Interim Guidance for Providers: PLAN, PREPARE, AND RESPOND TO CORONAVIRUS DISEASE 2019 (COVID-19)
- MDH Guidance for Work Exclusion of Homeless Service Providers Exposed to a Suspected or Confirmed COVID-19 Case
- MDH COVID-19 Interim Testing Recommendations: Congregate Settings for People Experiencing Homelessness and Individuals and Families Residing in Emergency Shelters
- CDC Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)

## Ensure sick workers stay home and prompt identification and isolation of sick persons

Workers have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19. The following policies and procedures are being implemented to assess workers' health status prior to entering the workplace and for workers to report when they are sick or experiencing symptoms.

Effective 3/19/20 per CDC and MDH recommendations Catholic Charities implemented daily symptom screening of all clients at all four Emergency Service sites. Two weeks late, daily resident screening began at all supportive housing sites. On 3/30/20 Catholic Charities released guidance for screening all staff and volunteers upon beginning their shift. Client symptoms screening criteria are reviewed frequently, and changed to better reflect new research and public health guidance. See Appendix A and Appendix B.

CCSPM has implemented leave policies that promote workers staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household.

- **Staff Deployment (Labor Pool):**
  - Because of the potential for increased absenteeism during a pandemic, employees may be reassigned to be cross-trained and work at other sites providing essential services.
    - Where a DHS background check is required to work at another location, the agency will pay for the cost of background checks.
    - Staff who are reassigned will be reassigned to the following priority sites:
      - Higher Ground St. Paul men's and women's Shelter
      - Higher Ground Minneapolis shelter
      - St. Paul Opportunity Center
      - Minneapolis Opportunity Center
      - Food Services
      - Any of the Permanent Supportive Housing Sites.
      - St. Joseph's Home for Children
      - Other essential duties, which may not include direct engagement in high volume, risk exposure areas.
      - Staff will not be required to fulfill a reassignment. However, staff working in non-essential programs/services who do not accept a reassignment will be required to use PTO or seek an accommodation through HR.
  - Approval of PTO. All managers must approve Paid Time Off (PTO) as per existing policy.
    - PTO approved prior to the pandemic's declaration will be honored. Managers may ask, but not require, staff to reconsider the use of pre-approved PTO should staffing issues challenge continuity of business.
    - Managers should carefully review all new PTO requests to determine whether proper staffing levels can be maintained during the pandemic.
    - At their discretion, directors may require an additional approval to ensure business continuity.
  - **Use of Sick Bank. Effective March 15 through May 13, 2020**, agency employees at all sites who still have a balance of sick bank hours under the terms of the previous benefit plan may use them without restriction.
- **Sick employees.** Employees who are too sick to work should stay home. Unapproved PTO/Accrued Time Off (ATO)/ Sick Bank (SB) provisions leading to potential disciplinary actions will be relaxed **through 5/13/2020**. Employees deemed too sick to work will be sent home.
- **Testing for the Coronavirus (COVID-19).**

- Staff concerned that they might have been exposed to the virus are strongly encouraged to call their health provider to discuss screening procedures as soon as possible. Staff should follow their health provider's guidance about whether, how and where to get tested. The MN Department of Health has determined that persons working in congregate living situations, such as permanent supportive housing programs, and shelters/drop in sites for those experiencing homelessness are prioritized for Coronavirus testing. Staff may obtain a letter affirming their priority status for testing from their program manager or HR.
- Tests may be conducted by a medical provider; for those covered by Catholic Charities health insurance (HealthPartners), the tests and visits for testing are free if conducted at primary or urgent care sites (or at remote sites as directed by a physician/health service). Other insurers are also waiving charges; staff are encouraged to check with their provider to understand testing protocols and affirm coverage by their insurance provider.
- Catholic Charities will reimburse the out-of-pocket expenses for testing those employees who may not have health insurance. Staff are highly encouraged to have testing completed at a facility as directed by their health provider. Documentation must be provided through the normal expense reimbursement process.
- An employee who tests positive or has had their risk to COVID exposure reviewed with an agency nurse as part of contact tracing protocols and is subject to isolation or quarantine should consult with their HR business partner to review the best use of their benefit options including PTO/ATO, sick bank, Public Health Leave, and short term disability benefits (STD). See sections 8 & 12 below.
- Any staff member concerned about the health or potential exposure of a fellow staff member or client, should contact their manager. They will work with that person to determine appropriate next steps. It's important that staff do not confront anyone or spread unconfirmed information about another's protected health information (PHI).
- **Additional compensation** for program/site impacted by Covid-19. **Effective June 25-August 19, 2020.** The following provisions will only be in effect at Tier 1 programs or staff positions deemed essential or where services are being provided in a higher risk-to-exposure environment as determined by the Chief Operating Officer.

- Non-exempt employees will receive wage changes as indicated in the table below.

● Pay Period	● Pay Date	● Rate of Pay
● 6/11/20 - 6/24/20	● 7/2/20	● Tier I compensated at 1.5 x rate of pay
● 6/25/20 – 7/8/20	● 7/16/20	● Tier I compensated at 1.5 x rate of pay
● 7/9/20 – 7/22/20	● 7/30/20	● Tier I compensated at 1.25 x rate of pay
● 7/23/20 – 8/5/20	● 8/13/20	● Tier I compensated at 1.25 x rate of pay
● 8/6/20 – 8/19/20	● 8/27/20	● Both Tiers compensated at normal rate of pay

- Exempt employees through grade 44 in Tier I programs will receive a bonus roughly equivalent to 50% of an hourly rate of pay added to shifts worked through July 8, 2020. This bonus will be reduced to 25% from July 9 – August 5, 2020. Exempt employees through grade 44 will return to 1.0 rate of pay with the pay period beginning August 6, 2020.
- Staff at grade 45+ will be handled on a case-by-case basis.

- **Note: With the pay period that begins June 25, 2020, the list of programs designated as Tier I and eligible for additional compensation is revised. This is effective through August 19, 2020 unless ended prior or extended by the Chief Operating Officer. As of June 25, 2020, Tier I programs eligible for additional compensation** include Higher Ground Minneapolis, Mary F. Frey Opportunity Center, Glenwood, Evergreen, Exodus, Saint Anthony Residence, Saint Paul Residence, Saint Christopher Place, Higher Ground Saint Paul, Saint Paul Opportunity Center, Dorothy Day Residence, Housing First Top 51 and RUSH, Homeless Elders (ADS), Family Service Center, Hope Street Shelter, St. Joseph's Home for Children (Care Suite), Facilities (on-site), Food Services (on-site), IT (on-site) and Spiritual Care (Housing sites).
  
- **Not eligible for additional compensation as of June 25, 2020** are Tier II programs including Visitation, Housing First Rapid Rehousing and Subsidy programs, Hope Street Permanent Supportive Housing, Scattered Site Housing First, TLP, & Outreach; Coordinated Access to Housing and Shelter, Hennepin Diversion, Aging and Disability Services, Parenting, School-based Counseling, St. Joseph's Home for Children (Emergency Shelter, Central Intake and Spiritual Care), Northside Child Development Center, Day Treatment, Finance and Accounting, Human Resources, Development, Volunteer Services, Procurement, Social Justice Advocacy & Engagement (SJAЕ), CEO/COO's office, DART, and Legal.
- **Compensation.** If no alternate work is available at another suitable position in the agency (as mutually agreed upon by the employee and HR) the employee should, in this order:
  - Use their accrued PTO/ ATO or floating holidays. Employees with hours left in the frozen Sick Bank plan may also access those hours in this situation **through May 13, 2020.**
  - If PTO/ATO or SB is exhausted, staff may access a new "bank" of paid leave, called Public Health Leave (PHL) equal to two weeks of pay based off an employee's FTE status. This paid leave may be used as necessary up **through 5/13/2020.** Exceptions in the use of PHL may be granted by the Chief Human Resources Officer as related to staff with COVID lab positive results or risk of prolonged exposure as determined via public health- or agency-conducted contact tracing.
  - If PTO/SB/PHL is exhausted, staff will be allowed to "overuse" their balance of PTO to a maximum negative balance of two weeks (i.e., 80 hours for a full-time employee, 40 for a .5 FTE employee). Non-benefit eligible employees with ATO paid leave may "overuse" their current balance to a maximum negative balance of 40 hours. Negative balances of PTO or ATO will be earned back over time at an employee's normal accrual rate upon return to work. The ability to accrue a negative PTO balance ends with the pay period **ending May 13, 2020.**
  
- **PTO hardship donations**
  - PTO Hardship donations will not be subject to a cap **through August 27, 2020.**
  
- Accommodations for workers with underlying medical conditions or who have household members with underlying health conditions have been implemented.
- **Accommodation requests. Always in effect.** Staff need to follow the current accommodation procedure by providing medical documentation and submitting the accommodation request to their manager and HR. The accommodation request will be reviewed to see if it can be fully or partially satisfied without undue business disruption. Unless the request is granted, staff are expected to work their regular position, use PTO or request an unpaid leave. Possible accommodations could include:
  - Working remotely or working different shifts;
  - Modification of duties;
  - Working with additional protective equipment (agency provided);
  - Reassignment to other positions/locations across Catholic Charities; or,
  - Other options (TBD).

- **Dependent Care.**
  - Employees who need to provide dependent care (e.g., children, vulnerable adults) because of the pandemic must inform their manager. So long as staff can fully complete their normal work duties, they will be approved to continue their work from home at their normal rate of pay.
  - Should staff not be able to execute their normal work duties while providing dependent care, they should discuss their situation with their HR Business Partner to see if they qualify for an accommodation.
  - Additionally, these staff would be eligible to use the leave options described in Section 8 above.
  
- **Additional leave benefits.**
  - **Short Term Disability.** If there is a confirmed exposure at work and an employee tests positive, a short-term disability claim may be filed, and the insurance company will determine whether the employee will be compensated through short term disability. Contact HR to learn how to file a claim.
  - **Worker Compensation.** If there is a confirmed exposure at work and an employee tests positive, a workers' compensation claim may be filed, and the insurance company will determine whether the employee will be compensated through worker's compensation. Contact HR to learn how to file a claim.
  - **Family Medical Leave Act.** Currently, the State of MN does not offer additional leave. The federal government may make changes to FMLA in emergency bills and HR will take these new provisions into consideration for policy change. Minneapolis and St. Paul do have Safe and Sick Leave provisions which are incorporated into our PTO policies.

CCSPM has also implemented a policy for informing workers if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the recommended amount of time. See Appendix B. CCSPM values transparency. All staff exposed to a known laboratory-confirmed COVID-positive staff or client will be notified. Notification can occur through multiple pathways including, a Catholic Charities nurse (either Jessica Hancock-Allen RN , MPH, or Mary Deering RN, MPH), a supervisor, or a state or local health department. Human Resources and the workers supervisor will be notified so that appropriate PHL or PTO can be utilized while the staff stays home to quarantine. Testing will be highly encouraged, and CCSPM nurses will advocate and support this as needed.

CCSPM has also developed an internal procedure for staff contact tracing. See Appendix C.

In addition, a policy has been implemented to protect the privacy of workers' health status and health information. During staff notification of exposure or internal contact tracing, HIPAA (the Health Insurance Portability and Accountability Act) governs our actions with respect to a client' or staff's protected health information (PHI). If we have the consent of the individual to share information about their COVID test results (positive or negative), the sharing of their protected health information must be limited to only those who have a need to know. Also, only the minimum necessary amount of client information should be shared.

## **Social distancing – Workers must be at least six-feet apart**

Social distancing of at least six feet will be implemented and maintained between workers and clients, guests and volunteers in the workplace through the following engineering and administrative controls:

## Administrative Controls

**Adjustments to Work Practices:** The following practices will be followed:

Remote/Telework:

- Each program manager must consult with their director for approval for employees to work remotely *where possible* to support normal business continuity and social distancing.
- Directors may seek reassignment of program or shared services staff toward other program needs deemed essential by the agency. This may include being asked to work outside of your program or division or assigned work hours.
- Employees who need to provide dependent care (e.g., children, vulnerable adults) are approved to continue their work from home so long as they are able to fully complete their normal work duties.
- Employees who are approved by their director to work remotely and are without a laptop or cell phone assigned to them will be provided a laptop or soft phone temporarily through IT to allow them to work from home.
- Staff with desk/work phones should forward their phone to their agency/personal cell phones. Please contact IT Support if you require assistance.

Group meetings:

- Meetings of several people for more than an hour are generally discouraged to promote social distancing; where possible, meetings should be executed through phone or Web conferencing.
- “Meet me” calls will still be available when there is a staff person who can initiate the call from an agency phone. Meet me calls must be reserved through Outlook. We recommend that you use regular phone call features whenever possible.
- “Teams conferencing” is encouraged as the means for holding online meetings/calls.
  - Participants can access the Teams meeting through their computer. If assistance is needed in configuring a Teams group or channel, contact IT through an IT support ticket.
  - If you expect to regularly hold large, online conferences or conference calls, staff should call IT to be assigned a conference bridge to support this function.
  - A headset with microphone is recommended for each participant; headsets may be acquired through IT

## Engineering Controls

CCSPM serves thousands of people each day across multiple sites and programs. Engineering controls to prevent the spread of COVID can be site specific. Controls that have been implemented across the agency include:

**Shelters:**

- Handwashing stations installed in the shelter courtyards and in lobby spaces at Higher Ground St. Paul shelter, Higher Ground Minneapolis shelter and the St. Paul Opportunity Center.
- Implemented six feet social distancing in emergency shelter check-in line by use of additional tables for spacing and/or tape on the floor, clients will be directed to lines in courtyard.
- Implemented six feet social distancing in emergency shelter check-in line, clients will be directed to lines in courtyard.
- Eliminated screening clients with breathalyzer during check-in procedures. If needed, staff will monitor client’s alcohol with a breathalyzer to monitor use on-site, or the need for emergency services.
- Staff will no longer use metal detector during the check-in process, this will assist in creating six feet space between staff and clients.
- Staff will not inspect or touch client belongings during the check -in process.
- Plexiglass barriers have been constructed and installed at key staff/client touchpoints

- With the assistance of local county authorities, staff have removed nearly half of the beds from the emergency shelters to lower the census and decompress the current high shelter capacity
- Staff installed plastic sheeting between at bunks in shelter as they had perforations to allow for airflow.
- Staff labeled bunks “head” and “toe” to have all clients in shelter sleep head to toe to increase social isolation while sleeping
- Screen all clients upon entry. Clients who refuse to screen will be denied entry. Clients that screen positively will be isolated in the shelter away from other guests and a call made to the county isolation center for admission. While awaiting transfer to the isolation center we will confine clients with symptoms consistent with COVID-19 infection to individual rooms, with a separate bathroom if possible, and have them avoid common areas.
- HGSP Pay for Stay, and HGMPLS shelter is staying open 24 hours a day.

#### **Opportunity Centers:**

- Handwashing stations were placed in courtyards.
- Six feet social distancing food distribution lines were created to assist staff and clients during breakfast, lunch and dinner.
- Expanded service to second floor, creating social isolation activities and providing more physical space.
- The building limits the occupancy to 50 clients at the Mary F Frey Opportunity Center, clients waiting to access the building utilize the courtyard while monitoring six feet social distancing.
- Space clients as far apart as possible for eating and handing around (ideally 6 feet)
- Food service delivery changes, as below.

#### **Food service – across all CCSPM sites**

During a pandemic, Catholic Charities will need to reinforce food safety and sanitation practices including:

- Reinforcing regular handwashing.
- All clients should clean their hands before accessing or eating food. This should also be overseen by a staff person or volunteer. Hand sanitizer to be provided in dining rooms.
- Screening of staff and volunteers upon arrival as per agency requirements
- Send sick staff and volunteers home
- Staff and volunteers to wear gloves and face coverings. Change gloves frequently and after task completion.
- Encourage social distancing by limiting number of clients in dining room and 2-3 clients per table. Install floor markings to ensure social distancing while waiting in line. Pre-seat when possible to avoid long waiting lines.
- If possible, ensure food is served to guest, do not allow self-service buffet. Consider meals with single serve components. Eliminate family style meals.
- Ensure that the plate or tray is not handled by the client until the end of the line, do not pass the plates back and forth between guest and server.
- Do not allow self-service of trays, utensils and condiments. Minimize the use of self-serve beverage dispensers when possible.
- Continuously and thoroughly disinfect the facility, tables, serving areas, beverage dispensers and food areas.
- Properly clean and sanitize dishes and service items.
- If possible, stockpile 6-8-week supply of non-perishable food and beverages, heat and serve and bagged meals in case food deliveries are interrupted or in the event of staff shortages.
- Additional Considerations: Operations of food service may need to change as the pandemic evolves. Considerations include: containing viral spread by limiting use of meal service to shelters guests only; taking meals to sick shelter guests so they do not spread illness. Providing food distribution to housing residents to

decrease the number of clients served in dining rooms and to encourage residents to abide by stay at home ordinance.

- Provide in-room meal service to isolated housing residents.

### **SRO Housing**

- Hand sanitizer stations will also be placed at the front of the line for food service. All clients should clean their hands before accessing or eating food. This should also be overseen by a staff person or volunteer.
- Case management staff should consider which residents are able to manage their own health should symptoms arise, and which may need more frequent check-in and extra support.
- Sites with congregate dining will limit volume of residents served at any one time and dining areas will be re-arranged for greater distancing. Buildings without meal service will limit open access to congregate cooking areas so social distancing can be maintained.
- Many sites are now having groceries delivered to residents to decrease the need to eat in congregate settings. Communal kitchens are being limited to two cooks at a time and have increased cleaning protocol.
- Outside visitors will be restricted from housing sites, and residents will be restricted internally from visiting room -to room. Residents will be encouraged to see visitors off site or out-of-doors in areas where social distancing can be maintained
- All residents will be encouraged to participate in daily temperature and symptom screening. The Adult Screening Policy will be followed with exceptions made for the type of thermometer used. Screening specifics may vary from site to site depending on program, building lay-out, and staff. Site staff will record the numbers of residents screened each day. Strategies will be implemented to increase screening participation.

### **Family Service Center**

- In addition to many engineering controls mentioned above, at the FSC new residents are screened 2x's / day for the first 14 days, followed by 1x/day plus every time they return to shelter after being out for the day.
- Clients that screen positive are isolated in their private rooms with separate bathrooms until symptoms have subsided per CDC guidelines.
  - Meals are brought to their rooms.
  - Symptomatic cases are asked to consult with their doctors to be tested.
- Ramsey County installed a new HVAC system at the Family Service Center in late spring 2020

CCSPM has followed CDC and MDH guidelines regarding PPE, at times opting for more conservative measures. Public Health guidance on use of Personal Protective Equipment (PPE) has changed throughout the COVID-19 pandemic. Catholic Charities has followed public health guidance on PPE related in cleaning and disinfection. In addition, early in the pandemic, Catholic Charities decided to require PPE (surgical mask, eye protection, gloves) of all staff implementing client screening because they would be unable to maintain a 6 foot distance from clients while performing this task. In addition, CDC began calling on all Americans to voluntarily wear cloth face covering in public to reduce the spread of COVID in early April. Catholic Charities has called on the community to donate over 5000 cloth face covers to be provided voluntarily to staff and clients who would like to wear them. All clients and staff at CCSPM have been offered cloth face masks.

### **Worker hygiene and source controls**

Basic infection prevention measures are being implemented at our workplaces at all times. Workers are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift, prior to any mealtimes and after using the restroom. All clients, staff and volunteers to the workplace are required to wash or sanitize their hands prior to or immediately upon entering the facility. Hand-



sanitizer dispensers (that use sanitizers of greater than 60% alcohol) are at entrances and locations in the workplace so they can be used for hand hygiene in place of soap and water, as long as hands are not visibly soiled.

Signage with the following messaging has been used for staff and clients since March 2020:

The most important way to prevent the spread of germs is effective, frequent handwashing. CDC recommends washing hands for at least 20 seconds, especially after going to the bathroom, before eating, and after coughing, sneezing, or blowing your nose.

To wash your hands with soap and water:

- Wet your hands with clean running water (warm or cold) and apply soap
- Lather your hands by actively rubbing them together with the soap
- Scrub your hands for 15 to 20 seconds. Rub the palms and back of your hands, between fingers, around wrists and under nails.
  - *Pro-tip! Sing the "Happy Birthday" song two times while scrubbing to reach 20 seconds.*
- Rinse your hands under clean running water until the soap later is gone.
- Dry with a clean towel and then turn off the water with a towel

If handwashing is not available, use of hand sanitizers with at least 60% alcohol is effective. Hand sanitizer is NOT effective if hands are visibly soiled. Visibly dirty hands should be washed with soap and water.

How to use hand sanitizers

- 1) Apply the product to the palm of one hand (approximately the size of a dime)
- 2) Rub your hands together, being sure to cover backs of hands, between fingers and thumbs, all the way to your wrists
- 3) Continue to rub until your hands and fingers are dry
- 4) Sanitizer WILL NOT WORK if your hands are visibly dirty. Use soap and water first!

Source controls are being implemented at our workplaces at all times. CCSPM follow CDC, MDH, and county guidance on source control. CCSPM highly encourages and provides cloth face coverings to all staff and clients, and offered to clean and sanitize facemasks and provide clean ones to guests daily. In addition, staff that are unable to maintain a 6 foot boundary from clients, notably those doing temperature and symptom screening, are provided surgical masks, eye protection (either goggles or face shield) and gloves to perform these tasks.

Workers, clients, guests and volunteers 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, particularly their mouth, nose and eyes, with their hands. Workers, clients, guests and volunteers are expected to dispose of tissues in provided trash receptacles 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 other persons entering the workplace.

CCSPM has supported cough etiquette and general hygiene in the following ways:

Coughing and sneezing etiquette are guidelines designed to limit the transmission of respiratory pathogens by droplet or airborne routes. These include:

- Cover your cough with a tissue when coughing or sneezing
- Use a tissue then throw it away
- Wash your hands or use hand sanitizer every time you sneeze/cough or touch your face or mouth.

Catholic Charities will encourage this behavior by:

- Providing tissues and easy to access trash receptacles
- Provide resources for hand hygiene (hand sanitizer or sinks with running water and soap)
- Offer masks to symptomatic clients
- Provide space and encourage symptomatic clients to sit as far away from others as possible.

## Supporting Client Personal Hygiene

Access, encouragement, and support to maintain basic levels of hygiene will be imperative during a pandemic to prevent the spread of disease. The more that the shelters, opportunity centers and residential facilities, in particular, can support these, the safer everyone will be from infectious disease. Recommendations include:

- Encouraging frequent and effective handwashing per guidance above
- Hair washing: Wash with soap and water regularly
- Dental care: Brush teeth twice a day with fluoride toothpaste.
- Body Hygiene: Shower regularly according to activity level. Short showers once a day are recommended. Pay special attention to face, hands, hair, and groin. Clean the body from top to bottom with soap and water.
- Clean clothes: Dirty clothes should be washed with laundry soap in a washer, and dried at a high temperature.
- Cough Etiquette: Turn away from people and use a tissue when coughing and sneezing. Dispose of tissue in the trash and then wash your hands
- Maintain clipped nails and feet
- Do not share personal hygiene items like razors, brushes, and toothbrushes

## **Workplace building and ventilation protocol**

Operation of the building in which the workplace is located, includes necessary sanitation, assessment and maintenance of building systems, including water, plumbing, electrical, and heating, ventilation and air conditioning (HVAC) systems.

CCSPM oversees many building and program sites. Our housing units either have window air conditioning units giving each unit individual air supply (SCP, EX, VP, EG, GW) or 100% outdoor air supply (Midway, HGMPLS, HGSP, DDR). However, with our reduced capacity worker capacity in CCAC, Frey OC and Seton; good air change ratios right now are in place. The distribution center has exhaust fans for the warehouse area and air handlers for the office/in-kind areas and at our current capacity should provide more than sufficient air changes. FSC received a new HVAC system in the Spring of 2020.

The maximum amount of fresh air is being brought into the workplace, air recirculation is being limited, and ventilation systems are being properly used and maintained. Steps are also being taken to minimize air flow blowing across people.

## **Workplace cleaning and disinfection protocol**

Regular practices of cleaning and disinfecting have been implemented, including a schedule for routine cleaning and disinfecting of work surfaces, equipment, tools and machinery, vehicles and areas in the work environment, including restrooms, break rooms, lunch rooms, meeting rooms, checkout stations, fitting rooms, and drop-off and pick-up locations. Frequent cleaning and disinfecting is being conducted of high-touch areas, including phones, keyboards, touch screens, controls, door handles, elevator panels, railings, copy machines, credit card readers, delivery equipment, etc. Please see Appendix D for *CCSPM Cleaning and Disinfection Recommendations*; Appendix E *Site Specific Cleaning Frequencies During Community Illness*; Appendix F *Laundry Guidelines*.

Appropriate and effective cleaning and disinfecting supplies have been purchased and are available for use in accordance with product labels, safety data sheets and manufacturer specifications, and are being used with required personal protective equipment for the product. Please see appendix D for specifics on cleaning and disinfecting supplies that are being used, the purposes for which they are or will be used, how they are to be used, training that will be provided to ensure their proper use and any required personal protective equipment.

## **Drop-off, pick-up and delivery practices and protocol**

The warehouse team is delivering items to sites and following standard COVID procedures: wearing face cloths or masks, gloves and practicing social distancing and hand washing. This is also the same when deliveries are made to CCDC. Drivers who will be in building are wearing masks, hand sanitizing upon entry, and also social distancing. No signing for deliveries is taking place and minimal contact is encouraged.

CCSPM has instituted the following *Vendor Protocols* During COVID 19. This protocol supplements existing vendor procedures; all other vendor policies and procedures (if applicable) remain in full effect. Safety is the top priority for Catholic Charities and the objective of these procedures is to provide a basic guideline for working on essential functions.

- 1) When performing work on site, all persons should wear personal protective equipment (PPE) appropriate for the job including, but not limited to, protective eye wear, gloves and mask.
- 2) For the safety of tenants, staff, visitors and guests:
  - a. Please have work teams take their temperatures prior to coming to the site
  - b. People entering the building may be asked to take their temperature prior to being allowed further in to the building.
  - c. If someone has a temperature, they will be sent home.
  - d. If one person on the work team has a temperature, Catholic Charities may choose to reschedule the entire job for a later date.
- 3) All people working on projects in Catholic Charities facilities will do their best to keep social distances of no less than three feet, but ideally six feet from each other.
- 4) When possible, rooms where work will take place will be closed while work is being completed to provide adequate space for social distancing.
- 5) Catholic Charities will, to the best of its ability, notify vendors and or cancel a project if there are known cases of Coronavirus in the area where work is being performed or if continuing a project in the building would be counter to public health recommendations during the Stay at Home order.

## **Communications and training practices and protocol**

This COVID-19 Preparedness Plan was communicated via agency-wide emails, postings on our internal website and internal COVID-dedicated pages, and with lead program managers on June 26, 2020. Additional communication and training will be ongoing. Communication tools used by CCSPM include the following:

- Emails
  - Internal agency-all email
  - Email to all volunteers
  - Email to donors as needed
- Website
  - FAQ will be posted on blog, updated continually.
  - Yellow bar directing people to FAQ for more information on COVID-19 will appear on every external facing site as long as necessary
- Socials
  - Will be used to communicate urgent messages broadly
- Internal communications:
  - Leadership team
  - CC connect
  - Emails from Laurie Ohmann with critical updates
  - Site leads (communication tree created by Lola)
  - Posters in sites (handwashing posters posted, volunteer info in progress)
  - Screens in client areas
  - SurveyMonkey created for feedback from staff
- Media
  - Will respond to inquiries as necessary

Training will be provided to all workers who did not receive the initial training and prior to initial assignment or reassignment.

Instructions will be communicated to all workers, including employees, temporary workers, staffing and labor-pools, independent contractors, subcontractors, vendors and outside technicians, clients, guests and volunteers about protections and protocols, including: 1) social distancing protocols and practices; 2) practices for hygiene and respiratory

etiquette; 4) recommendations or requirements regarding the use of masks, face-coverings and/or face-shields by workers, clients, guests and volunteers. All workers, clients, guests and volunteers also be advised not to enter the workplace if they are experiencing symptoms or have contracted COVID-19. Public Health guidance is that any person that feels sick should stay home. Unfortunately, there are no specific clinical features that can yet reliably differentiate COVID-19 from other viral respiratory infections. Therefore, if any staff person feels unwell, they are instructed to call your supervisor and let them know *before* coming to work.

All CCSMP staff will also be screened when arriving to work. Preferably a manager, supervisor, or lead would screen all staff in a private location. Please note that a temperature *is considered an employee's confidential medical information*, and **MAY NOT** be shared with other staff other than supervisors or Human Resources. *All Tier 1 sites should have access to a temporal thermometer for screening. For Tier 2 sites with no thermometer, please have staff check at home if possible, and ask about subjective fever.*

If someone screens positive to **ANY** of the symptoms below, please notify the supervisor, and ill staff person will need to be sent home.

- Having a measured fever >100.0 or having felt feverish at home (please note if a staff person has a borderline temperature between 99.8F-100.2F, please have them remove coat and sit for 10 minutes, then retest)
- A new or worsening cough
- New shortness of breath
- Sore throat
- New myalgias (muscle pains)
- New headache
- New diarrhea/vomiting

- Loss of smell or taste

Managers and supervisors are expected to monitor how effective the program has been implemented. CCSPM is in frequent communication with all program's leaders about challenges, successes, and areas for improvement identified by staff and management. All major program sectors (Emergency Services, Housing Stabilization, Children and Family Services meet remotely 2-3 times a week to discuss this guidance and how to best operationalize public health recommendations. In addition, agency leadership meets multiple times a week to also review COVID successes/concerns throughout the agency, and address issues that have been names at the program level. All management and workers are to take an active role and collaborate in carrying out the various aspects of this plan, and update the protections, protocols, work-practices and training as necessary. This COVID-19 Preparedness Plan has been certified by CCSPM management and the plan was posted throughout the workplace and made readily available to employees **on June 26, 2020**. It will be updated as necessary by Laurie Ohmann or at her direction by a designee.

Certified by:

Laurie Ohmann, Chief Operations Officer  
Catholic Charities of St. Paul & Minneapolis  
June 24, 2020

# Resources used in guidance for developing a COVID-19 Preparedness Plan

## General

Centers for Disease Control and Prevention (CDC): Coronavirus (COVID-19) – [www.cdc.gov/coronavirus/2019-nCoV](http://www.cdc.gov/coronavirus/2019-nCoV)

Minnesota Department of Health (MDH): Coronavirus – [www.health.state.mn.us/diseases/coronavirus](http://www.health.state.mn.us/diseases/coronavirus)

State of Minnesota: COVID-19 response – <https://mn.gov/covid19>

## Businesses

CDC: Resources for businesses and employers – [www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html](http://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html)

CDC: General business frequently asked questions – [www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html](http://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html)

CDC: Building/business ventilation – [www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html](http://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html)

MDH: Businesses and employers: COVID-19 – [www.health.state.mn.us/diseases/coronavirus/businesses.html](http://www.health.state.mn.us/diseases/coronavirus/businesses.html)

MDH: Health screening checklist – [www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf](http://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf)

MDH: Materials for businesses and employers – [www.health.state.mn.us/diseases/coronavirus/materials](http://www.health.state.mn.us/diseases/coronavirus/materials)

Minnesota Department of Employment and Economic Development (DEED): COVID-19 information and resources – <https://mn.gov/deed/newscenter/covid/>

Minnesota Department of Labor and Industry (DLI): Updates related to COVID-19 – [www.dli.mn.gov/updates](http://www.dli.mn.gov/updates)

Federal OSHA – [www.osha.gov](http://www.osha.gov)

## Handwashing

MDH: Handwashing video translated into multiple languages – [www.youtube.com/watch?v=LdQuPGVcceg](http://www.youtube.com/watch?v=LdQuPGVcceg)

## Respiratory etiquette: Cover your cough or sneeze

CDC: [www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html](http://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html)

CDC: [www.cdc.gov/healthywater/hygiene/etiquette/coughing\\_sneezing.html](http://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html)

MDH: [www.health.state.mn.us/diseases/coronavirus/prevention.html](http://www.health.state.mn.us/diseases/coronavirus/prevention.html)

## CCSPM Specific Resources

### General Resources and Posters:

COVID-19 Situation Summary (Updated Daily). CDC. <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>

Environmental Cleaning and Disinfection Recommendations: Interim Recommendations for US Community Facilities with Suspected/Confirmed Coronavirus Disease 2019. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

Guidance for MDH-Licensed Providers of Residential Settings with At-Risk Residents | COVID: <https://www.health.state.mn.us/facilities/regulation/homecare/docs/covid031620.pdf>

HUD. Disaster Preparedness Toolkit: <https://www.va.gov/HOMELESS/nchav/education/VEMEC-Toolkit.asp>

HUD. Infectious Disease Toolkit for Continuums of Care.

<https://files.hudexchange.info/resources/documents/Infectious-Disease-Toolkit-for-CoCs-Preventing-and-Managing-the-Spread-of-Infectious-Disease-within-Shelters.pdf>

HUD. Infectious disease toolkit for COCs. <https://www.hudexchange.info/resource/5985/infectious-disease-toolkit-for-cocs/>

Interim Guidance for the Prevention of COVID-19 in DHS-Licensed Residential and Non-Residential Settings with At-Risk Persons: <https://www.health.state.mn.us/diseases/coronavirus/guidedhs.pdf>

Minnesota Department of Health. Homeless Service Settings: Interim Guidance for Provider.

<https://www.health.state.mn.us/diseases/coronavirus/guideshelter.pdf>

Print Resources. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

<https://www.cdc.gov/handwashing/pdf/wash-your-hands-poster-english-508.pdf>

<https://www.cdc.gov/handwashing/pdf/wash-your-hands-steps-8x11.pdf>

<https://www.cdc.gov/handwashing/pdf/handwashing-is-in-8x11.pdf>

## Homeless Resources:

An Influenza Pandemic Planning and Service Guide for Homeless and Housing Service Providers. Seattle-King County. [http://www.cidrap.umn.edu/sites/default/files/public/php/71/71\\_guide\\_0.pdf](http://www.cidrap.umn.edu/sites/default/files/public/php/71/71_guide_0.pdf)

Centers for Disease Control and Prevention COVID 19 – Resources to support people experiencing homelessness. <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

City of Toronto: Infection Prevention and Control Resources for Homeless Service Settings: <https://www.toronto.ca/community-people/health-wellness-care/health-info-for-specific-audiences/infection-prevention-and-control-guide-for-homelessness-service-settings/>

Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings (Interim Guidance) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Guidance for MDH-Licensed Providers of Residential Settings with At-Risk Residents | COVID: <https://www.health.state.mn.us/facilities/regulation/homecare/docs/covid031620.pdf>

Infection Control in Homeless Shelters in the State of Alaska, July 2018.

[http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/Homelessness-and-Health/Alaska%20Homeless%20Shelter%20Infection%20Control%20Recommendations\\_Nov%202018.pdf](http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/Homelessness-and-Health/Alaska%20Homeless%20Shelter%20Infection%20Control%20Recommendations_Nov%202018.pdf)

Infection Prevention and Control for Shelters During Disasters. APIC. 2008.

[https://apic.org/Resource /TinyMceFileManager/Practice\\_Guidance/Emergency\\_Preparedness/Shelters Disasters.pdf](https://apic.org/Resource/TinyMceFileManager/Practice_Guidance/Emergency_Preparedness/Shelters_Disasters.pdf)

Homelessness and the Response to Emerging Infectious Disease Outbreaks: Lessons from SARS. Journal of Urban Health. 2008.

[https://www.researchgate.net/publication/5504450\\_Homelessness\\_and\\_the\\_Response\\_to\\_Emerging\\_Infectious\\_Disease\\_Outbreaks\\_Lessons\\_from\\_SARS](https://www.researchgate.net/publication/5504450_Homelessness_and_the_Response_to_Emerging_Infectious_Disease_Outbreaks_Lessons_from_SARS)

HUD Exchange. Infectious Disease Preparedness for Homeless Assistance Providers and Their Partners.

Webinar. <https://www.hudexchange.info/trainings/courses/infectious-disease-preparedness-for-homeless-assistance-providers-and-their-partners/>

Interim Guidance for Homeless Shelters. Centers for Disease Control and Prevention.

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

Interim guidance for Homeless and Emergency Shelters on Novel Influenza A (H1N1) Virus.

<https://www.cdc.gov/h1n1flu/guidance/homeless.htm>

Minnesota Department of Health. Homeless Service Settings: Interim Guidance for Provider.

<https://www.health.state.mn.us/diseases/coronavirus/guideshelter.pdf>

New York City: Interim Guidance on COVID-19 for Homeless Shelters.

<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-homeless-shelters-covid19.pdf>

Pandemic Preparedness and Services that Support People who are Homeless. Iain DeJog. Orgcode.

[https://www.orgcode.com/pandemic\\_planning\\_and\\_services\\_that\\_support\\_people\\_who\\_are\\_homeless](https://www.orgcode.com/pandemic_planning_and_services_that_support_people_who_are_homeless)

Specific Considerations for Public Health Authorities to Limit Infection Risk Among People Experiencing Homelessness. [https://files.hudexchange.info/public/resources/documents/Specific-Considerations-for-Public-Health-Authorities-to-Limit-Infection-Risk-Among-People-Experiencing-](https://files.hudexchange.info/public/resources/documents/Specific-Considerations-for-Public-Health-Authorities-to-Limit-Infection-Risk-Among-People-Experiencing-Homelessness.pdf?utm_source=HUD+Exchange+Mailing+List&utm_campaign=8b1f3959f9-)

[Homelessness.pdf?utm\\_source=HUD+Exchange+Mailing+List&utm\\_campaign=8b1f3959f9-Infectious\\_Disease\\_Guidance\\_Homeless\\_3.9.20&utm\\_medium=email&utm\\_term=0\\_f32b935a5f-8b1f3959f9-19301137](https://files.hudexchange.info/public/resources/documents/Specific-Considerations-for-Public-Health-Authorities-to-Limit-Infection-Risk-Among-People-Experiencing-Homelessness.pdf?utm_source=HUD+Exchange+Mailing+List&utm_campaign=8b1f3959f9-Infectious_Disease_Guidance_Homeless_3.9.20&utm_medium=email&utm_term=0_f32b935a5f-8b1f3959f9-19301137)

VA. Guidance on the Coronavirus for VA Grantees Providing Homeless Services.

[https://www.va.gov/HOMELESS/docs/GPD/providers/GuidanceCOVID-19-VA\\_Grantees\\_3-13-20.pdf](https://www.va.gov/HOMELESS/docs/GPD/providers/GuidanceCOVID-19-VA_Grantees_3-13-20.pdf)

What Supportive Housing Providers Need to Know. CSH. <https://d155kunxf1aozz.cloudfront.net/wp-content/uploads/2020/03/Coronavirus-Disease-2019-COVID-19-1.pdf>

**Mental Health:**

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

Mental Health and Coping with COVID 19. Centers for Disease Control and Prevention.

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

**HR:**

OSHA guidance: <https://www.osha.gov/SLTC/covid-19/>.

CDC recommendations and guidance for businesses: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>

SHRM guidance: <https://www.shrm.org/resourcesandtools/legal-and-compliance/employment-law/pages/coronavirus-information-and-faqs.aspx>

[https://apic.org/Resource /TinyMceFileManager/Practice Guidance/Emergency Preparedness/Shelters Disasters.pdf](https://apic.org/Resource/TinyMceFileManager/Practice%20Guidance/Emergency%20Preparedness/Shelters%20Disasters.pdf)

Interim Guidance for Businesses and Employers. CDC. <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>



## **Social distancing**

CDC: [www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html](http://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html)

MDH: [www.health.state.mn.us/diseases/coronavirus/businesses.html](http://www.health.state.mn.us/diseases/coronavirus/businesses.html)

## **Housekeeping**

CDC: [www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html](http://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)

CDC: [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)

CDC: [www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html](http://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html)

Environmental Protection Agency (EPA): [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)

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

CDC: [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)

MDH: [www.health.state.mn.us/diseases/coronavirus/basics.html](http://www.health.state.mn.us/diseases/coronavirus/basics.html)

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

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

State of Minnesota: <https://mn.gov/covid19/for-minnesotans/if-sick/get-tested/index.jsp>

## **Training**

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

Federal OSHA: [www.osha.gov/Publications/OSHA3990.pdf](http://www.osha.gov/Publications/OSHA3990.pdf)

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

## Appendix A

### Staff Screening

#### COVID-19-like illness (CLI) Staff Screening Criteria

Catholic Charities is committed to following public health guidance on how to protect staff and clients from COVID-19. Many steps have already been taken across the agency.

#### Screening all staff is also an important step we can take to protect our clients and our staff.

Public Health guidance is that any person that feels sick should stay home. Unfortunately, there are no specific clinical features that can yet reliably differentiate COVID-19 from other viral respiratory infections. Therefore, if any staff person feels unwell, please call your supervisor and let them know *before* coming to work.

All CC staff will also be screened when arriving to work. Preferably a manager, supervisor, or lead would screen all staff in a private location. Please note that a temperature *is considered an employee's confidential medical information*, and **MAY NOT** be shared with other staff other than supervisors or Human Resources. *All Tier 1 sites should have access to a temporal thermometer for screening. For Tier 2 sites with no thermometer, please have staff check at home if possible, and ask about subjective fever.*

If someone screens positive to **ANY** of the symptoms below, please notify the supervisor, and ill staff person will need to be sent home.

- Having a measured fever >100.0 or having felt feverish at home (please note if a staff person has a borderline temperature between 99.8F-100.2F, please have them remove coat and sit for 10 minutes, then retest)
- A new or worsening cough
- New shortness of breath
- Sore throat
- New myalgias (muscle pains)
- New headache
- New diarrhea/vomiting
- Loss of smell of taste

Most people with COVID-19 have COVID-like-illness first. People with COVID-like illness should be considered contagious and be sent home, testing is highly recommended.

#### When can staff with COVID-19-like illness come back to work?

- See Catholic Charities Guidance on COVID-19 Quarantine and Return to work
- 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 7 days have passed *since symptoms first appeared*.

#### Health screenings for our employees:

With Catholic Charities-provided Health Partners health insurance

#### **How to use a temporal thermometer:**

These thermometers use an infrared scanner to measure the temperature of the temporal artery in the forehead.

To use thermometer:

1. Turn on the thermometer.
2. Gently sweep the thermometer across the client's forehead.
3. Remove the thermometer and read the number (>100.0 is a fever)
4. Clean with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each clients' use. You can reuse the same swab as long as it remains wet.

Temperature screeners only, please wear: gloves, a surgical mask, and eye protection.

- Free screening assessment online with [Virtuwell](#) or [Doctor on Demand](#)
- Our **Nurse Care Line** is open 24/7. Nurses can talk employees through their concerns and offer referral assistance for care: **612-339-3663** or **800-551-0859**.
- Clinic screening and testing may be available if employees call their own clinics.

#### General help

- CDC [Coronavirus Self-Checker](#)
- MN Department of Health COVID-19 Hotlines (7am-7pm): 1-800-657-3903; 651-201-3920

We have heard from a few of you about a general fear or anxiety among employees. Some employees have expressed fear about the pandemic, their health, or are worried about the environment we work in and the clients we serve. While we hope that you are talking to your employees to assure them that Catholic Charities' preparations are focused on continuing to serve our clients while modifying our services to keep everyone as safe as possible, there are some concerns where it may be best to have some outside help.

Here are some programs that may help our employees through this time:

Our [Employee Assistance Program \(EAP\)](#) is built to help our employees in this situation. Free counseling advice is offered to all our employees through this program. Our plan can provide up to three sessions of telephonic or in-person counseling per topic. This service will also provide counseling or referrals to any household member. All employees and their household members are eligible for this benefit.

Contact them directly by phone **866-326-7194** or text **US HPEAP** and the concern or question to **919-324-5523**

**Doctor on Demand:** [www.doctorondemand.com](http://www.doctorondemand.com) can provide face-to-face emotional support over your computer or smartphone for a reduced copay.

## Appendix B

### Catholic Charities of Minneapolis and St. Paul Guide to Staff COVID-19 Quarantine and Return to Work – 6/22/20

#### 1) Staff with significant exposure<sup>1</sup> to a person with laboratory-confirmed COVID-19.

- Staff should stay at home for 14 days from the date of exposure (self- quarantine). If the staff person remains asymptomatic during this time, they may return to work on day 15.
- MDH recommends considering that asymptomatic staff and volunteers identified as a COVID-19 case contact be tested for COVID-19 according to the following protocol:
  - Staff and volunteers excluded from work due to contact with a COVID-19 case should be tested at day 12 to enable return to work after 14 days if the test is negative.
  - Staff and volunteers identified as a contact of a COVID-19 case who must continue to work should wear a mask for
- If at any time, the staff person develops any symptoms consistent with COVID (See #2 below) – particularly if the staff member works in a Tier 1 site – we recommend that staff person get tested for COVID<sup>2</sup>.
  - If the staff person test is negative, they will need to remain out of work for the full 14 days from the date of exposure. If the staff person is fully well, they may return to work on day 15.
  - If the staff person is tested and is positive OR if they have symptoms and refuse to get tested – please see #2 “Staff who are ill with COVID-like illness” below.

<sup>1</sup> A significant exposure is defined as being within 6 feet of a laboratory-confirmed positive case for > 10 minutes. This includes exposures at work, or personal exposures like housemates.

<sup>2</sup> Human Resources or nursing staff can help advocate for testing and provide documentation if needed.

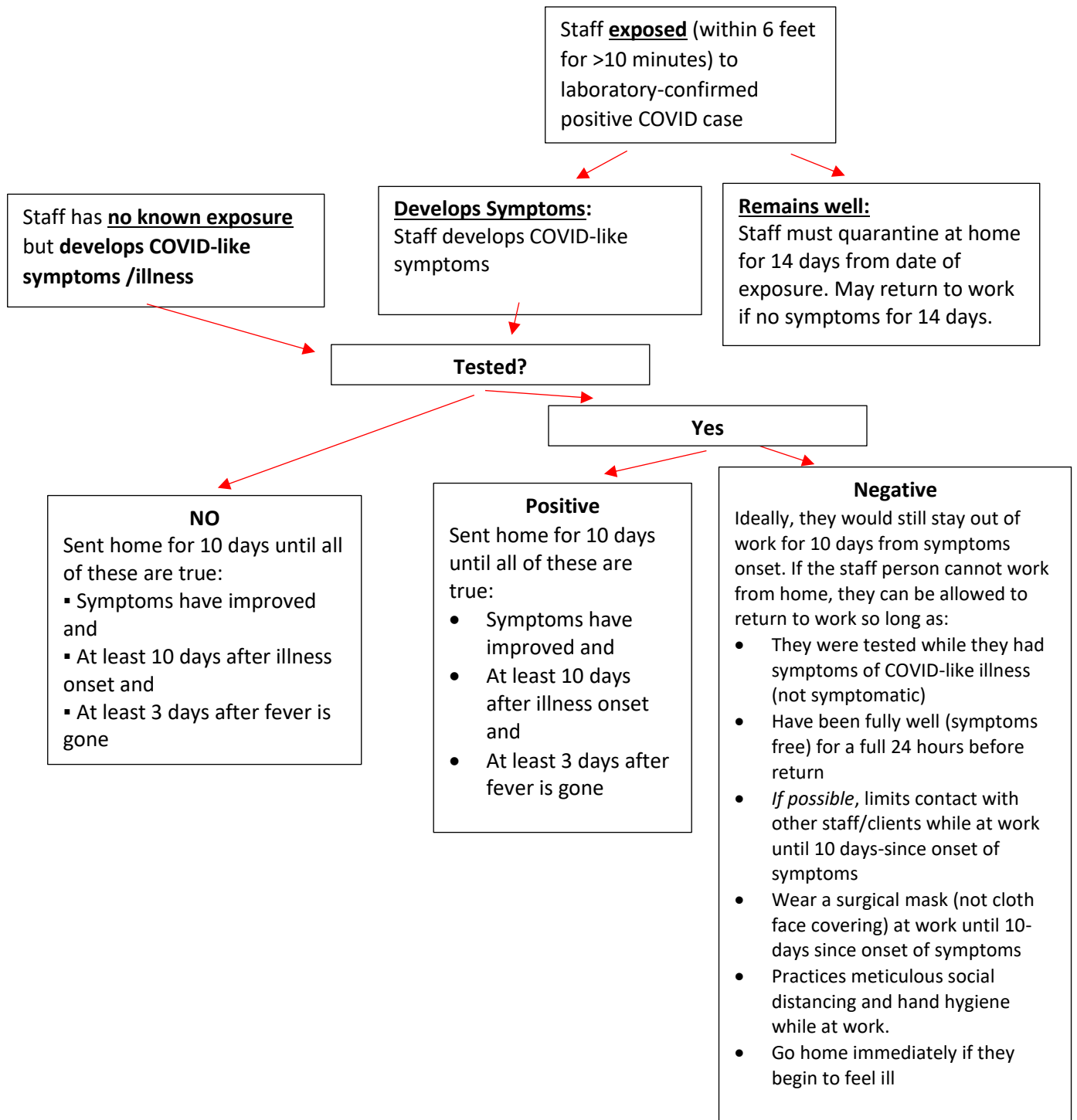
#### 2) Staff who are ill with COVID-like illness.

- Staff who are ill with COVID-like symptoms should be immediately sent home. Symptoms may include:
  - Cough
  - Shortness of breath or difficulty breathing
  - Fevers and/or Chills
  - Muscle Pain
  - Fatigue
  - Headache
  - Sore throat
  - New loss of taste or smell
  - Nausea, vomiting, diarrhea
- Staff ill with above symptoms, particularly those that work at Tier 1 sites, should be tested for COVID-19
- When can staff who have COVID-like illness return to work?
  - Both staff who test positive and staff with symptoms only (no test) should stay home and not return to work until **all of these are true:**
    - Symptoms have improved **and**
    - At least 10 days have passed since illness onset **and**
    - At least 3 days with no fever (without fever-reducing medicine, i.e. Tylenol)
- When can staff who had COVID-like illness but tests negative\* for COVID 19 return to work?

- Ideally staff would stay out of work for 10 days after symptoms began. However public health recognizes this may be a hardship in organizations that provide critical services. Public Health recommends either allowing the staff (if well enough) to work at home as position allows for the full 10-day period, OR allow the staff to return to work with the following stipulations:
  - They were tested while they had symptoms of COVID-like illness (not asymptomatic)
  - Are fully well (symptom free) for a full 24- hours before return
  - Limits contact with other staff/clients. *(If possible)*
  - Wears a surgical mask *(not cloth face covering)*
  - Practices meticulous social distancing and hand hygiene.
  - Goes home immediately if they begin to feel ill

*\* There is a relatively high rate of false negative COVID test results, and given that testing gives results for that day only, a negative test doesn't guarantee a person is free from COVID. Therefore, people with COVID-like illness who test negative should continue to take additional precautions to prevent spread of disease until 10 days after onset of symptoms.*

## Decision Tree: When to Send Staff Home, For How Long, and when Can They Return to Work



## Appendix C

### **Proposed Protocol for “Contact Tracing” at Catholic Charities: Updated 5/8/20**

When someone at Catholic Charities is informed that a client or staff has a laboratory-confirmed COVID-positive test, the following protocol will be pursued:

1. **Receipt of Information re: Positive COVID Test.** The person receiving the information (“recipient”) should ask whether the client or staff person has signed an Authorization to release their information (found [here](#)) or expressed a willingness for information to be released (given that MDH will likely be engaged with COVID-positive persons by phone) to allow Catholic Charities to pursue the assessment of exposure/risk to other staff and clients.
  - a. First, clarify with how broadly the client or staff has stated they will allow their identity to be shared e.g., with Catholic Charities’ staff, with other people who may be exposed, etc.
  - b. If “yes,” it is preferred that we receive a copy of the Authorization to be added to a client’s case file or to a staff’s employment file with Human Resources via the employee’s supervisor.
    - i. In the absence of a copy of the Authorization, the recipient should document the name and contact information of the MDH staff/other who provides information about the positive test and provide that information to the lead person for their area (see below).
  - c. If the client or staff was unwilling to provide an Authorization to release their information and Catholic Charities is only made aware of a positive test without a client’s or staff’s name, please refer the informant to the lead person as identified below so that they may follow-up for more information on potential exposure of others.
    - i. If MDH is unable to get consent for an Authorization to release information, please inquire if MDH thinks it is appropriate to pursue a commissioner order to release the name to Catholic Charities.
2. **Lead Personnel.** HIPAA- the Health Insurance Portability and Accountability Act - governs our actions with respect to a client’ or staff’s protected health information (PHI). If we have the consent of the individual to share information about their COVID test results (positive or negative), the sharing of their protected health information **must be limited to only those who have a need to know**. Also, **only the minimum necessary amount of client information should be shared**.
  - a. The recipient should provide the information about a COVID positive client or staff person working in a program site to the following lead persons for further investigation. Lead Personnel were named because of their professional licensure in nursing and/or public health.
    - i. Jessica Hancock-Allen: For all adult and family emergency shelters and opportunity centers
    - ii. Mary Deering: All permanent supportive housing programs
    - iii. Judy Demers: All Children and Family Services programs and Hope Street.
    - iv. Agency staff who are working remotely should inform their supervisor.
  - b. Once notified, the lead person may provide the client/staff information to the appropriate program or shared services manager.
3. **Assessing the Risk of Exposure to Staff.** When we are aware of/in possession of an ROI, the Lead Personnel should take the following steps to understand whether staff had significant exposure to the COVID positive person while they were working on site:
  - a. With the assistance of Human Resources, the lead personnel should use information gained from the public health authorities about the client/staff period of infection to determine the roster of staff who were working at that site and during that period. A list of “labor pool” staff may also be useful.
  - b. The lead personnel should then notify the Program Director, and the Program Manager of the case.

- c. The program manager should pull any observations or critical incidents involving the COVID-positive client/staff person and make note of other staff who were involved.
- d. In person or via phone the site manager should inquire as to whether the staff identified to had been working with the positive client/staff are aware of contact they may have had with the COVID-positive client/staff during their infectious period, in which the staff was engaged with or in close physical proximity with the client/staff for a period of ten minutes or more. The site manager may want to begin with asking shift leads of any known incidents first, before discussing with other staff, that way limiting knowledge of the case to the minimal number of staff possible.
  - i. It is advised that this first request not include information about the fact that the inquiry is being triggered because of a positive test.
  - ii. The following statement on HIPAA requirements must be conveyed to staff in person, by phone or email in the request for information about the positive client/staff:
 

”As a reminder, Catholic Charities’ staff are required to comply with HIPAA and other applicable privacy laws. Therefore, another individual’s protected health information may not be discussed, shared or investigated unless for legal purposes and by the appropriate staff.”
- e. The Program Manager will provide the information below to the lead personnel. Lead Personnel will work with MDH/Public Health to plan the case-by-case contact tracing plan and to identify which organization (MDH, County Public Health, or Catholic Charities) executes the plan. Public Health’s decision to investigate and respond to a known positive case will be made on a case-by-case basis, and based off the following CDC guidelines: [https://www.cdc.gov/coronavirus/2019-ncov/php/investigating-cases-homeless-shelters.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fphp%2Fhomeless-service-providers.html#limit-movement](https://www.cdc.gov/coronavirus/2019-ncov/php/investigating-cases-homeless-shelters.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fphp%2Fhomeless-service-providers.html#limit-movement).
  - i. Any critical incidents/or observation reports during the infectious period
  - ii. Number of staff that have contact with the positive case, and if any staff had prolonged contact
  - iii. Any known close friend/associated a COVID-positive client case (close friends/associates/romantic partners)
- f. Catholic Charities programs with known positive cases should be prepared to review with Public Health their own internal procedures regarding disease mitigation strategies.
- g. Should MDH recommend we do our own internal contact tracing, staff who respond affirmatively to having prolonged contact with the positive case should be directed to the lead personnel for the respective area. The lead person will assess the staff’s potential risk of having been exposed to the virus and will also seek to learn whether staff may be aware of others who may have had contact with the positive client/staff.
- h. Pending the outcome of this assessment, the lead person will review their findings with the staff member or other clients and based on CDC and MDH guidelines recommend the following potential actions:
  - i. If exposure to the positive client/staff was limited and person is asymptomatic, a return to work or programming may be allowed.
  - ii. If exposure to the positive client/staff was more extensive, it may be recommended that the staff person quarantine for a period that will be determined by the date of their exposure and the incubation period known for COVID.
  - iii. Staff should be reminded of HIPAA practices and the expectation that they not share protected health information of clients for any reason.
- i. The Lead Person will contact the head of Human Resources to notify of the assessment, findings and to connect the staff to HR to review recommended staff options re: return to work or leave options.



- j. Human Resources lead will finalize next steps with the staff person and report that to the staff's supervisor and/or program manager.
4. **Assessing the Risk of Exposure to Other Clients:** When we are aware of/in possession of an Authorization to release information, the Lead Personnel should take the following steps to understand whether other clients had significant exposure to the COVID positive person while they were receiving services on site:
- a. The lead personnel should notify the Program Director, and the Program Manager of the case.
  - b. The program manager should pull any observations or critical incidents involving the positive case and make note of other clients that were involved.
    - i. If the client stays in shelter the program manager will pull information about others that sleep in bunks surrounding the positive case.
  - c. The program manager may inquire with the site manager as to whether the positive case had known close physical proximity with other clients for a period of ten minutes or more. The site manager may want to begin with asking shift leads of any known close contacts (close friends/associates/ romantic partners) or incidents first, before discussing with other staff in order to limit the knowledge of the case to the fewest staff possible.
    - i. It is advised that this first request not include information about the fact that the inquiry is being triggered because of a positive test.
    - ii. The following statement on HIPAA requirements must be conveyed to staff in the email or in person request for information about the positive client/staff:  
"As a reminder, Catholic Charities' staff are required to comply with HIPAA and other applicable privacy laws. Therefore, another individual's protected health information may not be discussed, shared or investigated unless for legal purposes and by the appropriate staff. "
  - d. The Program Manager will provide the following information to the lead personnel, who will then follow-up with MDH to see how they recommend we proceed. **Of note:** should there be numerous client contacts of the positive case, Catholic Charities should encourage state or local public health to take the lead with contact tracing:
    - iv. Any critical incidents/or observation reports during the infectious period.
    - v. In shelters: The names of other clients sleeping in bunks within 6 feet of the positive case during the time the client is known to be infectious.
    - vi. Any known close friend/associated of the positive case (close friends/associates/romantic partners).
  - e. Clients who are assessed at higher risk of exposure will be referred to the pre-determined isolation site.
  - f. Catholic Charities programs with known positive cases should be prepared to review with Public Health their own internal procedures regarding disease mitigation strategies.
5. **Risk Assessment without ROI from positive client/staff.** When notified by public health authorities of a positive COVID test in which the client/staff has not provided a release of information, program managers and the Lead Personnel should pursue the aforementioned steps to the extent possible.

## Appendix D

### **Environmental Cleaning and Disinfection Recommendations**

Adapted from the Interim Recommendations for US Community Facilities with Suspected/Confirmed Coronavirus Disease 2019

#### **Background and Purpose**

Based on what is currently known about the virus, spread from person-to-person happens most frequently among close contacts (within about 6 feet) via respiratory droplets. Transmission of novel coronavirus to persons from surfaces (clothes, furniture, etc.) contaminated with the virus has not been documented. Current evidence suggests that novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces with soap/detergent followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in community settings.

These guidelines are focused on community, non-healthcare facilities (e.g., schools, institutions of higher education, offices, daycare centers, businesses, community centers) that do and do not house persons overnight. These guidelines are not meant for cleaning staff in healthcare facilities or repatriation sites, households, or for others for whom specific guidance already exists.

These recommendations will be updated if additional information becomes available.

#### **Definitions**

- *Community facilities* (e.g., schools, daycares centers, businesses) comprise most non-healthcare settings that are visited by the general public outside of a household.
- *Cleaning* refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.
- *Disinfecting* works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

#### **How to Clean and Disinfect Surfaces**

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
  - Diluted household bleach solutions can be used if appropriate for the surface. 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.
    - 1:10 Bleach Solution Contact (damp) Time: 3 minutes for general disinfecting – equivalent of COVID 19

- 1:32 Bleach solution Contact (damp) Time: 10 minutes for general disinfecting – equivalent of COVID 19
      - Note that bleach solutions expire 24 hours after mixing. All solution bottles or containers need to be labeled with the date of mixing and changed out every 24 hours OR if the water becomes dirty.
    - TruShot Hospital Disinfectant Contact (damp) Time: 10 minutes for SARS – estimated equivalent of COVID 19
- Prepare a 1:32 bleach solution by mixing:
  - 5 tablespoons (1/3<sup>rd</sup> cup) bleach per gallon of cool water (1:32) or 4 teaspoons bleach per quart of cool water
- Prepare a 1:10 bleach solution by mixing:
  - 1 part of bleach to 9 parts of cool water
    - Use the pre-marked containers when possible
    - PPE, including gloves and eye protection should be used when using bleach solution.
  - Products with EPA-approved emerging viral pathogens 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.).
  - For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
  - If the items can be laundered, launder items in accordance with the manufacturer’s instructions using the warmest appropriate water setting for the items and then dry items completely.

Otherwise, use products with the EPA-approved emerging viral pathogens claims that are suitable for porous surfaces

## **Cleaning and Disinfection for Facilities During Community Illness**

This guidance provides recommendations on increased cleaning and disinfection during times of community illness (influenza, respiratory virus, etc.). It is aimed at limiting the survival of novel coronavirus or other viruses in key environments.

### **Timing and location of cleaning and disinfection of surfaces**

- Cleaning staff should follow routine cleaning specifications for the facility using cleaning best practices and hospital grade disinfecting cleaners, focusing especially on frequently touched surfaces.
- In addition to routine cleaning specifications;
  - Staff using office or conference space should use a sanitizing wipe on touch points in the area when they are finished using a space and should wipe technology tools (copiers, screens, keyboards, phones, mice, etc.) with an alcohol wipe when they have finished using the space. Note: Clorox type wipes could damage screens, smart phones and other technology equipment, please use alcohol wipes in those areas.
  - Touch points including tables, hard-backed chairs, doorknobs, light switches, handles, toilets and sinks should be wiped with a disinfecting wipe or with a damp rag using disinfecting cleaner or bleach about three times during working hours or three times between 6:00 a.m.

and 9:00 p.m. in 24-hour sites plus one additional time overnight. Some of these touch point wipes may be completed by Staff as appropriate.

- At least one additional full cleaning and disinfecting, but more if needed, will take place during open hours
- See Appendix for site specific additions and deletions effective 3/19/2020 and continuing until further notice.

## **Cleaning and Disinfection After Persons Suspected/Confirmed to Have COVID-19 Have Been in the Facility**

This guidance provides recommendations on the cleaning and disinfection of rooms or areas of those with suspected or with confirmed COVID-19 have visited. It is aimed at limiting the survival of novel coronavirus in key environments.

### **Timing and location of cleaning and disinfection of surfaces**

- At a school, daycare center, office, or other facility that does not house people overnight:
  - It is recommended to close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
  - Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
  - Once area has been cleaned and disinfected, continue routine cleaning and disinfection as in this guidance.
- At a facility that does house people overnight:
  - It is recommended to close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
  - In areas where ill persons are being housed in isolation:
    - Focus on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons
    - Reducing cleaning and disinfection of bedrooms/bathrooms used by only ill persons to **as needed** to limit contact with cleaning staff. **Provide cleaning supplies to ill person to clean bedrooms and bathroom themselves when possible.**
    - If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill person.
  - In areas where ill persons have visited or used, continue routine cleaning and disinfection as in this guidance.

### **Linens, clothing, and other items that go in the laundry**

- Do not shake dirty laundry; this minimize the possibility of dispersing virus through the air.
- Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.

- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

## Personal Protective Equipment (PPE) and Hand Hygiene:

- **Cleaning staff should wear disposable gloves and launderable aprons or disposable gowns for all tasks in the cleaning process, including handling trash.**
  - Gloves and gowns should be compatible with the disinfectant products being used.
  - Additional PPE, such as safety glasses, might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
- Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.
- **Cleaning staff and others should clean hands often**, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.
  - Additional key times to clean hands include:
    - After blowing one's nose, coughing, or sneezing
    - After using the restroom
    - Before eating or preparing food
    - After contact with animals or pets
    - Before and after providing routine care for another person who needs assistance (e.g., a child)

## Additional Considerations for Employers:

- Employers should work with their local and state health departments to ensure appropriate local protocols and guidelines, such as updated/additional guidance for cleaning and disinfection, are followed, including for identification of new potential cases of COVID-19.
- Employers should educate staff and workers performing cleaning, laundry, and trash pick-up activities to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms within 14 days after their last possible exposure to the virus. At a minimum, any staff should immediately notify their supervisor and the local health department if they develop symptoms of COVID-19. The health department will provide guidance on what actions need to be taken. When working with your local health department check their available hours.
- Employers should develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks. Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard (29 CFR 1910.1200external icon).

- Employers must comply with OSHA’s standards on Bloodborne Pathogens (29 CFR 1910.1030<sup>external icon</sup>), including proper disposal of regulated waste, and PPE (29 CFR 1910.132<sup>external icon</sup>).

## **Additional Resources**

- [OSHA COVID-19 Website](#)
- [CDC Home Care Guidance](#)

Page last reviewed: March 6, 2020

Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\)](#), [Division of Viral Diseases](#)

## Appendix E

### **Site Specific Cleaning Frequencies During Community Illness**

1. Admin Center (to be completed by Facilities and CCAC Staff)
  - a. Basement – not in use. No cleaning, toilets flushed 1x/week
  - b. 1<sup>st</sup> floor – break room trash and recycling emptied weekly; weekly cleaning of bathrooms
  - c. 2<sup>nd</sup> floor – break room trash and recycling emptied weekly, weekly cleaning of bathrooms
  - d. 3<sup>rd</sup> floor – break room trash and recycling emptied weekly, weekly cleaning of bathrooms
  - e. 4<sup>th</sup> floor – break room trash and recycling emptied weekly, weekly cleaning of bathrooms
  - f. No cleaning in conference rooms, no vacuuming or mopping in building unless a spill or issue is reported
  - g. Staff officing at the Admin Center should use a sanitizing wipe on touch points in their areas, including hotel stations if used, when they are finished using the space and should wipe technology tools (copiers, screens, keyboards, phones, mice, etc.) with an alcohol wipe when they have finished using the space. Note: Clorox type wipes could damage screens, smart phones and other technology equipment, please use alcohol wipes in those areas. Clorox type wipes can be used on keyboards, mice and desks if alcohol wipes are not available.
  
- 2) Seton (to be completed by Facilities Staff)
  - a. Basement – break room trash and recycling emptied weekly, weekly cleaning of bathrooms
  - b. 1<sup>st</sup> floor – Reception trash emptied weekly, weekly cleaning of bathrooms
  - c. 2<sup>nd</sup> floor – copy area trash and recycling emptied weekly, weekly cleaning of bathrooms
  - d. 3<sup>rd</sup> floor – hallway copy area trash and recycling emptied weekly, weekly cleaning of bathrooms
  - e. No cleaning in conference rooms, no vacuuming or mopping in building unless a spill or issue is reported
  - f. Staff officing at Seton should use a sanitizing wipe on touch points in their areas, including hotel stations if used, when they are finished using the space and should wipe technology tools (copiers, screens, keyboards, phones, mice, etc.) with an alcohol wipe when they have finished using the space. Note: Clorox type wipes could damage screens, smart phones and other technology equipment, please use alcohol wipes in those areas. Clorox type wipes can be used on keyboards, mice and desks if alcohol wipes are not available.
  
- 3) Visitation (to be completed by Facilities Staff)
  - a. Community Room – no cleaning, closed to follow the gathering/groups recommendation of the CDC and Minnesota Stay at Home order
  - b. 1<sup>st</sup> floor – restroom cleaned daily with disinfecting cleaner, all handles, door knobs, light switches, in common hallway wiped with a sanitizing wipe or damp rag using disinfectant cleaner or bleach solution. Vacuum once per week.
  - c. 2<sup>nd</sup> floor – all handles, door knobs, light switches, in common hallway wiped with a sanitizing wipe or damp rag using disinfectant cleaner or bleach solution daily. Vacuum once per week.
  - d. 3<sup>rd</sup> floor – all handles, door knobs, light switches, in common hallway wiped with a sanitizing wipe or damp rag using disinfectant cleaner or bleach solution daily. Vacuum once per week.

- e. Main stairwell - all handles, door knobs, light switches, railings wiped with a sanitizing wipe or damp rag using disinfectant cleaner or bleach solution daily. Vacuum once per week.
- f. Elevator - all buttons and railings wiped with a sanitizing wipe or damp rag using disinfectant cleaner or bleach solution daily. Vacuum once per week.
- g. Exterior – all handles, door knobs and other touch points wiped with a sanitizing wipe or damp rag using disinfectant cleaner or bleach solution daily.
- h. Staff using offices at Visitation should use a sanitizing wipe on touch points in the area when they are finished using the space and should wipe technology tools (copiers, screens, keyboards, phones, mice, etc.) with an alcohol wipe when they have finished using the space. Note: Clorox type wipes could damage screens, smart phones and other technology equipment, please use alcohol wipes in those areas. Clorox type wipes can be used on keyboards, mice and desks if alcohol wipes are not available.

#### 4) Distribution Center (to be completed by T2)

- a. Staff break (now used for meal prep) –Daily trash collection, cleaning and sanitation using hospital grade disinfectant, including wiping tables
- b. Conference Room A (now break room) –Trash collection Tuesday/Friday, staff wipe table with disinfecting wipe
- c. Reception desk - Trash and recycling collection Tuesday/Friday
- d. Small bathroom – daily touch points including doorknobs, light switches, handles, toilets and sinks should be wiped with a disinfecting wipe or with a damp rag using disinfecting cleaner or bleach, full cleaning Tuesday/Friday unless issue is reported
- e. Large bathrooms – daily touch points including doorknobs, light switches, handles, toilets and sinks should be wiped with a disinfecting wipe or with a damp rag using disinfecting cleaner or bleach, full cleaning Tuesday/Friday unless issue is reported
- f. Exterior, main entrance only – all handles, door knobs and other touch points wiped with a sanitizing wipe or damp rag using disinfectant cleaner or bleach solution.
- g. Staff using the Distribution Center should use a sanitizing wipe on touch points in the area when they are finished using a space and should wipe technology tools (copiers, screens, keyboards, phones, mice, etc.) with an alcohol wipe when they have finished using the space. Note: Clorox type wipes could damage screens, smart phones and other technology equipment, please use alcohol wipes in those areas. Clorox type wipes can be used on keyboards, mice and desks if alcohol wipes are not available.

#### 5) Family Service Center (to be completed by T2)

- a. All current cleaning to be continued, making sure hospital grade disinfectant is used
- b. Dining Room - In addition to current cleaning specifications; touch points including tables, hard-backed chairs, doorknobs, light switches, handles, beverage service areas and sinks should be wiped with a disinfecting wipe or with a damp rag using disinfecting cleaner or bleach after each meal.
- c. Hallways/common areas – in addition to current cleaning specifications; touch points including tables, hard-backed chairs, doorknobs, light switches, handles, toilets and sinks should be wiped with a disinfecting wipe or with a damp rag using disinfecting cleaner or bleach no less than every 3 hours between 6:00 a.m. and 9:00 p.m. and twice between the hours of 9:00 p.m. and 6:00 a.m. Some of these touch point wipes may be completed by Family Service Center Staff as appropriate.
- d. Exterior – all handles, door knobs and other touch points wiped with a sanitizing wipe or damp rag using disinfectant cleaner or bleach solution.



- e. Staff using space at the Family Service Center should use a sanitizing wipe on touch points in the area when they are finished using a space and should wipe technology tools (copiers, screens, keyboards, phones, mice, etc.) with an alcohol wipe when they have finished using the space. Note: Clorox type wipes could damage screens, smart phones and other technology equipment, please use alcohol wipes in those areas. Clorox type wipes can be used on keyboards, mice and desks if alcohol wipes are not available.

6) Northside (to be completed by T2)

- a. All current cleaning to be continued, making sure hospital grade disinfectant is used for all touch points
- b. Hallways/common areas – in addition to current cleaning specifications; touch points including tables, hard-backed chairs, doorknobs, light switches, handles, toilets and sinks should be wiped with a disinfecting wipe or with a damp rag using disinfecting cleaner or bleach no less than every 3 hours during open hours. Some of these touch point wipes may be completed by NCDC Staff as appropriate.
- c. Exterior – all handles, door knobs and other touch points wiped with a sanitizing wipe or damp rag using disinfectant cleaner or bleach solution.
- d. Staff using the office or support spaces should use a sanitizing wipe on touch points in the area when they are finished using a space and should wipe technology tools (copiers, screens, keyboards, phones, mice, etc.) with an alcohol wipe when they have finished using the space. Note: Clorox type wipes could damage screens, smart phones and other technology equipment, please use alcohol wipes in those areas. Clorox type wipes can be used on keyboards, mice and desks if alcohol wipes are not available.

7) St. Joseph's Home for Children (to be completed by T2)

- a. Main building - All current cleaning to be continued, making sure hospital grade disinfectant is used for all touch points
- b. DART offices/maintenance building – no cleaning, toilets flushed once/week by maintenance staff
- c. Hallways/common areas – in addition to current cleaning specifications; touch points including tables, hard-backed chairs, doorknobs, light switches, handles, toilets and sinks should be wiped with a disinfecting wipe or with a damp rag using disinfecting cleaner or bleach no less than every 3 hours between 6:00 a.m. and 9:00 p.m. and twice between the hours of 9:00 p.m. and 6:00 a.m. Some of these touch point wipes may be completed by SJHC Staff as appropriate.
- d. Exterior – all handles, door knobs and other touch points wiped with a sanitizing wipe or damp rag using disinfectant cleaner or bleach solution.
- e. Staff using the office or support spaces should use a sanitizing wipe on touch points in the area when they are finished using a space and should wipe technology tools (copiers, screens, keyboards, phones, mice, etc.) with an alcohol wipe when they have finished using the space. Note: Clorox type wipes could damage screens, smart phones and other technology equipment, please use alcohol wipes in those areas. Clorox type wipes can be used on keyboards, mice and desks if alcohol wipes are not available.

8) Glenwood, Evergreen, Higher Ground Minneapolis Housing, Exodus, St. Anthony/St. Paul, St. Chris, Higher Ground St. Paul, Dorothy Day Residence (to be completed by T2)

- a. All current cleaning to be continued, making sure hospital grade disinfectant is used for all touch points

- b. Hallways/common areas – in addition to current cleaning specifications; touch points including tables, hard-backed chairs, doorknobs, light switches, remotes, laundry equipment, handles, and sinks should be wiped with a disinfecting wipe or with a damp rag using disinfecting cleaner or bleach no less than every 3 hours between 6:00 a.m. and 9:00 p.m. and twice between the hours of 9:00 p.m. and 6:00 a.m. Some of these touch point wipes may be completed by Housing Staff as appropriate.
- c. Shared Kitchens/Bathrooms - in addition to current cleaning specifications; full cleaning and disinfecting will take place two additional times between 6:00 a.m. and 9:00 p.m. with special attention to touch points including tables, hard-backed chairs, doorknobs, light switches, handles, remotes, toilet handles and sinks
- d. Exterior – all handles, door knobs and other touch points wiped with a sanitizing wipe or damp rag using disinfectant cleaner or bleach solution.
- e. Staff using the office or support spaces should use a sanitizing wipe on touch points in the area when they are finished using a space and should wipe technology tools (copiers, screens, keyboards, phones, mice, etc.) with an alcohol wipe when they have finished using the space. Note: Clorox type wipes could damage screens, smart phones and other technology equipment, please use alcohol wipes in those areas. Clorox type wipes can be used on keyboards, mice and desks if alcohol wipes are not available.

9) Minneapolis Opportunity Center, St. Paul Opportunity Center

- a. All current cleaning to be continued, making sure hospital grade disinfectant is used for all touch points
- b. Hallways/common areas/classrooms/client meeting spaces - in addition to current cleaning specifications; touch points including tables, hard-backed chairs, doorknobs, light switches, remotes, laundry equipment, handles, and sinks should be wiped with a disinfecting wipe or with a damp rag using disinfecting cleaner or bleach no less than every 3 hours between 6:00 a.m. and 9:00 p.m. and twice during open hours. Some of these touch point wipes may be completed by staff as appropriate.
- c. Public Bathrooms - in addition to current cleaning specifications; additional full cleaning and disinfecting will take place one additional time during open hours by T2 with special attention to touch points including tables, hard-backed chairs, doorknobs, light switches, handles, remotes, toilet handles and sinks and counters will be wiped and floor swept one time in the morning and one time in the afternoon by Facilities.
- d. Exterior – all handles, door knobs and other touch points wiped with a sanitizing wipe or damp rag using disinfectant cleaner or bleach solution no less than every 3 hours during open hours.
- e. Staff break room - in addition to current cleaning specifications; touch points including tables, hard-backed chairs, doorknobs, light switches, remotes, handles, and sinks should be wiped with a disinfecting wipe or with a damp rag using disinfecting cleaner or bleach one additional time during open hours.
- f. Staff Bathrooms - in addition to current cleaning specifications; additional full cleaning and disinfecting will take place one additional time during open hours by T2 with special attention to touch points including tables, hard-backed chairs, doorknobs, light switches, handles, remotes, toilet handles and sinks
- g. Staff using the office or support spaces should use a sanitizing wipe on touch points in the area when they are finished using a space including wiping conference tables, remotes, cords, chair arms and hotel station keyboard and mouse and should wipe technology tools (copiers, screens, keyboards, phones, mice, etc.) with an alcohol wipe when they have finished using the space. Note: Clorox type wipes could damage screens, smart phones and other technology equipment,

please use alcohol wipes in those areas. Clorox type wipes can be used on keyboards, mice and desks if alcohol wipes are not available.

10) Higher Ground Minneapolis Shelter, Higher Ground St. Paul Shelter including Pay for Stays

- a. All current cleaning to be continued, making sure hospital grade disinfectant is used for all touch points
- b. Hallways/common areas/client meeting spaces - in addition to current cleaning specifications; touch points including tables, hard-backed chairs, doorknobs, light switches, remotes, laundry equipment, handles, and sinks should be wiped with a disinfecting wipe or with a damp rag using disinfecting cleaner or bleach twice during open hours. Some of these touch point wipes may be completed by staff as appropriate.
- c. Public Bathrooms - in addition to current cleaning specifications; additional full cleaning and disinfecting will take place one additional time during open hours by T2 with special attention to touch points including tables, hard-backed chairs, doorknobs, light switches, handles, remotes, toilet handles and sinks
  - i. PFS Bathrooms – because pay for stay areas are open 24 hours a day; in addition to current cleaning specifications; additional full cleaning and disinfecting will take place one additional time during the day and one additional time overnight for a total of three cleanings
- d. Exterior – all handles, door knobs and other touch points wiped with a sanitizing wipe or damp rag using disinfectant cleaner or bleach solution no less than every 3 hours during open hours. Some of these touch point wipes may be completed by staff as appropriate.
- e. Staff break room - in addition to current cleaning specifications; touch points including tables, hard-backed chairs, doorknobs, light switches, remotes, handles, and sinks should be wiped with a disinfecting wipe or with a damp rag using disinfecting cleaner or bleach one additional time during open hours.
- f. Staff Bathrooms - in addition to current cleaning specifications; additional full cleaning and disinfecting will take place one additional time during open hours by T2 with special attention to touch points including tables, hard-backed chairs, doorknobs, light switches, handles, remotes, toilet handles and sinks
- g. Staff using the office or support spaces should use a sanitizing wipe on touch points in the area when they are finished using a space including wiping conference tables, remotes, cords, chair arms and hotel station keyboard and mouse and should wipe technology tools (copiers, screens, keyboards, phones, mice, etc.) with an alcohol wipe when they have finished using the space. Note: Clorox type wipes could damage screens, smart phones and other technology equipment, please use alcohol wipes in those areas. Clorox type wipes can be used on keyboards, mice and desks if alcohol wipes are not available.

## Appendix F

### **Laundry Guidelines**

Personal Protective Equipment (PPE) should be consistent at all sites with all types of laundry. PPE should be put on for dirty loads and replaced when handling clean laundry to avoid any contamination from the PPE to the clean linens.

When handling dirty laundry, please use:

- Launderable apron or paper disposable gown (please ask if your site does not have aprons)
- Medical grade mask (not a face covering)
- Eye protection
- Gloves

Procedure for laundering items:

- Linens should be washed no less than weekly
- Laundry can be collected in a disposable bag and brought for sorting
- Take care not to shake dirty laundry or push the air out of bags prior to tying the bag to avoid pushing dirt or virus in to the air
- Laundry should be washed with regular soap in the warmest appropriate water for the clothes or linens
- Dry clothes or linens as directed
- Clean clothes and linens should be put in a clean bag (clean bags may be re-used to collect dirty laundry)
- The PPE should be used to handle dirty laundry but should not touch the clean laundry so there's not virus left behind by the soiled PPE
- The apron(s) can be washed as a last load of the day, eye protection should be disinfected with an alcohol wipe
- Wipe laundry carts (if applicable) between dirty and clean use to keep from soiling clean linens or transferring virus to your hands
- Wash hands whenever removing PPE after handling dirty laundry