

Mikinaak Ode Shelter

P.O. Box 395

Dunseith, ND 58329

Safety Program

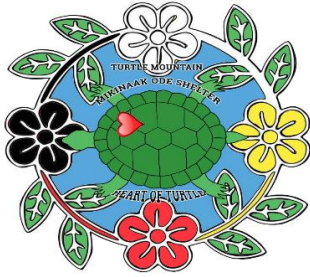
October 1, 2020 (revised 2-5-21)

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FOR BLOODBORNE-PATHOGENS EXPOSURE CONTROL

in accordance with OSHA standard 29 CFR 1910.1030, for all employees who handle, store, use, process or dispose of potentially infected blood and blood products. This program includes requirements for personal protective equipment, engineering controls, housekeeping procedures, training, exposure reporting and recordkeeping.

RESPONSIBILITIES

The company (nurse, physician, health & safety director) will manage the bloodborne pathogens exposure control program, and maintain all records pertaining to it. Mikinaaka Ode Shelter management will ensure proper adherence to the program through periodic audits. The exposure-control plan will be reviewed and updated at least annually. The review process will include soliciting input from non-managerial employees

DEFINITIONS

Biological Hazard: Any viable infectious agent that presents a potential risk to human health.

Bloodborne pathogens: Microorganisms that can cause diseases such as human immunodeficiency virus (HIV) and hepatitis B (HBV), which are spread through contact with infected blood or blood products.

Medical Wastes/Infectious Wastes: Blood, blood products, bodily fluids, any waste from human and animal tissues; tissue and cell cultures; human or animal body parts removed by means of surgery or autopsy.

Universal Precautions: Preventing exposure to bloodborne pathogens by assuming all blood and bodily fluids to be potentially infectious, and taking appropriate protective measures.

GENERAL WORK PROCEDURES

Mikinaaka Ode Shelter personnel must follow these procedures for controlling exposure to bloodborne pathogens:

- Supervisors must ensure that their employees are trained in proper work practices, universal precautions, the use of personal protective equipment, and proper cleanup and disposal techniques.
- Engineering controls will be examined and maintained on a regular schedule to ensure their effectiveness.
- The company will provide resuscitation equipment and other ventilation equipment to eliminate the need for direct mouth-to-mouth contact for employees whose jobs would require them to perform resuscitation.

· Do not eat, drink, smoke, handle contact lenses or apply cosmetics in areas where exposure to bloodborne pathogens is possible. Do not store food and drinks in refrigerators or cabinets where blood and other potentially infectious materials are stored.

· **Wear disposable latex or vinyl gloves if:**

1. you have cuts, abrasions, chapped hands, dermatitis or similar conditions
2. you are examining a patient with an open skin wound and active bleeding;
3. you are handling blood, blood products or body secretions.

· Wear gowns, aprons or lab coats whenever there is a possibility that bodily fluids could splash on an employee.

· Perform procedures involving blood and other potentially infectious materials in such a manner that will minimize splashing or spraying.

· Wear protective clothing if entering a laboratory or work area where potentially infectious materials are handled.

· Wash your hands as soon as possible after handling potentially infectious materials, and after removing protective clothing and equipment.

· Remove all protective equipment when leaving the work area and, if the equipment is contaminated, place it in a proper storage container for washing, decontamination or disposal.

· Remove contaminated clothing before entering other areas of the building or leaving the building.

MEDICAL WASTES

Separate all medical/infectious waste from other waste at the point of origin, and place (except for sharp objects) in double, disposable red bags with "Biohazard" and "Infectious Waste" labels. Place all 'sharps,' such as needles, scalpels, razor blades or broken glass, in puncture-proof, leak-proof, labeled or color-coded containers for proper disposal. Place all infectious waste in leak proof bins or barrels marked "Biohazard" and "Infectious Waste." These will be collected by a licensed infectious-waste removal company. Disinfect contaminated reusable equipment before washing for re-use. Decontaminate reusable glassware in a 1-to-9-bleach solution before rinsing and acid washing; then sterilize the glassware in an autoclave. Decontaminate floors and other surfaces with a 1:9 bleach solution as well.

ENGINEERING CONTROLS

Changes in technology that eliminate or reduce exposure to bloodborne pathogens will be incorporated when identified. Consideration and implementation of appropriate, commercially-available, effective and safer medical devices are documented annually.

HEPATITIS B (HBV) VACCINATIONS

Mikinaaka Ode Shelter will provide, at its own expense, hepatitis B vaccinations to employees covered under this program and who choose to be vaccinated. The company will document that it offered the vaccine, as well as the employees' decision to accept or decline and the date of vaccination.

REPORTING

Any employee who has suffered a cut, needle stick or mucous membrane exposure to another person's bodily fluids, or who has been exposed to human blood and blood products, must report the incident immediately to the company (nurse, physician, health & safety director). An employee covered under this program, or an employee acting as a "Good Samaritan," who has been exposed on the job to HIV, HAV, HBV or HCV will be tested at the time of exposure to determine if the virus has been transmitted. The employee will be re-tested at six weeks, 12 weeks and six months after exposure. All testing will be performed at company expense. The company will also contact the exposure source and request that that person to be tested, at company expense. The testing for this person is not mandatory, however, and refusal will not affect his or her employment. Test results will be provided to source and exposed employees within five business days of their receipt. Confidentiality will be maintained for both the exposed employee and the exposure source during all phases of the post-exposure program.

RECORDKEEPING

Mikinaaka Ode Shelter (nurse, physician, health & safety director) will maintain all exposure reports, training and HBV vaccination records. OSHA requires that records be kept for the duration of employment, plus 30 years, except training records which must be kept for 3 years. Hepatitis B or HIV contracted on the job will be recorded on the OSHA 300 log as an illness. Exposure to bloodborne pathogens from contact with 'sharps' will be recorded on the OSHA 300 log if a doctor prescribes treatment with gamma globulin, HBV immune globulin or HBV vaccine.

APPENDIX 1

– EXPOSURE DETERMINATION The following job classifications and employees of Mikinaak Ode Shelter are covered by OSHA's Bloodborne Pathogens Standard:

APPENDIX 2:

Hepatitis B Vaccine Declination Form

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to me.

Signature of employee

Print name of employee

Witness signature and position

BLOODBORNE PATHOGEN INCIDENT EXPOSURE REPORT

NAME OF PERSON EXPOSED: _____

DATE: _____ TIME: _____

NAME OF EXPOSURE SOURCE: _____

EXPLANATION OF EXPOSURE INCIDENT:

PERSONAL PROTECTIVE EQUIPMENT WORN:

FOLLOW-UP ACTIONS

TEST RESULTS OF EXPOSED PERSON (IF ALLOWED):

TEST RESULTS OF EXPOSURE SOURCE (IF ALLOWED):

MEDICAL PROFESSIONAL CONSULTED:

TREATMENT GIVEN:

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

EMERGENCY DRILL REPORTING FORM

Person Completing Form and Title:	Date:
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Type of Drill:	Notification/ Alert Method	Weather Conditions:
<input type="checkbox"/> Fire/Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Tornado <input type="checkbox"/> Other: _____	<input type="checkbox"/> Bell or Buzzer <input type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other: _____	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and Wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow/Sleet <input type="checkbox"/> Hail
Participants: (check all that apply)	Situation at Start of Drill:	
<input type="checkbox"/> Employees/Staff <input type="checkbox"/> Clients <input type="checkbox"/> Community Members <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Before Business Hours <input type="checkbox"/> During Business Hours <input type="checkbox"/> Peak Business Hours <input type="checkbox"/> Lunch Time <input type="checkbox"/> After Business Hours <input type="checkbox"/> Other: _____	

Problems Encountered: (Check all that apply)	
<input type="checkbox"/> Congestion in hallways <input type="checkbox"/> Alarm not heard <input type="checkbox"/> Employees unsure of what to do/proper <input type="checkbox"/> Staff unsure of responsibilities/response <input type="checkbox"/> Weather-related problems <input type="checkbox"/> Unable to lock doors <input type="checkbox"/> Windows left open <input type="checkbox"/> Doors left open <input type="checkbox"/> Lights left on <input type="checkbox"/> Personnel not accounted for/attendance	<input type="checkbox"/> Difficulties with evacuation of disabled personnel, customers or visitors <input type="checkbox"/> Personnel unaccounted for (note# below) <input type="checkbox"/> Personnel not out of sight (lockdown drill) <input type="checkbox"/> Long time to evacuate building <input type="checkbox"/> Personnel not serious about drill <input type="checkbox"/> Improper or unavailable supplies <input type="checkbox"/> Confusion <input type="checkbox"/> Doors or Exits blocked <input type="checkbox"/> Transportation <input type="checkbox"/> Interagency miscommunications <input type="checkbox"/> Incident command problems <input type="checkbox"/> Other: _____

Explain what corrective measure will be taken to address problems:

FIRE ALARM PROCEDURES

IN CASE OF A FIRE:

- Pull the fire alarm if it is not already sounding; call fire department right away
- Do not attempt to extinguish a fire yourself if it not safe or you do not feel comfortable. Staff may ask clients to evacuate and not attempt to extinguish fire for their own safety.
- Alert all clients, staff and visitors and immediately evacuate the shelter.
- Direct clients to a safe gathering area outside
- At the gathering area outside confirm that all clients, staff and visitors have evacuated the building. Don't enter the building
- When the Fire Department arrives, speak to the officer in charge. If required give the officer a set of staff keys.
- Contact the Shelter Manager or his/her delegate as soon as possible.
- If the weather is inclement and if the evacuation will not be short, the Dunseith City Hall
- Contact other agencies in the community, inform them of the situation and ask for assistance in providing temporary shelter for the clients.
- For a false alarm or other short-term evacuation, direct occupants back into the building once the Fire Department has authorized an all clear. Complete a Critical Incident Form.

Smoke Alarms/Carbon Monoxide:

Type of alarms on site FIRE & CO COMBINED ALARMS

How many – 7 ALARMS IN TOTAL ONE IN EACH BEDROOM, EAST HALLWAY AND THE MAIN LOBBY AREA

How often are they tested – MONTHLY INSPECTIONS DONE BY EMPLOYEES

Fire Extinguisher:

- There are fire extinguishers located at each end of the main hallway. They can be used for any type of fire, but are only to be used when the fire is small and contained. In all other situations, staff are expected to inform clients and evacuate the house immediately.

Fire Exit Procedures:

- The fire exit procedures for clients are posted visibly in each bedroom, and are as follows:
- Roll out of bed.
- Touch back of hand to the door, if the door is cool, open it a crack; if you do not smell smoke, open the door and leave the building.
- If the door is hot, DO NOT OPEN IT – leave by the window. If necessary, use a chair to break the window(FOLLOW INSTRUCTIONS ON THE WINDOW) Every window has fire exit instructions.
- Check to see if everyone is out but DO NOT GO BACK IN THE BUILDING.
- Follow the directions of Shelter Staff.

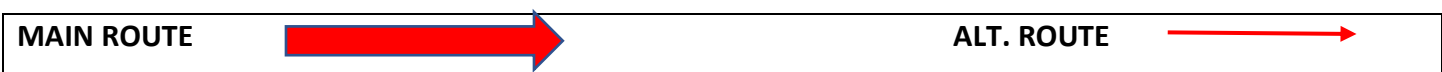
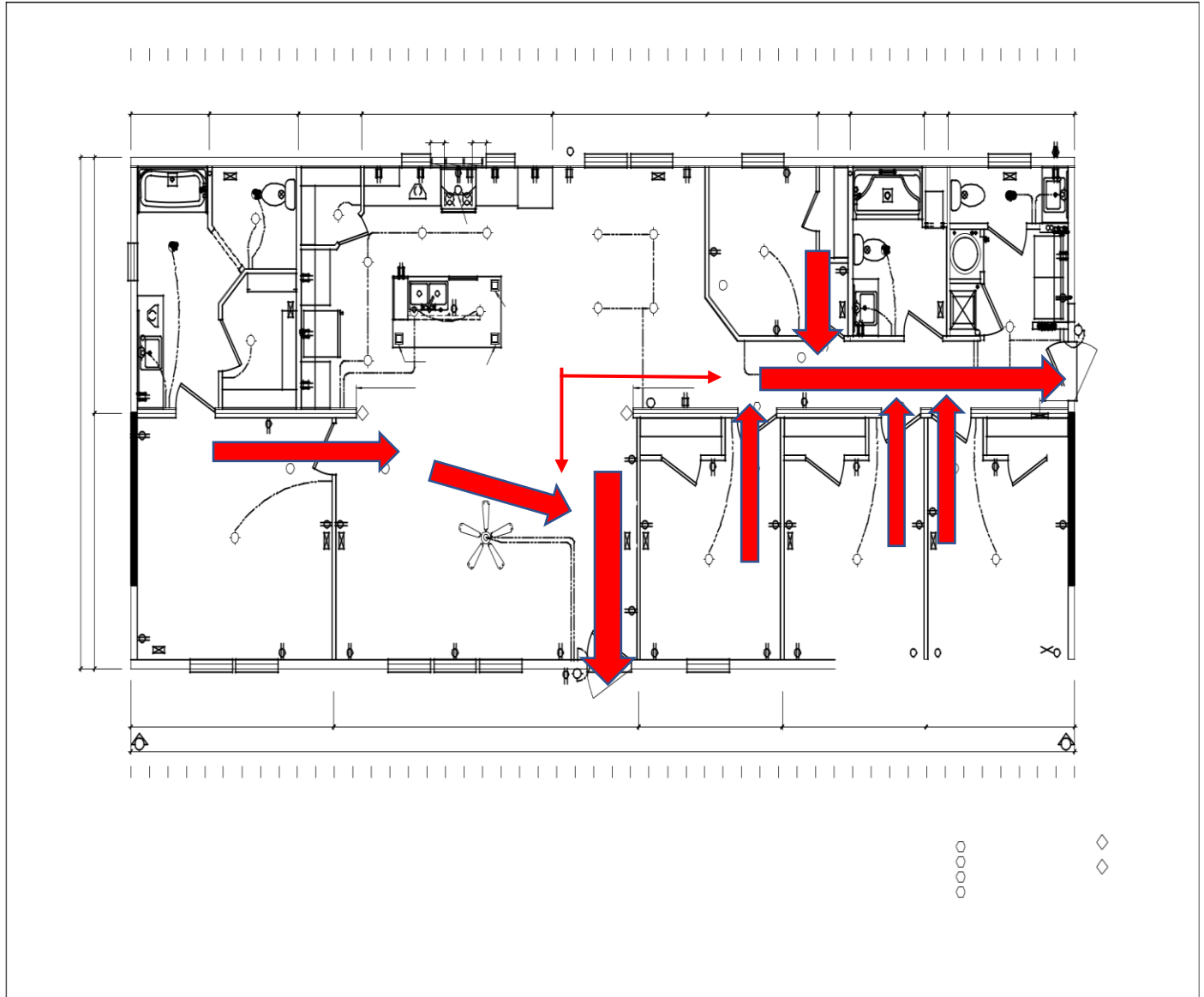
***Fire Extinguisher and Emergency Lighting Maintenance –**

- Fire extinguishers must be inspected annually by a qualified fire protection company
- Monthly a staff member should visually inspect the extinguishers and initial the attached tag
- To conduct a visual inspection the following should be done:
 - a. The fire extinguisher is in a designated location and accessible
 - b. The pressure gauge shows a charge (arrow pointed at green)
 - c. The hose is attached and not clogged
 - d. The pin is in place
 - e. Complete the task by putting initials and date on the attached tag
- Exit signs should be illuminated at all times.
- Backup batteries for emergency/flood lights should be in working condition at all times. This equipment should be tested monthly. The test can be done by pushing the button on the signs and holding it for 30 seconds – the light should stay lit the entire 30 seconds. This will ensure that emergency lighting is functional in case of a power outage.
- Paper or glow in the dark labeled (exit) – better than no signage

****Monthly Emergency Equipment Walk Through – extinguisher, emergency lights, alarms, basic hazard assessment; Daily log/assessment**

Fire Exit Procedures:

- Roll out of bed.
- Touch back of hand to the door, if the door is cool, open it a crack; if you do not smell smoke, open the door and leave the building.
- If the door is hot, DO NOT OPEN IT – leave by the window. If necessary, use a chair to break the window.
- Check to see if everyone is out but DO NOT GO BACK IN THE BUILDING.
- Follow the directions of Shelter Staff.



TORNADO WATCH/WARNING

The two tornado awareness levels:

- Tornado watch- This means weather conditions are favorable for the formation of a tornado. Be alert and stay informed of changing weather conditions.
- Tornado Warning- This means a tornado has been sighted. Seek shelter immediately.

As many staff as possible should turn to K.E.Y.A radio station for information regarding either a Tornado Watch or Tornado Warning.

The front office staff will be responsible to announce the TORNADO WATCH OR TORNADO WARNING – FOR STAFF Ensure that all occupants are aware of the watch/warning and give direction on how to proceed.

The following procedures are to be taken in the event of a Tornado Warning:

- Shut off all equipment
- Attempt to protect yourself from any flying debris.

Note: The closest emergency shelter for tornados is at Dunseith's City Hall and Belcourt's

Workplace Safety – Housekeeping, Hygiene &

Hazardous Materials Policy and Procedure

Policy

Mikinaak Ode Shelter understands the importance of maintaining hygienic, sanitary environments for the well-being of clients and staff. We like to maintain the consistent and high standard of housekeeping.

Procedure

Client participation in housekeeping tasks follows the Shelter guidelines. Mikinaak Ode Shelter will be responsible for assigning household tasks and completed by clients. Mikinaak Ode Shelter will take steps to prevent the spread of infection in bathrooms, bedding, and food. To prevent cross-contamination, clients are required to store personal toiletries in their bedrooms when not in use. Clients are assigned a set of linens at intake for their use while in the shelter. The client is responsible for washing their linens. At discharge, linens are laundered by an employee in hot water with bleach. The Mikinaak Ode Shelter will not be using industrial strength chemicals, but normal household cleaners.

Bleach solutions can be used if appropriate for the surface and will be effective against coronaviruses when properly diluted.

Follow the directions on the bleach bottle for preparing a diluted bleach solution. If your bottle does not have directions, you can make a bleach solution for disinfecting by mixing:

5 tablespoons (1/3 cup) of bleach per gallon of room temperature water OR

4 teaspoons of bleach per quart of room temperature water

Follow the manufacturer's application instructions for the surface. If instructions are not available, leave the diluted bleach solution on the surface for at least 1 minute before

removing or wiping. This is known as the “contact time” for disinfection. The surface should remain visibly wet during the contact time.

Ensure proper ventilation during and after application (for example, open windows).

Never mix household bleach (or any disinfectants) with any other cleaners or disinfectants.

This can cause vapors that may be very dangerous to breathe in.

Make a new diluted bleach solution daily. Bleach solutions will not be as effective after being mixed with water for over 24 hours.

couch light icon

Soft (porous) surfaces

For soft (porous) surfaces such as carpet, rugs, and drapes

Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.

Launder items (if possible) according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.

OR

Disinfect with a household disinfectant on EPA List N: Disinfectants for Coronavirus (COVID-19)
external icon approved for use on porous surfaces

Vacuum as usual.

mobile light icon

Electronics

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

Consider putting a wipeable cover on electronics, which make cleaning and disinfecting easier.

Follow manufacturer’s instructions and recommendations for cleaning the electronic item.

For electronic surfaces that can be cleaned or disinfected, use a product on EPA List N: Disinfectants for Coronavirus (COVID-19) external icon. Many of the products for electronics contain alcohol because it dries quickly.

washer light icon

Laundry

For clothing, towels, linens and other items that go in the laundry:

To minimize the possibility of dispersing the virus through the air, do not shake dirty laundry.

Wear disposable gloves when handling dirty laundry from a person who is sick.

Launder items according to the manufacturer's instructions. If possible, use the warmest appropriate water setting and dry items completely.

Dirty laundry from a person who is sick can be washed with other people's items.

Clean and disinfect clothes hampers according to guidance above for surfaces.

Wash hands after handling dirty laundry.

*Set schedules will be made

LAUNDRY & LOBBY/CLEANING AREA TIMES



LAUNDRY TIME & DATE:	CLIENT:

LOBBY/CLEANING AREA TIME & DATE:	CLIENT:

First Aid

Before administering care to an ill or injured person, check the scene and the person. Size up the scene and form an initial impression.

Pause and look at the scene and the person before responding. Answer the following questions:

- Is the scene safe to enter?
- What happened?
- How many people are involved?
- What is my initial impression about the nature of the person's illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding?
- Is anyone else available to help?
- What training have I received? Basic Life Safety – CPR?

Determine how to respond:

Scenario A If the Person is awake and responsive *and* there is no severe life-threatening bleeding:

- Obtain consent: Tell the person your name, describe type and level of training, state what you think is wrong and what you plan to do, and ask permission to provide care.
- Tell a bystander to get the AED and first aid kit: Point to a bystander and speak out loud.
- Use appropriate PPE: Put on gloves, if available.
- Interview the person: Use SAMPLE questions to gather more information about signs and symptoms, allergies, medications, pertinent medical history, last food or drink and events leading up to the incident.
- Conduct a head-to-toe check: Check head and neck, shoulders, chest and abdomen, hips, legs and feet, arms and hands for signs of injury.
- Provide care consistent with knowledge and training according to the conditions you find.

Scenario B If the Person Appears Unresponsive:

Shout to get the person's attention, using the person's name if it is known. If there is no response, tap the person's shoulder (if the person is an adult or child) or the bottom of the person's foot (if the person is an infant) and shout again, while checking for normal breathing. Check for Responsiveness and breathing for no more than 5-10 seconds.

Scenario B1 If the person is breathing:

- Send someone to call 911 or the designated emergency number and obtain an AED and first aid kit.
- Proceed with gathering information from bystanders using the SAMPLE questions □
- Conduct a head-to-toe check.
- Roll the person onto his or her side into a recovery position if there are no obvious signs of injury.

Scenario B2 If the person is NOT breathing:

- Send someone to call 911 or the designated emergency number and obtain an AED and first aid kit.
- Ensure that the person is face-up on a firm, flat surface such as the floor or ground.
- Begin CPR (starting with compressions) or use an AED if one is immediately available, if you are trained in giving CPR and using an AED.
- Continue administering CPR until the person exhibits signs of life, such as breathing, an AED becomes available, or EMS or trained medical responders arrive on scene.

Note: End CPR if the scene becomes unsafe or you cannot continue due to exhaustion.

Client Death Procedure

Attempt First Aid if possible; see page 10. If first aid is impossible or it is certain that the client has perished staff should:

1. Call 911.
2. DO NOT move the client or touch anything in the vicinity of the body.
3. Call a second staff member for support.
4. Call the Shelter Manager.

Outbreak Policy

Procedure to reduce/eliminate risk from infections and infectious diseases

1. All staff are to wash hands frequently. Appropriate reminder signs are to be posted in kitchens, washrooms and other areas deemed appropriate.
2. Where more than two people have cold/flu symptoms within a 48-hour period, the Manager is to be informed.
3. Where any serious risk of infection/disease is identified or suspected, and it cannot be assessed by a medical professional immediately, isolate the individual including, as appropriate, their eating utensils-temporary restriction from the service may be required.
4. At the earliest possible time, have the individual assessed by a trained medical professional and request the medical personnel provide an appropriate medical plan within the context of the shelter services.
5. When an individual is referred to an appropriate shelter that will fit the client's needs, ask questions regarding the person's exposure to communicable disease/infection and their condition.
6. Be alert to any emerging signs or symptoms of illness, such as diarrhea, fever, excessive tiredness, changes in behavior
7. If symptoms are noted, refer at once to medical services. Notify the Manager and maintenance staff and ensure detailed documentation to ensure that future shifts become aware and continue observing the situation.
8. Communication is the key to prevention and timely management of these challenges. Make sure that all appropriate parties are aware of the situation and that all actions are clearly documented. Ensure that confidentiality and privacy are respected.

Procedure for an Outbreak

1. Notify clients and post signs.
2. Wear masks at all times.
3. A temperature log should be taken once a day for all staff and clients. A log will be in place as well as a thermometer.
4. Extra hand sanitizer will be left at the front desk to ensure an adequate supply is available to everyone.
5. High contact surfaces are to be cleaned with bleach and water. Examples include:
 - All door knobs
 - Phone, key pads and mouth pieces
 - Toilet seats and flush handles
 - All taps and areas around sinks

- Beverage container taps and condiments or food containers
6. Cleaning is to be done as often as possible especially during times when people are using common areas. Checking to ensure clients are following the cleaning procedures set forth by the shelter staff/manager.
 7. When to wash hands – Examples: Before preparing food, after cleaning, after bathroom use, before eating, and after using any chemicals.
 8. Dining areas are to be cleaned between sittings with a bleach solution and clients separated at a station six ft apart.
 9. Screen kitchen staff and volunteers before allowing them in the kitchen. Have logs of volunteers that enter the facility
 10. Deliver food to clients if a quarantine is established
 11. Staff will need to clean as often as possible, or have client report usage for cleaning.
 12. Document and discuss the situation at each shift and update the Manager.
 13. Email other community facilities with updates and information on any outbreaks and the necessary precautions that are helping.

MIKINAAK ODE SHELTER PROTOCOL FOR RESPONSE TO THE CORONA VIRUS

Because of the fluid and developing nature of the Corona Virus (COVID-19), this plan is subject to change, and will be updated as needed. Please refer to the date at the end of the document for the most recent document. Please keep this document posted and available for all staff in your department.

Mikinaak Ode Shelter will abide by the recommendations of CDC, WHO, Federal, State, and Local Laws, Guidelines and Mandates, as well as any other recommendations from legitimate sources regarding our response to this virus. Our main goal is to keep all clients and staff safe and healthy during this crisis.

Our current response will be as follows:

1. All clients and staff are required to be masked and maintain social distancing when in the building with the exception of eating, sleeping, or showering/shaving.
2. Staff working in their own office may unmask in their office while working alone. When multiple people are in an office together, masks must be worn and social distance must be maintained.
3. All clients will have their temperature taken every morning. Staff will record temperatures on a document maintained in the office. All staff are encouraged to monitor their own temperatures, and if you are sick, please notify your supervisor and remain at home.
4. A symptom-tracking form is attached, and, and this document will be used to monitor individuals who present with symptoms.
5. If a client develops a fever, feels ill, requests medical attention, or is deemed by staff to need medical attention, we strongly suggest the first line of defense be 911.
6. If a client is symptomatic and may need transport for quarantine or isolation, the following protocol will happen through?
7. Information needed to relay:
 - Name of individual
 - Reason for transportation to quarantine/isolation
 - Find out if the individual is known to be symptomatic. This will determine level of PPE needed for staff members transporting them.
 - Details of location to pick up the individual-please include specifics of the location as well as the point of contact to complete handoff. For example, meet at a certain door or a person to call on arrival for pick up.
 - Two staff members will transport the individual to the hotel, assist with check in and escort the individual to the room. – Potential Partner Sky Dancer - security or the tribal quarantine homes - staffed.

- Education will be provided to the individual on quarantine/isolation as relevant to the reason for housing.

Mikinaak Ode Shelter will work to ensure safety for both clients and staff through these preventative measures:

- Individuals from the same household (prior to coming to the shelter) can be placed together in quarantine. – changed on 1/27
- Contain the space (provide signage – Do not enter), allow for at least 24 hours, ventilate the space when safe to enter and then proceed with cleaning procedures.
- Sanitary spray will be used in the kitchen and front office to wipe down all areas, such as stainless counters, tables, door handles, etc. Sanitizing all areas as often as possible and keeping our distance from clients will help.
- Phones will be cleaned off after client use.
- Intakes will be completed by speaking with the client through plexiglass, as it keeps distancing, especially for periods of more than 15 minutes. Limiting constant contact.
- Clients are asked to use hand sanitizer, maintain social distancing, and mask appropriately. If clients refuse to follow the safety guidelines, they may be asked to leave.

Please be advised that this is constantly changing crisis, and therefore our information and our response will adjust accordingly.

November 17, 2020

Mikinaak Ode Shelter (Outbreak Letter)

Date:

RE: Outbreak

Dear

There has been a case of **(outbreak)**

What is (outbreak)?

Define the outbreak

Why should I be concerned about (outbreak)?

The impact of the outbreak

What should I do now?

Educated about the outbreak

What should I do if the outbreak reached our Shelter?

Suspect of the outbreak

Thank you for giving this your attention. Your family doctor will be able to answer any further questions that you might have about (Outbreak)

Yours Sincerely

Director

COVID-19 check in procedure:

All new check ins now need to have their temperature taken

Please be aware that weather can impact a person's temperature momentarily. If necessary, take temperatures from both the wrist and the forehead to ensure a fever is not present. If they have been out in the cold for an extended period of time consider a wait period to allow temperature to regulate.

Should they have a temperature (over 100 degrees). Please ask the following questions

1. Do you have any additional symptoms?
 - a. Shortness of breath
 - b. Cough
 - c. Sore throat
 - d. Chills
 - e. Muscle aches
 - f. Fatigue
 - g. Runny Nose
 - h. Headache
 - i. Loss of taste or smell
2. Have you traveled within the U.S. in the last 7 days?
3. Have you traveled outside of the U.S. in the last 21 days?
4. Have you been around anyone who has been diagnosed with COVID-19 or who has been Identified as having been exposed to COVID-19?

If they respond yes to the above please call the COVID-19 hotline for ND 1-701-780-6358 and follow the recommendations as to how to proceed.

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html>

In the event that a client reports they are sick or are visibly ill with COVID related symptoms.

1. Determine if they need immediate medical attention.
 - a. If they do, call an ambulance and explain that they are exhibiting COVID symptoms and need immediate help.
2. If the client does not need immediate medical attention.
 - a. Have the client sit in the entryway.
 - b. Remove all clients from the lobby and announce that the lobby is temporarily closed.
3. Monday-Friday 7:50am-5pm Public Health is open and clients can be screened there.
 - a. Staff must call public health screening desk prior to sending the client to public health. (701-477-6111)
 - b. Call Melissa and notify her of sick individual. (701-201-0747)
4. Non-Business hours when public Health is not an option.
 - a. Call COVID hotline? 701-477-6111
 - b. They will ask for client name/birth date and detailed list of symptoms. Have all of this information ready before calling
 - i. List of symptoms
 1. Shortness of breath
 2. Cough
 3. Sore throat
 4. Chills
 5. Muscle aches
 6. Fatigue
 7. Runny nose
 8. Headache
 9. Loss of taste or smell
 10. Fever
 - a. ER will be notified of incoming client.
 - i. You will have to request an ambulance for transport and tell dispatch that you have a COVID rule out patient.
5. Call Melissa and notify her of sick client. (701)-201-0747
6. You will need to bag all of the client's belongings (including linens they were using).
 - a. Make sure to wear gloves and a mask while doing this.
 - b. Belongings will be stored in (storage room? – *in process*)
 - c. Label the clients belongings.
7. Sanitize the client's area with the sanitizing chemical found in front office and kitchen.
8. Sanitize lobby and common areas where the client was. Wash hands after cleaning an area where there was a potential positive case.
9. Announce that the lobby is open now.

If the client returns from ER, they will need to be put in a semi private room and quarantined until told otherwise base on their symptoms and they will need the 10:30am, 2:30pm, 6:30pm, and 10:30pm temp and symptom checks.

Individuals who may be housed

- Needing to complete the 3-5days quarantine related to the travel per the North Dakota State Health Officer order (3/28/2020)
- Persons with potential Covid-19 exposure that are without permanent housing facilities and are waiting for test results
- Person with potential COVID-19 exposure that are residing in a congregate shelter and are waiting for test results
- Persons with potential COVID-19 exposure whose current housing situation does not allow them to quarantine safely or it is not feasible for them to do so in their current housing situation and are waiting for test results.
- Persons with confirmed COVID-19 tests that are without permanent housing facilities
- Persons with confirmed COVID-19 tests that are residing in a congregate shelter
- Persons with confirmed COVID-19 tests whose current housing situation is not safe or feasible to quarantine

Pest Control Policy

Policy

The Mikinaak Ode Shelter is committed to maintaining a pest free environment in the shelter. All staff receive appropriate training for the identification of common pests as well as prevention and control measures. In the event that pests are reported, the following control procedures will be initiated as promptly as possible. Infection control practices should be utilized by staff, volunteers and clients of the Shelter so that lice infestations will be prevented whenever possible. When lice or body lice is being identified, this will be controlled in a timely manner and effective as soon as possible. The spread of lice between clients, staff, and volunteers should be minimized.

PROCEDURE:

Intake Screening

- When clients enter the shelter, staff should be respectful and discretely ask each client if they have symptoms of lice. Reassuring clients if they do have lice that the shelter staff will follow proper procedures to prevent an outbreak which includes allowing them to be housed under this procedure.
- If a client complains of or is observed to have such symptoms, or if they report having had recent contact with a person diagnosed with lice, they should be referred for medical evaluation as soon as possible.
- A staff person trained to assist clients with head lice may examine the client for the presence of nits or head lice on hair follicles. Staff should wear latex gloves when examining a client.
- A client with known or suspected lice may stay one night at the shelter. In order to stay additional nights, the client must show a note from a medical provider indicating that they have been evaluated, and that treatment, if prescribed, has been initiated.
- A client known or strongly suspected to have a lice infestation should be isolated as best as possible. The laundry/bedding of that client should be handled with gloves and not allowed to come in contact with staff hair or clothes.
- If the shelter has facilities for bathing and laundry and if the staff is trained, treatment may be performed at the shelter so that staff can assist the client and assure adequate safe treatment.

- See treatment guidelines for the 3 types of lice infestations below.

Procedure Lice & Body Lice

Lice are small insects that feed on human blood and lay their eggs on body hairs, or on clothing fibers. Bites cause a mild irritation and a purplish spot. To control the spread of lice, clients should be encouraged not to share hats, helmets, brushes, combs, towels and linens etc.

- When lice are detected on a client, remove all items of clothing and bedding and wash separately in hot water and dry in a hot dryer.
- Provide the client with fresh bedding and clean clothing.
- Treat with non-prescription shampoo/medication as per directions on the packaging.
- Clean the client's room by vacuuming any upholstered furniture, rugs and the floor.
- 24 hours later repeat actions.
- Notify other shelter staff.

Scabies

Scabies is a skin condition caused by microscopic mites that burrow under the skin causing itchiness and inflammation.

- When scabies is detected on a client, remove all items of clothing and bedding and wash separately in hot water and dry in a hot dryer.
- Provide the client with fresh bedding and clean clothing.
- Treat with non-prescription shampoo/medication as per directions on the packaging.
- Occasionally antibiotics may be prescribed by a medical provider if there is secondary infection.
- 24 hours later repeat actions.
- Notify other shelter staff.

Bed Bugs Policy and Preventions

Bed bugs are small flat reddish-brown, oval, flattened insects that feed off of human-blood. Their bites produce may itchy bumps, but not for every individual. Be certain to investigate outbreaks even if there are no symptomatic individuals.

- Immediately contact a licensed pest control company to get rid of bed bugs
- Follow the pest control company instructions for how to prepare the shelter for bedbug treatment.
- Making sure pest control company treats all cervices, baseboards, window sills and bed frames, mattresses, furniture and closets. Garbage storage rooms, hallways, laundry rooms and common rooms should be treated as well.
- Bed bug infested materials designated for disposal shouldn't be removed from the building during treated by pest control company. They should be disposed of after they have been treated.
- Clothing and other cloth material should be removed and put into plastic sealed bags and washed in hot water and dried at the hottest temperature as possible.
- Hard surfaces be washed thoroughly with soapy water
- The room should be emptied of all personal belongings, after pest control company finishes their treatment. The flooring of the rooms in the facility should be thoroughly cleaned with hot soapy water.

Weapons Policy and Procedure

Policy

Mikinaak Ode Shelter has a no weapons policy. The Mikinaak Ode Shelter staff will determine what constitute as a weapon. Attempts of any weapons that are brought into a facility will result in an immediate denial of services. All work tools that are utilized for work, is to be held in the main office and will be stored in an appropriate manner. Police can be called at any time.

Procedure

- When checking into the facility, clients will be provided with an item log agreement form used for lockers. Mikinaak Ode Shelter staff will explain the safety policy to clients. The clients must sign this agreement and turn all their items to the shelter staff.
- All Items are required on check in, the items will have a name tag and date of check in. When checking in, all items will be stored in a locker immediately. The items will be located in a secure area within the facility.
- Clients can receive their items whenever they are ready to leave the facility.
- When a client requests the return of his/her item(s), the client's name and date the item was returned will be entered in the Item Log Agreement Form. The client will confirm the return of their item(s) by signing the Item Log Agreement. The shelter will keep the original copy of the Item Log Agreement Form and provide the client with a copy of the signed document. This procedure will be done each time an item is returned to a client.

Violent Behaviors Policy and Procedure

Policy

If a client shows violent behavior to staff or clients, the client will be asked to leave. We have a zero-tolerance policy with violent behavior. If the client is being violent in the shelter or physically hurting someone or damaging property inside the facility the client will be asked to leave. This includes:

- Hitting, kicking, slapping, pushing
- Using objects to hurt someone
- Unwanted contact with an individual
- Verbally abusive to clients

Procedure

1. Staff will intervene in the conflict if they feel it is safe to do so and try to work things out in an adult manner. If the client reacts angrily, the staff is concerned about their personal safety make sure there is two staff together for safety of their self as well as the clients. If the client gets a little more violent call the police right away.
2. Staff should be honest with the client about why s/he is being asked to leave. If possible, help the person with their plans and provide him/her with alternatives. Staff should remain non-judgmental.
3. If client has assaulted anyone in the shelter or if being physically aggressive and the staff see it-client must leave.
4. Always notify the director immediately and fill out an incident report form.

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

Quickly determine the most reasonable way to protect your own life. Remember that customers and clients are likely to follow the lead of employees and managers during an active shooter situation.

1. Evacuate If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
 - Have an escape route and plan in mind
 - Evacuate regardless of whether others agree to follow
 - Leave your belongings behind
 - Help others escape, if possible
 - Prevent individuals from entering an area where the active shooter may be
 - Keep your hands visible
 - Follow the instructions of any police officers
 - Do not attempt to move wounded people
 - Call 911 when you are safe
2. Hide out If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:
 - Be out of the active shooter's view
 - Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
 - Not trap you or restrict your options for movement to prevent an active shooter from entering your hiding place:
 - Lock the door
 - Blockade the door with heavy furniture

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

1. Lock the door
2. Silence your cell phone and/or pager
3. Turn off any source of noise (i.e., radios, televisions)
4. Hide behind large items (i.e., cabinets, desks)
5. Remain quiet If evacuation or hiding is not possible:
 - Remain calm
 - Dial 911, if possible, to alert police to the active shooter's location
 - If you cannot speak, leave the line open and allow the dispatcher to listen, take action against the active shooter as a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:
 - Acting as aggressively as possible against him/her

Throwing items and improvising weapons

- Yelling
- Committing to your actions

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES

Law enforcement's purpose is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots were heard.

- Officers usually arrive in teams of four (4)
 - Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment
 - Officers may be armed with rifles, shotguns, handguns
 - Officers may use pepper spray or tear gas to control the situation
 - Officers may shout commands, and may push individuals to the ground for their safety
- How to react when law enforcement arrives:
- Remain calm, and follow officers' instructions
 - Put down any items in your hands (i.e., bags, jackets)
 - Immediately raise hands and spread fingers
 - Keep hands visible at all times
 - Avoid making quick movements toward officers such as holding on to them for safety
 - Avoid pointing, screaming and/or yelling
 - Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises
- Information to provide to law enforcement or 911 operator:
- Location of the active shooter
 - Number of shooters, if more than one
 - Physical description of shooter/s
 - Number and type of weapons held by the shooter/s
 - Number of potential victims at the location

LOCKDOWN PROCEDURES

To aid in the safety and protection of staff and clients.

Partial lockdown

- Partial lockdown is the securing of all exterior doors of all facilities of the Mikinaak Ode Shelter.
- Partial lockdown can also be used to secure a particular area of the Mikinaak Ode Shelter where an incident has occurred that could affect the safety of the staff and clients.
- During a partial lockdown, you may leave the Shelter when an evacuation is ordered.

Full Lockdown

- Full lockdown is the securing of all exterior doors and the locking or barricading of Offices and the Shelter.
- Staff and Clients must remain in their rooms until advised that it's safe to leave.
- Staff and Clients who are in public areas when a full lockdown is declared must proceed to a room that can be locked or barricaded and remain until advised that it is safe to leave.
- Full lockdown is only used when a violent incident has or may occur that could impact the safety of staff and clients.

Notification of a Partial or Full Lockdown

- People in the Shelter may be notified in a number of ways when full or partial lockdown is ordered: By staff or Personal contact

Personal actions during a full or a partial lockdown

- Stay away from doors and windows
- Do not let unauthorized persons into the building
- During a full lockdown barricade your room
- Get to a room that can be locked or barricaded
- Remain quiet and silence cell phones

- One person should contact the police (911) advising them of your location and the number of people in the shelter.
- Do not enter the hallways unless advised to do so by the 911 operator, emergency service personnel
- If the fire alarm sounds, stay where you are unless you smell smoke or are advised to leave by the 911 operator, emergency services

Privacy & Confidentiality Policy & Procedure

Policy

Mikinaak Ode Shelter values and protects confidentiality of client information. For the shelter to work effectively, clients must have confidence that information they provide will be safeguarded appropriately.

Procedure

Shelter staff

1. When staff works with clients, keep all discussions about clients confidential. All clients record information should be kept in a secure area away from clients and other staff who don't have use for the records.
2. Keep client files secure and locked; Limit access to client files to authorized persons; and, do not leave clients or other people unattended with confidential material.
3. Inform all clients that concerns or questions on why their personal information is being recorded or what is done with it can be directed to the Director

Access to Client Files

Access to client files is only permitted to appropriate, authorized personal. These include clients; parents or legal guardians, where appropriate; employees authorized to see specific information on a "need-to-know" basis; and others outside the Shelter whose access is permitted by law.

Working Notes and Off-Site Documentation

In programs where client contact is off-site or where client working notes must be secured outside of the Shelter's regular office, it is important to ensure confidentiality is respected both verbally and in written form. To achieve this, the following additional procedures are required:

1. Whenever possible, off-site information will have minimal identifying information (initials)
2. If confidential material is kept in a vehicle during working hours, the vehicle must be locked at all times and the material stored out of view. No confidential material is to be left in a vehicle overnight.
3. Any confidential information kept at an employee's home must be secured. No confidential information is to be stored on home or personal computer hard drives. Computer disk files must be password protected.
4. Working notes must be brought into the office and securely stored or destroyed every three months.

5. Upon client discharge, all written information/notes on the client kept outside of the office must be returned for secured filing.

Acknowledgment of Receipt and Review:

I have read and have had the opportunity to ask questions pertaining to the Mikinaak Ode Shelter Employee Safety Manual. I understand and agree that any provision of this manual may be amended and revised at any time by corporation.

EMPLOYEE SIGNATURE

DATE

PRINT NAME