



COVID-19 Preparedness and Recall Plan

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How to use this document

Embedded into this document are hyperlinks that direct the user to more information or the most current information. One can access the hyperlinks by hovering their cursor over the blue underlined text, holding down the control button on the keyboard and clicking on the link. **NOTE:** If there is an embedded hyperlink, hovering your cursor over the link will display the hyperlink just above the text. If there is no hyperlink, no display will be seen and the text is simply underlined for emphasis or formatting purposes.

This document can be used in conjunction with the previously adopted in the Canvas Health Pandemic Operations Contingency Plan and the COVID-19 Addendum and all other policies, procedures and protocols governing the operation of the Canvas Health organization.

Background

According to Governor Walz's [Executive Order 20-48](#), critical businesses, such as Canvas Health, are required to follow guidance from the [Minnesota Department of Health \(MDH\)](#) and the [Centers for Disease Control and Prevention \(CDC\)](#) to mitigate the spread of COVID-19. These MDH/CDC guidance are designed to prevent, mitigate, or respond to the transmission of COVID-19.

[Executive Order 20-74](#), signed by Gov. Walz on June 5, 2020, requires all critical businesses to develop and implement a COVID-19 Preparedness Plan that describes how our business will implement, at a minimum, the following components, in compliance with MDH and CDC guidelines:

1. hygiene and source control;
2. cleaning and disinfecting;
3. policies related to arrivals and departures;
4. screening and policies for staff and volunteers exhibiting signs or symptoms of COVID-19;
5. screening and policies for service recipients exhibiting signs or symptoms of COVID-19;
6. social distancing;
7. face covering/mask/mask;
8. ventilation;
9. communication and training about the plan.

This plan must be established by June 29, 2020, and must ensure the plan is evaluated, monitored, executed, and updated on a regular basis. The Plan must be posted at all of the business's workplaces in readily accessible locations that will allow for the plan to be readily reviewed by all workers.

Under the plan, Canvas Health is required to:

- notify service recipients about the plan and make it available to them upon request, and if appropriate to their parents, legal guardians, or case workers;
- train staff and volunteers on the plan and ensure they are capable of implementing it; and
- post the plan in a prominent place or make it accessible to staff and volunteers who need to review it.

Introduction and Purpose

Canvas Health is committed to providing a safe and healthy workplace for all our staff, clients, guests and visitors. To ensure we have a safe and healthy workplace, Canvas Health has developed the following COVID-19 Preparedness Plan in response to the COVID-19 pandemic. Leadership and line staff are all responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces and communities, and that requires full cooperation among our staff and leadership. Only through this cooperative effort can we establish and maintain the safety and health of all persons in our workplaces.

The COVID-19 Preparedness Plan is administered by Matt Eastwood, CEO who maintains the overall authority and responsibility for the plan. However, management and staff are equally responsible for supporting, implementing, complying with and providing recommendations to further improve all aspects of this COVID-19 Preparedness Plan. Canvas Health's managers and supervisors have our full support in enforcing the provisions of this plan.

Our Staff are our most important assets. Canvas Health is serious about safety and health and protecting its staff. Worker involvement is essential in developing and implementing a successful COVID-19 Preparedness Plan. We have engaged our staff in this process by: Presenting a final draft of the plan to Supervisors and Managers and then asking for them to solicit feedback from their staff on an ongoing basis about concerns and suggestions. In addition, a broad array of agency leaders were consulted in the development of this plan.

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

Canvas Health has reviewed and incorporated the industry guidance applicable to our business provided by the State of Minnesota for the development of this plan, including the following industry guidance's from:

- Various [Emergency Executive Orders Issued by Governor Tim Walz' Administration](#), including but not limited to guidance's from:
 - [The Minnesota Department of Human Services](#)
 - [The Minnesota Department of Health](#)
 - [The Minnesota Department of Employment and Economic Development](#)
 - [The Minnesota Department of Labor and Industry](#)
- [The Centers for Medicare and Medicaid Services \(CMS\)](#)
- [The Centers for Disease Control](#)
- Checklist guidelines for creating a Certified Behavioral Health program COVID-19 Preparedness Plan, available at either the [Children's mental health COVID-19](#) or [Adult Mental health COVID-19](#) pages.
- Other conditions and circumstances included in the industry guidance and addressed in the plan that are specific to our business.

What is COVID-19 or Coronavirus?

Coronaviruses are a large family of viruses. They are estimated to cause about a third of all cases of the common cold. The most common forms can cause mild to moderate illness in people, while other forms circulate among animals, including camels, cats, and bats.

COVID-19 is a viral respiratory illness caused by a coronavirus that has not been found in people before. COVID-19 is not caused by the same coronavirus that caused Severe Acute Respiratory Syndrome (SARS) in 2003 or Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in 2012. However, it is in the same family of viruses. Because this is a new virus, there are still things we do not know, such as how severe the illness can be, how well it is transmitted between people, and other features of the virus.

How it Spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
 - Between people who are in close contact with one another (within about 6 feet).
 - Through respiratory droplets produced when an infected person coughs or sneezes.

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

Symptoms and emergency warning signs

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever (100.4 or greater) or chills
- Unexplained 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

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Who is at higher risk?

Consistent with guidance issued by the Centers for Disease Control and Prevention (“CDC”), Emergency Executive Order 20-55 defines “at-risk persons” to include people with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma.
- People who have serious heart conditions.
- People who are immunocompromised (caused by cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, or prolonged use of corticosteroids and other immune weakening medications).
- People with severe obesity (body mass index (BMI) of 40 or higher).
- People with diabetes.
- People with chronic kidney disease undergoing dialysis.
- People with liver disease.

Everyday Precautions

Avoid close contact with people who are sick.

Stay home if you're sick.

Take everyday preventive actions:

- Wear a face covering/mask/mask when in public and near others
- Clean your hands often
- **Wash your hands often** with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place.
- If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- Cover coughs and sneezes
 - Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
 - Throw used tissues in the trash.
 - Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.
- **To the extent possible, avoid touching high-touch surfaces in public places** – elevator buttons, door handles, handrails, handshaking with people, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something.
- Wash your hands after touching surfaces in public places.
- **Avoid touching your face**, nose, eyes, etc.
- Clean and disinfect your home to remove germs: practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks & cell phones)
- **Avoid crowds**, especially in poorly ventilated spaces. Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.
- **Avoid all non-essential travel** including plane trips, and especially avoid embarking on cruise ships.

At Home COVID-19 Testing

One option available to staff is at-home COVID-19 saliva testing for any person who wants to be tested, with or without symptoms, at no cost. The saliva test is just as accurate as the nasal swab test and is available at no cost for every Minnesotan, whether or not you have insurance. Details are available at:

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

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

Staff have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19. The following policies and procedures are being implemented to assess staff health status prior to entering the workplace and for staff to report when they are sick or experiencing symptoms. Staff also have access to a designated internal webpage: <https://canvashealth.sharepoint.com/sites/COVID-19> which contains all up-to-date information related to COVID-19 and employment policies. In summary:

- Staff are required to self-monitor for signs of illness. Canvas Health shall use the employee screening checklist: <https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>
- Staff are required to stay home or return home if they are experiencing symptoms. Should this occur staff are required to self-report their status to their Supervisor and Human Resources for guidance.

- Staff will consult their health care provider to determine if testing for COVID-19 is needed. Staff will share with their immediate supervisor and/or Human Resources the outcome of the consultation with their provider.
 - If the COVID-19 test is negative, staff may return to work.
 - If staff are unable to be tested and/or have received a positive COVID 19 test, they are to stay home until **all** three of these things are true:
 - The staff feels better. Their cough, shortness of breath, or other symptoms have improved.
 - It has been 10 days since the onset of their COVID 19 symptoms.
 - They have had no fever for the last three days, without using medicine that lowers fevers.
 - Any staff that has shared similar physical space with the symptomatic staff, 48 hours prior to the symptomatic staff's symptoms presenting will stop attending the site until the outcome of the symptomatic staff consultation and/or testing with their healthcare provider has been completed.
 - Staff may work from home as they feel is appropriate.
 - The Program Supervisor or their designee will call all clients, or parents/guardians of clients exposed to symptomatic staff. This includes all clients who were exposed to the symptomatic staff 48 hours prior to symptoms being present. These clients will be asked to stay home until the outcome of the symptomatic staff's consultation and/or testing with their provider has been completed. Clients will be encouraged to consult with their healthcare provider to determine if any further follow up care is needed.
- Staff are required to have updated their emergency contact information in Paylocity.
 - Canvas Health may conduct temperature screening using temperature taking tools that allow for proper social distancing, protection, and hygiene protocols.
 - Frequently Asked Questions and Leave policies are available [here](#) and are supportive of staff staying at home when ill. Should employee's need to utilize leave, they:
 1. Need to make decisions about what is best for them or their family.
 2. Should the employee lose child care, follow the steps outlined in the section below.
 3. Engage their Supervisor in a conversation about if the employee can work remotely, be productive and maintain client privacy. The Supervisor shall document this discussion.
 - a. With the employee, the Supervisor should evaluate the following criteria:
 - i. Is remote access, telephone, teams, or telehealth an option for the employee.
 - ii. Does the employee have a suitable work space that allows for uninterrupted work and can client privacy be maintained? What are the steps that will be taken to minimize incidental disclosures of client information?
 4. In collaboration with their Supervisor, identify if the employee is the primary care provider for a family member or child.
 5. If Employee has received a recommendation from health authorities or a healthcare professional that they are self-isolated or self-quarantined, they must:
 - a. Notify their Supervisor and Human Resources immediately. Supervisors shall receive guidance for how to best proceed from Human Resources.
 - b. Work with your Supervisor to determine if you can work remotely using the steps above or if you need to utilize PTO or other leave options. Working remotely would be dependent upon your level of illness and position responsibilities.
 - c. If work remotely isn't an option, use of PTO and/or emergency paid leave may be an option.

Close Contact with someone who has COVID-19

In general, a close contact means being less than 6 feet from someone for 15 minutes or more throughout a 24-hour period. However, even shorter periods of time or longer distances can result in spread of the virus. The longer someone is close to the person who has COVID-19, and the closer they are, the greater the chance the virus can spread.

If you have close contact with someone who has been told by a doctor, clinic or hospital that they have COVID-19:

- Watch yourself for symptoms for 14 days.
- Stay home.
- Wash your hands often.
- Clean surfaces you touch.
- Follow the detailed guidance provided by the Minnesota Department of Health at: <https://www.health.state.mn.us/diseases/coronavirus/close.html#10>

Ways to prepare

This section is specifically related to how employees can prepare for a COVID-19 infection.

Have supplies on hand

- **Employees should contact their healthcare provider to ask about obtaining extra necessary medications** to have on hand in case there is an outbreak of COVID-19 in their community and if they need to stay home for a prolonged period of time. If employees cannot get extra medications, they should consider using mail-order for medications.
- **Employees should be sure they have over-the-counter medicines and medical supplies** (tissues, etc.) to treat fever and other symptoms. We know that most people will be able to recover from COVID-19 at home.
- **Employees should have enough household items and groceries** on hand so that they will be prepared to stay at home for a period of time.

Have a plan for if you get sick

- **Employees should consult with their health care provider** for more information about [monitoring your health for symptoms suggestive of COVID-19](#).
- **Employees should stay in touch with others by phone or email.** They may need to ask for help from friends, family, neighbors, community health workers, etc. if they become sick.
- **Employees should determine who can care for them** if their caregiver gets sick.

Family and caregiver support

- **Employees should know what medications their loved one is taking** and see if they can help them have extra on hand.
- **Employees should monitor food and other medical supplies** (oxygen, incontinence, dialysis, wound care) needed and create a back-up plan.
- **Employees should stock up on non-perishable food** to have on hand in their homes to minimize trips to stores.

- If an employee is caring for a loved one living in a care facility, they should monitor the situation, ask about the health of the other residents frequently and know the protocol if there is an outbreak.

What to do if you get sick

- **Employees should stay home and call their doctor.**
 - Avoid public areas: Do not go to work, school, or public areas.
 - Avoid public transportation: Avoid using public transportation, ride-sharing, or taxis.
- Employees should contact their Supervisor and Canvas Health Human Resources for further instruction.
- Employees should separate themselves from other people and animals in their home
 - Stay away from others: As much as possible, employees should stay in a specific room and away from other people in their home. Also, they should use a separate bathroom, if available.
 - Limit contact with pets & animals: They should restrict contact with pets and other animals while they are sick with COVID-19, just like they would around other people.
 - When possible, have another member of their household care for their animals while they are sick. If the employee is sick with COVID-19, avoid contact with pets, including petting, snuggling, being kissed or licked, and sharing food. If the employee must care for their pet or be around animals while they are sick, wash hands before and after they interact with pets and wear a face covering/mask/mask.
- The employee should call their healthcare provider and let them know about your symptoms. Tell them that you have or may have COVID-19. This will help them take care of themselves and keep other people from getting infected or exposed.
- If the employee is not sick enough to be hospitalized, they can recover at home. They should follow CDC instructions for [how to take care of themselves at home](#).
- Employees should know when to get emergency help.
- Employee's shall wear a face covering/mask/mask
Employees shall wear a face covering/mask/mask when they are around other people (e.g., sharing a room or vehicle) and when in public.
- Employees should learn about the [steps to help prevent the spread of COVID-19 if they become sick](#).
 - Monitoring symptoms
 - **Seek medical attention:** Seek prompt medical attention if the illness is worsening (e.g., difficulty breathing).
 - **Call your doctor:** Before seeking care, employees should call their healthcare provider and tell them that they have, or are being evaluated for, COVID-19.
 - **Wear a face covering/mask/mask:** Put on a face covering/mask/mask before they are in public near others. These steps will help others from getting infected or exposed.
 - **Alert health department:** Ask their healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

Discontinuing home isolation

- Staff shall stay at home until instructed to leave: Staff with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The Minnesota Department of Health will communicate clearance.
- Staff should talk to your healthcare provider: The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.

Canvas Health has also implemented a protocol for informing staff if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the required amount of time.

In addition, a protocol has been implemented to protect the privacy of staff's health status and health information.

Canvas Health has adopted the following MDH protocol for return to work:

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

Notification of the Minnesota Department of Health (MDH)

[The Minnesota Department of Health \(MDH\) is requiring all mandated reporters to report any case or death related to clients or staff due to COVID-19 to MDH within one working day.](#) This requirement applies to only to physical health care facilities, medical laboratories, and in certain circumstances veterinarians and veterinary medical laboratories and any person in charge of any institution, school, child care facility, or camp.

At this time, Canvas Health is not considered to be a mandated reporting agency.

Service Delivery during the COVID-19 Pandemic:

Controlling exposures to possible infection is of the utmost importance to reduce community spread and risk to our employees. Canvas Health is implementing the following criteria related to service delivery:

Use of Video Technology, Telehealth, Telephone

Canvas Health prioritizes client and staff safety during this pandemic and identifies that the primary methodology for the provision of services is remote work using video technology, telehealth, and telephone. The use of these technologies support necessary social distancing and reduces community spread.

Canvas Health has 3 video platforms to facilitate engagement (Mend, Zoom, TEAMS), all of which are HIPAA compliant and staff are required to use one of these platforms. Staff are responsible for obtaining consent for telehealth either through Mend or through the client completing the telehealth acknowledgement form. If telehealth is or becomes a non-viable medium of communication, telephone is allowed as a substitute as long as it is clinically appropriate.

In office appointment are only allowed after staff discuss options for providing services via telehealth with service recipients. When telehealth or telephone is not an option for service delivery, staff must determine that the risk of exposure outweighs the client's current treatment risks (see below). In most cases, this should be discussed in supervision or consultation. Also see Canvas Health's Televideo Policy for additional requirements.

Factors to consider in determining risk associated with face to face services in the office or in home

- Both staff and client
 - WHO IS HIGH RISK (noted above)
 - Physical space where meeting will occur allowing for airflow and increased distances beyond 6'
 - Outside or open air areas are encouraged

- Staff Risk
 - Canvas Health supports our staff in managing their risks in exposure
 - Consider risk of exposing and exposure to others in their private lives
 - Consider risk to all other clients and other staff members, if staff become affected
 - Infecting multiple clients
 - Not being able to see clients for multiple weeks
- Client Risk
 - The extent to which client has been able to socially distance
 - What risk does the mental health of the client present, for example:
 - Suicidality
 - Intensifying symptoms
 - Current distress
 - Paranoia related to phone or video tapping
 - What is the likelihood the client will get services without telehealth or telephone?

Video Technology, Telehealth and telephonic communication are the primary method of communication and meetings between staff members.

Laptop lending program

Canvas Health has been able to secure a donation of laptop computers that can be lent to clients who wish to receive telehealth services and have an internet connection but do not have a device to participate in services. Clinicians and counselors are encouraged to identify clients who need such a device and complete the lending application form and submit that as per the instructions.

Washington County Library Lending Program

The Washington County Library has Wi-Fi hotspots [available to check out for free!](#) Hotspots provide 4G Internet service within the T-Mobile network. Due to the limited number of hotspots available, it's best to check the library catalog to make sure a device is available and place a hold. You will receive an email notification when the hotspot is available to pick up. Learn more about checking out a hotspot [on the library website](#) or by calling 651-275-8500.

Forms and client education materials

Many of our forms have been moved into Adobe Sign and can be completed electronically by the client. Forms or client education materials not in an electronic format may be mailed to the client for signature and, if necessary, returned to the agency via the mail. Certain client education materials may also be emailed to the client as per their directive.

Authorizations and Consents to Treat

Staff are responsible for obtaining consent for telehealth either through Mend or through the client completing the telehealth acknowledgement form. Verbal authorizations and verbal consents to treat are a secondary option when staff are unable to obtain a hard copy or a digital authorization. Such verbal authorization or consents shall be documented in the electronic health record or paper form consistent with instruction provided on 04/22/2020 email subject: Verbal Consent in the Age of Telehealth/Telephone, **Attachment C**.

Clinic or Site Based Services

During this time, delivery of services in a clinic or at a site is highly discouraged; however, should the clinical delivery modality call for onsite delivery of services or should the clinician not have another option to work from a remote location, Canvas Health staff shall:

- 1) Consult with the Director on options.
- 2) Utilize precautions, as noted in this plan.
- 3) Utilize the screening tool noted above.
- 4) Maintain social distancing and other precautions as noted in this plan.

Services Delivered in the Community

Delivery of services through the following programs: Emergency Social Services, Abuse Response Services, Suicide Prevention Program, Housing, Case Management, In Home, FFT, TAP, and Mobile Mental Health Crisis Services shall follow these precautions:

- 1) Utilize precautions, as noted in this plan.
- 2) Utilize the screening tool noted above.
- 3) Maintain social distancing and other precautions as noted in this plan.

For Non-Canvas Health Owned or Leased Sites

For programs or staff that are located in sites that are not Canvas Health Owned or Leased, such as school-based, jail-based, or county-based programs, staff should follow the procedures contained within this document and the procedures published by the host location and follow the more stringent guidance between Canvas Health and the host location. Supervisors and Managers are responsible to help determine which guidance is more stringent.

School-based

All School Based Staff will follow the guidelines laid out by their specific school district regarding in office, in person, remote or telehealth contact with students and colleagues.

- School based staff offices for client contact within schools shall follow the minimum Canvas Health requirements of being at least 100 square feet.
- When schools are at the distant learning schedule, telehealth will continue to be the preferred method of service delivery. If face to face contact is needed due to the unique mental health needs of the student/family system, with supervisor approval this can occur.
- When schools are in a hybrid model, clinician will engage in conversation with the client and/or family system to determine the best method to deliver services.
- When face to face contact occurs with clients, School Based Staff will have either the client or the client's legal guardian complete the Assumption of Risk and Waiver of Liability Related to COVID-19 form. This form will be scanned and put into the client's record in profiler and a paper copy kept in the client's brown chart in medical records.
- All TAP staff will follow their "Building Cleaning Process". This includes cleaning any space occupied by the therapist and client and equipment/toys used. This cleaning shall occur between each client session.
- All TAP Staff and clients will wear Face Masks during face to face contact, this includes being socially distanced outside contact. Therapist will have extra masks in the event the client forgets theirs.
- If students are not in school for education programming during a prescheduled therapy session, Parents shall call the clinician upon arriving at the school. The clinician will meet the student at the prearranged

door. Only individual's participating in the scheduled therapy session shall enter the building. Therapist and Parents will develop a plan for alerting parents at the conclusion of the session.

- The therapist needs to communicate daily with the appropriate school staff of any in office appointments scheduled.
- School based staff will communicate with child's parents of the screening guidelines. This shall occur prior to each scheduled intervention. Screening responsibility lies of the parents/guardians and/or client.

Transportation of Clients

For staff that are transporting clients, staff should follow the procedures:

1. Client sits in backseat.
2. Staff and client wear a mask or a face shield.
3. Vehicle windows are opened slightly to allow for airflow.
4. The interior of the vehicle is disinfected prior to and after transport.

Safety Precautions

Social distancing

For onsite services, social distancing of at least six feet will be implemented and maintained between staff, clients, and visitors in the workplace through the following engineering and administrative controls:

- Waiting areas, common areas, and other areas of congestion will be marked to provide for social distancing of at least 6-feet, including floor markers for distance and appropriately distanced seating arrangements.
- Seating spaces will be arranged to maximize the space (at least 6 feet) between people. When possible chairs will be turned to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
- Each meeting room and each office at each site will be measured to determine room capacity using 6 feet apart as a standard. **See Attachment B.** Room capacity will be posted outside each room.
- Group sizes will be limited according to the [current requirements](#) and maintain group consistency of clients and providers, staff, and volunteers who stay together throughout the day. Staff should state the expectation that **all** group members are wearing masks and avoid passing around materials and supplies. Cleaning and sanitizing shall occur between groups.
- Visual aids (e.g., painter's tape, stickers, signs) may be used to illustrate traffic flow and appropriate spacing to support social distancing.
- Refrain from intermixing different groups. If intermixing of groups is necessary, the number of groups that intermix will be limited and keep records of staff and service recipients that intermix.
- Whenever possible, groups or individual sessions can be held outdoors if safe to do so and client confidentiality can be facilitated. In these situations, participants should be encouraged to spread out. Outdoor areas that are densely populated should be avoided.
- Should it be impossible to maintain a distance, use of disinfectant sprays and disinfectant wipes should be used to treat surfaces. Protective shields will be installed in areas where it is appropriate and possible.
- Staff are required to maintain social distance when interacting with each other.
- Replace handshakes with head nods and waves.

Face Masks or Coverings

- According to the latest [Governor's Executive Order](#), as of Friday, July 24, 2020 at 11:59 p.m., Minnesotans must wear a face covering/mask in indoor businesses and indoor public settings. Face covering/masks must be worn outdoors when it is not possible to maintain social distancing. The Executive Order indicates that when leaving home, Minnesotans are strongly encouraged to have a face covering/mask with them at all times to be prepared to comply.
- Canvas Health insists that face covering/mask/masks are an important piece of mitigating the spread of the virus, but are only effective if it can stay in place without being pulled on or touched by the person wearing it or others. Providers and staff members are required to wear face covering/masks during the work day when in common areas of the building, serving clients, or unable to maintain social distance.
 - **An exception to requiring a face covering/mask/mask** is when the person is physically unable to wear it for reasons, including but not limited to, allergies to mask material, instances where wearing a facecovering/mask may exacerbate an existing health condition (e.g. anxiety, paranoia, trauma, asthma, claustrophobia), or when staff is providing services to an individual who is deaf or hard of hearing and a lip-reader. In these instances, alternative methods of engaging with the client is preferred. Options include: meeting virtually or via the telephone, utilizing social distancing, or a face shield, etc. Wearing a face covering/mask/masks are also not required when the individual is alone in an office, a room, a cubicle with walls that are higher than face level when social distancing is maintained, a vehicle, or the cab of heavy equipment or machinery, or an enclosed work area. In such situations, the individual should still carry a face covering/mask to be prepared for person-to-person interactions and to be used when no longer alone.
- When needing to cough or sneeze, employees should do so into a tissue. If a tissue is not available, employees should use the inside of their elbow and immediately wash hands or use hand sanitizer.
- Trainings should be held for communicating appropriate ways to put on and take off and disposal procedures of protective equipment (e.g. new gloves should be put on prior to entering a home and removed after exiting a home) Infographic sheets can be made available to employees.
- For any service provided, in-home or at a site, all clients or family members who are located in the same room while the session is occurring are required to wear a face covering/mask.
- Unless Clients or visitors have a medical condition, mental health condition, or disability that makes it unreasonable for the person to wear a face covering/mask, they are required to wear face covering/masks when entering the building for appointments and for the duration of the meeting.
 - If the client or visitor enters the building without a face covering/mask, a face mask shall be offered, and they shall be instructed to wear the mask.
 - If a client or visitor refuses to wear a face covering/mask and does not have a medical condition, mental health condition, or disability that makes it unreasonable for the person to wear a face covering/mask, that individual should be asked to leave the building and the staff they were scheduled to meet with shall be notified of the situation and they shall follow-up and discuss next steps.
 - Clients or visitors are not require to provide proof of a medical condition, mental health condition, or disability, or require customers to explain the nature of their conditions or disability.
 - Staff shall not enforce this requirement when it is unsafe to do so, or restrain, assault or physically remove workers or clients or visitors who refuse to comply.

Face covering/mask guidance is available here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Face Shields

Face shields provide barrier protection to the facial area and related mucous membranes (eyes, nose, lips) and are considered an alternative to goggles. Face shields are not meant to function as primary respiratory protection and should be used concurrently with a medical mask (for droplet precautions). They should cover the forehead, extend below the chin, and wrap around the side of the face. Face shields are available in both disposable and reusable options.

Canvas Health will have face shields available for use if the individual meets the exception to wearing a mask referenced above.

Desk Shields and Other Barriers

When social distancing is not an option, transparent shields or other physical barriers shall be installed where possible to separate employees, clients, and visitors.

Goggles

Goggles provide barrier protection for the eyes. They should fit tightly over and around the eyes or personal prescription lenses, be indirectly vented (to prevent penetration of splashes or sprays) and have an anti-fog coating to help maintain clarity of vision. The lens is made of plastic, commonly polycarbonate, and there is an adjustable elastic strap to allow snug fit around the eyes. Goggles used for healthcare applications are typically reusable.

At this time Canvas Health is not using face goggles.

Gowns

Gowns: Non-sterile, long-sleeved hospital gowns (isolation gowns or surgical gowns) are indicated for use for direct care of patients with COVID-19. These are available in both disposable and reusable options. Disposable gowns are generally made of a spun bound synthetic material. Reusable (washable) gowns are typically made of cotton or cotton-blend fabrics; gowns made of these fabrics can be safely laundered and reused if they are in good condition.

Disposable gowns may be worn in certain circumstances.

Hygiene and source controls

Basic infection prevention measures are being implemented at our workplaces at all times. In support of hygiene practices, Canvas Health will:

- Post handwashing and “cover your cough” signs.
- Upon entry and exit, in common areas, and when with others, require all staff, clients, and visitors to wear a face covering/mask/mask indoors based on the protocol above and the latest Governor’s orders. For those who do not have a face covering/mask/mask, a face covering/mask/mask will be provided upon entry to a site.

- Supply all staff with the recommended protective supplies, such as face covering/mask/masks, gloves, disinfectant, shields, etc.
- Provide tissues for proper cough/sneeze etiquette and no-touch disposal containers.
- Community drinking stations and water-fountains will not be available/used although any touchless water-filling stations may still be provided.

Hand washing or sanitizing

- Canvas Health will follow the CDC guidance on handwashing found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>
- Canvas Health will ensure staff and clients/families have access to a place to wash hands. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol. Canvas Health will ensure handwashing and/or hand-sanitizer facilities are readily available and appropriately stocked including by entrances.
- Canvas Health will provide paper towels and ensure a trash-receptacle is placed by the bathroom door so a paper towel can be readily disposed of when operating the door.
- All Canvas Health staff are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift, prior to any mealtimes and after using the restroom.
- All clients and visitors to the workplace are encouraged wash or sanitize their hands prior to or immediately upon entering the facility or the home. Hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) are at entrances and locations in the workplace so they can be used for hand hygiene in place of soap and water, as long as hands are not visibly soiled.
- Staff, clients, and visitors are being instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing, and to avoid touching their face, particularly their mouth, nose and eyes, with their hands.
- Staff, clients, and visitors are expected to dispose of tissues in provided trash receptacles and wash or sanitize their hands immediately afterward.
- Respiratory etiquette will be demonstrated on posters and supported by making tissues and trash receptacles available to all staff and other persons entering the workplace.
- For any services provided outside of Canvas Health locations staff are expected to use hand sanitizer between sessions.

Workplace building and ventilation protocol

Operation of the building in which the workplace is located, includes necessary sanitation, assessment and maintenance of building systems, including water, plumbing, electrical, and Heating, Ventilation and Air Conditioning (HVAC) systems. The maximum amount of fresh air is being brought into the workplace, air recirculation is being limited, and ventilation systems are being properly used and maintained. Steps are also being taken to minimize air flow blowing across people.

The building's Heating Ventilation and Air Conditioning (HVAC) system continually brings in outside air that is heated or cooled and then circulated downward from the ceiling forcing the existing air up and into the air return system. This constant, positive air pressure in occupied spaces prevents return air from entering other adjacent areas.

The Facilities staff continually consults and follows the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) guidelines for operating HVAC systems to reduce COVID-19 transmission. In addition, CDC guidelines are continually monitored for recommendations. For additional information, please contact David Kriske, Facilities Manager.

Worksite cleaning and disinfection protocol

Use of EPA-registered disinfectants is recommended by the CDC: <https://www.epa.gov/coronavirus>. Regular practices of cleaning and disinfecting have been implemented but require the efforts of all staff that are in the building, including a schedule for routine cleaning and disinfecting of work surfaces, and equipment in the work environment, including restrooms, break rooms, meeting rooms, and lobbies. Frequent cleaning and disinfecting is being conducted of high-touch areas, including light switches, counters, phones, touch screens, controls, door handles, elevator panels, railings, copy machines, credit card readers, etc.

- Cleaning supply stations will be set up throughout the building and will be accessible to staff for use.
- Supplies include disinfecting wipes, gloves and hand sanitizer.
- Excess chairs in waiting areas, conference rooms and class rooms will be removed to ensure social distancing.
- Toys, books, newspapers and magazines will be removed from all waiting areas.
- Rooms used multiple times during the course of the day will be cleaned and disinfected between uses by staff.
- Clorox wipes or equivalent, gloves, masks, and/or electrostatic foggers will be used to disinfect large areas.

If a worker, customer or visitor is symptomatic or is diagnosed with COVID-19, facilities will follow the same protocol for regular cleaning. All cleaning will be carried out with the assumption that someone in the room is symptomatic or diagnosed.

Front Desk

Additionally, front desk staff will be cleaning the front entry and lobby areas of each of our office several times throughout the day. All staff please also clean your work areas and common meeting rooms after use.

Appropriate and effective cleaning and disinfecting supplies have been purchased and are available for use in accordance with product labels, safety data sheets and manufacturer specifications, and are being used with required personal protective equipment for the product.

Community-based Protocol

For all community-based providers serving persons in the community, Canvas Health recommends serving individuals outside. Staff shall be aware of common residential high touch surface areas (doorknobs, light switches, stair rails, counters, tables, chairs, and toys, etc.) and develop strategies to minimize contact and wash hands/utilize hand sanitizer before and after touching.

Supplies

Use of shared supplies (e.g. arts and crafts, office supplies) that cannot be sanitized shall be minimized. Any shared items shall be sanitized between uses. Bins may be used to sort items into sanitized and used items. Items shall be sanitized between uses.

Arrivals and Departures Protocol

Points of Entry

Site shall designate specific points of entry to buildings. If possible, one door shall be used for entry and another door shall be used for exit. Only clients/participants/those with business may enter the building at the designated time.

The following instructions shall be posted at all entrances informing people:

- Not to enter if they are experiencing COVID-19 symptoms;
- To wash or sanitize their hands upon arrival;
- Screening for COVID-19 symptoms by staff is required prior to or immediately upon entering the program;
- Wearing face-coverings is required and if they do not have a face-covering with, one will be offered; and
- To adhere to hygiene and social distancing instructions, signage and markings.

Designated space or clearly marked areas shall be regarded as barriers to limit contact with clients during check in. Use of shared items for check-ins (i.e. pens) shall be limited.

Time Waiting

Clients should be encouraged to wait in their vehicles or outside of the buildings until the time of their appointment in order to reduce and limit the number of people in the waiting area.

Pickup and Drop off

Whenever possible, pick up and drop off should occur outside and/or limit the extent to which participants enter the building and interact with each other.

Health Screening Prior to and Upon Entry

Staff, clients, and visitors shall receive a health screening prior to their visit and on the day of the onsite visit outside or near the entrance to the site using this health screening tool:

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

Telephone screening

Pre-site based visit health checks may be conducted by phone by a staff person for a client prior to arriving for an office based visit or a home visit or a brief survey or questionnaire for out-patient clients sent via email or text that day prior to the appointment.

Client Education

Staff shall take all reasonable efforts to ensure clients know the signs and symptoms of the COVID-19 illness.

- Identify criteria for cancelling appointments due to presence of illness or symptoms.
- Have protocol if a symptomatic client shows up for an appointment
- Ask clients to cancel or reschedule if they are Covid-19 positive or have been in contact with someone who is Covid-19 positive or are living with someone exhibiting symptoms of Covid-19.
- Establish protocols based on MDH guidance for when a service recipient exhibits symptoms of COVID-19 or tests positive for COVID-19 to limit exposure.

Taking Temperature on Entry

Temperatures may be taken as may be appropriate by program using an approved device. Temperature must be under 100.4.

Visual Screen

Staff should look for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness by comparing the client's presentation against their known baseline.

Positive Client Screens

Should a client screen positive, the client should be asked to leave the building or sequestered until they are able to leave the building. Clients should be advised to contact their healthcare provider to get a COVID-19 test. Staff should contact client to discuss options for continuing treatment, such as telehealth or telephone. Clients should be advised to stay at home for 14 days until symptoms have cleared or the client's tests negative for COVID-19.

Risk and Waiver of Liability Form

All clients, parents, and guardians who wish to receive face to face services will be asked to read and sign an acknowledge form that describes the contagious nature of COVID-19 and their wish to voluntarily assume the risk that participation in such services may lead to exposure or infection of COVID-19. If Minnesota Statutes already grant an "Immunity from Liability", that program shall be exempt from completing the Risk and Waiver of Liability form (one example would be Child Safety and Protection Services). See Attachment A.

Communications and training practices and protocol

This COVID-19 Preparedness Plan was communicated to all staff and necessary training was provided. Additional communication and training will be ongoing. Training will be provided to all staff who did not receive the initial training and prior to initial assignment or reassignment. In order to assure that all staff have the necessary references:

- A copy of this plan will be provided to all staff and contracted service providers.
- Training will be provided to all staff and contracted service providers on how to follow the plan, ensure they are capable of implementing it, and update them on any changes to the plan.
- The plan will be available to any person who requests it.
- The plan shall be posted on the internal webpage: <https://canvashealth.sharepoint.com/sites/COVID-19> or employee bulletin boards, or accessible to staff who need to review it.

- In plain language, describe the parts of the plan relevant to the clients and, as appropriate, parents, guardians, legal representatives, case managers, and other providers.
- For in-home clients, communicate to clients in advance of the visit what the agency and staff will do to protect the client and employees of the agency allowing enough notice for clients and employees time to prepare for additional precautions.
- Ask clients if they have any concerns about the upcoming in-person visit and take measures to mitigate concerns.

Voicing concerns or questions about this plan

Employees with concerns about Canvas Health's COVID-19 Preparedness Plan or questions about their rights should contact our Human Resource Department or their direct supervisor. Should employees feel that their concerns have not been addressed, they should engage with more senior leadership. Should they still not feel their concerns have been addressed, they can contact MNOSHA Compliance at osha.compliance@state.mn.us, 651-284-5050 or 877-470-6742.

Recall to site based settings

Program Recall

The purpose of this section is to identify methods to recall staff to working in the office. Staff and clients being recalled to return to an office will be recalled in phases that reflect the specific needs and billing requirements of different programs.

Phase 1 Recall:

Phase 1 applies to programs that serve clients needing the most acute level of therapeutic interventions. Examples include: Adult Day Treatment, Child Day Treatment, and Substance Use Treatment Services Groups. Phase 1 programs shall utilize all the safety precautions identified earlier in this plan.

Phase 2 Recall

Phase 2 applies to programs where the clinician must be located in a Canvas Health office location and the client can continue to be remotely served through telehealth. Examples include: Program providing individual, family therapy, and/or group therapy, Substance Use Treatment Individual Treatment, Psychiatry, Psychological Services, and Case Management. Phase 2 programs shall utilize all the safety precautions identified earlier in this plan.

Phase 3 Recall

Phase 3 Recall is intended to be the final round of recalls and applies to programs where staff can deliver services remotely. Examples include: Non-Clinical Services, Emergency Social Services, Mobile Mental Health Crisis Services, and Abuse Response Services. Some of these programs may have operated during the COVID-19 Peace Time Emergency already in this manner and some may have ceased operation. Phase 3 programs shall utilize safety precautions consistent with current published guidelines at the time of recall.

Staff with High Risk Conditions

Staff who have medical conditions that they believe will place them at high risk if they return to the office as part of recall efforts should contact their supervisor and Human Resources for further guidance.

Community Use Recall

In the past, Canvas Health has provided use of office space to various community organizations. Until it is safe to do so, Canvas Health will continue to suspend use of office space to these organizations. Organizations may be granted use of the building grounds and parking lots. These organizations need to have demonstrated methods to reduce community spread.

Staff Use of Buildings

Staff shall not use the buildings for personal use until further notice.

COVID-19 Vaccination

Canvas Health will monitor protocols related to the distribution of the COVID-19 vaccines. Details of vaccine distribution are provided at: <https://www.health.state.mn.us/diseases/coronavirus/vaccine/plan.html> and identify that:

- Phase 1a, which has started, includes people working in health care settings who are at the highest risk for COVID-19 exposure and residents of long-term care facilities who have suffered serious disease outcomes, including death.
- The groups that will come after these first groups are frontline essential workers and adults 75 years and older for phase 1b. And people ages 16 to 64 years with high-risk medical conditions and other essential workers.
- Early on, vaccine will go to hospitals, pharmacies, local public health, and other closed settings. **Most community-based health care providers will not have an active vaccination role during phase 1.**
- More settings will get vaccine during phase 2, when a larger number of doses become available. It is at this stage that community-based providers will play a key role. At this time, we do not know yet when phase 2 will begin.

Approved by:

[Signature]

[Date]

[Title of senior executive or management official]

Attachment A – Assumption of Risk And Waiver of Liability Related to COVID-19

We, at Canvas Health, Inc., know you have alternatives for services and we thank you for choosing to work with us.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread from person-to-person contact, including through respiratory droplets, and in other ways that the Centers for Disease Control and Prevention is still learning.

At this time, COVID-19 is actively being spread throughout communities in Minnesota and new cases are occurring frequently. As a result, federal, state, and local governments and various health agencies recommend physical distancing and have, at certain times and locations, prohibited groups of people congregating or have minimized the number of persons that are allowed to congregate.

Canvas Health has put in place preventative measures and requirements to reduce the spread of COVID-19. We need everyone's help in following our guidelines. Our guidelines are available for your review, and can be found on our web site at www.canvashealth.org.

Given the contagious nature of COVID-19, Canvas Health, Inc. cannot guarantee that participants in services, especially face-to-face services, will avoid becoming exposed to and infected by COVID-19. By engaging in face-to-face services risk of contracting COVID-19 could increase.

Assumption of Risk:

By signing this form, I acknowledge that I fully understand its terms, that I am of legal age and that I AM VOLUNTARILY ASSUMING FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me. I specifically understand the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in services and that such exposure or infection may result in personal injury, illness, permanent disability, and death. It is my choice to participate in services, including those delivered face to face, and/or to send my participant to this program, knowing that attending this program may increase the risk of becoming exposed to and infected by COVID-19.

I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and event participants and their families. It is my express intention that this Waiver bind me, my family, my heirs, and/or my assignees.

I acknowledge that exposure to COVID-19, injury, illness, disability, and even death may result from the actions, omissions, or negligence of myself and others, or the actions, omissions or negligence of Canvas Health, Inc. including but not limited to its management, employees, and volunteers, or the fault of program participants and their families.

I voluntarily agree to assume all of the risks outlined in this form including contracting COVID-19, and the undersigned accepts sole responsibility for any injury or illness to the participant or myself. This risk includes

illness, injury, disability and death, and all associated losses and expenses of any kind that I or the participant may experience or incur.

Waiver: In consideration of being permitted to participate in services at Canvas Health, Inc., I, for myself, and on behalf of the participant, hereby RELEASE, WAIVE AND DISCHARGE Canvas Health, Inc.; HSI-Crisis Connection, LLC; and any subsidiaries, or any of their owners, officers, directors, members, agents, employees, other clients, or affiliates from any and all claims, demands, or actions for any injury, damage, loss, cost, or expense arising from my participation in services.

Indemnification and Hold Harmless: I also agree to indemnify, defend, and hold harmless Canvas Health, Inc. and owners, officers, directors, members, agents, employees, other clients, or affiliates from any and all claims, actions, costs, expenses, damages and liabilities, including attorney's fees, relating to any claim of exposure, infection, injury or illness concerning COVID-19 arising from participation in the listed program or activity.

This assumption of risk, waiver and agreement applies even if the undersigned asserts the program was at fault for not taking greater precautions to manage exposure or infection from COVID-19 and the pandemic. Participants and their families assume the risk of illness and injury, as outlined in this document.

Signature of Participant/Parent/Guardian

Date

Print Name of Parent/ Guardian

Print Name of Participant

Attachment B – Occupancy limits

Occupancy limits for social distancing in meeting rooms				
Location	Room#		Maximum Covid occupancy (based on 7 ft. social distancing)	
Oakdale	11	Day treatment	4	
Oakdale	16	Garden level conference	10	
Oakdale	21	Day treatment	3	
Oakdale	22	Day treatment	3	
Oakdale	52	PCIT	3	
Oakdale	54	Gym	10	(45)
Oakdale	56	TLC open area	10	(22)
Oakdale	63	TLC classroom	10	
Oakdale	64	TLC classroom	10	(13)
Oakdale	150a	Comminuty room A	10	(11)
Oakdale	150b	Comminuty room B	10	
Oakdale	150c	Communtiy room C	10	(11)
Oakdale	258	Training/board room	10	
Stillwater	116	Board room	10	
Stillwater		Group room	5	
Cottage Grove	28	Group room	4	
Cottage Grove	33	Group room	6	
Forest Lake	A	Group room	3	
Forest Lake	B	Group room	4	
North Branch	A	Group room	6	
North Branch	B	Group room	6	
Bloomington	117	Group room	3	

Attachment C - Verbal Consent during the COVID-19

Documents that can be signed in Adobe sign should be completed in Adobesign.

Canvas Health established a verbal authorization form (Alternative consent to treat) within its Treatments plans for CTSS services. See the attachment on where to document a verbal authorization on a treatment plan. Any program using treatment plans within profiler is recommended to use this verbal authorization to capture the verbal consent.

On all other documents where a verbal authorization is obtained the person documenting verbal agreement must document: the manner in which consent to treat was received, date, time, name of person providing consent, relationship (if not self), name of document(s).

Example: Consent was obtained over telephone, on 4/1/20 at 4:32 pm, by John Doe father of client, for the Release of Information to Mai Vue the county case manager.

All efforts to obtain written consent should be documented in the client record. Methods to obtain written signatures may include:

1. sending out documents to be signed with a self-addressed stamped envelope
2. Offering to email the clients documents (encrypted) so they can send them back.
3. Allowing clients to take a picture of the documents and emailing them back within an encrypted email chain.
4. Clients also have the right to send pictures of signed documents in an unencrypted emails, but we should warn them of the risks to their security.

Attachment D – Additional Resources

General

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

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

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

Businesses

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

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

CDC: Building/business ventilation – www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

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

MDH: Health screening checklist – www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf

MDH: Materials for businesses and employers – www.health.state.mn.us/diseases/coronavirus/materials

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

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

Federal OSHA – www.osha.gov

Handwashing

MDH: Handwashing video translated into multiple languages – www.youtube.com/watch?v=LdQuPGVcceg

Respiratory etiquette: Cover your cough or sneeze

CDC: www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

CDC: www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

MDH: www.health.state.mn.us/diseases/coronavirus/prevention.html

Social distancing

CDC: www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

MDH: www.health.state.mn.us/diseases/coronavirus/businesses.html

Housekeeping

CDC: www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

CDC: www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html

CDC: www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Environmental Protection Agency (EPA): www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Employees exhibiting signs and symptoms of COVID-19

CDC: www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

MDH: www.health.state.mn.us/diseases/coronavirus/basics.html

MDH: www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf

MDH: www.health.state.mn.us/diseases/coronavirus/returntowork.pdf

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

Training

CDC: www.cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html

Federal OSHA: www.osha.gov/Publications/OSHA3990.pdf

MDH: www.health.state.mn.us/diseases/coronavirus/about.pdf