MEMORANDUM

To: All Minnesota Chippewa Tribe Staff
From: Gary S. Frazer, Executive Director
Subject: COVID-19 Employee Update
Date: March 17, 2020

With the news of confirmed cases of COVID-19 (Coronavirus) crossing the state of Minnesota, we understand the Minnesota Chippewa Tribe (MCT) and our employees have many questions about what this means for us. We are taking this situation seriously and our day-to-day operations are changing in response. The health and wellbeing of all employees is our top priority.

The MCT Management Team has met and will continue to meet on a regular basis to monitor data from Tribal, State and Federal health authorities that tell us how many confirmed cases are in the state. All available data is updated for the implementation of the MCT emergency response plan. At this point, we are making every effort to keep our workplace sanitary and safe by increasing cleaning measures.

Currently, the MCT office remains to be in a low-risk level, and not in an area of outbreak. According to the Minnesota Department of Health, an area is considered an outbreak when there have been five or more confirmed cases within a close proximity. As of this date, there are zero confirmed cases in our area. Our priority is to slow the transmission of COVID-19 and do the best we can to protect our employees through preparedness and proactive measures.

To lessen the risk of exposure to our employees and staff, we are implementing the following:

- In the event of illness, we want our employees to stay home and get the care they need and return to work happy and healthy. That is why we have extended our personal leave to employees that are sick or have household members that are experiencing symptoms. This includes coverage of personal leave for up to 14 days which is the recommended self-isolation period, per health officials. (Note: Self-isolation is defined as staying home and limiting physical interaction with others). Employees will first use their available personal time and the MCT will cover the remaining balance of the required
self-isolation. A doctor’s note will be required to return to work if an employee tests positive.

- All supervisors/Division Directors are required to monitor and document their staff that are on a 14-day self-isolation.
- All non-essential travel continues to be temporarily suspended.
- When employees are returning from personal travel to affected high risk areas (towns or cities that have known COVID-19 confirmed cases) either within the state of Minnesota or out-of-state, they are required to contact their supervisor prior to returning to work. Self-isolation for 14 days will be the standard practice for returning from such travel. Employees must use their available personal time off for this period.
- All MCT-sponsored events are postponed until further notice.
- Elder employees 55+ and employees with compromised immune systems can self-isolate with supervisor/Division Director approval (follow leave policy identified above). Please see Appendix A for underlying medical conditions as issued by the Center for Disease Control (CDC) and implemented by the Minnesota Department of Health (MDH).

There will be no visitors allowed in MCT offices until further notice. Please advise your clients, program counterparts, friends and family members, etc. of this restriction and to conduct business via email and by phone. We will make arrangements for those contractors or individuals who are deemed essential to our operations.

Please contact your healthcare provider if you experience symptoms and communicate with your supervisor/Division Director frequently. We will continue to issue updates and the situation progresses. Thank you for all your understanding during this unprecedented time.

Attachment
Appendix A: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease** as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease** as defined by your doctor. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].