



COVID-19 Response Plan

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Life Unlimited is committed to providing a safe and healthy workplace for all employees and persons served. To ensure we have as safe and healthy workplace, we have developed the following COVID-19 Response Plan in response to the COVID-19 pandemic. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces and communities, and that requires full cooperation among our employees, persons served, families, and stakeholders. Only through this cooperative effort can we establish and maintain the safety and health of our workers and workplaces.

Supervisors and employees are responsible for implementing and complying with all aspects of this COVID-19 Response Plan. Life Unlimited supervisors have our full support in enforcing the provisions of this policy.

The people we serve, and our employees are our most important assets. We are serious about safety and health and keeping our employees working at Life Unlimited. Employee involvement is essential in developing and implementing a successful COVID-19 Response Plan.

The policies and procedures contained in this plan are intended to supplement existing policies, procedures, and training except where indicated. Where indicated, they supersede existing policies, procedures, or training with the intent of providing additional or more intensive measures to maximize safety.

This plan is a live document and may be revised at any time to meet the needs of the organization, direct the effective delivery of services, and maintain the health and safety of everyone. Changes will be sent in an everyone e-mail and a Therap splash page, but it is the employee's responsibility to keep up with the live version of the plan that is located on the website at: <https://www.lifeunlimitedinc.org/covid-19/>

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I. Classification of Employee Exposure

Per OSHA, Employee risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary depending on environmental conditions. OSHA has divided job tasks into four risk exposure levels:

- Very high
- High
- Medium
- Lower (caution) risk

The level of risk depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2.

The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk (see right). Based on the OSHA classifications:



- Employees working exclusively or partly in a direct support role with persons that are not known or suspected to be positive for COVID-19 are at a Medium exposure risk. An employee exposed to known or suspected COVID-19 positive persons are at a High exposure risk.
- Administrative employees or employees working outside a direct support role are at a Lower (caution) risk. These positions do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (within 6 feet) of the general public as part of the performance of their duties.

II. General Hygiene and Respiratory Etiquette

Hand Hygiene

Hand hygiene is a general term that describes hand washing using soap and water or the use of an alcohol-based hand rub (ABHR) to destroy harmful pathogens, such as bacteria or viruses, on the hands. Hand hygiene is critical to preventing the spread of COVID-19.

You should always perform hand hygiene:

- When you arrive for work and when you leave for the day
- Before touching your mouth, nose, or eyes
- Before applying and after removing personal protective equipment (e.g. gloves)
- Before and after providing any type of care
- After contact with intact skin
- After contact with medical equipment or other environmental surfaces that may be contaminated
- During and after trips into the community (see “Community Access” for additional guidelines)

You must perform hand hygiene (hand washing or the use of an ABHR) after contact with bodily fluids, such as urine or blood, mucous membranes, such as the mouth or nose, and non-intact skin. However, if your hands are visibly dirty or contaminated with blood or other potentially infectious materials (OPIM), you must always wash your hands with soap and water. If a sink is not close by, you may decontaminate your hands with an ABHR, but you must wash them with soap and water as soon as possible. In addition, you must wash your hands:

- Before eating, preparing, handling, or serving food
- After using the restroom or assisting another person with using the restroom, including changing a baby’s diaper
- After providing care to a person with infectious diarrhea, including norovirus, salmonella, shigella, and C. difficile

Handwashing Steps

In order to be effective, you must follow the proper procedure when washing your hands.

1. Check that you have enough soap and disposable towels.
2. Turn on the faucet and make sure the water temperature is warm. Keep the water running so you do not contaminate your hands by repeatedly turning the faucet on and off.
3. Stand back from the sink so you do not contaminate your clothing by splashing water or by touching the side of the sink.
4. Wet your hands thoroughly.
5. Apply an appropriate amount of soap, as recommended by the manufacturer, to your hands.
6. Lather the soap over the top and bottoms of your hands, fingers, and wrists using quick motions. Interlace your fingers to clean between them. According to the CDC, you should continue to lather the soap over all surfaces of the hands and fingers for at least 15 seconds (20 seconds when visibly soiled, before eating, and after using the restroom).
7. Clean your fingernails by rubbing them against the palm of your other hand to force soap under the nails.
8. Rinse your hands well under running water keeping your fingertips pointed downward. Do not shake the water from your hands.
9. Dry your hands thoroughly with a clean disposable towel.
10. Drop the towel in a trashcan without touching the container.
11. Use a clean, dry disposable towel to turn off the faucet.

According to the World Health Organization (WHO, 2009), the entire hand washing process should take 40-60 seconds to complete.

Use of ABHRs

You can use alcohol-based hand rubs (ABHRs) for the routine decontamination of hands except in the circumstances in which washing hands with soap and water is required (see above).

As with hand washing, it is important for you to follow the proper procedure when using ABHRs. Per the World Health Organization:

1. Apply the appropriate amount of product, as recommended by the manufacturer, to the palm of one hand.
2. Once enough product has been applied, rub your hands together to cover your entire palms. Don't forget the sides of your hands, as well. Place your left hand over the back of your right hand and interlace your fingers, and rub clean, trying to clean right between your fingers, and in all the cracks and crevices, and up and down the inside of your fingers. As well, you are aiming to thoroughly clean the back of your hand. Then, place your right hand over the back of your left hand and repeat this procedure.
3. Now reverse and do the insides. Place your palms together, interlace your fingers, and clean both your palms and between your fingers from the inside. You're trying to get right in the cracks and crevices between your fingers as well as ensuring your palms are well cleaned.
4. Now, lock your hands together using your fingers to ensure your palms are opposite each other. Clean the ends of your fingers and nails well, making sure the fluid reaches into the crevices.
5. Now for your thumbs. Grasp your thumb with the forefingers of the opposite hand and clean the thumb you have grabbed well in a twisting motion, then do the same on the other hand. You need to completely clean all surfaces of your thumb down to and including your wrist.
6. Once you feel as if you are really getting your hands clean, you now need to rub in a circular manner with your clasped fingers, into the palm of your hand. Make sure you do this with both of your hands.
7. When your hands are dry of all alcohol-based hand rub, and you are satisfied you have completed the hand rub correctly, your hands should be safe.

This process should take between 20-30 seconds to complete.

The CDC recommends using ABHR with greater than 80% ethanol or 75% isopropanol in healthcare settings, both of which are in the range of alcohol concentrations recommended to inactivate SARS-CoV-2. Although ABHRs are generally less irritating to hands and are effective in the absence of a sink, due to severe shortages of ABHR due to the pandemic, proper handwashing procedures using soap and water should first be used.

Respiratory Hygiene

To ensure proper respiratory hygiene and prevent the spread of germs and COVID-19, all employees and persons served should:

- Cover your mouth and nose with a tissue when coughing or sneezing;
- If a tissue is unavailable, cough or sneeze into your elbow – not your hands;
- Use the nearest waste receptacle to dispose of tissues immediately after use;
- Perform hand hygiene (see "Hand Hygiene" section in this plan).

Transmission-Based Precautions

This policy is intended to supplement existing Life Unlimited Health and Safety Policy: 04-001 Bloodborne & Infectious Disease Control Plan. Transmission-based precautions are the second tier of basic infection control and are used in addition to standard precautions for persons who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. There are three type of precautions that can be applied depending on the way the organism is transmitted. Those categories are:

- Contact precautions
- Droplet precautions
- Airborne precautions

The CDC states: “Although spread of SARS-CoV-2 is believed to be primarily via respiratory droplets, the contribution of small respirable particles to close proximity transmission is currently uncertain. Airborne transmission from person-to-person over long distances is unlikely.”

Contact Precautions

Contact precautions are used to prevent the transmission of illnesses easily spread through contact with the resident or contaminated items in their environment. Direct contact is skin-to-skin contact that occurs when performing resident-care activities in which your hands come in contact with a resident’s skin. Indirect contact occurs when you touch objects in the resident’s environment, such as thermometers, telephones, and light switches that the resident has used. It also includes objects another employee has touched after being in direct contact with the resident.

When a person served is on contact precautions, you will be required to put on gloves and a gown upon entering the room. Remove your gloves and gown and perform hand hygiene before exiting the individual’s room. Be sure to then avoid touching any surfaces upon exiting the room. Remember, additional PPE may be required depending on the type of care you will be performing.

Droplet Precautions

Droplet precautions are used for illnesses that are spread through large droplets from the respiratory tract that float in the air, especially after that individual coughs or sneezes. These droplets can then land on another person’s mucous membranes such as the eyes, nose, or mouth. Illnesses that require droplet precautions include serious diseases such as influenza, mumps, German measles, or rubella, and whooping cough., Additionally, diseases such as meningitis and pneumonia may require the use of droplet precautions depending on the specific organism causing the infection.

When a resident is on droplet precautions, you will be required to put on a mask upon entering the room if you will be within 10 feet of the individual. It is important for you to remember that additional PPE such as gloves and a gown may be required depending on the type of care you will be performing. Remove all PPE including your mask before leaving the room. Be sure to then avoid touching any surfaces upon exiting the room.

Mask

The health and safety of employees is our highest priority. All employees are now required to wear a KN95 mask covering that covers his or her mouth and nose at all times* while in the workplace. Unvaccinated employees are required to be double masked at all times while at work with at least one of those masks being KN95 quality or higher. These are issued to employees upon hire and as needed and can be obtained from the health department by any employee whenever needed.

According to CDC Guidance, an effective mask will:

- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops
- cover mouth and nose at all times

Additionally, unvaccinated staff who are within arm’s length of individuals served providing ADL’s or assistance feeding will always wear a face shield and double masks. Face shields should not be worn while driving, regardless of ability to

distance from other individuals in the car. Vaccinated staff should who are within arm's length of individuals served providing ADL's or assistance feeding will wear a KN95 masks.

Should you require a replacement mask, please contact Lisa Steffen at lsteffen@luinc.org.

*Please note the following exceptions:

- Employees whose health or safety is put at risk by wearing a mask are not required to do so but are not permitted to be performing work at any program location. If this applies to you, please immediately contact the Christy Schnieders, Director of Nursing (785)817-3121 or cschnieders@luinc.org.
- Employees who work on their own in an enclosed space (e.g., their own office) are permitted to remove their mask if they are seated at least six feet from the doorway. However, they must wear their mask or face covering at all other times.
- Employees who wish to eat or drink may remove their mask to do so, provided they are situated six feet away from others, perform the necessary hand hygiene and replace the mask when they are done.

Vaccinated individuals in programs do not need to wear a mask while participating in site-based programming.

Unvaccinated individuals receiving hourly services in our My Day, Community Support, Employment, Behavioral and Recreation Services will be encouraged to wear masks when receiving services from staff.

All individuals vaccinated and unvaccinated, in all programs should be encouraged to continue to wear masks while out in the community.

Please note: this policy is an addition to our previous communications regarding preventing the spread of COVID-19. All company advice on remote work and social distancing remains in place. Please continue to practice social distancing even when wearing a mask.

The above stated policies are subject to change at any time, and Life Unlimited may implement different or additional requirements or controls on a case-by-case basis if it determines such measures are necessary to protect its individuals served and/or its employees. Failure to adhere to the above stated policy or other policies and procedures related to preventing the spread of COVID-19 will result in disciplinary action up to and including termination.

III. Procedures and Practices for Social Distancing and Risk Mitigation

During the present pandemic, the Life Unlimited administrative offices are formally considered closed. Whenever possible, employees not working in a direct support role are encouraged to work from home. In general, work hours are flexible during this time but must be agreed upon by the employee and their direct supervisor.

Social Distancing Practices

All employees should practice social distancing, including the following guidelines:

- Avoid in-person meetings. Life Unlimited has purchased online conferencing through Zoom for the multiple purposes including but not limited to virtual meetings, webinars, trainings, support coordination, service monitoring, planning meetings, nursing monitoring, persons served contact with

family and friends, applied behavior analysis monitoring and follow-up. Whenever possible, online conferencing through Zoom; email, or the phone should be used even when people are in the same building. Any communications must continue to adhere to existing HIPAA privacy practices (see Life Unlimited Policy and Procedure Manual Section 12: HIPAA). For this reason, Zoom is the only teleconferencing platform approved for professional correspondence or communications that involve protected health information.

- Meetings should be in a large meeting room
- Eliminate unnecessary travel and cancel or postpone nonessential in-person meetings, gatherings, workshops, and training sessions.
- Do not congregate in work rooms, pantries, copier rooms, or other areas where people socialize. Keep six feet apart whenever possible.
- Bring lunch and eat at your desk away from others (avoid lunchrooms, community spaces, or restaurants).
- Avoid public transportation or go early or late to avoid rush-hour crowding on public transportation.
- Limit recreational or other leisure classes, meetings, activities, etc., where close contact with others is likely.

Whenever possible, employees who are not already working from home should be assigned a specific program location. This minimizes the number of environments an employee is exposed to, thus decreasing risk. It also decreases the number of employees a person served encounters, also decreasing risk.

Office Work

Some administrative personnel by necessity spend some time performing work at one of the administrative offices. Employees who are performing work at an administrative office location must:

- Wear a mask that always covers his or her mouth and nose while in the workplace. Employees who work on their own in an enclosed space (e.g., their own office) are permitted to remove their mask if they are seated at least six feet from the doorway and/or their office door is shut. However, they must wear their mask at all other times (See Mask Covering Policy” for additional information).
- For meetings of 12 employees or less, employees may remove masks for the duration of the meeting if all employees have completed their vaccination series AND if the DON has designated the meeting location as a site for unmasked meetings.
- Employees in groups of 12 or less may eat together without masks during work functions if all employees have completed their vaccination series AND if the DON has designated the location as a site approved for unmasked meetings.
- Clean and disinfect all hard surfaces before and after meetings. This includes but is not limited to tabletops, computer keyboards, mice, touch screens, light switches, and doorknobs.
- Eliminate the use of consistent shared space, including but not limited to shared office space where employees are not able to maintain all appropriate social distancing practices. Employees who have workspaces not allowing for implementation of all appropriate social distancing practices must work with their direct supervisor to be moved to allow for this.
- Eliminate the use of consistent shared office supplies, including but not limited to phones, pens, computer equipment, desks, cubicles, and workstations.
- Frequently disinfect shared equipment (such as copiers, paper shredders, etc.) using an EPA-registered household disinfectant, including before and after use. For additional guidance see “Cleaning and Disinfecting).

- Avoid the use of elevators when others are present, especially if others are not wearing masks and/or if a six-foot distance is unable to be maintained.
- Whenever possible, avoid the recirculation or additional circulation of air in shared work environments. To minimize air flow blowing across people, fans should not be shared in shared spaces or communal areas.

Visitors and Community Visits - Community Living

Due to the COVID-19 pandemic, this policy supersedes Life Unlimited Policy 04-025 Visitors. To minimize potential exposure and risk of spread, and in accordance with CMS [Memorandum](#) (Ref: QSO-20-39-H) the following protocols are in place for in-person visits Life Unlimited Community Living homes:

All visitors:

- Visitors are asked to schedule their visit with the Team Supervisor of the home 48 hours in advance to ensure visitors do not overlap
- Social distancing will be maintained throughout the visits
- Visits will take place outside the home in all cases where weather permits.
- If visits must take place inside, visitors are asked to utilize the designated visiting area of the home during their visit
- All visitors will be asked to complete the pre-screening questionnaire located in the home prior to their visit which will include the following questions:
 - Is the visitor exhibiting any potential signs or symptoms of illness?
 - Has the visitor traveled out of Missouri or Kansas or to a community where community-based spread of COVID-19 is occurring in the last 14 days?
 - Does the visitor reside in a residence where another individual has exhibited potential signs or symptoms illness?
 - Is the visitor aware of any potential exposure elsewhere to a person who has exhibited potential signs of symptoms of illness?

An affirmative response to any of the above questions or any other concerns raised about potential exposure or illness warrants further review by program leadership and may prevent the visit from being allowed. If all criteria are met (negative responses to the indicated questions), the visitor must agree to maintain social distancing, wear a mask during the visit, and contain the visit to a designated area within the home.

Location of visits:

- Visits should occur outside even when the resident and visitor are fully vaccinated. If weather considerations and individual health concerns hinder outdoor visits, indoor visits can be considered.
- If visits are unable to be held outside due to weather and health concerns, indoor visits may unless the following is true:
 - The county positivity rate is greater than 10% AND less than 70% of home residents are fully vaccinated
 - Resident(s) in the home are in quarantine status
 - Resident(s) in the home have COVID-19 infection
- Any visit taking place inside the home will take place in the designated safe zone within the home or the bedroom of the individual being visited. Visitors will refrain from walking around common areas of the home.

Masks during visits:

- Due to recent spread of the delta variant, all visitors will wear masks throughout their indoor or outdoor visit regardless of vaccination status of the individual or visitor.

Any exceptions to this Visitors Policy must be authorized by the Life Unlimited Vice President of Community Living [Mary Davis mdavis@luinc.org], Christy Schnieders Director of Nursing, and the Chief Program Officer [Amy Taylor ataylor@luinc.org]. Considerations should at a minimum include the visitor's community exposure, quarantine period prior to the visit to the home, vaccine status, Covid-19 status, and individual's ability to socially distance. All decisions regarding community members accessing a program location must also take into consideration all individuals residing or currently present at the program location including their health risks and family wishes. Should permission for community members to visit the program location be granted, a plan for this visit will be discussed with the team and community member visiting. Plans for such reentry and lifting of previous restrictions (i.e. visitor restriction) must be outlined in an ISP addendum and must include a plan to mitigate risk to all individuals residing in the home.

Requests for individuals to visit community members for any length of time in the community will also be considered by Mary Davis, VP of Community Living, Christy Schneiders Director of Nursing, and Amy Taylor Chief Program Officer. Consideration should include at a minimum the community exposure of the individuals in the site the participant will be visiting, the individuals in the site's ability to quarantine prior to the participant's visit, vaccination status of individuals, COVID-19 status of all individuals, length and location of requested visit, and number of individuals that will be present during the visit. Should the requests for community visit be granted, the team will discuss specific mitigation strategies prior, during, and after the community visit to maximize safety for the participant and individuals in their home which may include testing and a quarantine period. All decisions regarding community members completing visits in the community must also take into consideration all individuals residing or currently present at the program location including their health risks and family wishes.

Community Access – Recreational and Leisure Activities

At this time, in accordance with DMH guidance issued on 3/5/21, based largely off CMS guidance QSO-21-14-ICF/IID & PRTFF issued 2/10/21, Life Unlimited is lifting previous restrictions on community access and will encourage participants to begin to access their community in a safe manner once again.

Per the CDC, in addition to everyday steps to prevent COVID-19, the following recommendations are still in place for all individuals during community activities, regardless of vaccinations status:

- Wear well-fitted masks
- Adhere to social distancing
- Wear masks, adhere to prevention measures when visiting with unvaccinated people
- Avoid medium and large-sized in-person gatherings
- Get tested if experiencing COVID-19 symptoms

Since people can spread the virus before they know they are sick, it is important to stay away from other's when possible, even if you—or they—have no symptoms. Social distancing is especially important for people who are at higher risk for severe illness from COVID-19.

Currently, access to the community is not contingent on vaccination status. Individuals and guardians should be aware that individuals who have not been vaccinated are at a heightened risk of contracting COVID-19 during their community

access. Life Unlimited values both the dignity of risk for individuals and their families to make individualized choices regarding health care and vaccination status, as well as full community integration for all individuals served.

Restrictions and deviations from this policy will be reviewed on a case-by-case basis. Individuals and guardians who wish to receive an exemption from this community access policy (i.e., continue to have restricted community access due to concerns) should contact Amy Taylor, Chief Program Officer, and Christy Schnieders, Director of Nursing.

Because access to community activities will not be based on vaccination status, individuals and guardians should be aware that other participants in their programs and community living settings may be also accessing the community without having received the vaccine series. Individuals and guardians who have concerns about this potential risk to themselves or their individual may contact Amy Taylor, Chief Program Officer and Christy Schneider, Director of Nursing.

Life Unlimited will review requests for exceptions to this policy and concerns voice by individuals or guardians on a case-by-case scenario. Review of each request or concern may also include other team members, service coordination, and Service Plan addendums.

Community Access – Work and Day Services

To prevent the spread of COVID-19, participation in congregate community-based settings had been restricted during the pandemic. Effective 3/1/2021, Life Unlimited began to work with individuals and their teams to resume day services at sites where documented COVID-19 mitigation plans are in place for all individuals and guardians who have expressed a desire to return to day services.

Effective 6/14/21, individuals attending My Day who have completed their vaccination series are no longer required or encouraged to wear a face mask during My Day services.

Effective 8/6/21, unvaccinated individuals will not be able to participate in My Day due to the rise in the delta variant and high level of community spread. Effective 8/6/21 employees working at the My Day sites are also required to be fully vaccinated due the congregate setting of this program.

Due to the number of participants, visitors to the My Day sites are discouraged. Please contact Julie Turley, Director of My Day, to request an exemption to this policy if necessary. Any visitors approved for a visit (i.e., potential participants, service coordinators, etc.) must wear a KN95 mask while visiting My Day locations.

Masks are still encouraged during My Day community outings.

Admission into Life Unlimited Programs

Effective 4/20/2021, individual may not be admitted into congregate based LU programs if they have not completed COVID-19 vaccination series or are able/willing to complete the series within 30 days of admission.-This rule applies to are Community Living and My Day programs.

For programs which are individually based naturally, the vaccine will not be required for new admissions into the program. These individual based programs at LU include Community Support Options, Employment, Applied Behavioral Analysis (Behavioral Support), Targeted Case Management, and Senior Link.

Individuals participating in our Recreation program will be asked whether they have completed the vaccine series upon registration. Participants will be segregated into different groups based on vaccination status.

Resumption of Activities Suspended Due to the COVID-19 Pandemic

In accordance with the Department of Mental Health Interim Guidance for Individualized Service Planning when Resuming Services or Activities in the Community (5.1.20; 5.11.20) Life Unlimited will participate in Individualized Support Plans and Addendums (known as COVID19 Addendums) to establish how resumption of suspended activities can safely occur. As required by the Department (42 CSF 441.301(c)(2)(vi)(2014)pp.3030) the plan must reflect risk factors and measures in place to minimize risk, including individualized back up plans and strategies when needed.

Life Unlimited management will participate in all Addendums and will physically sign or electronically sign all addendums. Life Unlimited will also require the individual served, or guardian of individual served if a guardian is in place, to physically sign or electronically sign all addendums. Life Unlimited will not accept “verbal signatures” or “verbal acknowledgement” by agency staff, individuals or guardians for the purpose of these addendums and execution of the addendums. All addendums must be physically or electronically signed by the Program Director and individual served or guardian of individual served if applicable **prior** to the resumption of any suspended services.

IV. Cleaning and Disinfecting

Cleaning Protocols

During this pandemic, frequent and thorough cleaning and disinfecting of environments is of critical importance. On each shift, employees are expected to complete both cleaning and disinfecting of the environment, including but not limited to:

- All hard countertops, tables, and hard surfaces
- Sink faucets and handles
- Drawer and door handles
- Light switches
- Remotes
- Any “high touch” surfaces or areas of the location

Cleaning

Cleaning refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection. To effectively clean:

- Wear disposable gloves to clean and disinfect.
- Clean surfaces using soap and water, then use disinfectant. Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces.
- Practice routine cleaning of frequently touched surfaces.
- More frequent cleaning and disinfection may be required based on level of use. Surfaces and objects in public places, such as shopping carts and point of sale keypads should be cleaned and disinfected before each use. High touch surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfecting

Disinfecting refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection. The CDC recommends the use of EPA-registered household disinfectants. To disinfect:

- Follow the instructions on the label to ensure safe and effective use of the product. Many products recommend: keeping surface wet for a period of time (see product label), and precautions such as wearing gloves and making sure you have good ventilation during use of the product.
- Diluted household bleach solutions may also be used if appropriate for the surface. Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection. Unexpired household bleach will be effective against coronaviruses when properly diluted. When using a bleach solution:
 - Follow manufacturer’s instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.
 - Leave solution on the surface for at least 1 minute.
- To make a bleach solution, mix:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water OR 4 teaspoons bleach per quart of water
- Bleach solutions will be effective for disinfection up to 24 hours.
- Alcohol solutions with at least 70% alcohol may also be used.

When cleaning or disinfecting:

- Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
 - Additional personal protective equipment (PPE) 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.
- Wash your hands often with soap and water for 20 seconds.
 - Always wash immediately after removing gloves and after contact with a person who is sick.
 - Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

Soft Surfaces

For soft surfaces such as carpeted floor, rugs, and drapes:

- Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.
 - Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- OR
- Disinfect with an EPA-registered household disinfectant. These disinfectants meet EPA's criteria for use against COVID-19.
 - Vacuum as usual.

Electronics

For electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines:

- Consider putting a wipeable cover on electronics.
- Follow manufacturer's instruction for cleaning and disinfecting.
- If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.

Laundry

For clothing, towels, linens and other items:

- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Wear disposable gloves when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick can be washed with other people's items.
- Do not shake dirty laundry.
- Clean and disinfect clothes hampers according to guidance above for surfaces.
- Remove gloves, and wash hands right away.

Cleaning and Disinfecting If Someone is Sick

- Close off areas used by the person who is sick. Companies do not necessarily need to close operations, if they can close off affected areas.
- Open outside doors and windows to increase air circulation in the area.
- Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- Vacuum the space if needed. Use vacuum equipped with high-efficiency particulate air (HEPA) filter, if available.
 - Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.

- Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.
- Once area has been appropriately disinfected, it can be opened for use.
 - Employees without close contact with the person who is sick can return to work immediately after disinfection.
- If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

Provision of Cleaning Supplies

The Life Unlimited Maintenance Department is working to ensure all program locations are stocked with required cleaning supplies, including but not limited to bleach, antibacterial soap, toilet paper, and paper towels. Requests for all supplies are completed by emailing maintenance@luinc.org

V. Monitoring and Prompt Identification and Isolation of Sick Persons

Life Unlimited has implemented active screening of persons served and employees for signs and symptoms of illness.

Monitoring Persons Served for Signs and Symptoms of COVID-19

The temperature of persons served are taken twice a day, or a frequency specified for that program location by the Director of Nursing. Whenever possible, a temporal thermometer should be used for taking temperatures. If not available, an oral thermometer may be used but the disposable cover must be replaced after each use. Documentation of temperature and the presence (or absence of) signs or symptoms are documented in the Health Tab of the Therap electronic documentation system.

Monitoring Employees for Signs and Symptoms of COVID-19

The temperature(s) of employee(s) are taken at the start of each shift. When arriving for shift at a residential program location, employees should:

1. Take their temperature
 - a. Whenever possible, a temporal thermometer should be used for taking temperatures. If not available, an oral thermometer may be used but the disposable cover must be replaced after each use.
 - b. The temperature(s) of employee(s) are logged on the "Temperature Log" form kept at the program location.
2. Using the Employee Monitoring Log, self-report if a potential exposure has occurred. Specific questions to ask to determine if a potential exposure has occurred:
 - a. Am I exhibiting any potential signs or symptoms of illness?
 - b. Do I reside in a residence where another individual has exhibited potential signs or symptoms of illness or has traveled internationally or domestically to a community where community-based spread of COVID-19 is occurring in the last 14 days and a potential exposure has occurred?
 - c. Am I aware of any potential exposure elsewhere to a person who has exhibited potential signs or symptoms of illness?
3. If during this active screening it is determined a potential exposure has occurred, see "Response to Observation of Potential Symptoms and/or Positive Test Result"
4. Wash hands (see "Hand Hygiene").
5. Don gloves.
6. Clock in using the location's computer [Because clocking in occurs after work duties have begun, employees should communicate with their direct supervisor, so their actual start time is reflected in the Proliant timekeeping system].
7. Disinfect any surfaces touched since the beginning of Step 1.
8. Remove and dispose of gloves.

Note: COVID-19 illness may be mild to severe. Symptoms may appear as soon as 2 days and as long as 14 days after exposure. Symptoms include fever, dry cough, and shortness of breath. Other symptoms include nasal congestion, runny nose, sore throat or diarrhea.

Emergency warning signs for COVID-19 get medical attention immediately. These include:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

- This list is not all inclusive. Consult your medical provider for any other symptom that is severe or concerning.

Response to Observation of Potential Symptoms and/or Positive Test Result

Prompt identification and isolation of potentially infectious individuals is a critical step in protecting employees, persons served, and the community at large. Everyone is encouraged to self-monitor and self-report potential symptoms of COVID-19. For employees who are experiencing symptoms or have had potential exposure, immediate self-reporting is mandatory (see “Employees” section below).

Per CDC recommendation, the organization will notify the appropriate health department promptly notified about:

- Residents or healthcare personnel (HCP) with suspected or confirmed COVID-19,
- Residents with severe respiratory infection resulting in hospitalization or death, and
- ≥ 3 residents or HCP with new-onset respiratory symptoms within 72 hours of each other.

Symptomatic persons served with COVID-19 should remain in Transmission-Based Precautions until either:

- *Symptom-based strategy*: At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, at least 10 days have passed *since symptoms first appeared*
- *Test-based strategy*
 - Resolution of fever without the use of fever-reducing medications and
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

Persons served with laboratory-confirmed COVID-19 who have not had any symptoms should remain in Transmission-Based Precautions until either:

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

Person Served

If a person served is sick, the following procedures should be followed:

- Bedroom and bathroom
 - Keep separate bedroom and bathroom for a person who is sick (if possible).
 - The person who is sick should stay separated from other people in the home (as much as possible).
 - If you have a separate bedroom and bathroom: Wear disposable gloves and only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the person who is sick.
 - Caregivers can provide personal cleaning supplies to the person who is sick (if appropriate). Supplies include tissues, paper towels, cleaners, and EPA-registered disinfectants. If they feel up to it, the person who is sick can clean their own space.

- If shared bathroom: The person who is sick should clean and disinfect after each use. If this is not possible, the caregiver should wait as long as possible before cleaning and disinfecting.
- Food
 - Stay separated: The person who is sick should eat (or be fed) in their room if possible.
 - If possible, use disposable dishes and utensils. If those are not available, wash dishes and utensils using disposable gloves and hot water: Handle any used dishes, cups/glasses, or silverware with gloves. Wash them with soap and hot water or in a dishwasher.
 - Clean hands after taking off gloves or handling used items.
- Trash
 - Dedicated, lined trash can: If possible, dedicate a lined trash can for the person who is sick. The trash can should be kept in the same room as the isolated person. Use disposable gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.

Employee

If an employee plans to travel out of the country:

1. The employee will immediately notify Human Resources [primary contact: Erin Santeusanio (913) 617-4294 esanteusanio@luinc.org, secondary contact: Susie Schneider (816) 214-7420, sschneider@luinc.org].

If an employee has been exposed to COVID-19 due to employee's household member receiving a COVID-19+ test result:

1. The employee will immediately notify Human Resources [primary contact: Erin Santeusanio (913) 617-4294 esanteusanio@luinc.org, secondary contact: Susie Schneider (816) 214-7420, sschneider@luinc.org].
2. HR will contact Employee immediately to verify the situation.
3. HR will contact Director of Nursing
4. HR will contact Employee's Manager & Director.
5. HR will contact Chief Employee Engagement Officer, Chief Executive Officer and Chief Programs Officer.
6. Employee will immediately be placed on a leave of absence and will be requested to get tested for COVID-19. Employee will remain on a leave of absence until HR receives verification of a negative test result.
7. HR will send the test results to the Director of Nursing. Based on the results and CDC guidelines, the Director of Nursing will advise of the employee's return to work date.
8. Employee must submit the Employee Self-Certification Form to Human Resources before return to work.
9. Employee may be advised to double mask upon return to work after negative test result is received

If Employee has a household member who is being tested for COVID-19, but has not received the results back yet:

1. The employee will immediately notify Human Resources [primary contact: Erin Santeusanio (913) 617-4294 esanteusanio@luinc.org, secondary contact: Susie Schneider (816) 214-7420, sschneider@luinc.org].
2. HR will contact Director of Nursing.
3. HR will contact Employee's Manager & Director.
4. HR will contact Chief Employee Engagement Officer, CEO and Chief Programs Officer.
5. Employee will immediately be placed on a leave of absence until HR receives verification of test results are received.
6. The Employee may be requested to take a COVID-19 test. This will be determined by the Director of Nursing based on a case-by-case basis.
10. HR will notify Director of Nursing of the test results. Based on the results and CDC guidelines, the Director of Nursing will advise of the employee's return to work date.
11. Employee must submit the Employee Self-Certification Form to Human Resources before return to work.

If Employee tests positive for COVID-19:

1. The employee will immediately notify Human Resources [primary contact: Erin Santeusanio (913) 617-4294 esanteusanio@luinc.org, secondary contact: Susie Schneider (816) 214-7420, sschneider@luinc.org].
2. Employee will be placed on a leave of absence and submit test result to HR.
3. HR will notify Director of Nursing.
4. HR will contact Employee's Manager & Director.
5. HR will contact Chief Employee Engagement Officer, Chief Executive Officer and Chief Programs Officer.
6. HR will notify Director of Nursing of the test results. If the employee is fully vaccinated, he/she will quarantine for 10 days and be retested. If the employee is not fully vaccinated, he/she will quarantine for 15 days and be retested. The employee may return to work if a negative test result is received, and the self-questionnaire criteria are met. If the employee tests positive a second time, he/she will quarantine for another 5 days-and pending the (new) self-questionnaire, if all criteria are met, the employee may return to work but must complete an Extra PPE Agreement indicating they are always required to wear a surgical mask and face shield while on duty for 14 days following their return, while monitoring for any symptoms. If an employee believes he/she is experiencing potential symptoms, he/she must notify Human Resources [primary contact: Erin Santeusanio (913) 617-4294 esanteusanio@luinc.org, secondary contact: Susie Schneider (816) 214-7420, sschneider@luinc.org]. HR will then notify and consult with the Director of Nursing and the Employee's Manager & Director.
7. Employee must submit the Employee Self-Certification Form to Human Resources before return to work.

If Employee has symptoms of COVID-19 and Self-Quarantines:

1. The employee will immediately notify Human Resources [primary contact: Erin Santeusanio (913) 617-4294 esanteusanio@luinc.org, secondary contact: Susie Schneider (816) 214-7420, sschneider@luinc.org].
2. HR will place employee on a leave of absence and request documentation from a health care provider.
3. HR will notify Director of Nursing.
4. The Employee may be requested to be tested for COVID-19. This will be determined by the Director of Nursing based on a case-by-case basis.
5. HR will notify Employee's Manager and Director
6. HR will contact Chief Employee Engagement Officer, Chief Executive Officer and Chief Programs Officer.
7. When documentation from health care provider received and/or a test result is received, HR will send it to the Director of Nursing for approval/direction of Employee's return to work.
8. Employee must submit the Employee Self-Certification Form to Human Resources before return to work.

If Employee Requests Leave of Absence Due to High-Risk for COVID-19:

1. Employee will submit Personal Leave of Absence request to HR. Additional documentation may be required.
2. CEO will approve/deny request.
3. Employee must submit the Employee Self-Certification Form to Human Resources before return to work.

Employee Returning to Work

A symptomatic employee with suspected or confirmed COVID-19 is excluded from work until:

- Resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA

An employee with laboratory-confirmed COVID-19 who have not had any symptoms is excluded from work until:

- At least 10 days have passed for fully vaccinated employees and at least 15 days have passed for employees not fully vaccinated, since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. Note, because symptoms cannot be used to gauge where these

individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

Note: Life Unlimited reserves the right to amend criteria to return to work at any time due to other circumstances (availability of testing, etc.).

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

All employees need to self-monitor for symptoms and seek re-evaluations if symptoms recur or worsen and notify Human Resources [primary contact: Erin Santeusanio (913) 617-4294 esanteusanio@luinc.org, secondary contact: Susie Schneider (816) 214-7420, sschneider@luinc.org].

VI. Communications and Training

Updated Training Requirements

The following trainings were assigned to all Life Unlimited employees on March 12, 2020:

- Hand Hygiene: The Basics (REL-ALL-0-HHB)
- Infection Control: The Basics (REL-ALL-0-ICBASIC)
- Transmission-Based Precautions (REL-SRC-0-TBP)

Training Procedures Revisions

New Employee Orientation

The Training Department continues to conduct New Employee Orientation on a weekly basis. New hires are coming to the Broadway administrative office on day one for a general introduction and orientation to completing online training modules. If a new hire does not have a computer, the Training Department can check out laptop computers to them. New hires then complete all their required training modules online from home. If an individual does not have computer or internet access, the Training Department can make arrangements for them to complete their online training modules at the Broadway administrative office, adhering to all social distancing and office work guidelines.

Orientation training modules include:

Training	Estimated Time for Completion (Hrs)
HCBS and Rights of Persons Served (LU-HCBSRIGHTS)	0.5
Defensive Driving: The Basics (REL-CV-0-DDTB)	0.75
Bloodborne Pathogens (REL-ALL-0-BBPATH)	1
Code of Conduct (LU-CODEOFCONDUCT)	0.25
Abuse and Neglect of Individuals with I/DD (REL-IDD-0-ABIDD)	1
Employee Handbook (LU-EMPLOYEEHANDBOOK)	0.25
Cultural Competence (REL-ALL-0-CDIV)	1
Sexual Harassment for Employees (REL-ALL-0-SHEMP)	1
Workplace Safety: The Basics (REL-ALL-0-WSTB)	1
Bon Appetit! An Overview of Safe Eating and Drinking Focused Learning (RI-IDD-0-CSE)	1
Principles and Practices of Effective Direct Supports (REL-IDD-OADSP-PPEDS)	1
Workplace Violence (REL-ALL-0-WRKVLN)	1
Nutrition and Exercise Focused Learning (REL-IDD-0-NE)	1
Fire Safety: The Basics (REL-ALL-0-FSBASIC)	1
Disabilities Overview (REL-DISOV-DD-0)	1
Person-First Language (REL-IDD-0-DSPCCMS-2)	1
Welcome to Relias (REL-HR-0-WRLMS-V2)	0.25
HIPAA: The Basics (REL-ALL-0-HBASIC)	1
Principles of Positive Behavior Support for DSPs Part 1: Overview (REL-IDD-AAIDD-OPPBS1)	1
	16

COVID19-specific training modules include:

Training	Estimated Time for Completion (Hrs)
Hand Hygiene: The Basics (REL-ALL-0-HHB)	1
Infection Control: The Basics (REL-ALL-0-ICBASIC)	1
Transmission-Based Precautions (REL-SRC-0-TBP)	1
	3

The following Life Unlimited-specific modules are also assigned:

Training	Estimated Time for Completion (Hrs)
LU Self-Study Module: Missouri Quality Outcomes	0.25
LU Self-Study Module: Abuse and Neglect Identification and Reporting	0.5
LU Self-Study Module: Medical Support	1
LU Self-Study Module: Maintenance and Safety	0.5
LU Self-Study Module: Introduction to Life Unlimited	0.25
LU Self-Study Module: Introduction to Disabilities	0.5
LU Self-Study Module: Incident Reporting	0.5
LU Self-Study Module: HIPAA	0.5
LU Self-Study Module: Finances	0.5
LU Self-Study Module: Documentation (Parts I and II)	2
LU Self-Study Module: NADSP Credentialing	0.25
LU Self-Study Module: Person Centered Support and Rights	0.5
LU Self-Study Module: Personal Care and Support	0.5
LU Self-Study Module: Proliant (timekeeping)	0.25
LU Self-Study Module: Philosophy of Supervision (for supervisors only)	6
	14

All new hires are also assigned [see below for those specific procedures]:

Training	Estimated Time for Completion (Hrs)
Level One Medication Aide	20
Task Delegation	4
Mandt	6
CPR First Aid	5
	35

Once an employee has completed all their required online training modules, the Training Department emails the new hire's Program Manager and Program Director notifying them the new hire has "graduated" orientation and is ready to do shadow training. The Program Manager then contacts the new hire and schedules the shadow training. Shadow training is provided to new hires at their specific program location. The Shadow Training Checklist is completed and logged within Relias Learning. At the time of graduation, the Training Department also signs them up for the next available Level One Medication Aide and Task Delegation trainings.

Mandt training

Initial certification (new) and expired certification

- Employees that are certifying for the first time or are currently expired are completing the Mandt relational (Chapters 1-3) and conceptual (Chapters 4-6) content through the Mandt System e-learning platform.

Certification on Chapters 7-9 (physical skills) will be completed later once we have further guidance on the COVID-19 situation.

- Procedure:
 - New hire: Cassie (Training Department) assigns and employee receives a direct email from Mandt with instructions for completing.
 - Current employee who has expired: Employee should email training@luinc.org to get registered by Cassie.

Recertification (not expired)

- Employees recertifying in Mandt (not expired) are taking a Life Unlimited-specific Mandt recertification training module within Relias Learning.
- Procedure: Employee should email training@luinc.org to get registered by Cassie. If the training is not completed by their expiration date, they must do the full certification.

CPR First Aid

Initial certification (new)

- Employees taking CPR First Aid for the first time or are recertifying are assigned the provisional courses through the American Red Cross online system. American Red Cross indicates, “new and re-certifying customers can take the online portion of a blended learning course and receive a certificate stating that the student has 90 days to successfully complete a skill check to receive full certification. This skills check will be completed later once we have further guidance on the COVID-19 situation.
- Procedure:
 - New hire: Tena (Training Department) assigns and sends them an email with instructions on how to complete through Red Cross. Once completed, the student must email a copy of their Certificate of Completion to training@luinc.org. Once received, you change their due date to 90 days out and will mark complete as soon as we are able to do the physical skills testing.

Level One Medication Aide training

Initial certification (new)

- This full training is currently being offered as a live webinar through Zoom conducted by Linda Burton (Life Unlimited Community RN). This training involves a face-to-face skills check component and an online competency test. The online competency test is completed through the Department of Mental Health’s Relias Learning portal (not ours). Employees must complete a new user account within that portal in order to take the test. After the skills check and online competency test are passed, the employee’s supervisor completes, and documents five observed medication passes.
- Procedure:
 - New hire with no prior certification or prior certification expired: Cassie signs them up for the next available class when they first enter NEO. Cassie assigns the training plan once they’ve graduated NEO. Employee completes the online test through the DMH portal, and the nurse completes the Skill Proficiency Evaluation Tool. Nursing submits this documentation to DMH and then submits formal documentation back to Training Department when received. Cassie then marks them complete.
 - New hire with current certification: completes update training plan as below. Also assigned Task Delegation and Medication Administration Observed Medication Passes. Cannot administer medications until their Observed Med Pass Observations are completed and submitted to Training Department.

Update training

- The update training is currently being offered as two different Relias Learning modules: 1) a recorded webinar conducted by the Life Unlimited Community RN, and 2) “Medication Administration for Unlicensed Paraprofessionals” module. Participants can ask questions to the Community RN via email. Both trainings involve an online competency test.
- Procedure:
 - Employee should email training@luinc.org when they are due. Cassie then assigns the training plan that includes both Relias Learning modules. Once completed, Cassie notifies Vincent (Training Department) to send the Adobe form to sign. Once the Adobe form is signed, Vincent sends to Cassie and Cassie then sends Adobe form and Certificates of Completion for both modules to Linda.

Task Delegation training

This full training is currently being offered as a live webinar through Zoom conducted by the Life Unlimited Community RN. Participants can ask questions to the Community RN via email. This training involves an online competency test.

- Procedure: Employee signs up through the LU Training Calendar. Once the class is completed, Linda submits forms to Cassie documenting who completed the class. Cassie then uploads and marks complete in Relias.

Plan Communication and Ongoing Training

This COVID-19 Response Plan was communicated to all employees via presentation at Zoom all-staff meeting on May 20, 2020, Relias Learning on May 22, 2020, and postings in the Therap electronic documentation system and Proliant on May 22, 2020. Additional communication and training will be ongoing and provided to all employees who did not receive the initial training through scheduled weekly webinars.

Supervisors are expected to monitor how effective the program has been implemented by:

- Direct observation
- Check-ins with supervisees and other appropriate program personnel
- Review of program documentation, including but not limited to review of Therap electronic documentation, Medication Administration Checklists, and cleaning checklists.

This plan will be updated as necessary.

VII. Appendix

Employee Monitoring Log

COVID-19 Employee Self-Certification to Return to Work

Shopping List / Request Form

Employee Monitoring Log

Location: _____

Date:
Time:
Staff coming on shift:
Temperature:
Staff name taking temp:
Presence of any symptoms in staff (cough, difficulty breathing, other): <input type="checkbox"/> Yes <input type="checkbox"/> No Initials:
Do I reside in a residence where another individual has exhibited potential signs or symptoms illness? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you traveled out of state (Missouri or Kansas) or to a community where community-based spread of COVID-19 is occurring in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any potential exposure elsewhere to a person who has exhibited potential signs or symptoms of illness? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did staff entering home wash their hands immediately: <input type="checkbox"/> Yes <input type="checkbox"/> No Initials:
If you checked "Yes" to any of the screening questions, do not enter the location, and immediately contact Human Resources: <ul style="list-style-type: none"> ▪ primary contact: Erin Santeusanio (913) 617-4294 esanteusanio@luinc.org ▪ secondary contact: Susie Schneider (816) 214-7420, sschneider@luinc.org

Arriving for Shift Instructions:

1. Take your temperature
2. Document all specific responses on the log
3. Wash hands
4. Don gloves
5. Clock in using the location's computer.
6. Disinfect any surfaces touched since the beginning of Step 1.
7. Remove and dispose of gloves.

Location: _____

Date:
Time:
Staff coming on shift:
Temperature:
Staff name taking temp:
Presence of any symptoms in staff (cough, difficulty breathing, other): <input type="checkbox"/> Yes <input type="checkbox"/> No Initials:
Do I reside in a residence where another individual has exhibited potential signs or symptoms illness? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you traveled out of state (Missouri or Kansas) or to a community where community-based spread of COVID-19 is occurring in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any potential exposure elsewhere to a person who has exhibited potential signs or symptoms of illness? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did staff entering home wash their hands immediately: <input type="checkbox"/> Yes <input type="checkbox"/> No Initials:
If you checked "Yes" to any of the screening questions, do not enter the location, and immediately contact Human Resources: <ul style="list-style-type: none"> ▪ primary contact: Erin Santeusanio (913) 617-4294 esanteusanio@luinc.org ▪ secondary contact: Susie Schneider (816) 214-7420, sschneider@luinc.org

Arriving for Shift Instructions:

8. Take your temperature
9. Document all specific responses on the log
10. Wash hands
11. Don gloves
12. Clock in using the location's computer.
13. Disinfect any surfaces touched since the beginning of Step 1.
14. Remove and dispose of gloves.

COVID-19 Employee Self-Certification to Return to Work

I, _____, attest to the following:

I have had no fever for at least three days (72 hours) without taking medication to reduce fever during that time.

Date of last fever of 100.4 degrees or higher: _____ (write N/A if no fever within last two weeks)

My respiratory symptoms (cough and shortness of breath) have improved.

Date respiratory symptoms began improving: _____ (write N/A if no symptoms present)

At least ten days have passed since my fever and/or respiratory symptoms began.

Date fever and/or respiratory symptoms began: _____

I will self-monitor for any COVID-19 symptoms for 14 days and report any symptoms to my immediate supervisor and the Nursing Department.

Employee name: _____

Employee signature: _____

Today's date: _____

Date returned to work: _____

The following is provided for an employee's personal use to document his or her symptoms and recovery. This page should not be provided to the employer but kept for the employee's personal records.

Date symptoms began: _____

Date of last fever of 100.4 degrees or higher: _____

Date respiratory symptoms began improving: _____

Date	Temperature	Respiratory symptoms? (Y/N)	Other symptoms or notes