



COVID-19 Safety Plan

Instated 3/16/2020, Revised 8/31/2021

Disseminated to CP Employees on August 31st, 2021

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I. Overview

Community Partners serves people who are at the highest risk of becoming ill from COVID-19/coronavirus. Community Partners is committed to providing a safe and healthy workplace for all our staff, program participants, and volunteers. To ensure we have a safe and healthy workplace, Community Partners has developed the following COVID-19 Safety Plan in response to the COVID-19 pandemic which is based on COVID guidance from the [Minnesota Department of Health](#) as well as staff input and manager decisions. 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, participants, and volunteers. Only through this cooperative effort can we establish and maintain the safety and health of all persons in our workplaces.

The COVID-19 Safety Plan is administered by the Executive Director, who maintains the overall authority and responsibility for the plan. ***However, staff, participants, and volunteers are equally responsible for supporting, implementing, complying with, and providing recommendations to further improve all aspects of this COVID-19 Safety Plan.*** Community Partners' staff have our full support in enforcing the provisions of this plan. Questions should be directed to Taylor Holm, Executive Director (218-834-8024 or taylor@communitypartnersth.org.)

We will keep volunteers updated on our COVID-19 Safety Plan so that they are informed of our protocols and that we are committed to protecting their health; volunteers will receive an email with our updated COVID-19 Safety Plan whenever updates are made. New volunteers will be given an electronic copy of this plan in the onboarding process. All volunteers are also required to sign a Community Partners' COVID Safety Practices Agreement (see Appendix A) prior to beginning any volunteer assignment.

Community Partners' COVID-19 Safety 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, and Minnesota Occupational Safety and Health Administration (MNOSHA) statutes, rules and standards, and any current executive orders.

II. Community Partners' Office Hours

Our office hours are Monday through Friday from 9am to 3pm. Our office is closed to the public and visitors may come inside by appointment only. Due to the office being closed, unless by appointment only, staff may work from home for part of the week upon approval by the Executive Director. Allowing staff to work from home reduces the number of people in the office at one time.

III. Health Guidelines

All employees, volunteers, and visitors must follow these health guidelines based on MDH recommendations. See <https://www.health.state.mn.us/diseases/coronavirus/index.html> for additional information.

- Face Masks are required to be worn by all individuals in communal office and building spaces (e.g., restrooms, break rooms and lobbies). However masks are not required when an individual is alone in an office, room, or cubicle with walls that are higher than face level and social distancing is maintained. The following individuals are exempt from this order:
 - Individuals with a medical condition, mental health condition, or disability that makes it unreasonable for the individual to maintain a face covering;
 - Those who when wearing a face covering while on the job could be at risk of creating a job hazard for themselves or others; and
 - Children who are five years old or younger.
- Physical distance of at least 6 feet from others must be maintained
- Community Partners encourages all staff, program participants, and volunteers to get vaccinated against COVID-19. Vaccination is one of the best things you can do to prevent getting or spreading COVID-19. See the MDH COVID Website for more information on the vaccine and what you can do to get vaccinated.
- Do not enter Community Partners office building, or work in the community, if you have symptoms of COVID-19, have been exposed to, or test positive for COVID-19. People who have not been vaccinated and have had close contact with a person with COVID-19 will also need to stay home and away from others. **Symptoms of COVID-19 can include fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, fatigue, congestion or runny nose, or loss of taste or smell. Other less common symptoms include gastrointestinal symptoms like nausea, vomiting, or diarrhea.**
- Visitors should notify Taylor Holm, Executive Director (218-834-8024) immediately if they test positive for COVID within 14 days of being in the office. Visitors who are not fully vaccinated should also notify the Executive Director if they learn they have had close contact with someone with COVID-19.
- Please sign in and out at the front desk upon entry. This will allow us to contact individuals if needed in case of COVID-19 exposure. Community Partners' response to an employee or visitor case or exposure will follow [current MDH Guidance](#).
- Employees should inform Taylor Holm, Executive Director if they test positive for COVID-19 and follow current MDH Guidance to stay home and away from others, even if you do not have symptoms, and to determine length of quarantine.
- Cleaning supplies, face masks, trash bags and hand sanitizer are available at the Community Partners' office, if needed.
- Employees are 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. Hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) are in various 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.

- Workplace cleaning and disinfection protocol
 - Regular practices of cleaning and disinfecting have been implemented, including a schedule for routine cleaning and disinfecting of work surfaces, equipment and areas in the work environment, including restrooms, and meeting rooms. These places are cleaned and disinfected daily. Frequent cleaning and disinfecting is being conducted of high-touch areas, including phones, keyboards, touch screens, controls, door handles, copy machines, delivery equipment, etc.
 - 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.

IV. Meetings

- In-Person meetings with Employees in the CP Building or Community
 - a. Employees may meet with colleagues if they choose to do so.
 - b. At the discretion of the Director, check-ins and team meetings may be held in-person. In-person participation is voluntary and invitations to in-person meetings must include an option for virtual participation.
- In-person meetings with participants and other visitors in the CP building or community
 - a. Employees who are not fully vaccinated for COVID-19 (as defined by CDC) are not eligible to conduct in-person meetings with program participants or other visitors in the CP building or community.
 - b. Employees who are fully vaccinated for COVID-19 (as defined by CDC) may voluntarily choose to offer in-person meetings with visitors (e.g. community partners, participants, volunteers, donors) in the CP building or community. See guidelines for in-person visits below.
 - c. Employees who are fully vaccinated may voluntarily offer in-person meetings with participants in the CP building or the community, including their homes, following the current guidelines for in-person services.
 - d. You must also offer a virtual option, including phone calls, for meetings with participants or visitors.

VI. Guidelines for In-Person Services

This section provides guidelines for in-person services by Community Partners employee(s) and volunteer(s) (jointly referred to in this section as “CP employee”) during the COVID-19 pandemic. These guidelines cover all in-person services, including transportation. These guidelines are subject to change at any time. Fully vaccinated CP employees may offer in-person services (“visit”) to existing or new participants. The participant is not required to accept an in-person visit and maintains the right to receive the visit virtually by phone or video.

In-person visits are permissible under the following conditions:

1. The visit takes place in the participant’s home. Examples include a private home, apartment, or residential facility (e.g., senior housing, group home.)

2. The CP Employee is fully vaccinated against COVID-19 (as currently defined by CDC).
3. The participant(s) has chosen an in-person visit.
4. The participant signs the COVID-19 Consent for In-Person Visit form.
5. The CP employee adheres to the safety guidelines below.

CP Employees must follow the following health and safety protocols. Employees must also follow facility protocols if the visit is taking place in a residential facility.

1. Identify in-person visits in your Google Calendar with participant initials. Additionally, indicate in the database if an in-person visit took place. This will allow CP to notify the participant in the unlikely event that the CP Employee becomes ill with COVID-19. Volunteers should create a process for documenting in-person visits with the Program Coordinator.
2. Do not visit if you are ill, or you have been in contact with someone with Coronavirus in the past 14 days.
3. In advance of your session, review the MDH website about protecting yourself and others to be aware of the most updated guidance. Information changes often and it is your responsibility to be aware and follow the most updated information.
4. A KN95 mask must be worn during in-person visits. KN95 masks are available at the Community Partners' office. KN95 Masks Can be Rotated, 1 Mask Every 3–4 Days. They can be used each day in numerical order. All SARS-CoV-2 viruses on the mask will be dead in 3 days. Discard mask after 5 uses or if visibly soiled.
5. Wash hands before and after the session. If using hand sanitizer, follow the MDH guidelines and use hand sanitizer that is at least 60% alcohol.
6. Obtain signed COVID-19 Consent for In-Person Home Visit form from the participant prior to visit or at the beginning of visit.
7. Maintain at least 6 ft distance from others. If providing transportation, have riders sit in the back seat on the passenger side to provide as much distance between people as possible. In addition, roll the windows down if possible.
8. Conduct the visit in a well-ventilated location, if possible.
9. Follow any facility guidelines if the visit is taking place in a residential facility.
10. If you become ill with COVID-19 or are exposed to COVID-19, inform the Executive Director via phone (218-834-8024) or email: taylor@communitypartnersth.org. Follow the MDH guidance if you are sick and determine if quarantine is required.
11. If any buildings have a confirmed case of COVID such as Bay View, Waterview Shores, and Harbor Point, (resident or staff), visits will be on hold until the building has not had a new case for 2 weeks. Dana will contact Harbor Point and Bay View weekly to get an update on cases. Waterview Shores will contact us if there is a positive case.
12. Volunteers must sign a Community Partners' Volunteer COVID Safety Practices Agreement prior to providing in-person visits.

Participants and caregivers must adhere to the following safety guidelines to receive in-person services. Others present in the visit are also asked to adhere to health and safety protocols:

1. Reschedule the visit if you, someone in your household, or someone else scheduled to be at the visit is ill with COVID-19 or COVID-19 symptoms.

2. All members involved in the visit must sign the COVID-19 Consent for In-Person Visit form.
3. Wash hands before and after the visit.
4. Wear a KN95 mask (unless unable to do so for a medical reason). Community Partners will provide a KN95 mask for the visit. KN95 Masks Can be Rotated, 1 Mask Every 3–4 Days. They can be used each day in numerical order. All SARS-CoV-2 viruses on the mask will be dead in 3 days. Discard mask after 5 uses or if visibly soiled.
5. Maintain at least 6 feet distance from others.
6. Notify Executive Director, Taylor Holm, (218-834-8024) immediately if you, someone in your household, or someone present during the visit becomes ill or is exposed to COVID-19 within 14 days of the visit.

VII. Delivery Protocols

This section provides guidelines for all delivery services including, but not limited to, Grocery Delivery, Meals on Wheels, and other goods. CP Employees must follow the following health and safety protocols. Employees must also follow facility protocols if the delivery is taking place in a residential facility:

1. Do not deliver if you are ill, or you have been in contact with someone with Coronavirus in the past 14 days.
2. In advance of your delivery, review the MDH website about protecting yourself and others to be aware of the most updated guidance. Information changes often and it is your responsibility to be aware and follow the most updated information.
3. Wear a mask that adheres to current CDC guidelines throughout the entire delivery process. Masks are available at Community Partners if deliverers do not have one.
4. Wash hands before and after the shopping trip (if applicable) and before and after the delivery. If using hand sanitizer, follow the MDH guidelines and use hand sanitizer that is at least 60% alcohol.
5. Follow any facility guidelines if the delivery is being made to a residential facility.
6. If you become ill with COVID-19 or are exposed to COVID-19, inform the Executive Director via phone (218-834-8024) or email: taylor@communitypartnersth.org. Follow the MDH guidance if you are sick and to determine need to quarantine
7. Leave deliveries in a prearranged place outside the home or just inside the door such as the porch, hanging on a door handle, etc. If a delivery will not be made within the time frame arranged by a CP employee, the deliverer shall notify Community Partners so that the participant can be made aware of the change. Do not enter the participant's home and maintain a six feet distance from the participant(s).

VIII. Public Programming

Community Partners will not hold frequent public programming at this time. Following MDH and CDC guidelines, Community Partners may offer public programming in which face masks and social distancing is required. We strongly recommend that program participants receive the

COVID-19 vaccine based on CDC and MN Department of Health recommendations, but cannot guarantee the COVID vaccine status of participants.

IX. Contact Tracing

If a person is reporting a positive test result, Community Partners’ staff will ask if it is okay to share their name with any Community Partners’ affiliate they have been in contact with over the last 14 days. If the person verbally agrees to sharing their name, Community Partners’ staff will call all people they have been in contact with within the last 14 days and the staff will use the person’s name. If the person does not agree to their name being shared, Community Partners’ staff will state “I can’t share their name, but someone you have been in contact with has...” Community Partners’ staff will refer to local public health and CDC guidelines and recommend that any person who was in contact with the person who tested positive for COVID-19 get a test, and will also recommend that they call their doctor.

A Community Partners’ staff will make contact tracing calls as soon as possible during business hours when given the information that an employee, volunteer, or participant has tested positive. If the person does not answer, leave a voicemail stating that this is an urgent matter and to please call back. Within reason, continue calling back until reaching that person directly. If that person is unable to be reached within 24 hours, call their emergency contact and ask them to have the person call Community Partners back. If that person is unable to be reached within 48 hours, staff will request a well-check from the local Police Department.

Certified by:

Taylor Holm, Executive Director

8/31/2021

By signing below, I agree to comply with the written instructions and protocol listed above. Any employee who violates this COVID-19 Policy will be subject to disciplinary action, up to and including dismissal.

Employee Printed Name: _____

Employee Signature: _____

Authorized Signature & Date

Appendix A



Community Partners' COVID Safety Practices Agreement

I, _____, wishing to volunteer my time and services for Community Partners hereby acknowledge that said organization is doing everything they can to protect the public as well as myself, as a volunteer. To this extent, I agree to follow Center of Disease Control (CDC), local guidelines, and the protocol stated in Community Partners COVID-19 Safety Plan to reduce the spread of Novel Coronavirus, or COVID-19 and new variants. This will require me to maintain six (6) feet of distance between myself, fellow volunteers, staff, and patrons of the organization as much as possible as well as wear a mask when participating in activities that are not outside.

I understand that if I am vaccinated, I can visit program participants indoors with precautions. I understand that if I am unvaccinated, I cannot visit with program participants in-person, including giving rides.

I agree to wear a mask to reduce the risk of exposure to myself and others. I agree to wash or sanitize my hands after using the restroom, sneezing, and coughing. I can obtain these items from Community Partners if I do not have them myself. If wearing a KN95 mask, I understand that KN95 Masks can be rotated, 1 mask every 3–4 Days. They can be used each day in numerical order -- all SARS-CoV-2 viruses on the mask will be dead in 3 days. I will discard the mask after 5 uses or if visibly soiled.

I understand that I may be informed of, or encounter, sensitive Personal Health Information (PHI) for those that Community Partners serves. I agree to hold this information in confidence and will not disseminate any PHI except as allowed by law and/or per the policy and procedures of said organization which I am volunteering for.

I understand that there is no direct medical health coverage afforded to me through Community Partners. Community Partners is not responsible for any potential exposure to Novel Coronavirus, or COVID-19.

I understand that if I am a person 65 years of age or older, a person who is pregnant, a person with an underlying medical condition like heart disease, diabetes, lung disease, asthma, HIV/AIDS, etc., I am in an increased risk category for COVID-19 and am assuming an increased risk by volunteering.

By signing below, I agree to comply with the written instructions above and the protocol listed for my specific volunteer assignment. Failure to comply with these written instructions or verbal

instructions from staff may result in my volunteer privileges being removed and I may be asked to leave the premises.

I am fully vaccinated against COVID-19 (2 shots for Moderna or Pfizer; 1 shot for Johnson and Johnson) _____

I declare that the information provided to Community Partners is correct and complete.
I agree to follow the above guidelines.

Volunteer Printed Name

Volunteer Signature

Date

Authorized Signature & Date

Appendix B



COVID-19 Consent for In-Person Home Visit

My signature, or that of my representative, indicates my consent for an in-person home visit with a representative of Community Partners (CP) and agreement with the following:

I understand that the CP representative visiting me has been fully vaccinated against COVID-19, and will continue to follow all CP health and safety protocols, including wearing a mask, maintaining physical distance during visit, and washing hands before and after visit.

I agree that to my knowledge, no one present at this visit is ill with COVID-19 or experiencing COVID-19 symptoms.

I will follow CP health and safety protocols during the visit, including wearing a KN95 mask, keeping physically distant, washing my hands before and after visit and opening a window (weather permitting) to increase air flow. I understand that the following individuals are exempt from this order:

- Individuals with a medical condition, mental health condition, or disability that makes it unreasonable for the individual to maintain a face covering;
- Those who when wearing a face covering while on the job could be at risk of creating a job hazard for themselves or others; and
- Children who are five years old or younger.

I understand that KN95 masks can be rotated, 1 mask Every 3–4 Days. They can be used each day in numerical order -- all SARS-CoV-2 viruses on the mask will be dead in 3 days. I will discard the mask after 5 uses or if visibly soiled.

I will ensure that other individuals during the visit also follow the above CP health and safety protocols.

I agree to notify CP if I, someone in my household, or someone present during the visit becomes ill or is exposed to Covid-19 within 14 days of the visit. I will contact Taylor Holm, Executive Director, at 218-834-8024.

I understand that an in-person visit is fully optional and that I have elected an in-person visit for today. I understand that despite all precautions, there is a chance that I could be exposed to COVID-19 during the visit, and I will not hold CP liable in any way so long as all above precautions are adhered to. _____

Signature of participant or representative: _____

Printed name of participant or representative: _____

Date: _____

For additional in-person visits, sign below:

2) Signature of participant or representative: _____

Printed name of participant or representative: _____

Date: _____

3) Signature of participant or representative: _____

Printed name of participant or representative: _____

Date: _____

4) Signature of participant or representative: _____

Printed name of participant or representative: _____

Date: _____

5) Signature of participant or representative: _____

Printed name of participant or representative: _____

Date: _____