



**J.F. SHEA THERAPEUTIC RIDING CENTER, INC.
SAFETY POLICY**

2. PANDEMIC PREPAREDNESS AND RESPONSE PLAN

Created by: Risk Management Team

Effective: May 2020

I. PURPOSE

To establish a Pandemic Preparedness and Response Plan in order to protect staff and respond to company needs resulting from a pandemic communicable disease as resources permit.

II. POLICY

Staff at The Shea Center must be prepared for and respond to the threat and onset of pandemic communicable diseases using standard methods to minimize risk of infection to staff, clients and other visitors to the facility, as well as to ensure appropriate treatment of illness and maintain or restore full company operations. This document does not replace any other documentation for safety and operations at The Shea Center, rather this is in addition to those already existing policies.

III. ROLES AND RESPONSIBILITIES

The following roles and responsibilities are in addition to those already assigned in the *Emergency Action / Risk Management Plan*.

A. Risk Management Team

1. The Risk Management team (“The RMT”) is made up of representatives from departments including, but not limited to, qualified representatives from the Program, Volunteer, Equine, Facilities, Development, and Finance/Human Resource Departments. They will periodically review and update the *Pandemic Preparedness and Response Plan*, including the following:
 - Meet monthly or more frequently as needed.
 - Propose recommendations to senior leadership to manage ongoing issues and concerns.
 - Provide overall direction of the response activities of all departments with support from senior leadership.
 - Monitor information from the CDC, county, state, etc. to track biological threats and advise leadership.
2. Assist with developing strategies to manage the effects of an outbreak.
3. Help facilitate an effective response by mobilizing needed resources.

B. Company Spokesperson(s)

1. The Executive Director, the Board Chair, the Communications Manager and any other specifically assigned spokespersons will develop and manage communication with employees, senior leadership, the board of directors and the public.
2. They will work closely with The RMT to facilitate communication

C. Any staff member at The Shea Center may be asked to assume other duties as assigned during a pandemic response.

IV. COMMUNICATION

The Shea Center will use a variety of distribution methods to share information in the event of a pandemic, including (but not limited to):

- a) Cell Phones and land Lines
- b) Radios
- c) Email
- d) Mass Communication and Notification System through Social Media
- e) The Shea Center's Website at www.sheacenter.org
- f) Media / News Organizations (including all broadcast media)

V. PREVENTION

A. Hygiene Practices

At all times, staff members will take appropriate steps to reduce the transmission of both seasonal and communicable diseases in the workplace. To minimize risk, staff should continue to frequently wash their hands and follow proper coughing and sneezing etiquette.

B. Preventing the Spread of Illness

1. Staying Home When Ill: During flu season and/or when there is a threat of a communicable disease pandemic, it is critical that staff members do not report to work while they are ill and/or experiencing symptoms of flu and/or identified communicable disease symptoms.
 - a. Staff members are responsible for monitoring their own health for any symptoms identified by public health officials as possible signs of communicable disease. (However, temperature and symptom checks may be



part of the daily work procedure at The Shea Center.)

- b. The Center for Disease Control and Prevention recommends that people with identified symptoms or influenza-like illness remain at home until at least 24 hours after they are free of fever or signs of a fever without the use of fever-reducing medications.
- c. Staff members who report to work when ill will be separated from others and sent home.

Staff members should contact their manager to inform them of their condition and the appropriate time they will need before they can return to work. In some cases, a doctor's note may be required to return to work. Any questions should be directed to Gayle McAleese in HR at (949) 240-8441 ext. 103 or Nicole Cassens at Optimum Employer Solutions at (949) 650-7800 ext. 224.

2. Staying Home When Not Ill: A severe communicable disease pandemic could result in a significant level of absenteeism. Some staff members may need to remain home if they are in the At-Risk population category per [CDC guidelines](#), or to care for ill family members or simply provide care for children during school closings. If it is related to COVID-19, the situation may qualify for Emergency Paid Sick Leave (EPSL) and other provisions under the Families First Corona Virus Recovery Act (FFCRA). Please contact HR with regard to your specific situation. The Shea Center will be as flexible as possible to balance personal situations and work schedule requirements. The Shea Center will request medical information confirming the need for a staff member to be absent and appropriate time for employee to return to work.

- a. Any medical information obtained as well as voluntarily disclosed by an employee will be treated as a confidential medical record.

C. Cleaning and Disinfecting Surfaces

Cleaning and disinfection can reduce the numbers of viruses present on surfaces, which can help to minimize hand transfer of viruses. Below are some key procedures to follow:

1. When cleaning and disinfecting staff members should use appropriate personal protective equipment, (ie: masks, goggles/glasses, gloves and face shields.) Masks and goggles shall be worn when preparing disinfectant and cleaning solutions and when applying these solutions by hand to wipe and/or clean any surfaces.

2. Clean and disinfect surfaces multiple times a day that are touched routinely by hands, or “touch points” (e.g. tack equipment will be cleaned in between client sessions along with regular cleaning of doorknobs, handrails, railings, water fountains, vending equipment, bathroom surfaces, door entries, trash containers, light switches, computer keyboards, printers and copiers, etc.) A facility cleaning schedule shall be created, monitored and updated by the Risk Management Team and/or someone designated to monitor. Each staff member will have a container of disinfectant wipes at their desk and is asked to please wipe down your work station at least three times per day.
3. Follow manufacturer instructions for proper use of disinfectants such as proper concentration of product and the time the product should be in contact with the surface being disinfected.
4. The janitorial service will regularly clean large area surfaces (e.g., floors, lobbies and holding cells) and common areas with detergent/disinfectants, in accordance with manufacturer instructions, on a regular basis, as per facility policy, but The Shea Center staff should perform this function if there is a clear need for the area to be cleaned.

Follow manufacturer procedures to ensure the effectiveness of cleaning and/or disinfectant solutions and their associated rinse water, mop heads, and cloths (e.g. separate buckets for solutions and rinse water, frequent exchanges of solutions, replacing soiled mop heads and cloths with clean items, using microfiber mopping methods). Methods of cleaning will be used for individual areas only and should not be used on various surfaces at the same time (ie. one floors, desks, faucets, tables).

Janitorial staff are required at all times wear masks when on site.

5. Regularly educate and remind staff and visitors about the importance of hand washing and hand hygiene, emphasizing “hand awareness” (i.e., avoid touching nose, mouth, or eyes after touching a potentially contaminated surface or object).
6. Doors to single person/family use bathrooms shall remain open when not in use. This will allow increased air circulation to that space.

VI. PROCEDURES

The procedures for the *Pandemic Preparedness and Response Plan* are supplemental to The Shea Center’s *Emergency Action / Risk Management Plan*. Procedures for the *Pandemic Preparedness and Response Plan* implemented will coincide with local, state and federal announcements and the World Health Organization’s (WHO) Phases of a Pandemic. If deemed necessary, The Shea Center may choose to increase safety protocols.

1. Planning Considerations and Assumptions

Pandemics are unpredictable and there is no way to know the characteristics of a pandemic before it emerges. It is necessary to make the following assumptions to facilitate planning efforts:

- a) Susceptibility to a pandemic communicable disease will be universal.
- b) Efficient and sustained person-to-person transmission signals an imminent pandemic.
- c) Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- d) Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection could increase during the peak period of a community outbreak, with lower rates of absenteeism during the period before and after the peak.
- e) Certain public health measures (closing schools and quarantining households of infected individuals) could increase rates of absenteeism.
- f) Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur.
- g) Continued communication and practice of preventive measures (see Section V.) are key to reducing the spread of communicable diseases throughout all phases of a pandemic.

2. World Health Organization (WHO) Phases 1 – 4: PANDEMIC ALERT PERIOD (Prevention and Planning)

The WHO Phases 1 through 4 correlates with preparedness, planning, and monitoring as the communicable disease transitions from predominantly animal infections, with a few human infections, to sustained human to human transmission. The Shea Center will take the following actions during the Pandemic Alert Period:

- a) The Executive Director and the COO will communicate with The RMT and identify responsibilities and concerns.
- b) Alert The Shea Center staff of potential risk and strategies to reduce risk of infection.

- c) Update training on infection control policies and procedures.
- d) Continue communication and practice of the prevention measures in Section V.
- e) Raise awareness and remind staff regularly of respiratory hygiene, handwashing, coughing/sneezing etiquette and cleaning and disinfecting procedures.
- f) Staff members that have recently returned from countries designated by the CDC as Warning Level Three (3) must disclose this to The Shea Center prior to returning to work and await further guidance. Staff members traveling outside of the state or taking a trip by plane must disclose this to The Shea Center and await further guidance.
- g) Consider implementation of protocol requiring staff members who have traveled to countries designated by the CDC as Warning Level Three (3) to stay home for 14 days from their arrival date to the U.S. before returning to work. A doctor's release obtained after the 14-day notice will be required.
- h) Reinforce importance of flu vaccines among staff.
- i) Ensure that staff contact lists are current.
- j) Ensure that vendor / partner contact lists are current and printed as well as accessible in the databases.
- k) Review and update emergency procedures.
- l) Create and implement policy and procedure for design, creation and posting of signage. Post signs at The Shea Center entrances to inform visitors of any requirements.
- m) Review The Shea Center policies and procedures for operating from remote locations including staff member homes.
- n) Review and discuss The Shea Center HR policies for absences, restrictions on symptomatic and exposed staff members and scheduling to reduce interpersonal contact.
- o) Establish plans for extended business interruptions in the event of sustained community outbreaks.
- p) Identify positions that, in the event of a sustained community outbreak, can work from home.

- q) Implement contingency plans to isolate operations and limit movement of employees outside their designated work and break areas. Isolation could be implemented during a sustained community outbreak or an outbreak that occurs at The Shea Center.
- r) Recommend staff to speak to their treatment provider in regards to increasing their supply of medications.
- s) Support staff member development and update home preparedness plans, including procedures that minimize the potential for infection.
- t) Develop and maintain a list of resource providers for each department in terms of equipment (such as PPE).
- u) Increase stockpiles of protective equipment, including gloves, masks and hand sanitizers. The inventory kept on hand will be determined by Risk Management Team.
- v) Determine strategies for facility-wide cleaning in the event of sustained community outbreaks.
- w) In coordination with the local health department, communicate with The Shea Center staff concerning risk of pandemic communicable disease, protective measures and any possible changes in scheduling.
- x) Staff succession plans in place in case key leadership staff become ill from pandemic virus.

3) WHO PHASE 5 – 6: Pandemic Period

WHO Phases 5 and 6 are characterized by human-to-human spread of the communicable disease. Phase 5 is a strong signal that a pandemic is imminent and that the organization must begin implementation of planned measures. The Shea Center will take the following actions during the Pandemic Period:

- 1) Activate the *Emergency Action / Risk Management Plan* and the *Pandemic Preparedness and Response Plan* simultaneously and inform all employees of the appropriate actions.
- 2) Assess the local situation and identify the status of programs and actions undertaken by local authorities that might impact The Shea Center's program operations.
- 3) Implement social distancing policies and procedures to minimize The Shea Center employee contact with potentially infected people.

4) Implement Universal Source Control either with onsite symptom survey/temperature checks or if needed a source tracker questionnaire in Salesforce can be completed by all staff members each day before starting work (includes various questions, including confirmation of temperature check, 14-day self-quarantine if returning from a country designated by CDC as Warning Level Three, etc.).

5) Implement isolation contingency plans.

- i. Potentially exposed employees are those that are in “close contact” with someone who is infected, which is within approximately 6 feet of a person with a pandemic condition for a prolonged period of time within the 48 hours prior to the onset of symptoms.

Potentially exposed employees who **have** symptoms of the pandemic condition should self-isolate:

- ii. Below are the current recommendations as of May 11, 2020- if a staff member has symptoms The Shea Center will consult the local health department and follow medical direction for the most recent recommendations at that time as these may change.

Remain isolated at home until at least 3 days (72 hours) have passed since recovery which means that any fever has resolved without the use of fever-reducing medications and there is improvement in your respiratory symptoms (e.g., cough, shortness of breath) for at least 3 days, AND at least 10 days have passed since the symptoms first appeared. This data is evolving as to how long the virus actually sheds once someone is asymptomatic. Return to work will depend on current health data.

- iii. Seek prompt medical care if the symptoms get worse. If they are life-threatening, call 911 and let them know you have been in close contact to a person with confirmed pandemic condition.
- iv. Notify your manager and all of your close contacts that they have been exposed and need to quarantine for 14 days. Tell everyone you had close contact with starting 48 hours before your symptoms started.
- v. Potentially exposed staff members who **do not have** symptoms should remain at home or in a comparable setting and practice social distancing for 14 days.
- vi. Staff members not considered exposed should self-monitor for symptoms such as fever, cough, or shortness of breath. If they develop symptoms, they should notify their supervisor and stay home.

6. Implement required disinfecting of workspaces.
7. All persons entering The Shea Center will be screened.

This action is recommended to help prevent transmission from infected individuals who may or may not have symptoms.

For anyone on the property, a cloth face covering will be required -**NO FACE COVERING, NO ENTRANCE** UNLESS he/she is a client whose disability makes wearing a face covering impossible.

A supply of face coverings will be available for staff at all times. Staff exceptions for wearing a mask limited to the following (riding a horse, working a horse alone, teaching a riding lesson where there is adequate social distance)

Actively screen everyone for fever and symptoms before they enter the facility. Ensure any third-party personnel or contractors have procedures for symptom and temperature checks of their employees before allowing them to do work on-site. (ie. Cleaners)

8. Ensure use of personal protective equipment, this may include face shields/masks, gloves, and protective eyewear.

#9

PPE Type	Frequency/purpose	Exception	Note
Cloth mask covers nose and mouth	Worn at all times	Riding, working a horse on the ground, teaching a lesson	No exceptions
Face shield	Worn for client without mask and must be accompanied by cloth mask covering mouth	None	Clean between clients
Latex or medical gloves (food grade acceptable substitute)	Worn for disinfecting or treatment	None	Dispose of safely Staff training
Equestrian gloves for long-lining in client session	Optional		Must be changed/disinfected between clients
Protective eyewear	Encouraged to wear at all times, required		Sunglasses, reading glasses, goggles, face

	if you are interacting or could possibly interact with anyone other than a co-worker while on-site.		shield
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9. When wearing face shields, they will also be worn with a mouth covering mask underneath. Masks if not worn with a face shield will be worn over the nose and the mouth. Gloves are optional when engaged in normal daily activity. Gloves must be worn if cleaning and disinfecting. If gloves are used proper donning/doffing and changing polices must be adhered to. Staff will be trained on these guidelines. Disposable gloves will be changed between every interaction with a client or if soiled/contaminated at any time. Non-disposable gloves must be cleaned between every client or if soiled/contaminated at any time. Protective eyewear shall be used when interacting with the public. Eyewear may include sunglasses, reading/seeing glasses or goggles. Goggles, face shields, gloves, hand sanitizer and masks will be made available to staff at all times for on-site use. Food grade gloves are appropriate to use per the CDC guidelines in the event medical grade gloves are in short supply.

10. **PPE provided by The Shea Center:** Cloth masks, face shields, disposable gloves, goggles, hand sanitizer.

11. **Continue communication and practice of prevention measures** (see Section V).

12. **Social distancing measures can be taken** to restrict when and where people can gather to stop or slow the spread of infectious diseases. Social distancing measures include, but are not limited to:

- a. In person meetings may be changed to conference calls or internet videoconferences.
- b. Staff members that can telecommute may be asked to do so.
- c. Shift plans to reduce the amount of people that are onsite at a time may be enacted to limit the amount of contact.
- d. Restrictions may be placed on staff members coming or going into specific areas.
- e. Events will be reviewed to determine if they need to be postponed or modified.
- f. Avoid any unnecessary travel and cancel workshops, conferences and in-person seminars for company purposes.

13. Postponement of Specific Operations

- a. During a pandemic event, the leadership may make the critical decision to close specific operations. This decision will be made and implemented based on information received from various entities including county, state, and national authorities, along with other advisories gathered during the pandemic.
- b. The following decision points are only a guide to the decision-making process and may not be the only considerations. As the pandemic unfolds, new information may provide alternative choices.
 - Transmissibility
 - Morbidity
 - Mortality
 - Geographic spread
 - Proximity of confirmed cases
 - County Public Health & Environmental Services recommendations
 - Closing of K-12 public schools
 - Rising employee absenteeism
 - Assessment of risk perception

14. Develop and implement policies and procedures for workforce contact tracing following a positive medical test in the workplace.

- a) Ask infected staff members to identify all individuals who worked within six feet of the individual for a prolonged period of time (10 to 30 minutes or more depending upon particular circumstances) and just how close the employees were during the 48-hour period before the onset of symptoms.
- b) The Shea Center will send home all employees who worked closely with the infected employee to ensure the infection does not spread.
- c) Coordinate any media contacts with The Shea Center's Executive Director.

4 POST PEAK & POST PANDEMIC - Continuity and Recovery

- A. **Resumption of Normal Operations** should be based on the recommendations of federal, state, and/or local health authorities. The CDC recommends re-opening the business if the answer to each of the following questions is "yes:"
 - Are you in a community no longer requiring significant mitigation?
 - Will you be able to limit non-essential employees to those from the local

geographic area?

- Do you have protective measures for employees at higher risk (e.g. teleworking, tasks that minimize contact)?

B. Assess capability of The Shea Center to return to normal operations. Prepare to adopt the CDC recommended actions:

- 1) Promote healthy hygiene practices.
- 2) Intensify cleaning, disinfection. There should be routine cleaning for indoor areas that have been unoccupied within the last seven days. For indoor areas that *have* been occupied within the last seven days, the CDC recommends that frequently touched surfaces and objects made of hard and non-porous materials (glass, metal, or plastic) be cleaned and disinfected more often. Frequently touched surfaces and objects made of soft and porous materials, such as carpet, rugs, or material in seating areas, should be thoroughly cleaned or laundered frequently. If possible, remove soft and porous materials in high traffic areas. Even surfaces and objects that are not frequently touched should be cleaned on a routine basis
- 3) Cancel non-essential travel, and encourage alternative commuting and telework
- 4) Space out seating (more than six feet) and stagger gathering times
- 5) Restrict use of any shared items and spaces
- 6) Train all staff in the above safety actions.
- 7) Prohibit visitors from entering the facility if they are sick by posting appropriate signs at each entrance.

C. Continue communications with staff, clients, volunteers, board and committee members.

D. Review response and revise plans in preparation for potential new pandemic cycle.

- 1) Encourage staff members who are sick to stay home.
- 2) Continue to monitor the workforce for indicative symptoms; do not allow symptomatic individuals to physically return to work until cleared by a medical provider.
- 3) Staff members who have symptoms when they arrive at work, or become sick during the day, should immediately be separated from other staff, customers, and visitors and

sent home. You are permitted to ask them to seek medical attention and get tested for the pandemic illness.

- 4) Before the staff member departs, you may ask them to identify all staff who they worked closely with. Staff members who develop symptoms outside of work should notify their supervisor and stay home.
- 5) Establish routine, daily employee health checks.
- 6) Monitor absenteeism and having flexible time off policies.
- 7) Have an action plan if a staff member gets a pandemic condition.
- 8) Create and test emergency communication channels for employees.
- 9) Establish communication with state and local health authorities.

E. Persons confirmed with the pandemic illness who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

These are the current recommendations as of May 11, 2020- if a staff member has symptoms The Shea Center will consult the local health department and follow medical direction for the most recent recommendations at that time as these may change.

1. Remain isolated at home until at least 3 days (72 hours) have passed since recovery, which means that any fever has resolved without the use of fever-reducing medications and there is improvement in your respiratory symptoms (e.g., cough, shortness of breath) for at least 3 days, AND at least 10 days have passed since the symptoms first appeared.
2. The Shea Center may require negative results of an FDA Emergency Use Authorized molecular assay from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens) before allowing employee to return to work

F. After returning to work, the staff member(s) who had the pandemic illness should:

Below are the current recommendations as of May 11, 2020- The Shea Center will consult the local health department and follow medical direction for the most recent recommendations at that time as these may change.

- i. Wear a facemask* for source control at all times while in the facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. (Note – The Shea Center will not allow anyone on site who may still have any symptoms at all.)
- ii. A facemask* instead of a cloth face covering* should be used for source control during this time period while in the facility.

***Definitions (CDC)**

Cloths face covering: Textile (cloth) cover that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. **They are not PPE and it is uncertain whether cloth face coverings protect the wearer.** Guidance on design, use, and maintenance of cloth face coverings is [available](#).

Facemask: Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

- iii. Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
 - iv. Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen
6. A staff member may claim that they cannot return to work at the site due to the pandemic. Staff members are only entitled to refuse to work if they believe they are in imminent danger. It may be best to consult with employment counsel before making a final decision in the matter.

When should an employee suspected or confirmed to have COVID-19 return to work?

Sick employees should follow [steps to prevent the spread of COVID-19](#) if you are sick. Employees should not return to work until they [meet the criteria](#) to discontinue home isolation and have consulted with a healthcare provider and state or local health department.



Can an employee refuse to come to work because of fear of infection following a suspected or confirmed case of COVID-19?

Employees are only entitled to refuse to work if they believe they are in imminent danger. OSHA defined “imminent danger” to include “any conditions or practices in any place of employment which are such that a danger exists which can reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated.”

Employers should consider these cases on a one-by-one basis (i.e. for those employees who are higher risk) and reach out to their human resources department to discuss.