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Preparation and Response Guidelines

Coronavirus Disease 2019 (COVID-19)

Mains'l Services, Inc.

www.mainsl.com

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OVERVIEW PREVENTION & PERSONAL PREPAREDNESS

During this pandemic, Mains' strives to keep people healthy and safe while ensuring all facets of communication are timely and sensitive to people's needs. Our goal is to provide education and best practice guidelines for: preparing, preventing, identifying and managing outbreaks of COVID-19.

Mains' supports individuals who may be vulnerable to influenza and COVID-19. The virus is present in our areas of service. However through education and the implementation of best practice guidelines, we can prevent illness and stop or slow the spread of COVID-19.

When Mains' experiences a COVID-19 outbreak, organization leadership will contact the local health department and will follow any issued instructions. Any suspected or confirmed outbreak will be reported in California to the regional center, in Minnesota to the County, and in both states to the state health department and licensing entities. We will communicate any potential exposures to staff, families or visitors as soon as possible after addressing diagnosed individuals' acute needs. Any changes to programs that impact services for people will be made in partnership with the person and their team whenever possible.

Personal Preparedness:

- **Clean your hands often.** Using soap and water for at least 20 seconds is best. When not available, use an alcohol-based hand sanitizer that contains at least 60-95% alcohol.
- **Pay attention possibly contaminated surfaces.** Use ONLY your knuckle to touch light switches, payment systems (check out /ATM) buttons, touchscreens etc. Lift the gasoline dispenser with a paper towel or use a disposable glove. Wash hands after touching possibly contaminated surfaces. Keep a bottle of sanitizer in your car for use when soap/water isn't available.
- **Practice Physical Distancing & STAY HOME if you are sick.** Keep a distance of 6-10 feet from other people when possible. Avoid public gatherings such as movies, concerts, and church or community meetings that don't allow enough space for physical distancing. Isolation and quarantine are also part of social distancing. These are common healthcare practices used to control the spread of a contagious disease such as pandemic flu by limiting people's exposure to it.
- **Face Coverings:** CDC recommends wearing cloth face coverings in public settings and anywhere other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies). There is increasing evidence that masks can reduce spread. The virus is present and spreading before someone feels ill: Face coverings help stop pre-symptomatic spread.
- **Focus on your well being.**
 - **If you have not already done so, GET A FLU SHOT** While not perfect, a flu shot confers some protection against the flu each year (varies). No one needs to fight a war on two fronts.
 - **Stop smoking or vaping.** Reports seem to indicate the illness and mortality rate is much higher in smokers than non-smokers. A good motivator to quit!
 - **Exercise, eat well, and spend time outdoors.** Do what you can to be healthy.
- **Routinely clean** all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Follow shift guidelines and contact your supervisor with questions

Appendix 1: Public health guidelines

SECTION 1: GENERAL INFORMATION

What is a Pandemic?

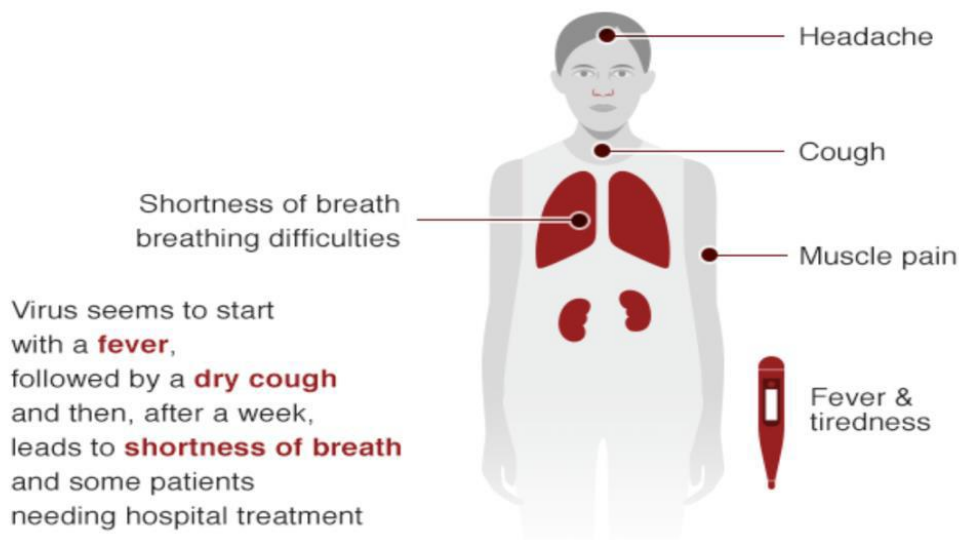
Pandemic refers to the occurrence of a novel coronavirus infection that circulates around the globe. In basic terms, that means a disease that has spread widely across geographic regions. It has nothing to do with how many people actually get sick, how severe their sicknesses are, or how many people die.

SECTION 2: CORONAVIRUS INFORMATION

Novel coronavirus vs. flu symptoms

Novel Coronavirus (Covid 19) Symptoms	Flu Symptoms
<ul style="list-style-type: none">• Fever• Cough• Difficulty breathing• Shortness of breath <p>If you are feeling ill and have recently traveled to China or have been in close contact with someone who has COVID-19, please contact your doctor immediately.</p>	<ul style="list-style-type: none">• Fever/feeling feverish• Headache• Muscle and body aches• Feeling very tired (fatigue)• Cough• Sore throat• Runny or stuffy nose

Symptoms of coronavirus (Covid-19)



Source: WHO

BBC

Symptoms and signs

COVID-19 can be difficult to distinguish from other viral respiratory tract infections on clinical signs alone.

People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, on an average of 5-6 days after infection. Most common signs according to the CDC are listed below; this list does not include all possible symptoms.

Most common Symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Possible risk factors for progressing to severe illness may include, but are not limited to, older age, and underlying chronic medical conditions such as lung disease, cancer, heart failure, cerebrovascular disease, renal disease, liver disease, diabetes, immunocompromising conditions, and pregnancy.

Employees and people we support showing symptoms will be directed to a local testing site and encouraged to contact their primary health care provider.

Appendix 2: What to do if you are sick with coronavirus disease 2019 (COVID-19)

SECTION 3: MONITORING AND CONTAINMENT

Coronavirus/Influenza Monitoring

One aim of monitoring is to ensure early identification of symptoms in the people we support and staff. Identification early helps us to take actions for a better outcome, such as by partnering quickly with medical professionals to monitor the progression of the illness and provide the most appropriate interventions on a timely basis.

Monitoring and catching symptoms early also allows us to take action to reduce spread, such as

- Early notification of exposures (associated with shorter duration of outbreaks)
- Prompt implementation of additional measures, such as KN95 masks, to reduce spread
- Early isolation/source control for those exposed (limiting pre-symptomatic spread)

All staff and visitors are asked to sign in at every location, recording the time and their temperature at that time. Sign in screenings allow us to catch any early undetected symptoms. The sign in record also helps us to contact any visitors later, if we learn of a possible exposure to COVID. We ask that visitors contact us if they become ill in the two weeks following their visit.

Mains' I does not restrict contact based on travel. We encourage staff and those we support to use masks and follow the other hygiene practices to help them limit their exposure risk. As recommended by the Minnesota Department of Human Services, cloth or surgical masks for source control are recommended for all staff, during all shifts, regardless of personal travel history.

All people who have symptoms will be treated as if they are COVID positive until test results are known. All people who have symptoms or are being tested are asked to inform the Mains' I Nurse ASAP.

Appendix 3: Mains' I Shift Guidelines

SECTION 4: INFECTION PREVENTION AND CONTROL

Key elements for infection control:

- Physical distancing (6-10 feet between people)
- Hand Hygiene (wash per WHO guidelines, scrubbing for at least 20 seconds)
 - Hand sanitizer when soap/water is not available (60% alcohol)
- Source Control (keeping virus out of the air)
 - Wearing cloth masks (in public, anytime physical distancing can't be maintained at work)
 - Using Face shields when assisting with physical care (e.g. bathing, eating, tooth brushing)
 - Both staff and those we support are encouraged to use masks at any time that physical distancing isn't possible or may not be maintained.
- Regular cleaning and disinfecting
 - Use approved cleansers, follow instructions
 - <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html>
 - Wash high contact surfaces 3x/day (doorknobs, light switches, phones, counters, etc)
- Develop habits like washing hands frequently, sneezing into a tissue or elbow, pushing buttons with a knuckle, "hands free" receptacles for paper towel/tissue disposal, and not touching your face
- Limiting contact, cohorting groups to reduce contacts
- Do not share food, utensils or cups/water bottles. Do not leave toothbrushes on counters.
- Thoughtful transportation: using masks, cohorting, limiting numbers per vehicle
- *Always stay home and isolate when sick*
- Use phone and zoom for meetings whenever possible

The strategies for slowing down the spread of the virus include quarantine/isolation of known or highly suspected cases, **physical distancing** when well (cancelling gatherings of more than 10 people currently) and **good hygiene** (covering your cough by coughing into your elbow, hand washing, etc.).

Physical distancing, sometimes called “social distancing” means avoiding crowded places, large gatherings of people or close contact with a group of people. In these situations, viruses can easily spread from person to person through droplets in the air which are very small and spread easily when talking. In general, a distance of 3-6 feet will slow the spread most disease, but more distance is more effective since small droplets can hang in the air. Currently, 6-10 feet is the recommended distance.

Hygiene: Wherever possible, replace handshakes, hugs and kisses with elbow-bumps or practice no-touch greetings. All staff, All people will perform hand hygiene:

- BEFORE initial contact, upon arriving for work
- BEFORE and AFTER meal prep/cooking, medication administration
- BEFORE and AFTER putting on gloves for personal care (toothbrushing, bathing, etc.)
- All means All: the people we support will be encouraged to perform and/or be assisted to perform hand hygiene regularly

CDC recommends washing hands with soap and water whenever possible because handwashing reduces the amounts of all types of germs and chemicals on hands. But if soap and water are not available, using a hand sanitizer with at least 60% alcohol can help you avoid getting sick and spreading germs to others.

Cloth masks and other supplies are available through our offices.

Appendix 4: How to Handwash / How to Hand-rub

Interaction with Community Members

At this time, it’s important to limit contact to only interactions that are necessary. In person meetings and gatherings should be postponed. We will utilize video conferencing as needed to stay socially connected but physically distant.

When in a social contact is critical – or when being out in the community is important – we will utilize universal precautions to prevent the spread of the virus. This includes wearing cloth face masks, ensuring as much physical distance as possible, and practicing good hand hygiene.

Visitor restriction and signage:

We strive to keep regular visitors and families of the people we support informed about our guidelines. We are currently requesting they make only essential visits. While discouraging unnecessary visits please work together to find ways to stay socially connected with technology or physically distant, outdoor visiting.

Any visitors inside the home should be discussed with the Senior Manager, screened for temperature/symptoms and observed washing hands upon entry to the home. Encourage social distancing during the visit and disinfect the area used immediately afterward. Anyone engaged in the visit should be encouraged to thoroughly wash hands immediately after the visit.

Employee training and orientation will be conducted online and via video conferencing. Occasionally it is necessary to provide in person training (e.g. CPR). When needed, training will be done in spaces large enough to accommodate 6-10 feet between participants and when other hygiene and disinfecting practices can be strictly followed.

If someone in a home tests positive for COVID-19, visitors are strongly discouraged within the location to prevent the spread of the virus. Exceptions may be granted for hospice or other special circumstances.

Cleaning & Environmental Decontamination

Because scientific understanding of this novel coronavirus is still evolving, the Mains'I COVID Response Team will follow new developments. The team will recommend changes to our practices, based on the emerging understanding of the virus and its transmission, in the hope of reducing viral spread.

To support the healthiest possible air in our homes, and in response to some concern that HVAC systems could contribute to viral spread, Mains'I is working to upgrade all furnace filters to HEPA filters.

While the risk of transmission from contaminated environmental surfaces and objects is not fully understood, we will follow disinfecting practices in all of our work places.

Clean frequently touched surfaces and objects at least daily (e.g., tables, countertops, light switches, doorknobs, phones, and cabinet handles) using an approved household detergent

1. List of approved detergents: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html>
2. First, clean dirt off of the surface. Then wipe the surface with disinfectant. Leave the surface you are cleaning wet with disinfectant for as many minutes as the product instructions require. This step is key, and people often miss this important step. It is not enough to just wipe a surface with a rag dampened with disinfectant.
3. Clean high-touch areas such as door handles, phones, remote controls, light switches and bathroom fixtures. Clean horizontal surfaces such as countertops, kitchen tables, desktops and other places where cough droplets could land frequently. The most important factors to disinfecting are cleaning frequently, thoroughly, and using the cleaning product correctly.

Always follow the disinfectant manufacturer's instructions for use, including:

- Use the proper concentrations of disinfectant
- Allow required wet contact time
- Pay close attention to hazard warnings (e.g. avoid mixing products) and instructions for using personal protective items (e.g. gloves and eye protection)
- Use disinfectants in a sufficiently ventilated space

SUMMARY: The spread of respiratory viruses can be greatly reduced by hygiene measures (hand hygiene, cleaning), use of masks in public/social distancing, and isolation of infected individuals.

SECTION 5: RESPONSE, CARE AND TREATMENT FOR COVID-19

Mains' I response to any outbreak of illness will be driven by the severity of the outbreak and the needs of those we support, their families, staff and community.

People who think they may have been exposed to COVID-19 or are experiencing symptoms should contact their healthcare provider to guide testing and treatment and inform the Mains' I Nurse.

Response to COVID-19 Symptoms in People we Support

Be alert for symptoms. If you have any concerns about someone's health or overall well being/energy level, take note of those concerns and contact the Mains' I Nurse as soon as possible.

If you believe someone may have COVID-19:

- **Isolate the infected person**, or cohort, and minimize contact with other people
- **Contact the Mains' I Nurse to discuss symptoms**, follow their instruction
- **Contact your supervisor/coordinator/ manager** when possible. They can call the potentially infected individual's healthcare provider and describe the person's symptoms
 - If directed to be tested for COVID-19, the person will be referred to the nearest testing site, tests take 1-3 days for results
- **Provide updates to Mains' I management staff and person's family** on a regular basis
- **Seek prompt medical attention if the illness is worsening** (e.g., difficulty breathing). Before seeking care, call the healthcare provider and tell them that the individual may have, or are being evaluated for, COVID-19. Put on a facemask before they enter the health care facility for evaluation or treatment. Follow the facility's instructions for parking and for entrance to the building. Following these instructions will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.
- **If there is a medical emergency and you need to call 911, notify the dispatch personnel that the individual may have, or are being evaluated for COVID-19.** If possible, put on a facemask before emergency medical services arrive.
- **Ensure there is adequate ventilation**, open windows when possible and close off the area the sick person is isolating in
- **Continue to disinfect common areas thoroughly and regularly**, isolation areas are not a priority for cleaning until after the period of isolation is over.

Response to Positive COVID-19 Test in People we Support

Contact the Mains' I Nurse as soon as possible to report the positive result. Mains' I will contact guardians and other team members as soon as possible after a positive result.

The Nurse and Senior Manager will be in contact with State Health Department to report and track contacts/exposures. Mains' I will inform staff or visitors who may have been exposed as soon as possible, without disclosing the name of the individual who tested positive.

Continue to isolate, follow instructions for use of PPE when in contact with the person, and follow the health care provider's recommendations for care and tracking of symptoms. Continue shift protocols and

- **Provide updates to Mains’l management staff and person’s family** on a regular basis
- **Seek prompt medical attention if the illness is worsening** (e.g., difficulty breathing). Before seeking care, call the healthcare provider and tell them that the individual has COVID-19. Follow the facility’s instructions for parking and for entrance to the building. Following these instructions will help the healthcare provider’s office limit exposure to anyone in the office.
- **If there is a medical emergency and you need to call 911, notify the dispatch personnel that the individual may have, or are being evaluated for COVID-19.** If possible, ensure everyone has a facemask on before emergency medical services arrive.
- **Ensure there is adequate ventilation**, open windows when possible and close off the area the sick person is isolating in, so that others don’t enter the area.
- **Continue to disinfect common areas thoroughly and regularly**, isolation areas are not a priority for cleaning until after the period of isolation is over; staff should be in full PPE when entering isolation areas. Be sure to thoroughly disinfect the area where PPE is put on and removed.

As the person we support recovers, Mains’l will seek the guidance of both the health department and the recovered person’s medical provider to determine when physical isolation can be ended.

Response to Positive COVID-19 Test in Mains’l Staff

Mains’l staff are asked to contact the Mains’l Nurse as soon as possible to report the positive result. The Nurse and Senior Manager will be in contact with the State Health Department to report and track contacts/exposures. Mains’l will inform staff or visitors who may have been exposed as soon as possible, without disclosing the name of the individual who tested positive.

The date of return to work for a recovered person will be determined with the guidance of both the State health department and the person’s medical provider.

Care and Treatment for COVID-19

There is no specific antiviral treatment recommended for COVID-19. People with most cases of COVID-19 will recover at home, as they would for other respiratory viral illnesses. Supportive care to help relieve symptoms include:

- **Drinking plenty of liquids.** Choose water, juice and warm soups to prevent dehydration.
- **Rest.** Get more sleep to help the immune system fight infection. Individuals may need to change their activity level, depending on the symptoms.
- **Consider fever & pain relievers.** Use an over-the-counter pain reliever, such as acetaminophen (Tylenol)) to combat the achiness associated with the virus. It is not recommended to use ibuprofen or advil. We learn more every day, so please talk to your primary care provider and follow the doctors recommendations.
- **Get fresh air outdoors, as able.**

In most cases people will recover at home. **For severe cases**, treatment should include care to support vital organ functions which will occur in a hospital.

Support staff will be encouraged to follow recommendations of the Departments of Health for use of PPE when supporting someone that is suspected or confirmed positive for COVID 19. This will include use of face masks, shields and PPE when providing care for a person with a positive test result.

Mains'I will work with recovered staff persons individually to plan for their return to work. We will be informed by both the person's health care provider's recommendations and the health department's requirements.

SECTION 6: STAFFING

Staffing will continue to be a critical issue for Mains'I. There are no restrictions prohibiting staff from working at multiple sites but caution will be used to limit contacts whenever possible. Mains'I will attempt to maintain standard staffing ratios, until such time an outbreak results in excessive absences. Mains'I will endeavor to provide care using existing staffing resources because of the differing nature of each site as well as the fluidity of the current situation.

Staffing responses will be individually tailored to each location and its unique needs, with the input of the person we support and their team whenever possible. Creative staffing may be necessary should Mains'I be overwhelmed with absences during an outbreak.

Allocation of staff in an Outbreak

- Once isolation measures are in place, to further reduce the risk of transmission, it is preferable to allocate specific (non-symptomatic) staff to the care of the people we support who are ill.
- Full PPE should be worn when working with people who have tested positive for COVID-19 (gloves, gowns, KN-95 masks, face shields, and if desired a hair covering)
- Staff members, whether or not they work during an outbreak, should continue to self-monitor for signs and symptoms of illness, self-exclude from work if unwell, and contact the Mains'I Nurse as soon as possible if they show symptoms

SECTION 7: CARE OF THE PEOPLE WE SUPPORT

The level of care to be provided to the people we support in residential settings during a pandemic is dependent upon the needs of the individual during their illness and staffing levels available.

Mains'I staff will consult with the full team and local health department staff to assess whether the current residence is appropriate for home care. **Considerations for care at home include whether:**

- The individual is stable enough to receive care at home
- Appropriate staffing is available at home
- Supplies are available (disinfecting, pulse oximeters, recommended personal protective equipment)
- There is a separate bedroom and bathroom where the individual can recover without sharing immediate space with others, or a rigorous plan for disinfecting after use
- Resources for access to food and other necessities are available.
- The individual and other household members have access to recommended personal protective equipment and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene)

All the people we support with acute respiratory infections (ARI) may be requested to remain in their rooms or designated areas when inside the home. The people we support with acute respiratory infections may be asked to isolate in a designated home or to be cohorted (grouped) with others exhibiting like symptoms, if appropriate, to help reduce spread and/or ensure adequate staffing.

Mains' house manager will work with the person, their guardian and their medical team to determine which medical cares and treatments are essential during illness and recovery. Some medications or treatments may be discontinued during recovery for the well being of the person or to reduce the possibility of viral transmission. Any such changes will be guided by the physician and discussed with the team. If available, the Manager will also ensure consent for administration of treatments.

The minimum basic care will be provided:

- Medication administration
- Essential personal care
- Ongoing assessment of care needs
- Maintaining regular communication with the relatives/substitute decision makers for the people we support to keep them updated and connected
- Unless the physician deems the visit to be critical for the person, non urgent medical appointments will be cancelled and rescheduled
- Mains' will provide opportunity to go outside of the house

SECTION 8: RIGHTS OF THE PEOPLE WE SUPPORT DURING PANDEMIC EVENTS

As it relates to services at Mains', an individual's basic rights remain intact during a pandemic event. Quarantine and isolation should be voluntary whenever possible. When that is impossible, recommendations for isolation should be enforced by the least intrusive means available (including relocation to a quarantine location and/or relocation of willing, non-symptomatic house mates).

People will be provided with all needed support services, including psychological support, food and water, and household and medical supplies during "stay at home orders" and during their illness.

Quarantine and isolation are the most complex and controversial public health powers. Given that they involve a significant deprivation of an individual's liberty in the name of public health, quarantine and isolation expose the tension between the interests in protecting the health of the community and the civil liberties of individuals, such as privacy, non-discrimination, freedom of movement, and freedom from detention.

Rights restrictions will only be enforced when directed by public health or other medical professionals AND in consultation with the full team to determine the least intrusive path. During this pandemic, all of us are making sacrifices for our own well-being and the well-being of others. People with disabilities have the same rights and responsibilities as all of us to be good citizens during this time.

SECTION 9: HIPPA CONSIDERATIONS DURING A PANDEMIC

Regarding pandemics such as COVID-19 , the language in HIPAA allows agencies to disclose personal/medical information to those who are in a positions to minimize or control the spread of the disease. Mains'l has practices to limit the dissemination of medical information to only those who have a *need-to-know*. When we have a COVID positive result

- At the Site level, when a person is positive, Mains'l will communicate possible exposures to people who had contact with the person at Mains'l.
 - Mains'l won't share the name of the staff who tested positive for COVID-19.
 - Mains'l may, however, inform staff of specific health information when a person supported tests positive for COVID-19; staff are required to be familiar with residents' medical conditions and health status.
- Mains'l will withhold individual identities, but share statistics agency wide, such as
 - Total positive and negative tests
 - Sites that are isolating and quarantining/coming off isolating and quarantining
 - Outcomes (symptomatic/asymptomatic, hospitalizations, deaths)

Mains'l has developed a COVID Exposure chart which contains detailed specific information related to testing, hospitalization, quarantining, etc. Access to this chart will be limited to the COVID Response Team, the nurses and the executive team.