



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 Department of Labor and Economic Opportunity Michigan Occupational Safety and Health Administration(OSHA) Emergency Rules filed October 14, 2020 with the Secretary of State, 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 COVID-19 safety coordinator to implement, monitor, and report on the COVID-19 control strategies developed under the OSHA Emergency Rules 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 guidelines 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. Employees are expected to abide to the capacity levels of each room.
- 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 throughout building, especially those of high congestion.
- Prohibit social gatherings and meetings that do not allow for social distancing and 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 work-related travel, including in-person conference events.
- Encourage consumers with chronic health conditions to schedule between 8-10am or meet 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 and is available as a standalone smartphone document. 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 Chief Operating Officer 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 and in the community.

Although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with SARS-CoV-2 infection, symptom screening remains an important strategy to identify those who could have COVID-19 so appropriate precautions can be implemented.

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. 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.
- c. Anyone screening positive for COVID-19 symptoms will be provided education and will be strongly encouraged to call their primary care physician.
- d. Should a consumer screen positive with the screening sent via text, Clinician will call to change the format of the appointment to telehealth. If the individual calls from their vehicle to check in and do the COVID screening by phone and screens positive, we will ask them to wait in their vehicle for their clinician to call them to discuss how to proceed with the appointment. If the individual screens positive inside the building they will be asked to wait in their vehicle and their clinician will call them. In the event the individual doesn't have a vehicle or a phone, they will be isolated in Room 7 while the clinician is notified. Room 7 has a phone and an iPad for clinicians to communicate with the consumer. Upon exit front desk staff will disinfect the room For anyone screening

positive for COVID 19 symptoms when the screening is completed in the community, the appointment will be offered to the consumer 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.

- e. 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.
- f. If someone screens positive over the telephone or in person, the Receptionist will inform the individual they should quarantine if the symptoms are not related to another medical condition, and contact their primary health care provider for further guidance. Primary Case Holder may follow up as necessary.

COVID Screening for SHW Located Appointments Procedure

In compliance with MDHHS Emergency Order under MCL 333.2253 - Gatherings and Face Mask Order and MIOSHA COVID-19 Emergency Rules, the following procedure was developed to address these Rules:

- a. [MDHHS Emergency Order: 4\(c\)](#). Gatherings in waiting rooms at outpatient health-care facilities, veterinary clinics, and other businesses are prohibited unless the facility implements a system to ensure that persons not of the same household maintain 6 feet of distance. To the extent possible, this system must include a policy that patients wait in their cars for their appointments to be called.
- b. [MISOHA Emergency Rules](#):
 - a. Rule 9. Industry-specific requirements.
 - i. (5) Health Care
 - 1. (b) Limit waiting-area occupancy to the number of individuals who can be present while staying 6 feet away from one another and ask patients, if possible, to wait in cars for their appointment to be called.
 - 2. (d) Conduct a common screening protocol for all patients, including a temperature check and questions about COVID-19 symptoms
 - b. Rule 11. Record keeping requirements for all employers. (1)(b) Screening protocols. The employer shall maintain a record of screening for each employee or visitor entering the workplace.

Procedure to Complete COVID Screening

1. Two days prior to all face-to-face appointments a front desk staff will call all face-to-face appointments. During this call staff will address the following information

- a. Remind the individual that they have an upcoming appointment.
 - b. Explain that they should be receiving a text reminder the next day and that once they confirm their appointment there will be a link to complete the COVID-19 screening. If individual is not enrolled in the text reminder program ask if they would like to participate, verify the number that should be texted and update the information in SHIMER.
 - c. Verify that the individual is not currently experiencing any COVID-19 symptoms.
 - d. Ask the individual to call the office from their car when they arrive for their appointment to check in. Staff will confirm that the COVID-19 screening has been completed or they will complete the screening at that time.
 - e. Remind the individual that if they start having COVID-19 symptoms before their appointment to please call to reschedule or change the format to telehealth.
2. A text message reminder will be sent at 5:00 p.m. the day before the face-to-face appointment. If the individual confirms the appointment by answering Y, they will receive a second text with the link to complete the COVID-19 Screening.
 3. Each morning a front desk staff person will run a report with the COVID-19 Screenings completed overnight and will add the responses to the appointment notes in Shimer.
 4. A sign will be located on the front door that states, "When you arrive, please wait in your car (if possible) and call to notify us and to complete a COVID-19 screening." Signs may also be posted in the parking lot with the same information.
 5. Reception will verify if the COVID-19 screening was completed by text. If it was not, the COVID-19 screening will be completed by phone or in person at the desk, staff will take the individual's temperature and contact the staff who the person is here to see.
 6. If the individual answers yes to any screening question
 - a. By text: front desk will add response to appointment notes and send a Teams message or email to staff that the appointment is with so that they have time to reschedule the appointment or change the format to telehealth.
 - b. By phone from the parking lot: Front desk will ask the individual to stay in their vehicle and have the staff who the person is here to see call the consumer to have the appointment by telehealth or reschedule.
 - c. In the lobby: Front desk staff will ask if the individual has a phone that we can call and will ask the consumer to return to their vehicle and wait for a call from the staff person they are here to see. If the individual has symptoms but no phone or vehicle the individual will be placed in Room 7 to minimize the risk of spreading illness and the staff person they are here to see will be contacted so that the appointment can be provided by telehealth in Room 7 or rescheduled by the clinician.

Those without a phone will complete the COVID-19 screening in the lobby and the same decision process outlined in the previous steps will again be followed. People without symptoms can go to the waiting room.

Procedure to Limit Gathering in the Waiting Room and Front Lobby

1. The occupancy level in the front lobby is three individuals and the occupancy level in the waiting room is five individuals. SHW must ensure persons not of the same household

maintain 6 feet of distance. Waiting Room chairs have been spaced out for 6 feet distancing and some chairs removed.

2. The Reception Staff and Support Staff will continuously monitor the occupancy levels of the waiting room and front lobby to determine when individuals waiting in vehicle, or front lobby can enter the waiting room.
3. In order to limit gathering in the waiting room, appointment holders are encouraged to gather the individual immediately, or communicate with the Reception and Support Staff status of being able to gather the individual(s).

To encourage individuals that are symptomatic to reschedule their in-person appointment before arriving at the office, we will include a statement in the text appointment reminder that says

- “if you are experiencing any COVID-19 symptoms please contact our office to reschedule or to change appointment to tele-health.”

COVID-19 Screening Procedure for the Front Desk

Case Management/Outpatient/Walk in Appointment/Psych & Nursing/ GLBHC Health Clinic

- SHW will have a large sign on the window that states “When you arrive, please wait in your car (if possible) and call to notify us and to complete a COVID-19 screening.” To limit gathering in the waiting room and front lobby, individuals need to call 989-723-6791 to complete their COVID-19 screening before entering the building. The main entrance door will have a sign that instructs the individual to please call us before entering the building. If they do not have a phone, then they can complete the screening in the front lobby. Upon entering the building all individuals with appointments will have their temperature screened by front desk staff in addition to completing the COVID-19 screening questions.
 - If the individual answers yes to COVID-19 screening questions and the symptoms are not related to a known, non-COVID-19 medical condition the front desk staff will follow the attached flow chart at the end of this document and the steps outlined above.
 - If the individual has a negative screening but an elevated temperature, the front desk staff will use the following script.
 - Even though your COVID-19 Symptom Screening is negative you have an elevated temperature. To maintain safety and limit the spread of COVID -19 we will need to move your appointment to telehealth. If you have a phone you may go back to your vehicle and wait in the parking lot for your clinician to call you or we can reschedule your appointment to a time that is convenient for you to participate in the appointment at home.
- 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. If no symptoms and temperature is acceptable the individual will wait in the waiting room while staff is notified. It is expected that the appointment holder will gather the individual immediately to eliminate gathering in the waiting room.

- When the appointment has concluded, whenever possible, staff will escort the individual to exit the building using the side exit, Door C (by the Access offices) instead of exiting through the front lobby.
 - Please note that individuals must be escorted to this door. The interior door will lock behind you so it may be best to stay in the hallway, hold the interior door open for the consumer. After they exit listen for the exterior door to close and then shut the interior door.
- Room 7 will have a laminated sanitized/not sanitized sign. Each time an individual is placed in the room the sign will be flipped to not sanitized. After each appointment in room 7 the individual will be instructed to call the front desk and have Front desk staff escort them out. The room will then be sanitized by front desk staff and the laminated sign will be flipped to sanitized.

Consumer ES Appointments in Hospital ER or Jail

Following all safety and screening procedures above, all emergency services, including those in the jail and hospital, will be provided via tele-health, phone or video, whenever possible. Face-to-Face contact with consumers can occur, with supervisor approval, when clinically necessary and there are no other means to meet the clinical need. If it is determined that a face-to-face must occur, weigh the risk of meeting the consumer's behavioral health needs and risking spreading this illness to either consumer or staff. N95 masks are available and these masks are to be used for all who can tolerate them for in person contact (when fit testing has occurred).

Employment and Skill Building

- Refer to ESB reopening plan

New Directions

- Virtual programming is being offered to members.

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:

Support staff are making reminder calls for face to face appointments in the office. Script is as follows:

“Hi this is ____ calling from (OFFICE) to remind you of your appointment on (DATE) at (TIME). We have recently made a few changes in procedure to keep everyone as safe as possible during COVID-19 so I want to update you on what you can expect. Tomorrow you will receive a text reminder about your appointment. When you reply yes to confirm your appointment you will receive a second text with a link to complete a COVID-19 self-screening. Please take a moment to answer the questions. When you arrive for your appointment remain in your vehicle and call the office at 989-723-6791 to let us know that you have arrived. If you will not have your phone or a vehicle to wait in, come into the building and we will get you checked in from the lobby. Please remember to wear your mask, we do have masks available at the office if you do not have one, and if you are not feeling well or are experiencing any COVID symptoms please call us right away so that we can either reschedule your appointment or change the format to telehealth.

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 decline 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-19 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 EXPOSURE AND POSITIVE FOR COVID-19 PROCEDURE

Policy: Exposure and Positive for COVID-19 procedure – Employee and Consumer

Effective Date: 05/27/2020

Revised Date: November 13, 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:

Close Contact: Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

Quarantine: is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine

should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

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.

EMPLOYEE ILLNESS

If an employee indicates they are sick, or answers yes to symptoms on the COVID-19 Screening tool that are not related to another health condition, they should:

- Keep track of symptoms
- Stay home
- If you think you may have been exposed to COVID-19, contact your healthcare provider, and get tested.

EMPLOYEE EXPOSURE

If an employee indicates they have been **exposed to COVID-19**, the direct Supervisor should immediately fill out the “COVID-19 Tracking Tool” located on Teams in a Group called “COVID-19 Tracking” that asks the following questions to determine if it was a “close contact” per the CDC definition.

1. Were you within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period?
2. Did you provide care at home to someone who is diagnosed with COVID-19?
3. Did you have direct physical contact with a person who is diagnosed with COVID-19 (hugged or kissed them)?
4. Did you share eating or drinking utensils with a person who is diagnosed with COVID-19?
5. Did the person who is diagnosed with COVID-19 sneeze, cough, or somehow got respiratory droplets on you?

If yes to any of the above, you should get a COVID test as soon as possible and begin to quarantine following this quarantine protocol from the CDC, “When to start and stop quarantine” <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html> . You should also be in contact with your doctor to discuss symptoms and action plan. Keep track of your symptoms. 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.

EMPLOYEE POSITIVE FOR COVID

If an Employee indicates they have **positive results of COVID** –

1. Employee immediately notifies their direct supervisor. The direct supervisor will fill out immediately the “COVID-19 Tracking Tool” on Teams in a group called “COVID-19 Tracking” that asks the following questions:
 - Name of employee, phone number, County they live in
 - Dates on-site or face-to-face in community?
 - Did you wear a mask or any other PPE?
 - Date the individual was tested?
 - What were the results?
 - When were the results received?
 - Do you have any symptoms related to COVID-19 – fever of ≥ 100.4 , fatigue, muscle ache, headache, shortness of breath, Diarrhea, cough, chills, vomiting, abdominal pain, sore throat, nasal congestion, loss of smell or taste, malaise?
 - Date of symptoms onset?
2. If contact tracing is necessary based on answers above, ask the following questions:
 - Who did the person have close contact (as defined above) 2 days prior to testing and/or symptom onset when on-site or meeting face-to-face (co-workers, contractors, individuals we serve)?
 - What days were you on-site or meeting face-to-face since you developed symptoms?
 - Contact information of close contacts if available
3. Employee who has tested positive will:
 - Begin to quarantine following this quarantine protocol from the CDC, “When to start and stop quarantine” <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>
 - Be in contact with your doctor to discuss symptoms and action plan.
 - Keep track of your symptoms.
 - 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.
4. Direct Supervisor of employee who has tested positive will inform their Director and HR Director informing them that the “COVID-19 Tracking Tool” has been completed. **NOTE-** The Americans with Disabilities Act (ADA) privacy rules restrict employers from sharing personal health information of an employee. Employers should inform employees that possible exposure has occurred in the workplace without disclosing any identifying information about the individual who tested positive.
5. HR Department and Direct Supervisor will inform all co-workers, contractors, and individuals we serve that they have been in close contact with someone who has tested positive for COVID-19 within 24 hours. Employees will quarantine for 14 days due to being in close contact with the employee who tested positive or if there is a staffing shortage identified by the associated Director and direct supervisor, the quarantine period could be reduced to 10 days if the following two conditions exist:

- . The individual does not develop any symptoms or clinical evidence of COVID-19 infection during daily symptom monitoring for the 10 days after the last exposure.
 - Daily symptom monitoring continues through day 14 after the last exposure. ([MDHHS guidance.](#))
6. Direct Supervisor notifies Facilities Manager to address disinfecting of building or fleet as needed.
 7. HR Department will work with the Operations Manager on notifying the local Health Department.
 8. To monitor the impact on programs and the individuals we serve, the HR director will inform the Leadership Team during the bi-weekly meeting:
 - Total number of employees who have tested positive and which program they work in
 - Total number of quarantined and monitoring for symptoms per program

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.

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.

Consumer Exposure & Positive Test Response Procedure

Notification: Case Coordinator or other primary service provider notified whenever there is a potential (exposure) or actual COVID-19 positive staff or resident. If the primary service provider is not available, their supervisor should be contacted.

The Case Coordinator or other primary service provider, if applicable, will act as the central hub for all information and coordination of consumer and other service provider needs to ensure the consumer's physical health, mental health, and environmental needs are met and the staff of any CLS or Residential provider agency is supported in their efforts to meet the consumer's needs.

- 1) Upon Notification that a consumer has been exposed to someone that is COVID positive, is displaying symptoms, is being taken for testing, or has tested positive, the receiver of this information will gather the following information:
 - a. For each staff and resident:
 - i. Onset of symptoms
 - ii. Type of symptoms
 - iii. Date tested for COVID-19 and date of results
 - b. For staff: if symptomatic or positive, date last worked and type of contact
 - c. For residents: date of quarantine or isolation
 - d. If the consumer has a guardian, has that person been notified and what is their response?
 - e. Has the individual's primary care physician been notified?
 - f. Is the individual able to independently quarantine/isolate/ wear mask?
 - g. Are there behavioral concerns that need to be discussed?
- 2) After gathering this information, the primary service provider takes the following next steps:
 - a. Determine and notify all other necessary service providers of the circumstances and need for extra precautions.
 - b. Reach out to consumer, and guardian if appropriate, to discuss necessary precautions and determine needs. Follow the **COVID-19 Check – in form** (form available on SharePoint, COVID-19 folder, Clinician Information Folder) for discussions with consumers, guardians, and any home or CLS staff.
 - c. Notify program supervisor, director, COO, and Contracts Manager of exposure, pending test, or COVID-19 positive result and the information received above for data collection.
- 3) Regular monitoring:
 - o The Case Coordinator or other primary service provider will contact the consumer and the CLS/home manager, if applicable, every 2-3 business days and will use the COVID-19 Check – in form to facilitate these discussions.

- These calls should be documented using a clinical note. All other clinical staff that have a need to know the information should be included in the “public discussion” in the clinical note.
 - The Case Coordinator or other primary service provider will reach out to other members of the SHW team to request assistance with completing necessary tasks.
 - Renee Jones: behavioral concerns
 - Dadra Motroni-Lopez Negrete: Staffing needs for CLS or Specialized Residential Home
 - Paula Bishop: coordination of care with the hospital if the consumer is hospitalized
 - Jamie Semans: PPE needs
 - Provide COO with weekly updates for consumer health tracking purposes
- 4) A coordinating call with all agencies and providers may be beneficial in some cases. It may be important to also include the following individuals in these discussions.
- Program Supervisor
 - Program Director
 - COO
 - Contracts & Provider Network Manager
 - AFC Home Manager
 - AFC Home Administration
 - Nurse
 - BTPRC
 - Recipients Rights
 - Guardian
 - OT team
 - Other natural supports

FAQ for exposure:

Who is considered a close contact to someone with COVID-19?

For COVID-19, a close contact is anyone who was within 6 feet of an infected person for a total of 15 minutes or more. An infected person can spread COVID-19 starting 48 hours (or 2 days) before the person has any symptoms or tests positive for COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

What counts as close contact?

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more (cumulative)
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils with someone that has tested positive
- Someone that has tested positive has sneezed, coughed, or somehow got respiratory droplets on you

Am I considered a close contact if I was wearing a mask?

Yes, you are still considered a close contact even if you were wearing a cloth face covering while you were around someone with COVID-19. Cloth face coverings are meant to prevent someone from transmitting the disease to others, and not to protect someone from becoming infected. <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

What should I do if I had close contact with someone who has COVID-19?

Stay home for 14 days* after your last contact with a person who has COVID-19. Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19. If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Contact-Tracing>

- * If there is a staffing shortage identified by the associated Director and direct supervisor, the quarantine period could be reduced to 10 days if the following two conditions exist:
- o The individual does not develop any symptoms or clinical evidence of COVID-19 infection during daily symptom monitoring for the 10 days after the last exposure.
 - o Daily symptom monitoring continues through day 14 after the last exposure. (MDHHS guidance.)

What if I have been around someone who was identified as a close contact?

If you have been around someone who was identified as a close contact to a person with COVID-19, closely monitor yourself for any [symptoms](#) of COVID-19. You do not need to self-quarantine unless you develop symptoms or if the person identified as a close contact develops COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

If I am a close contact, will I be tested for COVID-19?

If you have been in close contact with someone who has COVID-19, you should be tested, even if you do not have symptoms of COVID-19. The health department or your primary care physician may be able to provide resources for testing in your area.

While you are waiting for your COVID-19 test result, stay home away from others (self-quarantine) and monitor your health for symptoms of COVID-19 to protect your friends, family, and others from possibly getting COVID-19.

If I am a close contact, and I received a negative test, do I still have to quarantine?

If your test is negative and you don't have symptoms, you should continue to stay home and self-quarantine away from others for 14 days* after your last exposure to COVID-19 and follow all recommendations from the health department. This is important because symptoms can appear up to 14 days after you've been exposed and are infected. A negative result before the end of your quarantine period does not rule out possible infection. Additionally, you do not need a repeat test unless you develop symptoms, or if you require a test to return to work.

If your test is negative and you have symptoms, you should continue to self-quarantine away from others for 14 days after your last exposure to COVID-19 and follow all recommendations from the health department. Additional medical consultation and a second test may be needed if your symptoms do not improve.

For more information in how to determine the start and stop of quarantine, please look here: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

- * If there is a staffing shortage identified by the associated Director and direct supervisor, the quarantine period could be reduced to 10 days if the following two conditions exist:
- o The individual does not develop any symptoms or clinical evidence of COVID-19 infection during daily symptom monitoring for the 10 days after the last exposure.
 - o Daily symptom monitoring continues through day 14 after the last exposure. (MDHHS guidance.)

If I need to quarantine due to either having close contact with someone who was infected with COVID-19, or I have tested positive for COVID-19, or if I have tested negative but was in close contact with someone who was infected for COVID-19, and my job duties do not allow that I can work remotely, what do I do?

You can use any paid leave accumulated (PTO, CLB, Optional Holiday, Comp Earned, PSL), leave without pay or apply for unemployment.

If I need to quarantine due to either having close contact with someone who was infected with COVID-19, or I have tested positive for COVID-19, or if I have tested negative but was

in close contact with someone who was infected for COVID-19, and my job duties allow that I can work remotely, can I?

Yes, as long as you are feeling well enough to work. Otherwise, you would use your leave time. If you do not have leave time, refer to question above.

How soon after I'm infected with the coronavirus will I start to be contagious?

Individuals are considered contagious 2 days before symptoms begin (or if they do not have symptoms, 2 days before they are tested). (Shiawassee Health Department)

When can an employee who tested positive for COVID-19 return to work?

You can be around others after:

- 10 days since symptoms first appeared and
- 24 hours with no fever without the use of fever-reducing medications and
- Other symptoms of COVID-19 are improving*

*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

Note that these recommendations do not apply to persons with severe COVID-19 or with severely weakened immune systems (immunocompromised). These persons should follow the guidance below for "I was severely ill with COVID-19 or have a severely weakened immune system (immunocompromised) due to a health condition or medication. When can I be around others?" <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

I tested positive for COVID-19 but had no symptoms.

If you continue to have no symptoms, you can be with others after 10 days have passed since you had a positive viral test for COVID-19. Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

If you develop symptoms after testing positive, follow the guidance above for "I think or know I had COVID-19, and I had symptoms."

When can an employee who was quarantining for having close contact with a person who was infected with COVID-19 return to work?

Stay home for 14 days* after your last contact with a person who has COVID-19. Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19. If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19.

After 14 days*, and no development of symptoms, you can return to work.

* If there is a staffing shortage identified by the associated Director and direct supervisor, the quarantine period could be reduced to 10 days if the following two conditions exist:

o The individual does not develop any symptoms or clinical evidence of COVID-19 infection during daily symptom monitoring for the 10 days after the last exposure.

- o Daily symptom monitoring continues through day 14 after the last exposure. (MDHHS guidance.)

When can an employee with a negative test who was quarantining for having close contact with a person who was infected with COVID-19 return to work?

Stay home for 14 days* after your last contact with a person who has COVID-19. Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19. If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19.

After 14 days*, and no development of symptoms, you can return to work.

* if there is a staffing shortage identified by the associated Director and direct supervisor, the quarantine period could be reduced to 10 days if the following two conditions exist:

o The individual does not develop any symptoms or clinical evidence of COVID-19 infection during daily symptom monitoring for the 10 days after the last exposure.

- o Daily symptom monitoring continues through day 14 after the last exposure. (MDHHS guidance.)

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.

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: Cabinet at based of the stairs

In each of the cabinets listed, there is a sign-out sheet for you to log what PPE is taken. This is in a 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
KN-95 Mask	For respiratory protection better than a surgical mask, but less than an N-95	Re-use up to five days, or change after a known contamination	Store in a paper bag
N-95 Masks that has been fit-tested by a medical provider	Injection, known positive, respiratory symptoms	Daily (may be reused if shortage) or after exposure; May be re-used for up to five days unless contaminated	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
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Standards for activities conducted while working for SHW:

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 the MDHHS Emergency Order Under MCL 333.2253 and MIOSHA Emergency Rules are 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 Michigan Department of Health and Human Services Epidemic Order under MCL 333.2253 requires that all persons participating in a gathering are required to wear a face mask. A “gathering” is defined as any occurrence, either indoor or outdoor, where two or more persons from more than one household are present in a shared space. The MIOSHA Emergency Rules for a Health Care setting Rule 9(5) require individuals served to wear a face covering when in the facility, except as necessary for identification. 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 MDHHS Epidemic Orders and MIOSHA Emergency Rules 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 Michigan Department of Health and Human Services Emergency Order.

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 (when fit testing has occurred) 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 (when fit testing has occurred) or KN-95 mask, if available.

Should someone report an inability to wear a mask the Reception Staff or Support Staff will escort the individual to Conference Room #7 and consult with the staff person the individual is here to see, and if necessary, the assigned on-site supervisor, to determine next steps either:

- Keep the contact and have it occur in a location where social distance can be achieved, clinicians wears mask with upgraded face protection including available n-95 masks (given that the employee has received proper fit testing).
- Or move the contact to a tele-health contact using the available iPad for Room #7.

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.

Working Directly or Face-to-Face with an individual who is diagnosed as COVID-19 positive

SHW has employees and providers who provide a wide variety of home and community-based, health related-services. These employees provide services that may include personal care, activities of daily living, access to health services and more. These employees will be referred to as “Direct Service Providers” (DSPs), in relation to the definition used by the [CDC](#). DSPs have close and consistent contact with individuals. DSPs are essential for the health and well-being of the people they serve. It is imperative that DSPs should be aware of how the coronavirus disease 2019 (COVID-19) spreads, risk factors, and prevention actions.

How COVID-19 spreads:

COVID-19 is thought to spread mainly through close contact from person to person, including between people who are physically near each other (within about 6 feet). People who are infected but do not show symptoms can also spread the virus to others. The CDC is still learning about how the virus spreads and the severity of illness it causes.

COVID-19 spreads very easily from person to person: How easily a virus spreads from person to person can vary. The virus that causes COVID-19 appears to spread more efficiently than influenza but not as efficiently as measles, which is among the most contagious viruses known to affect people.

COVID-19 most commonly spreads during close contact:

- People who are physically near (within 6 feet) a person with COVID-19 or have direct contact with that person are at greatest risk of infection.
- When people with COVID-19 cough, sneeze, sing, talk, or breathe they produce respiratory droplets. These droplets can range in size from larger droplets (some of which are visible) to smaller droplets. Small droplets can also form particles when they dry very quickly in the airstream.
- Infections occur mainly through exposure to respiratory droplets when a person is in close contact with someone who has COVID-19.
- Respiratory droplets cause infection when they are inhaled or deposited on mucous membranes, such as those that line the inside of the nose and mouth.
- As the respiratory droplets travel further from the person with COVID-19, the concentration of these droplets decreases. Larger droplets fall out of the air due to gravity. Smaller droplets and particles spread apart in the air.
- With passing time, the amount of infectious virus in respiratory droplets also decreases.

Risk Factors of COVID-19

Older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

Prevention Actions:

As a DSP, your risk of exposure will depend on factors including the setting you work in, the number of people you provide services to, and the spread of COVID-19 in your community. Practice [everyday prevention actions](#) when working with clients without suspected or confirmed COVID-19. In addition:

- When possible, keep at least 6 feet of distance between yourself and others in the home or community setting.
- Wear a [mask](#) properly when you are at work.
- Encourage your client to wear a [mask](#).
 - Wearing masks may be difficult for people with sensory, cognitive, or behavioral issues. Masks are not recommended for children under 2 or anyone who has trouble breathing or is unconscious, incapacitated or otherwise unable to remove the covering without assistance.
- If there is potential that you may be splashed or sprayed by bodily fluids during your work, [use standard precautions](#). Personal protective equipment (PPE) includes a facemask, eye protection, disposable gloves, and a gown.
- [Wash your hands](#) with soap and water: when entering and leaving the home or community setting; when adjusting or putting on or off facemasks; or before putting on and after taking off disposable gloves. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. [Learn more about proper handwashing](#).
- Do not touch your eyes, nose or mouth.
- Wear disposable gloves when touching the client (e.g., dressing, bathing/showering, transferring, toileting, feeding), handling tissues, when changing linens or doing laundry. Safely dispose of gloves after use. As noted above, wash your hands before and after taking off disposable gloves. If gloves are unavailable, wash hands immediately after touching the client or handling their belongings.
- Clean and disinfect frequently touched objects and surfaces (e.g., counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, bedside tables), and equipment (e.g., wheelchairs, scooters, walkers, canes, oxygen tanks and tubing, communication boards and other assistive devices).
- Launder work uniforms or clothes after each use with the warmest appropriate water setting for the items and dry items completely.
- Monitor yourself for [symptoms](#). [Do not go to work or care for others](#) if you develop symptoms.
- Encourage the clients you work with to practice everyday prevention actions, if possible, and assist them when needed.

What if my client or someone they live with has been exposed to COVID-19, has symptoms of COVID-19, or tests positive for COVID-19?

- Encourage your client to contact their healthcare provider or help them contact their provider if assistance is needed. Clients may need help accessing telehealth.
- If hospitalization for your client is not needed, your client may require assistance with home care for COVID-19.
 - See CDC [guidance for implementing home care](#) of people not requiring hospitalization.
 - Follow recommended infection prevention and control measures, including the use of recommended PPE available in Relias Training.
 - Call their doctor if the person keeps getting sicker.
 - When to seek emergency medical attention:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion
 - Inability to wake or stay awake
 - Bluish lips or face
 - This list is not all possible symptoms. Call their medical provider for any other symptoms that are severe or concerning to you.
 - If you call 911, let them know that you are seeking care for someone who has or may have COVID-19
- Follow [healthcare provider guidance for standard and transmission-based precautions](#) to protect yourself when providing care for clients with COVID-19.
 - Cloth masks are not PPE and should not be worn in place of proper PPE for the care of clients with known or suspected COVID-19.
 - Proper PPE includes
 - an N95 mask that has been fit-tested by a medical provider
 - an isolation gown if providing close care where the consumer or their fluids may touch your clothes
 - a face shield if there is a risk for splashing or spray
 - gloves for all direct contact

Isolate the sick person preferably in their own bedroom and bathroom. Isolation can end when:

- It has been 10 days since symptoms first appeared AND
 - 24 hours with no fever without the use of fever-reducing medication AND
 - other symptoms of COVID-19 are improving.
-
- Sick clients should also wear a facemask (if tolerated).
 - Wearing masks may be difficult for people with sensory, cognitive, or behavioral issues. Masks are not recommended for children under 2 or

anyone who has trouble breathing or is unconscious, incapacitated or otherwise unable to remove the covering without assistance.

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

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. We will be referencing MDHHS Epidemic Orders as well as MIOSHA Emergency Rules for workplace safeguards.

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 developed to help guide department level action planning include: PPE Guide, PPE inventory, Sanitizing Procedure, Fleet Use, Building Logistics, Covid-19 Clinical Services Guide, SHW Covid-19 Operations Playbook.

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 evidenced by the percent of positive cases at or above 10% within Shiawassee County and MDHHS Epidemic Orders and MIOSHA Emergency Rules 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 Tier 4 Procedure with critical infrastructure staff in place continues as written.
- SHW implements strategies outlined and ordered by State and County Departments.
- Screening protocol and strict social distancing requirements are in place
- telehealth services provided as a first option
- Group meetings held via video/audio conference
- Prohibit in-person work for employees to the extent that their work can feasibility be completed remotely.
- Essential services provided without interruption, plans addressing routine service needs
- Surveillance of community needs and SHW resources available to make an impact
- On-going review 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 between 7% and 10% and lifting of MDHHS Epidemic Orders and MIOSHA Emergency Rules in effect which deems it is appropriate for our employment sector to begin reengaging in on-site work. 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 if MIOSHA Emergency Rules allow 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 COVID-19 Procedures 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. Should 1:1 or in-person meetings be required in order to feasibly complete necessary work, a suitable work space to accommodate the size of the group must be used and participating staff will practice social distancing of 6 ft. or more and PPE worn according to CDC recommendations.
- Group treatment may occur based on clinical necessity of the individuals that are participating in the respective group treatment modality. Should group treatment sessions occur, a suitable work space to accommodate the size of the group must be used, clinicians and attendees will practice social distancing of 6 ft or more in between sets and will adhere to expected PPE practices.
- Telehealth codes remain active and used unless deemed inappropriate based on clinical assessment.

- Face to face services provided- assuming appropriate PPE is available- when a consumer is requesting the need is clinically indicated based on the clinical justification in the COVID-19 Clinical Operations Manual. 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 supervisor. 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

Link to MDHHS Epidemic Orders: https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-533660-,00.html

Link to MIOSHA Emergency Rules: <https://www.michigan.gov/leo/0,5863,7-336-100207---,00.html>

Remote Work Policy

Effective Date: **11/18/2020**

Per MIOSHA COVID-19 Emergency Rules 10-14-20, Rule 5(8) SHW must create a policy prohibiting in-person work for employees to the extent that their work can feasibility be completed remotely.

SHW has created a “critical infrastructure workforce” identifying what positions must be working on-site during business hours. These positions and reasons specifying why are below.

	Job Title	When	Reasons Why On-site
1.	One Leadership Team member (CEO, CFO, Director of Strategic Services, Chief Operating Officer, UM Director, HR Director, Executive Assistant and Operations Manager)	One leadership team member is on-site during business hours on a rotating schedule. This schedule is located on SharePoint.	This Leadership Team member is on-site to respond to any emergency that arises, address staffing or consumer issues, support other critical infrastructure workers on-site, ensure COVID preparedness plan is being following.
2.	Two Access/ES Clinicians	Business Hours on a rotating schedule	Specially trained and licensed clinicians to provide crisis and intake services to walk ins from the community. Updated from one due to volume of consumers coming into agency.
3.	Two Receptionists and Office Support Specialist	Business Hours	Serves as the front line of our agency, greets all in-coming individuals, ensures COVID-19 screening is completed for consumers, visitors, or contractors, answers main phone lines, processes incoming and outgoing mail, signs for packages (including medications), completes duties on-site that other staff who are working remotely cannot attend to.
4.	Two Maintenance Employees	Business Hours on a rotating schedule	To provide emergency support for any other onsite staff related to facility function, sanitation, materials delivery, PPE inventory, staff training, contractor monitoring and security.
5.	One RN and one MA on days with mostly telepsych appointments; more staff present on days with multiple face-to-face appointments (injections and/or psychiatric)	Business Hours	RN & MA: Chart prep for the psychiatrists includes calling and requesting faxes of records from hospitals, doctor offices, labs, pharmacies, etc. Once they are received, they are scanned into the EMR prior to the appointment. With face-to-face appointments, completing Health Monitoring Note prior to seeing psychiatrist. RN: Discharge process includes faxing Shimer notes to doctor’s offices as they request for the transition of medication

			management. Administering injections as scheduled. RN or MA: Occasional emergent need for face-to-face med review or missed injection make-up day (RN) GLBHC Thursday clinic: RN facilitates & coordinates communication between agency staff throughout the clinic day. Meets with new patients to sign paperwork and review process.
6.	One Supervisor member	Business Hours on a rotating schedule. This schedule is located on SharePoint.	Serves as the "COVID-19 Safety Coordinator".

If an employee who is not included in the critical infrastructure workers list above needs to go to the worksite to complete a job assignment that cannot be feasibly completed remotely, they must do the following:

- Employee should receive permission from their direct supervisor.
- The direct supervisor will either approve or deny the request based on the employee's need to be on-site to complete job duties that cannot be feasibly completed remotely.
- This direct supervisor will inform the on-site Leadership Team member and on-site Supervisor which employee will be on premises.

Job Positions that may need to come to the worksite, and reasons specified why are below:

Job Title	Reasons Why On-site
Financial Services Supervisor	Has to be on site for most of payroll processing due to the high volume of reports etc that have to be printed; making copies of timecards to do pay adjustments for; getting checks that come into the office, sorting and distributing. Family Support Subsidy requires presence on site to do the applications, fax stuff to the State and do mailings
Staff Accountant	Need to be onsite to get the invoices that have been received by mail and to print each invoice that was emailed from our vendors, stamp, code and scan it in; to print, mail out the checks and put the remittances with the checks; making cash and check deposits
Financial Services Specialist	Receiving and sorting order shipments, stocking the supply room; placing orders for POs that were physically submitted to the mail tray
HR & Training Coordinator	HR data is mostly in paper format over 80% currently, lots of faxing, coping, scanning, and mailings
Information Technology	One Information Technology staff member will be available via on call. The 3 staff who make up this department (Technical Support Specialist, Strategic Services Administrative Operations Coordinator, and Information Technologies Manager) would be required to report on site for any operation that cannot be completed remotely. As such; listed

	<p>below are the tasks for which IT support would be brought on site.</p> <ol style="list-style-type: none"> 1. To replace malfunctioning hardware and/or infrastructure. This does not include updates to the software that would be embedded into said devices. This could include but is not limited to: cabling, VMware desktop, data lines, monitors, printers, scanners, copiers within the confines of the structures which make up SHW. 2. To allocate mobile devices and equipment to staff to ensure that they can perform their job duties off site. This could include new or replacement allocation of cell phones, laptops, tablets, and supplies that support those devices. This could also include allocation of cases which would support secure transport of protected health information. 3. To assign or replace malfunctioning access badges for those employees who need to be on site as identified in the MOSA requirements
<p>Medical Records Clerk</p>	<p>Requests or subpoenas for records that falls outside the capture window of our EMR. There may be a need to verify if records are on micro-fiche films. Any matching documentation would be sent to our contract vendor to convert to electronic format and then securely destroy the micro-fiche consistent with certified methodologies. The micro-fiche storage cabinets are in the warehouse in temporary storage.</p>
<p>Customer Services & Recipient Rights: (Recipient Rights Advisor, Recipient Rights Director)</p>	<p>One of 2 delegated staff need to retrieve mail (every Monday, Wednesday, and Friday) as it applies to Customer Services and Recipient Rights. Requests for investigation and due process related to formal grievance and appeals are often requested via United States Postal Services. Access to mail is required to ensure completion of</p>

	federally mandated timelines. Information such as this needs to be maintained in a confidential manner consistent with the Michigan Mental Health Code and various federal requirements.
Recycling Manager	One of 2 delegated management staff needed to drive the fork lift, manage assignments, load semitruck, and deal with community business customer issues. Maintaining recycling business on a small scale will allow SHW to continue generating income.
Recycling Crew	No more than x8 staff are needed to drive box truck and recycle van, make bales, sort, and shred. Only one person in each vehicle and at each work station, no customer contact in community.
Freedom Connection	No more than 2 staff will be in the Freedom Connection office at a time. FC works 7 days a week. Staff are phone monitoring/listening for health and safety to consumers who live independently in their own homes. Two staff are needed for emergencies or scheduled runs that occur throughout the night.
MI Case Coordination, DD Case Coordination, OPT, and Children's Services	Case Coordinators will be in to meet with consumers who meet clinical to be seen in office, and support consumers with being linked to medication review and injection appointments, as well as, in picking up materials needed for meeting consumer needs and providing services.
Access/ES Supervisor & MSU/MSW student	Every Friday, 8-5 pm. Provide education and supervision of the MSU/MSW student. Attend to any tasks that came in during the week that require in person follow up. Student fulfilling their education requirements. These requirements can not be completed via telehealth. This education experience requires them to shadow clinical interactions and be shadowed when completing clinical interactions.
Access department assistant	3 days per week (M,W,F), 8-5 pm. Complete tasks that cannot be completed via remote work.
Facilities Manager	Primarily working remotely but comes on-site to maintain PPE inventory, observe facilities/property, meet with any contractors as needed.
Executive Assistant and Operations Manager	Primary working remotely, but may need to come in to address Operations, address COVID standards within premises, check mail.
HR Director	HR data is mostly in paper format over 80% currently, lots of faxing, coping, scanning, and mailings, process UIA filings and billings

CFO	Review and approval of payroll, which is in paper format and cannot be done remotely. Some documents for the month end processes are in paper form. Also gathering information for upcoming financial audit in December includes an element of pulling physical paperwork. AP review and approval and deposits require presence on site as well.
ESB Zoom Staff	Primarily working remotely but will need access to the ESB office to retrieve an Ipad and the list of consumer participants. Staff may also need to hold a class from the ESB office, depending on reliability of internet in their personal home.
ESB Staff working CLS	Primarily working remotely but may need access to the ESB office to complete Shimer documentation and SALS for timely billing until they can be set up at home with reliable internet/hot spot and technology. Each computer located in the ESB office is over 6 feet apart with cubicle barriers in between. No more than a few staff will be in the ESB office at any given time.
Children's Outpatient Therapy Services	Supervisor to meet with new hire, specifically Youth Peer Support Partner in office 1 day per week while receiving new hire training. Outpatient therapists will come in the office 1-2 half days per week to provide therapy in person if clinically necessary or provide telehealth services in a HIPPA compliant space. Parent Support Partner may work in office one morning per week to complete tasks not feasible at home. Grant positions may come to office briefly to collect supplies or items needed to continue working remotely as approved by supervisor.
Prevention and Public Relations	Primarily working remotely. Comes on-site to print material, maintain, organize, and distribute marketing material as needed.
Adult Outpatient Therapists	Therapists are primarily working remotely. Consumers are scheduled for in office sessions when medical necessity justifies a face to face contact (defined in the Covid Playbook) or when the consumer is unable to participate in telehealth services. Supervisor and therapist discuss the need for face to face contacts during supervision.

Peer Support Specialist	PSS is primarily working remotely. PSS is coming to the office to work on a special project (as of 2/2021) at her desktop computer. She is unable to complete this work using an iPad remotely.
Children’s Program Aides Providing CLS/Respite services	When not in the home or community, access to on site materials and spaces are vital to ensure the goals and objectives in the IPOS are being addressed. Some staff also require access to a computer for documentation. No more than a few staff are on site at any given time.
Certified Occupational Therapist Assistant	For clinically necessary assessments/OT therapy that cannot be performed in home due to clinical reasons and lack of access to audio/video.
Occupational Therapist	For clinically necessary assessments/OT therapy that cannot be performed in home due to clinical reasons and lack of access to audio/video.

Vaccine Information – Updated 02/15/21

SHW does not require the COVID-19 vaccine. If an SHW employee does receive the full series of the COVID-19 vaccine, please turn in a copy of your vaccine card to the HR Department. This information will be utilized for awareness of how many SHW employees have been vaccinated. This information will be used in re-engagement planning.

The following information is from the CDC website:

While COVID-19 vaccines have demonstrated high efficacy at preventing severe and symptomatic COVID-19, there is currently limited information on how much the vaccines might reduce transmission and how long protection lasts. In addition, the efficacy of the vaccines against emerging SARS-CoV-2 variants is not known. At this time, **vaccinated persons should continue to follow current guidance to protect themselves and others, including wearing a mask, staying at least 6 feet away from others**, avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, washing hands often, following CDC travel guidance, and following any applicable workplace or school guidance, including guidance related to personal protective equipment use or SARS-CoV-2 testing.

Exposure Protocol for Persons Fully Vaccinated:

Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine)
- Are within 3 months following receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure

Persons who do not meet all 3 of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19.

Although the risk of SARS-CoV-2 transmission from vaccinated persons to others is still uncertain, vaccination has been demonstrated to prevent symptomatic COVID-19; symptomatic and pre-symptomatic transmission is thought to have a greater role in transmission than purely asymptomatic transmission.

Fully vaccinated persons who do not quarantine should still watch for symptoms of COVID-19 for 14 days following an exposure. If they experience symptoms, they should be clinically evaluated for COVID-19, including SARS-CoV-2 testing, if indicated. In addition, vaccinated persons should continue to follow current guidance to protect themselves and others, including all other SARS-CoV-2 testing recommendations and requirements, and state, territorial, tribal, and local travel recommendations or requirements.

These quarantine recommendations for vaccinated persons, including the criteria for timing since receipt of the last dose in the vaccination series, will be updated when more data become available and additional COVID-19 vaccines are authorized.

Reference: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

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
11/13/2020	Updates include: Revised Exposure and Positive for COVID-19 section, Tier revisions, changed reference to EOs to appropriate new citation.	J. Semans
11/19/2020	Updates to Tiers, updates to “Consumer Mask Exemption” section.	J. Semans
12/02/2020	Added Remote Work Policy developed by Management Team.	J. Semans
12/11/2020	Consumer Exposure & Positive Test Response Procedure- Completely Updated.	J. Semans

	<p>Added COVID-19 Check in Forms to playbook (also on Sharepoint, COVID folder)</p> <p>Added to Employee Exposure section the caveat for close contact quarantine period.</p>	
12/15/2020	Added "Working Directly with someone who is COVID-19 Positive"	J. Semans
02/04/21	Updated screening process to include face-to-face on-site appointments to wait in car upon arrival, call before entering, and text screenings to clients with face to face appointments	J. Semans
02/15/21	<p>Updated Remote Work Policy, agency moved into Tier 3 on 02/08/21.</p> <p>Added "Vaccine" section with info on submitting vaccine card, exposure protocol for fully vaccinated persons.</p>	J. Semans