

Phase PA Bounce Back Plan 3.0

To: All employees

Re: COVID-19 Coronavirus

Date: April 9, 2021

Positive Alternatives is committed to our employees' health and well-being and committed to maintaining business operations so that we can continue to serve the youth and families who participate in our programs. We are monitoring the COVID-19 coronavirus situation and are providing the following as guidance to protect our employees, clients, residents, and guests. This guidance addresses our current situation and will evolve as the virus and our community's condition changes. We will continue to provide further guidance, as necessary.

On June 4, 2020, Positive Alternatives' Bounce Back Plan was introduced. The Bounce Back Plan consists of four phases:

Phase One- Active Quarantine/State Health Pandemic Order- Phase One was from March 16, 2020-June 7, 2020.

Phase Two- Preparing to "Bounce Back"- This phase began after the Safer at Home expired, yet CDC and local guidelines are still in place. This phase represented the preparation phase for normal operations restarting and was in effect from June 8, 2020-April 8, 2021. During phase two there were six updates, the last being version 2.7, which was released on January 8, 2021.

Phase Three- Active "Bounce Back"- The agency slowly continues to resume normal activities while CDC and local guidelines are still in place. This phase was scheduled to commence when local and state infection rates are showing a continual decline and began at Positive Alternatives on April 9, 2021.

Phase Four- Fully "Bounced Back"- The agency has resumed activities fully, employees have returned to work in the office, guests are allowed without restriction, and programming has resumed normal operations. CDC recommendations for physical distancing have been lifted or significantly eased. This phase will represent Positive Alternatives' "new normal".

The information in this memo guides the agency as we work toward normalcy. This guidance includes many parts that apply to the whole agency and some parts that apply only to specific programs. All employees are responsible for knowing and implementing this plan.

The following are the Phase Three guidelines that begin April 9, 2021:

Communication

1. Employees must watch for regular communication from the President/CEO, Vice President/COO, Vice President/Human Resources Director (HRD), or Program Directors.

Most correspondence will be sent to employees' Positive Alternatives email addresses and posted to the staff [COVID-19 SharePoint](#).

2. Guidance to date is compiled in this memo, and no previous memos need to be referenced.
3. Communication may come in the form of updated memos, policies, emails, and video messages. It is essential to be aware of the most recent guidance via these communication methods.
4. In the event staff and/or client tests positive for COVID-19, immediate action steps will be put in place with guidance from health care professionals and/or public health. Details on these steps are outlined below under “Group Home Client Care” and “Community Based Services In-Person Meetings”.
5. This plan was developed based upon guidance from the Department of Children and Families, Department of Health Services (Public Health), Center for Disease Control (CDC), and feedback from Positive Alternatives' employees. Positive Alternatives will use guidance from these entities, as well as employee and client vaccination status, when making decisions regarding quarantine or work status. While the agency relies upon experts for professional guidance, input from employees is critical to ensuring the plan is realistic and provides a safe environment for everyone. Feedback is always encouraged and accepted.

Employee Health

1. Employees must adhere to the CDC's socially distancing guidelines of six feet between individuals regardless of vaccination status. While the CDC currently has revised guidance for vaccinated individuals, until the vaccination rate among Positive Alternatives employees increases, physical distancing is still required for all employees.
2. Employees who are experiencing primary symptoms of respiratory illness (fever, shortness of breath, cough with shortness of breath and/or fever) shall not work, must remain home, and must seek guidance from a health care professional. Additionally, employees who are experiencing two or more of the following symptoms must contact a supervisor for guidance before reporting to work, and you may be advised to seek guidance from a health care professional (pain/pressure in the chest, new confusion, bluish coloring to the lips and/or face, chills, sore throat, headache, muscle pain/aches or body fatigue, new loss of taste or smell, repeated shaking with chills, nausea/vomiting).
3. Employees who have symptoms of a respiratory illness mid-shift are required to notify their supervisor, go home, and seek guidance from a health care professional.
4. Employees who are experiencing symptoms of respiratory illness must also notify their supervisors and contact the (HRD). Isolation and guidance provided by the health care professional or public health will be followed.
5. Employees who have had prolonged exposure (within 6ft for a cumulative of 15 minutes or more) to an individual who tested positive for COVID-19 must notify the HRD. If you have secondary or potential exposure to an individual who tested positive for COVID-19, contact the HRD to discuss the situation.

6. Employees who have been directed to quarantine by Public Health must notify the HRD. The HRD will provide the employee with information regarding a leave of absence, if applicable, and what to expect while on leave.
7. Each employee must notify a supervisor immediately when suspecting that another employee, client, or visitor has symptoms of respiratory illness.
8. If an employee is tested for COVID-19, the employee must notify the HRD immediately upon being tested and subsequently upon receiving the results.
 - a. If an employee was asymptomatic (experiencing no symptoms) before being tested:
 - i. The employee may continue to work pending results unless otherwise directed by a health care provider, public health, or the HRD.
 - ii. The employee may also continue to work following a negative test result.
 - iii. The employee must discontinue working following a positive result and notify the HRD.
 - b. If an employee is symptomatic before being tested:
 - i. The employee may not work pending results unless otherwise instructed by a health care provider and approved by the HRD.
 - ii. If the test results are negative, the employee must refrain from work until symptoms have improved and the employee has been fever-free for at least 24 hours without the aid of fever-reducing medication, or as directed by a health care provider or public health office.
 - iii. If the test results are positive, the employee must follow the direction of their health provider and public health. Positive Alternatives will follow the directives of health providers and public health regarding the employee refraining from and return to work.
9. If an employee tests positive for COVID-19, the President/CEO, Vice President/COO, and the HRD will work together to ensure all affected individuals are notified and adjustments to the business or programming are made. The President/CEO, Vice President/COO, or the HRD will notify all employees who work in the affected program of the positive case and will specifically provide employees with information regarding what days the affected employee was onsite. The President/CEO, Vice President/COO, or the HRD will notify licensing, public health, and the board of directors, and will work with the Program Director or Group Home Manager/CBS Lead Staff of the program to ensure clients/residents, parents, social workers, and the county department of human/social services are notified, and adjustments to programming are made, as necessary.
10. An employee who tests positive for COVID-19 will be provided with information from the HRD regarding expectations for sick time leave and communication expectations.
11. If an employee has a child or other family member that needs care due to school or childcare closings or illness, Positive Alternatives will be as flexible as possible to ensure employees can care for their family's needs and work.
12. If an employee's family member or another individual from the same household has symptoms of a respiratory illness or has tested positive for COVID-19, the employee

must report the illness to the HRD. The employee must follow the directives of the CDC, health care provider, and/or public health regarding any work restrictions and must be approved to return to work by the HRD.

13. Each employee reporting to work onsite must complete a health screening form.
 - a. Employees who are fully vaccinated may complete one [form](#) indicating they have been fully vaccinated and acknowledging they have been provided with and agree to follow Positive Alternatives' COVID procedures. Once this form is on file, the employee will no longer have to complete daily health screenings. Fully vaccinated is defined as two weeks following the completion of the vaccination series, or the single dose in the event the vaccination is a one-dose vaccination.
 - b. Employees who are not vaccinated must complete the [health screen](#) before arriving for work each day. This form asks employees to confirm they have been provided with and agree to follow the guidance provided.
14. All employees must wash their hands or use hand sanitizer immediately upon entering the building and regularly throughout their shift.
15. Masks- Effective August 1, 2020, pursuant to Wisconsin's mask mandate, employees must wear masks. Positive Alternatives continues to require employees to wear masks regardless of the status of the state mask mandate. See below: "Social Distancing and Masks" section.

Vaccinations

Positive Alternatives encourages all employees and clients, when able, to receive a COVID-19 vaccination. Employees are not required to be vaccinated. When employees are vaccinated, they are asked to notify the President/CEO so their vaccination status can be taken into consideration when decisions regarding exposure and quarantine are made. They are also asked to complete a form indicating they are vaccinated and agree to follow the COVID-19 policies and procedures. The vaccination status of an employee will not be shared, however, so when portions of policy refer to vaccinated or unvaccinated individuals, it is up to the employees themselves to choose whether to identify themselves as vaccinated or unvaccinated.

Tips to Stay Healthy

1. Avoid touching your eyes, nose, and mouth with unwashed hands.
2. Cough and sneeze into your elbow or a tissue. Wash your hands afterward.
3. Wash hands often for at least 20 seconds with soap and water. Use an alcohol-based hand sanitizer if soap and water are not available. Sanitizer is available for use.
4. Avoid close contact with those who are sick.
5. Wear a mask as directed by the CDC.
6. Clean and disinfect frequently touched objects and surfaces, like doorknobs, remotes, refrigerator handles, sink handles, share computers and binders, etc. Employees must clean their workspaces daily.
7. Avoid shaking hands or getting in someone's personal space.
8. Stay home if you are sick and avoid contact with others who are sick.
9. Leave space between oneself and others when possible as recommended by the CDC.

Office Time/Work from Home

1. In Phase One, only employees essential to client care or who have time-sensitive tasks that cannot be completed remotely were permitted to work in the office or group home. All other staff were asked to work from home if able. In Phase Two, the group homes could have a supervisor (Program Director or Group Home Manager) onsite Monday-Friday, 40 hours a week. More or fewer hours onsite may be approved if deemed necessary.
2. In Phase Three, a hybrid work model is being introduced. In the hybrid model, employees who can work from home may work part-time in the office and part-time from home. Administrators, Program Directors, Group Home Managers, and Case Managers are eligible for the hybrid model. Others may be approved on a case-by-case basis. Each employee must discuss and get their work schedule and locations approved by their supervisor, who will consider the program's needs and the needs of the employee. Employees' COVID-related circumstances will be considered when requiring office time, such as childcare needs or caring for a family member.
3. Those who share an office must socially distance, stagger days they are in the office, or find an alternative workspace if necessary.
4. Employees working onsite must adhere to social distancing guidelines.

Social Distancing & Masks

1. A proactive approach is necessary to protect our staff, clients, and the community from the spread of COVID-19. For this reason, employees must maintain social distancing in the work environment, including in the office or the community with or without clients. Social distancing is defined as being six feet away from others, unless in the event of an emergency or when necessary to provide care to clients or residents.
2. Pursuant to the State of Wisconsin's mask mandate, effective August 1, 2020, masks are required to be worn by employees when indoors, in enclosed spaces, when driving for work purposes when others are in the vehicle, or when outdoors but closer than six feet from other individuals. Positive Alternatives continues to require masks currently regardless of the status of the state mask mandate. This will be reconsidered when the percentage of vaccinated staff members increases and the rate of COVID in the community decreases.
3. Those who provide direct services to clients often wear masks for most of their shift. In the group home, when two staff are working the staff members may take short "mask breaks" by alternating times when one employee does paperwork alone in an office with the door closed. When alone in an office the employee may remove their mask. Ideal times for these "mask breaks" are during study time, quiet recreation such as a movie, or meals. Furthermore, staff not solely responsible for direct care (Program Directors and Case Managers), when able and if needed, must provide direct care staff with short breaks so the direct care staff can go into an office alone to remove their mask briefly. Additionally, masks may be removed in the following situations:

- a. When in an office alone. (If at any time another individual enters the office, both individuals must be wearing masks.)
 - b. When driving alone.
 - c. When eating or drinking.
 - d. When an employee has a health condition as discussed with a Program Director and alternative options have been discussed and agreed to.
4. Masks are provided for all employees and clients. If an employee or client needs a new mask, contact your supervisor immediately.
 5. Personal Protective Equipment (PPE), including cotton and disposable masks, N95 masks, face shields, gowns, and gloves are available for daily use by staff and clients and for use when a client is positive with COVID-19 and requires our care. Each location has these supplies available along with directions for use.
 6. Each Program Director is responsible for ensuring there is PPE available for staff and clients as needed.

General Cleanliness and Sanitation

1. All Positive Alternatives' group homes, offices, and other spaces such as conference rooms and break rooms have a regular cleaning schedule.
2. The group homes are sanitized daily during the overnight shift. The overnight employee responsible for sanitizing must complete and sign a checklist indicating its completion. Program Directors are responsible for ensuring follow through with daily cleaning.
3. Each employee with an office, personal, or shared workspace must disinfect their office or workspace at the end of each in-office shift.
4. Other shared workspaces such as conference rooms, copy machines, and bathrooms, along with door handles and vehicles have a cleaning and disinfecting schedule.
5. Agency vehicles must be disinfected after each use. Sanitizing wipes are kept in each vehicle, and the employee using the vehicle is responsible for wiping down the driver's area (steering wheel, radio, door handles, armrests, etc.) and any area in which a passenger(s) occupied.
6. The Program Director or designee is responsible for ensuring there are adequate cleaning supplies available.

Group Home Client Care

Youth must have their temperature taken and be screened each morning for COVID-19 symptoms. Each health screening will be documented in R-tasks.

It is preferred that youth referred to Positive Alternatives' group homes are vaccinated before admission; however, it is not required or may not be possible. All youth will be screened for symptoms before admission using this [form](#). The youth will not be accepted if they are symptomatic for COVID-19. Furthermore, if they are asymptomatic, an adult must confirm the youth's possible exposure before admission.

- a. If a youth has been exposed but has been vaccinated, the youth may be admitted.

- b. If the youth is unvaccinated and has been exposed to COVID-19, the youth must be quarantined for 10 days before admission, or seven days if the youth tests negative within 48 hours of admission.
 - c. If it is unknown if the youth has been exposed due to a scenario such as AWOL or if an adult is unavailable to confirm, the youth may be admitted with a negative test result within 48 hours of admission, or they must be quarantined for at least ten days before admission.
2. Prior to admission to the group home, case managers must find out if the youth has been vaccinated. If the youth is not vaccinated, the case manager must establish a plan with parents/guardians and/or social workers to get the youth vaccinated if possible. Vaccinations are not required and must be approved by parents/guardians.
3. Upon admission to the group home, case managers must establish a plan with parents/guardians and/or social workers for the possibility of the youth becoming infected with COVID-19. It is preferred that the youth be cared for and quarantined at home throughout the infection if possible. If this is not possible, the youth will be cared for and quarantined in the group home.
4. Once a child is admitted to the group home, social distancing efforts within the group home will be in place when possible, including spacing out when eating meals, on recreation, and during other activities. It is understood, however, that within the group home 100% social distancing may not be possible, but efforts should be made to keep the youth six feet away from each other when possible.
5. Group home youth are not required to wear masks while inside the group home or when interacting only with group home staff or residents unless a case of exposure or confirmed case of COVID-19 is in the group home. They are, however, mandated to wear masks in public.
6. All youth who leave grounds must wash their hands upon return to the group home. Youth who leave grounds for a home visit must also immediately change clothes upon return to the group home.
7. If a youth has been exposed to COVID-19, the Program Director or designee will arrange for care of and quarantine, if necessary, of the youth, according to CDC guidelines.
 - a. The youth will remain in quarantine through the duration outlined by the CDC or after testing negative as outlined by the CDC.
 - b. If the youth has a roommate, the roommate will be moved so the resident can quarantine alone. If an extra room is not available, exceptions will be made with licensing at the Department of Children and Families for the youth to be temporarily moved into another location in the building such as a room that is already occupied with two residents or to the couch.
 - c. During the time of quarantine, the youth must wear a mask, except when sleeping, and remain in their rooms except for when using the bathroom. All group home residents must also wear a mask when in common areas during the time of quarantine.
 - d. If the youth on quarantine refuses quarantine, efforts will be made to gain compliance. All staff and residents may use enhanced PPE available for

protection. The non-compliance will be reported to the youth's social worker, however, due to licensing and contractual obligations, it is unlikely the youth will be removed prior to the end of the quarantine.

8. If a group home resident tests Positive for COVID-19, the President/CEO, Vice President/COO, and the HRD will work together to ensure all affected individuals are notified and adjustments to the business or programming are made.
 - a. Notification- The President/CEO, Vice President/COO, or the HRD will notify all employees who work in the affected program of the positive case. The President/CEO, Vice President/COO, or the HRD will notify licensing, public health, and the board of directors, and will work with the Program Director or Group Home Manager of the program to ensure resident, parents, social workers, and the county department of human/social services are notified.
 - b. Infected resident- If a resident is positive for COVID-19, the Program Director and Group Home Manager must work together to arrange care for the youth.
 - i. If the youth can go home for the course of their illness, arrangements should be made for a home visit.
 - ii. If the resident must remain in the group home, they must be provided with their own room. If the resident has a roommate and there is not an open spot available, exceptions to licensing rules can be made through the Department of Children and Families to ensure the resident is quarantined.
 - iii. The resident will be expected to remain in their room for 10 days after the positive diagnosis, or per direction from public health or their health care provider. During this time, all residents of the group home must wear a mask and avoid contact with the infected resident.
 - iv. The resident must always remain in their room with exception of time using the bathroom.
 - v. If the resident refuses quarantine, efforts will be made to gain compliance. All staff must use enhanced PPE available for protection, and residents will be offered PPE as well. The non-compliance will be reported to the youth's social worker, however, due to licensing and contractual obligations, it is unlikely the youth will be removed prior to the end of the quarantine.
 - vi. Staff members will serve the resident their meals and snacks in their bedrooms, and the resident will be provided with means of entertainment such as movies, books, magazines, etc. Single-serve dinnerware will be used when possible.
 - vii. During the time of quarantine, staff members must wear face masks, face shields, gowns, and gloves whenever entering the resident's room, interacting with the resident, or when coming into contact with the resident's belongings.
 - viii. During the time of quarantine, all group home residents must wear a mask except when sleeping.

Trainings and Other Staff Gatherings

In phase three, staff gatherings, such as team building activities, are permitted. All gatherings must adhere to social distancing guidelines and employees must wear masks as outlined in this policy. In-person staff gatherings are optional or will offer a virtual option.

In phase three, trainings will continue to be offered virtually, however, hybrid (both in-person attendees and virtual attendees) trainings will be allowed:

1. Staff must adhere to guidelines listed under Employee Health, Social Distancing and Masks, and Office Time/Work from Home sections.
2. Employees will not be required to attend trainings in-person, except for portions of new employee training. Virtual options will continue to be offered in most cases.
3. Travel for trainings is permitted when a virtual option is not available.

Meetings/Guests

1. Meetings are encouraged to occur virtually or via phone. Large group, in-person meetings continue to be discouraged from being held onsite, but can occur if necessary, when social distancing and other guidelines are followed.
2. The host of meetings or other guests is responsible for assessing each visiting person before coming onsite using the [Health Check and Exposure Assessment](#). If the visitor has any COVID-19 symptoms or had known exposure, they must be denied coming onsite for 10-days. If the assessment is not completed, the visitor's access to the building must be denied. Guests with symptoms of respiratory illness may not enter Positive Alternatives' facilities.
3. If visits or meetings take place inside, the visitors must:
 - a. Wear a mask for the duration of their visit; one may be provided. A sign must be posted at the entrance requiring visitors to wear a mask.
 - b. Wash or sanitize their hands immediately upon entering the building.
 - c. Visitors not wearing a mask may not be allowed to enter the building.
 - d. Remain in the designated area. Visitors should not be allowed to move throughout the building. Visitors can be allowed to use the restroom.
4. The host of the meeting is responsible to ensure all COVID-19 procedures are followed including masks, social distancing, and guest health screens.
5. Immediately following the visit/meeting, the host of the meeting or guests must disinfect all areas the guests occupied, including the visiting room and bathroom, if applicable. If staff are unavailable to complete this task due to direct care needs, the area must be closed off until it can be disinfected.
6. Immediately following the visit/meeting, the client and staff directly involved must wash or sanitize their hands.

7. Visits and meetings may be denied or canceled for any other known risks or factors that are not noted above. If a visit is denied for a group home resident, a denial of rights form must be completed.

Group Home- Home Visits

1. The case manager or designee is responsible for assessing the person taking responsibility for the resident using the [Health Check and Exposure Assessment](#). Other household members and persons the resident will be in close contact with should also be considered for assessment.
2. The case manager or designee must present the person taking responsibility for the resident with a home visit agreement. The person taking responsibility for the resident must agree to the guidelines of the visit agreement before the visit.
3. If any person that will be in close contact with the resident has any COVID-19 symptoms, the visit will be denied for 14 days. If the person has had known exposure but presents no symptoms, visit must be denied for 10 days.
4. The person taking responsibility for the resident must agree to travel guidelines, social distancing expectations, and personal hygiene requirements that are outlined by the CDC and required by the county in which they live.
5. The Program Director or Group Home Manager may end a visit early if there is evidence to believe guidelines are not being followed. If the resident does not have any symptoms or known exposure, the resident should return immediately and self-quarantine for 10 days. See #6 if the resident has symptoms or had known exposure.
6. The Case Manager or designee will complete the Health Check and Exposure Assessment with the resident before returning to the home. If the resident has any COVID-19 symptoms or has known exposure, the resident will not be allowed to return to the house until a safety plan is developed. The Program Director should be notified immediately to develop a plan for the next steps.
7. Upon returning to the house, the resident must wash or sanitize their hands.
8. The Program Director or Group Home Manager may deny a visit for any other known risks or factors that are not noted above. If a visit is denied, a denial of rights form must be completed.

Group Home Off-Grounds Recreation

1. Off-grounds recreation and community activities are permitted so long as social distancing can be followed, and the activity is allowed by the county the activity is taking place in.
2. Outdoor activities are preferred, such as going to the park, walking, fishing, hiking, bike rides, snowshoeing, and sledding. Indoor activities such as bowling, shopping, and athletic clubs (YMCA, etc) are permitted if deemed appropriate and safe. The Program Director must approve such activities and will consider local COVID infection rates,

local ordinances, and if the activity can be completed safely. Social distancing and masks are required in public.

3. Staff and residents must wear a mask during outdoor activities when any member of the group is closer than 6 feet from any individual not in the PA group. Staff and residents must wear a mask when the community activity is indoors regardless of social distancing. Staff members must follow masks and the socially distancing policy above.
4. Staff and residents must immediately wash or sanitize their hands upon returning to the house.
5. Activities may be canceled or adjusted if a safety risk to staff or residents is identified. The Program Director, Group Home Manager, or on-call must approve canceling a scheduled activity.
6. Residents that refuse or do not follow guidelines listed above or other expectations may be denied participation in off-ground recreation activities.

Group Home Off-Site Appointments

When video conferencing and virtual visiting can best serve the youth, they are the preferred method of services, however, when critical to a youth's well-being and treatment needs, off-site appointments are permitted. Examples of allowed appointments include therapy, mentoring, medical appointments, and haircuts. Youth will be expected to social distance when able and must wear a face mask when within six feet of other individuals, including during transport. All other policies above apply, including handwashing upon return. The Program Director or designee is responsible for approving off-site appointments.

Differential Pay/Group Home Staff

Effective October 17, 2020, employees will be paid an additional \$5/hr for direct care shifts covered that are open due to a COVID-19 related absence. Program Directors or the HRD must approve and indicate the open shift is eligible for differential pay.

If a resident of one of the group homes has COVID-19 and must remain in Positive Alternatives' care, all direct care staff working on-site during the duration of the infection will receive \$10/hr differential pay. The exact days and times of the differential pay will be communicated to staff when they are provided with notification of the infection.

Community-Based Services In-Person Meetings

1. Community-Based Services may continue in-person meetings utilizing the guidelines below. The referral source, the client, and the client's parent/guardian must be supportive of and approve in-person services.
2. Before meeting with a client, the Case Manager is responsible for assessing the client using the [Child Health Check and Exposure Assessment](#) or the [Adult Health Check and Exposure Assessment](#). Other household members and persons the client is in close contact with should also be considered. If the [Child Health Check and Exposure](#)

[Assessment](#) or [Adult Health Check and Exposure Assessment](#) cannot be completed prior, the meeting must be canceled.

3. If the client or someone living in their household has COVID-19 or COVID-19 symptoms, visits must be postponed for 10 days or as directed by a health professional or public health. If the client has had exposure to COVID-19, in-person meetings must be postponed for up to 10 days or per guidance provided by a health care provider or public health. The Program Director must approve face-to-face meetings resuming.
4. The Case Manager and clients five years of age and older are expected to wear a mask during the entire meeting. A mask will be provided, or clients should be asked to wear their own.
5. The Case Manager may cancel or end a visit early if there is evidence to believe guidelines are not being followed.
6. The Program Director or Lead Case Manager II may deny a meeting for any other known risks or factors that are not noted above.

Community-Based Services-Community Activities

1. Community activities are allowed so long as social distancing can be followed.
2. Examples of approved activities include going to the park, walking, fishing, hiking, board games, and cards. When possible, activities should be held outdoors.
3. When considering indoor activities, try to avoid large groups or locations that do not allow for social distancing. When indoors, masks must always be worn. Examples of approved indoor activities include the library, YMCA, and the New Richmond Centre. Additional activities must be approved by the Program Director or Lead Case Manager II.
4. The Case Manager and client should stay 6ft away from others during activities as much as realistically possible. During an outdoor activity, when social distancing is not an option, both the staff member and client must wear a mask.
5. The client must be encouraged to wash or sanitize their hands upon returning to the house.
6. A Trace Tracking Log must be completed for each in-person meeting in addition to regular documentation requirements.
7. Activities may be canceled or adjusted if a threat to the safety of the Case Manager or client is identified. The Program Director must be notified that the activity was canceled.
8. If the client refuses or does not follow all guidelines, in-person meetings may be canceled until further notice. The Program Director and Case Manager will evaluate when it is safe to return to in-person meetings.
9. Activities and destinations that have large crowds with close contact that do not allow for social distancing must be avoided when possible to reduce chances of COVID-19 exposure, including stores, dining in restaurants and coffee shops. Director.

Employee Support

Positive Alternatives recognizes that threats to our health and safety can be anxiety-inducing. Please do not hesitate to contact your supervisor or any Leadership Team member for support. Our EAP call center is also available 24/7 as a support for your well-being—Call 1-877-256-9302 to reach assistance.

Further Guidance

This plan will be revised to provide further guidance when necessary. Watch for regular video updates and future versions of this plan for updates. The health of all employees, visitors, and clients is important to us. Please communicate if you have any questions or concerns regarding these guidelines. We are here to support you! Positive Alternatives' programs are essential to our community, and we cannot do this work without you! We will continue to monitor, adjust our guidance, and keep you updated.

If you have questions regarding this policy or any COVID-19 related guidance, please contact your supervisor, Kelli Kamholz, Jeremy Hernandez, or Tia Walker. Each can be reached via email.

***Known exposure is defined as having sustained close contact (within 6 feet and 15 minutes or longer) with a person known or suspected to have COVID-19, providing care at home to someone who is sick with COVID-19, having direct physical contact with an infected person (hugged or kissed them), sharing eating or drinking utensils with an infected person, or were sneezed, coughed, or directly impacted by respiratory droplets from someone with COVID-19**

****COVID-19 primary symptoms as defined by CDC are fever, shortness of breath, and cough with shortness of breath and/or fever. Additionally, the following are secondary symptoms of COVID-19 when two or more symptoms are experienced: pain/pressure in the chest, new confusion, bluish coloring to the lips and/or face, chills, sore throat, headache, muscle pain, new loss of taste or smell, and repeated shaking with chills.**

Thank you for all you do!

A handwritten signature in black ink, appearing to read "Kelli Kamholz". The signature is fluid and cursive, with the first name "Kelli" and last name "Kamholz" clearly distinguishable.

Kelli Kamholz, President/CEO