Aurora Housing Authority
Pandemic Response Plan

Version 2
March 26, 2020

This plan provides guidance to Aurora Housing Authority employees and may serve as a plan for maintaining essential functions and services during an infectious disease pandemic. This guidance neither replaces nor supersedes any current, approved Aurora Housing Authority continuity plan; rather it supplements it, bridging the gap between the traditional, all-hazards continuity planning and the specialized continuity planning required for a pandemic by addressing additional considerations, challenges, and elements specific to the dynamic nature of a pandemic.

This guidance stresses that essential functions can be maintained during a pandemic outbreak through mitigation strategies, such as social distancing, increased hygiene, the vaccination of employees, and similar approaches. It develops protocols and promotes the well-being of the community both within and without the organization.

The purpose of this plan is to address the following issues related to pandemics:

- This policy outlines AHA’s intent to minimize exposure to pandemic diseases and to effectively respond to this threat should an incident occur.

- Create a culture of infection control in the workplace that is reinforced during the annual influenza season, to include, if possible, options for working from home while ill, systems to reduce infection transmission, and worker education.

- Establishing contingency plans to maintain delivery of services during times of significant and sustained worker absenteeism.

The continuum of pandemic phases*

*This continuum is according to a “global average” of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

Content source: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD)
**Activation of the Pandemic Plan**

The Executive Director will activate of the Pandemic Plan in whole or in part when any of the following conditions apply:

- Pandemic-relevant information is obtained from local, regional, or national sources
- Local case(s) or an outbreak of the pandemic strain of an infectious disease is confirmed locally
- A pandemic is declared by the World Health Organization

The occurrence and expected impact of illness in the population will require coordinated efforts by all.

**Deactivation of the Pandemic Plan:**

Under the guidance of local public health agencies, the Executive Director will determine when to return to normal business operations.

**Pandemic Response Team**

Pandemic Response Team members will have the following responsibilities:

- Enforce infection control measures with their staff:
  - Remind employees to wash their hands with soap and water for at least 20 seconds or clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol.
  - Ensure that adequate supplies are maintained – paper products, soap, alcohol-based hand sanitizers, gloves, masks, and disinfectant wipes and sprays
  - Place hand sanitizer in multiple locations, such as building entrances, common areas, conference rooms, and at all employee workstations to encourage hand hygiene.
  - Work with the Office Manager to ensure posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene are posted in the workplace and at the properties in places where they are likely to be seen.
  - Reinforce infection control measures at safety meetings as well as reminder emails on prevention techniques
  - Enforce cleaning and disinfecting commonly touched surfaces

- Identify and communicate which employees, vendors, suppliers and systems are essential to maintaining operations.
• Maintain a list of duties and positions for which individual employees are cross-trained within each department. Should staffing levels drop due to an outbreak, supervisors can use this list to fill in positions where needed.

• Develop and submit a plan to continue required operations within their departments with the least possible number of staff with the understanding that some priority obligations may be downgraded to non-essential during the activation of this plan.

• Assign work assignments and set performance expectations for employees that work from home.

• Ensure that all employees in their departments are adequately trained on emergency procedures in the case of a pandemic and in the prevention of illness.

• Encourage all employees to be vaccinated, annually for influenza and other preventable illnesses.

The Pandemic Response Team will establish the following policies and procedures:

• Reduction of face-to-face contact
  o Enforce social distancing measures to minimize exposure between staff and the public, including use of “virtual” technologies to attend essential meetings.

• Training and preparing of all employees to maintain mission-critical tasks
  o Development of “how to” step-by-step guides describing execution of critical tasks

• Flexible work hours, including staggered work hours and working remotely

• Restricting employee travel to affected areas

• Guidance for employees returning to the United States from affected areas

• Counseling services for all employees and their families, particularly those affected by illness

• Special procedures/accommodations for employees with special needs or disabilities

• Collaboration with other agencies

• Collaboration with vendors who may be able to provide services in lieu of absent employees

• Any security concerns (controlled access to facilities, records, communication, signing authorizations)

• Developing a “back to normal” plan
Members of the Pandemic Response Team are:
Each Pandemic Response Team member will select a back-up employee to assume their duties in case of their own illness. This person will be kept current on all emergency procedures and this list will be kept with this plan and updated as needed.

Senior Staff:
- Craig Maraschky – Executive Director
  back up: Melinda Townsend
- Les Arney – Deputy Executive Director of Finance
  back up: Rolinda Pruitt
- Melinda Townsend – Deputy Executive Director of Assisted Housing and Family Services
  back up: Steve Blackstock
- Maggi Quinn – Director of Facilities and Assets
  back up: Steven Romero
- Cindy Gonzales – Director of Property Management
  back up: Meera Dane
- Tania Morris – Director of Assisted Housing
  back up: Frank Heslop
- Dayna Ashley-Oehm – Director of Development
  back up: Melissa Stirdivant
- Adrienne Robinson – Director of Human Resources
  back up: Hannah Han

Administration:
- Hannah Han – Special Projects Manager/Coordinator of the Plan
- Kristin Mounce – Office Coordinator/Admin Assistant

It is the duty of the Pandemic Response Team Coordinator to:
- Monitor issues and information related to pandemics to keep the plan up to date.
- Recommend any changes to the plan as circumstances warrant.
- Communicate with public health agencies, emergency responders and others regarding the plan, and understand their capabilities should an outbreak occur.
- Attend external training/seminars about pandemic outbreaks in order to remain current about the pandemic threat in our community.
- Implement this plan should it become necessary.
• Prepare employees for what they should have ready at home in case AHA closes.

• Develop a plan to keep employees informed of developments as they occur, including those employees who remain at home.
  o This could include text message and voice message alerts sent to personal cell phone numbers, an intranet website for employees, and so on.
  o The plan must also include procedures for responding promptly to employees’ questions about such issues as whether to report for work and special hours of operations during an outbreak.

Communications:

Public communications for clients, residents, suppliers, and the general public:
The Response Team Coordinator will post information on the AHA website and social media sites that will include: office closure notices and how it will impact services for clients, how to reach staff during a closure, and applicable resources. Letters will be posted on resident doors at AHA properties with information on infection control and how the pandemic will impact them. A template for HCV program participants and AHA residents is stored on the common drive. Requests for comment by the media must be directed to the Executive Director.

Internal communications for staff:
The Executive Director will send an email to staff on how the pandemic will impact the agency and when AHA offices are to close. The Emergency Response Team will continue to meet during office closures via daily conference or video calls. Supervisors will remain in contact with their staff and will set performance standards and work expectations when working remotely during office closures. All AHA staff shall remain in contact via email, text, or the Teams app. In emergency situations, the Office Manager will broadcast mass text messages and recorded voice messages to all staff.

Preparation – Before a Pandemic Outbreak

The Pandemic Response Plan Coordinator will, prior to the annual influenza season, provide information to all employees regarding practices that are recommended by public health officials that will reduce the spread of the infection. The Coordinator will also develop a list of recommended infection control supplies (hand soaps, hand sanitizer, disinfectant wipes, tissues, personal protective equipment and so on) and will ensure that each location has a sufficient supply.

The Human Resources Director shall recommend an emergency sick leave policy to be adopted in the event of a pandemic. The policy is to be non-punitive and require employees who have been exposed or who exhibit symptoms of the illness to remain at home.

The Coordinator and the Information Technology consultant will ensure that the agency has sufficient IT infrastructure to support employee telecommuting and remote access to agency services on AHA-issued computers.
**Business Continuity - Maintaining Essential Business Functions:**

In the event of a pandemic, it is important that core people and core skills are available to keep essential business functions in operation. Essential business functions have been identified as:

- Payroll
- Vendor Payments
- HAP Landlord Payments
- Lease-Up/Program Exits for Family Services and Property Management
- Emergency work orders at the properties – Fire, Flood, Blood
  - Work orders will be triaged
  - Snow Removal
- Commodities at VWC1, 2; Fletcher; Summersong

**Essential Business Functions and Business Continuity during a Pandemic – Specific Departmental Response:**

**ASSISTED HOUSING**

- All briefings and meetings will cease for the time being. These activities will be handled by utilizing written materials and instructing applicants to submit questions by email or phone.
- Return postage paid envelopes will be used for all annual/interim documents and additional information correspondence.
- All documents can be submitted by email, including RFTA packets for participants who are moving.
- Biennial inspections are suspended pending further notice.
- Special inspections will be conducted after Frank has assessed the situation to ensure the landlord has been notified and there is a need for AHA to proceed. If an inspection is needed due to an imminent threat of health and safety Frank will verify the absence of symptoms to the best of his ability in connection with the CDC provided guidelines.
- Initial inspections will continue to be conducted to eliminate the displacement of assisted families. The inspector will verify the absence of symptoms to the best of his/her ability in connection with the CDC provided guidelines.

**Critical Department Functions and Staff**

- **Moves** - Includes calculations and initial inspections; this function is essential because a family may potentially be homeless if the process cannot be completed.
- **Interim Decreases** – Decreases in income will be processed to lessen the financial hardship for individuals who have lost their jobs or are facing reduced work hours.
The tasks listed above are initiated by all Housing Specialists and effect all programs. Coverage for the task is as follows:

**HCV, NED and TPV**  
Celia, Denise, Khanh, and Crystal

**Portability**  
Breezy and Latisha

**Mod and VWC**  
Mary, Khanh, Celia and Tania

**HQS**  
Advance Home Inspection Services (Andrew Scully), Contract Inspectors across programs. Back-up would be Affordable Housing Consultants or Frank Heslop.

- **HAP Run** – Processing payments for landlords and tenants.  
  Mary is responsible for this function during regular operations. In an extenuating circumstance that would require the function be performed remotely Tania would be responsible and Latisha would act as back-up. The check run will be emailed to the Finance Manager and Finance Assistant on the 15th of the month for the mid-month run and three days before the end of the month for the end of month processing. Any exceptions or unforeseen circumstance will be communicated with the Finance Manager and Finance Assistant.

**DEVELOPMENT**

**Critical Functions:**
Construction Oversight 6th Ave – Staff: Melissa with Dayna as back up
- Construction - Draws (4th Wednesday), OAC (Wednesdays)
- Resident Relocation – Hospitality units, timing of moves, cleaning + sanitize (add to scope of work)
- Develop Vendor/Contract List (cleaning, moving, pest control, PODS, roll off, Comcast, furniture assembly)

Not Critical but still in the works:
- Communication PX & 6th Ave – Staff: Dayna PX, Melissa 6th
- Develop and schedule periodic communication and messaging with investors, CHFA and soft funders
- Development Planning PX II & Fitz -- Staff: Dayna with Melissa as back up
- Develop virtual strategies to continue design and development process with team (facilities, property management, architects, owner’s rep, financial consultant, GC, etc.)

## Facilities Management

### Staff
The most important rules to follow in a pandemic are ensuring your health, the health of others around you and minimize panic. Follow all recommendations regarding hygiene, social distancing, preparation and awareness.

### Work Orders
During the pandemic, work orders may be subjected to a triage process to determine the need for immediate, routine or corrective response, depending on the health of our staffing, and the health of the resident.

Please ask the resident if they are ill, or if they exhibit signs of being ill, (i.e. coughing, sneezing, etc.). If the task requested for the ill resident is urgent, please contact your supervisor to discuss the task and possible solutions.

If the work order is not urgent, the Facilities employee may politely inform the resident that they will need to return to perform the work at a later date.

### Personal Protective Equipment (PPE)
In addition to hand-washing, disposable gloves should be worn for every task requiring entry into a residential unit. Employees who have high-frequency, close contact with the general population that cannot be eliminated using alternative methods, and where contact with symptomatic ill persons is expected should use personal protective equipment. An N95 mask will provide such barrier protection. Use of a respirator may be considered if there is an expectation of close contact with persons who have symptomatic influenza infection. During a pandemic, a shortage of surgical masks is likely. A reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission of an infectious disease.

Should employees encounter situations that require more PPE than they have access to for a given task, they should consult their supervisor for direction.

Employees should wash hands frequently with soap or sanitizing solutions to prevent hands from transferring potentially infectious material from surfaces to their mouths or noses. While the use of gloves may make employees more aware of potential hand contamination, there is no difference between intentional or unintentional touching of the mouth, nose or eyes with either a contaminated glove or a contaminated hand. **If an employee does wear gloves, they should always wash their hands with soap or sanitizing solution immediately after removal** to ensure that they did not contaminate their hand(s) while removing them.
When selecting PPE, employees should consider factors such as function, fit, ability to be decontaminated and disposal.

**Emergency Contacts**

If maintenance needs arise that the maintenance techs cannot address, either due to a lack of available and healthy staff, insufficient PPE (personal protective equipment), or need for specialized technical knowledge, outside contractors can be utilized.

Below is a list of the most commonly used contractors for emergency situations.

---

**Family Services**

The Family Services department will create OneNote account where all documents that need to be shared by Family Services staff can be saved on the Cloud.

**Critical Functions**

- Case Management – Moved to phone and email
  - FUP – Steve and Laura
  - VASH – De Andra and Steve
  - A@H – Laura and Melinda

- Community Building
  - Fletcher Service Coordination – Pooja and Steve
  - VWC – Belinda and Steve
  - First Avenue - Belinda and Pooja
  - Summersong, Trolley Park, and Willow Park

- Commodities
  - Fletcher – Pooja and Steve
  - VWC – Belinda and Steve
  - Summersong – Pooja and Lorraine

- Rental Assistance (TBRA)
  - A@H Rental Assistance Request and Rent Calculation Forms – Laura, Steve and Melinda

- Billings
  - Family Rapid Re-Housing (CCH) – Laura and Steve
  - Arapahoe County (FUP) – Melinda and Laura

- SC Grant Monitoring – Steve and Melinda

- Intakes – Suspended
• HQS and Lease Ups – Steve or Andrew
  o Will be completed only if both participants and owners/property managers meet the wellness information provided by the CDC and only for participants currently searching for housing.

• Housing Search – Cathy and Case Managers
  o Cathy will only conduct housing searches for people who have been oriented by A@H AHA and who are currently in housing search and are living in public spaces not intended for habitation or in cars. If participants are double upped, living shelter, or in motels, housing search will be suspended.
  o No new candidates will be accepted until further notice.

**Service Coordination/Community Building**

- All activities, meetings and events are canceled.
- Community Rooms, computer labs, and exercise room are closed.
- Only commodities can be distributed.
- Work with Kristin and Property Management to get grocery list distributed to all senior properties.
- No face-to-face communication with residents. Service Coordination/Community Building offices are closed to the public.
- Provide contact information to residents that normally have access to a Service Coordinator/Community Builder so residents can access assistance by telephone or email.

**Housing Case Management**

- Home visits have been suspended any urgent needs will be assessed by the Dep. ED for Housing and Family Services.
- Case management will be conducted only by phone calls and emails. Emails will only be used in the event a phone conversation is not an option or as a follow-up to a phone call.
- Each case manager will email or text links on information around best health practices at home for the households being served.
- Create OneNote account that can be accessed from home or work so case notes can be saved whether at work or offsite to be prepared for a possible closure.
- Set up a Family Services “Team” connection.
- Test access to HMIS from home computer to be prepared for a possible closure.
- **Aurora@Home**
  o Monthly Combined Navigator Reports – Due by the 21st of each month or the first business day after the 21st. - Can be suspended.
  o No new referrals until future notice.
  o Lease-up participants in housing search who are actively homeless (sleeping in public places not intended for habitation and/or in cars).
Participants who are double-upped, living in shelters or in motels can wait.
  - Quarterly Reports – Upload necessary files and complete on time unless due date is altered.

**Essential Duties**

- **Commodities** – Food Bank of the Rockies will continue to deliver commodities on the first Wednesday of the month since seniors need these food items. If we want to cancel delivery we can do so. If delivered.
  - Staff will distribute boxes to each unit receiving a box and use the proxy form to accept the box for all residents. Resident interaction will be reduced to a minimum.
- **Colorado Coalition for the Homeless Billing**
  - The Lead Family Advocate will outline a system with CCH so they understand that in the event of closure, AHA will be sending the billing to them electronically.
  - The Lead Family Advocate will work out a process for Payroll to send all documents necessary for the billing to be sent electronically to the Lead Family Advocate.
  - Be sure all CCH billing documents have been saved to the OneNote account so they are accessible whether at AHA or working from home.
  - Send completed documents in the correct order to the Dep. E.D. for Housing and Family Services to review and sign electronically.
  - Once reviewed and signed electronically, the Lead Family Advocate will submit them to CCH.
- **Arapahoe County Billing**
  - An Excel document will be created listing all FUP participants and that document will be shared by the Family Advocates and the Dep. E.D. for Housing and Family Services.
    - Family Advocates will enter their case management hours on the Excel Form by the last business day of the month.
    - The Dep. E.D. for Housing and Family Services will use the data in the Excel form to complete the Child Welfare Billing form due to Arapahoe County by the fifth of every month (electronic submission only). Child Welfare Billing form will be on the Family Services shared OneNote site.
- **Aurora@Home**
  - Quarterly Beneficiary Report for HOME to the City of Aurora – Due 4/30, 7/31, 10/31, 1/31
    - Dependent on City expectations.
    - Can be done with access to HMIS and report forms being placed on OneNote for completion.
- Monthly and Quarterly Reports due the Division of Housing – Dependent both on APS/CCSD and DOH.
  - Monthly Reports – Due by the 15th of each month
  - Quarterly Reports - Due 4/15, 7/15, 10/15, 1/15
- Meetings –
  - Postpone March Governing Board to April.
  - Cancel April Operations Committee meeting since meeting frequency has gone to bi-monthly.

- Monthly Board Reports

### HUMAN RESOURCES

**Essential Duties:**
- New hire orientations
- Benefits enrollments
- Benefits trouble shooting
- Performance management
- Employee relations
- Terminations, FMLAs, and workers comp.

**What to anticipate during a pandemic outbreak:**
- Implementation of the emergency sick leave policy
- Policy and procedures for working remotely
- Notifying staff of exposure risk while adhering to HIPAA laws

### PROPERTY MANAGEMENT

**Essential Duties:**
- Encourage residents and applicants to utilize electronic communication such as emails, including utilizing the AHA website to provide for basic forms and program interaction.
- Extend move-ins if possible – as long as the applicant is not homeless or can remain in their unit, extend move in dates under a Tier 4 alert.
- Under a Tier 4 alert – the maintenance team will only respond to maintenance emergencies.
- Working from home for office staff: Forward office calls to AHA cell phones, answer emails, continue work in Yardi, create work orders and email to techs
- Move offices to appointment only. Control access to building by designating only certain entrances to be used.
- Disinfection of meeting spaces between appointments. Train in thoroughness of cleaning in common areas and of frequently touched items like elevator buttons, door handles, and intercom panels.
- Ensure that operating instructions/manuals/records for equipment and building systems are accessible onsite in the event individuals with primary responsibility for those tasks are unavailable
- Residents must notify management if they are ill to ensure management takes the necessary steps to disinfect common areas.
- Consider receiving payments electronically. Ensure drop boxes are in working order at all sites.

**What property management should anticipate during a pandemic outbreak:**

- Anticipate lost rent revenue from residents that are furloughed or unable to work, receive a paycheck, and pay rent
- Increase in vacancy losses
- Overtime and temporary staff cost increases for maintenance workers to catch up on work orders following an outbreak
- Significant delay in processing or receiving rent payments
- Availability of services from sub-contractors or critical vendors may be affected (this may affect maintenance of key equipment)
- Residents requiring assistance in decontamination procedures.

**Administration**

**Essential duties:**
- IT Operations including phone system and cell phones
- Communications: website, social media
- Xanadu building operations – keys, alarms, CCTV, purchasing
- Safety meeting presentations
- Board liaison

**What to anticipate during a pandemic outbreak:**
- Ensure Xanadu is locked down and remind staff to unplug all heaters, humidifiers, etc
- Place signs on doors notifying public of the closure
- Ensure main phone line message gets updated with office closure information
- Ensure staff is set up with appropriate phone applications
- Broadcast emergency text messages and voice messages

**When Notification of a Pandemic Occurs:**

Should a pandemic occur, the response team will, under the guidance from health officials such as the State of Colorado’s Department of Public Health and Environment and Tri-County Health, implement the following tiers, as deemed necessary.
**Response Divided into Tiers:**
The pandemic response team will continually monitor the pandemic and its effect on the agency and community. AHA will follow a four tier escalation ladder (from Tier 1 to Tier 4) to respond to exposure risks that will impact AHA’s operations. The primary criterion for moving up the ladder is the number of community transmission events as well as guidance from local officials.

**Tier 1 – Infection control**
Emphasize basic infection control measures by emphasizing that staff stay home if sick. Implement good hygiene and infection control practices, initiate social distancing, implement improved sanitation and prevention measures, all while the pandemic response team continuously monitors risk. Evaluate working remotely capabilities. Restock personal protective equipment, hand sanitizers, hand soap, disinfectant wipes and sprays, gloves, paper towels, and toilet paper.

Infection control per the CDC:
- Promote frequent and thorough hand washing, including by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
- Encourage workers to stay home if they are sick.
- Encourage respiratory etiquette, including covering coughs and sneezes.
- Provide residents and the public with hand sanitizers, tissues, and trash receptacles.
- Discourage workers from using other workers’ phones, desks, offices, or other work tools and equipment, when possible.
- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, employers should consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. Follow the manufacturer’s instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE).

**Tier 2 – Enforce Social Distancing**
As the number of cases increase in the community, AHA shall enact social distancing measures under the guidance of the Executive Director. Plans will include updating visitor protocols to reduce exposure between staff and the public, discretionary work from home planning, limits on in-office meetings, visits, and services, and make or review plans to move critical workflows to offices that are not impacted.
• Enact social distancing protocol at all AHA sites –
  o Prioritize meeting with clients – avoid face to face meetings when possible
  o Closure of community meeting spaces that includes: all community room spaces, computer labs, exercise rooms, etc.
  o Cancellation of all social gatherings, events, and activities
  o Conduct meetings online by using the Teams app on your mobile phone or via conference call – avoid face to face meetings if possible
  o A “no handshake” policy – a few alternatives to handshakes: bowing, clasping one's hands together in front of chest, putting a hand over the heart as is done in multiple communities and cultures

• Monitor exposure to the infectious disease to determine whether office closures or self-quarantine measures must be implemented

• Team members will contact their key vendors to determine the impact of the outbreak on their operations and its effects on our ability to perform daily functions, and they will communicate the results to their direct supervisors. The direct supervisor will see to it that we obtain extra quantities of any necessary supplies that may be threatened due to the outbreak such as personal protective equipment.

Tier 3 – Close all offices to the public
Close all offices to the public, enforce social distancing measures, enforce cancellation of face to face meetings, events, activities, and execute workload movement plans.

• The emergency sick leave policy shall be implemented. Supervisors will be instructed to send and keep employees home if they exhibit symptoms of illness, working from home if practical.

• Direct supervisors will monitor staffing levels within their departments and will find ways to maintain critical operations in light of any staffing shortage.

Tier 4 – Shutdown all offices
If a shelter in place or stay at home order is issued by the State, City, or local public health agency, AHA will lock down all offices entirely and order staff to work from home to the best of their ability.

• The maintenance team will only respond to emergency work orders.
• Employees with job duties that can be accomplished by working remotely will be encouraged to work from home unless they have been cross-trained to work in place of an employee who is ill.

• Should the closing of any location be a consideration due to exposure to the infectious disease and/or inadequate staffing availability, direct supervisors will contact the Executive Director to obtain their advice and consent prior to any closings.

• Ensure notices are posted prominently at the sites informing residents and clients of the situation and telling them how to reach staff by phone or email. Telephone and other lines of communication must be routed to staff who are working from home.

• The Coordinator is to ensure that the public is kept informed of any changes that affects business with AHA. This information is to be included on the AHA website, AHA social media pages, in the lobbies of our locations, and in other media as appropriate.

• The Coordinator is to implement the employee contact plan to ensure that all employees are kept informed of developments as they occur, including employees who remain at home. This will primarily be through email as AHA email is in the cloud and can be accessed on the web.

Changes in the work environment to minimize exposure:
In order to minimize exposure during a pandemic, AHA will allow working remotely and flexible work hours, e.g. staggered shifts, alternating days. If feasible, supervisors should encourage employees to work remotely instead of the office until the threat of the pandemic is lifted.

Guidelines for working remotely:
During a pandemic, working remotely will reduce the chances of spreading the infectious disease through social distancing. Employees must comply with the following guidelines and any additional requirements imposed by department supervisors and/or specific situation.

1. Performance of duties: The employee’s duties, obligations and responsibilities remain unchanged under the working remotely guidelines. The employee will meet or communicate with their supervisor to receive assignments, review work progress, and complete work as often as the supervisor determines it to be necessary.

2. Employees who work remotely are expected to satisfactorily perform the functions of their job while working off-site. Employees will demonstrate their productivity while working remotely.

3. If requested by the supervisor, the employee will complete a work assignment log or other form of documentation of work performed remotely and provide it to their supervisor as required.
4. Employees who work remotely will remain accessible to their department as required by their supervisor. At a minimum, employees will respond promptly to voicemails and emails. A supervisor may impose additional accessibility requirements as necessary for the smooth operations of the department.

5. Schedules will be coordinated and approved by the employee’s immediate supervisor in accordance with departmental and agency guidelines. Non-exempt employees are not to work overtime or beyond their scheduled hours without prior approval from their supervisor. Failure to obtain prior approval for overtime may result in discontinuance of working remotely and disciplinary action up to and including termination. Non-exempt employees will not work off the clock.

6. Employees will be expected to attend staff meetings and other mandatory meetings virtually or via conference call.

Emergency sick leave policy during a pandemic:

If an employee is sick:
Employees must notify their direct supervisor immediately to ensure proper precautions are taken in the workplace. If a medical professional confirms exposure to the infectious disease, it would be deemed a “serious medical condition” which would qualify for FMLA coverage for those who are eligible. FMLA is job protected coverage for the care of a serious medical condition. A medical release form would be required to return to work.

If the office shuts down in response to the escalating number of cases during the pandemic or exposure to the infectious disease, employees will either work in staggered shifts in the office or remotely from home to reduce community spread. Timesheets for hourly employees will be managed by their supervisors.

Exposure in the workplace:
If an employee feels ill, or if someone observes that another employee is exhibiting symptoms of illness at work, staff must notify their supervisor. The supervisor will take action to send the employee home and ask that they seek medical attention. Supervisors will close off their work area for proper sanitation. Supervisors shall notify the Human Resources Director of possible exposure in the workplace.

In the event that an employee tests positive for the infectious disease, it is required that the employee notify their supervisor via phone or email and not report to work. The infected employee must identify all personnel who worked in close proximity with them in the past 14 days. Supervisors must notify the Human Resources Director who will then inform all employees of their possible exposure to the infectious disease in the workplace while maintaining confidentiality as required by law. Employees who worked closely with infected employees shall be sent home for a 14 day self-quarantine.
If an employee: has a suspected but unconfirmed case of the infectious disease or is asymptomatic for the virus but came in contact or is caring for someone with the infectious disease - the employee must notify their supervisor who will then notify the Human Resources Director. The HR Director shall communicate to the affected workers letting them know that AHA is acting out of an abundance of caution about their potential exposure.

If an employee returns from a restricted country, they must self-quarantine for 14 days upon their arrival.

AHA will follow the guidance of the Colorado Department of Health and Environment and other public health agencies in ordering affected staff to self-quarantine at home.

**Exposure at the properties:**

Property managers and employees shall consider additional precautions. Because public health organizations encourage sick employees to stay home during a pandemic, there may be an increased risk of the spread of disease to employees and other residents. To protect employees and other residents from sick individuals, when maintenance requests are received, it is important to qualify whether or not someone in the unit is ill and then evaluate whether the request is an emergency. In the event of a confirmed case at the properties, staff are asked to call NuBilt Restoration or other available vendor a thorough disinfection and sanitation.

If a resident is ill, facilities or maintenance staff should only be dispatched to the unit in the event of an emergency work order. If you believe or have confirmation a resident is ill with a pandemic virus, contact your local health department and your national health agency for guidance on next steps. In the event of a maintenance emergency, staff should follow these precautions:

- Wear a mask (if available) and gloves while in the unit and dispose of gloves and mask immediately after work is completed.
- Wash hands with soap and warm water for at least 20 seconds immediately after work is completed or use hand sanitizer if soap and water are not available
- Leasing staff shall avoid shaking hands and shall ask prospective residents to reschedule showings if they are sick

**AHA Office Locations:**

AHA has one main office, 9 leasing offices, and 10 total properties with 809 total units:

<table>
<thead>
<tr>
<th>Property</th>
<th>Phone</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main office- Xanadu</td>
<td>720-251-2100</td>
<td>2280 S Xanadu Way, Aurora, CO 80014</td>
</tr>
<tr>
<td>Connections at 6th</td>
<td>720-949-1961</td>
<td>621 Potomac St. Aurora, CO 80011</td>
</tr>
<tr>
<td>68 Units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exponent</td>
<td>720-900-3078</td>
<td>820 S. Ironton St. Unit 100, Aurora, CO 80012</td>
</tr>
<tr>
<td>50 Units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fletcher Gardens</td>
<td>303-343-8490</td>
<td>1401 Emporia St. Aurora, CO 80010</td>
</tr>
<tr>
<td>93 Units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area</td>
<td>Phone Number</td>
<td>Address</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Ivy Hill</td>
<td>303-366-2371</td>
<td>14208 E. Grand Drive Aurora, CO 80015</td>
</tr>
<tr>
<td>Peoria Crossing</td>
<td>720-389-7921</td>
<td>3002 N. Peoria, Aurora, CO 80010</td>
</tr>
<tr>
<td>First Avenue</td>
<td>303-366-2975</td>
<td>112 Kenton St. Aurora, CO 80010</td>
</tr>
<tr>
<td>Trolley Park</td>
<td>720-858-1445</td>
<td>1445 Dallas St. Aurora, CO 80010</td>
</tr>
<tr>
<td>Willow Park</td>
<td>303-337-4472</td>
<td>14061 E. Colorado Dr. Aurora, CO 80012</td>
</tr>
<tr>
<td>Summersong</td>
<td>303-696-0698</td>
<td>10024 E. Evans Ave. Denver, CO 80247</td>
</tr>
<tr>
<td>Village at Westerly Creek (1, 2, and 3)</td>
<td>720-251-2081</td>
<td>10827 E. Kentucky Ave. Aurora, CO 80012</td>
</tr>
</tbody>
</table>
Table 1: Risk Categories for Exposures Associated with International Travel or Identified during Contact Investigations of Laboratory-confirmed Cases

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Geographic (Travel-associated) Exposures</th>
<th>Exposures Identified through Contact Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Travel from Hubei Province, China</td>
<td>Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection <em>without using recommended precautions</em> for home care and home isolation</td>
</tr>
</tbody>
</table>
| Medium (assumes no exposures in the high-risk category) | - Travel from mainland China outside Hubei Province or Iran  
- Travel from a country with widespread sustained transmission, other than China or Iran  
- Travel from a country with sustained community transmission | - Close contact with a person with symptomatic laboratory-confirmed COVID-19  
- On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction  
- Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person |
Table 1: Risk Categories for Exposures Associated with International Travel or Identified during Contact Investigations of Laboratory-confirmed Cases

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Geographic (Travel-associated) Exposures*</th>
<th>Exposures Identified through Contact Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (assumes no exposures in the high-risk category)</td>
<td>Travel from any other country</td>
<td>Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact</td>
</tr>
<tr>
<td>No identifiable risk</td>
<td>Not applicable</td>
<td>Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.</td>
</tr>
</tbody>
</table>

*In general, geographic exposure categories do not apply to travelers who only transit through an airport.