Sojourn: COVID-19 Preparedness and Planning Strategy

Background: Sojourn is responsible for ensuring the health and safety of our residents by ensuring preparedness, planning and enforcing the standards required to help each resident attain or maintain their highest level of health and well-being. Sojourn will monitor the CDC website for information and resources as well as participate in weekly conference calls to obtain updated information. Sojourn will contact the local health department as directed for questions or suspect a resident has COVID-19. Sojourn is aware that prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. This is a living document and should be updated as additional information is known. All staff will be trained on this plan as appropriate, as they are developed and implemented. This plan will be available for all staff (at the Suites / Day Center / Main office) and offered to all persons receiving services, their legal guardian and case manager. This preparedness and planning strategy is being developed according to CDC and MDH Guidance(s) for Preparing for COVID-19 (see also: Preparing for COVID-19: Long-term Care Facilities, Nursing Homes).

Clinical Presentation of COVID-19

Among reports that describe the clinical presentation of patients with confirmed COVID-19, most are limited to hospitalized patients with pneumonia. The incubation period is estimated at 4 days. Some studies have estimated a wider range for the incubation period; from 2-14 days. Frequently reported signs and symptoms of patients admitted to the hospital include fever, cough, myalgia or fatigue and shortness of breath at illness onset. Other less commonly reported respiratory symptoms include sore throat, headache, cough with sputum production and/or hemoptysis. Some patients have experienced gastrointestinal symptoms such as diarrhea and nausea prior to developing fever and lower respiratory tract signs and symptoms. The fever course among patients with COVID-19 is not fully understood; it may be prolonged and intermittent. Risk factors for severe illness are not yet clear, although older patients and those with chronic medical conditions may be at higher risk for severe illness.

Clinical presentation among reported cases of COVID-19 varies in severity from asymptomatic infection to mild illness to severe or fatal illness. Some reports suggest the potential for clinical deterioration during the second week of illness. In one report, among patients with confirmed COVID-19 and pneumonia, just over half of patients developed dyspnea an average of 8 days after illness onset.

Preparedness Action Plan – PHASE I (Plan for Hygiene):

I. Prepare for potential symptomatic or COVID-19 positive residents by having appropriate supplies.
   a. Take inventory and order PPE as needed to include:
      i. Masks
      ii. Gloves
      iii. Gowns
      iv. Eye Protection

II. Notify staff and clients of COVD-19 outbreak and the importance of taking precautions to prevent the spread of viral illness including:
   a. Reinforce handwashing routines, after having been in a public place, prior to and after eating, after using the toilet, or after blowing your nose, coughing, or sneezing.
   b. Residents, staff, and visitors should wash their hands for at least 20 seconds with soap and water. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
   c. Ensure handwashing and/or hand-sanitizer facilities are readily available and appropriately stocked including by entrances.
   d. Provide antibacterial liquid soap and paper towels - ensure a trash-receptacle is placed by the bathroom door so a paper towel can be readily disposed of when operating the door.
   e. Cover your cough
   f. Post handwashing and “cover your cough” signs.
   g. Provide tissues for proper cough/sneeze etiquette and no-touch disposal containers.
   h. Avoid touching your eyes, nose, and mouth with unwashed hands.
   i. Regularly sanitizing surfaces especially those in which multiple residents come in contact with
   j. Sinks could be an infection source so residents should avoid placing toothbrushes directly on counter surfaces. Totes can be used for personal items, so they do not touch the bathroom countertop.
   k. Stay home / isolate if you become ill with respiratory illness
      i. Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
      ii. Immediately stop work, put on a facemask, and self-isolate
      iii. Immediately inform Sojourn management staff and nursing staff
   l. Post signs at sites to remind visitors not to visit if have been ill with respiratory illness
   m. Ensure all visitors sign in and out of all Sojourn locations
   n. Remind staff to stay home if they are ill and to notify Sojourn Management staff as soon as possible. Management will maintain a log of ill employees
   o. Staff are to monitor all residents for new signs of illness and report immediately to Sojourn nursing staff

p. Begin staff and client illness log to track illness in the Sojourn community

Preparedness Action Plan – PHASE II (Limiting visitors and cleaning and disinfection):

III. Consider minimizing the risk to Sojourn residents by limiting, discouraging and restricting visitors as the situation warrants:

i. Restricting visitor who meet the criteria: **Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat. In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID19, or under investigation for COVID-19, or are ill with respiratory illness. International travel within the last 14 days to countries with sustained community transmission. Residing in a community where community-based spread of COVID-19 is occurring.**

ii. Limiting visitors as the situation warrants: the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.

iii. Discourage visitors as the situation warrants: facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).

b. Review and revise how clients interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission.

c. Notify clients, staff, family members, caregivers and case managers of Sojourns actions in response to COVID-19.

d. Offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).

e. Evaluate, review and post-pone medical appointments not medically necessary at this time.

f. Follow MDH and CDC guidance for frequent cleaning and disinfecting, especially shared spaces:

i. Establish a documented sanitation schedule and checklist, identifying surfaces/equipment to be sanitized, the agent to be used, and the frequency at which sanitation occurs.

ii. Ensure high-touch surfaces such as doorknobs, light switches, stair rails, counters, tables and chairs, phones, keyboards, program equipment and other shared items are regularly cleaned and disinfected - use sanitizing log.

iii. Minimize the use of shared supplies (e.g. arts and crafts, office supplies) that cannot be sanitized and consider using designated bins for clean and used items.
iv. Use EPA-registered disinfectants recommended by the CDC: https://www.epa.gov/coronavirus.
v. When washing towels, bedding, and other items, use the warmest appropriate water setting and dry items completely.

Preparedness Action Plan – PHASE III (Screening/policies for staff and residents):

I. Limit numbers in attendance at Sojourn Adult Day Services (8-10 on average)
   i. Notification of community clients that Day Services being suspended to community clients
   ii. Planning meetings to discuss staff the houses for clients to be at home during the week
   iii. Planning meetings to discuss utilization of Day Services staff in the houses
   iv. Planning meetings to discuss other staffing issues and potential for other "per diem" employees that may be called upon to work in case staff begin to report illness

b. Draft notification to Sojourn key contacts (family members, caregivers, case managers) to provide update as to Sojourn efforts and changes related to COVID-19.
   i. Ongoing review of contact list(s) to ensure accuracy and completeness
   ii. Ongoing notifications as plans evolve, change or should illness enter our Sojourn community

c. Begin staff screening procedure and ensure policies for staff who become ill to include:
   i. Measuring temperature and completion of screening questions at the start of each shift
   ii. Monitor staff and volunteers for signs of illness, including using health screening questions before beginning a work shift, and require sick staff and volunteers to stay home or return home if they are experiencing symptoms
   iii. Ensure sick policies are clearly communicated and supportive of staff and volunteers staying home when sick.
   iv. Ensure staff and volunteers know the signs and symptoms of the COVID-19 illness.
   v. Establish protocols based on MDH guidance for when a staff member or volunteer exhibits symptoms of COVID-19 or tests positive for COVID-19.
   vi. Ensure that emergency contact information for staff and volunteers is up to date.
   vii. Establish communication protocols for a positive COVID-19 case or potential exposure and ensure that an individual's identity is not disclosed, other than to a person authorized to receive the information.

viii. Notify MDH and follow their direction if a staff member or volunteer is diagnosed with COVID-19.
ix. Have a plan for back-up staffing in case a staff member or volunteer becomes ill.

d. Begin client screening procedure to include:
i. Measuring and record client temperatures daily
ii. Monitor residents for signs of illness, including using a health screening tool
iii. Ensure residents know the signs and symptoms of the COVID-19 illness.
iv. Establish protocols based on MDH guidance for when a resident exhibits symptom of COVID-19 or tests positive for COVID-19 to limit exposure.
v. Ensure that emergency contact information for residents is up to date.
vi. Establish communication protocols for positive COVID-19 cases or potential exposure and ensure that an individual's identity is not disclosed, other than to a person authorized to receive the information.
vii. Notify MDH and follow their direction if a resident is diagnosed with COVID-19.

Preparedness Action Plan – PHASE IV

II. **Close Sojourn Adult Day Services -** Governor's executive order directing Minnesotans to stay at home for two weeks, with exceptions for essential tasks or duties.
i. Notification of clients, staff, families and case managers that Day Center is now closed
ii. Notification to residents of the need to STAY HOME!
iii. Planning meetings to discuss staffing the houses for clients to be at home during the week
iv. Planning meetings to discuss utilization of Day Services staff in the houses
v. Planning meetings to discuss other staffing issues and potential for other "per diem" employees that may be called upon to work in case staff begin to report illness

b. Continue the following actions**:**
i. Closely monitor both staff and clients by assessing risk for COVID-19 or other respiratory illness on a daily basis. Increase resident assessment to twice daily
1. Resident temp logs / assessment for symptoms
2. Staff assessment sheets
ii. Continue to ask that family, friends and case managers do not visit our Sojourn Suites (houses).
iii. Continue working on contingency plans should staff or clients become ill
iv. Weekly calls with the Minnesota Department of Health

Preparedness Action Plan – PHASE V (Source Control, Social Distancing and Ventilation)

III. Implement recommended actions for Source Control

a. Plan for when and how facemasks will be used by residents, staff, and visitors and provide staff with recommended protective supplies, such as facemasks, gloves, disinfectant, eye protection, shields, etc.
   i. Staff must wear mask for Source Control
   ii. Consider staff use of eye protection when providing direct care and potential for airborne "splashes"
   iii. Increased use of gloves
   iv. Continue staff assessments – to be done as soon as they enter the house
   v. PPE training module completed by all staff

b. Social distancing:
   i. No group activities: gatherings of residents and staff in the facility should be carefully considered and redesigned, as necessary, to reduce prolonged close contact among staff, residents, and families.
   ii. Identify strategies for creating distance in the houses
   iii. Rearrange seating spaces to maximize the space (at least 6 feet) between people. Turn chairs to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
   iv. Stagger breaks to maximize social distancing.
   v. Hold meetings remotely, if possible.
   vi. Staff and volunteers should also maintain social distance when interacting with each other.
   vii. Staff should limit entering residents' rooms as much as possible to reduce potential for cross-contamination, unless required for supervision.

c. Ongoing monitoring of sanitizer, hand soap and hand sanitizer in the houses
   - Sanitizing checklist

d. Food and Meals
   i. Prohibit food (including condiments) and beverage sharing between residents.
   ii. Stagger mealtimes / seating to maximize social distancing.
   iii. If meals are served family-style, plate each meal to serve it so that multiple people are not using the same serving utensils.

e. Ventilation
   i. Allow for maximum fresh air coming in by opening windows when weather conditions permit.
   ii. Ensure HIVAC system is properly maintained and use of high-density air filter.
   iii. Avoid having fans blowing across people.

f. Management Team meets daily
   a. Continue to monitor MDH and CDC websites for updated information

b. Daily phone calls to staff who are working
    i. Check-in re: residents physical and mental health
    ii. Check-in re: staff's physical and mental health
c. Staff meetings as needed to communicate new information and to support staff
d. Surveillance / walk-throughs to confirm compliance with:
    1. Staff temp and symptom screen
    2. Resident screening
    3. Use of PPE
    4. Sanitizing / hand hygiene
    5. Social distancing

g. Continue to support and encourage our clients, staff to stay healthy both physically and mentally
    i. Identify key staff to develop strategies for increasing client engagement in the houses – while distancing
    ii. Identify key staff to monitor engagement / mental health or other needs at the houses on a weekly / daily basis
h. Continue to strategize processes / plans for clients and/or staff that become ill with COVID-19.
i. Continue to prepare for potential symptomatic or COVID-19 positive residents by having appropriate supplies.
j. Discuss and initiate plans to set up areas to isolate or cohort residents who become ill: Lower level at WE, lower level at James, Day Center building
    i. Set up spaces
    ii. Gather and order supplies as needed (care supplies, bedding, towels, call devices, monitoring devices)
k. Research and obtain contracts with supplemental staffing agencies to support covering shifts for staff that experience exposure, become ill or test positive for COVID-19.
    i. Review and sign contracts as appropriate
    ii. Establish onboarding process

Preparedness Action Plan - Client becomes ill (See Appendix I for outline of SPECIFIC steps)

I. Facilities with residents suspected of having COVID-19 infection should contact their local health department - MDH
    a. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality.
    b. Patients with a mild clinical presentation may not initially require hospitalization. However, clinical signs and symptoms may worsen with progression to lower respiratory tract disease **in the second week of illness**; all patients should be monitored closely. Possible risk factors for progressing to severe illness may include, but are not limited to, older age, and underlying chronic medical conditions such as lung disease, cancer, heart

failure, cerebrovascular disease, renal disease, liver disease, diabetes, immunocompromising conditions, and pregnancy.

i. **Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC.** Facilities without an airborne infection isolation room (AIIR) **<u>are not required</u>** to transfer the resident assuming:
    1. the resident does not require a higher level of care and
    2. the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.
    3. Sojourn can isolate the client within our care to mitigate risk to others
        a. Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed
        b. If a client shares a bathroom, staff MUST be diligent about sanitizing the bathroom after EVERY USE
        c. No specific treatment for COVID-19 is currently available. Clinical management includes prompt implementation of recommended infection prevention and control measures and supportive management

ii. Ensure staff are informed and trained to use PPE:
    1. Facemasks protect the wearer from splashes and sprays
    2. Eye protection, gown, and gloves continue to be recommended
iii. Consider designating one location with dedicated HCP, to care for known or suspected COVID-19 patients

c. Families should be notified as well as other contacts (housemates, staff, etc. – follow CDC / MDH guidance
d. Notify MDH of increased respiratory outbreaks – need to report and obtain guidance
e. The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer.
    i. **Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer**.
    ii. While awaiting transfer, residents should wear a cloth face covering or facemask (if tolerated) and be separated from others (e.g., kept in their room with the door closed)
    iii. All recommended PPE should be used by healthcare personnel when coming in contact with the resident.

Preparedness Action Plan - Staff becomes ill or exposed to COVID-19

II. If staff have had community-related exposure to COVID-19, follow CDC Public Health Recommendations for Community-related Exposure community-related exposure
III. If staff become ill with respiratory illness
    a. Any staff that develop signs and symptoms of a respiratory infection **while on-the-job**, should:
        1. Immediately stop work, put on a facemask, and self-isolate
        2. Immediately inform Sojourn management staff and nursing staff
    b. Staff that develops signs and symptoms of respiratory infection outside of work should:
        i. Immediately inform Sojourn Management staff and nursing staff
    c. **Return to work**: 10 days after first symptoms or positive test including 3 days with no fever and improvement of symptoms.
IV. If staff are exposed to COVID-19
    a. For High risk or medium risk exposure: Exclude from work / self-quarantine for 14 days after last exposure (See CDC Guidance) https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

b. For low risk exposure: May not need to be excluded from work, may need to wear additional PPE for source control (See CDC Guidance) https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

V. Contingency and follow-up actions:

i. Identify staff willing to work:
   1. Extra hours
   2. With sick clients

ii. Consider hiring additional staff proactively including staff willing to work "on call"

iii. Consider partnering with other local Home Care or staffing agencies to identify staff looking for work

iv. Notify families and consider additional options should staffing shortage occur:
   a. How can families or other support people help
   b. Consider bringing temporary employees on board
   c. Contact staff agencies to determine if they could support staff needs

v. Maintain a log of staff who become ill with respiratory infection

b. Notify the CDC as per guidelines and recommendations

VI. **CLIENT OR STAFF BECOME ILL: Perform RISK ASSESSMENT for other clients in the house and STAFF who have worked in the house**.

For guidance on assessment and management of exposure risk in non-healthcare settings, refer to the Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19). The guidance for non-healthcare settings can also be used to identify the movement, public activity and travel restrictions that apply to the HCP included here. Summary of Recent Changes 04/15/2020:

Update: This Interim Guidance was updated and archived on April 12, 2020. Updates were made to align with revisions to the public health recommendations for community-related exposure to COVID-19, which changed the period of exposure risk from "onset of symptoms" to "48 hours before symptom onset."

Given the ongoing transmission of COVID-19 in communities across the United States and the role that asymptomatic and pre-symptomatic individuals with COVID-19 play in transmission, the feasibility and benefits of formal contact tracing for exposures in healthcare settings are likely limited and **this guidance is being archived. No further updates are planned.**

Healthcare facilities should consider foregoing contact tracing for exposures in a healthcare setting in favor of universal source control for healthcare personnel (HCP) and screening for fever and symptoms of COVID-19 before every shift. Additional infection prevention and control recommendations, including more details about universal source control in healthcare settings are available.

a. Because of their often extensive and close contact with vulnerable individuals in healthcare settings, a conservative approach to HCP monitoring and restriction from work was taken to quickly identify early symptoms and prevent transmission from potentially contagious HCP to patients, HCP, and visitors. The signs and symptoms* described in this guidance are broader than those described when assessing exposures for individuals not working in healthcare. Healthcare facilities should have a low threshold for evaluating symptoms and testing symptomatic HCP, particularly those who fall into the *high*- and *medium- risk* categories described in this guidance.

b. Healthcare facilities, in consultation with public health authorities, should use clinical judgement as well as the principles outlined in this guidance to assign risk and determine need for work restrictions. CDC remains available for further consultation by calling the Emergency Operations Center at 770-488-7100.

VII. Preparedness Communication and Training

a. A copy of this plan will be available to all staff, volunteers, or service providers at each of the Sojourn Suites and at the Sojourn main office and is readily accessible to staff who need to review it.
b. Ongoing training and communication will be provided to all staff and volunteers on how to follow the plan, ensuring they are knowledgeable and capable of implementing it, and updating them on any changes to the plan.
c. The plan will be available to the Commissioner as requested or required.
d. Communications will be ongoing to clients, guardians, legal representatives and case managers regarding Sojourn's preparedness plan and resources provided as needed to follow the plan.
e. Staff with concerns about their employer's COVID-19 Preparedness Plan or questions about their rights should contact MNOSHA Compliance at osha.compliance@state.mn.us, 651-284-5050 or 877-470-6742.

APPENDIX I: Preparedness Action Plan - Client becomes ill

I. Resident presents with symptoms of respiratory illness: Fever, shortness of breath, cough/sore throat

a. ISOLATE THE CLIENT AND take Droplet Precautions

i. Keep client in their room and keep the client's bedroom door shut – if client shares a room, move the other resident out of the room where possible.

ii. Consider moving client to Sojourn suite (one at James, one at WE) designated as a quarantine suite.

1. Is client a fit for those sites
2. What additional staffing needs will be necessary

iii. Have the client wear a mask, even in their room

iv. Staff must put on a mask upon entry into the client's room

v. Staff must put on a disposable gown upon entry into the client's room and wear eye protection

vi. Limit the movement of the client outside their room: Keep in their room whenever possible:

1. Bring a commode in to their room
2. Bring in supplies for them to perform ADLs/hygiene in their room: Basin for water, towels, hand soap, kidney basin or basin for brushing teeth – toothbrush, toothpaste, wet wipes, tissues, large garbage container with disposable garbage bag – other essential hygiene supplies.
3. Bring in supplies to clean or dispose of PPE:
    a. Large waste receptacle
    b. Solutions to clean goggles (**Appendix II**)

II. Are 2 or more residents presenting with symptoms?

i. If yes, contact MDH 651-201-5414 or 1-877-676-5414 for decision on testing (may want to contact if only 1 as well – need guidance on clients and staff)

ii. Update resident's personal care provider with change in condition

iii. Notify the client's family

iv. Notify housemates and families as appropriate

v. Notify and meet with staff to review procedural requirements for respiratory precautions and use of PPE

III. **Assess whether or not the client needs to be admitted to the hospital**

a. Not all patients with COVID-19 require hospital admission. Residents at increased risk are:

i. Over age 65
ii. People with chronic lung disease or moderate to severe asthma
iii. People who have heart disease with complications
iv. People who are immunocompromised including cancer treatment
v. People of any age with severe obesity or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk

b. The decision to monitor residents in the inpatient or outpatient setting should be made on a case-by-case basis taking into consideration:
   i. Clinical presentation: vital signs, respiratory status, ability to control fever
   ii. Client's ability to engage in monitoring
   iii. Underlying conditions – clinical presentation may worsen the 2nd week of illness
   iv. Sojourn's ability to safely isolate in the home
   v. Risk of transmission in the house – who are the other residents?

IV. If client needs to go to the hospital:
   a. Prior to transfer, emergency medical or transport services and the receiving facility should be alerted to the resident's diagnosis **prior to transfer**
   b. While awaiting transfer, residents should wear a cloth face covering or facemask (if tolerated) and be separated from others (e.g., kept in their room with the door closed)
   c. All recommended PPE should be used by healthcare personnel when coming in contact with the resident.

V. **Perform RISK ASSESSMENT for other clients and staff in the house**:
   a. Are other clients in the house showing symptoms of COVID-19?
   b. Consult with MDH **651-201-5414 OR 1-877-676-5414** for decisions on:
      i. If testing should be performed
      ii. Following precautions for all residents
      iii. Notifying primary care physicians
      iv. Managing staff

APPENDIX II: Reprocessing (CLEANING) Eye Protection

When manufacturer instructions for cleaning and disinfection are unavailable, following the following CDC Guidelines for cleaning eye protection:

1. When wearing fresh, clean gloves, carefully wipe the ***outside*** of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution (**Lysol product, Clorox product, Pink sanitizer, JAWS).**
2. If residue, wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
3. Fully dry (air dry or use paper towels).
4. Remove gloves and perform hand hygiene.

APPENDIX III: Visitors and Transportation

Follow MN Department of Health guidance for OUTDOOR visits

1. Visitors should be encouraged to call ahead and schedule their visit.
2. Communicate visitation requirements to visitors.
3. Visitors should be screened for COVID-19 symptoms prior to entrance.
4. All visitors must sign in on sign-in log and provide contact information.
5. Provide visitors with hand sanitizer or access to a handwashing area, and facemasks if available.
6. Resident must also wear a face covering (mask).
7. Encourage social distancing between residents and their visitors.
8. Whenever possible, visits should occur outdoors or in a visiting room close to the facility entrance. Visitors should limit interactions to those individuals that they are visiting.
9. Clean and disinfect the area after each visit.
10. Encourage residents to wash their hands after interacting with a visitor.

Transportation

11. Plan for the use of facemasks when providing or assisting residents to access transportation.
12. Avoid where possible the use of public transportation, ridesharing, or taxis. If necessary, ensure resident takes precautions: face mask, social distancing where able, hand sanitizer available, consider use of gloves.
13. Limit the number of residents in the vehicle and ask them to spread out to maintain social distancing as much as possible.
14. Do not have air recirculated while in a vehicle.
15. Remind residents to wear a facemask or face covering, wash their hands, and follow social distancing guidelines while they are away.
16. Driver must also wear a face covering and should actively sanitize the vehicle before and after rides.
17. Driver's should not stop between destinations (i.e. to shop or access other businesses).