

Abilities Services, Inc. OSHA COVID-19 Plan

1. Purpose and Scope

Abilities Services, Inc (ASI) is committed to providing a safe and healthy workplace for all our employees. ASI has developed the following COVID-19 plan, which includes policies and procedures to minimize the risk of transmission of COVID-19, in accordance with OSHA's COVID-19 Emergency Temporary Standard (ETS).

Abilities Services, Inc has multiple workplaces that are substantially similar, and therefore has developed a single COVID-19 plan for the substantially similar workplaces, with site-specific considerations included in the table below.

Facility Location	Worksite-Specific COVID-19 Considerations
Crawfordsville and Frankfort Office buildings	See attached Re-Opening plan
Group Home locations	See attached Re-Opening Plan

2. Roles and Responsibilities

ASI's goal is to prevent the transmission of COVID-19 in the workplace(s). Managers as well as non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan.

The COVID-19 Safety Coordinator(s), listed below, implements and monitors this COVID-19 plan. The COVID-19 Safety Coordinator(s) has ASI's full support in implementing and monitoring this COVID-19 plan and has authority to ensure compliance with all aspects of this plan.

Abilities Services, Inc and the COVID-19 Safety Coordinator(s) will work cooperatively with non-managerial employees and their representatives to conduct a workplace-specific hazard assessment and in the development, implementation, and updating of this COVID-19 plan.

ASI's COVID-19 Safety Coordinator team will include the following: CEO, Director, Asst Dir, Fiscal/IT Specialist, PC, QIDP and HR. The team will review the plan and make changes as the situation improves or worsens as the team deems necessary to protect the health safety and welfare of the individuals we serve and our staff and their families. All concerns and or suggestions will be reviewed electronically by the team (in order to have a paper trail) and ideas deemed to be changed or implemented with happen as fast as possible (depending on contractors and product availability et al). The plan will be updated as changes as made. All staff will receive an electronic version of our plan so that they have the details at their fingertips as it becomes needed.

COVID-19 Safety Coordinator(s)		
Name	Title/Facility Location	Contact Information (office location, phone, email address)
Michelle Leonard-Smith	CEO/Crawfordsville	765-918-3735 Michelle.Smith@asipages.com
Mary Nichols	Director/Crawfordsville and Frankfort	317-260-9801 Mary.Nichols@asipages.com
Kim Johnson	Asst Dir/Frankfort	765-404-9861 Kim.Johnson@asipages.com
Tim Bowman	Fiscal/IT Crawfordsville and Frankfort	765-362-4020 Tim.Bowman@asipages.com
Beth Smith	PC/Crawfordsville	765-918-4485 Beth.Smith@asipages.com
Maureen Steward	QIDP/Crawfordsville	765-918-3775 Maureen.Steward@asipages.com
Cathy Stephens	HR/Crawfordsville and Frankfort	765-362-4020 Cathy.Stephens@asipages.com

3. Hazard Assessment and Worker Protections

Abilities Services, Inc. will conduct a workplace-specific hazard assessment of its workplace(s) to determine potential workplace hazards related to COVID-19. A hazard assessment will be conducted initially and whenever changes at the workplace create a new potential risk of employee exposure to COVID-19 (e.g., new work activities at the workplace).

ASI and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees (included in the coordinator team) and their representatives to conduct the workplace-specific hazard assessment. All completed hazard assessment forms and results will be attached to this plan and/or will be accessible to all employees and their representatives at each facility.

ASI will address the hazards identified by the assessment and include policies and/or procedures to minimize the risk of transmission of COVID-19 for each employee. These policies and/or procedures are as follows:

Patient Screening and Management

In settings where direct patient care is provided, ASI will:

- Limit and monitor points of entry to the setting - information can be found in our re-open plan.
- Screen and triage all clients, patients, residents, delivery people, visitors, and other non-employees entering the setting for symptoms of COVID-19- information can be found in our re-open plan.
- Implement other applicable patient management strategies in accordance with the CDC's COVID-19 Infection Prevention and Control Recommendations - information can be found in our re-open plan; and
- Encourage the use of telehealth services where available and appropriate in order to limit the number of people entering the workplace and public spaces unnecessarily.

Standard and Transmission-Based Precautions

Abilities Services, Inc. will develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC's Guidelines for Isolation Precautions - information can be found in our re-open plan.

ASI and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to develop and implement these policies and procedures.

Personal Protective Equipment (PPE)

Abilities Services, Inc. will provide, and ensure that employees wear, facemasks or a higher level of respiratory protection. Facemasks must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes. Policies and procedures for facemasks will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Facemasks provided by ASI will be FDA-cleared, authorized by an FDA Emergency Use Authorization, or otherwise offered or distributed as described in an FDA enforcement policy. ASI will provide employees with enough facemasks (or they can choose to provide their own), which must be changed at least once a day, whenever they are soiled or damaged, and more frequently as necessary (e.g., patient care reasons). ASI may also provide a respirator to employees when only a facemask is required (i.e., when a respirator is not otherwise required by OSHA's COVID-19 ETS) and, when doing so, will comply with OSHA's COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). ASI will also permit employees to wear their own respirator instead of a facemask and, in such cases, will comply with OSHA's COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). Additional information about when respirator use is required can be found below.

Facemasks are available upon entry at all locations and proper usage is included in COVID training. Staff will work to remind others if they notice an issue with the mask.

The following are additional exceptions to ASI's requirements for facemasks:

1. When an employee is alone in a room.
2. While an employee is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person, or separated from other people by a physical barrier.
3. When employees are wearing respirators in accordance with 29 CFR 1910.134 or paragraph (f) of OSHA's COVID-19 ETS.
4. When it is important to see a person's mouth (e.g., communicating with an individual who is deaf or hard of hearing) and the conditions do not permit a facemask that is constructed of clear plastic (or includes a clear plastic window). When this is the case, ASI will ensure that each employee wears an alternative, such as a face shield, if the conditions permit.
5. When employees cannot wear facemasks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), or due to religious belief. Exceptions will be provided for a narrow subset of persons with a disability who cannot wear a facemask or cannot safely wear a facemask, because of the disability, as defined with the Americans with Disability Act (42 USC 12101 et seq.), including a person who cannot independently remove the facemask. The remaining portion of the subset who cannot wear a facemask may be exempted on a case-by-case basis as required by the Americans with Disability Act and other applicable laws. When an exception applies, ASI will ensure that any such employee wears a face shield, if their condition or disability permits it. ASI will provide accommodations for religious beliefs consistent with Title VII of the Civil Rights Act.
6. When ASI has demonstrated that the use of a facemask presents a hazard to an employee of serious injury or death (e.g., arc flash, heat stress, interfering with the safe operation of equipment). When this is the case, ASI will ensure that each employee wears an alternative, such as a face shield, if the conditions permit. Any employee not wearing a facemask must remain at least 6 feet away from all other people unless the employer can demonstrate it is not feasible. The employee must resume wearing a facemask when not engaged in the activity where the facemask presents a hazard.

If a face shield is required to comply with OSHA's COVID-19 ETS or ASI otherwise requires use of a face shield, ASI will encourage that face shields are cleaned at least daily by the staff member wearing it and are not damaged.

ASI will not prevent any employee from voluntarily wearing their own facemask and/or face shield in situations when they are not required unless doing so would create a hazard of serious injury or death, such as interfering with the safe operation of equipment.

In addition to providing, and ensuring employees wear, facemasks, ASI will provide protective clothing and equipment (e.g., respirators, gloves, gowns, goggles, face shields) to each employee in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's Guidelines for Isolation Precautions, and ensure that the protective clothing and equipment is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

Staff can obtain PPE at any location and if they are unsure are welcome to reach out to any member of the team to get assistance.

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Abilities Services, Inc. and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees or representatives to assess and address COVID-19 hazards, including when there is employee exposure to people with suspected or confirmed COVID-19.

Physical Distancing

ASI will ensure that each employee is separated from all other people in the workplace by at least 6 feet when indoors, unless it can be demonstrated that such physical distance is not feasible for a specific activity. Where maintaining 6 feet of physical distance is not feasible, ASI will ensure employees are as far apart from other people as possible. Physical distancing will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Abilities Services, Inc. and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess physical distancing in the workplace.

ASI will utilize social distancing and have markings on the floor as reminders. Our building will remain closed to visitors until the National Public Health Emergency is declared over.

Check in stations have been created at both the staff entrance and the consumer entrances – temperature checks and questionnaire are completed, and hand sanitizer is used. We check to make sure everyone entering the building is coming in with a clean mask and if not, they are given one.

Telehealth options will be used whenever possible and allowed by the state.

Physical Barriers

Abilities Services, Inc. will install physical barriers at each fixed work location outside of direct patient care areas where each employee is not separated from all other people by at least 6 feet of distance and spacing cannot be increased, unless it can be demonstrated that it is not feasible to install such physical barriers. Physical barriers will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

ASI and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees (included in the team) and their representatives to identify where physical barriers are needed.

Where feasible, ASI will ensure that:

- Physical barriers are solid and made from impermeable materials.
- Physical barriers are easily cleanable or disposable.
- Physical barriers are sized (i.e., height and width) and located to block face-to-face pathways between individuals based on where each person would normally stand or sit.
- Physical barriers are secured so that they do not fall or shift, causing injury or creating a trip or fall hazard.
- Physical barriers do not block workspace air flow or interfere with the heating, ventilation, and air conditioning (HVAC) system operation.
- Physical barriers are transparent in cases where employees and others must see each other for safety; and
- Physical barriers do not interfere with effective communication between individuals.

Physical barriers have been installed where physical distancing cannot be consistently maintained and spacing cannot be increased. For example:

- Where:
 - Receptionist desk and areas in a pod concept office that 6 feet cannot be maintained
 - Screening and checkpoints
- How:
 - Free-standing on the floor and secured.
 - Mounted securely to hard surfaces above the floor (e.g., benches, desks, countertops, production lines, vehicle interior surfaces); or
 - Hung from above and extending down from the ceiling or other fixture and secured so as not to fall, flap, or move.

Cleaning and Disinfection

Abilities Services, Inc. will implement procedures for cleaning, disinfection, and hand hygiene, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. ASI and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to implement cleaning, disinfection, and hand hygiene in the workplace.

In resident rooms, and for medical devices and equipment:

ASI will follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's COVID-19 Infection Prevention and Control Recommendations and CDC's Guidelines for Environmental Infection Control.

In all other areas:

ASI requires the cleaning of high-touch surfaces and equipment at least once a day, following manufacturers' instructions for the application of cleaners including cleaning/disinfecting our fleet of vehicles.

When a person who is COVID-19 positive has been in the workplace within the last 24 hours, ASI requires cleaning and disinfection, in accordance with CDC's Cleaning and Disinfecting Guidance, of any areas, materials, and equipment that have likely been contaminated by that person (e.g., rooms they occupied, items they touched).

Deep cleaning and disinfecting are completed during overnight hours. A positive or suspected positive case involves more in-depth cleaning in the areas they have been or are located. A copy of the cleaning log for the homes is attached.

Abilities Services, Inc. will provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities. In addition, signs will be posted, and verbal prompts will be given encouraging frequent handwashing and use of hand sanitizers.

Ventilation

ASI will ensure for each facility's heating, ventilation, and air conditioning (HVAC) system that:

- The HVAC system(s) is used in accordance with the manufacturer's instructions and the design specifications of the HVAC system(s).
- The amount of outside air circulated through the HVAC system(s) and the number of air changes per hour are maximized to the extent appropriate.
- All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); if not compatible, the filter with the highest compatible filtering efficiency is used.
- All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system.
- All intake ports that provide outside air to the HVAC system(s) are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system(s); and
- Existing airborne infection isolation rooms (AIIRs), if any, are maintained and operated in accordance with their design and construction criteria.

Ventilation processes will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. ASI will identify the HVAC professional who can certify that the HVAC system(s) are operating in accordance with the ventilation provisions of OSHA's COVID-19 ETS.

The following individual(s) is responsible for maintaining the HVAC system(s) and can certify that it is operating in accordance with the ventilation provisions of OSHA's COVID-19 ETS.

<u>Name/Contact Information:</u> Hay-Bush Mechanical 765-364-9227	<u>Location:</u> Crawfordsville, IN
<u>Name/Contact Information:</u> Jim Heating and Cooling 765-601-1461	<u>Location:</u> Frankfort, IN

Health Screening and Medical Management

Health Screening

Abilities Services, Inc. will screen each employee before each workday and each shift.

A health screening questionnaire is completed by anyone entering the building in Caretracker.

Employee Notification to Employer of COVID-19 Illness or Symptoms

ASI will require employees to promptly notify their supervisor when they have tested positive for COVID-19 or been diagnosed with COVID-19 by a licensed healthcare provider, have been told by a licensed healthcare provider that they are suspected to have COVID-19, are experiencing recent loss of taste and/or smell with no other explanation, or are experiencing both fever ($\geq 100.4^{\circ}\text{F}$) and new unexplained cough associated with shortness of breath.

Employer Notification to Employees of COVID-19 Exposure in the Workplace

Abilities Services, Inc. will notify employees if they have been exposed to a person with COVID-19 at their workplace, as described below. The notification provisions below are not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities, COVID-19 testing sites, COVID-19 wards in hospitals). When ASI is notified that a person who has been in the workplace (including employees, clients, patients, residents, vendors, contractors, delivery people and other visitors, or other non-employees) is COVID-19 positive, ASI will, within 24 hours:

- Notify each employee who was not wearing required PPE and has been in close contact with the person with COVID-19 in the workplace. The notification must state the fact that the employee was in close contact with someone with COVID-19 along with the date(s) the contact occurred.
- Notify all other employees who were not wearing required PPE and worked in a well-defined portion of a workplace (e.g., a particular floor) in which the person with COVID-19 was present during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period.
- Notify other employers whose employees were not wearing required PPE and have been in close contact with the person with COVID-19 or worked in a well-defined portion of a workplace (e.g., a particular floor) in which that person was present, during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period and the location(s) where the person with COVID-19 was in the workplace.

Notifications will not include the name, contact information, or occupation of the COVID-19 positive person.

Note: Close contact means being within 6 feet of the person for a cumulative total of 15 minutes or more over a 24-hour period during the person's potential transmission period. The potential transmission period runs from 2 days before the person felt sick (or, if not showing symptoms, 2 days before testing) until the time the person is isolated.

All notifications will be made via a phone call to ensure the quickest communication possible.

Medical Removal from the Workplace

ASI will remove employees from the workplace in certain circumstances. ASI will immediately remove an employee from the workplace when:

- The employee is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19).
- The employee has been told by a licensed healthcare provider that they are suspected to have COVID-19.
- The employee is experiencing recent loss of taste and/or smell with no other explanation; or
- The employee is experiencing both a fever of at least 100.4°F and new unexplained cough associated with shortness of breath.

For employees removed because they are COVID-19 positive, ASI will keep them removed until they meet the return-to-work criteria discussed below. For employees removed because they have been told by a licensed healthcare provider that they are suspected to have COVID-19, or are experiencing symptoms as discussed above, ASI will keep them removed based on the Indiana State Department of Health COVID calculator.

If ASI notifies an employee that they were in close contact with a person in the workplace (including employees, clients, patients, residents, vendors, contractors, customers, delivery people and other visitors, or other non-employees) who is COVID-19 positive when that employee was not wearing required PPE, ASI will immediately remove the employee from the workplace unless:

1. The employee does not experience recent loss of taste and/or smell with no other explanation, or fever of at least 100.4°F and new unexplained cough associated with shortness of breath; AND
2. The employee has either been fully vaccinated against COVID-19 (i.e., 2 weeks or more following the final dose) or had COVID-19 and recovered within the past 3 months.

ASI will keep the employee removed from the workplace based on the Indiana State Department of Health COVID calculator ever changing recommendations.

Any time an employee must be removed from the workplace, ASI may require the employee to work remotely or in isolation if suitable work is available. When allowing an employee to work remotely or in isolation, ASI will continue to pay that employee the same regular pay and benefits the employee would have received had the employee not been absent.

Abilities Services, Inc. will not subject its employees to any adverse action or deprivation of rights or benefits because of their removal from the workplace due to COVID-19.

Return to Work Criteria

ASI will only allow employees who have been removed from the workplace to return to work in accordance with guidance from a licensed healthcare provider or in accordance with the CDC's Isolation Guidance and Return to Work Healthcare Guidance. Pursuant to CDC guidance, symptomatic employees may return to work after all the following are true:

- At least 10 days have passed since symptoms first appeared, and
- At least 24 hours have passed with no fever without fever-reducing medication, and
- Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation).

If an employee has severe COVID-19 or an immune disease, ASI will follow the guidance of a licensed healthcare provider regarding return to work.

Pursuant to CDC guidance, asymptomatic employees may return to work after at least 10 days have passed since a positive COVID-19 test. If an employer receives guidance from a healthcare provider that the employee may not return to work, they must follow that guidance.

Medical Removal Protection Benefits

Abilities Services, Inc. will continue to pay employees who have been removed from the workplace under the medical removal provisions of OSHA's COVID-19 ETS. When an employee has been removed from the workplace and is not working remotely or in isolation, ASI will:

- ASI will continue to provide the benefits to which the employee is normally entitled and pay the employee the same regular pay the employee would have received had the employee not been absent from work, up to \$1,400 per week per employee. For employers with fewer than 500 employees, the employer must pay the employee up to the \$1,400 per week cap but, beginning in the third week of an employee's removal, the amount is reduced to only two-thirds of the same regular pay the employee would have received had the employee not been absent from work, up to \$200 per day (\$1000 per week in most cases).
- The ETS also provides that the employer's payment obligation is reduced by the amount of compensation the

employee receives from any other source, such as a publicly or employer-funded compensation program (e.g., paid sick leave, administrative leave), for earnings lost during the period of removal or any additional source of income the employee receives that is made possible by virtue of the employee's removal.

Vaccination

Abilities Services, Inc. encourages all employees to receive the COVID-19 vaccination as a part of a multi-layered infection control approach. ASI will support COVID-19 vaccination for each employee by providing reasonable time and paid leave to each employee for vaccination and any side effects experienced following vaccination as documented by a medical professional.

Training

ASI will implement employee training, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. ASI and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess COVID-19 hazards and implement an employee training program at each facility.

Abilities Services, Inc. COVID-19 training program will be accessible in the following ways: At re-opening all staff completed COVID training. As new staff join our team the COVID training has been incorporated into our training program so as not to miss any staff members.

ASI will ensure that each employee receives training, in a language and at a literacy level the employee understands, on the following topics:

- COVID-19, including:
 - How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission).
 - The importance of hand hygiene to reduce the risk of spreading COVID-19 infections.
 - Ways to reduce the risk of spreading COVID-19 through proper covering of the nose and mouth.
 - The signs and symptoms of COVID-19.
 - Risk factors for severe illness; and
 - When to seek medical attention.
- ASI's procedures on patient screening and management.
- Tasks and situations in the workplace that could result in COVID-19 infection.
- Workplace-specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties
- ASI's procedures for PPE worn to comply with OSHA's COVID-19 ETS, including:
 - When PPE is required for protection against COVID-19.
 - Limitations of PPE for protection against COVID-19.
 - How to properly put on, wear, and take off PPE.
 - How to properly care for, store, clean, maintain, and dispose of PPE; and
 - Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19.
- Workplace-specific policies and procedures for cleaning and disinfection.
- ASI's procedures on health screening and medical management.
- Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, and other supportive policies and practices (e.g., telework, flexible hours);
- The identity of ASI's Safety Coordinator(s) specified in this COVID-19 plan.
- OSHA's COVID-19 ETS; and
- How the employee can obtain copies of OSHA's COVID-19 ETS, and any employer-specific procedures developed

under OSHA's COVID-19 ETS, including this written COVID-19 plan.

ASI will ensure that the training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee's job duties, and that the training provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter as it relates to the employee's job duties.

Abilities Services, Inc will provide additional training whenever changes occur that affect the employee's risk of contracting COVID-19 at work (e.g., new job tasks), policies or procedures are changed, or there is an indication that the employee has not retained the necessary understanding or skill.

Anti-Retaliation

ASI will inform each employee that employees have a right to the protections required by OSHA's COVID-19 ETS, and that employers are prohibited from discharging or in any manner discriminating against any employee for exercising their right to protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

ASI will not discharge or in any manner discriminate against any employee for exercising their right to the protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

Requirements implemented at no cost to employees

Abilities Services, Inc. will comply with the provisions of OSHA's COVID-19 ETS at no cost to its employees, except for any employee self-monitoring conducted under the Health Screening and Medical Management section of this Plan.

Recordkeeping

Abilities Services, Inc. will retain all versions of this COVID-19 plan implemented to comply with OSHA's COVID-19 ETS while the ETS remains in effect.

ASI will establish and maintain a COVID-19 log to record each instance in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work. The COVID-19 log will contain, for each instance, the employee's name, one form of contact information, occupation, location where the employee worked, the date of the employee's last day at the workplace, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.

ASI will record the information on the COVID-19 log within 24 hours of learning that the employee is COVID-19 positive. ASI will maintain the COVID-19 log as a confidential medical record and will not disclose it except as required by OSHA's COVID-19 ETS or other federal law.

Abilities Services, Inc. will maintain and preserve the COVID-19 log while OSHA's COVID-19 ETS remains in effect.

By the end of the next business day after a request, ASI will provide, for examination and copying:

- All versions of the written COVID-19 plan to all the following: any employees, their personal representatives, and their authorized representatives.
- The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee.
- A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day

that the employee was at the workplace before removal, the date of that employee’s positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all of the following: any employees, their potential representatives, and their authorized representatives.

Reporting

Abilities Services, Inc. will report to OSHA:

- Each work-related COVID-19 fatality within 8 hours of ASI learning about the fatality.
- Each work-related COVID-19 in-patient hospitalization within 24 hours of ASI learning about the in-patient hospitalization.

4. Monitoring Effectiveness

ASI and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to monitor the effectiveness of this COVID-19 plan so as to ensure ongoing progress and efficacy.

ASI will update this COVID-19 plan as needed to address changes in workplace-specific COVID-19 hazards and exposures.

5. Coordination with Other Employers

Abilities Services, Inc. will communicate this COVID-19 plan with all other employers that share the same worksite and will coordinate with each employer to ensure that all workers are protected.

ASI will adjust this COVID-19 plan to address any hazards presented by employees of other employers at the worksite.

ASI has identified below all other employers to coordinate with to ensure employees are protected.

Other Worksite Employers	
Employer Name / Employer Representative:	Contact Information:

6. Entering Residences

Abilities Services, Inc. will identify potential hazards and implement measures to protect employees who, in the course of their employment, enter private residences and other physical locations controlled by a person not covered by the Occupational Safety & Health Act of 1970 (OSHA Act). ASI requires that our COVID-19 protocols be communicated to homeowners and sole proprietors prior to conducting work activities at private residences or other physical locations not covered by the OSHA Act.

During visits to private residences, all staff will be required to follow proper COVID procedures including but not limited to wearing proper PPE.

7. Signature and Plan Availability

Abilities Services, Inc. has prepared and issued this COVID-19 plan on 8/25/2021.

Employer Name:	Abilities Services, Inc (including disregarded entity of Home by Choice)
Address:	1237 N Concord Rd, PO Box 808 Crawfordsville, IN 47933
Business Owner:	Board of Directors

This COVID-19 plan is available:

<input type="checkbox"/> Via hard copy at	<input checked="" type="checkbox"/> X Posted to our website	<input type="checkbox"/> Available by request.
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This model plan is intended to provide information about OSHA's COVID-19 Emergency Temporary Standard. The Occupational Safety and Health Act requires employers to comply with safety and health standards promulgated by OSHA or by a state with an OSHA-approved state plan. However, this model plan is not itself a standard or regulation, and it creates no new legal obligations.

COVID-19 2020 Re-open plan version 4.0

Slow and methodic opening of our programs in 7-14 day increments, in order to work to ensure the health and safety of the individuals we serve along with the staff who are caring for them. Plans have been put in place with a pure heart and sincere intentions not to punish, but to protect each and every member of the ASI family.

February 2021 Statement: ASI is a teaching and training facility and as this National Health Crisis continues with no immediate end in sight, we have decided it is as safe as possible to begin to teach our individuals served how to live and work in this changing environment. We will begin to open things up in a slower/smaller fashion allowing for time for individuals to learn the new normal. If an individual is deemed as not able to follow COVID protocol – they will need to remain in a sheltering/safe space and remedial teaching and training will continue as needed with the hope that with a little more in depth assistance we will be able to get them back in the community appropriately as soon as possible.

Crawfordsville Opening Timeline (dates are assumed based on information from the Governor at time of writing)

June 1 – Return Caregiver (FKA-Houston Group Home) clients only – 22 consumers, 3 staff, staff available-3

June 15 – Add Family support WITHOUT transportation – 33 consumers, 4 staff, staff available-4

June 29 – Add waiver – 49 consumers, 13 staff, staff available-13

July 27 – Add OBRA **– 65 consumers, 13 staff, staff available-13

Aug 17 – Add transportation (to and from program only) with 2 buses and 2 routes as needed

Aug 17 – Add Community Hab

*contingent upon social distancing rules and our ability to add to our fleet

** as long as there is a significant decrease in cases locally and the team is ALL in agreeance

Frankfort Opening Timeline (dates are assumed based on information from the Governor at time of writing)

June 1 – Return Rossville, Maplewood, and Earl along with 1 waiver site– 23 consumers, 3 staff, staff available-3

June 15 – Add Family support WITHOUT transportation – 33 consumers, 4 staff, staff available-4

Aug 10 – Soft re-entry in to providing transportation (to and from program only) with 1 bus and 1 route

Aug 17 – Add Community Hab

*contingent upon social distancing rules and our ability to add to our fleet

For the unforeseen future we will be implementing:

- Temperature will be checked 3 times a day (upon entrance, at lunch, upon leaving for the day) and documented for both staff and individuals served. The person screening will be required to wear gloves and a mask during this process. Screening is to be completed in privacy and by using proper social distancing. At this same time a COVID questionnaire will need to be completed that shows all the positive results. Questionnaire will ask but not limited to: Have you been exposed to someone with Covid-19? Have you had a fever, dry cough or trouble breathing, chills, sore throat, fatigue, muscle aches, headache, loss of taste or smell, nausea, diarrhea and/or chest congestion in the last 3 days? If someone would refuse to allow staff to complete the screening - they will be turned away immediately without the ability to gain access to our facility. Clean masks will need to be present with each person and documented upon entry. If during this screening process anyone in the home has a fever, the entire home will need to return home for additional medical assessments. If decided the fever is not related to COVID-19, NO ONE can return until they have been 3 days fever free without the use of fever reducing medications
- Health screening areas will be located within the building at the following areas:
 - o Cville front entrance – ADMIN STAFF ONLY
 - o Cville side consumer entrance – CONSUMER and PROGRAM STAFF ONLY
 - o Cville north entrance – MUSIC THERAPY ONLY
 - o Frankfort front entrance- ADMIN STAFF ONLY
 - o Frankfort side consumer entrance – CONSUMER, MUSIC THERAPY, and PROGRAM STAFF ONLY
- Transportation drop off locations:
 - o Consumers – Side door to be able to enter programming
 - o Staff – Front door to be able to enter administration
- Social distancing measures will be maintained as best as we can by adding additional square footage for programming. Breaks and lunch will need to occur at their work station.
- Face masks will be required to be worn properly at all times unless in a room or office alone. The masks needs to either be new or in clean condition daily and if they become soiled need to be changed immediately.
- Handwashing will continue to be added into programming throughout the day as well as during breaks and lunch. Additional portable hand washing stations have been purchased and will be placed in areas where distance to water might cause someone to not wash as often.
- Our building will remain closed until the National Health Emergency has been declared over- Visitors to our building will be restricted to only essential day-to-day personnel and anyone needed to maintain the safety of the facility. All visitors must sign in and out and have a temp check before proceeding. Anyone that is not considered essential but feels they need to gain access to the building will need to be pre-approved by the CEO and will be EXTREMELY limited.
- All meetings with outside personnel must be conducted virtually. ASI will provide assistance wherever needed to make this as effortless as possible.
- Restrooms will be limited to 1 person at a time and signs will be posted as a reminder
- All food will need to be brought in ready to eat (already prepared and cut in to proper portions) in disposable packaging (ex. Sandwich in zip lock bag and lunch in brown paper bag; lunch boxes if absolutely required due to behaviors) – NO MICROWAVES WILL BE AVAILABLE THROUGH THE END OF

2020. Starting February 1, 2021 Microwaves will be available and lunch will return to pre-pandemic procedures (minus social distancing). Teaching and training will be increased to train each individual to sanitize the microwaves before and after each use to ensure enhanced daily living skills during the National Health Emergency.

- Our Country Store/Gem City will re-open on September 8, 2020 at both locations. We will use an alphabetical system to call groups to line up in order to lesson the number of people waiting in line at once. 6ft social distancing markers will be placed on the floor to assist with the reminders.
- Cooking labs WILL BEGIN AGAIN February 1, 2021. This will be on a limited basis. A scaled down cooking lab will be scheduled up to 2 days a week. A calendar will be created noting what item will be reviewed during each lab. An individual can sign up for the lab of their chose but labs will be limited to 2 participants at a time.. The monthly calendar will be the same for 3 months at a time to ensure everyone gets the opportunity to sign up for what interests them the most.
HOLIDAY MEALS AND PARTIES will also resume February 1, 2021 but with a few changes. Any food items that are brought in MUST be store bought, single serve, and pre-packaged (think snack size packages of M&M's for Valentine's Day or single serve bags of pretzels)
- With the re-entry in to transportation, each vehicle will be sanitized before and after each route following CDC guidelines including a recommended solution containing at least 80% alcohol.
- Staff and all new hires will be trained on and include a competency test for the following:
 - Social distancing
 - Isolation area per site
 - Cleaning routine
 - Client rights during the public health emergency
 - Storage and handling of chemicals and procedures if ingested
 - Universal precautions
 - Staff arrival/dismissal plan
 - Client arrival/dismissal plan
 - Symptom tracking and temperature taking
 - Visitor restrictions
 - Handwashing
 - Ratios
 - Putting on/removing PPE
 - Requirement for staff to wear masks
- Consumer training will begin the week of Memorial Day 2020 and will include continuous consumer training with much of the same things that the staff training includes. Social stories will be made available for those that will learn better using this type of communication.
- If someone would develop symptoms of COVID-19 during programming hours; individuals served- will be isolated in the health screening entrance area(C-ville) and Conference Room (FF) until a ride home can be found (cleaning in the areas of their workstation/restrooms would immediately happen), staff – sent home immediately (cleaning in the areas of their workstation/restrooms would immediately happen)
- Staff will continue to sanitize surfaces throughout the day along with our overnight janitorial staff deep cleaning following EPA guidelines, after hours to be able to use hospital grade chemicals to clean our facility.

- Yellow chain will block locations that are now considered off limits as a visual reminder (lunch room and break areas are now closed off)
- Signage will be posted at all points of entry to review guidelines in preparation for entrance in to the building.
- Drinking fountains have been placed out of service – everyone will need to bring with them, a bottle(s) of water that is sealed with a lid for use during programming
- In the Crawfordsville facility, a 2nd entrance has been created to expedite the flow of individuals in/out of the building while maintaining social distancing
- ASI will hold the right to shelter in place again in the future if the case numbers increase to what is deemed unsafe levels.
- Plastic shields have been installed in the “pod” offices, front desks, as well as at the health screening locations in order to provide an additional level of protection for those working in those areas.
- Group Home outings – pre-scheduled supervised trips will be available for community outings to ensure all precautions are followed and allows for ASI to use this opportunity to teach and train the new normal during this current health crisis
- All consumers will complete the health screening assessment during the AM and PM med passes (7am/7pm). If there is not an Ipad available in the home, each individual is to complete the health assessment paper version, and submit them to the office ASAP. If a paper version is completed and a fever or symptoms present – they are to call the QIDP *IMMEDIATLEY*.
- All staff will complete the on-line health assessment at the beginning and end of each shift. If there is not an Ipad available in the home, staff is to complete the health assessment paper version, and submit them to the office ASAP. If a paper version is completed and a fever or symptoms present – they are to call the PC *IMMEDIATLEY*.
- ASI has ordered discounted contactless thermometers and will offer them for sale to our waiver consumers at our cost since it is quite tough to find them in stores currently.

Communication Plan:

Crawfordsville –

1. The QIDP and designee will call each guardian/consumer monthly to check in and remind them that this facility is open. The details of the re-open plan will be shared and time given for answering questions. A log will be maintained with who we contacted, the plan was reviewed, and based on guardian response - expected date to return
 - a. Q’s will ask:
 - i. When was the last time that the individual was out in the community – date and locations
 - ii. When was the last time that the individual had someone other than someone living in the home over to visit – date and occurrences
 - iii. When was the last time the individual traveled outside of Montgomery County

Based on the answers given – a determination will be made for re-start date.

2. The QIDP will update each case manager at quarterly meetings about our opening and review the plan.
3. The QIDP will continue to file a BDDS follow up reports as needed notifying the state that we are open for business
4. The Trainer and PC will ensure that all staff have been trained on the new procedures prior to returning to work in the building

Frankfort –

1. The QIDP and designee will call each guardian/consumer monthly to check in and remind them that this facility is open. The details of the re-open plan will be shared and time given for answering questions. A log will be maintained with who we contacted, the plan was reviewed, and based on guardian response - expected date to return
 - a. Q's will ask:
 - i. When was the last time that the individual was out in the community – date and locations
 - ii. When was the last time that the individual had someone other than someone living in the home over to visit – date and occurrences
 - iii. When was the last time the individual traveled outside of Clinton/Tippecanoe County

Based on the answers given – a determination will be made for re-start date.

2. The QIDP will update each case manager at quarterly meetings about our opening and review the plan.
3. The QIDP will continue to file a BDDS follow up reports as needed notifying the state that we are open for business
4. The Trainer and PC will ensure that all staff have been trained on the new procedures prior to returning to work in the building

Admin:

In a sincere effort to reduce the physical contact in the building as much as possible – we feel the need for scheduled work from home days for a select group of admin workers.

Every effort will be made to have a reduced the number of people in the building each week by allowing those who can to work from home for a small period of time each week.

Testing sites that are available as of Thursday August 13, 2020: please go to the following website to find the nearest testing location

<https://www.coronavirus.in.gov/>

Home visits and Group Homes receiving visitors:

Effective June 15, 2020 regular home visits with parents/guardians can resume. Anyone wanting to visit a Group home must do so outside the house/facility (ex – enjoy lunch under the shade tree, go for a walk, play yard games...). In an effort to reduce the risk of exposure within the individual's homes, no one will be permitted to enter the structure until the end of the National Health Emergency has been declared. The following applies:

- All visitors and individuals must wear a face mask
- A health screening assessment will be completed prior to the individual walking out the door and must be completed again at the conclusion of the visit before entering the home
- All visitors must be informed about our precautions such as hand hygiene, cleaning of spaces, and social distancing
- If visits will be off site (ex – going home for the weekend to be with family), we ask that each family follow guidelines set in place by the Governor and local health officials. We ask that you limit the exposure so as not to infect other housemates upon returning.
- Off site visits will be subject to the same health assessments as an on site visit – upon departure and arrival. Once back the individual will be ask to take a shower and belongings that came back will be thoroughly cleaned
- ASI reserves the right to restrict visitors or visitations if there are active cases either with individuals or staff in order to prevent the spread throughout our community – if discovered after a visit, ASI will notify visitors of a potential exposure

Plan to reduce the risk of spread post holiday visit (effective Nov 1, 2020):

In all our current cases we have noticed the trend for exposure is greatest with individuals going to visit family members. With the holidays coming up, the fear of spread of ever increasing.

With that in mind, we have designed a “safe zone” for re-entry into the day program, after individuals have the opportunity to go home for the holidays.

Below is our COVID Holiday Model for 2020:

- Nov 30-Dec 13 will be our safe zone for lessening the spread of the virus. This safe zone results in a 14 day closure of the day program in order for a self-styled quarantine. This safe zone would limit the spread to single locations and not spread to the entire day program.
 - o Day Program closed 11/30 thru 12/13 – Zoom programming opportunities can be provided

- Allows for each programming building to receive a complete “reset” the buildings will receive a top level deep cleaning and building will be aired out. With the colder weather this becomes imperative to keeping healthy work space.
- For our Group Homes; scheduled programming during the day will occur. Each home will have an additional administrative staff during the day to monitor for COVID symptoms and run our COVID procedures.
- For our Waivers; we will be utilizing a traveling Wellness Nurse to visit and check in to monitor for COVID symptoms and run our COVID procedures if needed.
- Dec 14-Dec 23 will be business as usual and everything will be open (unless further guidance from the State of Indiana would occur)
- Dec 28-Jan 10 will be our safe zone for lessening the spread of the virus. This safe zone results in a 14 day closure of the day program in order for a self-styled quarantine. This safe zone would limit the spread to single locations and not spread to the entire day program.
 - Day Program closed 12/28 thru 1/10 – Zoom programming opportunities can be provided
 - Allows for each programming building to receive a complete “reset” the buildings will receive a top level deep cleaning and building will be aired out. With the colder weather this becomes imperative to keeping healthy work space.
 - For our Group Homes; scheduled programming during the day will occur. Each home will have an additional administrative staff during the day to monitor for COVID symptoms and run our COVID procedures.
 - For our Waivers; we will be utilizing a traveling Wellness Nurse to visit and check in to monitor for COVID symptoms and run our COVID procedures if needed.

Communication plan for letting all parents/guardians know of the Holiday change:

- Oct 28th an email will go out to staff involved to inform them of the change
- Clinton County; Kevin Evans (Director) will call all parents/guardians between Oct 28-30 to explain the plan. Katrina Shields (QIDP) will call all case managers between Oct 28-30 to explain the plan. On Oct 30th, a letter will also be mailed/emailed out to all parents/guardians to support what was discussed over the phone. Both will keep a log to reference if needed as to date, time, and person contacted.
- Montgomery County; Beth Smith (PC) and Maureen Steward (QIDP) will call all parents/guardians and case managers between Oct 28-30 to explain the plan. On Oct 30th, a letter will also be mailed/emailed out to all parents/guardians and case managers to support what was discussed over the phone. Mary Nichols (Director) will call Care Giver between Oct 28-30, to explain the plan. All will keep a log to reference if needed as to date, time, and person contacted.

Plan for in house day programming:

Mary- Daily Scavenger hunt for all individuals
 Tracy- Daily Art Activity for Group Homes
 Taylor- Nursing Component for Group Homes
 Beth- Cooking Labs for all individuals
 Michelle – Bingo for all individuals
 Allison – music sing a-longs for all individuals

Update for State of Indiana moving back down from Stage 5 (Nov 12, 2020)

Frankfort plan:

Earl Group Home will stay home with Regina as the staff to go there each day to provide in home day programming. This will assist in protecting our most vulnerable population and those who struggle with following COVID protocols (not able to wear a mask and the county is heading red!). The Frankfort Director/Asst Director will use our video monitoring capabilities during the day to watch and assist as needed. In-flight corrections can be made quickly as a need would arise.

Day program staff in Frankfort will not interact within a 6ft distance to prevent close contact. Rossville and Maplewood will be placed into rooms based on their home to create safe pods. John St and Family Support (3 in total) will be placed into the same room each day with the house. During loading and unloading, only Day program staff will assist with this and home staff will not be allowed to enter the building. Communication will need to be done with the building director if they need to enter the building. In the absence of the director, staff can communicate with the Assistant Director.

Maplewood will be in the dining area and Rossville in the media room. Maplewood will unload first using the pedestrian door near the overhead, and Rossville will unload after using the coat room door, to not cross-contaminate. Hand sanitizing stations will be placed in Earl, Rossville Room, and Maplewood Room. Rossville lunch will be placed in the kitchen fridge. Maplewood lunch will be placed in the POD fridge. Snack shop will operate in both locations with drinks and snacks split between the rooms. If Rossville needs to meet with a staff, they will do so in the small conference room. Maplewood will meet in the conference room in the hallway. This will also be true if a consumer has a virtual appointment. The COVID report in CareTracker will be reviewed by the Director/Asst Director each morning, lunch, and end of day.

Staff will not go to each other's offices, they will call using the extensions for the other staff.

Pre-ETS will work a mixture from home, in the school, and in the office. These staff can interact with their students outside of the building and have minimal impact to their job duties. VR will work in the Frankfort Office and Community during this time. VR can continue to meet with participants but will do so in the conference rooms outlined and following COVID protocol.

Vaccine Information:

ASI employees are lucky enough to be included in phase 1A for getting a vaccine. We highly recommend this for all staff as well as individuals served. Go to the following website to schedule a vaccine

<https://www.coronavirus.in.gov/vaccine/>

Once staff receive the each vaccine we ask they supply a copy of the vaccine card to HR to be able to show if needed for upcoming State surveys or audits.

Updated 1-15-2021

Individuals served COVID 19 vaccine plan

- QIDP's will make contact with all parents/guardians and individuals beginning the week of 1/11/21 to begin to make a list of the choice to accept and reject the vaccine. This will be documented on the P drive under the COVID tab. This spreadsheet will document each attempt to communicate, the selection choice, dates vaccine given, dates consent was signed, and all copies of signed consents as well as vaccine cards (et al).
- Social stories and videos will be used to educate each individual on the pros and cons of the vaccine and will be signed by the individual and stored in the COVID file located on the P drive.
- Once vaccine opportunities are open to individuals we will work diligently to get everyone who has requested a shot in to the earliest appointment possible
- March 4th and 5th are first round vaccinations in partnership with PCCS in Greencastle. Second round will be completed the same way and on April 8th and 9th.

APRIL 26 2021 Update:

- Temperature checks will go from 3 times a day to 1 time a day at entry unless someone is presenting with symptoms (we reserve the right to alter this if there is a spike in cases)
 - Social distancing will move from 6 feet to 3 feet in programming (based on recommendations for public education) as we begin to teach our individuals how to resume life in the community
 - The use of masks will change
 - o The use of masks will become a recommendation versus a mandate as long as the person has been 100% vaccinated
 - o Local health departments have the final say to if the mask mandate is allowed to move to an advisory. We will always follow the guidance of our local professionals
-

COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis



OSHA COVID-19 Healthcare Worksite Checklist

- Employers in settings where employees provide healthcare services or healthcare support services may use the following Worksite Checklist to implement worker protections from COVID-19 in compliance with the OSHA COVID-19 Healthcare Emergency Temporary Standard (ETS).
- If employers choose to use this Worksite Checklist, there are 2 STEPS to complete:
 - STEP 1: Determine if OSHA’s COVID-19 Healthcare ETS applies to your workplace or portions of your workplace.
 - STEP 2: Use this Worksite Checklist to develop and implement worker protections from COVID-19 in your workplace.

STEP 1: Determine if the ETS applies to your workplace or portions of your workplace.

You may use the “[Is your workplace covered by the COVID-19 Healthcare ETS?](#)” flow chart to determine whether and how OSHA’s COVID-19 Healthcare ETS applies to your workplace. Note that this determination must be made for each workplace where your employees work.

STEP 2: If the ETS applies to your workplace or portions of your workplace, use this Worksite Checklist & Employee Job Hazard Analysis to develop and implement worker protections from COVID-19 in your workplace.

Use the sections of this Worksite Checklist & Employee Job Hazard Analysis that apply to your workplace or portions of your workplace to develop and implement worker protections from COVID-19. This checklist is intended to be used alongside OSHA’s [COVID-19 Plan Template](#) to help you develop and implement a COVID-19 plan, as required by the ETS, for your workplace. Seek the involvement of non-managerial employees and their representatives in completing this checklist and implementing the COVID-19 plan.

✓ Getting Started

Take these steps to get your workplace ready and ensure you have implemented policies and procedures to prevent the spread of COVID-19. Some specific controls against COVID-19 and a job hazard analysis are covered in the sections that follow.	YES	NO	Follow-up Action
○ Do you have a COVID-19 plan that was developed in consultation with non-managerial employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ If you are claiming exemption under 1910.502(a)(4) from providing controls for fully vaccinated employees in a well-defined area(s) of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, do you have policies and procedures in place to determine employees’ vaccination status?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
○ Have you shared your COVID-19 plan with all other employers at your worksite(s) and coordinated to ensure all workers are protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have policies to limit and monitor points of entry in settings where direct patient care is provided? <i>(Note: Does not apply where emergency responders or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a policy to screen and triage all clients, patients, residents, delivery people, visitors, and other non-employees entering settings where direct patient care is provided for people who may have symptoms of COVID-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Take these steps to get your workplace ready and ensure you have implemented policies and procedures to prevent the spread of COVID-19. Some specific controls against COVID-19 and a job hazard analysis are covered in the sections that follow.	YES	NO	Follow-up Action
○ Do you have a health screening protocol for screening employees before each work day and each shift?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a log for recording all employee instances of COVID-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a policy that requires employees to notify you when they are COVID-19 positive or have been told by a licensed healthcare provider that they are suspected of having COVID-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Does the policy require employees to notify you if they are experiencing COVID-19 like symptoms including: <ul style="list-style-type: none"> ▪ A recent loss of taste and/or smell with no other explanation ▪ A fever of at least 100.4°F with a new unexplained cough associated with shortness of breath 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a policy to notify employees within 24 hours, if required to do so, when they have been exposed (through close contact or by working in the same well-defined portion of a workplace during a person’s potential transmission period) to a COVID-19 positive person who has been in the workplace?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a policy for employee COVID-19 testing, including providing time off and payment for the test? (Note: employers are not required to conduct testing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have policies to remove employees who have COVID-19, are suspected to have COVID-19, are experiencing certain symptoms of COVID-19, or have been in close contact with a COVID-19 positive person in the workplace, until they can return as provided for by the standard, and, for employers with more than 10 employees, to provide medical removal protection benefits to such employees where required to do so (see OSHA’s ETS Notification, Removal, and Return to Work Flow Chart for Employers and Employees)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have policies and procedures for adhering to Standard and Transmission-Based Precautions in accordance with CDC’s “ Guidelines for Isolation Precautions ”?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Have you considered the use of telehealth services where available and appropriate in order to limit the number of people entering the facility? (Note: employers are not required to, but are encouraged to, use telehealth where available and appropriate.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a plan to support COVID-19 vaccination by providing each employee reasonable time and paid leave for vaccination and any side effects experienced following vaccination? <i>(Note: Eligible employers, including businesses and tax-exempt organizations with fewer than 500 employees, can receive a tax credit for providing paid time off for each employee receiving the vaccine and for any time needed to recover from the vaccine. See www.irs.gov/newsroom/american-rescue-plan-tax-credits-available-to-small-employers-to-provide-paid-leave-to-employees-receiving-covid-19-vaccines-new-fact-sheet-outlines-details)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Identify COVID-19 Safety Coordinators to ensure compliance with all aspects of the COVID-19 plan.

Name:	Position/Title/Campus:	Contact Information:
See plan		

✓ Physical Distancing in your Workplace

This section will assist you in implementing physical distancing measures at your workplace.

- Employers must ensure that employees are separated from other people by at least 6 feet when indoors, and install cleanable or disposable solid barriers at fixed work locations outside of direct patient care areas where each employee is not separated from other people by at least 6 feet, unless the employer can demonstrate that these measures are infeasible. Refer to the **Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing** and the **Job Hazard Analysis (Controls)** sections below.
- In evaluating how to implement physical distancing, employers should consider these measures as they build their COVID-19 plans.
- Employers must implement physical distancing along with the other provisions required by the ETS as part of a multi-layered strategy to minimize employee exposure to COVID-19.
- **NOTE:** The ETS exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

Have you considered these measures when/where possible?	YES	NO	Follow-up Action
○ Have you taken steps to reduce crowding in facilities by asking patients to remain outside if feasible until they are called into the facility for their appointment? <i>For example: Vehicle waiting area in parking lot, open air triage tents and booths, etc.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Have you limited visitors to the facility to only those essential for the patient's physical or emotional well-being and care, and restricted their visits to the patient's room or other designated areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Have you implemented teleworking options?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Are physical distancing floor markers and/or visible wall signs in place to remind employees, patients, visitors, customers, clients, and all other non-employees to maintain a minimum distance of 6 feet between them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Have you reconfigured the work environment to ensure physical distancing? <i>For example: Spacing out desks, etc.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Have conference rooms and break area furnishings (tables, chairs, desks) been adjusted to maintain physical distancing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Have you installed cleanable or disposable solid barriers at each fixed work location outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy windows, bill payment) where each employee is not separated from all other people by at least 6 feet of distance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Have work shifts and break times been staggered to reduce crowding in common employee areas? <i>For example: Breakrooms, locker rooms, etc.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Have you taken steps to minimize the number of people within choke points (bottlenecks) at any time to ensure a minimum distance of 6 feet can be maintained between them and reduce crowding? <i>For example: Outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, pharmacy windows, bill payment).</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Have you designated pickup/drop-off delivery areas away from high traffic areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Have you used scheduling to separate workers into dedicated groups (i.e. "bubbles" or "cohorts") to work the same shift or work in a particular area to reduce the number of individuals that each worker encounters?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Have contactless payment systems been established?	<input type="checkbox"/>	<input type="checkbox"/>	na
○ Have contactless scheduling systems been established?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

✓ Ventilation in Your Workplace

This section will assist you in improving ventilation at your workplace.

- Employers who own or control buildings or structures with an existing heating, ventilation, and air conditioning (HVAC) system(s) must ensure that the HVAC system(s) is used in accordance with manufacturer's instructions and the design specifications of the system(s); the amount of outside air circulated through the system(s) and the number of air changes per hour are maximized to the extent appropriate; air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); air filters are maintained and replaced as necessary; intake ports are cleaned, maintained, and cleared of debris; and airborne infection isolation rooms (AIIRs) are maintained and operated in accordance with their design and construction criteria.
- Does your workplace have a HVAC system that you own or control?
- Who is responsible for maintaining the HVAC system(s) and can certify that it is operating in accordance with the ventilation provisions of the OSHA COVID-19 ETS?
(e.g., Maintenance staff, HVAC service contractor)

Name/Contact Information:

See plan

Have you taken these measures where/when possible?	YES	NO	Follow-up Action
○ Is the HVAC system being checked, inspected, cleaned, and maintained on a regularly scheduled basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Is the HVAC system being used in accordance with the HVAC manufacturer's instructions and design specifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Is the HVAC system set to maximize the amount of fresh outdoor air that is supplied to the system within the system's capabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Are the HVAC outdoor air intakes clean, are they in good working order, and are they clear of obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Are the HVAC air filters that are installed rated at least Minimum Efficiency Reporting Value (MERV) 13, or the highest level compatible with the system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Are all air filters maintained and changed as necessary in accordance with the manufacturer's instructions for proper HVAC system function?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Are all air supply diffusers and return air grilles open, clean, and operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Are all existing AIIRs maintained in accordance with design and construction criteria?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Additional Ventilation Strategies (Best Practices) to Consider	YES	NO	Notes
○ Are windows and doors opened when ambient air quality and temperature allow, and if doing so would not pose other health or safety risks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Are automatic settings that reduce outside air intake disabled?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
○ Are HVAC system(s) operated at least two hours before people arrive and at least two hours after everyone has left in order to help flush the building?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

✓ **Cleaning and Disinfection in Your Workplace**

This section will assist you in implementing cleaning, disinfection, and hand hygiene measures at your workplace.

- In patient care areas, resident rooms, and for medical devices and equipment, employers must follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC’s “[COVID-19 Infection Prevention and Control Recommendations](#)” and CDC’s “[Guidelines for Environmental Infection Control](#),” pp. 86–103, 147-149. In all other areas, employers must clean high-touch surfaces and equipment at least once a day, following manufacturers’ instructions for application of cleaners; and clean and disinfect, in accordance with CDC’s “[Cleaning and Disinfecting Guidance](#)” any areas, materials, and equipment under the employer’s control that have likely been contaminated by a person who is COVID-19 positive and has been in the workplace within the last 24 hours.
- Employers must provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities.
- After aerosol-generating procedures (AGPs) are performed on persons with suspected or confirmed COVID-19, employers must clean and disinfect the surfaces and equipment in the room or area where the procedure was performed.

Have you taken these measures where/when possible?	YES	NO	Follow-up Action
○ Are patient care areas, resident rooms, and medical devices and equipment cleaned and disinfected in accordance with the CDC’s “ COVID-19 Infection Prevention and Control Recommendations ” and “ Guidelines for Environmental Infection Control ”?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you clean and disinfect areas, materials, and equipment (other than patient care areas, resident rooms, and medical devices and equipment) that have likely been contaminated by a person with COVID-19 who has been in the workplace within the last 24 hours in accordance with the CDC’s “ Cleaning and Disinfecting Guidance ”?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Where AGPs are conducted, do you clean and disinfect the surfaces and equipment in the room or area after the procedure is completed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Have you provided alcohol-based hand rub that is at least 60% alcohol or provided readily accessible handwashing facilities for employees, patients, visitors, customers, clients, and all other non-employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Outside of patient care areas and patient rooms, are high-touch surfaces and equipment (other than medical devices and equipment) cleaned at least once a day following manufacturers’ instructions for application of cleaners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ When disinfecting, do you use a disinfectant found on EPA’s List N ; Disinfectants for COVID-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

✓ Personal Protective Equipment (PPE) in Your Workplace

This section will assist you in providing PPE and implementing PPE policies at your workplace.

- Employers must: provide and ensure employees wear facemasks that are FDA-cleared, authorized by an FDA EUA, or otherwise offered or distributed as described in an FDA enforcement policy; ensure a facemask is worn by each employee over the nose and mouth when indoors and when occupying a vehicle with other people for work purposes (with some exceptions, e.g., when an employee is alone in a room); provide and ensure employees use respirators and other PPE for exposure to people with suspected or confirmed COVID-19 and for AGPs performed on a person with suspected or confirmed COVID-19; provide respirators and other PPE in accordance with Standard and Transmission-based Precautions in healthcare settings in accordance with CDC's "[Guidelines for Isolation Precautions](#)"; and allow employees to wear their own respirators instead of facemasks (under the mini respiratory protection program at 29 CFR 1910.504).
- **NOTE:** PPE requirements for employees with exposure to a person with suspected or confirmed COVID-19 and for AGPs on a person with suspected or confirmed COVID-19 are discussed in the **Job Task Inventory for Employees with Potential for Exposure to a Person with Confirmed or Suspected COVID-19** and **Job Hazard Analysis (Controls)** sections below.
- **NOTE:** The ETS exempts fully vaccinated workers from PPE requirements when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

The following questions apply when employees are required to wear employer-provided facemasks, respirators, or face shields:	YES	NO	Follow-up Action
○ Do you ensure facemasks are worn by employees over the nose and mouth when indoors and when occupying a vehicle with other people for work, unless one of the exceptions in the ETS applies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ When facemasks are required, have you provided to each employee a sufficient number of facemasks that are FDA-cleared, authorized by an FDA EUA, or otherwise offered or distributed as described in an FDA enforcement policy to comply with the ETS and ensure that they are changed by employees at least once a day, whenever they are soiled or damaged, and more frequently as necessary?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ If N95 respirators or a higher level of respiratory protection are provided to employees, are they: <ul style="list-style-type: none"> ○ used in accordance with the COVID-19 mini respiratory protection program (29 CFR 1910.504) when used in place of a facemask in situations when a respirator is not required by the ETS; or ○ used in accordance with the respiratory protection standard (29 CFR 1910.134) when a respirator is required by the ETS? 	<input type="checkbox"/>	<input type="checkbox"/>	n/a
○ For employees who are unable to wear facemasks (e.g., due to a disability), are face shields provided to employees and <ul style="list-style-type: none"> ○ certified to ANSI/ISEA Z87.1 (or do they cover the wearer's eyes, nose, and mouth, wrap around the face from temple to temple, and extend down below the wearer's chin)? ○ cleaned at least daily? ○ replaced when damaged? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Instead of a facemask, are employees permitted to wear their own respirator used in accordance with 29 CFR 1910.504 when a respirator is not required by the ETS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19

Use this **Job Task Inventory** and input from employees to identify any job tasks where employees have potential for exposure to a person with suspected or confirmed COVID-19.

Answer the following questions about employee exposure to COVID-19:	YES	NO	Follow-up / Notes
<input type="checkbox"/> Do employee(s) provide direct care to or are they otherwise exposed to people with suspected or confirmed COVID-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Do employee(s) perform or assist in performing AGPs on a person with suspected or confirmed COVID-19? The following medical procedures are considered AGPs: <ul style="list-style-type: none"> <input type="checkbox"/> open suctioning of airways <input type="checkbox"/> sputum induction <input type="checkbox"/> cardiopulmonary resuscitation <input type="checkbox"/> endotracheal intubation and extubation <input type="checkbox"/> non-invasive ventilation (e.g., BiPAP, CPAP) <input type="checkbox"/> bronchoscopy <input type="checkbox"/> manual ventilation <input type="checkbox"/> medical/surgical/postmortem procedures using oscillating bone saws <input type="checkbox"/> dental procedures involving: ultrasonic scalers; high-speed dental handpieces; air/water syringes; air polishing; and air abrasion 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

If you answered yes to any of the questions above, complete the table below indicating the location(s), number of workers, and job tasks and descriptions in which employees have potential for exposure to a person with suspected or confirmed COVID-19.

Location(s)	No. of Workers	Job Tasks and Descriptions
<i>For example: Surgical Suites</i>	5	<i>Perform or assist in surgical procedures using oscillating bone saws</i>
all	all	provide daily living skills (teaching & training)

Are there any well-defined areas of your workplace in which there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present? If yes, list here:

- *For example: employee break room*
-
-
-

Employee Job Hazard Analysis (Controls)

This form will help employers and their employees identify controls to implement to minimize potential employee exposure to COVID-19. Refer to the **Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing** as well as the **Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19** sections above to complete this form for every fixed work location or job task identified in these sections.

At least one non-managerial employee should provide input on this Job Hazard Analysis.

Employee Name(s), Position/Title, Shift

TIM BOWMAN, FISCAL/IT SPECIALIST ALL SHIFTS

Facility Location (e.g., campus, building number)

CRAWFORDSVILLE, FRANKFORT, ROSSVILLE, LAFAYETTE

Controls to implement (as appropriate and feasible) for employees outside of direct patient care areas who cannot maintain physical distancing

Fixed Work Location(s) (refer to table above):

Job Tasks and Descriptions:

- Work processes or procedures have been adjusted to ensure that employees are as far apart as feasible from other people.
How:
 - for example: using a lifting device instead of a co-worker
 - STAND LIFT
 - SHOWER CHAIR
- Physical barriers have been installed where physical distancing is not feasible.
NOTE: Physical barriers are not required in direct patient care areas or resident rooms. The ETS also exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present. Refer to list of well-defined areas above.
 - Between employees and other people where possible
 - Between co-worker workstations where possible
 - Barriers are at height and width to block face-to-face pathways between persons
 - Small pass-through openings for objects, if necessary, are located at the bottom of the barrier and away from users' breathing zones 8 INCH CIRCLE
 - Barriers are fixed or secured so they do not move excessively (secured to ground or surface; hanging barriers have bottoms secured)
 - Barriers are easily cleanable or disposable
 - Barrier cleaning supplies are stocked and conveniently located
 - Barriers do not block emergency exits and pathways

Controls to implement for employees with potential for exposure to a person with suspected or confirmed COVID-19

Controls for AGPs performed on a person with suspected or confirmed COVID-19:

- The number of employees present during the procedure is limited to only those essential for patient care and procedure support
- The procedure is performed in an AIIR, if available AIIR PRO
- All surfaces and equipment in the room or area where the procedure is performed are cleaned and disinfected after the procedure is completed

PPE:

The employer must provide a respirator, gloves, an isolation gown or protective clothing, and eye protection to each employee with exposure to people with suspected or confirmed COVID-19. The employer must ensure that the respirator is used in accordance with the respiratory protection standard (29 CFR 1910.134) and that other PPE is used in accordance with 29 CFR 1910 subpart I.

For AGPs performed on a person with suspected or confirmed COVID-19, employers are encouraged to select elastomeric respirators or PAPRs instead of filtering facepiece respirators.

Use this form for each healthcare job task (refer to table above) with potential exposure to COVID-19.

Description of Job Task	Employee Protections	Provided by Employer	Follow-up / Notes
<p><i>For example: A nurse in the ICU must enter the patient's room and draw three vials of blood once daily in the morning before breakfast.</i></p> <p><i>The patient is positive for COVID-19.</i></p> <p><i>The ICU nurses have been issued N95 respirators. ICU nurses wear FDA-authorized facemasks when not in a COVID-19 positive patient's room.</i></p> <p>DSP's</p>	Gloves	<input checked="" type="checkbox"/>	
	Isolation gown	<input checked="" type="checkbox"/>	
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy	<input checked="" type="checkbox"/>	When not wearing N95 respirator
	N95 respirator, or equivalent	<input checked="" type="checkbox"/>	
	Goggles or face shield	<input checked="" type="checkbox"/>	
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)	<input checked="" type="checkbox"/>	
	Other, specify: FOOTIES	<input checked="" type="checkbox"/>	
ALL FACILITIES	Gloves	<input checked="" type="checkbox"/>	
	Isolation gown	<input checked="" type="checkbox"/>	
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy	<input checked="" type="checkbox"/>	WHEN NOT WEARING N95
	N95 respirator, or equivalent	<input checked="" type="checkbox"/>	
	Goggles or face shield	<input checked="" type="checkbox"/>	
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)	<input checked="" type="checkbox"/>	
	Other, specify: FOOTIES	<input checked="" type="checkbox"/>	
	Gloves		
	Isolation gown		
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy		
	N95 respirator, or equivalent		
	Goggles or face shield		
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)		
	Other, specify:		

Controls to implement for contact with other people while occupying a vehicle for work

Identify the protective measures taken when employees occupy a vehicle with another person for work purposes.

- Required by the ETS:
- Facemasks are worn over the nose and mouth
 - Clean high-touch surfaces daily (e.g., steering wheel, door handles, seats)
- Best practices for employee protection:
- Use fan at highest setting
 - DO NOT use "Recirculate" for cabin heating/cooling
 - Open window(s) whenever weather permits
 - Separate workers as much as possible in the vehicle (e.g., avoid having persons sit side-by-side)

Action Items from Job Hazard Analysis:	Follow up to Action Items:

✓ Implementing a COVID-19 Training Program

Ensure that all employees receive training, in a language and at a literacy level that they can understand.

Have you trained each employee on COVID-19 health hazards including providing information about:	YES	NO	Follow-up Action
<input type="checkbox"/> How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> The importance of hand hygiene to reduce the risk of spreading COVID-19 infections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ways to reduce the risk of spreading COVID-19 through the proper covering of the nose and mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> The signs and symptoms of COVID-19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> The risk factors for severe illness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> When to seek medical attention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Have you reviewed your COVID-19 plan, policies, and procedures with your employees, including:			
<input type="checkbox"/> Where to find the plan, and how to obtain copies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Name(s) and Contact(s) of the COVID-19 Safety Coordinator(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> The completed Workplace Checklist, Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing, Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19, and the Employee Job Hazard Analysis (Controls) , and how to obtain copies of each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific policies and procedures on patient screening and management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tasks and situations in the workplace that could result in COVID-19 infection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace	<input type="checkbox"/>	<input type="checkbox"/>	n/a
<input type="checkbox"/> Your specific policies and procedures for PPE for your workplace including: <ul style="list-style-type: none"> o When PPE is required for protection against COVID-19 o Limitations of PPE for protection against COVID-19 o How to properly put on, wear, and take off PPE o How to properly care for, store, clean, maintain, and dispose of PPE o Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific policies and procedures for cleaning and disinfection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific policies and procedures on health screening and medical management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws; and other supportive policies and practices (e.g., telework, flexible hours)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Training Requirements / Notes:

Employee Representative Name and Date:

COVID-19 Safety Coordinator Name and Date:

COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis



OSHA COVID-19 Healthcare Worksite Checklist

- Employers in settings where employees provide healthcare services or healthcare support services may use the following Worksite Checklist to implement worker protections from COVID-19 in compliance with the OSHA COVID-19 Healthcare Emergency Temporary Standard (ETS).
- If employers choose to use this Worksite Checklist, there are 2 STEPS to complete:
 - STEP 1: Determine if OSHA’s COVID-19 Healthcare ETS applies to your workplace or portions of your workplace.
 - STEP 2: Use this Worksite Checklist to develop and implement worker protections from COVID-19 in your workplace.

STEP 1: Determine if the ETS applies to your workplace or portions of your workplace.

You may use the “[Is your workplace covered by the COVID-19 Healthcare ETS?](#)” flow chart to determine whether and how OSHA’s COVID-19 Healthcare ETS applies to your workplace. Note that this determination must be made for each workplace where your employees work.

STEP 2: If the ETS applies to your workplace or portions of your workplace, use this Worksite Checklist & Employee Job Hazard Analysis to develop and implement worker protections from COVID-19 in your workplace.

Use the sections of this Worksite Checklist & Employee Job Hazard Analysis that apply to your workplace or portions of your workplace to develop and implement worker protections from COVID-19. This checklist is intended to be used alongside OSHA’s [COVID-19 Plan Template](#) to help you develop and implement a COVID-19 plan, as required by the ETS, for your workplace. Seek the involvement of non-managerial employees and their representatives in completing this checklist and implementing the COVID-19 plan.

✓ Getting Started

Take these steps to get your workplace ready and ensure you have implemented policies and procedures to prevent the spread of COVID-19. Some specific controls against COVID-19 and a job hazard analysis are covered in the sections that follow.	YES	NO	Follow-up Action
○ Do you have a COVID-19 plan that was developed in consultation with non-managerial employees?	<input type="checkbox"/>	<input type="checkbox"/>	
○ If you are claiming exemption under 1910.502(a)(4) from providing controls for fully vaccinated employees in a well-defined area(s) of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, do you have policies and procedures in place to determine employees’ vaccination status?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Have you shared your COVID-19 plan with all other employers at your worksite(s) and coordinated to ensure all workers are protected?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Do you have policies to limit and monitor points of entry in settings where direct patient care is provided? <i>(Note: Does not apply where emergency responders or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a policy to screen and triage all clients, patients, residents, delivery people, visitors, and other non-employees entering settings where direct patient care is provided for people who may have symptoms of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	



Take these steps to get your workplace ready and ensure you have implemented policies and procedures to prevent the spread of COVID-19. Some specific controls against COVID-19 and a job hazard analysis are covered in the sections that follow.	YES	NO	Follow-up Action
○ Do you have a health screening protocol for screening employees before each work day and each shift?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a log for recording all employee instances of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a policy that requires employees to notify you when they are COVID-19 positive or have been told by a licensed healthcare provider that they are suspected of having COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Does the policy require employees to notify you if they are experiencing COVID-19 like symptoms including: <ul style="list-style-type: none"> ▪ A recent loss of taste and/or smell with no other explanation ▪ A fever of at least 100.4°F with a new unexplained cough associated with shortness of breath 	<input type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a policy to notify employees within 24 hours, if required to do so, when they have been exposed (through close contact or by working in the same well-defined portion of a workplace during a person’s potential transmission period) to a COVID-19 positive person who has been in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a policy for employee COVID-19 testing, including providing time off and payment for the test? (Note: employers are not required to conduct testing)	<input type="checkbox"/>	<input type="checkbox"/>	
○ Do you have policies to remove employees who have COVID-19, are suspected to have COVID-19, are experiencing certain symptoms of COVID-19, or have been in close contact with a COVID-19 positive person in the workplace, until they can return as provided for by the standard, and, for employers with more than 10 employees, to provide medical removal protection benefits to such employees where required to do so (see OSHA’s ETS Notification, Removal, and Return to Work Flow Chart for Employers and Employees)?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Do you have policies and procedures for adhering to Standard and Transmission-Based Precautions in accordance with CDC’s “ Guidelines for Isolation Precautions ”?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Have you considered the use of telehealth services where available and appropriate in order to limit the number of people entering the facility? (Note: employers are not required to, but are encouraged to, use telehealth where available and appropriate.)	<input type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a plan to support COVID-19 vaccination by providing each employee reasonable time and paid leave for vaccination and any side effects experienced following vaccination? <i>(Note: Eligible employers, including businesses and tax-exempt organizations with fewer than 500 employees, can receive a tax credit for providing paid time off for each employee receiving the vaccine and for any time needed to recover from the vaccine. See www.irs.gov/newsroom/american-rescue-plan-tax-credits-available-to-small-employers-to-provide-paid-leave-to-employees-receiving-covid-19-vaccines-new-fact-sheet-outlines-details)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

Identify COVID-19 Safety Coordinators to ensure compliance with all aspects of the COVID-19 plan.		
Name:	Position/Title/Campus:	Contact Information:

✓ Physical Distancing in your Workplace

This section will assist you in implementing physical distancing measures at your workplace.

- Employers must ensure that employees are separated from other people by at least 6 feet when indoors, and install cleanable or disposable solid barriers at fixed work locations outside of direct patient care areas where each employee is not separated from other people by at least 6 feet, unless the employer can demonstrate that these measures are infeasible. Refer to the **Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing** and the **Job Hazard Analysis (Controls)** sections below.
- In evaluating how to implement physical distancing, employers should consider these measures as they build their COVID-19 plans.
- Employers must implement physical distancing along with the other provisions required by the ETS as part of a multi-layered strategy to minimize employee exposure to COVID-19.
- **NOTE:** The ETS exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

Have you considered these measures when/where possible?	YES	NO	Follow-up Action
<ul style="list-style-type: none"> ○ Have you taken steps to reduce crowding in facilities by asking patients to remain outside if feasible until they are called into the facility for their appointment? <i>For example: Vehicle waiting area in parking lot, open air triage tents and booths, etc.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have you limited visitors to the facility to only those essential for the patient's physical or emotional well-being and care, and restricted their visits to the patient's room or other designated areas? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have you implemented teleworking options? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Are physical distancing floor markers and/or visible wall signs in place to remind employees, patients, visitors, customers, clients, and all other non-employees to maintain a minimum distance of 6 feet between them? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have you reconfigured the work environment to ensure physical distancing? <i>For example: Spacing out desks, etc.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have conference rooms and break area furnishings (tables, chairs, desks) been adjusted to maintain physical distancing? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have you installed cleanable or disposable solid barriers at each fixed work location outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy windows, bill payment) where each employee is not separated from all other people by at least 6 feet of distance? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have work shifts and break times been staggered to reduce crowding in common employee areas? <i>For example: Breakrooms, locker rooms, etc.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have you taken steps to minimize the number of people within choke points (bottlenecks) at any time to ensure a minimum distance of 6 feet can be maintained between them and reduce crowding? <i>For example: Outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, pharmacy windows, bill payment).</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have you designated pickup/drop-off delivery areas away from high traffic areas? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have you used scheduling to separate workers into dedicated groups (i.e. "bubbles" or "cohorts") to work the same shift or work in a particular area to reduce the number of individuals that each worker encounters? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have contactless payment systems been established? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have contactless scheduling systems been established? 	<input type="checkbox"/>	<input type="checkbox"/>	

✓ Ventilation in Your Workplace

This section will assist you in improving ventilation at your workplace.

- Employers who own or control buildings or structures with an existing heating, ventilation, and air conditioning (HVAC) system(s) must ensure that the HVAC system(s) is used in accordance with manufacturer's instructions and the design specifications of the system(s); the amount of outside air circulated through the system(s) and the number of air changes per hour are maximized to the extent appropriate; air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); air filters are maintained and replaced as necessary; intake ports are cleaned, maintained, and cleared of debris; and airborne infection isolation rooms (AIIRs) are maintained and operated in accordance with their design and construction criteria.
- **Does your workplace have a HVAC system that you own or control?**
- **Who is responsible for maintaining the HVAC system(s) and can certify that it is operating in accordance with the ventilation provisions of the OSHA COVID-19 ETS?**
(e.g., Maintenance staff, HVAC service contractor)

Name/Contact Information:

Have you taken these measures where/when possible?	YES	NO	Follow-up Action
○ Is the HVAC system being checked, inspected, cleaned, and maintained on a regularly scheduled basis?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Is the HVAC system being used in accordance with the HVAC manufacturer's instructions and design specifications?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Is the HVAC system set to maximize the amount of fresh outdoor air that is supplied to the system within the system's capabilities?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Are the HVAC outdoor air intakes clean, are they in good working order, and are they clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Are the HVAC air filters that are installed rated at least Minimum Efficiency Reporting Value (MERV) 13, or the highest level compatible with the system?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Are all air filters maintained and changed as necessary in accordance with the manufacturer's instructions for proper HVAC system function?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Are all air supply diffusers and return air grilles open, clean, and operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Are all existing AIIRs maintained in accordance with design and construction criteria?	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Ventilation Strategies (Best Practices) to Consider	YES	NO	Notes
○ Are windows and doors opened when ambient air quality and temperature allow, and if doing so would not pose other health or safety risks?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Are automatic settings that reduce outside air intake disabled?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Are HVAC system(s) operated at least two hours before people arrive and at least two hours after everyone has left in order to help flush the building?	<input type="checkbox"/>	<input type="checkbox"/>	

✓ **Cleaning and Disinfection in Your Workplace**

This section will assist you in implementing cleaning, disinfection, and hand hygiene measures at your workplace.

- In patient care areas, resident rooms, and for medical devices and equipment, employers must follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC’s “[COVID-19 Infection Prevention and Control Recommendations](#)” and CDC’s “[Guidelines for Environmental Infection Control](#),” pp. 86–103, 147-149. In all other areas, employers must clean high-touch surfaces and equipment at least once a day, following manufacturers’ instructions for application of cleaners; and clean and disinfect, in accordance with CDC’s “[Cleaning and Disinfecting Guidance](#)” any areas, materials, and equipment under the employer’s control that have likely been contaminated by a person who is COVID-19 positive and has been in the workplace within the last 24 hours.
- Employers must provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities.
- After aerosol-generating procedures (AGPs) are performed on persons with suspected or confirmed COVID-19, employers must clean and disinfect the surfaces and equipment in the room or area where the procedure was performed.

Have you taken these measures where/when possible?	YES	NO	Follow-up Action
○ Are patient care areas, resident rooms, and medical devices and equipment cleaned and disinfected in accordance with the CDC’s “ COVID-19 Infection Prevention and Control Recommendations ” and “ Guidelines for Environmental Infection Control ”?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Do you clean and disinfect areas, materials, and equipment (other than patient care areas, resident rooms, and medical devices and equipment) that have likely been contaminated by a person with COVID-19 who has been in the workplace within the last 24 hours in accordance with the CDC’s “ Cleaning and Disinfecting Guidance ”?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Where AGPs are conducted, do you clean and disinfect the surfaces and equipment in the room or area after the procedure is completed?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Have you provided alcohol-based hand rub that is at least 60% alcohol or provided readily accessible handwashing facilities for employees, patients, visitors, customers, clients, and all other non-employees?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Outside of patient care areas and patient rooms, are high-touch surfaces and equipment (other than medical devices and equipment) cleaned at least once a day following manufacturers’ instructions for application of cleaners?	<input type="checkbox"/>	<input type="checkbox"/>	
○ When disinfecting, do you use a disinfectant found on EPA’s List N ; Disinfectants for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	

✓ Personal Protective Equipment (PPE) in Your Workplace

This section will assist you in providing PPE and implementing PPE policies at your workplace.

- Employers must: provide and ensure employees wear facemasks that are FDA-cleared, authorized by an FDA EUA, or otherwise offered or distributed as described in an FDA enforcement policy; ensure a facemask is worn by each employee over the nose and mouth when indoors and when occupying a vehicle with other people for work purposes (with some exceptions, e.g., when an employee is alone in a room); provide and ensure employees use respirators and other PPE for exposure to people with suspected or confirmed COVID-19 and for AGPs performed on a person with suspected or confirmed COVID-19; provide respirators and other PPE in accordance with Standard and Transmission-based Precautions in healthcare settings in accordance with CDC’s “[Guidelines for Isolation Precautions](#)”; and allow employees to wear their own respirators instead of facemasks (under the mini respiratory protection program at 29 CFR 1910.504).
- **NOTE:** PPE requirements for employees with exposure to a person with suspected or confirmed COVID-19 and for AGPs on a person with suspected or confirmed COVID-19 are discussed in the **Job Task Inventory for Employees with Potential for Exposure to a Person with Confirmed or Suspected COVID-19** and **Job Hazard Analysis (Controls)** sections below.
- **NOTE:** The ETS exempts fully vaccinated workers from PPE requirements when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

The following questions apply when employees are required to wear employer-provided facemasks, respirators, or face shields:

YES NO Follow-up Action

- Do you ensure facemasks are worn by employees over the nose and mouth when indoors and when occupying a vehicle with other people for work, unless one of the exceptions in the ETS applies? YES NO

- When facemasks are required, have you provided to each employee a sufficient number of facemasks that are FDA-cleared, authorized by an FDA EUA, or otherwise offered or distributed as described in an FDA enforcement policy to comply with the ETS and ensure that they are changed by employees at least once a day, whenever they are soiled or damaged, and more frequently as necessary? YES NO

- If N95 respirators or a higher level of respiratory protection are provided to employees, are they:
 - used in accordance with the COVID-19 mini respiratory protection program (29 CFR 1910.504) when used in place of a facemask in situations when a respirator is not required by the ETS; or YES NO
 - used in accordance with the respiratory protection standard (29 CFR 1910.134) when a respirator is required by the ETS?

- For employees who are unable to wear facemasks (e.g., due to a disability), are face shields provided to employees and
 - certified to ANSI/ISEA Z87.1 (or do they cover the wearer’s eyes, nose, and mouth, wrap around the face from temple to temple, and extend down below the wearer’s chin)? YES NO
 - cleaned at least daily?
 - replaced when damaged?

- Instead of a facemask, are employees permitted to wear their own respirator used in accordance with 29 CFR 1910.504 when a respirator is not required by the ETS? YES NO

Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing

Use this **Fixed Work Location and Job Task Inventory** and input from employees to identify any fixed work locations outside of direct patient care areas where employees cannot maintain at least 6 feet of physical distancing from all other people when indoors. Direct patient care means hands-on, face-to-face contact with patients for the purpose of diagnosis, treatment, and monitoring.

Note: The ETS exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

Fixed work locations are workstations where an employee is assigned to work for significant periods of time. Protective measures can often be implemented at fixed workstations to minimize potential exposure to COVID-19.

- Take an inventory of all fixed work locations outside of direct patient care areas where employees cannot maintain 6 feet of physical distance from all other people. Note the number of workers at each location.
For example: 5 administrative employees work at an outpatient medical office with fixed work locations at:
 - *The reception area*
 - *Employee desk area not in direct patient care areas*

- For each fixed work location, describe the job tasks where employees cannot maintain 6 feet of physical distance from all other people.
For example: For the outpatient medical office:
 - *2 employees in the reception area interact with patients, families, and the public to conduct administrative tasks at the reception desk*
 - *3 employees work at their desks not in direct patient care areas*

Fixed Work Location		No. of Workers	Job Tasks and Descriptions
<i>For example: Outpatient medical office</i>	<i>The reception area</i>	<i>2</i>	<i>Interact with patients, families, and the public to conduct administrative tasks at the reception desk</i>
	<i>Employee desk area</i>	<i>3</i>	<i>Work at their desks not in direct patient care areas</i>

Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19

Use this **Job Task Inventory** and input from employees to identify any job tasks where employees have potential for exposure to a person with suspected or confirmed COVID-19.

Answer the following questions about employee exposure to COVID-19:	YES	NO	Follow-up / Notes
<input type="checkbox"/> Do employee(s) provide direct care to or are they otherwise exposed to people with suspected or confirmed COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Do employee(s) perform or assist in performing AGPs on a person with suspected or confirmed COVID-19? The following medical procedures are considered AGPs: <ul style="list-style-type: none"> <input type="checkbox"/> open suctioning of airways <input type="checkbox"/> sputum induction <input type="checkbox"/> cardiopulmonary resuscitation <input type="checkbox"/> endotracheal intubation and extubation <input type="checkbox"/> non-invasive ventilation (e.g., BiPAP, CPAP) <input type="checkbox"/> bronchoscopy <input type="checkbox"/> manual ventilation <input type="checkbox"/> medical/surgical/postmortem procedures using oscillating bone saws <input type="checkbox"/> dental procedures involving: ultrasonic scalers; high-speed dental handpieces; air/water syringes; air polishing; and air abrasion 	<input type="checkbox"/>	<input type="checkbox"/>	

If you answered yes to any of the questions above, complete the table below indicating the location(s), number of workers, and job tasks and descriptions in which employees have potential for exposure to a person with suspected or confirmed COVID-19.

Location(s)	No. of Workers	Job Tasks and Descriptions
<i>For example: Surgical Suites</i>	5	<i>Perform or assist in surgical procedures using oscillating bone saws</i>

Are there any well-defined areas of your workplace in which there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present? If yes, list here:

- *For example: employee break room*
-
-
-

Employee Job Hazard Analysis (Controls)

This form will help employers and their employees identify controls to implement to minimize potential employee exposure to COVID-19. Refer to the **Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing** as well as the **Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19** sections above to complete this form for every fixed work location or job task identified in these sections.

At least one non-managerial employee should provide input on this Job Hazard Analysis.

Employee Name(s), Position/Title, Shift

Facility Location (e.g., campus, building number)

Controls to implement (as appropriate and feasible) for employees outside of direct patient care areas who cannot maintain physical distancing

Fixed Work Location(s) (refer to table above):

Job Tasks and Descriptions:

- Work processes or procedures have been adjusted to ensure that employees are as far apart as feasible from other people.

How:

- *for example: using a lifting device instead of a co-worker*
-
-

- Physical barriers have been installed where physical distancing is not feasible.

NOTE: Physical barriers are not required in direct patient care areas or resident rooms. The ETS also exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present. Refer to list of well-defined areas above.

- Between employees and other people where possible
- Between co-worker workstations where possible
- Barriers are at height and width to block face-to-face pathways between persons
- Small pass-through openings for objects, if necessary, are located at the bottom of the barrier and away from users' breathing zones
- Barriers are fixed or secured so they do not move excessively (secured to ground or surface; hanging barriers have bottoms secured)
- Barriers are easily cleanable or disposable
 - Barrier cleaning supplies are stocked and conveniently located
- Barriers do not block emergency exits and pathways

Controls to implement for employees with potential for exposure to a person with suspected or confirmed COVID-19

Controls for AGPs performed on a person with suspected or confirmed COVID-19:

- The number of employees present during the procedure is limited to only those essential for patient care and procedure support
- The procedure is performed in an AIIR, if available
- All surfaces and equipment in the room or area where the procedure is performed are cleaned and disinfected after the procedure is completed

PPE:

The employer must provide a respirator, gloves, an isolation gown or protective clothing, and eye protection to each employee with exposure to people with suspected or confirmed COVID-19. The employer must ensure that the respirator is used in accordance with the respiratory protection standard (29 CFR 1910.134) and that other PPE is used in accordance with 29 CFR 1910 subpart I.

For AGPs performed on a person with suspected or confirmed COVID-19, employers are encouraged to select elastomeric respirators or PAPRs instead of filtering facepiece respirators.

Use this form for each healthcare job task (refer to table above) with potential exposure to COVID-19.

Description of Job Task	Employee Protections	Provided by Employer	Follow-up / Notes
<p><i>For example: A nurse in the ICU must enter the patient's room and draw three vials of blood once daily in the morning before breakfast.</i></p> <p><i>The patient is positive for COVID-19.</i></p> <p><i>The ICU nurses have been issued N95 respirators. ICU nurses wear FDA-authorized facemasks when not in a COVID-19 positive patient's room.</i></p>	Gloves	x	
	Isolation gown	x	
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy	x	<i>When not wearing N95 respirator</i>
	N95 respirator, or equivalent	x	
	Goggles or face shield	x	
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)		
	Other, specify:		
	Gloves		
	Isolation gown		
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy		
	N95 respirator, or equivalent		
	Goggles or face shield		
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)		
	Other, specify:		
	Gloves		
	Isolation gown		
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy		
	N95 respirator, or equivalent		
	Goggles or face shield		
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)		
	Other, specify:		

Controls to implement for contact with other people while occupying a vehicle for work

Identify the protective measures taken when employees occupy a vehicle with another person for work purposes.

Required by the ETS:

- Facemasks are worn over the nose and mouth
- Clean high-touch surfaces daily (e.g., steering wheel, door handles, seats)

Best practices for employee protection:

- Use fan at highest setting
- DO NOT use "Recirculate" for cabin heating/cooling
- Open window(s) whenever weather permits
- Separate workers as much as possible in the vehicle (e.g., avoid having persons sit side-by-side)

Action Items from Job Hazard Analysis:	Follow up to Action Items:

✓ Implementing a COVID-19 Training Program

Ensure that all employees receive training, in a language and at a literacy level that they can understand.

Have you trained each employee on COVID-19 health hazards including providing information about:	YES	NO	Follow-up Action
<input type="checkbox"/> How COVID-19 is transmitted (<i>including pre-symptomatic and asymptomatic transmission</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> The importance of hand hygiene to reduce the risk of spreading COVID-19 infections	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ways to reduce the risk of spreading COVID-19 through the proper covering of the nose and mouth	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> The signs and symptoms of COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> The risk factors for severe illness	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> When to seek medical attention	<input type="checkbox"/>	<input type="checkbox"/>	
Have you reviewed your COVID-19 plan, policies, and procedures with your employees, including:			
<input type="checkbox"/> Where to find the plan, and how to obtain copies	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Name(s) and Contact(s) of the COVID-19 Safety Coordinator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> The completed Workplace Checklist, Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing, Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19, and the Employee Job Hazard Analysis (Controls) , and how to obtain copies of each	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific policies and procedures on patient screening and management	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tasks and situations in the workplace that could result in COVID-19 infection	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific policies and procedures for PPE for your workplace including: <ul style="list-style-type: none"> o When PPE is required for protection against COVID-19 o Limitations of PPE for protection against COVID-19 o How to properly put on, wear, and take off PPE o How to properly care for, store, clean, maintain, and dispose of PPE o Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19 	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific policies and procedures for cleaning and disinfection	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific policies and procedures on health screening and medical management	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws; and other supportive policies and practices (<i>e.g., telework, flexible hours</i>)	<input type="checkbox"/>	<input type="checkbox"/>	

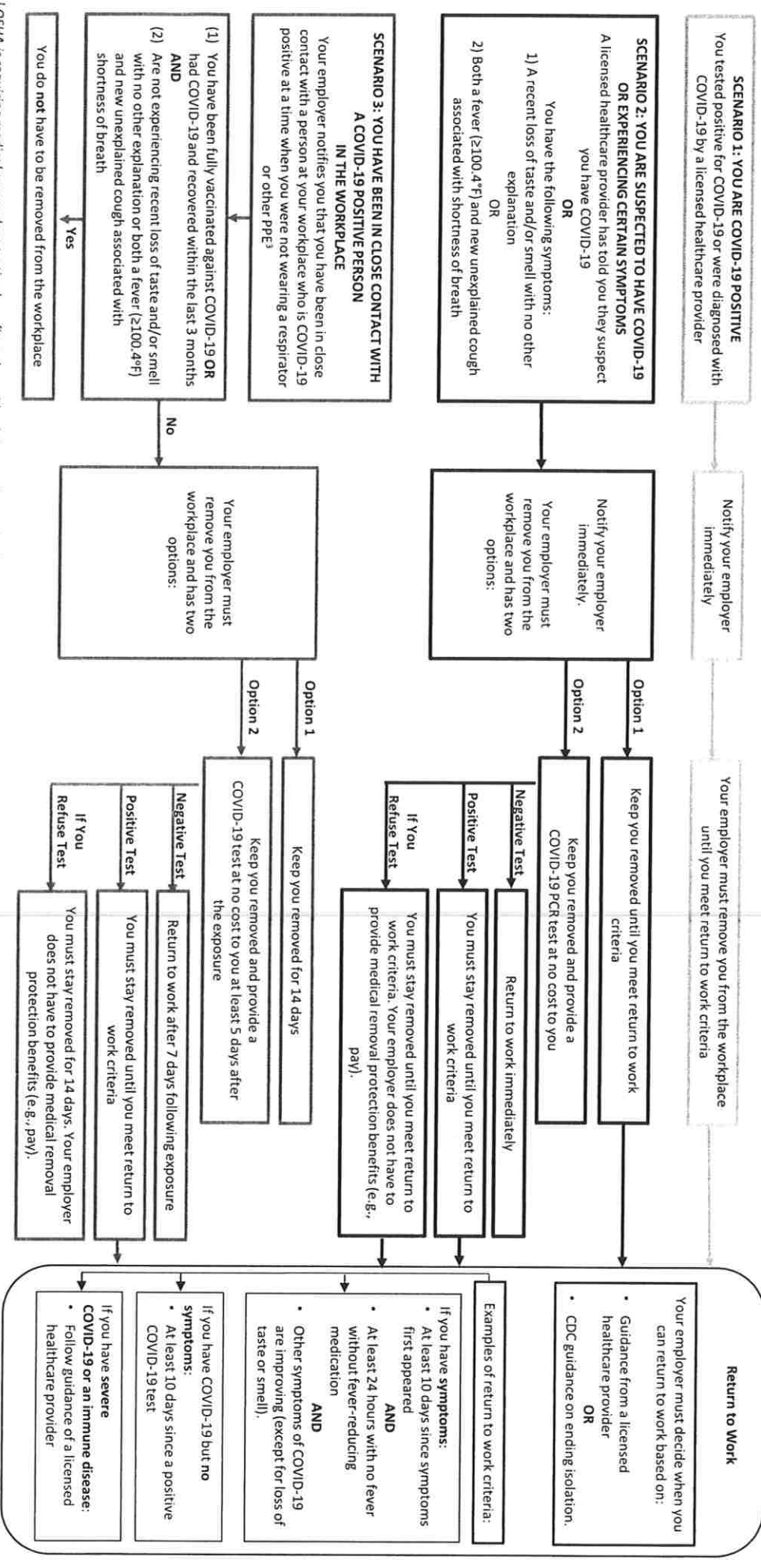
Training Requirements / Notes:

Employee Representative Name and Date:

COVID-19 Safety Coordinator Name and Date:

ETS Guidance for Employees – Notification to Employer and Paid¹ Medical Removal for COVID-19

This flow chart explains when you need to notify your employer about COVID-19-related issues, when your employer must notify you about COVID-19 exposures in the workplace, and when your employer must remove you from the workplace.²



Return to Work

Your employer must decide when you can return to work based on:

- Guidance from a licensed healthcare provider
- OR
- CDC guidance on ending isolation.

Examples of return to work criteria:

- If you have **symptoms**: At least 10 days since symptoms first appeared
- AND**
- At least 24 hours with no fever without fever-reducing medication
- AND**
- Other symptoms of COVID-19 are improving (except for loss of taste or smell).

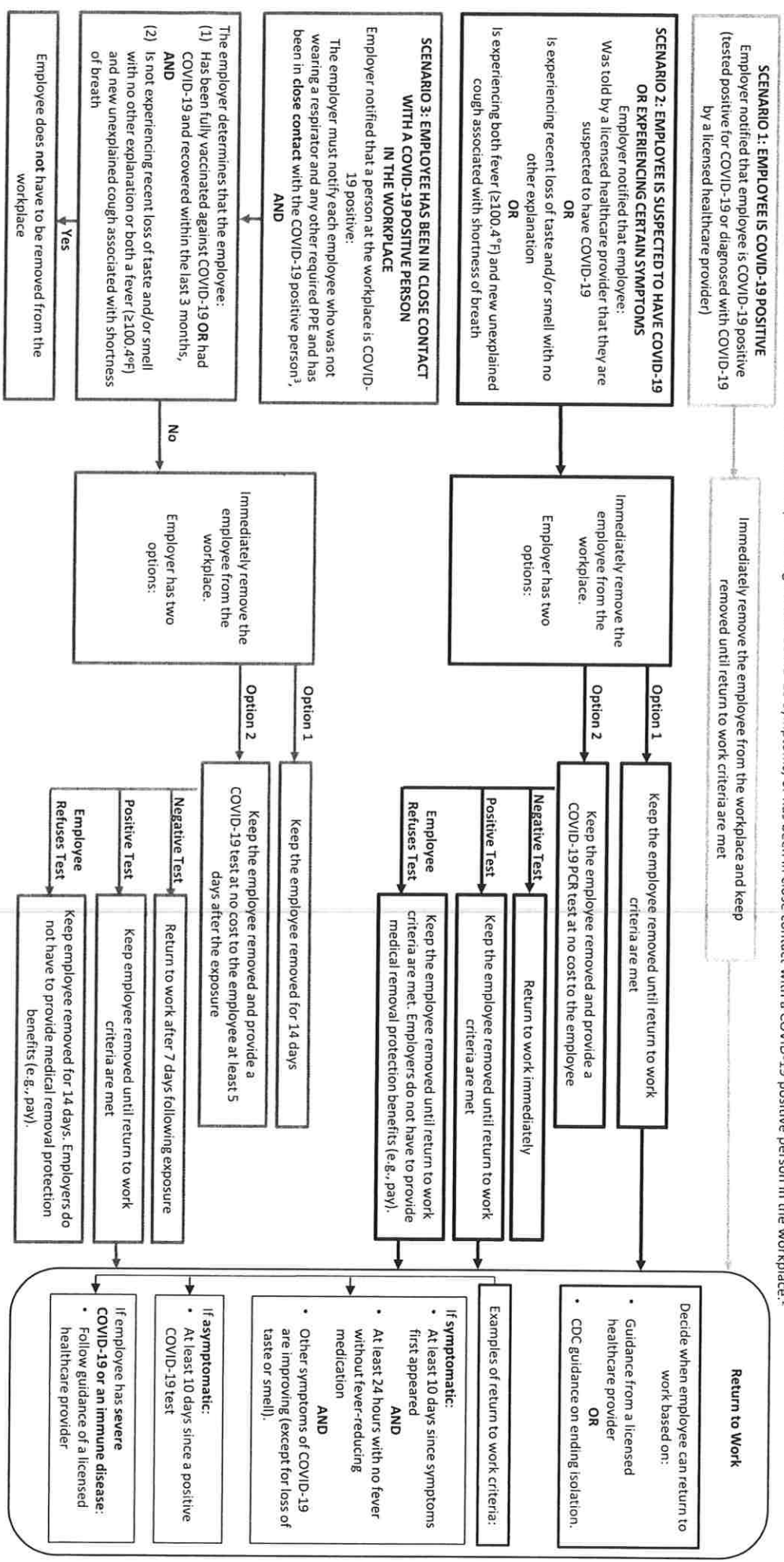
AND

- If you have COVID-19 but no symptoms: At least 10 days since a positive COVID-19 test
- If you have **severe COVID-19 or an immune disease**: Follow guidance of a licensed healthcare provider

¹ OSHA is requiring medical removal protection benefits to be paid only by employers that have more than 10 employees.
² Your employer may choose to remove or test you for other COVID-19-related reasons not required by the ETS (e.g., additional symptoms from the CDC list or exposure to someone who is COVID-19 positive outside the workplace).
³ Your employer is not required to notify you following exposure to a patient with confirmed COVID-19 if you work in a place where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities).

ETS Compliance Guidance for Employers – Paid¹ Medical Removal of Employees and Return to Work

This flow chart explains the steps that employers must take when notified that an employee is COVID-19 positive, told by a licensed healthcare provider that they are suspected to have COVID-19 or is experiencing certain COVID-19 symptoms, or has been in close contact with a COVID-19 positive person in the workplace.²



¹ OSHA is requiring medical removal protection benefits to be paid only by employers that have more than 10 employees.
² Employers may choose to remove or test employees for other COVID-19-related reasons not required by the ETS (e.g., additional symptoms from the CDC list or exposure to someone who is COVID-19 positive outside the workplace).
³ This notification provision is not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities).

COVID-19 2020 Re-open plan version 4.0

Slow and methodic opening of our programs in 7-14 day increments, in order to work to ensure the health and safety of the individuals we serve along with the staff who are caring for them. Plans have been put in place with a pure heart and sincere intentions not to punish, but to protect each and every member of the ASI family.

February 2021 Statement: ASI is a teaching and training facility and as this National Health Crisis continues with no immediate end in sight, we have decided it is as safe as possible to begin to teach our individuals served how to live and work in this changing environment. We will begin to open things up in a slower/smaller fashion allowing for time for individuals to learn the new normal. If an individual is deemed as not able to follow COVID protocol – they will need to remain in a sheltering/safe space and remedial teaching and training will continue as needed with the hope that with a little more in depth assistance we will be able to get them back in the community appropriately as soon as possible.

Crawfordsville Opening Timeline (dates are assumed based on information from the Governor at time of writing)

June 1 – Return Caregiver (FKA-Houston Group Home) clients only – 22 consumers, 3 staff, staff available-3

June 15 – Add Family support WITHOUT transportation – 33 consumers, 4 staff, staff available-4

June 29 – Add waiver – 49 consumers, 13 staff, staff available-13

July 27 – Add OBRA **– 65 consumers, 13 staff, staff available-13

Aug 17 – Add transportation (to and from program only) with 2 buses and 2 routes as needed

Aug 17 – Add Community Hab

*contingent upon social distancing rules and our ability to add to our fleet

** as long as there is a significant decrease in cases locally and the team is ALL in agreeance

Frankfort Opening Timeline (dates are assumed based on information from the Governor at time of writing)

June 1 – Return Rossville, Maplewood, and Earl along with 1 waiver site– 23 consumers, 3 staff, staff available-3

June 15 – Add Family support WITHOUT transportation – 33 consumers, 4 staff, staff available-4

Aug 10 – Soft re-entry in to providing transportation (to and from program only) with 1 bus and 1 route

Aug 17 – Add Community Hab

*contingent upon social distancing rules and our ability to add to our fleet

For the unforeseen future we will be implementing:

- Temperature will be checked 3 times a day (upon entrance, at lunch, upon leaving for the day) and documented for both staff and individuals served. The person screening will be required to wear gloves and a mask during this process. Screening is to be completed in privacy and by using proper social distancing. At this same time a COVID questionnaire will need to be completed that shows all the positive results. Questionnaire will ask but not limited to: Have you been exposed to someone with Covid-19? Have you had a fever, dry cough or trouble breathing, chills, sore throat, fatigue, muscle aches, headache, loss of taste or smell, nausea, diarrhea and/or chest congestion in the last 3 days? If someone would refuse to allow staff to complete the screening - they will be turned away immediately without the ability to gain access to our facility. Clean masks will need to be present with each person and documented upon entry. If during this screening process anyone in the home has a fever, the entire home will need to return home for additional medical assessments. If decided the fever is not related to COVID-19, NO ONE can return until they have been 3 days fever free without the use of fever reducing medications
- Health screening areas will be located within the building at the following areas:
 - o Cville front entrance – ADMIN STAFF ONLY
 - o Cville side consumer entrance – CONSUMER and PROGRAM STAFF ONLY
 - o Cville north entrance – MUSIC THERAPY ONLY
 - o Frankfort front entrance- ADMIN STAFF ONLY
 - o Frankfort side consumer entrance – CONSUMER, MUSIC THERAPY, and PROGRAM STAFF ONLY
- Transportation drop off locations:
 - o Consumers – Side door to be able to enter programming
 - o Staff – Front door to be able to enter administration
- Social distancing measures will be maintained as best as we can by adding additional square footage for programming. Breaks and lunch will need to occur at their work station.

- Face masks will be required to be worn properly at all times unless in a room or office alone. The masks needs to either be new or in clean condition daily and if they become soiled need to be changed immediately.
- Handwashing will continue to be added into programming throughout the day as well as during breaks and lunch. Additional portable hand washing stations have been purchased and will be placed in areas where distance to water might cause someone to not wash as often.
- Our building will remain closed until the National Health Emergency has been declared over- Visitors to our building will be restricted to only essential day-to-day personnel and anyone needed to maintain the safety of the facility. All visitors must sign in and out and have a temp check before proceeding. Anyone that is not considered essential but feels they need to gain access to the building will need to be pre-approved by the CEO and will be EXTREMELY limited.
- All meetings with outside personnel must be conducted virtually. ASI will provide assistance wherever needed to make this as effortless as possible.
- Restrooms will be limited to 1 person at a time and signs will be posted as a reminder
- All food will need to be brought in ready to eat (already prepared and cut in to proper portions) in disposable packaging (ex. Sandwich in zip lock bag and lunch in brown paper bag; lunch boxes if absolutely required due to behaviors) – NO MICROWAVES WILL BE AVAILABLE THROUGH THE END OF

2020. Starting February 1, 2021 Microwaves will be available and lunch will return to pre-pandemic procedures (minus social distancing). Teaching and training will be increased to train each individual to sanitize the microwaves before and after each use to ensure enhanced daily living skills during the National Health Emergency.

- Our Country Store/Gem City will re-open on September 8, 2020 at both locations. We will use an alphabetical system to call groups to line up in order to lesson the number of people waiting in line at once. 6ft social distancing markers will be placed on the floor to assist with the reminders.
- Cooking labs WILL BEGIN AGAIN February 1, 2021. This will be on a limited basis. A scaled down cooking lab will be scheduled up to 2 days a week. A calendar will be created noting what item will be reviewed during each lab. An individual can sign up for the lab of their chose but labs will be limited to 2 participants at a time.. The monthly calendar will be the same for 3 months at a time to ensure everyone gets the opportunity to sign up for what interests them the most.
HOLIDAY MEALS AND PARTIES will also resume February 1, 2021 but with a few changes. Any food items that are brought in MUST be store bought, single serve, and pre-packaged (think snack size packages of M&M's for Valentine's Day or single serve bags of pretzels)
- With the re-entry in to transportation, each vehicle will be sanitized before and after each route following CDC guidelines including a recommended solution containing at least 80% alcohol.
- Staff and all new hires will be trained on and include a competency test for the following:
 - Social distancing
 - Isolation area per site
 - Cleaning routine
 - Client rights during the public health emergency
 - Storage and handling of chemicals and procedures if ingested
 - Universal precautions
 - Staff arrival/dismissal plan
 - Client arrival/dismissal plan
 - Symptom tracking and temperature taking
 - Visitor restrictions
 - Handwashing
 - Ratios
 - Putting on/removing PPE
 - Requirement for staff to wear masks
- Consumer training will begin the week of Memorial Day 2020 and will include continuous consumer training with much of the same things that the staff training includes. Social stories will be made available for those that will learn better using this type of communication.
- If someone would develop symptoms of COVID-19 during programming hours; individuals served- will be isolated in the health screening entrance area(C-ville) and Conference Room (FF) until a ride home can be found (cleaning in the areas of their workstation/restrooms would immediately happen), staff – sent home immediately (cleaning in the areas of their workstation/restrooms would immediately happen)
- Staff will continue to sanitize surfaces throughout the day along with our overnight janitorial staff deep cleaning following EPA guidelines, after hours to be able to use hospital grade chemicals to clean our facility.

- Yellow chain will block locations that are now considered off limits as a visual reminder (lunch room and break areas are now closed off)
- Signage will be posted at all points of entry to review guidelines in preparation for entrance in to the building.
- Drinking fountains have been placed out of service – everyone will need to bring with them, a bottle(s) of water that is sealed with a lid for use during programming
- In the Crawfordsville facility, a 2nd entrance has been created to expedite the flow of individuals in/out of the building while maintaining social distancing
- ASI will hold the right to shelter in place again in the future if the case numbers increase to what is deemed unsafe levels.
- Plastic shields have been installed in the “pod” offices, front desks, as well as at the health screening locations in order to provide an additional level of protection for those working in those areas.
- Group Home outings – pre-scheduled supervised trips will be available for community outings to ensure all precautions are followed and allows for ASI to use this opportunity to teach and train the new normal during this current health crisis
- All consumers will complete the health screening assessment during the AM and PM med passes (7am/7pm). If there is not an Ipad available in the home, each individual is to complete the health assessment paper version, and submit them to the office ASAP. If a paper version is completed and a fever or symptoms present – they are to call the QIDP *IMMEDIATLEY*.
- All staff will complete the on-line health assessment at the beginning and end of each shift. If there is not an Ipad available in the home, staff is to complete the health assessment paper version, and submit them to the office ASAP. If a paper version is completed and a fever or symptoms present – they are to call the PC *IMMEDIATLEY*.
- ASI has ordered discounted contactless thermometers and will offer them for sale to our waiver consumers at our cost since it is quite tough to find them in stores currently.

Communication Plan:

Crawfordsville –

1. The QIDP and designee will call each guardian/consumer monthly to check in and remind them that this facility is open. The details of the re-open plan will be shared and time given for answering questions. A log will be maintained with who we contacted, the plan was reviewed, and based on guardian response - expected date to return
 - a. Q’s will ask:
 - i. When was the last time that the individual was out in the community – date and locations
 - ii. When was the last time that the individual had someone other than someone living in the home over to visit – date and occurrences
 - iii. When was the last time the individual traveled outside of Montgomery County

Based on the answers given – a determination will be made for re-start date.

2. The QIDP will update each case manager at quarterly meetings about our opening and review the plan.
3. The QIDP will continue to file a BDDS follow up reports as needed notifying the state that we are open for business
4. The Trainer and PC will ensure that all staff have been trained on the new procedures prior to returning to work in the building

Frankfort –

1. The QIDP and designee will call each guardian/consumer monthly to check in and remind them that this facility is open. The details of the re-open plan will be shared and time given for answering questions. A log will be maintained with who we contacted, the plan was reviewed, and based on guardian response - expected date to return
 - a. Q's will ask:
 - i. When was the last time that the individual was out in the community – date and locations
 - ii. When was the last time that the individual had someone other than someone living in the home over to visit – date and occurrences
 - iii. When was the last time the individual traveled outside of Clinton/Tippecanoe County

Based on the answers given – a determination will be made for re-start date.

2. The QIDP will update each case manager at quarterly meetings about our opening and review the plan.
 3. The QIDP will continue to file a BDDS follow up reports as needed notifying the state that we are open for business
 4. The Trainer and PC will ensure that all staff have been trained on the new procedures prior to returning to work in the building
-

Admin:

In a sincere effort to reduce the physical contact in the building as much as possible – we feel the need for scheduled work from home days for a select group of admin workers.

Every effort will be made to have a reduced the number of people in the building each week by allowing those who can to work from home for a small period of time each week.

Testing sites that are available as of Thursday August 13, 2020: please go to the following website to find the nearest testing location

<https://www.coronavirus.in.gov/>

Home visits and Group Homes receiving visitors:

Effective June 15, 2020 regular home visits with parents/guardians can resume. Anyone wanting to visit a Group home must do so outside the house/facility (ex – enjoy lunch under the shade tree, go for a walk, play yard games...). In an effort to reduce the risk of exposure within the individual's homes, no one will be permitted to enter the structure until the end of the National Health Emergency has been declared. The following applies:

- All visitors and individuals must wear a face mask
- A health screening assessment will be completed prior to the individual walking out the door and must be completed again at the conclusion of the visit before entering the home
- All visitors must be informed about our precautions such as hand hygiene, cleaning of spaces, and social distancing
- If visits will be off site (ex – going home for the weekend to be with family), we ask that each family follow guidelines set in place by the Governor and local health officials. We ask that you limit the exposure so as not to infect other housemates upon returning.
- Off site visits will be subject to the same health assessments as an on site visit – upon departure and arrival. Once back the individual will be ask to take a shower and belongings that came back will be thoroughly cleaned
- ASI reserves the right to restrict visitors or visitations if there are active cases either with individuals or staff in order to prevent the spread throughout our community – if discovered after a visit, ASI will notify visitors of a potential exposure

Plan to reduce the risk of spread post holiday visit (effective Nov 1, 2020):

In all our current cases we have noticed the trend for exposure is greatest with individuals going to visit family members. With the holidays coming up, the fear of spread of ever increasing.

With that in mind, we have designed a “safe zone” for re-entry into the day program, after individuals have the opportunity to go home for the holidays.

Below is our COVID Holiday Model for 2020:

- Nov 30-Dec 13 will be our safe zone for lessening the spread of the virus. This safe zone results in a 14 day closure of the day program in order for a self-styled quarantine. This safe zone would limit the spread to single locations and not spread to the entire day program.
 - o Day Program closed 11/30 thru 12/13 – Zoom programming opportunities can be provided

- Allows for each programming building to receive a complete “reset” the buildings will receive a top level deep cleaning and building will be aired out. With the colder weather this becomes imperative to keeping healthy work space.
- For our Group Homes; scheduled programming during the day will occur. Each home will have an additional administrative staff during the day to monitor for COVID symptoms and run our COVID procedures.
- For our Waivers; we will be utilizing a traveling Wellness Nurse to visit and check in to monitor for COVID symptoms and run our COVID procedures if needed.
- Dec 14-Dec 23 will be business as usual and everything will be open (unless further guidance from the State of Indiana would occur)
- Dec 28-Jan 10 will be our safe zone for lessening the spread of the virus. This safe zone results in a 14 day closure of the day program in order for a self-styled quarantine. This safe zone would limit the spread to single locations and not spread to the entire day program.
 - Day Program closed 12/28 thru 1/10 – Zoom programming opportunities can be provided
 - Allows for each programming building to receive a complete “reset” the buildings will receive a top level deep cleaning and building will be aired out. With the colder weather this becomes imperative to keeping healthy work space.
 - For our Group Homes; scheduled programming during the day will occur. Each home will have an additional administrative staff during the day to monitor for COVID symptoms and run our COVID procedures.
 - For our Waivers; we will be utilizing a traveling Wellness Nurse to visit and check in to monitor for COVID symptoms and run our COVID procedures if needed.

Communication plan for letting all parents/guardians know of the Holiday change:

-
- Oct 28th an email will go out to staff involved to inform them of the change
 - Clinton County; Kevin Evans (Director) will call all parents/guardians between Oct 28-30 to explain the plan. Katrina Shields (QIDP) will call all case managers between Oct 28-30 to explain the plan. On Oct 30th, a letter will also be mailed/emailed out to all parents/guardians to support what was discussed over the phone. Both will keep a log to reference if needed as to date, time, and person contacted.
 - Montgomery County; Beth Smith (PC) and Maureen Steward (QIDP) will call all parents/guardians and case managers between Oct 28-30 to explain the plan. On Oct 30th, a letter will also be mailed/emailed out to all parents/guardians and case managers to support what was discussed over the phone. Mary Nichols (Director) will call Care Giver between Oct 28-30, to explain the plan. All will keep a log to reference if needed as to date, time, and person contacted.

Plan for in house day programming:

Mary- Daily Scavenger hunt for all individuals
 Tracy- Daily Art Activity for Group Homes
 Taylor- Nursing Component for Group Homes
 Beth- Cooking Labs for all individuals
 Michelle – Bingo for all individuals
 Allison – music sing a-longs for all individuals

Update for State of Indiana moving back down from Stage 5 (Nov 12, 2020)

Frankfort plan:

Earl Group Home will stay home with Regina as the staff to go there each day to provide in home day programming. This will assist in protecting our most vulnerable population and those who struggle with following COVID protocols (not able to wear a mask and the county is heading red!). The Frankfort Director/Asst Director will use our video monitoring capabilities during the day to watch and assist as needed. In-flight corrections can be made quickly as a need would arise.

Day program staff in Frankfort will not interact within a 6ft distance to prevent close contact. Rossville and Maplewood will be placed into rooms based on their home to create safe pods. John St and Family Support (3 in total) will be placed into the same room each day with the house. During loading and unloading, only Day program staff will assist with this and home staff will not be allowed to enter the building. Communication will need to be done with the building director if they need to enter the building. In the absence of the director, staff can communicate with the Assistant Director.

Maplewood will be in the dining area and Rossville in the media room. Maplewood will unload first using the pedestrian door near the overhead, and Rossville will unload after using the coat room door, to not cross-contaminate. Hand sanitizing stations will be placed in Earl, Rossville Room, and Maplewood Room. Rossville lunch will be placed in the kitchen fridge. Maplewood lunch will be placed in the POD fridge. Snack shop will operate in both locations with drinks and snacks split between the rooms. If Rossville needs to meet with a staff, they will do so in the small conference room. Maplewood will meet in the conference room in the hallway. This will also be true if a consumer has a virtual appointment. The COVID report in CareTracker will be reviewed by the Director/Asst Director each morning, lunch, and end of day.

Staff will not go to each other's offices, they will call using the extensions for the other staff.

Pre-ETS will work a mixture from home, in the school, and in the office. These staff can interact with their students outside of the building and have minimal impact to their job duties. VR will work in the Frankfort Office and Community during this time. VR can continue to meet with participants but will do so in the conference rooms outlined and following COVID protocol.

Vaccine Information:

ASI employees are lucky enough to be included in phase 1A for getting a vaccine. We highly recommend this for all staff as well as individuals served. Go to the following website to schedule a vaccine

<https://www.coronavirus.in.gov/vaccine/>

Once staff receive the each vaccine we ask they supply a copy of the vaccine card to HR to be able to show if needed for upcoming State surveys or audits.

Updated 1-15-2021

Individuals served COVID 19 vaccine plan

- QIDP's will make contact with all parents/guardians and individuals beginning the week of 1/11/21 to begin to make a list of the choice to accept and reject the vaccine. This will be documented on the P drive under the COVID tab. This spreadsheet will document each attempt to communicate, the selection choice, dates vaccine given, dates consent was signed, and all copies of signed consents as well as vaccine cards (et al).
- Social stories and videos will be used to educate each individual on the pros and cons of the vaccine and will be signed by the individual and stored in the COVID file located on the P drive.
- Once vaccine opportunities are open to individuals we will work diligently to get everyone who has requested a shot in to the earliest appointment possible
- March 4th and 5th are first round vaccinations in partnership with PCCS in Greencastle. Second round will be completed the same way and on April 8th and 9th.

APRIL 26 2021 Update:

- Temperature checks will go from 3 times a day to 1 time a day at entry unless someone is presenting with symptoms (we reserve the right to alter this if there is a spike in cases)
 - Social distancing will move from 6 feet to 3 feet in programming (based on recommendations for public education) as we begin to teach our individuals how to resume life in the community
 - The use of masks will change
 - o The use of masks will become a recommendation versus a mandate as long as the person has been 100% vaccinated
 - o Local health departments have the final say to if the mask mandate is allowed to move to an advisory. We will always follow the guidance of our local professionals
-

EPA Registration Number **6836-340**

Active Ingredient

Use Site

Surface Types

Contact Time

Browse All

Keyword Search

[Show results](#) [Clear results](#)

Search by selecting one or more option above. Click the "Show Results" button to view your list of results. Select as many options as you wish. Click the "Clear Results" button to remove all selections and start over. Click "Browse All" to display all products.

Total count: 1

Show entries

[PDF](#) [CSV](#)

EPA Registration Number <i>i</i>	Active Ingredient(s)	Product Name <i>i</i>	Company	Follow the disinfection directions and preparation for the following virus <i>i</i>	Contact Time (in minutes) <i>i</i>	Formulation Type <i>i</i>	Surface Type <i>i</i>	Use Site <i>i</i>	Why is this product on List N? <i>i</i>
6836-340	Quaternary ammonium	Lonza Disinfectant Wipes Plus 2	Lonza LLC	SARS-CoV-2	4	Wipe	Hard Nonporous (HN)	Healthcare; Institutional	Tested against SARS-CoV-2 (COVID-19); Emerging viral pathogen claim

Showing 1 to 1 of 1 entries

Previous Next

EPA Registration Number **498-179**

Active Ingredient

Use Site

Surface Types

Contact Time

[Browse All](#)

[Keyword Search](#)

[Show results](#) [Clear results](#)

Search by selecting one or more option above. Click the "Show Results" button to view your list of results. Select as many options as you wish. Click the "Clear Results" button to remove all selections and start over. Click "Browse All" to display all products.

Total count: 1

Show entries

[PDF](#) [CSV](#)

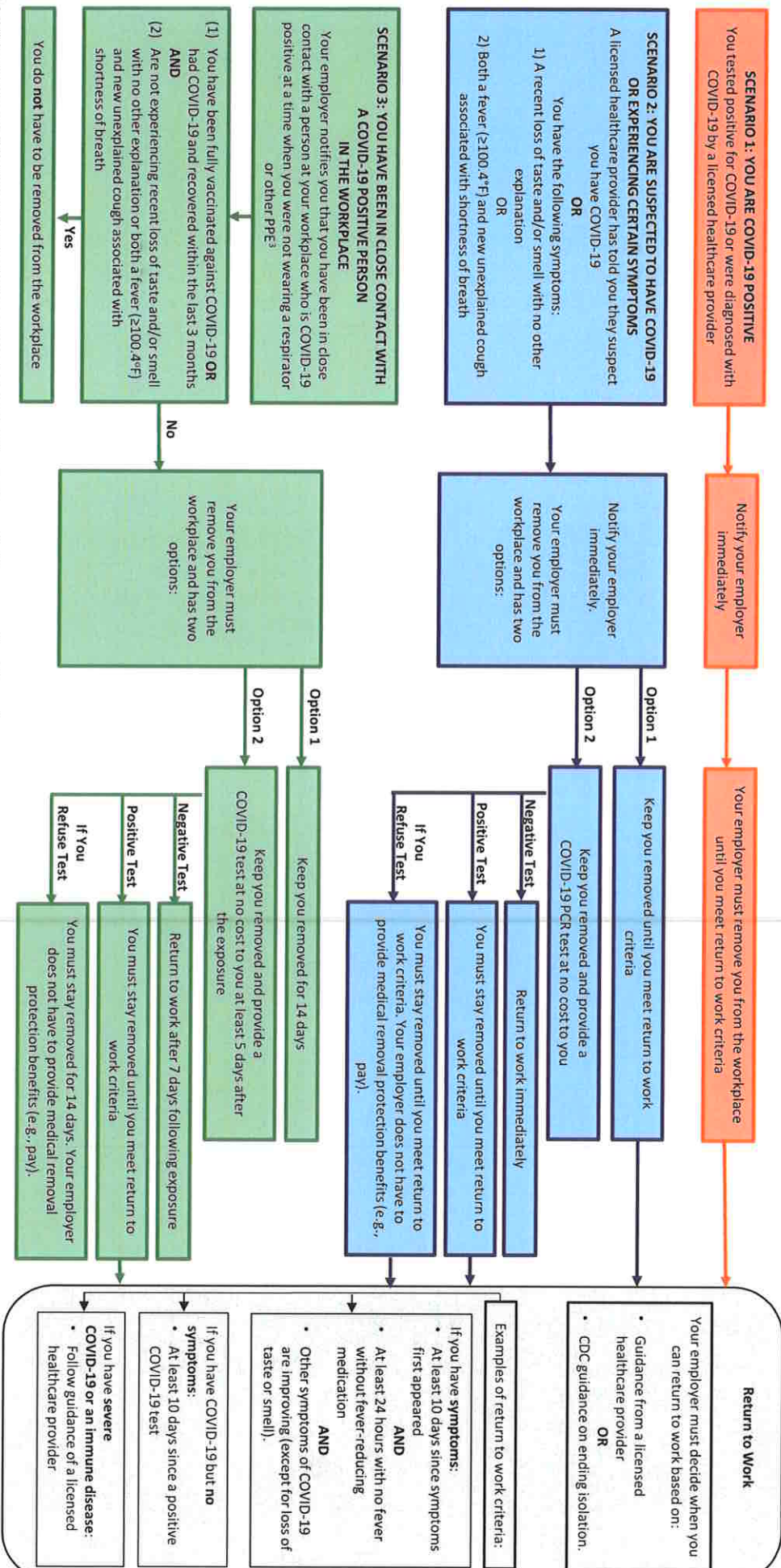
EPA Registration Number i	Active Ingredient(s)	Product Name i	Company	Follow the disinfection directions and preparation for the following virus i	Contact Time (in minutes) i	Formulation Type i	Surface Type i	Use Site i	Why is this product on List N? i
498-179	Quaternary ammonium; Ethanol (Ethyl alcohol)	Champion Sprayon Spray Disinfectant Formula 3	Chase Products Co	SARS-CoV-2	10	Ready-to-use	Hard Nonporous (HN)	Healthcare; Institutional; Residential	Tested against SARS-CoV-2 (COVID-19); Emerging viral pathogen claim

Showing 1 to 1 of 1 entries

Previous Next

ETS Guidance for Employees – Notification to Employer and Paid¹ Medical Removal for COVID-19

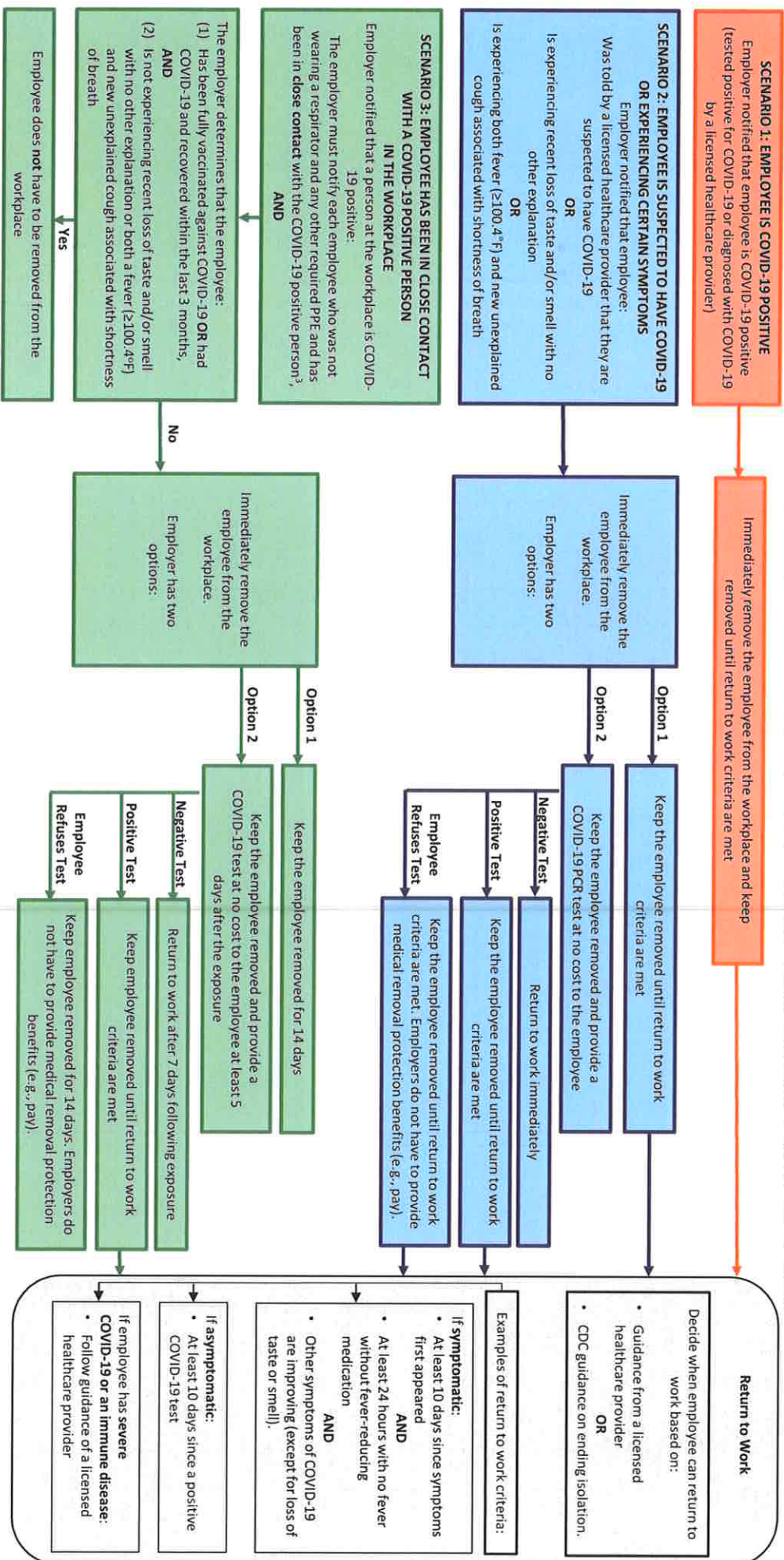
This flow chart explains when you need to notify your employer about COVID-19-related issues, when your employer must notify you about COVID-19 exposures in the workplace, and when your employer must remove you from the workplace.²



¹ OSHA is requiring medical removal protection benefits to be paid only by employers that have more than 10 employees.
² Your employer may choose to remove or test you for other COVID-19-related reasons not required by the ETS (e.g., additional symptoms from the CDC list or exposure to someone who is COVID-19 positive outside the workplace).
³ Your employer is not required to notify you following exposure to a patient with confirmed COVID-19 if you work in a place where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities).

ETS Compliance Guidance for Employers – Paid¹ Medical Removal of Employees and Return to Work

This flow chart explains the steps that employers must take when notified that an employee is COVID-19 positive, told by a licensed healthcare provider that they are suspected to have COVID-19 or is experiencing certain COVID-19 symptoms, or has been in close contact with a COVID-19 positive person in the workplace.²

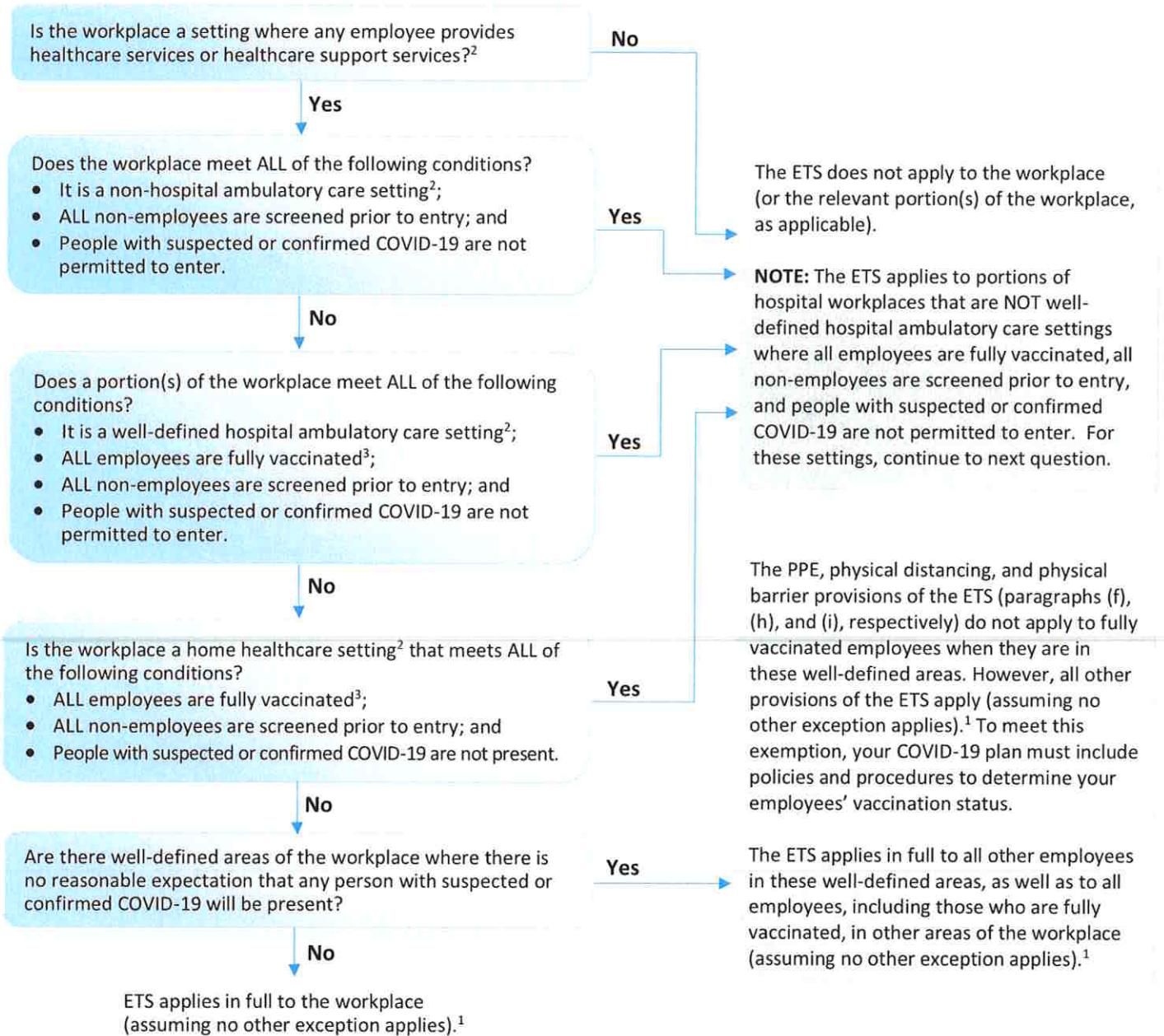


¹ OSHA is requiring medical removal protection benefits to be paid only by employers that have more than 10 employees.
² Employers may choose to remove or test employees for other COVID-19-related reasons not required by the ETS (e.g., additional symptoms from the CDC list or exposure to someone who is COVID-19 positive outside the workplace).
³ This notification provision is not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities).

Is your workplace covered by the COVID-19 Healthcare ETS?



Employers may use the flow chart and footnote 1, below, to determine whether and how your workplace is covered by the ETS.¹ For the full text of the ETS, refer to **29 CFR 1910.502** at www.osha.gov/coronavirus/ets.



¹ The ETS does not apply to the following: the provision of first aid by an employee who is not a licensed healthcare provider, the dispensing of prescriptions by pharmacists in retail settings, healthcare support services not performed in a healthcare setting (e.g., off-site laundry, off-site medical billing), and telehealth services performed outside of a setting where direct patient care occurs. Furthermore, where a healthcare setting is embedded within a non-healthcare setting (e.g., medical clinic in a manufacturing facility, walk-in clinic in a retail setting), the ETS applies only to the embedded healthcare setting and not to the remainder of the physical location. Finally, where emergency responders or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services, the ETS applies only to the provision of the healthcare services by that employee.

² Healthcare services mean services that are provided to individuals by professional healthcare practitioners for the purpose of promoting, maintaining, monitoring, or restoring health. Healthcare support services mean services that facilitate the provision of healthcare services. Ambulatory care means healthcare services performed on an outpatient basis, without admission to a hospital or other facility, but does not include home healthcare settings for the purposes of the ETS. A non-employee, for the purposes of the relevant exceptions, is any person who is not an employee of the employer who owns or controls the setting (e.g., contractors working on the HVAC system).

³ Fully vaccinated means 2 weeks or more following the final dose of a COVID-19 vaccine. OSHA does not intend to preclude the employers of employees who are unable to be vaccinated from the scope exemption in paragraphs (a)(2)(iv) and (a)(2)(v). See Note to 29 CFR 1910.502(a)(2)(iv) and (a)(2)(v).

This document is intended to provide information about the COVID-19 Emergency Temporary Standard. The Occupational Safety and Health Act requires employers to comply with safety and health standards promulgated by OSHA or by a state with an OSHA-approved state plan. However, this document is not itself a standard or regulation, and it creates no new legal obligations.