



SHIAWASSEE
Health & Wellness

SHW COVID-19 PLAYBOOK

WORKING TOGETHER TO STAY STRONG, SAFE, AND HEALTHY
LEADERSHIP TEAM

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MESSAGE FROM CEO

Let me begin by acknowledging how incredibly proud and thankful I am for our SHW team. When tested our team proved to be proactive, innovative, and resourceful in a situation unlike any other we have experienced. We demonstrated a willingness and ability to respond. We are beginning to recover and before long—as the post-pandemic world takes shape—we will be thriving.

The health and safety of all involved is our number one priority. The information in this playbook represents our current practices. This is a working document that will be updated to reflect changes in directives and emerging recommendations. It is intended to support the MI Safe Reengagement Plan and provide information and instructions for keeping each of us safe.

The SHW COVID-19 Playbook is designed to be a guide and resource for how we can work together to create a healthy environment. Each of us plays an important role in keeping us safe. Our level of success is counting on each member of the team to be well informed and prepared to respond. This work will be challenging but we can do it if we continue working together. Stay tuned! Be informed! Stay Well!

Lindsey Hull, CEO

A handwritten signature in blue ink that reads "Lindsey Hull". The signature is written in a cursive, flowing style.

WORKPLACE SAFEGUARDS

Pursuant to Governor Whitmer's Executive Order No. 2020-175, Safeguards to Protect Michigan's Workers from COVID-19, Shiawassee Health & Wellness (SHW) as a provider of essential behavioral health services shall ensure the following safeguards:

COVID-19 WORKSITE SUPERVISORS

SHW designates the following worksite supervisors with responsibility for assuring adherence with and monitoring and reporting on with the safeguards identified in this plan.

7:30-8:00am Reception Staff employee is designated
8am-5pm, Mon-Friday, Leadership Staff or Clinical Supervisor on-site each day. Rotating calendar available on intranet page.
Freedom Connection- 1 employee designated per shift

COVID-19 SPECIFIC TRAINING

SHW will provide and maintain documentation of COVID-19 training for all employees on the following topics:

- Workplace infection-control practices.
- The proper use of personal protective equipment.
- Steps the employee must take to notify SHW of any symptoms of COVID-19 or suspected or confirmed diagnosis of COVID-19.
- How to report unsafe working conditions.

SHW RESPONSIBILITIES – WORKPLACE SAFEGUARDS

To promote a safe workplace, SHW will:

Assign dedicated entry points for employees at SHW location. At this time, this is the only SHW building open. As Orders allow, other SHW facilities will monitor entry points for the need for visual indicators of appropriate spacing for employees outside the building, or staggered start times or rotational schedules to reduce entry congestion as needed.

Provide two cloth face masks to each employee. N95 masks, face shields, gowns and gloves will be reserved for employees needing to have close or prolonged contact with consumers and/or stakeholders.

Enforce the appropriate use of face coverings.

Increase distancing between employees by spreading out workspaces and staggering work schedules.

- Post room capacities outside of work areas, offices, and meeting rooms.
- Conference Room Capacity Levels:
 - Board Room #1 – 11 people
 - Conference Room #2- 4 people
 - Conference Room #3- 6 people
 - Conference Room #6- 3 people
 - Conference Room #7- Masks on only with 2 people.
- Provide visual indicators of six feet distancing in areas of high congestion.
- Prohibit social gatherings and meetings that do not allow for social distancing or that create unnecessary movement through the office.
- Disinfect high-touch surfaces in offices (e.g., whiteboard markers, restrooms, handles) and minimize shared items when possible (e.g., pens, remotes, whiteboards).
- Ensure workspaces are cleaned and disinfected regularly, especially on high-touch surfaces and in shared areas.
- Provide disinfecting supplies and require employees wipe down their workspaces at least twice daily.
- Post signs about the importance of personal hygiene.
- Encourage frequent handwashing and sanitizing of workspaces throughout the day.
- Suspend all nonessential visitors.
- Restrict all non-essential travel, including in-person conference events.
- Encourage consumers with chronic health conditions to schedule between 8-10am or meeting outdoors if possible.

EMPLOYEE RESPONSIBILITIES – WORKPLACE SAFEGUARDS

SHW employees will adhere to the following safeguards to protect themselves, coworkers, and those we serve:

- Complete a COVID-19 symptom self-screen prior to working on-site or prior to face-to-face appointments in the community. This self-screen is located on SharePoint. Employee to answer screening questions. Daily list of staff name, temperature, and answer to questions is sent to Human Resources Director, who is maintaining a file of daily screenings.
- Do not come to work if you are not feeling well.
- Maintain social distancing of at least six feet to the maximum extent possible. When six feet of social distance cannot be maintained, face coverings should be worn.
- Wear a cloth face mask in shared areas or when six feet of distance is not possible.
- Avoid unnecessary gatherings or in-person contact with others while at work.
- Clean personal workspaces at start and end of each shift and after each consumer interaction. Surfaces include desk, chairs, equipment, toys, cars, etc.
- Clean personal office equipment (phones, keyboard, doorknobs, etc.) at start and end of each shift.
- Maintain a stock of pens, paper, post-its, etc. to reduce sharing of such items to the extent possible.
- Practice good hand hygiene with frequent handwashing throughout the day.
- Immediately report the onset of any illness or symptoms during the workday to your supervisor.
- Immediately report safety concerns to HR or any supervisor.

SAFETY MONITORING AND REPORTING

All SHW staff are responsible for monitoring the work environment and for noting and reporting any unsafe condition, situation, or practice. Any unsafe situation shall be reported via email of Work Request to the Human Resources Director.

Unsafe practices or conditions of a clinical nature shall be reported to the Clinical Director in an email as soon as possible and shall be marked “Urgent”. A phone call may also be advised depending on the urgency of the situation, but an email provides documentation of the situation and response.

SAFE MAIL HANDLING PROCEDURE

Upon review of safety recommendations and information from the CDC, MDHHS website and Shiawassee County Health Department website, SHW will follow safety guidelines when opening and processing incoming mail and records:

- Avoid touching your skin and face while opening and/or processing mail and medical records
- After opening and distributing mail to recipients, staff should follow the recommended guidelines for washing your hands
- Records received directly from consumers and guardians or home staff should be turned into Medical Records for scanning. Staff should avoid touching their skin or face while handling these records and wash your hands following safety guidelines
- It is recommended that staff do not share desk space, pens or other supplies, and that they wipe down common surfaces frequently, such as photo copiers, fax machines, scanners, postage machines and keyboards.

PEOPLE HEALTH AND WELLBEING

EMPLOYEE, CONSUMER AND VISITOR SCREENING

The health and safety of SHW consumers and staff, and the community, is a top priority. Therefore, a COVID 19 screening tool will be used to screen the consumers prior to all contacts. These include those held on site, via telehealth and in the community.

SCREENING PROCESSES

SHW shall adhere to the following screening processes to minimize the risk of exposure.

- a. Employees working in the office and/or providing face to face services must check their temperature and answer screening questions prior to the start of each shift via the employee self-screen. Directions for completing this self-screen are on SharePoint. (Employees refer to “Attendance and Staff Exposure Policy” below for information if they answer yes to self-screening).
- b. Consumers/Public entering the building must have a temperature check and symptom screen prior to moving into the waiting area. Persons who present with symptoms are asked to reschedule. However, if a person with symptoms must be seen due to medical necessity (i.e. receiving an injection or is experiencing a mental health crisis), then the individual is provided a surgical mask, moved to a separate area (Conference Room #7) or, if possible, seen outside in the community. If deemed appropriate, technology is available for the individual to have a virtual appointment from a separate room. Areas will be deep cleaned after services are provided.
- c. In home settings, prior to any visit the service provider will complete the COVID-19 screening tool with the consumer and others in the home via the telephone. If a consumer is not able to be reached prior to his or her appointment, the service provider will complete the COVID 19 screening tool prior to entering the home. Once arrived, a thermometer is handed to the individual and household members for self-temperature checks. If any household member is symptomatic, services will be provided by telehealth. Service providers will document the results of the COVID-19 screening in their progress note for each community-based contact.
- d. Anyone screening positive for COVID-19 symptoms will be provided education and will be strongly encouraged to call their primary care physician.
- e. Should a consumer or visitor screen positive for COVID-19 symptoms a report will immediately be given to the on-site supervisor. Reception staff will also alert Maintenance of the need to disinfect the exposed areas. New masks will be given to Reception staff.

- f. Service providers are to regularly assess the clinical needs of each consumer to determine the need to have their services provided face to face or via tele-health. Consumer preferences/requests are also considered in the determination of the format used for each contact. Clinical justification for the format selected should be documented in each progress note. If a face-to-face contact occurs, staff will wear recommended personal protection equipment (PPE) and maintain a safe distance.
- g. For any COVID 19 screen completed for walk-ins, or other non-scheduled consumers, the screener will complete a SHIMER message indicating that the screen was completed, and its disposition, and send to the service provider who will be seeing the consumer.
- h. For anyone screening positive for COVID 19 symptoms when the screening is completed via telephone, the appointment will be offered to the consumer to be provided via tele-health, if determined to be clinically appropriate. If necessary, the appointment will be rescheduled to an alternate date and time. Educational information regarding COVID-19 will be provided with instruction to self-quarantine and to call their primary care physician.

For anyone screening positive for COVID 19 symptoms when the screening is completed in the community, the appointment will be offered to the consumer to be provided via tele-health, if determined to be clinically appropriate. If necessary, the appointment will be rescheduled to an alternate date and time. Educational information regarding COVID-19 will be provided with instruction to self-quarantine and to call their primary care physician.

Consumer ES Appointments in Hospital ER or Jail

Employment and Skill Building

- Refer to ESB reopening plan

New Directions

- Reopening plan in development

Scripts for Communicating new standards for Face to Face Appointments

Below is guidance for both in office and home/community-based contacts for case holders arranging face to face visits to use to orient consumers to the new normal:

In office appt script:

“I am looking forward to seeing you. We have changed some of our procedures to keep everyone as safe as possible. When you arrive at the office, we ask that you wear a face covering into the building, in the lobby, and when we are walking down the hallway to my office. If you don't have a mask, we can provide you one when you arrive. Brian or Julie will also ask you some questions to screen for symptoms of coronavirus. Lastly, my office may be set up a little differently to keep the recommended space between us during our session. I will be taking steps to sanitize commonly touched surfaces in between sessions. Do you have any questions or concerns about coming in?”

In home/community sample script:

“I am looking forward to seeing you. We have changed some of our procedures to keep everyone as safe as possible. When I arrive at your home, I will be wearing a face covering. I am required to have you take your temperature (and get temperature readings of anyone involved in the session) and ask you some questions to screen for symptoms of coronavirus. If we can sit 6 ft. from one another then we can meet without wearing a mask once temperature have been taken and screening questions are answered. Weather permitting would you like to sit outside for our session or meet in another outdoor community location? Do you have any questions or concerns about our upcoming appointment?”

Script when consumer/guardian or other involved parties declines allowing temp. checks, COVID screenings, and/or wearing a mask:

“As an employee of SHW I am required to follow the agencies policies and procedures if you would rather not allow a temperature reading, covid screening, and/or wear a mask at the required times we will need to continue our sessions by phone/video whichever works best for you until the guidelines change.”

If necessary you could also add something to the effective of, “as a governmental agency we are required to follow the guidance provided by the CDC, the Michigan Department of Health and Human Services (MDHHS), and our local Health Department as a result our policies and procedures require that we check temperatures and administer a covid screening questionnaire to all employees entering agency buildings, all individuals entering the agency, and of individuals receiving or involved in face to face services regardless of location. Additionally, we are required to ensure that all individuals wear a mask when social distancing of 6ft or greater is not possible.

EMPLOYEE HEALTH AND WELLBEING'

Attendance and Staff COVID-19 Exposure

Policy: Attendance and Staff Exposure Procedure (COVID)
Effective Date: 05/27/2020

PURPOSE:

To provide a process for employees to follow when requesting and using time off due to medical reason and required actions employees should take to protect themselves and their co-workers from a potential coronavirus infection and other serious illnesses.

This policy is susceptible to changes with the introduction of additional governmental guidelines.

BACKGROUND:

In time of pandemic, crisis plans, and protocols are developed and subject to change. Pandemics are rapidly evolving situations that require close monitoring due to the spread of infection in our immediate area, neighboring communities, and the impact on staffing levels, and risk versus benefit scenarios. Shiawassee Health and Wellness (SHW) is working with its local Health Department and The Michigan Department of Health and Human Services (MDHHS), along with referencing the guidance provided by the CDC to develop systems to protect persons served, staff and our community to the greatest extent possible.

Goals:

- Minimize disease transmission
- Preserve healthcare system and service delivery
- Reduce morbidity and mortality among those served
- Protect SHW personnel

Definitions:

Direct exposure: Occurs when a person has direct human to human contact with an individual confirmed to be COVID-19 positive. (For COVID-19 this is typically prolonged exposure.) According to CDC "prolonged exposure "refers to a time period of 15 or more minutes."

Indirect exposure: Occurs when a person has contact with an individual who has had a direct exposure as detailed above but has not been in direct contact with a person being tested or diagnosed with COVID-19. Additionally, indirect exposure includes exposure to body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

Example:

“John tests positive for COVID-19. John works with Suzie. Suzie may need to be quarantined after working with John (direct exposure). Susie’s husband, Tom does NOT need to be quarantined, due to having contact with Suzie (indirect exposure). “

Self-Quarantine: Restricting the movement of people who were exposed to a contagious disease to watch for symptoms/disease progression. Typically staying home and 6 feet away from others.

Self-Monitoring: Means staff should monitor themselves for fever by taking their temperature twice a day and remain alert for symptoms including cough, shortness of breath, sore throat, severe fatigue, headache, body aches, etc.

PROCEDURE:

It is the responsibility of each staff member to follow this procedure and any related policies and Contract Bargaining Agreement (CBA). It is the responsibility of each supervisor to ensure that all employees under his/her supervision follow the policy, CBA, and its accompanying procedure: HR Policy#26 and #26a. Attendance, Punctuality and Dependability, #13a. Family and Medical Leave (FMLA) Procedure, and CBA Articles 12 and 13.

1. If you feel ill or have potential COVID related symptoms, please stay home, and contact your primary care physician for further guidance. An employee who develops these symptoms of illness should promptly report it to their immediate supervisor, who will inform the HR Director, who is tracking employee illness, immediately. The employee shall request Paid Time Off or a Leave of Absence if applicable according to the policies and CBA.
2. If an employee with potential COVID related symptoms was in SHW property, their direct Supervisor and Human Resources Director will come up with a response plan for employees who may have been in contact, and for closing that area of the building for disinfection if necessary.
3. Operations Manager will contact the Shiawassee County Health Department to report any confirmed case of COVID-19 of an employee, and work with HR Director on contact tracing for any co-workers, contractors, or suppliers who may have come into contact with the person with a confirmed case of COVID-19.
4. Employees with direct or indirect exposure who should contact their primary care physician or alternate medical provider (Urgent care, Emergency Department, specialty physician such as a pulmonologist) to discuss symptoms and action plan. The Employee

will follow the guidance given by their medical provider and follow up with their supervisor to discuss adjustments to job duties, as necessary. If the employee obtains a note from their medical provider, this shall be forwarded to the Human Resources Director.

5. Dependent upon the circumstances, clearance from a physician to return to work may be requested.
6. Employees must be completely free from all symptoms without the use of fever reducing medication for a least 3 full days before returning to work and the date of return to work should not be sooner than 7 calendar days from the date of the onset of symptoms.
7. Medical documentation may be required from a treating health care provider in instances such as providing ability to return to work, to document an illness, or recommendation to quarantine. Provide the required medical documentation to the HR Director at (989) 723-0894.
8. All of these criteria and steps must be completed before a staff member can return to providing face to face contacts or return to the SHW worksite.

Return to Work Criteria for SHW staff with Confirmed or Suspected COVID-19

Use one of the below strategies to determine when employees may return to work in a SHW setting:

1. *If an employee had a positive COVID-19 test:*

Exclude from work until

- Resolution of fever without the use of fever-reducing medications; **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
- **Be free from any COVID 19 related symptoms for at least 3 days without fever reducing medication** and the date of return to work should not be sooner than 10calendar days from the date of the onset of symptoms.
- Employees who receive a covid test and test positive will provide written notice from their treating physician before returning to work. The physicians note shall be faxed to the HR Director at (989)723-0894.

2. *If an employee did not have a COVID-19 test but were excluded from work for suspicion of COVID-19:*

Exclude from work until

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., sore throat, headache, body ache, cough, shortness of breath);

AND

- At least 10 days have passed *since symptoms first appeared*

If employees were not tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis unless the employee's medical provider recommends they should be considered as presumptive case at which time the above written process for returning to work will be followed.

Return to Work Practices and Work Restrictions

After returning to work, staff should:

- Wear a facemask at all times while in the SHW operated facility. Be restricted from contact with severely immunocompromised consumers until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette, (cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms and seek re-evaluation from primary care provider if respiratory symptoms reoccur or worsen.

Time off and Sick leave arrangements:

Work from home requests can be made by those whose job descriptions allow:

- If you are feeling ill, but you are able to work, you can request to work from home following the HR Policy#37: Work at Home and with guidance from your supervisor.
- If you are a parent and you have to stay at home with your children, request work from home. Follow up with your supervisor to make arrangements and set expectations.
- If you need to provide care to a family member or close contact with someone infected by COVID-19, request work from home. You will only be permitted to return to the office 14 calendar days after your family member has fully recovered, provided that you're asymptomatic or you have a doctor's note confirming you don't have the virus. You will also be asked not to come into physical contact with any colleagues during this time.

Crisis Strategies to Mitigate Staffing Shortages

SHW and the appropriate state and local health authorities may determine that the recommended approaches cannot be followed due to the need to mitigate staffing shortages. In such scenarios:

- Employees should be evaluated by their primary care provider to determine appropriateness of earlier return to work than recommended above

If employees return to work **earlier than recommended above**, they should still adhere to the Return to Work Practices and Work Restrictions recommendations above. For more information, see [CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19](#)

EMPLOYEE NON-RETALIATION

SHW will not retaliate against employees who stays home or who leaves work when they are at particular risk of infecting others with COVID19.

References:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

PERSONAL PROTECTION EQUIPMENT (PPE)

PURPOSE: To clearly outline the Personal Protective Equipment (PPE) to be worn by all Shiawassee Health & Wellness (SHW) employees, contract providers, consumers, and all individuals who may conduct business on behalf of SHW and/or on properties owned and operated by SHW.

DEFINITIONS:

Personal Protective Equipment (PPE): Per OSHA, PPE is equipment worn to minimize exposure to a variety of hazards. In a healthcare setting, the OSHA definition for PPE is “specialized clothing or equipment, worn by an employee for protection against infectious materials.”

BACKGROUND:

The 2019 novel coronavirus, the virus that causes COVID-19, is widespread internationally. This virus spreads through respiratory droplets that occur when people cough, sneeze, and speak. It is also spread during close contact with others. Additionally, it is believed that 2019 novel coronavirus lives on frequently touched surfaces and can be spread if people touch their eyes, nose, and/or mouth with unwashed hands that have the virus on them. Doing all we can to prevent transmission and spread of COVID-19 to consumers and employees is of the utmost importance as individuals of all ages are at risk for contracting COVID-19. Some individuals served by SHW may have co-occurring conditions that put them at high risk for complications from COVID-19. Individuals 65 and over, and those with pre-existing medical conditions such as:

- Diabetes
- Asthma or other chronic lung diseases
- Serious Heart conditions
- Server obesity (body mass index of 40 or greater)
- Compromised immune system (e.g., cancer, cancer treatment, medications or other immunosuppressant treatments)

Consumers and visitors should, ideally, be wearing their own cloth face covering upon arrival to the facility. If not, they should be offered a facemask or cloth face covering as supplies allow, which should be worn while they are in the facility (if tolerated). They should also be instructed that if they must touch or adjust their cloth face covering, they should perform hand hygiene immediately before and after. Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

SHW will optimize tele-health services whenever clinically necessary and available to meet the consumer need and minimize the need for in-person services. SW will be following recommended infection control practices to prevent the transmission of illness. All employees and contracted providers will be screened upon entry into SHW buildings using the COVID-19 screening tool. All consumers will be screened prior to the start of all appointments occurring either at SHW offices or in the home/community.

PPE Storage:

- Upper Level: Cabinet outside of April Riley’s cubicle. (top of west stairwell)
- Lower Level: Storage Room
- Recycling Center: Storage Room near Facilities Manager’s Office

In each of the cabinets listed, there is a sign-out sheet for you to log what PPE is taken. This is in an effort to track agency inventory to ensure we have enough in stock.

PPE	Situation utilized	Frequency of change/cleaning	Method of cleaning
Cloth Masks	General interactions with others, no symptoms.	Daily or after exposure	Laundry machines wash warm temp
Surgical Masks	Vitals, transportation, respiratory symptoms within 3 feet	Daily or after exposure	Dispose
N-95 Masks	Injection, known positive, respiratory	Daily (may be reused if shortage) or after exposure	Store in paper bag
Gloves	Vitals, injections, transportation, respiratory symptoms within 3 ft, known	After each contact	Dispose
Gowns	Vitals, injections, respiratory symptoms within 3 ft, known	Daily (may be reused if shortage) or after exposure	Wipe with disinfectant
Face Shields	respiratory symptoms within 3 ft, known	Daily or after exposure	Wipe with disinfectant
Thermometers (infra-red or temple touch)**	All individuals who enter the agency premises, before home visits	After each contact	Wipe with disinfectant

Standards for activities conducted at SHW buildings:

1. Whenever possible maintain physical distance of 6 ft. or more between you and others in the work environment, including co-workers and consumers.
2. All SHW employees, contract providers, and consumers shall put on a face covering prior to entering SHW buildings.
3. Face coverings are required to be worn by all individuals in SHW buildings when in common areas when social distancing is not possible. This includes, but is not limited to, hallways, supply and mail rooms, restrooms, the breakrooms, etc.
4. When completing activities that involve contact with bodily fluids, such as urine, feces, or blood, a face covering should be worn along with PPE such as gloves, goggles/face shield, and gown.

Standard precautions are intended to not only prevent the transmission of bloodborne pathogens, but also prevent the transmission of all infectious materials including all body fluids without regard to whether they contain visible blood. Standard precautions require the use of PPE anytime you may encounter blood, body fluids, non-intact skin, and mucous membranes. It also requires the use of PPE when transmission of infectious pathogens may occur through the air, such as with influenza.

5. Individuals will follow proper protocols for putting on and taking off PPE as outlined in required Relias trainings. Face coverings should be changed if they become soiled, damp, or hard to breathe through. Disposable PPE should be discarded after use. Cloth face coverings should be laundered after use (daily or more often if soiled).
6. Office spaces and common areas will be sanitized and disinfected by Service Providers and/or facilities personnel after each use. (Refer to SHW COVID Sanitizing and Distancing Plan for more information).
7. Hand Hygiene is the most important infection control measure. SHW employees should preform hand hygiene as outlined in Relias trainings and as posted near all sinks used for this purpose throughout the agency. Hand Hygiene should be completed before and after interactions with others, touching or using commonly touched surfaces, and before and after removing face coverings and all types of PPE. If soap and water is not available, Alcohol Based Hand Rubs (ABHR) with at least 60% alcohol content maybe used. ABHRs for hand hygiene must be used according to the manufacturer's guidelines on the container.

Standards for activities conducted during home and community- based services:

1. Whenever possible maintain physical distance of 6 ft. or more between you and others in the work environment, including co-workers and consumers.
2. All SHW employees, contract providers, and consumers shall put on a face covering prior to entering consumer homes or community locations where SHW related activities are being conducted.
3. Persons being served within an SHW facility must wear cloth masks as long as Governor's order to wear masks in public locations is in place, unless the individual has a health condition which prohibits doing so. Persons in home settings will be encouraged to wear a mask during service provision. Cloth masks or surgical masks will be provided to consumers/families as needed.
4. Face coverings are required to be worn when social distancing is not possible. This includes, but is not limited to, consumer homes, agency vehicles when transporting consumers, community-based locations when conducting SHW business, etc.

When completing activities that involve contact with bodily fluids, such as urine, feces, or blood, a face covering should be worn along with PPE such as gloves, goggles/face shield, and gown.

Standard precautions are intended to not only prevent the transmission of bloodborne pathogens, but also prevent the transmission of all infectious materials including all body fluids without regard to whether they contain visible blood. Standard precautions require the use of PPE anytime you may encounter blood, body fluids, non-intact skin, and mucous membranes. It also requires the use of PPE when transmission of infectious pathogens may occur through the air, such as with influenza.

Individuals will follow proper protocols for putting on and taking off PPE as outlined in required Relias trainings. Face coverings should be changed if they become soiled, damp, or hard to breathe through. Disposable PPE should be discarded after use. Cloth face coverings should be laundered after use (daily or more often if soiled).

5. Vehicles will be sanitized and disinfected by the user after each use. A sanitation kit is available in each vehicle. (Refer to SHW Fleet COVID Procedure for more information).
6. Hand Hygiene is the most important infection control measure. SHW employees should preform hand hygiene as outlined in Relias trainings and as posted near all sinks used for this purpose throughout the agency. Hand Hygiene should be

completed before and after interactions with others, touching or using commonly touched surfaces, and before and after removing face coverings and all types of PPE. If soap and water is not available, Alcohol Based Hand Rubs (ABHR) with at least 60% alcohol content maybe used. ABHRs for hand hygiene must be used according to the manufacturer's guidelines on the container.

Employee Mask Wearing Exceptions:

Employees who cannot medically tolerate wearing a mask are required to complete a reasonable accommodation request and submit to Human Resources for review. (Available on SharePoint, SHW Policies, Human Resources Policies, 07a.)

Consumer Requests for Mask Wearing Exceptions:

The State of Michigan Executive Order 2020-153 requires that any individual who leaves their home or place of residence must wear a face covering over their nose and mouth. The requirement to wear a face covering does not apply to individuals who are younger than five years of age as well as those persons that cannot medically tolerate a face covering.

Per the Centers for Disease Control and Prevention (CDC) masks should not be worn under the following conditions (“How to Wear Masks,” 2020):

- by children under age 2 or
- anyone who has trouble breathing,
- is unconscious or incapacitated, or
- otherwise unable to remove the mask without assistance

SHW will follow and endorse CDC guidance as well as Governor Whitmer’s Executive Orders on adhering to the requirements for wearing a mask to mitigate the spread of COVID-19. SHW will not provide documented exceptions to individuals regarding the Michigan mask wearing mandate and will refer individuals to their primary care physician (PCP) or a known specialty health care physician such as a pulmonologist. SHW will not provide transportation to anyone unable to wear a mask.

SHW will assist individuals with expressed difficulty wearing a mask not related to a physical health condition that prohibits them from wearing a mask, by employing Motivation Interviewing, systemic desensitization, and/or Cognitive Behavioral Therapy strategies to improve the individuals willingness and/or tolerance to wear a mask when in public in accordance with the CDC guidelines and State of Michigan Executive Order 2020-153.

Individuals identifying that they have received a medical exemption for wearing a mask will be asked to provide a copy of this medical exemption for their Electronic Health Record. The risk for exposure and clinical necessity for face to face contact should be reviewed and discussed with staff’s respective supervisor prior to face to face contact with a consumer with a mask exemption. Adherence to social distancing and upgraded face mask protections (use of N-95 or KN-95 masks) should be used in these situations.

Staff face mask protection should be upgraded in situations involving individuals who are exercising an exception or cannot socially distance. The upgrade should be an N-95 mask or KN-95 mask, if available.

Note: facial coverings and other types of PPE are to be used in addition to proper and rigorous hygiene practices, which are the best way to prevent the spread of illness.

- Wash your hands with soap and water for 20 seconds or more.
- Use hand sanitizer with at least 60% alcohol according to the manufacturer's instructions when soap and water are not available.
- Avoid touching your face
- Avoid close contact with people who are ill
- If you are ill or suspect you may be ill, contact your supervisor and stay at home. If needed, contact your medical professional for guidance.

FACILITY AND FLEET READINESS

CLEANING / DISINFECTING FLEET VEHICLES

Employees are expected to utilize an agency vehicle when delivering services when possible. Vehicles should be wiped down by the transporting employee at the start of use, after each transport and at the end of use.

Passenger Limitations

- Connect, Caravan--- 2 passengers with the driver.
- Avenger--- 1 passenger with driver
- Transits---4 passengers with driver
- Jeep---1 passenger with driver
- Chevy Wheelchair van 010x020---1 wheelchair, 2 passengers with driver
- Ford Wheelchair van 010x021---1 wheelchair, 4 passengers with driver

Recognizably, these restrictions do not conform to the literal six-foot distancing guidance. It is impossible to do so in the SHW fleet environment with 100% compliance. Occupants must remain masked while in the vehicle and lead staff must be vigilant to potential changes in health status of the passengers.

Note: It is advisable to think through the anticipated run and consider points where staff may encounter other people. Minimize these contacts as much as possible for the safety of staff and their consumers.

Vehicle and Driver Hygiene:

- Every vehicle shall be thoroughly cleaned before putting into service, and when returned from any service work done by outside vendors; rental vehicles shall be thoroughly sanitized prior to fleet use.
- Sanitizing wipes of >66% alcohol content shall be placed in every fleet vehicle, as will a box of medium surgical gloves. Drivers are responsible for restocking PPE from SHW supplies or requesting supplies through the work order system.
- Drivers shall be trained on the proper method of donning and doffing surgical gloves.
- Masks shall be worn to help mitigate the potential for contaminant spread in the close confines of the vehicle.
- A fresh wipe or liquid sanitizer shall be used to sanitize hands before putting on gloves.
- Keys shall be sanitized when picked up prior to each run by wiping thoroughly with a sanitizing wipe.

- Vehicle sanitation is part of the pre-run inspection. Cleanliness shall be enforced by the department supervisor as needed.
- Drivers shall don gloves and use wipes to sanitize all surfaces touched in entering the vehicle, buckling a passenger, driving, fueling, etc. both pre- and post-trip. Do not use wipes on clear plastic components inside the vehicles.
- Focus on hard surfaces.
- Assume the previous driver has not sanitized anything.
- Used gloves and wipes shall be disposed of in the receptacle outside of the agency at each entry.
- Keys returned to the collection box shall be sanitized by maintenance personnel prior to redistribution. If a vehicle is returned mid-day, the keys shall be sanitized by the driver before returning the key to the rack or box/basket.

Fueling

- Sanitize the gas card.
- Use a gloved hand to pump gas. A piece of window washing paper towel may be used (from the window washing kiosk by the pumps) to handle the pump nozzle and lever, with or without a gloved hand.
- To minimize contact, use the pump nozzle locked “on” so you do not need to hold onto the nozzle.
- Doff (remove) the used glove after pumping and properly dispose of in the trash receptacles provided at the fueling station.
- When in doubt, sanitize your hands with liquid sanitizer, then put on fresh gloves.

Emergency Situations

- If an agency vehicle is involved in an accident, trade insurance information with the other driver by placing documents on a hard surface and photographing them with your phone. Do not touch the other driver’s documents and do not allow them to have contact with yours.
- Never get a ride in a tow vehicle. Call for a ride in an agency vehicle.

If a driver begins to feel symptomatic, cease driving as soon as possible and (if driving a consumer) exit the vehicle. Contact your supervisor or SHW Human Resources immediately for further instruction. Follow “Attendance and Exposure Procedure.” Periodic reminders and best-practice briefings for all drivers will help keep COVID issues in their minds.

CLEANING, DISINFECTING, AND DISTANCING FOR EMPLOYEES

Work Conditions – General:

- Minimize extended close contact within the work environment (4)
- Provide physical barriers between workspaces where lacking, and where needed. (4)
- Provide numerous opportunities for hand sanitizing (4); encourage all building occupants to wash frequently (5)
- Minimize shared tools or equipment; sanitize shared tools and surfaces frequently (4)

Spacing Considerations – Social distancing (3,5,6):

The CDC definition of a close contact*(6):

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, ... or sharing a healthcare waiting area or room with a COVID-19 case -OR

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

*if such contact occurs **while not wearing** recommended personal protective equipment (PPE) (e.g., gowns, gloves, N95 respirator or facemask, eye protection), the contact is considered an exposure.

- 6' distance between (2, 3, 4) for an extended period (6)
 - Ideally 113 sq. ft. per person
- Challenging spaces at SHW:
 - Back Hall; breakroom, large restroom; elevator; stairwells, front lobby
- Distancing plan – provide markings and/or signage to indicate minimum spacing (3) or occupancy restrictions
 - Back hallway – sign both ends of the hall (east & west) encouraging “masks on” and distancing
 - Breakroom – sign a limit of single person occupancy; discourage gathering
 - Large restrooms – sign encouraging distancing; shut off one of the sinks in each restroom?
 - Elevator – signage up and down; limit of 2 per ride; establish and mark on floor: suggested waiting staging points, standing points in the elevator at opposite corners of the car.
 - Stairwells – signage top and bottom to not go up or down in groups: one at a time, spaced out

Cleaning & Sanitizing (5,6):

- Products
 - Disinfectant Wipes or Liquid (e.g. diluted bleach) Wipes available throughout agency. (Conference Rooms, by frequently used equipment, in Break Room, in supply room, in cabinet in Women's bathroom)
 - Sprays (dwell time is often a consideration)
 - Surface sprays
 - Aerosols area bombs
- Process:
 - Frequency –
 - Cleaning of areas in general is done daily (or for high-traffic or critical areas, frequently throughout the day [5,6])
 - Targeted areas are cleaned as needed after each use.
 - When there is a suspected exposure, the affected room should be vacated for as long as possible up to 24 hours, cleaned and sanitized. If an aerosol sanitizer has been used, and after the chemical manufacturer's recommended dwell or rest time, the room can be re-opened and aired out, after which it may be used again.
 - A periodic wholesale cleaning and sanitizing of frequent touch points in areas of the facility currently in use should be conducted by Maintenance staff weekly using standard sanitizing products, and additionally using a product with some residual sanitizing effectiveness on a sixty-day rotation, as long as the COVID threat persists.
 - Employees are required to wipe down their workstations at least twice daily (EO 2020-97, 7(h))
 - Minimize the use of shared items when possible. Wipe down high-touch surfaces (e.g., copy machines, door handles, fax machine, pens, shared computers).
 - Coverage
 - Regular wholesale cleaning as indicated in the janitorial services contract (Bull Janitorial)
 - Targeted Disinfecting using approved household disinfectant products (6).
 - For areas where a sick person has been, wait as long as possible after person leaves before entering the room. Twenty-four hours is preferred, but it is recognized that this may not be universally feasible (6). Sanitize surfaces touched by the individual, including surfaces of electronic equipment (keyboard, touch screens, telephone) (1,6)

- Areas of known exposure may also be fogged using an in-house product or contracted service (Bull Janitorial)
- For routine cleaning and sanitizing, focus on touch points in areas of high traffic or highest potential for exposure (6)
- Responsibility –
 - Ongoing continually–
 - as visitors or consumers vacate an area, the staff involved in the contact will (using proper PPE and products provided) clean/sanitize the affected area. Example: After a meeting, the lead staff of meeting will wipe down chairs and tables. Cleaning supplies and gloves available in each conference room.
 - As staff use shared equipment (e.g. copiers and bulk printers), wipe touch points (control pads, handles, etc.) with sanitizing wipes after use.
 - Periodically – Maintenance and Reception staff will periodically clean areas of frequent contact in public areas and high-traffic areas (restrooms, break room) of the agency, or other areas as requested (as supplemental to the “on-going” cleaning above) and will log their activities on the Daily Cleaning Log form.
 - Daily – the contracted cleaning staff (Bull Janitorial) has daily cleaning responsibilities in the upper level, and to a lesser degree, in the lower level. They also are assigned specific additional, focused cleaning tasks as needed and record their activities on the Daily Cleaning Log form.

References:

1. CDC – Cleaning and Disinfecting for Community Facilities
2. CMS –Recommendations Opening Facilities for Non-emergent Care
3. ASHE – Reopening Facilities to Non-emergent COVID Healthcare
4. MI-Safe Start: A Plan to re-engage Michigan’s Economy
5. Opening Up America Again – the White House
6. MDHHS - Behavioral Health – Infection Control
7. Executive Order 2020-97, Safeguards to protect Michigan’s workers from COVID-19

Work from Home Best Practices

Effective Date: 09/16/2020

Attachment: HR #37 Work at Home

March 16, 2020 a large majority of SHW employees were deployed home to work due to the COVID-19 pandemic. Positions that were once thought to be primarily office based, were navigating in a new work environment. This transition has proven to be successful for many and will continue into the future.

To ensure working from home is productive and successful, SHW has developed these best practices for all employees working in this arrangement to follow:

1. Prioritize communication and set clear expectations.
 - a. Keep scheduled team meetings and supervision meetings.
 - b. Use “out of office” messages if you are not working your typical work schedule.
 - c. Email communication can cause misunderstanding, for items that may need more clarification, video meetings or phone calls are best.
2. Keep your routine.
 - a. Get ready for the day, as you would for working on-site.
 - b. Dress code is still in effect for video conferencing (from waist up).
3. If able, have a dedicated workspace.
 - a. Discuss with your supervisor if there is equipment you need to be efficient and effective.
4. Take care of your body.
 - a. Take breaks. Move around. Exercise regularly. Get outside.
5. Establish a work/life balance.
 - a. Create boundaries that help separate work from regular life.
 - i. Time block your day so you have a start and end time.
 - ii. Create a space for work you can leave at the end of the day.
 - iii. Remove distractions when possible.
6. Practice good meeting etiquette.
 - a. Using the technology, you have available turn your camera on for all video meetings.
 - b. Do not do attend to other work while in the meeting.
 - c. Become familiar with mute/unmute for an efficient meeting.
 - d. Practice professionalism the same as you would in an in-person meeting. This includes: being mindful of your background, sitting up and being attentive, limit multitasking.

Virtual Meetings Expectation

It is required that for all virtual meetings attended during work time to have the video on. In extenuating circumstances, you may have to use audio-only (technical difficulties, unexpected change of plans). It is best practice to inform the host of the meeting if you will not be able to participate via video, or if you will have to leave early/arrive late.

For virtual meetings with outside entities, it is required that you practice professionalism in the meeting. This includes: sitting up, not eating (unless it is a lunch meeting), being attentive to the meeting. You are representing the agency and should practice the same level of professionalism as you would in an in-person setting.

SHW MI SAFE REENGAGEMENT TO THE WORKPLACE

Shiawassee Health and Wellness will follow a four-tiered phase-in approach for returning to full onsite operations. The SHW goal is to take steps and implement strategies to mitigate risk and do what we can to protect individuals that receive services from SHW, SHW employees, and the greater community of Shiawassee County residents. The tier structure design outlines the data that will drive decision making in each phase of reengagement. Guidance and information available to influence response planning continues to emerge rapidly—**as intel emerges it will be incorporated into the plan** as deemed appropriate by the Leadership Team. Advice from the Center for Disease Control (CDC), county health department, MDHHS, and MSHN will be used to refine our planning and implementation. We will be referencing Governor Whitmer's MI Safe Start Plan, which has a six-phase plan. For example, SHW can begin our Tier 3, when Governor Whitmer declares we are in Phase 4 of MI Safe Start Plan. If Governor Whitmer reverts to Phase 3, we would in sync return to our Tier 4.

The reengagement plan provides the foundation for department level action planning. Given the wide variation in work functions and environments our risk assessments, mitigation strategies and surveillance efforts will vary some. As conditions change, we expect to phase through a stabilizing period on the way to recovery. Other procedures being developed to help guide department level action planning include: PPE Guide, PPE inventory, Sanitizing Procedure, Fleet Use, Building Logistics.

Tiers of operation are defined by the community prevalence of Covid-19. Transitions between tiers will be based on the virus prevalence, PPE availability and workforce wellness and ability to effectively implement mitigation strategies. Those strategies will be varied based on available environmental controls in the different work settings. Surveillance of SHW operations will be ongoing. It will be driven by data. Movement between tiers will be fluid as the environment and the ability to respond changes. Our ability to completely re-engage and successfully keep everyone as safe as possible is dependent upon each employee following the guidelines, doing our part to ensure implementation of risk mitigation strategies, and holding each other accountable. Each tier will require the use of best-practice risk mitigation strategies: Access Control, Social Distancing, Sanitation/Hygiene, PPE, and Contact tracing/isolation

Tier 4: Evidence of Widespread County Transmissions and Stay Home, Stay Safe Executive Order in effect. MI Safe Start Plan Phase – Uncontrolled Spread, Persistent spread, flattening.

GOAL: Maintain service availability by alternative mode. Join Shiawassee County partners in collective impact approach to addressing, protecting, and improving health and wellness, including social determinants of health.

- SHW Stay Home, Stay Safe Procedure Effective 3/24/2020 continues as written
- Screening protocol and strict social distancing requirements are in place, telehealth services provided as a first option, group meetings held via video/audio conference, proper PPE available
- Essential services provided without interruption, plans addressing routine service needs
- Surveillance of community needs and SHW resources available to make an impact
- Establish data elements available and necessary to inform reengagement response planning
- Procuring PPE for all stages of reengagement

Tier 3: Sustained decrease in number of cases in the county evidenced by the percent of positive cases remaining at or below 10% and lifting of the Stay Home, Stay Safe Executive Order which deems it is appropriate for our employment sector to begin reengagement. MI Safe Start Plan Phase--Improving.

GOAL: Resume face to face service when clinical opinion suggests it is most appropriate. Resume in office work options to manage priority administrative task/projects that cannot be adequately managed remotely. Allow employees to request partial remote work schedules when barrier to remote work arrangements are identified.

1-week PPE supply on hand

- SHW Stay Home Stay Safe Procedure modified as needed to account for current reality
- Screening protocol and strict social distancing requirements are in place, group meetings held via video/audio conference, proper PPE available
- Telehealth codes remain active and used unless deemed inappropriate based on clinical assessment.
- Begin adding face to face services- assuming appropriate PPE is available- if a consumer is requesting or a need is clinically identified. All face to face contacts will occur with the approval of the program supervisor.
- Adding minimal staff onsite based on work function needs. Individual team members may request for onsite work time if there are barriers presented by in-home work. Onsite work opportunities depend on space and PPE availability and must be approved by the program director. Modification to the procedure will address partial remote work schedules, staggered office times, workspace options that offer mechanics for maintaining social distancing.
- PPE procedures and requirements continue as is unless guidance suggests modifications are warranted.
- Focus on procedure development for services not conducive to telehealth or that typically include congregation.

Tier 2: Percentage of positive cases in the county maintains between 3-7% or trends downward for the last 14 days and/or the ability to test and/or trace in place for all county residents. MI Safe Start Plan Phase--Improving, Containing.

GOAL: Resume face to face services on-site, as appropriate, and in the community that have telehealth codes potentially expiring or as required by MDHHS. Establish a routine for on-site work—introducing partial remote/onsite work schedules accounting for space and PPE.

2 weeks PPE supply on hand

- Increasing amount of staff on-site and increasing amount of face to face activity with use of PPE and universal precautions
- Screening protocols and social distancing requirements continue as is unless modified to match current reality
- Group meetings continue via video/audio conferencing unless space is conducive to allowing group to appropriately socially distance for an in-person exchange.
- Each department will implement a rotating schedule of staff to be onsite. Procedure for onsite scheduling will be developed to guide space consideration—ability to socially distance, use of congregate areas, cleaning schedules and responsibilities.
- Staff members declaring “high risk” status needing accommodations/special considerations shall coordinate their work situation with their supervisor and HR Director.
- Ongoing assessment of the appropriateness of resuming face to face crisis services contacts.
- All other services will continue to add face to face contacts for those deemed most in need as determined by the clinical team.

Tier 1: No active spread for 30 days or a vaccine has been made available for 30 days. MI Safe Start Plan Phase--Containing, Post-Pandemic.

GOAL: Build our system back better than before. Operating normally with precautions. Prepared for resurgence.

30-day PPE supply on hand.

- Preparation and prevention planning for reoccurrence.
- Resume all operations, as appropriate, while adhering to current public health recommendations.
- Establish clear protocols for training, screening, PPE
- Surveillance of community prevalence data and ability to respond daily for 30 days
- Integrate new telehealth service codes approved by MDHHS into service delivery models
- Begin after event review process

Link to MI Safe Start Plan: https://www.michigan.gov/documents/whitmer/MI_SAFE_START_PLAN_689875_7.pdf

Change Log:

Date of Change	Description of Change	Responsible Party
07/07/2020	Effective Date	Multiple parties including Leadership Team, Facilities Manager, Other Supervisors consulted.
07/09/2020	Updated grammar/spelling after Management Team review	J. Semans
08/04/2020	Added: PPE procedure, log sheet protocol, Mail handling procedure, Conference Room Capacity levels, Tier 2 on-site supervisor	J. Semans
08/14/2020	Updated Tiers from SHW Re-Engagement Plans, Updated on-site supervisor section, Added – mask accommodation requests	J. Semans
10/01/2020	Reorganized playbook, updated with current practice, added WFH best practices, virtual meetings expectations, clarified language in “Staff Attendance and Exposure” section, more guidance on masks in PPE section.	J. Semans