



# Kadient's Safety Management Plan

MANAGING DURING THE TIME OF COVID-19  
MAY 2020 (UPDATED 11/20)

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## INTRODUCTION

When a novel virus with pandemic potential emerges, nonpharmaceutical interventions, which will be safety management strategies in this document, often are the most readily available interventions to help slow transmission of the virus in our workplace and the homes in which we provide services.

Safety management will assist in transmission risk mitigation; such mitigation is a set of actions that caregivers and Kadiant can take to **help slow** the spread of respiratory virus infections. This continues to be especially important before a vaccine or drug becomes widely available. Estimates of vaccine availability range from 12 months to 18 months, which would be historical.

The safety management standard lists actions based on local and state health departments', CDC, WHO, and OSHA's regulations and recommendations, and on governors' orders designed to mitigate transmission of COVID-19 in the United States.

Selection and implementation of these actions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity.

Kadiant's approaches to safety management are designed to **minimize the potential** of infection and harm to team members, clients, caregivers, contractors and vendors while providing or receiving Kadiant services.

Personal choices of working or receiving in person services are the first level of choice for safety.

Implementation is based on:

- Emphasizing individual responsibility for implementing recommended personal-level actions
- Empowering leaders to implement recommended actions, particularly in ways that protect people at increased risk of severe illness
- Focusing on settings that provide in person services to individuals
- Minimizing disruptions to Kadiant services to the extent possible

## SAFETY MANAGEMENT POLICY

- The core Kadiant Safety Management Program will be implemented, as applicable, by location of service or work.
- Each community is unique, and appropriate safety management choices may vary based on the level of community transmission, characteristics of the community and their populations, and the local capacity to implement strategies.
- All aspects of a community that might be impacted, including populations most vulnerable to severe illness and those that may be more impacted socially or economically, will be considered to guide appropriate actions.
- Mitigation strategies can be scaled up or down depending on the evolving local situation.
- When developing mitigation plans, ways will be identified to ensure the safety and social well-being of groups of clients, caregivers, and team members that may be especially impacted by mitigation strategies, including individuals at increased risk for severe illness.
- Communication with caregivers is critical for the implementation of safety management plans.
- The level of activities implemented may vary across settings (e.g., they may be at a minimal/moderate level for one setting and at a substantial level for another setting in order to meet community response needs).
- Kadiant will implement risk assessment approaches that will enable responsiveness to the work of departments of Public Health that test, track, and quarantine.
- Kadiant's overall safety management program will be used where at all possible, with the implementation of local measures to meet the local conditions.

## SAFETY MANAGEMENT STEERING COMMITTEE

Charter of Safety Management Steering Committee:

- Provide direction for Kadiant level decisions
- Receive information on safety management plans by location
- Review information on external environment to assist with decisions
- Review dashboard of internal information and decisions

- Determine budget needs
- Honor safety behavior on par with other behavior
- Communicate imperative information and actions needed

The Steering Committee is comprised of the following leaders:

- Chief Executive Officer (ad hoc)
- Chief Operating Officer
- Regional Vice Presidents
- Chief People Officer
- Chief Compliance Officer
- Regional Director
- Operations Support Leadership (ad hoc)
- Chief Financial Officer (ad hoc)
- Chief Marketing Officer (ad hoc)
- Chief Clinical Officer (ad hoc)
- Director of Compliance

The Safety Management Steering Committee meets monthly to fulfill its charter.

## SAFETY MANAGEMENT SQUAD

Charter of Safety Management Squad:

- Be point of contact for local leadership and teams for Safety Management
- Give information and feedback to Team from implementation efforts
- Offer best practices and effective, local tools
- Assist with training, tracking, assessments, drills, safety walks
- Communicate and educate team members

The Safety Management Squad is comprised of Safety Stars identified by each office, clinic, and subregion.

The Safety Management Squad meets bi-monthly to fulfill its charter.

## COMMUNICATION VENUES

Kadiant uses multiple communication venues to provide necessary information for the safety management program:

- Regular video conferences
- Emails
- Postings of articles on the Kadiant Sharepoint
- Postings of information on the Kadiant Sharepoint
- Regular topics in leadership and staff meetings
- Postings of information on Kadiant's web site

## HAZARD REPORTING AND CORRECTION

Kadiant expects that all identified safety hazards are reported to supervisors for resolution, per the Reporting Unusual Occurrences, Incidents, and Compliance Concerns policy. This policy indicates that such occurrences will be recorded and investigated. An excerpt of the policy is below:

Kadiant Team Members will report Unusual Occurrences [safety concerns] using the designated form and process as soon as practicable and no later than 8 business hours of their knowledge.

All Kadiant Team Members have the right to report their concerns in good faith with the understanding that there will be no retaliation for doing so.

- a. The expectation is that immediate supervisors are creating a safe environment for such reporting to occur; however, reporting to another leader is also supported for instances where a Team Member would prefer that another individual receive the information.
- b. As a back stop, for purposes of supporting the option of an anonymous line of communication for Compliance Concerns, the Compliance Hotline is available at 844-764-2309.
- c. Confidentiality requests by the reporter will be honored, as possible, for all modes of reporting.
- d. Any person who deliberately makes a false accusation, with the purpose of harming or retaliating against another person, will be subject to disciplinary action.

Upon receipt of an Unusual Occurrence Report, the Compliance team will, as applicable:

- a. Record the report in the compliance concerns system
- b. Gather additional information, as applicable

- c. Conduct and document a good faith review, where applicable
- d. Determine the appropriate course of action for remedial action and ensure it is implemented per any other Kadiant policies, and appropriately meet external reporting obligations, such as those to government agencies, based on the type of incident.

Records of incidents will be available to all government agencies and designees for their review. Any related recommendation will be acted upon if problematic practices are identified, as appropriate.

Unusual Occurrence or Incident Report

## APPENDIX A: LIST OF STANDARDS

This next section will describe the standards that provide the mandatory actions and rules for the implementation and management of the safety program. The expectation is that operations will meet these standards, unless given an exception by the Safety Management Steering Committee upon review.

These standards have been derived from, and will be regularly reviewed against, the evolving requirements from the following authorities:

- World Health Organization
- Centers for Disease Control (CDC)
- Occupational Safety and Health Administration – Federal and Relevant States
- California, Oregon, Washington, Colorado, Ohio, Georgia Governors’ Offices – Orders and Guidelines
- Applicable County Government Offices Governing Kadiant Operations – Orders and Guidelines
- Applicable County and City Departments of Health Governing Kadiant Operations – Orders and Guidelines

This set of ever-changing requirements is being monitored at least bi-weekly by the Compliance office with necessary changes identified and acted on, including updating the standards below.

Each location and sub-region are tasked with completing an assessment of current practices against the standards below. Gaps are identified through this process with assigned tasks, accountable issue owners, and deadlines for resolution, consistent with the hazard reporting and resolutions process described above.

### **1. Lead Safety Coordinator (Safety Star)**

Identify a workplace coordinator who will be responsible for COVID-19 and other safety issues and their impact at the workplace. (CDC, GA)

### **2. Risk Assessment Approach and Related Investigations**

Develop emergency communications plans, including a forum for answering team members’ concerns and internet-based communications, if feasible. (OSHA)

Provide local managers with the authority to take appropriate actions outlined in their COVID-19 response plan based on local conditions.

Do not make determinations of risk based on race or country of origin and be sure to maintain confidentiality of people with confirmed coronavirus infection. (CDC)



Plans should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites. (OSHA)

Plans should consider Where, how, and to what sources of SARS-CoV-2 might workers be exposed, including:

- The general public, caregivers, clients, and coworkers;
- Sick individuals or those at particularly high risk of infection [e.g., international travelers who have visited locations with widespread sustained (ongoing) COVID-19 transmission, healthcare workers who have had unprotected exposures to people known to have, or suspected of having, COVID-19];
- Non-occupational risk factors at home and in community settings; Workers' individual risk factors; (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy)

Controls necessary to address those risks are listed in this standard. (OSHA)

Monitor team member absences and be ready to close if there are increased cases. (CDC)

If a team member is confirmed or told to presume to have COVID-19 infection, Kadiant will inform fellow team members and any impacted client households of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA).

Kadiant will instruct team members and caregivers about how to proceed based on the CDC Public Health Recommendations for Community-Related Exposure. (CDC).

Monitor COVID-19 in the local area, and if necessary, be prepared to close the clinic or office quickly if an outbreak occurs.

Require that services are cancelled and team members stay home per the illness guidelines or if a household member is sick.

### **3. Community Relations with Public Health Departments**

Contact the Local Health District about suspected cases or exposure.

Work with the Local Health Department to identify potentially infected or exposed individuals to help facilitate effective contact tracing/notifications.

#### **4. Team Member Travel Policy**

Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from countries with travel advisories, and information for aircrew, can be found on the CDC website.

Advise team members to check themselves for symptoms of COVID-19 (i.e., fever, cough, or shortness of breath) before starting travel and notify their supervisor and stay home if they are sick.

Ensure team members who become sick while traveling or on temporary assignment understand that they should notify their supervisor and promptly call a healthcare provider for advice if needed.

Ensure team members who become sick while traveling or on temporary assignment understand that they should notify their supervisor and promptly call a healthcare provider for advice if needed.

#### **5. Sick Policy, including Testing and Return to Work Requirements**

Sick team members should follow CDC-recommended steps. Team members should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers and state and local health departments. (CDC)

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Actively encourage sick team members to stay home until: -

- they are free of fever or symptoms (without the use of medication) for at least 24 hours AND
- at least 10 days have passed since symptoms first began.

Team members who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow CDC recommended precautions.

Maintain flexible policies that permit team members to stay home to care for a sick family member or take care of children due to school and childcare closures. (CDC)

Employers should not require a positive COVID-19 test result or a healthcare provider's note for team members who are sick to validate their illness, qualify for sick leave, or to return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner. (CDC)

Connect team members to employee assistance program (EAP) resources (if available) and community resources as needed. Team members may need additional social, behavioral, and other services, for example, to cope with the death of a loved one. (CDC)

Talk with companies that provide your business with contract or temporary team members about the importance of sick team members staying home and encourage them to develop non-punitive leave policies. (CDC)

## **6. Teleworking**

Everyone who can carry out their work duties from home has been directed to do so. If possible, arrange for administrative staff to telework from their homes. (OH)

Minimize contact among team members, clients, and caregivers by replacing face-to-face meetings with virtual communications and implementing telework if feasible. (OSHA)

Assessments for determining clinical effectiveness of delivering all services via telehealth will be done.

Implementing flexible meeting and travel options (e.g., postpone non-essential meetings or events) (CDC)

Supervision of services will be via telehealth for those identified as benefiting from telehealth supervision.

Deliver intangible services remotely wherever possible. (GA)

## **7. Scheduling Practices**

We schedule appointments to allow sufficient time for health check screenings and disinfection prior to and between clients consistent with existing protocols as recommended by the CDC. The wrap up / post administration code will be used for this.

We schedule clients and team members with the intent of minimizing potential exposures for all involved. Community rates of COVID-19 and public health

orders by state and county will be considered within scheduling practices, as well as team member and client requests throughout this global pandemic.

## **8. Health Screenings for Team Members, Clients, and Caregivers**

All team members should be screened (e.g., symptom monitoring, temperature check) upon arrival at work. Client health check is being completed each session and documented on their own CR dashboard.

All clients and relevant caregivers should be screened for COVID-19 related symptoms prior to scheduled appointments (by phone or in-person).

Ask parents/guardians to take their child's temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least 6 feet away from the parent/guardian and child. (CDC)

Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. (CDC)

When doing health screenings, you do not need to wear personal protective equipment (PPE) if you can maintain a distance of 6 feet unless state requirements require face coverings or masks in the workplace or in the public (outside). (CDC)

Practitioners will use the Team Member Health Check Form to capture information electronically. If the computer is not accessible, use the manual paper form and complete data entry at a later time. (CO)

Caregivers should use their own thermometers to take the client's and their own temperatures.

If team members are performing a temp check on multiple individuals, ensure that team members use a clean pair of gloves for each client and that the thermometer has been thoroughly cleaned in between each check. (CDC)

If use non-contact thermometers, clean them with an alcohol wipe or isopropyl alcohol on a cotton swab between each client. You can reuse the same wipe as long as it remains wet. (CDC)

If using disposable or non-contact temporal thermometers and no physical contact with the child, no need to change gloves before the next check. Recommendation is to not use gloves, but rather perform hand hygiene between each temperature check. (CDC)

## **9. Evaluation of Cadence of Returns and Cap on Occupancy**

Limit the number of clients and/or caregivers in the building at any one time, which allows for clients, caregivers (if applicable) and team members to easily maintain at least six-foot distance from one another at all practicable times. Max number of clients and/or caregivers in the facility should be determined based on this assessment. (CA App A)

Post a team member at the door or assign a team member to ensure the maximum number of people in the facility is not exceeded. (CA App A)

Ensure an adequate workforce is available to cover any anticipated surge volume of returning clinic clients.

Determine plan for substitute staff members to cover for ill or quarantined staff. (CO)

Start slowly and reassess every two weeks. Decrease caseload volume to maximize social distancing. (OR resumption)

Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers for PPE to ensure adequacy, prioritize existing clients, determine if cleaning services should be increased or temporarily suspend some of your operations if needed). (CDC)

## **10. Staggering Shifts**

Work with your client to determine if critical service can be provided fewer times a week than their usual schedule, in order to reduce the number of visits. (CO)

Phase shifts and breaks to reduce team member density.

Implement flexible work hours (e.g., staggered shifts).

## **11. Social Distancing**

Discourage handshaking – encourage the use of other noncontact methods of greeting. (CDC)

Follow stay at home/shelter in place mandates.

BCBAs and mid-levels providing supervision services should ensure they are 6 feet from the client receiving services, where applicable.

Local leaders should enforce social distancing of non-cohabitating persons while present in Kadiant locations. (GA)

Clinics should implement social distancing measures within waiting rooms and other areas of the office. (OR)

Limit the number of client-team member and client-client interaction in common spaces as much as possible (e.g. playground equipment, hallways, etc.) (CO)

## **12. Service Activities**

Due to the risk of releasing additional respiratory droplets into the air, avoid the following activities:

- singing
- blowing up balloons orally
- blowing out a candle
- blowing bubbles
- blowing brass instruments or other instruments requiring blowing of air blowing whistles
- oral motor activities, such as blowing a cotton ball with a straw

Alter or eliminate any activities requiring touching client's or other's eyes, nose, or mouth.

## **13. Gatherings**

Limit gatherings to those allowed by local order.

## **14. Group Services**

If possible, social skills or group classes which would include the same group each day, and the same team members should remain with the same group each day. (CDC)

Consider creating a separate group for the children of healthcare workers and other first responders. (CDC)

Team members shall remain solely with one group of children. (CDC)

If more than one group of children is cared for at one facility, each group shall be in a separate room. Groups shall not mix with each other. (CDC)

Avoid activities that require shared materials.

## **15. Personal Protective Equipment**

Personal protective equipment (PPE) is selected based upon the hazard to the worker, and consistently and properly worn when required.

Personal protective equipment is regularly inspected, maintained, and replaced, as necessary. (OSHA)

If providers do not use PPE on a regular basis, the CDC recommends that they not add PPE to their practices, but maintain standard precautions if the client does not have diagnosed or suspected COVID-19, or close contact with someone who has diagnosed or suspected COVID-19. (Colorado Home Health guidance)

All team members and visitors must wear mouth and nose covering (provided by self or the site) when in public areas, defined as areas where individuals could be in the same space as others who are not receiving or providing Kadiant services.

Face coverings and medical masks are required per state and local laws.

N-95 respirators will only be used by those adequately trained, fitted, and medically cleared, and only in emergency instances.

PPE requested by the team member or client are allowed for use in sessions after proper training.

Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Clean hands immediately after gloves are removed.

## **16. Personal Hygiene / Hand Washing**

Avoid touching eyes, nose, and mouth with unwashed hands.

Team members should perform hand hygiene immediately upon arriving to a clinic, home or administrative office. (CO)

Team members should regularly wash hands for 20 seconds soap and water (length of A-B-C song).

Team members should wash hands especially after blowing their nose, coughing, sneezing, going to the bathroom, or before preparing or eating food, before and after each use of personal protective equipment, and at the end of the day. (OH)

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before and after each use of personal protective equipment, and at the end of the day. (OH)

Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

Team members should be allowed frequent breaks to wash their hands. (CA App A)

## **17. Signage**

Display visible signs to emphasize social restrictions and proper hygiene (distancing, coughing etiquette, wearing of mouth and nose coverings, hand hygiene)

Place notices that encourage hand hygiene at the entrance to the workplace and in other workplace areas where they are likely to be seen. (GA)

Post handwashing signs in restrooms, kitchens, changing stations.

Post a sign in a conspicuous place at all public entries that instructs members of the public not to enter if they are experiencing symptoms of respiratory illness, including fever or cough, and to maintain Social Distancing from one another.

Post a copy of the Social Distancing Protocol at each public entrance to the facility.

## **18. Management of Access to Clinic**

Stagger entrance time into clinics if necessary for social distancing

Establish alternating days or extra shifts that reduce the total number of team members in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week. (OSHA)

Restrict families' access to the front door of the facility (GA) or where appropriate, limit clients and/or caregivers' and the public's access to the worksite, or restrict access to only certain workplace areas. (OSHA)

Limit the number of people who may enter into the facility at any one time to ensure that people in the facility can easily maintain, at all times, a minimum of six foot physical distance from others, except as required to complete therapy (an Essential Business activity).

Persons who are family members or household contacts, may stand or move together, but must be separated from others by a physical distance of at least six feet. (LA)

## **19. Check-in / Checkout Practices**



Conduct client health check in caregiver's car.

Consider staggering arrival and drop off times and plan to limit direct contact with caregivers as much as possible.

Install physical barriers, such as clear plastic sneeze guards, if have a common check-in / checkout location.

Hand hygiene stations should be set up at the entrance of the facility, so that clients can clean their hands before they enter.

If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to caregiver sign-in sheets. Keep hand sanitizer out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.

Team members should sign children in and out of the facility for families if a computer or keypad system inside the facility is used.

If a tablet located outside the facility is used by families during drop-off and pick-up, the tablet must be disinfected after each use.

If a paper sign-in system is used for sign-in, writing utensils should be sanitized after each use if families are permitted to sign children in themselves. (GA)

Parent interaction should be limited at drop off and pickup. (OH)

Consider implementing curbside pick-up and drop-off only. The caregiver should escort client to the clinic door with the team member due to elopement risks within the parking lot. (CO)

Where lines may form at a facility, mark six foot increments at a minimum, establishing where individuals should stand to maintain adequate Social Distancing. (CA)

Have team members greet children outside as they arrive.

Ideally, the same parent or designated person should drop off and pick up the child every day.

If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for severe illness from COVID-19. (CDC)

## **20. Spacing and Physical Barriers**

Consider physical changes that can be made in order to assure safety of team members and clients (e.g., installation of protective glass/barriers for check-in/out, reversing or creating one way client / caregiver traffic).

Increase space between people as much as possible (e.g., a table is between people, home inhabitants are in other rooms of the home during session)

Separate physical space for client sessions (dyads) by at least 6 feet from each other, including all time spent at clinic (e.g., meals, toileting, outside time, play time)

There should be no more than six children in a class/room. (OH)

Separate team members who work in adjacent cubicle spaces.

When possible, choose to provide services in the same room each time. This reduces exposure throughout the house and allows cleaning to be more concentrated.

## **21. Ventilation / HVAC**

Review HVAC system, cleaning system and procedures and change filters.

Consider improving the engineering controls using the building ventilation system. (CDC)

Increase the percentage of outdoor air that circulates into the system. (CDC)

Increase ventilation rates in the work environment.

## **22. Infection Control**

Ensure there is an established plan for thorough cleaning and disinfection prior to using spaces or facilities (e.g., all surfaces must be disinfected between clients, including chairs, door handles, etc.).

Ensure break rooms, restrooms, and other common areas are being disinfected frequently, on a posted schedule.

Direct team members to visit the coughing and sneezing etiquette and clean hands CDC webpage for more information.

Provide clients and/or caregivers and the public with tissues and trash receptacles.

Provide protection supplies such as soap and water, hand sanitizer, tissues, and no-touch disposal receptacles for use by team members.

Place hand sanitizers in multiple locations to encourage hand hygiene. Provide hand sanitizer stations outside each restroom and each door that is commonly touched or used.

### **23. Disinfection Practices**

Assigned and trained individuals, such as Center Coordinators, follow: For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective. Consult the manufacturer's instructions for cleaning and disinfection products used. (CO, CDC)

Labels contain instructions for safe and effective storage and use of the cleaning product including precautions team members should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product. (OH)

Ensure common areas in the home, clinic, and administrative offices have been cleaned and disinfected daily, including frequently touched surfaces (e.g., tables, countertops, handles, doorknobs, light switches, faucets).

When possible, team members should use dedicated or disposable supplies for clients, so that there is no contamination from other people receiving the service.

Surfaces and objects that are frequently touched must be sanitized regularly, including, but not limited to, toys, games, and objects or surfaces not ordinarily cleaned daily.

Toys and games that cannot be cleaned and sanitized should not be used; toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves.

Team members are not bringing toys across clients.

Provide team members with sanitization products and guidance on daily workspace cleaning routines.

Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks, other work tools and equipment) can be wiped down by team members before each use.

Avoid using other team members' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use. (CDC)

Use contactless payment solutions, no touch trash cans, etc. whenever possible. Sanitize all financial transaction equipment after each use.

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

If shared space is used, a rigorous cleaning schedule must be in place.

## **24. Eating and Break Areas**

Remove every other chair in break areas and lunchrooms.

Provide meals in individual rooms rather than in a congregated or communal setting. (GA)

Stagger meal times (if normally done in a large group) and encourage individual meals (no family- style dining) (CO)

Eliminate or regularly sanitize any items in common spaces (i.e., break rooms) that are shared between individuals (i.e., condiments, coffee makers, vending machines). (CO)

Permit team members to take breaks and meals outside, in their office or personal workspace, or in such other areas where proper social distancing is attainable. (GA)

## **25. Response to Symptomatic People**

Any team members who report or exhibit any COVID-19 symptoms must immediately wear a medical mask and follow the testing and referral process per the risk assessment protocol.

If any children and staff have signs and symptoms, separate them from others and send them home as soon as possible. Plan to have an isolation room or area (such as a cot in a corner of a room) that can be used to isolate a sick child. (OH) If possible, have them wear a medical mask until being picked up. Team members should try to maintain social distancing.

Restrict the number of personnel entering isolation areas. (OSHA)

Perform enhanced cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility by following the CDC cleaning and disinfection recommendations.

## **26. Education of Team Members**

Provide adequate, usable, and appropriate training, education, and informational material about business-essential job functions and team member health and safety, including proper hygiene practices and the use of any workplace controls (including PPE). Informed team members who feel safe at work are less likely to be unnecessarily absent. (OSHA)

Train team members who need to use protecting equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers. (OSHA)

Topics of the training should include:

- Overview of COVID-19 and the fact that older people and people with serious chronic medical conditions are at higher risk for complications. .
- The need to avoid close contact with people who are sick.
- Stay home if you are sick, except to get medical care. Learn what to do if you are sick.
- The need to follow the Kadiant policies and procedures related to illness, cleaning and disinfecting, and work meetings and travel. .
- The steps that team members can take to protect themselves at work and at home.

Begin a comprehensive infection-prevention education program for all staff that includes (OH):

- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Throw used tissues in the trash and immediately wash hands with soap and water for at least 20 seconds.
- If soap and water are not available, use hand sanitizer containing at least 60% alcohol.
- Learn more about coughing and sneezing etiquette on the CDC website.
- Wash your hands often with soap and water for at least 20 seconds. .
- Avoid using other team members' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
- Practice social distancing by avoiding large gatherings and maintaining distance (approximately 6 feet or 2 meters) from others when possible.

## **27. Communicate with Caregivers**

Make caregivers aware of practices being implemented to assure a safe environment and to reduce contracting COVID-19 in the behavioral health care setting

Reinforce the expectation of cleaning and disinfecting before and after each session.

Let caregivers know what Kadiant will do to prevent infection, to monitor team members' health and exposure, to ensure that team members will not deliver services when they are sick, and how caregiver needs will be addressed if assigned team members are not available.

Check in with families and/or team members at the client home weekly or at least every other week on the expectations to ensure consistent follow through in each area.

Ask the caregivers to contribute to sustaining trust by communicating COVID 19 related information.

Ask caregivers to prohibit visitors who do not have an essential need to be in the home.

Encourage parents to be on the alert for signs of illness in their children and to keep them home and cancel sessions when they are sick. (CDC)

Keep caregivers informed about symptoms of COVID-19 and ask sick caregivers to minimize contact with workers until healthy again, such as by posting signs about COVID-19 on Kadiant website. (CDC)

Provide frequent communication with all client caregivers specific to all issues in applicable public health orders.