



Covid-19 Preparedness Plan
March 1, 2021

MERRICK'S COVID-19 PREPAREDNESS PLAN

I. Purpose

Merrick, Inc., is committed to providing a healthy workplace for all of our clients, employees, and visitors. To best ensure this, we have developed the following procedures in response to the Covid-19 pandemic. Our goal is to mitigate the transmission of Covid-19 in our workplace and all employees are expected to follow these procedures until further notice. This plan follows the template provided by the MDH and continues to be updated based on new guidance from DHS.

II. Plan Summary

The CDC and MDH sometimes use the term “vulnerable” to define citizens at higher risk to contract Covid-19 due to their age or underlying health conditions. It is important to note that although all of the clients we serve are “vulnerable adults”, as that term is defined in state statute, this does not mean they are at a higher risk than the general population to contract Covid-19 unless they have one or more of these underlying health conditions. This plan uses the term “at risk client” as those who are:

- a. 65 years and older.
- b. Living in a nursing home or a long-term care facility, as defined by the Commissioner of Health.
- c. Any age with underlying medical conditions, particularly if not well controlled, including:
 - i. People with chronic lung disease or moderate to severe asthma.
 - ii. People who have serious heart conditions.
 - iii. People who are immunocompromised (caused by cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, or prolonged use of corticosteroids and other immune weakening medications).
 - iv. People with severe obesity (body mass index of 40 or higher).
 - v. People with diabetes.
 - vi. People with chronic kidney disease undergoing dialysis.
 - vii. People with liver disease.

It must also be acknowledged that the nature of our services require frequent employee to client contact, crews of 4 – 6 people, workgroups of 10, group transit, and congregate programs. Accordingly, physical distancing (also referred to as social distancing) will be a challenge for employees supporting clients and for clients who, because of their cognitive disability, will not understand or comply with these new practices. With medical experts projecting that more than 50% of the general population will contract Covid-19 before a vaccine is available, it is likely that a client(s) or employee(s) will contract Covid-19. Therefore, it is the responsibility of each employee to choose if they will report to work given the nature of our services or if working in this environment is something they choose not to continue and voluntarily resign.

DHS sent notice on 6/1/20 that the Commissioner has temporarily modified Minnesota Statutes, section 245D.04, subdivision 2 pertaining to a person’s service-related rights by adding a new clause ~ A person's service-related rights include the right to make an informed choice about whether to receive day services in the licensed facility/community or to “stay-at-home” and receive no day services or receive services remotely during the peacetime emergency to minimize their exposure to Covid-19. This right exists even if the person does not meet the definition of an “at-risk person” under Emergency Executive Order 20-55, paragraph 2.

Effective May 29, 2020 and until the end of the peacetime emergency, this notice also modified licensing requirements for providers of day services for adults with disabilities, as defined under Minnesota Statutes, section 252.41, subdivision 3 and governed under the standards under Chapter 245D. These new requirements include:

1. Prior to resuming services, the Authorized Agent for the licensed program must complete, sign and submit to DHS Licensing Division the “Notification of Operation of Day Services Pursuant to DHS Waiver CV73”.

2. Pursuant to Emergency Executive Orders 20-55 and 20-63, the Commissioner is requiring license holders of a day services facility license under Minnesota Statutes, Chapter 245D, to adhere to Minnesota Department of Health (MDH) and Centers for Disease Control and Prevention (CDC) guidelines on Covid-19. This is an ongoing requirement, as the guidance will evolve during the pandemic. DHS will communicate current guidance and any updated guidance to providers via email and on the DHS website. If a person receiving services or a staff person tests positive for Covid-19 or has symptoms of Covid-19, the license holder must follow the MDH and CDC guidelines specific to the situation and program capabilities.
3. License holders of day services for adults with disabilities must establish and implement a Covid-19 Preparedness Plan as set forth in Emergency Executive Order 20-63, paragraph 7.e. The plan must provide for the business's implementation of Minnesota OSHA Standards and MDH and CDC guidelines in their workplaces. As set forth in the Plan Guidance, at a minimum, each Plan must adequately address the following areas:
 - A. **Require work from home whenever possible.** All Plans must ensure that all employees who can work from home continue to do so. Because the license holder is now allowed to deliver services remotely under Waiver CV43, the Plan should address how remote services are being delivered to clients in addition to facility-based services.
 - B. **Ensure that sick employees stay home.** All Plans must establish policies and procedures, including health screenings that prevent sick employees and clients from entering the workplace.
 - C. **Social distancing.** All Plans must establish social distancing policies and procedures.
 - D. **Worker hygiene and source control.** All Plans must establish hygiene and source control policies.
 - E. **Cleaning, disinfection, and ventilation protocols.** All Plans must establish cleaning, disinfection, and ventilation protocols for areas within the workplace.
4. The company will honor the decision of any employee or client to decline the Covid-19 vaccine and this decision will not affect their employment or service plan.

The Plan must also include specific policies and procedures to ensure compliance with new licensing requirements under Chapter 245D set forth below.

1. The license holder must train staff related to their duties in implementing the Covid-19 Preparedness Plan and document the provision of this training. This training must be included in orientation of new staff.
2. The license holder must monitor implementation of the Covid-19 Preparedness Plan and revise the plan when the license holder identifies a need for revision.
3. The Covid-19 Preparedness Plan must be posted onsite and readily accessible to staff and persons receiving services.
4. A copy of the Covid-19 Preparedness Plan must be offered to each person receiving services, their legal representative, if any, and their case manager.
5. The Covid-19 Preparedness Plan must be available to the Commissioner upon request.

After reviewing our Covid-19 Preparedness Plan, clients (and their advisors) will decide when it makes sense for them to attend our programs and we will do our best to address their concerns and incorporate their suggestions into updates of this plan.

III. Procedures

Managers are responsible for implementing and employees for following the plan. Our goal is to mitigate the potential for transmission of Covid-19 in our program and that requires the cooperation of our employees, clients, and visitors. Only through this cooperative effort can we protect the safety and health of all persons in our programs.

1.00 Screening and policies for employees exhibiting signs and symptoms of Covid-19.

- 1.10 Employees who are not required to be onsite to provide services must work remotely.
- 1.11 Employees should only report to work if they are symptom free, or symptoms are attributable to another condition, and immediately complete and submit the health screening checklist each day to their supervisor or designee upon arrival. This checklist of CDC signs and symptoms of Covid-19 that cannot be attributed to another health condition (i.e., asthma, allergies, migraines, etc.) includes: feeling feverish; chills; new cough; shortness of breath; new sore throat; new muscle aches; new headache; or new loss of taste or smell. When any of these signs and symptoms are present the employee is to call their supervisor or designee to review their situation. If appropriate, the supervisor will instruct the employee to not report to work until permitted by their physician/clinic. Employees can go to <https://mn.gov/Covid19/> to get more information on testing.
- 1.12 Employees that begin to have the signs and symptoms of Covid-19 while at work are to immediately report to their supervisor or designee to review their situation. If appropriate, the supervisor will instruct the employee to punch out, go directly home, and not report to work until permitted by their physician/clinic. If the employee is tested for Covid-19, with documentation that the test result is negative, they may return to work the next day unless their physician/clinic instructs them to stay at home because of another medical condition.
- 1.13 Employees that have not been vaccinated and live with someone that has tested positive or has had a close contact with someone within 48 hours of their positive test result date will be sent home. The employee will be encouraged to get tested and, if they have a negative result, they are to call MDH at 651.201.5414 to determine when they can return to work. If they choose not to get tested they can return to work 14 calendar days after the close contact if they do not have any of the signs and symptoms of Covid-19. The employee's supervisor will actively interview and use the Risk Assessment Form (RAF) to determine if a close contact has occurred. Employees with questions about COVID-19 may contact the MDH Helpline at 651.297.1304 or 1.800.657.3504.
- 1.14 Employees with a test confirming they have Covid-19 can return to work 10-days after the test date, or onset of symptoms, if they have not had a fever within the last 24 hours, without using fever reducing medications, and symptoms have improved.
- 1.15 Unless one or more of the Covid-19 signs and symptoms in 1.11 are present, there are no restrictions and/or quarantine requirements for employees returning to work after having traveled by airplane.
- 1.16 Supervisors are to report all employee related instances of Covid-19 in the workplace by either calling MDH directly at 651.201.5414 or completing a survey online at <https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H8MT9TTNCD>. The supervisor will maintain communication and gather information from employees who may be ill and ensure their privacy is protected and provide all related information to the Human Resources (HR) Director who will keep documentation on file, notify any employees and/or clients that may have had a close contact as determined by our Employee RAF, track low risk exposures for changes in condition, provide appropriate MDH guidance, and send the required tracking information to MDH.

- 1.17 According to the CDC, employees that have previously tested positive and recovered do not need to undergo repeat quarantine in the case of another COVID-19 exposure within 3 months of their initial diagnosis (date of symptom onset). During this 3 month period the employee is to continue to wear a face covering (unless 4.10 applies), practice physical distancing, and frequently wash their hands. Outside of this 3 month period, employees that have another exposure to Covid-19 are to follow this plan.
- 1.18 Employees who have had an exposure to someone with suspected or confirmed case of Covid-19, are not required to quarantine if they have met the following criteria:
 - 1.181 It has been two (2) weeks following their second Covid-19 vaccine dose in a two dose series or one (1) dose in a one dose series;
 - 1.182 Have remained asymptomatic since the exposure; and
 - 1.183 Are within three (3) months of their last dose in the series.
- 1.19 Employees have been informed in writing that if they have symptoms of Covid-19, or other similar conditions, and are seeking a diagnosis, they may be eligible for 80 hours (prorated for part-time employees) of emergency sick leave paid by the company as required by the Families First Coronavirus Response Act (FFCRA). Other eligibility criteria under the FFCRA includes: (i) have been advised by a healthcare provider to self-quarantine because of concerns related to Covid-19; (ii) caring for another who is subject to quarantine or has been advised by a healthcare provider to self-quarantine because of concerns related to Covid-19; or (iii) need to care for a child(ren) because their school/childcare is closed or unavailable because of Covid-19. Employees have also been informed that once emergency sick leave is exhausted they may be eligible for Emergency FMLA or unemployment if they continue to need time away from work to quarantine or care for a child(ren) because their school/daycare remains closed due to Covid-19.

2.00 Screening and policies for clients exhibiting signs and symptoms of Covid-19.

- 2.10 Except for those residing in an ICF/DD, DHS now allows remote services for clients living in licensed group homes and those living in their own home choosing not to return to the day program. PPCs will determine which eligible clients are interested in remote services and work with the case manager to get an updated service agreement. At this time remote services include: (i) health, safety, and well-being check-ins and assistance with problem solving; (ii) stress management and behavioral redirection; and (iii) community and safety awareness.
- 2.11 Client homes have been given a health screening checklist that they have agreed to use before permitting a client to be transported to any of the company's service sites. This checklist of CDC signs and symptoms of Covid-19 that cannot be attributed to another health condition (i.e., asthma, allergies, migraines, etc.) includes: feeling feverish; chills; new cough; shortness of breath; new sore throat; new muscle aches; new headache; or new loss of taste or smell. When any of these signs and symptoms are present, the client/home is to notify Merrick, Inc., and not come to the program until permitted by their physician/clinic. Because Lake Owasso Residence is an ICF/DD and subject to MDH licensing requirements, our DSPs will take the temperature of their residents before they get on a company vehicle and/or enter our building.
- 2.12 Consistent with 12/11/20 DHS bulletin "*Updates required to Covid-19 Preparedness Plans for adult day centers and day services facilities*" and the 11/20/20 MDH bulletin – "*Information for Adult Day Centers and Day Service Facilities with a Confirmed Case of COVID-19*" clients that have not been vaccinated and have had a close contact within 48 hours prior to someone's positive test result date (defined as within 6' of the person with Covid-19 for a cumulative total of 15 minutes or more in a 24 hour period irrespective of wearing a face covering) or has a housemate that has tested positive will be sent home.

If the client chooses to get tested, they are to call MDH to determine where they can get tested and return to the program. If they choose not to get tested they can return to the program 14 calendar days after the close contact if they do not have any of the signs and symptoms of Covid-19. The Program Director, or designee, will maintain communication with the client's residence, gather information, ensure privacy is maintained, and keep documentation on file; and notify any employees and/or clients that may have had a close contact as determined by our Client Risk Assessment Form.

- 2.13 When clients arrive to their program area, DSPs will visually check those they support for signs and symptoms of Covid-19 (defined in 2.11) and document that none are observed. Clients that have the signs and symptoms of Covid-19 while at the program will be isolated from others, driven home, and instructed to not come to the program until permitted by their physician/clinic. If the client is tested for Covid-19, with documentation that the test result is negative, they may return to the program the next day unless their physician/clinic instructs them to stay at home because of another medical condition.
- 2.14 If it is determined that a client with the signs and symptoms of Covid-19 will not be tested, and they have no signs or symptoms of Covid-19, they can return to the program after 14-calendar days have passed since their symptoms first appeared.
- 2.15 Unless one or more of the Covid-19 signs and symptoms in 2.11 are present, there are no restrictions and/or quarantine requirements for clients that return to the program after having traveled by airplane.
- 2.16 According to the CDC, clients that have previously tested positive and recovered do not need to undergo repeat quarantine in the case of another COVID-19 exposure within 3 months of their initial diagnosis (date of symptom onset). During this 3 month period the client is to continue to wear a face covering (unless 4.11 applies), practice physical distancing, and frequently wash their hands. Beyond this period clients that have another exposure to Covid-19 are to follow this plan.
- 2.17 Clients who have had an exposure to someone with suspected or confirmed case of Covid-19, are not required to quarantine if they have met the following criteria:
 - 1.181 It has been two (2) weeks following their second Covid-19 vaccine dose in a two dose series or one (1) dose in a one dose series;
 - 1.182 Have remained asymptomatic since the exposure; and
 - 1.183 Are within three (3) months of their last dose in the series.
- 2.18 Supervisors are to report all client related instances of Covid-19 to the Program Director, or designee, who will document the incident, ensure the client's privacy is maintained, and manage communication protocols to legal representatives, case managers, and residential providers.

3.00 Handwashing and Source Control.

- 3.10 Employees have been instructed 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, after having been in a public place, prior to and after eating, after using the bathroom and after blowing their nose, coughing, or sneezing. Handwashing posters have been placed in employee bathrooms.
- 3.11 Employees should practice physical distancing when using the bathrooms (i.e., 1 person at the sink, 1 person in the bathroom whenever possible, wearing a covering if there are 2 occupants, etc.).

- 3.12 Clients will be reminded, and supervised when appropriate, 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 day, after having been in a public place, prior to and after eating, after using the bathroom, and after blowing their nose, coughing, or sneezing.
- 3.13 Clients should use bathrooms one at a time whenever possible. Employees are to wipe down the bathroom countertops and faucet handles with disinfectant at the end of each client shift.
- 3.14 Door signage will advise visitors not to enter if they are experiencing Covid-19 symptoms and to wash their hands immediately upon entering the building (except those dropping off or picking clients up at the transportation office).
- 3.15 Ventilation system has continuous air circulation that maximizes fresh air in the workplace and filters are changed monthly. Fans are to be position to minimize air flow blowing across people.
- 3.16 Hand sanitizer that contains at least 60% alcohol will be provided to each mobile crew that can be used when soap and water is not reasonably available.
- 3.17 Personal Protective Equipment (PPE) will not be provided except to follow the procedures outlined in the Company's Blood Borne Pathogens Exposure Control Plan or area supplement and gloves will be provided to assist clients at lunchtime. This means gloves provided by the company are not to be used for all other tasks (i.e., cleaning, using the keyboard, handling equipment, etc.).
- 3.18 Plastic face shields have been provided to program areas for employees to use when doing client personal cares due to the potential for a close contact or prolonged exposure. The employee will disinfect the plastic face shield after each use.
- 3.19 The Facility & Transportation Manager will ensure that a sufficient inventory of disinfectant, sanitizer for food surfaces, soap, paper towels and tissues are in stock and distributed as needed.

4.00 Respiratory Etiquette.

- 4.10 Per Executive Order 20-81, as of 7/25/20, employees and visitors are required to wear a face covering (i.e., paper or disposable covering, cloth covering, neck gaiter, scarf, bandanna, or religious face covering) at all times in the building that completely covers their mouth and nose unless they have an exempt medical, mental, or disability condition (see 4.11). Face coverings that incorporate a valve designed to facilitate easy exhaling; mesh coverings; or coverings with openings, holes, visible gaps in the design or material, or vents are not acceptable face coverings. Unless exempt, employees refusing to wear a face covering as required by this plan will be subject to disciplinary action up to and including termination. Face covering exemptions can include:
 - 4.101 Children under 2 must not wear face coverings and are optional for children 2 - 5.
 - 4.102 Persons with medical/other health conditions, disabilities or mental health, developmental, or behavioral needs that make it difficult to tolerate wearing a face covering.
 - 4.103 Any person who has trouble breathing, is unconscious, sleeping, incapacitated, or is otherwise unable to remove the face covering without assistance.
 - 4.104 When wearing a face covering would create a safety hazard to the person or others as determined by local, state, or federal regulators or workplace safety guidelines.
- 4.11 Per DHS email of 8/21/20, all service recipients are to wear a face covering while working or receiving services. However, there is recognition in Executive Order 20-81 that compliance cannot be met by some clients and they are exempt from the order. If we have a client that is not wearing a face covering due to a medical condition, mental health condition, or disability then we cannot require them to wear a face covering while receiving services.

This includes, but is not limited to, individuals who have a medical condition that compromises their ability to breathe, and individuals who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance. A client's exempt status will be documented in their self-management assessment.

- 4.12 Employees claiming an exempt condition must have this verified by the HR Director consistent with ADA and may need to wear a plastic face shield while in the building. Employees are to use a plastic face shield when removing their face covering to communicate with another who is deaf or hard of hearing.
- 4.13 The company will post signage on the face covering requirement at door entrances and in the employee breakroom. Employees are to report to their supervisor any coworkers or visitors they observe not wearing a face covering while in the building. Criticizing or "shaming" someone for wearing or not wearing a covering will not be tolerated.
- 4.14 Employees and clients may remove their face covering in the building when: (i) drinking; (ii) eating for less than 15 minutes with others or longer if 6 feet of physical distancing from others is maintained, (iii) alone in an enclosed space (i.e., office with 4 walls – door can be open, cubicle with walls higher than face level, or company vehicle); (iv) a single participant of a video session (multiple employees engaged in remote services should either wear a plastic shield or each use a separate device); (v) when in an enclosed office and occupants can maintain a 6' distance; or (vi) when speaking to or in a group meeting if 6 feet of physical distancing can be maintained.
- 4.15 Visitors that enter the building without a face covering will be reminded to wear a face covering. A plastic shield will be provided for those claiming an exempt condition consistent with 4.10. A visitor refusing to wear a face covering or plastic shield in the building will be asked to leave the premises. The Executive Director or designee is to be contacted if any visitor refuses to leave the premises to escort them out of the building. Nothing in the Executive Order permits the company to have someone refusing to wear a face covering physically restrained or removed that would not otherwise be legal.
- 4.16 The company will provide a disposable face covering (available from Transportation office) to each employee or client upon request. Employees and clients may bring their own face covering to wear and the company reserves the right to not permit the use of a covering that it feels, in its own determination, is inappropriate or does not meet the requirements of 4.10.
- 4.17 Employees have been instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing and to avoid touching their face, in particular their mouth, nose, and eyes, with their hands. Cover your cough signs have been placed throughout the building.
- 4.18 Employees will remind clients to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing and to avoid touching their face, in particular their mouth, nose, and eyes, with their hands. Cover your cough signs have been placed throughout the building. Clients that cough or sneeze into their hands will be directed to a sink and supervised as needed to wash their hands for at least 20 seconds with soap and water.
- 4.19 Employees must wear face coverings when supporting clients outdoors (i.e., exercising, walking, gardening, etc.) and in any public outdoor space or business when it is not possible to maintain 6 feet of physical distancing from others or where close person-to-person interaction is possible or likely, such as when entering or exiting a business, moving around in a space with others present, using the restroom, ordering food, or waiting in line.

5.00 Physical Distancing.

- 5.10 Effective 2/17/21, there is no limit on capacity or client service hours as long as the provider documents the start and end time of each shift and the DSPs that work those shifts. DSPs will disinfect client areas after clients have departed. Each client program area will have their own plan supplement detailing how they will implement the plan.
- 5.11 During prolonged periods employees will be encouraged to maintain a six (6) foot distance between others. Criticizing or “shaming” someone for not physical distancing will not be tolerated.
 - 5.111 DSP shifts will be staggered to permit physical distancing and all employees are to use the timeclock nearest their timecard, follow the traffic flow indicators on the floor, and minimize the time spent in the breakroom when not eating their lunch.
 - 5.112 Employees are not permitted to use another employee’s workstation, mobile device, or equipment.
 - 5.113 Unless approved by the Program Director, employees are not permitted to eat their lunch with clients.
 - 5.114 Employees with offices should try to eat lunch in their office so that more space is available for other employees in the breakroom. Until further notice no shared food is permitted (i.e., pizza, doughnuts, potlucks, etc.).
- 5.12 Employees are not permitted to gather in groups of more than 10 and are encouraged to practice physical distancing in offices, meeting rooms, breakrooms, smoking areas, and punching in and out on the timeclock. When practical, please use employee mailboxes to exchange documents, talk by phone, or send an email rather than meet in person.
- 5.13 During prolonged periods client seating will maintain a six (6) foot distance between others and be facing in the same direction whenever possible. Clients are not permitted to share another client’s equipment or supplies. Client cohorts cannot exceed 10 people and clients are to be kept six (6) feet apart from others and cohorts 6 feet apart from other cohorts. Cohorts must be maintained throughout the program day, including meal times, time spent in the community, and should also be maintained during the program week whenever possible. The clients and DSPs in each cohort will be documented each day.
- 5.14 DSPs are to clean the workstation of any client they support before it is used by another client and at the end of each program day.
- 5.15 Clients known to be unable to follow sanitation and physical distancing practices are not permitted to walk throughout the building without DSP support. DSPs are expected to remind these client(s) to practice physical distancing and bring disinfectant as needed to clean touch points clients have contacted.
- 5.16 Clients will eat lunch following the practices detailed in their area supplement.
- 5.17 Self-Advocacy groups of 10 or less people may meet while practicing physical distancing.
- 5.18 As agreeable with participants, the client’s Program Plan Coordinator will host client meetings by conference call or using the company’s Zoom platform.

6.00 Housekeeping.

- 6.10 Prior to the arrival of clients, the Transportation and Facility Manager will ensure that sufficient EPA-registered disinfectants recommended by the CDC (or an equivalent), sanitizer for food surfaces, soap, and tissues are distributed to the employee and client areas.

- 6.11 All bathrooms will be cleaned at least daily and between client shifts. Door knobs, light switches, railings, keypads, copy machines, and other common touch points will be regularly cleaned and disinfected.
- 6.12 Employees using a conference room are to disinfect the hardtop surfaces when finished.
- 6.13 The transportation office will have limited access. Vehicle keys and mobile communication units will be available on a cart outside the office for employee access. Transportation office staff sanitize everything on the cart at the end of each program day. Visitors dropping off or picking up clients will sign in at the window and wait on the bench.
- 6.14 Tours for prospective clients are permitted during program hours.
- 6.15 Employees and clients may order meals to be delivered only if they prepay. Meals will be delivered to a cart in the reception area and the employee or client will be paged.
- 6.16 Until further notice, public water fountains have been disconnected.
- 6.17 To supplement regular cleaning, we have purchased the Clorox Total 360 system (RFSM) that pairs an innovative electrostatic sprayer with the Anywhere Hard Surface Sanitizing Spray to deliver superior coverage that kills 99.9% of bacteria on hard and soft surfaces without wiping.
- 6.18 A sanitation schedule will be kept identifying surfaces/equipment to be sanitized, the agent used, and the frequency at which the sanitization occurs.

7.00 Transportation and Offsite Activities.

- 7.10 Newtrax drivers will exit the vehicle at the client's home, stand outside the door of the vehicle, and from a socially distanced position be prepared to assist a client who may lose their balance entering or exiting the vehicle. DSPs will support clients exiting or entering the vehicle at our program site and control unloading so that only one group of clients is entering a doorway at a time. Drivers will continue to load, secure, and unload nonambulatory passengers.
- 7.11 Clients requiring weight bearing or significant assistance entering or exiting the vehicle will have specific instructions on their facesheet/bus cards provided to Newtrax. These clients are to be wearing a transfer belt and will be loaded and unloaded using the lift. Drivers will wear face coverings, face shields and gloves when in close contact assisting clients.
- 7.12 If the CSSP-A documents the need for a rider to protect the health and safety of the client or others during transport, that rider will sit in the seat next to the client to best provide that support and Merrick, Inc., will pay Newtrax the client's 1-way rate and the 1-way rate for the rider. In this situation, Merrick, Inc., will bill for both the client's 1-way rate and the 1-way rider rate and will not pay for an empty seat. Only when there is an actual empty seat next to the client will Merrick, Inc., bill and pay the client's 1-way rate and the 1-way rate for the empty seat. Exceptions to this practice will be considered on an individual basis.
- 7.13 Unless a rider is needed for passenger safety, only one ambulatory rider will be seated in each row and is expected to fasten their own seatbelts with verbal reminders from the driver who will visually check, and assist as needed, to ensure that all seatbelts are fastened. Passengers from the same household may sit in the same seat if approved in their support plan. Each route will have its own seating chart that will be followed until further notice.

- 7.14 Newtrax vehicles will be sanitized by the driver between routes and disinfected at the end of the day.
 - 7.15 When on a mobile crew, no more than 2 clients may share a bench seat (one on either end), and no one in the same row with the driver whenever possible. All occupants must wear a face covering while in the vehicle and outside the vehicle when 6 foot physical distancing cannot be maintained. The driver is not to use the recirculated air option when labeled on the dashboard.
 - 7.16 Company will provide disinfectant and cloths near the smoking platform that drivers are to use to clean the steering wheel, dashboard, door handles, window frames, and seats of the vehicle they just drove.
 - 7.17 When not in their own vehicle, clients and employees are encouraged to wear a personal face covering while in transit.
 - 7.18 Employees and clients will need to be trained and expected to follow any Covid-19 Preparedness Plan for their community worksite.
 - 7.19 Employees will support clients to wear face coverings when required and practice physical distancing when engaged in any community activities.
- 8.00 Communications and Training.
- 8.10 The Executive Director is the Administrator of this plan and will implement a voluntary temporary program closure if minimum staffing ratios cannot be maintained and/or the health and safety requirements in client CSSP-As cannot be provided. If this occurs, the company will do its best to communicate the reasons and timelines to client homes and active family members.
 - 8.11 All current and new employees and substitute staff will be trained on this plan and sign that they understood and would follow its procedures. Updates will be sent by email and deemed to have been read and understood upon receipt.
 - 8.12 This plan will be posted on the company website, available in the employee breakroom, shared with Newtrax, and offered to each client, their legal representative, and case manager.
 - 8.13 Supervisors have the company's full support in enforcing the provisions of this plan and employees are encourage to ask questions, raise safety and health concerns, and offer suggestions related to the plan and its implementation. If an employee has a workplace safety or health question or concern that has not been resolved by the company, they can contact MNOSHA Compliance at 651-284-5050 or osha.compliance@state.mn.us.

I certify and affirm the company's commitment to implement and follow the plan.



John Wayne Barker
Executive Director
March 1, 2021