

7/27/2020



COVID-19 Return to Work Preparedness Plan

Version 2: Updated 08.13.20

Version 3: Updated 09.09.20 - Addendum I Travel Guidance part I

Version 4: Updated 01.15.21

Version 5: Updated 03.26.21 - Masks (pg 8), American Rescue Plan Act (pg 18), Who Does Not Need to Quarantine (pg 23)

Version 6: Updated 04.27.21 - Addendum II Travel Guidance part II

Version 7: Updated 04.14.22 - Quarantine/Isolation Guidelines

Version 8: Updated 07.12.22 - Returning to Work After Quarantine/Isolation (pg 23) 'Testing' & COVID-19 Testing Report Form

NOTE TO ALL

The information contained in the AEOA COVID-19 Return to Work Preparedness Plan ("Plan"), represents AEOA's current practices regarding the recommended operation of its facilities, where and when permitted by law, during this time of the unprecedented COVID-19 pandemic. The Plan will be updated as applicable guidance evolves. The health and safety of our employees and clients is our number one priority.

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***Forms:** Acknowledgement Form, Employee Self-Screening, Case Form, and Visitor Customer Self-Screening Form

AEOA Staff and Board Members:

The Agency is deeply focused on keeping our employees, clients and suppliers safe while working at our facilities and supporting our organization.

As we continue to navigate this new normal, we have tapped into our Human Resources, Employee Health and Safety, Information Technology, Operations and Communications teams, to develop a Plan that lays out processes to raise awareness of new health and well-being protocols and potentially helpful practices for cross-functional teamwork, operating discipline and training for employees.

While it is not a one-size-fits-all approach, the Plan includes practical recommendations, based on guidelines from the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), Minnesota Department of Health (MDH) guidelines, federal OSHA standards related to COVID-19 and Executive Order 20-48. Regular updates will be made to the Plan as the pandemic and corresponding guidance continue to evolve.

The Plan covers a wide range of topics, including:

- A Pandemic Response Team, encompassing the management and supervision necessary to ensure effective implementation of this Plan
- Housekeeping, including cleaning, decontamination, and disinfection procedures
- Staggering start/end times and lunch breaks and other engineering/administrative social distancing strategies
- Health screening & protocols for identifying and isolating employees who become ill at work
- Hygiene and respiratory etiquette
- Communication and training guidelines for managers and workers
- Visitor controls and protections for drop-off/pick-up and deliveries

This has been a difficult time for everyone, and reestablishing a workplace where employees feel comfortable performing their jobs safely is a multi-faceted challenge. By implementing this Plan, we can help accomplish a safe return to work as everyone adapts to new operating protocols in today's still challenging conditions.

Stay Safe,

Scott Zahorik
Executive Director

Agency Operating Protocols

This Plan aligns with current applicable recommendations from the Centers for Disease Control (CDC), World Health Organization (WHO), Minnesota Department of Health (MDH) guidelines, federal OSHA standards related to COVID-19 and Executive Order 20-48 as of the date the Plan was implemented.

This is a working document and will be updated to reflect changes in directives and introduce new recommended practices as they become available.

The Plan provides general recommendations for use in all AEOA facilities. Because there may be circumstances unique to a location, there may be some cases in which an AEOA facility must adapt the recommendations of the Plan to address that facility's specific requirements. Such exceptions must be authorized by senior leadership and the Pandemic Response Team.

Additionally, all facilities must comply with all applicable laws, meaning that if there is a conflict between the recommendations in this Plan and the applicable law, the facility must follow the applicable law. Programs may implement additional policies as required by funding source requirements or rules.

#	Topic	Task
1	Pandemic Response Team (PRT)	<ul style="list-style-type: none"> Set up the Pandemic Response Team (PRT) Have a plan in place to adopt this corporate framework and develop site-specific protocols
2	Preventative Material Inventory	<ul style="list-style-type: none"> Confirm operation has an adequate supply of soap, disinfect, hand sanitizer, paper towels and tissues Confirm stock of face masks, face shields, gloves, and glasses on-site and on order with lead time Have "non-touch" thermometers on-site for employee screening Provide employee safety kits for home self-monitoring
3	Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> Review and understand protocol
4	Disinfection Measures	<ul style="list-style-type: none"> Disinfect the agency prior to anyone returning to work Replace HVAC air filters or clean/disinfect Implement the General Disinfection Procedures
5	Deep-Cleaning and Disinfection Protocol	<ul style="list-style-type: none"> Review, understand, and prepare for the triggering of the Deep-Cleaning and Disinfection Protocol
6	Inbound Parts/Materials/Packages	<ul style="list-style-type: none"> Manage incoming supplies in accordance with Plan standards
7	Transportation/Fleet Vehicles	<ul style="list-style-type: none"> Review protocols and implement the Transportation Checklist protocol for agency vehicles
8	Social Distancing Protocol	<ul style="list-style-type: none"> Review and understand protocol Complete and continue to adhere to the Social Distancing
9	Health Self-Screening	<ul style="list-style-type: none"> Ensure protocol for self-screening prior to agency entry
10	Daily Self-Screening Protocol	<ul style="list-style-type: none"> Daily Self-Screening protocol is distributed to all employees for mandatory, home self-screening HR team prepared to receive inquiries or reports of symptomatic employees prior to shift start.
11	Isolation Protocol & Training	<ul style="list-style-type: none"> Review and understand protocol Isolation Contact identified and trained at each site as needed Protocol in place to isolate employees if symptomatic on site Print out forms and protocol to be available as needed
12	Return to Work after Home Isolation	<ul style="list-style-type: none"> Review and understand protocol and adjust as necessary for local, legal and cultural environment
13	Visitors Self-Screening	<ul style="list-style-type: none"> Plan in place for screening Visitors and Contractors Visitors & Contractor Self-Screening Checklist printed and available as needed
14	Employee Trainings	<p>Host Pre-Return to Work Trainings:</p> <ul style="list-style-type: none"> Review of Plan with Managers Training for Health Screeners & Isolation Coordinators Training for Disinfection Team & HR Team <p>Host First Day Trainings/Orientation:</p> <ul style="list-style-type: none"> Localize Plan presentation & materials to be consistent with facility Host first-day training orientation for all staff
15	Health & Wellness	<ul style="list-style-type: none"> Self-Screening Checklist Health & Wellness Video and Links
16	Forms	<ul style="list-style-type: none"> Acknowledgement Form COVID-19 Case Form COVID-19 Employee Self-Screening Form COVID-19 Visitor Customer Self-Screening Form

1. Pandemic Response Team

The Pandemic Response Team (PRT) is a cross functional team lead by the Agency Executive Director. The PRT consists of all Department Directors and the IT Administrator. To contact the PRT, please call/email your Department Director, Human Resources at 218.748.7350 or Administration at 218.748.7301.

We are responsible for the implementation and enforcement of this COVID-19 Return to work Preparedness Plan. This means that, in addition to promoting general compliance with this Plan, we will be responsible for:

- Managing social distancing logistics regarding arrival and departure time of designated personnel, as well as clients and contractors.
- Providing potential mitigation measures to manage risk of employees required to work less than the recommended social distance guidelines.
- Developing protocols that promote the wellness of all employees, should any additional protocols become necessary beyond what is set forth in this Plan.
- Working with staff to manage daily and periodic disinfection logistics, including routine and deep cleaning, disinfection processes, in accord to the protocols set up by the DHS and CDC guidelines.
- Disseminating all pandemic-related communications, in accordance with agency guidelines, updates, training and other required notices.
- Working to secure all necessary PPE supplies to implement and sustain the sites and Plan.

2. Preventative Material Inventory

Disinfectant Supplies:

- Confirm Agency has an adequate supply of soap, disinfection spray, hand sanitizer, paper towels and tissue.
- AEOA owned facilities should keep a minimum quantity of 30-day supply of disinfectant supplies. The PRT is responsible for maintaining proper inventory, as described below.

PPE:

- Confirm stock of face masks and gloves on-site and on-order with proper lead time.
- AEOA owned facilities should keep a minimum quantity of 30-day supply of PPE. The PRT is responsible for maintaining proper inventory, as described below

#	Topic	Spec	Quantity
1	Mask	Disposable Masks (1-day) cloth masks 1/employee	Min. 30-day supply
2	Gloves	Latex, latex-free, nitrile, etc. gloves	Min. 30-day supply
3	Thermometer	Infrared thermometer Digital thermometer provided in employee kit for daily self-monitoring	1 infrared thermometer per location, 1 digital thermometer per employee, 1 back-up infrared thermometer per location and 20 back-up digital thermometers
4	Disinfectant spray/wipes	Bleach solution (following CDC recommendation, 1/3 cup bleach per gallon of water) made fresh daily	Min. 30-day supply
5	Spray bottles	1-liter plastic spray containers	Min. 5 bottles per site
6	Sanitization	Hand sanitizer dispensers	1 available in work area per 50 employees
7	Hand sanitizer (refills)	Sanitizer with at least 60% alcohol	Min. 30-day supply
8	Hand Soap	Hand Soap	Min. 30-day supply
9	Paper Towels	Paper Towels	Min. 30-day supply
10	Clorox Total 360 (optional)	https://www.cloroxpro.com/products/clorox/total-360/	Optional

3. Personal Protective Equipment (PPE)

Protection of AEOA's general workforce is afforded via the protective triad of:

- Personal hygiene
- Social distancing
- Frequent disinfection of common surfaces

Masks

Minnesota Executive Order 20-81 requires everyone, including workers, to wear a face covering in indoor businesses and indoor public settings, effective Friday, July 24, 2020 at 11:59 pm. Therefore, all staff and visitors are required to wear face masks such as cloth face coverings. Masks are available within each facility.

When a face covering can be temporarily removed:

When alone, such as when working in an office or cubicle with walls higher than face level when social distancing is maintained, in an enclosed indoor area, in a vehicle or in the cab of heavy equipment or machinery. In such situations, people should still carry face coverings to be prepared to wear when no longer alone.

Workers may temporarily remove a face covering under Executive Order 20-81 when they are alone. These conditions may include when a worker is alone in:

- An office, room or cubicle (see FAQ regarding cubicles)
- A vehicle
- Inside the cab of heavy equipment or machinery
- An enclosed work area

FAQ on Cubicles:

A worker is not alone when more than one person is present in the workspace or area, even if separated by a plexiglass barrier or by 6-feet or more of distance.

A worker may temporarily remove their face covering while working alone in a cubicle if:

- The cubicle has 4 walls (one with an opening for an entryway) that are high enough to block the breathing zone, meaning they are above face level, of the person working in the cubicle or any adjoining cubicle;
- The work activity will not require anyone to enter the cubicle; and
- The worker is at least 6-feet from any other workers in adjoining cubicles

If a cubicle does not meet these requirements, the worker may not remove their mask.

If the cubicle meets these requirements, the worker may temporarily remove their mask while seated in their cubicle, the worker must replace their face covering:

- If a person approaches or enters the cubicle; or
- before standing and leaving the cubicle

Face Shields

Face shields may be worn as a precautionary measure when employees working within 3 feet of another employee. Employees who would like a face shield should contact their Department Director or any other member of the PRT.

Gloves

As of the date of this Plan, consistent with applicable guidelines, AEOA does not require or recommend that our employees wear gloves, **except** for:

- On-site kitchen personnel
- Isolation Contact Person (designated personnel, site specific)
- Those performing disinfection of common surfaces per the COVID-19 Return to Work Plan.
- As advised by program/funder guidelines.

Links to instructional videos provided by the MDH:

[Hand Washing Technique](#)

[Donning and Doffing Gloves](#)

[Hand Sanitizer Technique](#)

[Donning and Doffing Facial Protection](#)

4. 07 Disinfection Measures

- Replace HVAC air filters or clean/disinfect.
- Implement the General Disinfection Measures; see table below)

Providers or employees should sanitize and disinfect all areas of the agency with special attention to:

- Tools
- Workstations and equipment
- Plexiglass screens
- Restrooms
- Cafeteria
- Lockers (if applicable)
- Common surface areas
- Phones
- Computer screens, mice, and keyboards

Put tight controls in place on who enters and exits the site during the cleaning shutdown. Absent emergency circumstances, the only individuals allowed onsite during cleaning are:

- Security
- Sanitation crew
- PRT team members, as needed

General Disinfection Measures:

- This checklist should be implemented in facilities to reduce the risk of spread of infection
- The cleaning steps outlined below should be performed routinely, based on table below to disinfect workplace surfaces, chairs, tables, etc. and protect employees
- Along with these workplace disinfection activities, proper personal sanitary practices including washing hands after bathroom use are also necessary

General Disinfectant Measures: Disinfection Frequency in Workspaces and Offices

#	Area/Place	Disinfection Content	Disinfectant	Disinfection Measures	Frequency
1	Work cell common surfaces	Control buttons, tools, and other common surfaces	Hospital grade disinfectant or fresh 10% chlorine bleach solution	Spray with handheld sprayer or wipe	Min. at the end of each shift
2	Offices, desk, and conference rooms	Table and chair surface			At the end of each meeting and end of the day
3	General objects often used or touched	Doors, windows, handles, faucets, sinks, bathrooms, dispensers, etc.			A least 4 times per day
4	Cafeteria/Lunch or break areas	Table, chairs, surfaces, dispenser, vending, etc.			Generally, 3 or more times per shift, and after breaks or meals
5	Vending machines	Interface surfaces (pay, selection and vending surfaces, doors, etc.)			Generally, 3 or more times per shift, and after breaks or meals
6	Agency Fleet	Common surfaces (ex: seat surfaces, rails, belts, door and window controls, handles, radio, climate controls, mirrors, etc.)			Before and after each use; deep cleaning after returning to the garage at the end of the day
7	All floors and walls	All general floors and walls		Mop and sprayer	Periodic, where frequently touched; mop hard surfaces daily

5. Deep-Cleaning and Disinfection Protocol

The General Disinfection Measures Protocol should be followed regularly whereas the Deep-Cleaning and Disinfection Protocol is triggered when someone who has been onsite is identified as positive for COVID-19 by testing.

Coronavirus COVID-19 - Deep Cleaning and Disinfection

COVID-19 “deep-cleaning” is triggered when an active employee is identified as being COVID-19 positive by testing. AEOA facilities may have a deep cleaning performed for presumed cases, at the discretion of the PRT.

Deep cleaning should be performed as soon after the confirmation of a positive test as practical. If a delay is proposed of greater than a day, the site is to gain consensus from both their supervisor and the Response Team and take steps to perform an additional disinfection of potentially impacted common surfaces during the interim period.

While the scope of deep cleaning is presumed to be the entire building at which the infected person was present, sites may reduce the footprint to be deep cleaned if there is sufficient rationale to do so, and they gain consensus of their supervisor, PRT and the or other stakeholders as appropriate.

Notwithstanding the above, other protocols may be used to promote workplace safety following the presence of someone who has tested positive for COVID-19 onsite, consistent with guidance from the CDC and other appropriate public health agencies.

The deep cleaning procedure is as follows:

1. The PRT will engage an approved external agency that should carry out the deep cleaning activity. The PRT maintains information about various agencies that may be used, depending on availability, need and other relevant factors. The selected agency must have the minimum requirements of:
 - Trained personnel to execute the process of cleaning, disinfection and disposal of hazardous waste
 - Proof of authenticated COVID-19 disinfectant cleaning measures and certification of cleaning conducted.
2. The PRT must coordinate and supervise the cleaning and disinfection process. They must ensure that:
 - There is a specific plan and strategy to clean all site, machinery / equipment, common areas, offices and any typical areas where employees interact
 - Only authorized people can access the site during the cleaning operation
 - All 3rd party team members are using any required PPE and that it is also properly disposed at the end of the process
 - Employees are made aware that the work areas have been disinfected

Note: For the agency's purpose, deep cleaning is defined as a more comprehensive cleaning using advanced technologies and more aggressive cleaning solutions that are administered by an external 3rd party.

3. Personal Protective equipment (PPE) requirements for the Deep Cleaning team:
 - The use of PPE is to be determined by the cleaning contractor based on the chemicals used to conduct the disinfecting process including proper wearing, storage, cleaning, decontamination and disposal of PPE as biohazard waste.
4. Disposal
 - At the end of the process the Cleaning agency must follow the local regulations to dispose all the PPE and cleaning material used in the proper manner.

Reference: www.epa.gov

6. Inbound Parts/Materials/Packages

Current guidance indicates that COVID-19 does not survive on surfaces for long and the length of shipment time and other environmental factors should inactivate the virus. Therefore, we will continue to receive packages and mail.

Accepting Deliveries and Takeout Orders

If concerned about possible surface contamination, consider these steps:

Limit in person contact if possible:

- Accept deliveries without in-person contact whenever possible. Ask for deliveries to be left in a designated space such as the lobby, storage room, etc.), with no person-to-person interaction. Otherwise, stay at least 6 feet away from the delivery person.

Wash your hands or use hand sanitizer after accepting deliveries or collecting mail. Hand sanitizer is available at the front desk or main entrance of the building.

- After receiving the delivery, wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- After dispersing/collecting mail, wash your hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol.
- Avoid touching your face, eyes, nose or mouth

If packaged materials have been in transit and/or storage at the facility for more than 48 hours from last human contact, no further action needs to be taken. While not necessary, where employee apprehension remains high, sites may suggest the following additional precautions:

- Personal protective equipment usage, such as disposable nitrile gloves and/or the use of disposable surgical masks.
- Disinfection of surfaces with a 10% bleach (sodium hypochlorite) solution made fresh daily, or a hospital- grade disinfectant - as appropriate to the surface(s) being treated (noting that these chemical agents should only be used by trained and authorized personnel).

7. Transportation

As we face the reality of the COVID-19 spreading we want to make sure we are taking steps to protect the safety and health of our agency drivers and our passengers.

We ask that drivers follow the steps outlined by the CDC:

- Avoiding close contact with others on the bus, particularly people who appear to be sick. Maintain a distance of 6 feet when possible.
- Require passengers not sit within 6 feet of the driver. The seats immediately behind the driver have been blocked off with tape, and tape on the floor also marks the 6-foot distance to remind passengers to stay back from the driver.
- Washing your hands frequently using soap and water for at least 20 seconds or using a hand sanitizer containing at least 60% alcohol. Hand sanitizer is available at the front desk or main entrance of the building.
- Sneezing or coughing into a tissue or your elbow.
- Avoiding touching your eyes, nose, mouth or surfaces touched by passengers.
- Cleaning and sanitizing commonly touched areas (identified below).
- Being diligent in monitoring for signs of possible infection.
- Remaining home and seek medical care when symptoms are present (see self-screening sections below for list of symptoms).

We want to do our part and keep our agency vehicle clean. Use disinfecting wipes or spray to clean commonly touched areas:

- Drivers area
- Steering
- Wheels Shift
- Selector
- Seat Belt
- Buckles
- Buttons that activate accessories

Refer to your Department if you have additional items to clean on Department owned vehicles.

Wash your hands after cleaning the vehicle.

Clean these areas after you are done driving the vehicle. We will have disinfecting wipes or spray and hand sanitizer available. Throughout the country they are in short supply, please use what you need, do not be waste what we have. If you need additional cleaning materials, please contact the PRT.

The full list of what bus drivers should know about COVID from the CDC can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html>

8. Social Distancing Protocol

Social distancing is a simple yet very effective mechanism to prevent potential infection, which is recommended by public health agencies.

In practice this means:

- Staying 6 feet away from others as a normal practice
- Eliminating all physical contact with others, such as handshakes or embracing coworkers, visitors, or friends
- Avoiding touching surfaces touched by others, to the extent feasible
- Avoiding anyone who appears to be sick, or who is coughing or sneezing

Note: The Agency should not allow any meeting of greater than 10 persons to occur until further notice; follow current guidelines (CDC, MDH, etc)

This practice of social distancing includes but is not limited to production lines, lunch/break areas, common areas, entrance/exit areas of work locations, and offices. These are examples, but the principle of social distancing is universally applicable.

Workstations

- Whenever possible, workstations will be arranged to allow separation of 6 feet
- Where appropriate, boundaries clearly marked on the floor will be labeled. Staff and clients need to stay within the designated boundaries.
- Workers are strongly encouraged to disinfect their own workspace multiple times during the shift, giving special attention to common surfaces. Cleaning materials are provided by AEOA.
- Employees are reminded to avoid touching their faces and must wash their hands thoroughly with soap and water several times during the work hours to reduce risk and prevent person-to-person potential infections

Social Distancing During Start/End of Shift

Shift changes must be managed thoughtfully to reduce infection risk and to leverage the opportunity they present to ensure optimal disinfection of the workplace. Start & end times can be staggered to add a gap of time in between each designated entry and exit.

Recommended Guidelines:

- Employees are to enter and exit at the designated entrances and exits
 - these locations will be easily identified and posted
- Avoid gathering when entering and exiting the facility
- Remain in your car until your scheduled window of start time
- Ensure 3 to 6 feet of space between each person while you enter or exit the building
- When you talk to someone, make sure you do not point your head directly at them
- Do not touch the entry door handle with an exposed finger(s) or hand.
Prop doors open at shift start and/or end to minimize door handle touching or use the electronic door opener
- Do not touch your face before you have had a chance to wash your hands
- PPE and hand sanitizer will be available at the front desk or main entrance of the building

Start-up Meetings

- All meetings must be held virtually when practical.
- When not practical, employees physically attending a meeting must remain 6 feet apart.

Social Distancing During Lunch/Breaks

Management of employee breaks to provide social spacing and proper hygiene is necessary. Start and end times will be staggered.

Seating and Capacity in Break Areas:

- Count the optimal number of allowable seats in the break room considering the acceptable distances; Post the capacity of the break room
- Limit and/or space chairs appropriately
- Place signage on table to ensure proper social distancing in each seat – sign says yes or no to sit
- Remind employees to stagger their breaks

Cleanliness and Sanitation

- Provide enough supplies for employees to clean up after themselves. Ex: wiping down tables, etc.

Food Storage

- Consider adding as many refrigerators and/or shelving to accommodate additional bags if you are limiting locker access

9. On-sight health screening & policies for employees exhibiting signs and symptoms of COVID-19

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

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

AEOA adheres to the Families First Coronavirus Response Act (FFCRA). In adherence to the FFCRA, AEOA also provides paid expanded family and medical leave (FMLA) if an employee is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.

The Families First Coronavirus Response Act (FFCRA) went into effect on April 1, 2020 and expired on December 31, 2020. However, Congress did extend tax credits for employers who choose to provide FFCRA leave from January 1, 2021 - March 31, 2021. This means that we are not required to provide any FFCRA leave after December 31, 2020. Though not required, we are electing to provide FFCRA leave to employees extending through March 31, 2021.

The American Rescue Plan Act is effective April 1, 2021 through September 30, 2021. Employers are still no longer required to provide EPSL and EFMLA, but we are electing to provide the available leave under the act through September 30, 2021. The Act adds the following to the list of qualifying reasons for EPSL and EFMLA leave:

- *Employee is obtaining COVID-19 vaccination;*
- *Employee is recovering from an injury, disability, illness, or condition related to vaccination, or*
- *Employee is seeking or awaiting the results for a diagnostic test or medical diagnosis for COVID-19, or else their employer has requested such a test or diagnosis.*

As a result, EPSL may now be taken for any one of the nine qualifying reasons - the six laid out under FFCRA along with the three set forth above. The Act also expanded the EFMLA qualifying reasons to include all nine reasons meaning that the EFMLA leave bank (10 weeks of leave at 2/3 pay) may now be taken for the same reasons that EPSL may be taken.

AEOA provides accommodations for workers with underlying medical conditions or who have household members with underlying health conditions consistent with applicable law. Contact HR for further information. *HR may request submission of medical documentation to assess what accommodations may be in accordance with the law.*

As described further below, AEOA has implemented a policy for informing workers if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the recommended amount of time.

Overview of Self-Health Screening Procedure

- All employees must be alert for overt symptoms of COVID-19 while on and off work duty
- AEOA requires that all employees conduct a daily self-screening at home prior to coming to work. **Employees who are experiencing symptoms of COVID-19 may not report to work and should instead contact Human Resources.** A copy of the Self-Screening Form is being provided to employees with this Plan. The Self-Screening Form will be updated periodically consistent with medical guidance from the CDC, MDH, and/or other appropriate public health agencies.
- Reference the Self-Quarantine and Return to Work Protocol for employees that are confirmed positive for COVID-19 by a medical professional.

Self-Health Screen Protocol

The Agency may periodically update agency guidance on current recommendations from the Centers for Disease Control (CDC), the Minnesota Department of Health (MDH), and other public health agencies.

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, self-health screenings may be implemented at all agency facilities. Employees returning to work from an approved medical leave should be directed to contact their HR representative and if medical attention was sought, to submit to that representative a medical certificate releasing them to return to work.

- If an employee is confirmed to have COVID-19, the agency will inform with whom the employee has had close contact. The employee must cooperate with AEOA in this process to help determine which other employees need to be notified.
- Unless required by the local health authority, the name of the infected employee will not be disclosed to others. Quarantine of any healthy employees will be determined upon consultation with local health officials. Employee personal data and confidentiality must be protected.
- Communication of current protocol to all employees needs to be delivered with a preventive approach to avoid alarm.

10. Daily Self-Screening Protocol (kits will be provided)

- Self-Screening kit will be distributed to all employees for mandatory, home self-screening
- HR team & Managers will be prepared to receive inquiries or reports of symptomatic employees prior to shift

The Self-Screening Protocol is in place to try and prevent sick or symptomatic employees from leaving their homes and decrease the likelihood of spreading infection.

- If the employee does not recognize symptoms in their Daily Self-Screening and:
 - If the employee is deemed symptomatic during the employee's shift or after the employee has spent any time in the facility (after the Health Screening), reference the Isolation Protocol.

Guidance for Self-Quarantining and Return to Work: COVID-19

AEOA wants to do everything that it can to prevent the spread of COVID-19. Barring contrary information from a medical professional, employees are to remain off the property for 5 days if any of the following occur: 1) COVID-19 symptoms are present (see the COVID-19 Self-Screening Form); 2) an un-vaccinated employee(s) that have been directly exposed to COVID-19; 3) a vaccinated employee(s) that have been directly exposed to COVID-19, do not require quarantine, but must watch for symptoms; or 4) one of the options under Returning to Work After Isolation/Quarantine (described on Page 23, Section 12) is present. Employees should avoid leaving the home if possible, but if necessary, should practice good hygiene and social distancing. Work while at home is expected to continue where possible and as approved.

Form: COVID-19 Employee Self-Screening Form

Close Contact Definition per CDC guidelines:

- Employees who (1) were within six (6) feet of the positive tester for 15+ minutes (cumulatively under new CDC guidelines, (2) at any time during the prior 48-hours.
- CDC and the State of Minnesota still recommends that these employees watch for symptoms for 10-days after close contact, and follow recommended quarantine/isolation guidance.

11. Isolation Protocol:

Isolation Protocol for employees who become ill at work: First and foremost, if you feel ill *before* coming to work, under no circumstances may you report to work. If you become ill at work, or if you observe that someone may be experiencing symptoms of COVID-19 at work; contact your supervisor or Human Resources immediately.

Telephone communications are preferable, so the supervisor can wear the appropriate PPE prior to aiding an ill employee.

Isolation contacts, determined by each site/department; should be selected from the following employees, as appropriate:

- Supervisor or HR Department
- Pandemic Response Team Members

The Isolation Contact is responsible for assisting the employee in getting safely home or to a health care provider, and out of the workplace with minimum contact to others. If the Isolation Contact person is directly contacted by an employee with a suspected infection, they must ask the employee to go directly home or health facility by the most direct route.

Form: COVID-19 Case Form

Procedure:

1. Once an employee identifies as being sick, the Isolation Coordinator will reaffirm that people are not permitted to be at the workplace while ill and will explain to them that we ask them to leave the worksite to help protect other employees and prevent the spread of a potential virus.
2. The Manager must complete a Suspected COVID-19 Case Form (as appended in this Plan) and call the local health authority, funder or Human Resources Department or other stakeholders as appropriate to seek advice regarding transportation and location.
3. The Isolation Coordinator, and any others attending the ill person, should also wear a protective mask and nitrile (surgical) gloves while working with the employee.
4. The Isolation Contact person should direct the ill employee to leave work and go home or to the nearest health center as advised by the local health authority. Public transportation should not be used.
 - If the infected person is well enough to drive their own vehicle, ask them to use it.
 - If the PRT team is to transport the person in another vehicle, ensure that the PRT member and ill employee always keeps the mask on their face and the PRT members wear a pair of nitrile gloves.
 - Once the vehicle has returned to the site, ensure that it is cleaned, and all surfaces, seats, dashboards, door handles, seatbelts etc., have been washed down with a disinfectant solution. All persons cleaning the vehicle must wear a mask and gloves whilst doing so.
5. The Isolation Contact, in coordination with Human Resources, must:
 - Identify persons who may have been in contact with the ill employee. Unless required by the local health authority, the name of the infected employee should not be provided.
 - Advise employees that they may have been in contact with an ill employee, to carry out a self-screening check every morning, and based on the results, contact the HR department. See the self-screening portions of this Plan.
 - Advise employees to contact a physician to obtain medical clearance to return to work as applicable.
6. Ensure that both the isolation area and ill employee's workstation or office is thoroughly cleaned and disinfected, in addition to all other common surfaces recently touched by the employee. All persons carrying out this cleaning must wear disposable nitrile (surgical type) gloves, and all support persons' PPE should be appropriately discarded prior to resuming normal work functions.

Location

Where possible, an isolation room or designated area should be an exterior room so as to enable an exit without crossing further through the worksite. (If this is not possible, then an enclosed area away from general population can be used.)

12. Returning to Work After Quarantine/Isolation

Employees with known or suspected cases of COVID-19 may return to work from isolation/quarantine when one of the following three tests is met:

1. If you **will not** have a test for COVID-19, you can return to work after these three things have happened:
 - You have had no fever for at least 24 hours (that is one full day of no fever without the use medicine that reduces fevers) AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
 - at least 10 days have passed since your symptoms first appeared
2. If you **will** be tested for COVID-19, you can return to work after these three things have happened:
 - You no longer have a fever for at least 24 hours (1-day) (without the use medicine that reduces fevers) AND
 - Other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
 - Tested on day 5. If negative results, provide to HR prior to reporting to work after 5 full days and continue to wear mask for another 5-days.

WHAT TO DO if you test **POSITIVE** and have SYMPTOMS:

You cannot return to work until all three of these things are true: Your symptoms are better, and it has been 5-days since you first felt sick, and you have had no fever for the last 24 hours (1-day) without using medicine that lowers fevers.

WHAT TO DO if you test **NEGATIVE**:

A negative COVID-19 test at one point in time does not mean you will stay negative. You could become ill with COVID-19 and/or test positive at any time. If you develop symptoms of COVID-19, talk to your doctor or other health care provider about getting tested again.

3. If your health care provider confirms that it is safe for you to return to work. This option might be implicated when, for example, an employee had symptoms of COVID-19 but his or her health care provided confirms that the symptoms are not due to COVID-19 but to another condition (e.g., allergies).

Testing: Testing must be FDA approved* or authorized, including to detect current COVID virus (e.g., a viral test). The test can be conducted by a third party (processed by a lab) or observed by an authorized third-party provider or the employee may self-administer and submit their own results to HR as referenced in the Mandatory COVID-19 Vaccination Policy. Self-administering your own test will require using the COVID-19 Testing Report Form (see page 29, Section 16. Forms).

***FDA Approved At-Home COVID-19 tests:** <https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests>

Please contact your Human Resources team or Supervisor prior to returning to work to advise you have met one of the above criterion for your return, and to discuss documentation that may be required prior to return to facility premises.

Who does not need to quarantine:

If you have recovered from COVID-19 in the past 90 days and have close contact with someone with COVID-19, you do not need to quarantine if ALL of the following are true:

- Your illness was confirmed with a positive lab test in the past 90 days.
- You have fully recovered
- You do not currently have any symptoms of COVID-19

If someone has completed COVID-19 vaccination (two doses in a two-dose series or one dose in a one-dose series and is exposed, they do not need to quarantine if ALL of the following are true:

- The COVID-19 exposure was at least 14 days after their vaccination series was fully completed
- They do not currently have any symptoms of COVID-19
- Continue precautionary measures until day 10; and watch for symptoms.

Reference to the MDH guidelines on what to do if exposed to a positive case and the quarantine period.

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

13. Outside Employees, Visitors and Contractors Self-Screening

Outside Employees, Visitors and Contractors Self-Screening:

- Outside Employees, Visitors and Contractors should check in at the front reception desk
- Where feasible utilize lock boxes for drop-off of program materials
- Ensure Visitors and Contractors Self-Screening Checklist/log printed and available as needed

Outside Employees, Visitor, and Contractor Restrictions:

- The Agency allows normal visitation to our facilities. Meetings should take place virtual, when possible, to ensure the protection of both employees and visitors.
- Where essential services needs to be in-person, they should be in accord with this Plan.

Note that the Visitor Self-Screening log forbids visits from persons who have had known exposure to persons with COVID-19 within the past 14 days, or who are exhibiting symptoms of illness consistent with COVID-19.

Directions for Visitors and Contractors

Please adhere to the Agency's Plan with respect to visitors and contractors. This means:

- Visitation or contractor work is forbidden if there has been any YES response to the COVID-19 Self-Screening Checklist. If YES, is checked for any response, please advise the visitor to leave the premises, notify appropriate site personnel to disinfect any common surfaces touched by the visitor and advise the PRT & HR of the incident.
- Visits or contractor work that do occur should limit exposure to employees to the extent feasible, by:
 - Ensure visitors/contractors take a direct route to meeting or work areas and do not unnecessarily interact with employees.
 - Practice social distancing themselves at all times and instruct visitors regarding our expectations regarding social distancing.
 - Practice expected hygiene regarding washing hands and covering coughs/sneezes, pointing out or provide Agency guidance on this topic.
 - For visitors, use dedicated meeting rooms where possible, which should have common surfaces disinfected between meetings.

Form: COVID-19 Visitor Customer Self-Screening Form

14. Return to Work Training Plans

Communications and Training

This Plan will be communicated to all workers via email prior to returning to work and as part of the new employee orientation. Additional communication and training will be ongoing and provided to all employees as described above. Instructions will be communicated to customers about how drop-off, pick-up and delivery will be conducted to ensure social distancing between the customer, the employee and other customers, and about the requirement that customers use face masks when dropping off, picking up or accepting delivery. Supervisors are to monitor how effective the Plan has been implemented by ensuring all employees adhere to and follow through with this new Plan and review the training with the employees as necessary. In accordance with Emergency Executive Order 20-74 issued June 8, 2020; beginning June 29, 2020, all Critical Businesses must develop and implement a COVID-19 Preparedness Plan as set forth in paragraph 7.e of this Executive Order. This COVID-19 Preparedness Plan has been certified by AEOA management is posted throughout the workplace. It will be updated as necessary.

It is very important that ALL agency employees understand and adhere to the safety requirements, protocols, and expectations to ensure everyone and their communities stay safe and prevent the spread of COVID-19.

Pre-Return to Work Trainings

Employees will be required to participate in trainings as follows:

Topic	Audience	Content Included
		Virtual Overview of AEOA COVID Return to Work Plan
		Can be reviewed electronically
Overview of AEOA COVID Return to Work Plan	All Employees	Operating Protocols: Content of Training <ul style="list-style-type: none"> • Pandemic Response Teams • Preventative Material Inventory • Personal Protective Equipment (PPE) • Disinfection Measures • Transportation • Isolation protocol • Social distancing protocol • On-site health screening • Daily self-screening protocol • Self-quarantining and return to work • Visitors and contractors screening • Labor relations alignment • Health and Wellness • Signage Next Steps: <ul style="list-style-type: none"> • Attend training and sign off on acknowledgement form • Other additional training as needed
Disinfection Team	Internal cleaning crew	In-depth review of the role, responsibilities and safety requirements for the disinfection team. <ul style="list-style-type: none"> • PPE • General Disinfection Measures • Deep Cleaning – Understand protocol, but they will not be the ones practicing. External agency may be utilized.
Isolation Protocol	Supervisors and HR	In-depth review of the role, responsibilities and safety requirements for the Supervisors and HR <ul style="list-style-type: none"> • PPE • Isolation • Self-Screening • Self-Quarantine
HR/Attendance Plan	HR Team	In-depth review of the protocols related to employee attendance isolation protocol Self-Quarantining and Return to Work Protocol

Training Logistics:

- Host training on the first day of facility reopening (remote option to promote social distancing)
- Invite all staff
- Staff are paid for training and it is logged
- Meeting area must ensure to adhere to social distancing protocol if done in person.
- Might be divided by department, location or virtual as deemed by the department and consistent with the requirements of this Plan.

15. Health & Wellness Benefits Information

Here is a link to the employee portal on the AEOA website, this portal provides you with information to health & wellness benefits: www.aeo.org/employee-portal

Recommendations:

You can utilize the recommendations for Health & Wellness throughout your locations

Links to instructional videos provided by the Minnesota Department of Health (MDH):

[Hand Washing Technique](#)

[Hand Sanitizer Technique](#)

[Donning and Doffing Facial Protection](#)

[Donning and Doffing Gloves](#)

16. Forms:

Acknowledgement Form

COVID-19 Employee Self-Screening Form

COVID-19 Case Form

COVID-19 Visitor Customer Self-Screening Form

COVID-19 Testing Report Form

Click on each attachment to the left or below (depending on how your screen opens) to view each fillable form

Addendum I: Travel Guidance Part I

The CDC States traveling increases your risk of contracting and spreading the virus, noting that staying at home is the best protection from COVID-19 for yourself and others. If you must travel, the Federal Health agency recommends travelers to check the recommendations on government websites for their destinations as well as any places they will be passing through during their trip. Requirements may vary by location, with some requiring those who recently traveled to stay home for two weeks while others may allow a negative COVID-19 test instead of the self-quarantine.

While AEOA cannot prevent its employees from engaging in personal travel, the Agency does require employees to inform their supervisor or the Human Resources Department about upcoming travel plans. Depending on the location of the travel and the impacts of COVID-19 in that area, quarantine procedures may be required to keep the employee away from the workplace upon their return.

AEOA expects staff physically working in its workspaces and around AEOA employees/clients to comply with public social distancing standards put in place by the State of Minnesota. Employees who have recently traveled or been in groups larger than those allowed for by state recommendations must self-disclose to their supervisor and/or the HR Department, and may be required to telecommute if allowed and/or quarantine for an appropriate period of time.

Addendum II: Travel Guidance Part II

If you travel, do what you can to protect yourself, your family, and others, even on road trips or travel within Minnesota.

- Do not travel if you are sick or have tested positive for COVID-19.
- Do not travel if you had close contact with someone with COVID-19.
- CDC recommends delaying travel until you are fully vaccinated, because travel increases your chance of getting and spreading COVID-19.

If you travel

Domestic travel

International travel

Minnesota strongly recommends testing 3-5 days after returning from travel. For information on testing, visit **Getting Tested for COVID-19**.

- People visiting or returning from travel out of state or internationally should follow CDC travel guidance.
 - You should quarantine for 7 days if you have a negative test and no symptoms, and for 10 days if you do not get tested. This is especially important for those traveling out of the country.
 - During your quarantine, it is important that you stay home and watch for symptoms. If you must go out, wear a mask, stay 6 feet from other people, and wash your hands often.
- If you had close contact with someone with COVID-19 during your travel, stay home (quarantine), if vaccinated, for 5-days and get tested 3-5 days after travel. In some circumstances, a shortened quarantine period may be possible, although staying away from others for 14 days is safest. For more information, visit **CDC: After You Travel**. If you have close contact with someone with COVID-19 during travel, follow guidelines for how long to keep away from others (quarantine).

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

<https://www.health.state.mn.us/diseases/coronavirus/prevention.html#travelmn>