

NLCMHA COVID-19 Infectious Disease Preparedness and Response Plan

Based on OSHA Emergency Temporary Standard 1910.502 for Healthcare of June 21, 2021, Guidance on Preparing Workplaces for COVID-19 (3990-03 2020), MIOSHA Emergency Rules of June 22, 2021, and OSHA's Emergency Temporary Standard (ETS) on Vaccination and Testing (29 CFR 1910.501) of November 5, 2021.

This plan is effective as of November 5, 2021 (updated from July 8, 2021). If directives become more (or less) stringent than this plan, NLCMHA will follow the direction of the respective authority for compliance with pandemic containment protocols. This document provides a general description of changes to operations; it does not contain a full and complete listing of all COVID-related protocols or guidance.

Purpose

This Northern Lakes Community Mental Health Authority (NLCMHA) COVID-19 Infectious Disease Preparedness and Response Plan has been created specifically for the SARS-CoV-2 virus that causes COVID-19 for use at Northern Lakes Community Mental Health Authority (NLCMHA) to provide enhanced prevention protocols against the novel coronavirus (COVID-19).

Scope

This NLCMHA COVID-19 Infectious Disease Preparedness and Response Plan applies to all employees and contract providers working in any NLCMHA-operated building/facility, all visitors and persons served.

Background

The Centers for Disease Control (CDC) announced a global outbreak of respiratory disease to be a pandemic. This disease is caused by a novel (new) coronavirus that was first detected in China and which has now been detected in more than 195 countries, including in the United States and Michigan as of March 10, 2020. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19"). MIOSHA Emergency Rules of June 22, 2021 for Healthcare Employers recognizes that, as of June 15, 2021, the State of Michigan had a total of 892,651 confirmed cases and 19,574 deaths, and that healthcare employees are likely to experience an increased probably of infection at work until the protective measures in this rule are in place. NLCMHA is committed to protecting the health and safety of its employees, persons served, and visitors. To accomplish this, NLCMHA has developed a plan with action steps to prevent, contain, and minimize employee exposure to the impact of epidemic diseases, pandemic diseases, and more specifically in this plan, the COVID-19 virus which has been spread to all 50 states in the United States.

Risk Considerations

This plan is reflective of a careful analysis of pandemic risk levels which are detailed in the related document, “NLCMHA Pandemic Operations,” and includes the following risk considerations:

- **Consumer Risk** – risk of receiving face-to-face services weighed against risk of not being seen in person.
- **Employee Risk** – underlying conditions, ability for social distancing
- **Program Risk** – population served, risk of transmission, and ability to control access/environment.
- **Funding Risk** – limitation of telehealth codes or requirements that limit billing Medicaid for services, such as for Habilitation Supports Waiver (HSW) or Applied Behavior Analysis (ABA).

Supervision

All NLCMHA COVID-19 Task Force members are designated as COVID Supervisors, along with Shelly Schmidt, Teri Dougherty, Deb Bumbalough, and Home Supervisors as follows by location:

- **Grayling:** Dave Simpson, Aimee Johnson, Shelly Schmidt, or their designee.
- **Houghton Lake:** Teri Dougherty, Aimee Johnson, or their designee.
- **Cadillac:** Deb Lavender, Joanie Blamer, Kaitlyn Reinink, Aimee Johnson, Deb Bumbalough, or their designee.
- **Traverse City:** Dan Mauk, Tracy Andrews, Matt Leiter, Carrie Gray, Kari Barker, Joanie Blamer, Darryl Washington, Lauri Fischer, Aaron Fader, or their designee.
- **Board Operated Homes:** Home Supervisors, Assistant Home Supervisors, and other selected designees during on-call shifts to provide a COVID supervisor at each location at all times.

Basic Infection Prevention Measures

- Employees and providers must:
 - Stay home if you are sick.
 - [Wash your hands](#), frequently and thoroughly.
 - Practice [respiratory etiquette](#), including covering coughs and sneezes.
 - Wear a [face covering](#).
 - Face masks are required to be worn by all regardless of vaccination status in common areas such as reception, lobbies, hallways, and during interactions with consumers/public. See [Mask Maps](#) for identified common areas.
 - In situations that the face coverings might not be required, NLCMHA strongly encourages that they are worn when more than one person is gathered and social distancing cannot be maintained.
 - Employees who are unvaccinated must wear a face covering in all settings when they are indoors or in a vehicle in the presence of another person.

- If there is a need to maintain less than a 3-foot distance, a surgical mask should be worn, or a physical barrier considered, such as a face shield.
- Limit sharing phones, desks, offices or other work tools and equipment.
- Limit congregating or loitering in other people's work areas.
- Limit the number of persons in a room/space to the maximum number where social distancing can be maintained.
- Clean the room including chairs, door handles, desk/table, and office equipment used (stethoscope, computer, pens, etc.) after each consumer face-to-face encounter is completed.
- Disinfect their workspace at least daily.
- Tissues and trash receptacles are provided.
- Hand sanitizer is available at building entrances and/or in entrance lobbies.
- Implementation of NLCMHA's Vaccination, Testing, and Face Covering Policy
- Training to employees on Workplace Infection-Control Practices is provided and documented in Relias.
- Touchpoints are minimized through these strategies:
 - Touchless sign in and temperature screening are available, with touchless thermometers available in each location for those who do not have one.
 - All reception areas have the potential of glass between receptionist and consumer.
 - Telephone, Teams, and Jabber are used to communicate the arrival of the consumer for their appointment to provider.
- Face coverings are required for consumers and visitors to NLCMHA buildings, except as necessary for identification or to facilitate an examination or procedure. For those who do not have a facial covering, one will be provided by NLCMHA on the day of the encounter. Face coverings are available at reception.
- Sanitizing/disinfecting wipes and/or bottles of cleaning solutions are available at each location.
- Individual staff bottles of hand sanitizer will be refilled on a schedule of every other week in each office.
- Increased facility cleaning and disinfection schedule using [EPA approved disinfectants](#) to limit exposure to COVID-19; specifically:
 - Disinfect office space during the day – Disinfect, with Solution 118, after every encounter with consumer care to include chairs, door handles, desk/table, and office equipment used (stethoscope, computer, pens, etc.).
 - Front office – disinfect with Solution 118, at least once an hour and more frequently on days with higher scheduled appointments.
 - Lobby – disinfect with Solution 118, at least twice a day.
 - Increased hand sanitizing stations have been added at each entrance.
 - Offices deep cleaned after hours.
- Water fountains have been capped, with the bottle fill option still being available.
- Magazines, toys, and informational materials have been removed from lobbies.
- Chairs have been removed; seating has been changed to 6' apart.
- Elevator traffic in Grayling and Traverse City is limited to one person/family at a time.
- Training is limited to on-line only.

- The number of new staff orientations which may occur at one time have been limited.
- The number of fleet vehicles available has been limited to better coordinate cleaning and disinfecting.
- In case of a positive COVID-19 case in the building or if it is suspected that an employee or consumer has COVID-19, the area will be deep cleaned in accordance with CDC guidance, including frequently touched surfaces and objects such as doorknobs/push bars, elevator buttons, restroom doors, etc., using EPA-approved disinfectants according to label instructions.

Prompt Identification and Isolation of Sick People

- Common screening protocols are conducted at all locations for all consumers including questions about COVID-19 symptoms. Appointments are to be pre-scheduled whenever possible to allow for screening. Consumers are informed to wear a face covering for their face-to-face encounter, and if they lack one, a facial covering will be provided to them by NLCMHA on the day of their encounter. (See specific script.)
- Consumers with elevated temperatures (equal to or greater than 100.4F) or respiratory symptoms (cough, wheezing, trouble breathing) will be immediately isolated to designated rooms in each site for waiting and care and the care will come to them. After each encounter is completed, the room will be cleaned with Cleaning Solution 118 including chairs, door handles, desk/table, and office equipment used (stethoscope, computer, pens, etc.).
- A face mask will be provided to consumers with COVID-19 signs and/or symptoms and the person will be asked to wear it, if tolerated.
- The number of staff who enter isolation areas will be limited.
- Staff working in close contact (within 6 feet) with a symptomatic person must use proper PPE and/or physical barriers.
- Employees and contract providers with NLCMHA key cards should self-monitor for signs and symptoms using the [NLCMHA Electronic Monitoring Form](#).
- Contractors (without NLCMHA key cards) will be considered visitors and will be screened using the same common screening protocol as consumers; the person responsible for tracking them is Aimee Johnson or designee.
- Employees should immediately report to their supervisor when they are sick or experiencing COVID-19 symptoms as directed by the [NLCMHA Electronic Monitoring Form](#).

When an employee is identified with a confirmed case of COVID-19:

- The employee will be instructed to stay home and self-isolate.
 - The employee should not return to work until:
 - If symptomatic:
 - At least 10 days after symptoms first started, **AND**
 - 24 hours after fever has resolved without the use of fever-reducing medicines, **AND**
 - Symptoms have improved or resolved, consistent with the latest [CDC guidelines](#).

- If no symptoms:
 - If continue to have no symptoms, employee can return to after 10 days have passed since you had a positive viral test for COVID-19.
 - If the employee develops symptoms after testing positive, follow the guidance above for symptomatic employees.
- If an employee is severely immunocompromised or has a severe case of COVID-19, they may be instructed to self-isolate up to 20 days. Employees are encouraged to seek advice from their trusted primary care provider, treating medical provider, or the local health department.

Note: here is the [latest CDC guidance for those with confirmed/suspected COVID-19](#).

- The employee may work remotely with supervisor approval if they can so long as their job and physical health allows, and service position requires.
- Equipment and other elements of the work environment of the employee will be thoroughly cleaned and disinfected, including frequently touched surfaces and objects such as doorknobs/push bars, elevator buttons, restroom doors, etc., using EPA-approved disinfectants according to label instructions, if the employee had been working while ill.
- Within 24 hours, NLCMHA will notify employees and visitors of the building of a confirmed case of COVID-19, identifying co-workers and individuals that the employee may have come into close contact with. A [close contact](#) as defined by the CDC is someone who was less than 6 feet away from an infected person (laboratory confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three 5-minute exposures for a total of 15 minutes). An infected person can spread SARS-CoV-2 starting 2 days before they have symptoms (or, for asymptomatic people, 2 days before the positive specimen collection date), until they meet the criteria for ending isolation.
- The names of visitors (co-workers, contractors, and suppliers) visiting the buildings will be logged by Reception for notification and sharing with health department.
- NLCMHA will immediately notify the Health Department and will defer to the health department to provide the contact tracing information. HR will keep records of any required notifications.

When an employee is identified as having been in close contact with someone who has COVID-19 they should quarantine at home – [CDC Quarantine Guidance](#)

- Stay home for 14 days after your last close contact with a person who has COVID-19
- Watch for fever (100.4F), cough, shortness of breath, or other symptoms of COVID-19.
- If possible, stay away from people you live with, especially people who are at higher risk for getting sick from COVID-19
- Exceptions to quarantine:
 - Employees who are fully vaccinated ([CDC When You've Been Fully Vaccinated](#)) do not need to quarantine as long as they remain symptom-free.
 - Employees who have recovered from a laboratory confirmed (viral test) COVID-19 in the last 90 days do not need to quarantine as long as they remain symptom-free. If more than 90 days have passed since recovery from infection,

employee should follow recommendations for close contacts based on their vaccination status.

- Shortened Quarantine is possible if:
 - After day 10 you have had no symptoms of illness you may discontinue quarantine and continue to daily monitor for symptoms and if symptoms develop self-isolate and seek testing.
 - After day 7 after receiving a negative test result (test must occur on day 5 or later) and continue to monitor for symptoms daily and if symptoms develop self-isolate and seek testing.
- If an employee quarantine is shortened from 14 days, they will wear a face mask/covering for the remaining days until 14 days after exposure.
- The local health department makes the final decision about how long quarantine should last based on local conditions/needs and specifics about each case. Employees are expected to follow the recommendations of their local health department.
- Face coverings will be offered to ill employees and consumers until they are able to leave the premises.

Workplace Flexibilities and Protections

- NLCMHA is maximizing telehealth to the greatest extent possible and maximizing remote work, with the majority of staff, both clinical and administrative, working remotely. NLCMHA is developing a hybrid-workforce policy to continue to maximize telehealth, remote work assignments, and face-to-face service needs. Staff are encouraged to review the policy and discuss options with their supervisor when it is finalized.
- Staff are encouraged and allowed to have flexibility in their schedule, with varying shifts available, to serve both staff needs for childcare, etc., and to serve highly vulnerable patients, including the elderly and those with chronic conditions.
- NLCMHA will work with employee health benefit companies to provide information about medical care to employees in the event of a COVID-19 outbreak.
- Employees must:
 - Stay home if they are sick, and report symptoms/illness to their supervisor.
 - Complete the NLCMHA COVID-19 Health Screening.
 - Comply with quarantine and isolation as recommended by their medical professional and/or local health department.
 - Follow safety protocols at work and when interacting with consumers/community partners in the community.
- Employees who are sick with acute respiratory illness do not need a healthcare provider's note to validate their illness or to return to work (as healthcare facilities may be extremely busy and not able to provide documentation in a timely way).
- Employees may stay home to care for a sick family member (for example, Family Medical Leave Act [FMLA]).

- Employees will be provided with adequate, usable, and appropriate training and informational material about pay, leave, safety, health, including proper hygiene practices and use of PPE.
- NLCMHA will ensure sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- NLCMHA policy will be followed to prohibit discharging, disciplining, or otherwise retaliating against employees who stay home or who leave work when they are at particular risk of infecting others.
- Contract providers are encouraged to develop non-punitive leave policies for sick employees to stay home.

Workplace Controls

Engineering Controls

- Air filters have been replaced according to manufacturer instruction and the replacement schedule has been accelerated.
- Extra sanitizing stations have been installed at all entrances.
- Face shields and sneeze guards have been procured for staff and persons served, including sneeze guards for psychologists for psychological and ABA testing.
- Drive-through options for customer service such as in-car injections are provided.
- Seating has been modified with chairs removed to provide 6-foot separation.

Administrative Controls

- Staff are advised they must stay home if they are sick.
- Signs are placed on entry doors instructing visitors to the building to stop if they have symptoms and call before entering.
- Signs are placed at entrances instructing people to wear a face covering when inside.
- Signs are placed at elevators in Grayling and Traverse City limiting traffic to one person/family at a time.
- Consumers are contacted 24 hours before appointments with a script to pre-screen for symptoms. They are given instructions to try not to arrive more than 30 minutes early and may include a request to wait in cars until appointment time if needed for capacity in the building/lobby. Consumers are encouraged to call and notify us when they are in the parking lot as part of the 24-hour appointment confirmation and instructions.
- Telephone, TEAMS and Jabber will be utilized to communicate with providers when consumers arrive for appointments.
- Consumers who are sick will be encouraged to not come to the office for service if possible; if it is necessary for the person to come to the office, every effort will be made to provide for the safety of the person served and the staff person including physical barriers, iPads, distancing, appropriate PPE, etc.
- Clinical staff will adjust their schedules to allow adequate time between appointments for cleaning and maximize use of telehealth codes to limit number of consumers in offices.
- NLCMHA Electronic Monitoring Form will be used to monitor staff symptoms.

- Waiting rooms floors by reception and in front of the elevators are marked to enable 6' social distancing.
- Face-to-face contact will be minimized by providing phone-based communication, telework, drive-through options.
- Virtual meetings will be utilized in place of in-person meetings whenever possible.
- Nonessential travel to locations with ongoing COVID-19 outbreaks will be discontinued.
- Staff training on COVID-19 risk factors and protective behaviors, including cough etiquette and care of PPE, and Proper Use of PPE is provided and documented in Relias.
- Emergency communications plans have been developed. The anonymous Compliance Hotline —855-560-0008— will be used for answering staff concerns and reporting unsafe working conditions. Compliance Director will document complaints and concerns about unsafe working conditions. (Note: In addition, the NLCMHA safety committee members, with two co-chairs and ten members, are also available to receive tips and suggestions.)

Safe Work Practices

- Workers are advised to always wash hands when they are visibly soiled and after removing any PPE.
- Tissues, no-touch trash cans, hand soap, hand sanitizer, disinfectants, and disposable towels for staff to clean their work areas have been provided.
- Handwashing signs are posted in restrooms.
- Facial coverings are provided to staff based on risk of their positions and are available by request to all.
- Face shields and sneeze guards have been procured for staff and persons served, including sneeze guards for psychologists for psychological and ABA testing.
- Face coverings are required when employees cannot consistently maintain six feet of separation.

Personal Protective Equipment (PPE)

- Selected and properly fitted PPE based on the hazard to the employee are provided, with respirators (N95 or better) used by staff when working within 6 feet of persons with confirmed or suspected COVID-19. If appropriate PPE is not available and seeing the person face to face is medically necessary, physical barriers such as a sneeze guard or an alternative method such as telehealth or in-hospital setting will be utilized.
- Employees are encouraged to use PPE and hand sanitizer as appropriate.
- PPE should be consistently and properly worn when required.
- PPE should be regularly inspected, maintained and replaced.
- PPE should be safely removed, cleaned, stored, or disposed of.
- Training to employees on Proper Use of PPE consistent with CDC and OSHA guidelines is provided and documented in Relias.