

# COVID-19 Infection Control Plan

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Oregon OSHA's temporary rule for COVID-19 (OAR 437-001-0744) requires all employers to develop and implement an infection control plan. This plan builds upon each employer's exposure risk assessment, which the rule also requires, and aims to eliminate or otherwise minimize worker exposure to COVID-19. The specific requirements for this COVID-19 infection control plan are outlined under subsection 437-001-0744(3)(h). This plan does not include the additional elements required for exceptional risk workplaces.

Oregon Supported Living Program

Date: 11/20/2020

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All job assignments or worker tasks requiring the use of personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19.

-Community Group Homes, Nursing Services, Behavioral Support, and Supported Living: Direct Support Professionals are required to wear a mask at all times while transporting residents and working in the home, with the exception of when they (staff) are sleeping. When performing personal hygiene, medication administration, cleaning, and cooking, employees are required to wear gloves, and change gloves after each 'event' or between assisting each resident. Staff are required to wash hands frequently, including in between assisting residents, using the restroom, and preparing, cooking and serving meals. Alternative face coverings are available for staff who either cannot wear a mask. Staff use antibacterial wipes to sanitize vehicles.

In the event of a positive case of COVID-19 in the house, emergency staff have been fit tested for the use of n-95 masks, and those masks will be provided. All staff in an environment where a positive case will be fit tested while emergency staff cover the house and N-95s will be used by all staff if supporting someone who is infectious. Additional PPE such as gowns, face shields, etc. will also be provided and required.

-Administration Office; Staff from these programs have been working remotely since March 2020 and will continue to do so following this temporary ruling. We have a strict schedule of who can access the administrative office, to ensure that social distancing is possible. When staff members need to go into the office, they coordinate with their supervisors before doing so. This allows staff to ensure they are maintaining 6 feet distance from one another at all times and not over-filling the workspace. Staff are required to wear masks when they are in common areas such as hallways and conference rooms. They wear masks and practice 6 foot distancing if another person enters their office space. Employees sanitize common touch areas such as the copy machine and door handles upon usage, and a minimum of one time per 8 hour shift. They are encouraged to wash their hands after using the restroom, when using the break room, and conference rooms.

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The procedures we will use to ensure that there is an adequate supply of masks, face coverings, or face shields and personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19.

Bulk of all PPE supplies are in a locked room at the administrative office and will be monitored by the Admin team. As the PPE's are used, HR and the Associate Director will order more and keep the minimum on hand as much as is available from county, state, and private suppliers.

-A regular inventory will be taken of all PPE and cleaning supplies will be taken, and reordered as needed

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The specific hazard control measures that we installed, implemented, or developed to minimize employee exposure to COVID-19, listed and described.

Community Group Homes and Supported Living (as appropriate):

- Sanitize commonly touched surfaces a minimum of every 8 hours. This includes, but is not limited to; door and cupboard handles, table and counter tops, TV remote controls.
- Staff are required to wear masks at all times while working, with the exception of sleeping hours. Disposable gowns are in stock at each site, as well as surgical masks and face shields as needed when assisting with personal hygiene.
- OHA Screening questions are asked prior to anyone entering the home. This includes staff members and essential personnel.
- If an individual who receives supports is suspected of having COVID, or receives a positive COVID test, they are to be isolated in their bedroom with all meals brought to them. When possible they will be assigned their own personal bathroom. If not possible, the bathroom will be thoroughly sanitized after the individual uses it and prior to anyone else using it. In the event of a positive case of COVID-19 in the house, emergency staff have been fit tested for the use of n-95 masks, and those masks will be provided. All staff in an environment where a positive case will be fit tested while emergency staff cover the house and N-95s will be used by all staff if supporting someone who is infectious. Additional PPE such as gowns, face shields, etc. will also be provided and required. Upon entering the COVID positive resident's room, staff will also wear disposable hospital gown and gloves. Staff will remove all PPE upon leaving the bedroom, then immediately wash their hands and put all PPE in the washer, or trash as appropriate. When available, an air purifier will be running at all times in the individual's bedroom.
- Staff use antibacterial wipes to sanitize vehicles.

Training rooms:

- Sanitize commonly touched surfaces a minimum of every 8 hours. This includes, but is not limited to; door and cupboard handles, table and counter tops, TV remote controls.
- Staff are required to wear masks at all times while working.
- OHA Screening questions are asked prior to anyone entering a training room or the administrative office.
- Staff use antibacterial wipes to sanitize vehicles.

Administrative Office Staff:

- Sanitize commonly touched surfaces a minimum of 1x daily
- Reduced the staff occupying the office to only Essential Personnel that are unable to work remotely.
- Daily screening log is maintained, and questions are asked of each staff entering the building.
- Office doors to the exterior are kept locked at all times.

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- Staff are required to wear a mask when in an area with another employee, as well as any common area such as hallways and bathrooms. Staff are encouraged to keep a minimum of 6 ft distance between each other, and wash their hands frequently.

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Description of our COVID-19 mask, face covering, and face shield requirements at the workplace, and the method of informing individuals entering the workplace where such source control is required.

Please see above for requirements of wearing face coverings and face shields. The only time that only a face shield is acceptable is when a staff member submits a doctor's note indicating that they are medically unable to wear a face mask for long periods of time.

Method for informing individuals entering the workplace where such source control is required:

Community Group Homes - Signage on the front door of each home states ODDS, OHA, and OSHA requirements. Interior signage includes the signs and symptoms of COVID-19. Staff are required to read Covid Response Plan and document with their signature that they understand the requirements. Extra surgical masks are on site in case staff forget their cloth mask or if something happens to their cloth mask while working and they need a new mask.

Administrative Office - Signage on all exterior doors state ODDS, OHA, and OSHA requirements. Interior signage notes the requirements of wearing a face covering, maintaining 6 foot distancing, washing hands frequently, and noting COVID-19 signs and symptoms. There are extra surgical masks kept on site in case a staff person or essential visitor forgets their face covering. The Admin office has all back up stock of PPE, so there is plenty easily accessible if needed. All administrative staff are aware of, and read the Covid Response Plan. Documentation of reading the plan is kept in their personnel file.

Supported Living Staff (SLP): Interior signage notes the requirements of wearing a face covering, maintaining 6 foot distancing, washing hands frequently, and noting COVID-19 signs and symptoms. There are extra surgical masks kept on site in case a staff person or essential visitor forgets their face covering. The Admin office has all back up stock of PPE, so there is plenty easily accessible if needed. All staff are aware of, and read the Covid Response Plan. Documentation of reading the plan is kept in their SLP personnel file.

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The procedures we will use to communicate with our employees and, other employers in multi-employer worksites, regarding an employee's exposure to an individual known or suspected to be infected with COVID-19 to whom other workers may have been exposed. This includes the communication to individuals identified through COVID-19 contact tracing and general communication to the workplace at large.

All staff that may have had direct contact with the suspected infected person are notified via phone within 24 hours of a Program Director or HR being notified.

Employees are instructed to utilize a minimum of one Official Communication Channel, which are identified in the Covid Response Plan.

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The procedures we will use to provide our workers with the initial employee information and training required by 437-001-0744.

Oregon Supported Living Program posts all updated information to Therap Scomm's, Agency Documentation Storage and inform staff during staff meetings. Supervisors ensure all employees are given the information in a format they can read and/or understand, and signature acknowledgement via in-service training record of this information is kept in staff's training personnel file..

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Oregon OSHA's Administrative Rule 437-001-0744 Addressing COVID-19 Workplace Risks is available at [osha.oregon.gov](https://www.osha.oregon.gov).

Exposure Risk Assessment requirements are in 437-001-0744(3)(g).

Infection Control Plan requirements outlined in this document are in 437-001-0744(3)(h)(B)(i)-(vi).

COVID-19 information and training requirements are in 437-001-0744(3)(i), and as applicable for workplaces at exceptional risk, 437-001-0744(4)(b).