

U.V.A.H. COVID-19 SAFETY & PREVENTION PROGRAM

Updated 12/30/2021

The State Public Health Officer has issued a new order requiring transmission prevention measures for unvaccinated health workers. Adult day programs licensed by the California Department of Social Services are included. This update reflects the actions we have taken and will take to comply with the order and to prevent the spread of Covid-19 and maximize the safety of employees and people who use our services.

We are keeping up with guidance from the CDC (Center for Disease Control), California Department of Public Health, CAL/OSHA, following the local public health officer orders, and directives from the Department of Developmental Services. The plan outlines the workplace modifications and protocols that we have in place. These physical modifications and safety protocols are updated to comply with new guidance, orders and directives as they are released.

Vaccination Mandate

On September 28, 2021, the California Department of Public Health issued the following Public Health Order covering agencies including U.V.A.H:

NOW, THEREFORE, The State Public Health Officer of the State of California, order:

- 1. All individuals in subdivisions (a) through (e) must have the first dose of a one-dose regimen or the second dose of a two-dose regimen by November 30, 2021.*
 - a. All workers who provide services or work in Adult and Senior Care Facilities licensed by the California Department of Social Services;*
 - b. All in-home direct care services workers, including registered home care aides and certified home health aides, except for those workers who only provide services to a recipient with whom they live or who are a family member of the recipient for whom they provide services;*
 - c. All waiver personal care services (WPCS) providers, as defined by the California Department of Health Care Services, and in-home supportive services (IHSS) providers, as defined by the California Department of Social Services, except for those workers who only provide services to a*

- recipient with whom they live or who are a family member of the recipient for whom they provide services;*
- d. All hospice workers who are providing services in the home or in a licensed facility; and*
 - e. All regional center employees, as well as service provider workers, who provide services to a consumer through the network of Regional Centers serving individuals with developmental and intellectual disabilities, except for those workers who only provide services to a recipient with whom they live or who are a family member of the recipient for whom they provide services.*
- 2. All workers who are eligible for the exceptions outlined in subdivisions (b), (c), and (e) of section (1) must only provide services to a single household. If the worker provides services across multiple households, then the exception does not apply, and the worker must adhere to the provisions of this Order.*
 - 3. Two-dose vaccines include: Pfizer-BioNTech or Moderna or vaccine authorized by the World Health Organization. The one-dose vaccine is: Johnson and Johnson [J&J]/Janssen. All COVID-19 vaccines that are currently authorized for emergency use can be found at the following links:

 - a. By the US Food and Drug Administration (FDA), are listed at the FDA COVID-19 Vaccines webpage.*
 - b. By the World Health Organization (WHO), are listed at the WHO COVID-19 Vaccines webpage.**

Additionally, On December 22, 2021, the California Department of Public Health issued the following Public Health Order covering agencies including U.V.A.H:

California Immunization Requirements for Covered Workers

COVID-19 Vaccine	Primary vaccination series	When to get the vaccine booster dose	Which vaccine booster dose to receive
Moderna or Pfizer-BioNTech	1st and 2nd doses	Booster dose 6 months after 2nd dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but

			either Moderna or Pfizer-BioNTech are preferred.
Johnson and Johnson [J&J]/Janssen	1st dose	Booster dose 2 months after 1st dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Booster dose 6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Booster dose 6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine

When does this amended order go into effect?

The requirement for booster doses goes into effect December 22, 2021, and the deadline for booster-eligible covered workers to receive their booster is February 1, 2022, or within 15 days of becoming eligible for a booster if they are not eligible as of February 1, 2022. All facilities must begin testing of booster-eligible workers (who have not yet received their booster dose) by December 27, 2021 and be in full compliance by January 7, 2022.

4. "Worker" refers to all paid and unpaid individuals who work in indoor settings where (1) care is provided to individuals, or (2) persons in care have access for any purpose. This includes workers serving in residential care or other direct care settings who have the potential for direct or indirect exposure to persons in care or SARS-CoV-2 airborne aerosols. Workers include, but are not limited to, direct supportive services staff, hospice providers, nurses, nursing assistants, physicians, technicians, therapists, WPCS providers, IHSS providers, registered home care aides, certified home health aides, students and trainees, contractual staff not employed by the residential facility, and persons not directly involved in providing care or services, but who could be exposed to infectious agents that can be transmitted in the care setting (e.g., clerical, clergy, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, cosmetology, personal training and volunteer personnel).

5. "Employer" refers to an organization that employs and directs the worker in providing services. In the case of workers in a facility, the facility is the employer. In the case of certified home health aides and affiliated home care aides, the home health agencies and home care organizations are the employer.

6. "Employer-Recipient" refers to the person receiving services from IHSS workers, WPCS workers, and independent registered home care aides.

7. Workers may be exempt from the vaccination requirements under section (1) only upon providing the employer or employer-recipient a declination form, signed by the individual stating either of the following: (1) the worker is declining vaccination based on Religious Beliefs, or (2) the worker is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons.

- To be eligible for a Qualified Medical Reasons exemption the worker must also provide to their employer or employer-recipient a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the

probable duration of the worker's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).

8. If an employer or employer-recipient deems a worker listed above under section (1) to have met the requirements of an exemption pursuant to section (7), the unvaccinated exempt worker must meet the following requirements when entering or working in such facility or home:

a. Test for COVID-19 with either PCR or antigen test that either has Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. Testing must occur once weekly for such workers.

b. Wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, at all times while in the facility or home.

9. Consistent with applicable privacy laws and regulations, an employer must maintain records of workers' vaccination or exemption status. If the worker is exempt pursuant to section (7), the employer as applicable also must maintain records of the workers' testing results pursuant to section (8). For IHSS workers, WPCS workers, and independent registered home care aides, the worker must maintain relevant records as provided in this section.

a. The employer must provide such records to the local or state Public Health Officer, the California Department of Social Services, or their designee promptly upon request, and in any event no later than the next business day after receiving the request.

b. Employers and workers subject to the requirement under section (1) must maintain records pursuant to the CDPH Guidance for Vaccine Records Guidelines & Standards with the following information: (1) full name and date of birth; (2) vaccine manufacturer; and (3) date of vaccine administration (for first dose and, if applicable, second dose).

C. For unvaccinated workers: signed declination forms with written health care provider's statement where applicable, as described in section (6) above. Testing records pursuant to section (8) must be maintained.

U.V.A.H. is offering in-person and alternative services delivered remotely. Because individual and community conditions change frequently, we check in with all the people we serve, their families and home support on a regular basis to find out where people want to get services. U.V.A.H. is able to make changes as needed and to serve all with proper social distancing in our buildings.

Workplace Modifications

Workplace modifications based on social distancing protocols include physical workspaces, workplace protocols, and scheduling. U.V.A.H. has several services that range from 100% community based to primarily facility-based. The plan takes into consideration all environments, activities and modes of transportation that clients and staff will experience during their service/work-day.

Physical Workspace Modifications

- All work/training spaces are adjusted/moved to adhere to the social distancing requirements.
- Sanitizing spray bottles are labelled and filled with CDC approved disinfectants.
- Touchless trash cans are located where needed.
- Hand sanitizer and disposable wipes are at all entrances of buildings as well as in other high use areas such as breakrooms and copy machines.
- Tissues are available in buildings and vehicles.
- Signage is posted at all entrances in compliance with public health orders and throughout the buildings to remind everyone about social distancing protocols, handwashing and disinfecting surfaces.
- Contactless drop zones and procedures for deliveries are identified.
- Two buildings with central HVAC units are equipped to provide the highest level of filtration efficiency; one building uses portable High Efficiency Particulate Air (HEPA) filtration units. Outdoor air ventilation is maximized when it does not cause a hazard to individuals from excessive heat or cold, or when the air quality index is over 100.

Workplace Protocols

- Adhere to any and all COVID-19 postings within the buildings such as social distancing and wearing facial coverings.
- Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. **If necessary, clean and disinfect them before and after use.**
- Only one person at a time in break areas, offices, dining areas or smoking areas that do not allow 6 feet of distance between people.
- Follow social distancing, with a minimum of 6 feet between everyone.
- U.V.A.H. will provide all PPE (Personal Protective Equipment) for staff, clients, crewmembers, and visitors. This includes surgical masks, disposable gloves, gowns, scrubs, face shields, hand sanitizer and shoe protectors.
- Avoid congregating at all times.
- UVAH requires vaccine verification to determine whether individuals are fully vaccinated. "Fully vaccinated" means the employer has documented that the person received, at least 14 days prior, the final COVID-19 vaccine dose. Vaccines must be FDA approved; have an emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

Face Coverings

- Facial covering means a surgical mask, a medical procedure mask, a respirator worn voluntarily or a tightly woven material or non-woven-material of at least two layers. A face covering has no visible holes or openings and must cover the nose and mouth. A face covering does NOT include a scarf, ski mask, balaclava, bandana, turtleneck, collar or single layer of fabric.
- UVAH will supply facial coverings (cloth, surgical or n-95 respirator mask) for any person who wants to wear a mask. Employees who request a n-95 mask will be taught how to properly wear and perform a seal check each time it is worn and be advised that facial hair interferes with the seal.
- All employees and visitors are required to wear surgical masks in indoor settings and anywhere they are working with another person. Any worker who wishes can request a N-95 respirator mask.
- **Facial coverings are required for all individuals while indoors or in a vehicle.** This includes buses and taxis.

- Anyone riding in a company vehicle will sit with a seat space between one another and wear a cloth face covering. In the summer it is recommended the windows be down and a/c running. In the winter we will resume wearing a face covering and a shield.
- Staff will wear facial coverings, face-shields, gloves and gowns when providing close care to clients such as toileting, assistance with eating, assistance with an injury that involves contact with bodily fluids.
- Facial covering **exemptions:** persons younger than 2 years old; persons with a medical condition, mental health condition or disability that prevents wearing a mask including those who cannot remove a mask without assistance; person who are hearing impaired or communicating with a person who is hearing impaired; persons for whom wearing mask would create a risk to the person related to their work. Employees exempted from wearing face coverings due to a medical condition, mental health condition or disability shall wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition or disability permits it.
- **Exceptions to wearing required face coverings:** When alone in a room or vehicle; while eating or drinking in the workplace provided individuals are 6 feet apart and when indoors, outside air supply has been maximized to the extent feasible; while performing specific tasks that cannot feasibly be performed with a face covering.
- Individuals who cannot wear a face covering due to a medical or mental health condition or disability, or who are hearing impaired or communicating with a hearing -impaired person or because of performing specific task shall be at least 6 feet for all other persons. Seating is not to be added or removed as seating is set to follow the CDC social distancing guidelines.

Handwashing

- Everyone will use hand sanitizer before entering the building. Once entering the building each person will wash their hands with soap and water for at least 20 seconds. Each person will wash their hands with soap and water for at least 20 seconds before and after use of the bathroom, providing any kind of personal care, eating, touching their face, using any PPE equipment, coughing or sneezing.

- Use hand sanitizer with at least 70% alcohol if soap and water are not available.
- Everyone will be reminded to wash their hands every 20-30 minutes.
- Clients will be observed washing hands until they demonstrate the ability to do so independently.

Employee/Client Scheduling

- Schedules will be modified to include staggered shifts or arrival/departure times, use of different entrances and exits, and staggered break and meal times to maintain social distancing.
- Schedules will be adjusted to allow employees to work remotely when possible.

Disinfecting the Workplace After a Covid-19 Case

- All buildings are cleaned and disinfected prior to clients returning and after a client or staff test positive for Covid-19.
- Employees cleaning the buildings wear proper PPE including gloves and a facial covering and avoid touching eyes, face or mouth, or any personal electronic devices while cleaning.
- All disinfectant used on work spaces are an EPA-registered disinfectant registered on the Environmental Protection Agency's (EPA) list N.
- Air filters will be replaced periodically, and outdoor air dampers on air-conditioners are opened to 100%.
- Cleaning includes special attention to:
 - Entryways and exits
 - Employee workstations
 - Electronics
 - Tables, chairs and desks throughout the buildings
 - Lifts, changing tables, exercise mats and tilt tables
 - High-touch common surfaces (e.g., light switches and plate covers, doors, cabinets, sinks, stair railings, countertops, beverage machines and refrigerators)

Daily Cleaning Schedule

Buildings

- All U.V.A.H. facilities are cleaned daily. High-touch common surfaces (e.g., light switches and plate covers, doors, cabinets, sinks, stair railings, countertops, beverage machines and refrigerators) and frequently touched objects and surfaces such as copiers, workstations, keyboard, microwave ovens, water dispensers, telephones, handrails, shared coffee makers, vending machines, health screening equipment, microwaves, printers and other equipment are wiped with a disposable wipe or after each use.

Vehicles

- All company vehicles are cleaned inside at the end of each day.
- Every vehicle has spray bottles with EPA-registered disinfectant registered on the Environmental Protection Agency's (EPA) list N.

Equipment

Day Janitorial

- All equipment that is taken into customers' places is sanitized before being put back into the van using an EPA-registered disinfectant registered on the Environmental Protection Agency's (EPA) list N.
- Buckets with lids are labeled clean rags and dirty rags for proper storage.

Grounds Maintenance

- All equipment is sanitized before being used by another person or put back into the truck using an EPA-registered disinfectant registered on the Environmental Protection Agency's (EPA) list N.

Hospital crew

- The crew follows the hospital cleaning and disinfecting protocols. All U.V.A.H. equipment is sanitized before being used by another person or put back into the company van using an EPA-registered disinfectant registered on the Environmental Protection Agency's (EPA) list N.

Retail

- Will follow the stores' cleaning protocols.

Enhanced

- Lifts, changing tables, exercise mats and tilt tables are cleaned after each use

RAP

- Educational and rehabilitative equipment or materials are used one person at a time, and are cleaned and disinfected immediately before being stored or used by another person.

Attire

- Scrubs, cloth gowns and facial coverings are laundered on site daily.

Screening, Testing, Exposure and Confirmed Illness Protocols

Employee/Client Screening Protocols

To keep employees and persons who use services safe, we implement the following screening procedures to identify potentially ill people. The Equal Employment Opportunity Commission permits employers to measure employees' body temperatures before allowing them to enter the worksite. All information gleaned is treated as confidential medical information under the Americans with Disabilities Act. Temperatures are recorded on individual tracking sheets and filed for privacy. The identity of workers exhibiting a fever, or other COVID-19 symptoms is only be shared with members of management with a valid need to know.

All staff, crewmembers, and clients are asked to know, and self-screen for COVID - 19 before reporting to work or attending program. "COVID-19 symptoms" means fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, unless a licensed health care professional determines the person's symptoms were caused by a known condition other than COVID-19.

If clients are not able self-screen for COVID-19 symptoms U.V.A.H. staff will address the support staff before clients leave home each morning. Clients' temperatures are taken prior to entering buildings, U.V.A.H. vehicles, their community work site or when they first meet staff in the community. To avoid any surprises, clients, employees and residential staff/families will be notified about the self-screening prior to returning to work/services. Screenings are conducted in the most private respectful way possible regardless of where it is conducted.

The following question will be asked before entering the facilities, U.V.A.H. vehicles, their community work site or when they first meet staff in the community. Visitors are screened immediately upon entry to the building.

Screening Question

- Have you self-screened for COVID-19?

Staff, clients/crewmembers or visitors who exhibit COVID-19 symptoms or have temperature over 100.4 degrees Fahrenheit will be asked to leave the premises immediately and seek medical care and/or COVID-19 testing. Individuals will be supported to get home from facilities or community locations as needed.

Upon arrival at the work site each staff will call their supervisor or dedicated screener, they will be asked the screening question. Staff who pass the screening can meet their supervisor outside the door for their temperature to be taken. If no fever over 100.4 degrees is noted the staff may enter the building.

Remote Workers

- All employees working remotely will be called by their supervisors daily. Supervisors will review and document screening question with staff.

Testing Requirements

- Asymptomatic unvaccinated or incompletely vaccinated employees are required to have diagnostic screening testing at least once per week with either PCR or antigen testing.
- Diagnostic screening testing of asymptomatic fully vaccinated workers is not required.
- Work crews follow the testing requirements for the sites where they work in the community

Exposure and Confirmed COVID-19 Illness Protocol

Under AB685 when an employee/client tests positive, regardless of the source of the infection U.V.A.H. must conduct contact tracing to determine which areas of the workplace have been exposed, as well as whether any close contact occurred between the infected person and other employees/clients.

First, U.V.A.H. will determine what areas are now considered an “exposed workplace,” which simply means any work area the infected employee used or accessed. (Notably, Cal/OSHA doesn’t expect employers to include areas where masked workers momentarily pass through the same space without interacting, so they may focus on areas where transmission is more likely.)

Once U.V.A.H. has determined the exposed workplace, we will determine whether the infected person had close contact with any other person during the “high-risk period,” which is calculated in two ways:

- If the infected person developed symptoms, the high-risk period is two days before symptoms developed until 10 days after the symptoms appeared, as long as the person has been fever-free for 24 hours without use of fever-reducing medication, and other symptoms have improved.
- If the infected person never developed symptoms, the high-risk period is two days before until 10 days after the initial specimen collection for the person’s first positive test.

“Close contact” means the infected person was within six feet of another employee for a cumulative 15 minutes during any 24-hour period. Whether the employees/clients were wearing face coverings doesn’t change this definition.

Once U.V.A.H. has determined whether any close contact with the infected person occurred during the high-risk period, we will do the following:

- Notify in writing, all individuals who may have had an exposure and their authorized representatives within one business day without revealing the infecting person’s personal information. (Written notices may be hand-delivered or sent electronically via email or text message.)
- Offer no-cost testing during work/service hours to all exposed employees/clients;
- Prevent the exposed employees/clients from returning to the worksite/service until the return-to-work/services criteria has been satisfied
- Continue salary and benefits while the exposed employees remain away from the worksite;

- Investigate the outbreak and determine whether any protocol changes need to be made; and
- Record and report COVID-19 cases as directed.

RCRC Notifications

Whenever a client, or staff has been directly exposed, had close contact, shown symptoms of the coronavirus while U.V.A.H. is providing direct services the client's service coordinator will be notified. The information must be conveyed to a live person or on-call if it is after hours. If the Service Coordinator is not available, ask to speak to the Client Service Manager or Officer of the Day and tell them it is Covid related. The Resource Manager will also be notified. SIR's will be submitted within 48 hours.

Outbreaks and Major Outbreaks

The emergency regulations provide separate rules for employers should they experience an outbreak or a major outbreak.

An "outbreak" is defined as three or more positive cases at an exposed workplace within a 14-day period. If U.V.A.H. experiences an outbreak, in addition to the Prevention Program, we will do the following:

- Immediately provide no-cost testing to all employees/clients in the exposed workplace and repeat testing again one week later. U.V.A.H. will continue testing weekly after that until there are zero cases in the workplace for a 14-day period.
- U.V.A.H. will contact the local health department within 48 hours of discovering the outbreak.
- Record and report COVID-19 cases to their local health department with the following information:
 1. Worksite information including the organization's name, business address and NAICS industry code. (North American Industry Classification System)
 2. Name, job title, work areas, close contacts, dates of symptom onset, and shift of workers with COVID-19 and,
 3. Any other information requested by the local health department.

- U.V.A.H. will investigate workplace hazards that may have contributed to the outbreak and make any modifications or corrections to our Prevention Program accordingly.

A “major outbreak” is defined as 20 or more positive cases in a 30-day period. If U.V.A.H. experiences a major outbreak, in addition to the Prevention Program, U.V.A.H. will do the following:

- Immediately provide no-cost testing to all employees in the exposed workplace twice weekly until there are zero cases in the workplace for a 14-day period.
- Implement ventilation changes to the worksite’s mechanical ventilation systems including using at least a MERV-13 filter or the highest efficiency compatible with the system.
- Evaluate whether portable HEPA air filtration units are needed due to poor ventilation.
- Determine the need for a respiratory protection program or changes to an existing program.
- Consider whether to halt all or part of operations.

Self-quarantining

When self-quarantining, employees/clients should:

- Stay away from other people in their home as much as possible, staying in a separate room and using a separate bathroom if available.
- Not allow visitors.
- Wear a facial covering if they have to be around people.
- Avoid sharing household items, including drinking cups, eating utensils, towels and bedding.
- Clean high-touch surfaces daily.
- Continue monitoring their symptoms, calling their health care provider if their condition worsens.

Notably, employees/clients who are symptomatic or who have tested positive should not return to work/services until the conditions outlined in the following table are met:

Return to Work/Services Criteria

<p>Symptomatic Positive People with symptoms who are laboratory confirmed to have COVID-19</p>	<p>At least 10 days have passed since symptoms first appeared; and at least 48 hours have passed since last fever without the use of fever reducing medications; and symptoms (e.g., cough, shortness of breath) have improved.</p>
<p>Asymptomatic Positive People who never had symptoms and are laboratory confirmed to have COVID-19</p>	<p>A minimum of 10 days have passed since the date of their first positive COVID-19 test. If they develop symptoms, then the criteria for laboratory confirmed cases with symptoms apply.</p>
<p>Symptomatic Negative People who had symptoms of COVID-19 but test result returned negative</p>	<p>Use the same criteria for return to work as laboratory confirmed cases.</p>
<p>Asymptomatic Negative People who never had symptoms but were tested due to close contact with a laboratory-confirmed case patient and were negative</p>	<p>People should quarantine at home for 10 days after the last known close contact with the case patient. Symptoms can develop even after testing negative within 10 days after exposure.</p>
<p>Symptomatic Untested People who had symptoms of COVID-19 but were not tested</p>	<p>Testing is highly recommended. If the person cannot be tested, use the same criteria for return to work as laboratory confirmed cases.</p>
<p>Asymptomatic Untested People who had close contact to a person with a laboratory confirmed case at work, home, or in the</p>	<p>People should be quarantined at home for 10 days after the last known close contact with the person. Testing is highly recommended.</p>

<p>community and do not have symptoms.</p> <p>OR</p> <p>People who refuse or are unable to be tested after close contact with a laboratory-confirmed case, despite recommendation for testing from LHD or healthcare provider, and do not have symptoms.</p>	<p>People who develop symptoms of COVID-19 while in quarantine should contact their healthcare provider. Even if they are not tested, the same criteria for return to work should be used as laboratory-confirmed cases.</p>
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Be aware that testing reflects a person’s status at a single point in time only. If a worker tests negative, they may still develop COVID-19 infection from a recent or subsequent exposure and should be instructed to quarantine at home if that occurs. Testing may be needed at repeated intervals to capture all positive cases, especially if an outbreak is ongoing.

When a person tests positive for COVID-19, deep-cleaning and disinfection procedures will be triggered for the areas/vehicles the person had accessed.

Feeling ill after reporting to work protocol

Anyone who becomes ill after coming to work/program will be asked to leave immediately. If someone is not able to leave immediately they will go into a designated isolation room until they can leave the facility. When in Isolation, everyone will:

- Wear a N-95 mask
- Stay away from others (unless you need an assistant to help care for you)
- Not have visitors

Staff who are caring for a client/crewmember in isolation will:

- Wear a N-95 mask
- Wear a disposable gown, gloves and shoe protectors.
- Only come in contact with the client/crewmember for safety precautions.

After the person leaves the facility the isolation room will be cleaned and disinfected immediately. The staff person caring for that individual will dispose of

the contaminated disposable PPE. Then they must go home to shower and change clothing before returning to work.

Creating Employee Safety Training Materials

The success of this plan is dependent on how well employees, crewmembers and clients follow our health and safety guidance. All staff, crewmembers and clients are trained on the following before returning to their work duties. There will be ongoing, periodic covid-19 safety training after people return.

(A Staff/Crewmember/Client training form is filled out and properly filed once trainings are completed).

- Proper hand washing inside and outside of the work place.
<https://youtu.be/d914EnpU4Fo>
- Proper social distancing (at least six feet).
- <https://youtu.be/9csvnEpeSrl>
- Proper application of PPE (gowns, gloves, face shields, Face masks) inside and outside the work place/ Proper removal of PPE (gowns, gloves, face shields, Face masks) inside and outside the work place
- <https://youtu.be/84CydmuHXD8>
- Proper cleaning and disinfecting of buildings at the end of each work day.
- How to properly clean and sanitize equipment inside and outside the facilities.
<https://www.youtube.com/watch?v=ZgIMA5TVEoE>
- Proper cleaning of company vehicles.
<https://www.youtube.com/watch?v=zCMHsKN80o4>
- New vehicle seating guidelines including wearing face masks and face shields.
- How can we all reduce the spread of COVID-19
 - a) Stay home if sick, except to get medical care
 - b) Inform supervisor if employee has a sick family member with COVID-19 at home
 - c) Wash hands often with soap and water for at least 20 seconds. Use hand sanitizer with at least 70% alcohol if soap and water are not available.
 - d) Avoid touching eyes, nose, and mouth with unwashed hands.

- e) Cover mouth and nose with a tissue when you cough or sneeze or use the inside of elbow. Throw used tissues in the trash and immediately wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer containing at least 70% alcohol.
- f) Clean frequently touched objects and surfaces such as workstations, keyboard, telephones, handrails, printers and other equipment. Dirty surfaces can be cleaned with soap and water prior to disinfection. To disinfect, use the labeled disinfectant spray that meets the criteria for use against SARS-CoV-2.
- g) Avoid using other office worker's phones, desks, offices, or other work tools and equipment, when possible. **If necessary, clean and disinfect them before and after use.**
- h) Increase hygiene practices- wash hands every 20-30 minutes, avoid touching your face, practice good respiratory etiquette when coughing or sneezing.
- i) Adhere to CDC guidance to stop the spread of germs and CDC guidance on COVID-19 symptoms.

All staff take 30-45-minute online self-study class called "COVID-19: A Guide to Direct Care Workers" where they gain relevant, reliable information about the virus and learn how to care for themselves and clients amidst the COVID-19 pandemic. At the end of the class, staff claim their certificate stating that they are "COVID-19 Certified." This is filed in their personnel file.

Online link <https://info.careacademy.com/en-us/covid19-certification-class>

Training outline:

- a) Understanding COVID-19
- b) Describe COVID-19, its symptoms, the people most at risk of serious illness from it, and how it is transmitted.
- c) Identify reliable sources of information about COVID-19.
- d) Apply strategies for reducing the spread of the COVID-19 virus.
- e) Describe tactics for providing care to someone who has COVID-19.
- f) Suggest strategies for self-care for direct care workers during the COVID-19 global pandemic.
- g) Suggest strategies for self-care for direct care workers during the COVID-19 global pandemic.

Industry- and Business-specific Safety Considerations

Rural Adult Programs (RAP)

RAP services entail close person contact in order to provide help with eating, toileting, range of motion exercises, moving wheelchairs and other daily activities.

- Staff are provided with enough gowns to ensure they have a clean gown for each time a person is helped with toileting or eating.
- Toilets, stalls and sinks are disinfected after each use.
- Lifts, lift harnesses, tables, exercise mats and tilt tables are cleaned and disinfected after each use.
- Educational and rehabilitative equipment or materials are used one person at a time and cleaned and disinfected immediately before being stored or used by another person.
- Activities in the community are limited to client's "essential" shopping and outdoor activities. Staff support/teach clients to follow social distancing, wear masks and face shields, and follow current public health orders.
- Staff and clients wear a facial covering when in vans.
- All staff and client personal items are stored to ensure separation from others' things.

L.I.F.E. Services

- L.I.F.E. Services are 100% community-based. Services are in accordance with client preferences and health order restrictions.
- At the start of services each day staff and clients review the daily schedule and agree on safety protocols for each activity and destination; this will include safe use of public transportation if applicable and guidelines for planned and unplanned encounters with other community members.
- Services may include supporting clients to perform essential community functions (banking, food banks, shopping, safe use of public transportation, etc.).
- Services may include supporting clients to exercise outdoors and other activities as identified by clients that are within the public health orders.
- Staffing ratios are determined by level of supervision needed to ensure individual client safety in relation to scheduled activities. Staffing ratios may change during transitions from one activity to another based on staff matching to clients' needs and preferences that are allowed under the public health orders.

- Facilitators and Program Manager debrief what worked and what didn't work each day to improve safety and quality of service and adjust to the ever-changing Covid-19 paradigm.
- Program start and end times are determined by individual client's abilities to access transportation to and from community start points and end points.
- Clients are responsible for transportation to and from program. Assistance with public transportation schedules and safe use will be provided.
- Clients with jobs are assisted as they are able to return.

Mayacama Industries

Day Janitorial Crew

- Daily work hours vary based on customer demand.
- Screening tool is used with customers prior to entering homes.
- Buckets are labeled Clean rags and Dirty rags for the van.

Grounds Maintenance Crew

- Daily work hours vary based on customer demand, current weather conditions, air quality and heat index.

Workplace Policy Changes

- The Perfect Attendance Program has been rescinded to encourage employees to stay home when ill.
- The Reporting to work the day before and the day after a holiday has been rescinded. To ensure staff wont report to work in order to get paid for the holiday.

Conclusion

We recognize that the pandemic has created a rapidly changing situation. New information is available on a daily basis, public health orders undergo frequent revisions and CDC and OSHA guidance changes as more is learned. U.V.A.H. is committed to keeping abreast of the changes on a daily basis and update and change our protocols and procedures as quickly as new information comes to light.

Changes to this plan will be communicated to clients and staff when it is updated. The plan is posted on our website and available upon request.

Documents relied upon

- CAL/OSHA
- AB685
- CDC Guidance
- Department of Industrial Relations
- Mendocino County Public Health Orders
- California Department of Public Health Orders and Guidance