



Tuscola Behavioral Health Systems COVID-19 Preparedness and Response Plan¹

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This document supplements the TBHS Pandemic Preparedness Plan dated April 1, 2020

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INTRODUCTION

In order to respond to the current state of emergency related to the novel coronavirus (“COVID-19”) and to comply with relevant state and local orders related to COVID-19, Tuscola Behavioral Health Systems (TBHS) has prepared the following COVID-19 Preparedness and Response Plan (“Plan”). This Plan may be updated as this situation evolves or as state or local orders, or federal guidance, related to COVID-19 are issued or amended. This plan will supplement the Pandemic Preparedness Plan for COVID-19 that was developed on April 1, 2020.

I. GENERAL OVERVIEW

The following COVID-19 Preparedness & Response Plan has been established for TBHS in accordance with the requirements in the most recent Executive Order (“EO”) concerning employee safety and health, and all requirements therein signed by Governor Gretchen Whitmer and also in accordance with *Guidance on Preparing Workplaces for COVID-19*, developed by the Occupational Health and Safety Administration (“OSHA”). Appendix A contains the list of 18 items all businesses and operations that are permitted to require their employees to leave their homes or residences for work must implement under the most recent EO.

II. BASIC INFECTION PREVENTION MEASURES

Enhanced Hygiene

TBHS employees are instructed to wash their hands frequently, to cover their coughs and sneezes, and to avoid touching their faces. Employees will be provided with access to places and supplies to frequently wash hands or to use hand sanitizer, including upon entry to TBHS facilities. Employees will also be provided with access to tissues and to places to properly dispose of them. Signs regarding proper handwashing methods have been posted in all restrooms. TBHS provides tissues and trash receptacles, where appropriate.

Employees are discouraged from using other employees’ phones, desks, offices, or other work tools and equipment, when possible. If sharing such items or spaces is not avoidable, then workers should wipe down any and all items and spaces prior to use by another employee. (See email to TBHS TEAM ALL dated May 21, 2020 – Appendix B).

Sick Leave Policies

TBHS employees are encouraged to stay home if they are sick. In addition to paid sick leave provided to employees per TBHS policies, employees were also provided with Paid Leave time specifically related to COVID-19. All regular full-time employees were provided with 80 hours of Paid Leave time to be utilized related to COVID-19. Regular part-time employees received Paid Leave time on a prorated basis (see TBHS Personnel Policy – Sick Leave & Paid Leave II-003-004 for complete details). Paid Leave Time was available for the following:

- For employees who need to take time away from work for child care needs
- For employees that are working an alternating schedule between home and work who do not have enough work to do on their “home” day or in some cases any work do to on their home day;

- For employees that may be told not to report to work, due to changes within their programs and a lack of work;
- For any employee that TBHS has told to self-isolate due to out of state travel;
- For any employee that has been told to self-quarantine by a physician

Remote Work

All TBHS employees are considered essential workers. However, there are employees whose job duties reasonably allow to them to do telework. These employees have been given the opportunity to work remotely. In addition, face-to-face meetings were replaced with virtual communications to the extent possible. As we move forward with reengagement of the work force, employees are expected to transition to in-office work at the schedule established by TBHS.

Enhanced Cleaning and Disinfecting

Increased cleaning and disinfecting of surfaces, equipment, and other elements of the work environment (including special attention to any shared equipment) will be performed regularly. Enhanced cleaning is being provided at the Personal Independence Center (PIC) via the addition of a full-time staff that is on-site and cleaning throughout the workday, including after each on-site appointment. This is in addition to the janitorial staff who are cleaning and disinfecting on second shift according to an established cleaning schedule. Employees are also expected to regularly clean their own work areas, and also to wipe down or spray any common areas of the building that they have utilized. Employees will be provided access to disposable disinfectant wipes so that any commonly used surfaces can be wiped down before and after each use. When choosing cleaning chemicals, TBHS will consult information from the EPA regarding approved disinfectant labels with claims against emerging viral pathogens. The manufacturer's instructions for use of all cleaning and disinfection products will be strictly adhered to.

Enhanced cleaning and disinfection shall be performed after persons suspected or confirmed to have COVID-19 have been in the workplace. The following methods will be used for enhanced cleaning and disinfection:

Cleaning and Disinfection After Persons Suspected/Confirmed to Have COVID-19 Have Been in the Facility

- It is recommended to close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open doors and windows (if applicable) to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces

Enhanced Social Distancing

Employees are directed to perform their work in such a way so as to reasonably avoid coming within six feet of other individuals. Where possible, employees may be relocated and/or provided additional resources in order to avoid shared use of offices, desks, telephones, and tools/equipment. Ground markings, signs, or physical barriers may also be used, as needed. The number of employees permitted in any break room or lunch room shall be limited to ensure social distancing

restrictions can be followed. Employees should remain in their assigned work area as much as possible except as necessary to perform assigned work functions. Employees will be provided with personal protective equipment appropriate to the exposure risk associated with the job following guidance from the Occupational Safety and Health Administration (“OSHA”) and the Centers for Disease Control and Prevention (“CDC”) applicable to the industry and types of jobs at the workplace and in accordance with applicable state orders. Physical barriers may also be installed for employees commensurate with their level of risk of exposure to COVID-19. TBHS may consider alternating days or extra shifts that reduce the total number of employees in the workplace at one time to ensure social distancing can be maintained.

TBHS will follow CDC and OSHA guidance with respect to prevention and mitigation measures. TBHS has posted various posters within the workplace to inform employees of recommended prevention and mitigation measures. TBHS will check the OSHA and CDC websites regularly for updates about recommended hygiene and mitigation measures. Finally, TBHS will adopt any additional infection-control measures that are reasonable in light of the work performed at the worksite and the rate of infection in the surrounding community.

III. PROMPT IDENTIFICATION AND ISOLATION OF SICK INDIVIDUALS

Employee Screening Before Entering the Workplace

TBHS has implemented a screening protocol to identify known or suspected cases of COVID-19 among employees and to isolate them from the remainder of the workforce. At the start of each work shift, TBHS screens employees for signs and symptoms of COVID-19 as required, including body temperature. Employees have been directed to promptly report any signs and symptoms of COVID-19 to their supervisor (after immediately exiting the building). All TBHS employees are also required to do a mid-day COVID-19 screening (including body temperature). If at any time during the workday an employee begins to experience signs/symptoms of COVID-19, they have been instructed to immediately notify their supervisor and exit the building. COVID-19 screening tools have been updated as signs/symptoms related to COVID-19 have changed – see Appendix C for the latest screening tools being utilized. Also attached is Appendix E TBHS COVID-19 Protocol for Non-Residential Supervisors.

Employees at TBHS direct operated residential facilities have been asked to call in and speak with their supervisor if they are experiencing any signs/symptoms of COVID-19 rather than reporting to the residential home. Supervisors have been issued guidelines to follow in the event that an employee calls in and reports COVID-19 symptoms (see Appendix F – TBHS COVID-19 Protocol for Residential Supervisors).

Self-Monitoring for Symptoms

Employees are encouraged to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure. Coughing, shortness of breath, and difficulty breathing are common symptoms of COVID-19. The CDC has also advised that other symptoms include fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, and loss of taste or smell.

Procedures for Reporting Illness

Suspected Cases

An employee will be considered to have a Suspected Case of COVID-19 if:

- They are experiencing any of the following COVID-19 symptoms:
 - Fever;
 - Shortness of breath; and/or
 - Continuous cough.
 - Chills;
 - Repeated shaking with chills;
 - Muscle pain;
 - Headache;
 - Sore Throat; and/or
 - New loss of taste or smell.
- They have been exposed to a person confirmed to have COVID-19, meaning:
 - An immediate family member has tested positive for or exhibited symptoms of COVID-19; or
 - In the last 14 days, the employee came in close contact with someone who has tested positive for COVID-19.

If an employee believes that he or she qualifies as a Suspected Case (as described above), he or she must:

- Immediately notify supervisor and/or Human Resources contact person;
- Supervisors and Human Resources have protocols to follow in the event that an employee reports a suspected case of COVID-19. These protocols are included with this document as Appendix D and E depending upon the work location
- Due to the social distancing guidelines that TBHS has in place, there should have been no direct prolonged contact with any other TBHS staff or consumer that would require notification

If an employee qualifies as a Suspected Case, then TBHS will:

- Ensure that the employee's work area is thoroughly cleaned.

Confirmed Cases

An employee will be considered a Confirmed Case of COVID-19 if the employee tested positive for COVID-19.

If an employee believes that he or she qualifies as a Confirmed Case (as described above), he or she must:

- Immediately notify supervisor and/or Human Resources contact of his or her diagnosis; and
- Remain out of the workplace until they are cleared to return to work.

If an employee qualifies as a Confirmed Case, then TBHS will:

- Within 24 hours, notify the local health department and any co-workers, contractors, or suppliers who may have come into contact with the person with a confirmed case of COVID-19 (while not disclosing the identity of the employee to ensure the individual's privacy);
- Ensure that the entire workplace, or affected parts thereof (depending on employee's presence in the workplace), is thoroughly cleaned and disinfected;
- If necessary, close the work area or workplace, until all necessary cleaning and disinfecting is completed; and
- Communicate with employees about the presence of a confirmed case and the cleaning/disinfecting plans and when the workplace will reopen.

Becoming Sick at Work

TBHS will physically isolate any employees with known or suspected COVID-19 from the remainder of the workforce, using measures such as, but are not limited to:

- Not allowing known or suspected cases to report to or remain at their work location.
- Sending known or suspected cases home or to another destination of their choice where they will be self-isolating during their illness.

PPE

TBHS checks the OSHA and CDC websites regularly for updates about recommended PPE and assesses the need for PPE for employees. The following will be applied to the selection and use of PPE by employees.

All types of PPE must be:

- Selected based upon the hazard to the employee.
- Properly fitted and periodically refitted, as applicable (*e.g.*, respirators).
- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

TBHS will provide any required PPE in accordance with CDC and OSHA guidance as well as any state and local orders. Employees at PIC, Burnside and the Echols buildings are required to wear a cloth mask at all times when in a common area of the building. If an employee is in their office working alone, they can remove the mask. If another employee/consumer were to enter their

workspace and be within six feet of the employee, they must have their mask on. TBHS will also consider face shields when employees cannot consistently maintain three feet of separation from other individuals in the workplace.

IV. ADDITIONAL WORKPLACE PROTECTIONS

Engineering Controls

TBHS will implement the following engineering controls:

- Installing high-efficiency air filters – will work with our heating/cooling provider to determine if there are changes that can be made that would be beneficial.
- Increasing ventilation rates in the work environment – will work with our heating/cooling provider to determine if there are changes that can be made that would be beneficial to employees.

Administrative Controls

TBHS will review and implement any other necessary administrative controls as appropriate.

Non-Essential Travel

All non-essential travel is discontinued until further notice.

Visitors(non-consumer and parent/guardian/caregiver)

Non-essential visitors are prohibited from entering the premises. All visitors entering the building shall be screened prior to entry. A screening questionnaire shall be utilized to decide if the visitor can enter the building. If a visitor presents with symptoms of COVID-19 or answers yes to any of the screening questions, they will not be allowed entry into the building. All visitors must wear a mask at all times while in TBHS buildings and follow TBHS social distancing guidelines.

Consumers (parents/guardians/caregivers, as appropriate)

All consumers entering the building shall be screened prior to entry. Any parent/guardian/caregiver accompanying a minor or individual requiring assistance shall also be screened. A screening questionnaire shall be utilized to decide if the consumer/parent/guardian/caregiver can enter the building. If a consumer/parent/guardian/caregiver presents with symptoms of COVID-19 or answers yes to any of the screening questions, the Health Operations Supervisor or another nurse must be contacted immediately so that proper precautions can be taken for entry into the building for the consumer/parent/guardian/caregiver. All individuals must wear a mask at all times while in TBHS buildings and follow TBHS social distancing guidelines. Accommodations will be made for any individual that is not able to tolerate wearing a mask.

Working with Insurance Companies and State and Local Health Agencies

TBHS will work with applicable insurance companies and state and local health agencies to provide information to employees and customers about medical care in the event of a COVID-19 outbreak.

Continue to Follow Existing OSHA Standards

TBHS will continue to adhere to all applicable existing OSHA standards and requirements.

Training

TBHS will coordinate and provide training to employees related to COVID-19. At minimum, TBHS will provide training as required under state executive orders regarding the following:

- Workplace infection-control practices.
- The proper use of PPE.
- Routes by which the virus causing COVID-19 is transmitted from person to person.
- Distance that the virus can travel in the air, as well as the time it remains viable in the air and on environmental surfaces.
- Symptoms of COVID-19.
- Steps the employee must take to notify TBHS of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.
- Measures that TBHS is taking to prevent employee exposure to the virus, as described in this plan.
- Rules that the employee must follow in order to prevent exposure to and spread of the virus.
- The use of personal protective equipment, including the proper steps for putting it on and taking it off.
- How to report unsafe working conditions.

Recordkeeping

TBHS shall maintain the required recordkeeping under state executive orders.

The following records are required to be maintained:

1. Required employee training.
2. A record of daily entry self-screening protocol for all employees and/or contractors entering the workplace, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19.
3. When an employee is identified with a confirmed case of COVID-19, any required notifications that are made.

Workplace Coordination Team

TBHS has designated one or more worksite supervisors to implement, monitor, and report on the COVID-19 control strategies developed under this COVID-19 Preparedness and Response Plan. At least one supervisor will be on-site at all times when employees are present on site (during normal business hours). Residential supervisors will not be on-site for all shifts, however, a residential supervisor is always on-call and available to staff at all times.

Additional Restrictions and Policies

1. On-site services at PIC are currently limited; however, for those individuals that are receiving services on-site, they are being asked to remain in their vehicles until they are called in for their appointment. As operations begin to return to normal, this practice will continue. Waiting rooms will be marked for appropriate social distancing.
2. As additional on-site services are being offered to individuals served, appointment times will be staggered to cut down on the number of individuals entering the building at similar times.
3. Specialized procedures will be utilized for patients with high temperatures or respiratory symptoms (e.g., special entrances, having them wait in their car) to avoid exposing other patients in the waiting room

V. EMPLOYEE CLASSIFICATIONS

OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. TBHS has evaluated employee risk levels and has determined that we have employees in three of the four risk categories. Appropriate protections based on each job classification's risk level have been implemented.

VI. BUSINESS CONTINUITY PLANS

The COVID-19 Workplace Coordination Team will: (1) work with management to cross-train employees to perform essential functions so the workplace can operate even if key employees are absent; (2) identify alternate supply chains for critical goods and services in the event of disruption; and (3) develop an emergency communication plan to communicate important messages to employees and constituents.

APPENDIX A

SUMMARY OF EXECUTIVE ORDER 2020-114

Executive Order 2020-114 requires all businesses or operations that are permitted to require their employees to leave the homes or residences for work under Executive Order 2020-92, or any order that follows it, to, at minimum, do the following:

- Develop a COVID-19 preparedness and response plan, consistent with recommendations in Guidance on Preparing Workplaces for COVID-19, developed by the Occupational Health and Safety Administration and available here. **By June 1, 2020, or within two weeks of resuming in-person activities**, whichever is later, a business's or operation's plan must be made readily available to employees, labor unions, and customers, whether via website, internal network, or by hard copy.
- Designate one or more worksite supervisors to implement, monitor, and report on the COVID-19 control strategies developed under your COVID-19 Preparedness and Response Plan. The supervisor **must** remain on-site at all times when employees are present on site. An on-site employee may be designated to perform the supervisory role.
- Provide COVID-19 training to employees that covers, at a minimum: (1) Workplace infection-control practices. (2) The proper use of personal protective equipment. (3) Steps the employee must take to notify the business or operation of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19. (4) How to report unsafe working conditions.
- Conduct a daily entry self-screening protocol for all employees or contractors entering the workplace, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19.²
- Keep everyone on the worksite premises at least six feet from one another to the maximum extent possible, including through the use of ground markings, signs, and physical barriers, as appropriate to the worksite.
- Provide non-medical grade face coverings to their employees, with supplies of N95 masks and surgical masks reserved, for now, for health care professionals, first responders (*e.g.*, police officers, fire fighters, paramedics), and other critical workers.
- Require face coverings to be worn when employees cannot consistently maintain six feet of separation from other individuals in the workplace, and consider face shields when employees cannot consistently maintain three feet of separation from other individuals in the workplace.
- Increase facility cleaning and disinfection to limit exposure to COVID-19, especially on high-touch surfaces (*e.g.*, door handles), paying special attention to parts, products, and shared equipment (*e.g.*, tools, machinery, vehicles).
- Adopt protocols to clean and disinfect the facility in the event of a positive COVID-19 case in the workplace.

- Make cleaning supplies available to employees upon entry and at the worksite and provide time for employees to wash hands frequently or to use hand sanitizer.
- When an employee is identified with a confirmed case of COVID-19, **within 24 hours**, notify both: (1) The local public health department, and (2) Any co-workers, contractors, or suppliers who may have come into contact with the person with a confirmed case of COVID-19.
- An employer will allow employees with a confirmed or suspected case of COVID-19 to return to the workplace only after they are no longer infectious according to the latest guidelines from the Centers for Disease Control and Prevention (“CDC”) and they are released from any quarantine or isolation by the local public health department
- Follow Executive Order 2020-36,³ and any executive orders that follow it, that prohibit discharging, disciplining, or otherwise retaliating against employees who stay home or who leave work when they are at particular risk of infecting others with COVID-19.
- Establish a response plan for dealing with a confirmed infection in the workplace, including protocols for sending employees home and for temporary closures of all or part of the worksite to allow for deep cleaning.
- Restrict business-related travel for employees to essential travel only.
- Encourage employees to use personal protective equipment and hand sanitizer on public transportation.
- Promote remote work to the fullest extent possible.
Adopt any additional infection-control measures that are reasonable in light of the work performed at the worksite and the rate of infection in the surrounding community.⁴

APPENDIX B
Email to TBHS Team All – May 21, 2020

Happy sunny Thursday – for anyone that hasn't been outside today – it is extremely nice out. I'm hoping that this continues for the long weekend!!

As most of you have probably heard, the Governor did make some changes to her orders this morning regarding businesses that are able to operate, and earlier in the week, she started the reopening of Michigan with changes for Regions 6 & 8. Unfortunately, in her press conference this morning, she did mention that there would be an extension of the Stay Home, Stay Safe order – but no details were provided. So while progress toward our “new normal” is being made, it is an extremely slow process.

As we continue to transition here at TBHS, we will slowly be increasing the number of staff on site beginning next week. There will be additional staff on-site within all areas of the PIC building and on both floors of the Echols building. The key to us continuing to expand on site operations is strict adherence to the social/physical distancing guidelines. Revisions are currently being made to the Personnel Policies and the Infection Control policies, as needed in regard to social/physical distancing.

Expectations of staff related to social/physical distancing have already been provided to each of you via email – however, I will restate them again:

- Whenever you exit your office/cubicle to move to another area of the building – your mask must be worn. You should be washing your hands or using sanitizer each time you take your mask off and follow the proper procedure for handling of your mask. The agency has received donations of cloth masks so if you need an additional mask, we do have them available.
- Upon utilizing a shared area and/or shared item in a common area of the building - copier, microwave, refrigerator, etc., please wipe down/spray whatever was utilized/touched.
- Please avoid using someone else's phone, desks, offices, or other work tools and equipment. If necessary, clean and disinfect them before and after use.
- Staff should not be in other staff's offices/cubicles unless they are able to maintain six feet physical distancing. If you need to meet in person with someone for an extended period of time (more than a few minutes), please arrange to utilize one of the conference rooms which allows for greater distancing.
- If there is a need to hold an in-person meeting, you must limit the size of the group to allow for 6 foot social distancing.
- When walking in the hallways – stay to the far right of the direction you are traveling in order to maintain six feet distancing from anyone that you might meet in the hall.
- Complete the COVID screening, including temperature twice daily.
- Please remember to wash your hands frequently for at least 20 seconds. When you are unable to wash your hands, hand sanitizer may be used.
- Desk/work stations should be wiped down daily.

- When scheduling in office appointments, please do your best to be prompt and limit the amount of time that individuals must wait for the appointment. If necessary, please ask individuals to remain in their vehicle and obtain a phone number to call them to enter the building.

Residential staff:

- Please continue to complete the COVID screening as required per your scheduled shift. If you are feeling ill and/or know that you will be responding “yes” to one of the screening questions related to symptoms, please call the Residential Supervisor prior to coming to work.
- Use the PPE as assigned and instructed throughout your shift.

I hope that everyone has a safe and happy holiday weekend!!

Thanks

Sharon

APPENDIX C

COVID-19 (Coronavirus) Screening Tool for All On-Site Staff

Name: _____ Date: _____ Time: _____

Purpose: This tool is intended to provide assessment information/data in order to determine risk exposure for TBHS staff as related to factors associated with COVID-19.

Disease information: COVID-19 management protocol and information available at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

VII. Risk Assessment: Initial Screening Questions

1.	Do you have any of the below symptoms?		
	• Fever >100.4°F Employee Temp:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Cough (unrelated to baseline condition)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Shortness of breath/breathing difficulties (unrelated to baseline condition)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Repeated shaking with chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Muscle Pain (unrelated to baseline condition)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• New loss of taste or smell (unrelated to baseline condition)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Runny nose or congestion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you or anyone in your household been in close contact (face-to-face contact within 2 meters/6 feet) in the last 14 days with someone that has been diagnosed with COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Send results DAILY to supervisor, preferably electronically.**

**If any “Yes” to Q#1-2, notify supervisor immediately. If supervisor is not immediately available,

please exit the building and contact Human Resources. Do not walk through the building to find supervision. Staff must complete assessment **prior** to beginning their shift. If staff are exhibiting any of the above symptom, they should not report for their shift and must call to speak directly to their supervisor before returning to work.

****If you are in need of a thermometer to monitor your temperature at home, coordinate with supervision.

COVID-19 (Coronavirus) Screening Tool for All On-Site Staff (Mid-Day)

Name: _____ Date: _____ Time: _____

Purpose: This tool is intended to provide assessment information/data in order to determine risk exposure for TBHS staff as related to factors associated with COVID-19.

Disease information: COVID-19 management protocol and information available at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

VIII. Risk Assessment: Initial Screening Questions

1.	Do you have any of the below symptoms?		
	• Fever >100.4°F Employee Temp:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Cough (unrelated to baseline condition)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Shortness of breath/breathing difficulties (unrelated to baseline condition)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Repeated shaking with chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Muscle Pain (unrelated to baseline condition)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• New loss of taste or smell (unrelated to baseline condition)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Runny nose or congestion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Send results MID-DAY to supervisor, preferably electronically.**

****MID-DAY: Refers to the middle of any given shift of work with a one-hour variance before or after the middle point of the shift.**

*****If any “Yes” to Q#1, notify supervisor immediately. If supervisor is not immediately available, please exit the building and contact Human Resources. Do not walk through the building to find supervision.**

******If you are in need of a thermometer to monitor your temperature at home, coordinate with supervisor.**

COVID-19 (Coronavirus) Screening Tool for Clinical Services

Name: _____ Date: _____ Time: _____

Purpose: This tool is intended to provide assessment information/data in order to determine risk exposure for TBHS staff as related to factors associated with COVID-19 when providing a direct clinical service.

Disease information: COVID-19 management protocol and information available at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

IX. Risk Assessment: Initial Screening Questions

1.	Do you have any of the below symptoms?		
	• Fever >100.4°F Consumer Temp:	Yes	No
	• Cough (unrelated to baseline condition)	Yes	No
	• Headache	Yes	No
	• Chills	Yes	No
	• Repeated shaking with chills	Yes	No
	• Muscle pain (unrelated to baseline condition)	Yes	No
	• Sore throat	Yes	No
	• New loss of taste or smell (unrelated to baseline condition)	Yes	No
	• Shortness of breath/breathing difficulties (unrelated to baseline condition)	Yes	No
	• Runny nose or congestion	Yes	No
	• Abdominal pain	Yes	No
	• Nausea	Yes	No
	• Vomiting	Yes	No
	• Diarrhea	Yes	No
2.	Have you or anyone in your household been in close contact (face-to-face contact within 2 meters/6 feet) in the last 14 days with someone that has been diagnosed with COVID-19?	Yes	No
3.	Are you comfortable having a provider enter your home during the Coronavirus outbreak?	Yes	No

Disposition of Screen/Follow-up with Supervision: _____

****Staff must complete assessment with consumer/parent/guardian prior to having any face to face contact.**

APPENDIX D

COVID19 PROTOCOL FOR NON-RESIDENTIAL SUPERVISORS

TBHS COVID-19 Protocol For Non-Residential Supervisors

Employee reports they are symptomatic of COVID-19:

NOTE: If an employee is only reporting minor symptoms to their supervisor (e.g., sore throat, headache, muscle pain, chills, loss of taste/smell, etc.), they are not required to complete this process. However, if the employee continues to report minor symptoms, reassessment is needed every 24 hours. There is no need to begin this process until 48 hours or more of unresolved symptoms have occurred.

- If an employee reports to their supervisor that they have a symptom(s) of COVID-19, the supervisor shall ask the employee the following questions and log the conversation.
 1. When did your symptom(s) begin?
 2. Please share with me, who have you interacted with (staff and consumers) from today and back to forty-eight (48) hours before symptom onset.
 3. Did you have close contact with the individuals named (i.e. face to face, less than six (6) feet for more than a few minutes) from today and back to forty-eight (48) hours before symptom onset? Were you utilizing PPE during this timeframe?
 4. Supervisor will inform the employee to follow up with the health department to obtain a COVID-19 test or contact their healthcare provider to obtain a COVID-19 test from a coronavirus testing site (i.e. health department or hospital). This is in accordance with the COVID-19 prioritization criteria published by MDHHS relating to the testing collection expansion for critical infrastructure workers (essential workers) with symptoms. Employee is to be informed that they are to share with the health department or doctor their job position/role they hold and why they qualify for COVID-19 testing. It is important for the supervisor to reference MDHHS Emergency Order MCL 333.2253 to the employee in the event their healthcare provider is not familiar with the emergency order.
 5. Should a situation occur after hours or on the weekend, the supervisor will inform the employee that they are to stay home and to follow-up with their healthcare provider or the health department on Monday or at the start of the next business day to receive a COVID-19 test. Employee will be instructed to follow-up with Human Resources with their test result. The HR phone number (989-553-6179) is to be provided to the employee.

6. The supervisor shall notify Human Resources immediately of a symptomatic employee. Human Resources shall log all notifications received and is responsible for notifying the CEO and COO of all suspected cases.
- **Return to work for someone not tested for COVID-19:**
 1. If an employee has reported being symptomatic, the employee will not be allowed to work and must utilize Paid Leave. If the employee does not have enough Paid Leave time available, other paid leave time may be utilized.
 2. Employee is excluded from work until:
 - a. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - b. At least 10 days have passed since symptoms first appeared

For those employees who work remotely who report they are symptomatic of COVID-19:

1. If an employee has reported being symptomatic, the employee will not be allowed to work and must utilize Paid Leave. If the employee does not have enough Paid Leave time available, other paid leave time may be utilized.
2. If the employee's symptoms and/or illness would have prevented the staff member from working on-site (they answered yes to one of the questions on the screening form), then the employee should also not be working from home during this time. When staff are working from home, the expectation is that staff would be available to respond on-site or in the community as needed (e.g., to assist with a consumer emergency, distribute medications, cover for another staff member who calls in, etc.).
3. For those employees who work a combination of remote and on-site, the return to work criteria (see 2 a. and b. above) must be met prior to returning to their remote or on-site worksite. Upon returning to their on-site worksite, employee must continue to take their temperature, assess for symptoms prior to any shift and continue to self-monitor.

Employee reports they have a positive diagnosis of COVID-19:

1. If an employee reports to Human Resources that they have a positive diagnosis of COVID-19, Human Resources shall log the conversation and notify their immediate supervisor, CEO and COO immediately.
2. Human Resources shall encourage the employee to inform the health department of their positive diagnosis or to verify with their healthcare provider that they have informed the health department of their positive diagnosis.

3. Human Resources will work with the affected employee regarding the need for leave.
4. Human Resources will notify the impacted co-workers of a possible exposure and the need to stay home and monitor for symptoms. A letter will also be sent to the impacted co-workers.
5. Supervisor will notify consumers and their guardians who may have been exposed and provide the MI COVID-19 hotline information to them. MI COVID-19 Hotline: 888-535-6136 (7 days/wk., 8 – 5). The supervisor shall document conversations.

- **Return to work following a positive diagnosis of COVID-19:**

1. If an employee has reported a positive diagnosis, the employee will not be allowed to work and must utilize Paid Leave. If the employee does not have enough Paid Leave time available, other paid leave time may be utilized.
2. Employee is excluded from work until:
 - a. At least 10 days have passed since the date of their first positive COVID-19 test, **and**
 - b. Resolution of fever without the use of fever-reducing medications **and**
 - c. Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - d. Symptom free for 72 hours
 - e. For 3 days following discontinuation of isolation, employee should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by wearing a covering of nose and mouth whenever employee is in a setting where other persons are present.

Persons with laboratory-confirmed COVID-19 who have not had any symptoms:

1. Employee is excluded from work until:
 - a. At least 10 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness provided they remain asymptomatic, **and**
 - b. For 3 days following discontinuation of isolation, these persons should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by wearing a covering for their nose and mouth whenever they are in settings where other persons are present.

Notification of possible exposure:

1. As indicated above, Human Resources will verbally notify the impacted co-workers of a possible exposure and the need to monitor for symptoms. A letter will also be sent to the impacted employees. Human Resources will inform the employee that it is important for them to stay home, monitor symptoms, and contact the health department to obtain a COVID-19 test or contact their healthcare provider to obtain a COVID-19 test from a coronavirus testing site (i.e. health department or hospital) should they start to experience symptoms. This is in accordance with the COVID-19 prioritization criteria published by MDHHS relating to the testing collection expansion for critical infrastructure workers (essential workers) with symptoms. Employee is to be informed that they are to share with the health department or doctor their job position/role they hold and why they qualify for COVID-19 testing. It is important for Human Resources to reference MDHHS Emergency Order MCL 333.2253 to the employee in the event their healthcare provider is not familiar with the emergency order. The MI COVID-19 hotline is to be provided to the employee.

COVID-19 Screening Tool:

1. If an employee answers yes to any of the contact screening questions listed on the COVID-19 Screening Tool for themselves and/or household, even if they remain asymptomatic, he/she is to leave their work site and to contact their supervisor or Human Resources immediately.
2. If an employee answers yes on the screening tool that they have been in close contact (face-to-face contact within 6 ft.) in the last 14 days with someone that is being tested for COVID-19, and both individuals are currently asymptomatic, then the employee will be allowed to work remotely (if their job allows them to) during the time it takes to receive the test result. If the test result comes back positive for COVID-19, then the employee will proceed with being tested.
3. On-call workers must be complete a COVID-19 screening form prior to starting their on-call shift/day as they could potentially be called out to respond.
4. Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in settings. TBHS has implemented universal source control measures for anyone entering a TBHS building, regardless of symptoms, in order to limit the unrecognized introduction of COVID-19. According to the health department testing criteria, healthcare workers and critical infrastructure workers (any worker still leaving the home for in-person work whether they have symptoms or not) now meet the CDC priority testing guidelines. A physician's order is not required for COVID-19 testing at the Health Department.

MI COVID-19 Hotline: 888-535-6136 (7-days a week, 8-5)

APPENDIX E

TBHS COVID-19 Protocol For Residential Supervisors

Employee reports they are symptomatic of COVID-19:

NOTE: If an employee is only reporting minor symptoms to their supervisor (e.g., sore throat, headache, muscle pain, chills, loss of taste/smell, etc.), they are not required to complete this process. However, if the employee continues to report minor symptoms, reassessment is needed every 24 hours. There is no need to begin this process until 48 hours or more of unresolved symptoms have occurred.

- If an employee reports to their supervisor that they have a symptom(s) of COVID-19, the supervisor shall ask the employee the following questions and log the conversation.
 1. When did your symptom(s) begin?
 2. Please share with me, who have you interacted with (staff and consumers) from today and back to forty-eight (48) hours before symptom onset.
 3. Did you have close contact with the individuals named (i.e. face to face, less than six (6) feet for more than a few minutes) from today and back to forty-eight (48) hours before symptom onset? Were you utilizing PPE during this timeframe?
 4. Supervisor will inform the employee to follow up with the health department to obtain a COVID-19 test or contact their healthcare provider to obtain a COVID-19 test from a coronavirus testing site (i.e. health department or hospital). This is in accordance with the COVID-19 prioritization criteria published by MDHHS relating to the testing collection expansion. Employee is to be informed that they are to share with the health department or doctor their job position/role they hold and why they qualify for COVID-19 testing. It is important for the supervisor to reference MDHHS Emergency Order MCL 333.2253 to the employee in the event their healthcare provider is not familiar with the emergency order.
 5. Should a situation occur after hours or on the weekend, the supervisor will inform the employee that they are to stay home and to follow-up with their healthcare provider or the health department on Monday or at the start of the next business day to receive a COVID-19 test. Employee will be instructed to follow-up with Human Resources with their test result. The HR phone number (989-553-6179) is to be provided to the employee.
 6. The supervisor shall notify Human Resources immediately of a symptomatic employee. Human Resources shall log all notifications received and is responsible for notifying the CEO and COO of all suspected cases.
- **Return to work for someone not tested for COVID-19:**

1. If an employee has reported being symptomatic, the employee will not be allowed to work and must utilize Paid Leave. If the employee does not have enough Paid Leave time available, other paid leave time may be utilized.
2. Employee is excluded from work until:
 - a. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - b. At least 10 days have passed since symptoms first appeared

Employee reports they have a positive diagnosis of COVID-19:

1. If an employee reports to Human Resources that they have a positive diagnosis of COVID-19, Human Resources shall log the conversation and notify their immediate supervisor, CEO and COO immediately.
2. Human Resources shall encourage employee to inform the health department of their positive diagnosis or to verify with their healthcare provider that they have informed the health department of their positive diagnosis.
3. Human Resources will work with the affected employee regarding the need for Leave.
4. Human Resources will notify the impacted co-workers of a possible exposure and the need to stay home and monitor for symptoms. A letter will also be sent to the impacted co-workers.
5. Supervisor will notify consumers and their guardians who may have been exposed and provide the MI COVID-19 hotline information to them. MI COVID-19 Hotline: 888-535-6136 (7 days/wk., 8 – 5). The supervisor shall document conversations.

• **Return to work following a positive diagnosis of COVID-19:**

1. If an employee has reported a positive diagnosis, the employee will not be allowed to work and must utilize Paid Leave. If the employee does not have enough Paid Leave time available, other paid leave time may be utilized.
2. Employee is excluded from work until:
 - a. At least 10 days have passed since the date of their first positive COVID-19 test, and
 - b. Resolution of fever without the use of fever-reducing medications, **and**
 - c. Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - d. Symptom free for 72 hours
 - e. For 3 days following discontinuation of isolation, employee should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by

wearing a covering of nose and mouth whenever employee is in a setting where other persons are present.

Persons with laboratory-confirmed COVID-19 who have not had any symptoms:

1. Employee is excluded from work until:

- a. At least 10 days have passed since the date of their first positive COVID-19 test and have had no subsequent illness provided they remain asymptomatic, **and**
- b. For 3 days following discontinuation of isolation, employee should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by wearing a covering of nose and mouth whenever employee is in a setting where other persons are present.

Notification of possible exposure:

1. As indicated above, Human Resources will verbally notify the impacted co-workers of a possible exposure and the need to monitor for symptoms. A letter will also be sent to the impacted employees. If they have symptoms, Human Resources will inform the employee that they need to stay home and contact the health department to obtain a COVID-19 test or contact their healthcare provider to obtain a COVID-19 test from a coronavirus testing site (i.e. health department or hospital). This in accordance with the COVID-19 prioritization criteria published by MDHHS relating to the testing collection expansion. Employee is to be informed that they share with the health department or doctor their job position/role they have and why they qualify for testing. It is important for Human Resources to reference MDHHS Emergency Order MCL 333.2253 to the employee in the event their healthcare provider is not familiar with the emergency order. The MI COVID-19 hotline is to be provided to the employee.

COVID-9 Screening Tool:

1. If a staff person answers yes to any of the contact screening questions listed on the COVID-19 Screening Tool for themselves and/or household, even if they remain asymptomatic, he/she is to leave their work site and to contact their supervisor or Human Resources immediately.
2. Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in settings. TBHS has implemented universal source control measures for anyone entering a TBHS building, regardless of symptoms, in order to limit the unrecognized introduction of COVID-19. According to the health department testing criteria, healthcare workers and critical infrastructure workers (any worker still leaving the home for in-person work whether they have symptoms or not) now meet the CDC priority testing guidelines. A physician's order is not required for COVID-19 testing at the Health Department.

3. Residential Supervisors must complete a COVID-19 screening form prior to starting their on-call shift/day as they could potentially be called out to respond.

MI COVID-19 Hotline: 888-535-6136 (7-days a week, 8-5)

APPENDIX F

SIGNS FOR BUILDINGS

Due to concerns related to COVID-19, TBHS is limiting access to all TBHS buildings. **If you are ill or have been exposed to someone that is ill – PLEASE DO NOT ENTER THE BUILDING.**

If you are here for a scheduled appointment, please call 989.673.6191 to reschedule.



If you do enter the building, you may be subject to screening upon entry into the building.

Do you feel sick today? If you are ill or have been exposed to someone that is ill, TBHS requests that you DO NOT ENTER THE BUILDING.

COVID 19
Governor Whitmer's
Executive Order 2020-59

NOTICE

BEFORE ENTERING ANY TBHS BUILDING



Any individual able to medically tolerate a face covering MUST wear a covering over his or her nose and mouth - such as a homemade mask, scarf, bandana or handkerchief - when in any enclosed public space. Children under the age of 2 will be exempt from this requirement.



Includes TBHS Staff, Consumers, Visitors and Vendors of TBHS.

The protections against discrimination in the Elliott-Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2101 et seq., and any other protections against discrimination in Michigan law, apply in full force to persons who wear a mask under this order.

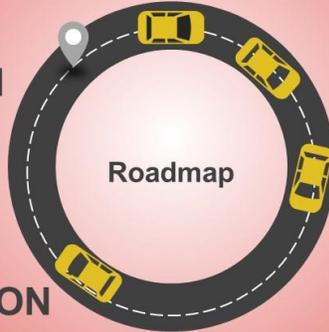
IF YOU TRANSPORTED AN ILL CONSUMER....

1

Was the person you transported ill?

IF YES.

2



**Contact
JUDY DILLON**

**Contact
DEB STARKEY**

4

3

OR



**The Copier is to be wiped
down after every use.**

HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/epi-win](https://www.who.int/epi-win)

Do's →

Wash your hands before touching the mask

Inspect the mask for tears or holes

Find the top side, where the metal piece or stiff edge is

Ensure the colored-side faces outwards

Place the metal piece or stiff edge over your nose

Cover your mouth, nose, and chin

Adjust the mask to your face without leaving gaps on the sides

Avoid touching the mask

Remove the mask from behind the ears or head

Keep the mask away from you and surfaces while removing it

Discard the mask immediately after use preferably into a closed bin

Wash your hands after discarding the mask

Don'ts →

Do not Use a ripped or damp mask

Do not wear the mask only over mouth or nose

Do not wear a loose mask

Do not touch the front of the mask

Do not remove the mask to talk to someone or do other things that would require touching the mask

Do not leave your used mask within the reach of others

Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI·WIN



APPENDIX G

OTHER RESOURCES

Occupational Safety and Health Administration website: www.osha.gov

Centers for Disease Control and Prevention website: www.cdc.gov

National Institute for Occupational Safety and Health website: www.cdc.gov/niosh

Governor Whitmer's Executive Order 2020-96:

https://content.govdelivery.com/attachments/MIEOG/2020/05/21/file_attachments/1456636/EO%202020-96%20Emerg%20order%20-%20MI%20Safe%20Start%20-%20re-issue.pdf

Governor Whitmer's Executive Order 2020-114:

https://content.govdelivery.com/attachments/MIEOG/2020/05/21/file_attachments/1456637/EO%202020-97%20Emerg%20order%20-%20Workplace%20safeguards%20-%20re-issue.pdf

Helpful CDC Guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

CDC Handwashing Fact Sheet:

<https://www.cdc.gov/handwashing/pdf/hand-sanitizer-factsheet.pdf>

CDC Fact Sheet and Poster on Preventing the Spread of Germs:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-H.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs-11x17-en.pdf>

CDC Fact Sheet on What to Do if You Are Sick:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf>

CDC Poster for Entrance Reminding Employees Not to Enter When Sick:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stayhomefromwork.pdf>

CDC Guidance on Reopening Businesses:

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

APPENDIX H

OSHA GUIDANCE FOR CLASSIFICATIONS

(See OSHA Guidance on Preparing Workplaces for COVID-19, pp 20-25)

Very High Exposure Risk:

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures.

Workers in this category include:

- Healthcare workers (*e.g.*, doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (*e.g.*, intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (*e.g.*, manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

High Exposure Risk:

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and support staff (*e.g.*, doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes *very high*.)
- Medical transport workers (*e.g.*, ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing (*e.g.*, for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

Medium Exposure Risk:

Medium exposure risk jobs include those that require frequent and/or close contact with (*i.e.*, within 6 feet) people who may be infected with COVID-19, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there *is* ongoing community transmission, workers in this category may have contact with the general public (*e.g.*, schools, high-population density work environments, some high-volume retail settings).

Lower Exposure Risk (Caution):

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with COVID-19 nor frequent close contact with (*i.e.*, within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Jobs Classified at Lower Exposure Risk: What to Do to Protect Workers

For workers who do not have frequent contact with the general public, employers should follow the guidance in “Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2” in OSHA’s Guidance, beginning on page 7, and implement control measures described in this section.

Engineering Controls:

Additional engineering controls are not recommended for workers in the lower exposure risk group. Employers should ensure that engineering controls, if any, used to protect workers from other job hazards continue to function as intended.

Administrative Controls:

- Monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov.
- Collaborate with workers to designate effective means of communicating important COVID-19 information.

Personal Protective Equipment:

Additional PPE is not recommended for workers in the lower exposure risk group. Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks.⁵

Jobs Classified as Medium Exposure Risk: What to Do to Protect Workers

In workplaces where workers have medium exposure risk, employers should follow the guidance in “Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2” in OSHA’s Guidance, beginning on page 7, and implement control measures described in this section.

Engineering Controls

- Install physical barriers, such as clear plastic sneeze guards, where feasible.

⁵ Michigan currently requires employers to require that employees wear face coverings when employees cannot consistently maintain six feet of separation from other individuals regardless of classification.

Administrative Controls:

- Consider offering face masks to ill employees and customers to contain respiratory secretions until they are able leave the workplace (*i.e.*, for medical evaluation/care or to return home). In the event of a shortage of masks, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission. See CDC/ NIOSH guidance for optimizing respirator supplies, which discusses the use of surgical masks, at: www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.
- Keep customers informed about symptoms of COVID-19 and ask sick customers to minimize contact with workers until they are healthy again, such as by posting signs about COVID-19 in stores where sick customers may visit (*e.g.*, pharmacies) or including COVID-19 information in automated messages sent when prescriptions are ready for pick up.
- Where appropriate, limit customers' and the public's access to the worksite, or restrict access to only certain workplace areas.
- Consider strategies to minimize face-to-face contact (*e.g.*, drive through windows, phone-based communication, telework).
- Communicate the availability of medical screening or other worker health resources (*e.g.*, on-site nurse; telemedicine services).

Personal Protective Equipment (PPE)

When selecting PPE, consider factors such as function, fit, decontamination ability, disposal, and cost. Sometimes, when PPE will have to be used repeatedly for a long period of time, a more expensive and durable type of PPE may be less expensive overall than disposable PPE. Each employer should select the combination of PPE that protects workers specific to their workplace.

Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures workers have on the job.

In rare situations that would require workers in this risk category to use respirators, see the PPE section beginning on page 14 of [OSHA's] booklet, which provides more details about respirators. For the most up-to-date information, visit OSHA's COVID-19 webpage: www.osha.gov/covid-19

Jobs Classified at High or Very High Exposure Risk: What to Do to Protect Workers.

In workplaces where workers have high or very high exposure risk, employers should follow the guidance in "Steps All Employers Can Take to Reduce Workers' Risk of Exposure to SARS-CoV-2" in OSHA's Guidance, beginning on page 7, and implement control measures described in this section.

Engineering Controls:

- Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. See “Guidelines for Environmental Infection Control in Healthcare Facilities” for more recommendations on air handling systems at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm
- CDC recommends that patients with known or suspected COVID-19 (*i.e.*, person under investigation) should be placed in an airborne infection isolation room (AIIR), if available.
- Use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19. For postmortem activities, use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. See the CDC postmortem guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>. OSHA also provides guidance for postmortem activities on its COVID-19 webpage: www.osha.gov/covid-19
- Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients. For more information about biosafety levels, consult the U.S. Department of Health and Human Services (HHS) “Biosafety in Microbiological and Biomedical Laboratories” at: https://www.cdc.gov/labs/BMBL.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fbiosafety%2Fpublications%2Findex.htm

Administrative Controls

If working in a healthcare facility, follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers.

- Develop and implement policies that reduce exposure, such as cohorting (*i.e.*, grouping) COVID-19 patients when single rooms are not available.
- Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks.
- Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.
- Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training.
- Ensure that psychological and behavioral support is available to address employee stress.

Safe Work Practices

- Provide emergency responders and other essential personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field.

Personal Protective Equipment (PPE):

Most workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks.

Those who work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being, infected with [COVID-19], should wear respirators. In these instances, see the PPE section beginning on page 14 of [OSHA's] booklet, which provides more details about respirators. For the most up-to-date information, also visit OSHA's COVID-19 webpage:

www.osha.gov/covid-19

PPE ensembles may vary, especially for workers in laboratories or morgue/mortuary facilities who may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to cover the areas requiring protection. OSHA may also provide updated guidance for PPE use on its website: www.osha.gov/covid-19.

NOTE: Workers who dispose of PPE and other infectious waste must also be trained and provided with appropriate PPE. The CDC webpage "Healthcare-associated Infections" (www.cdc.gov/hai) provides additional information on infection control in healthcare facilities.

APPENDIX H

**TUSCOLA BEHAVIORAL HEALTH SYSTEMS
COVID-19 PREPAREDNESS AND RESPONSE PLAN**

Certification by Responsible Public Official

This is to certify that I have reviewed the TBHS COVID-19 Preparedness and Response Plan attached hereto and to the best of my knowledge and belief:

3. It complies with Michigan Executive Order(s) 2020-114 dated June 5, 2020.
4. The plan is consistent with the guidance from U. S. Department of Labor, Occupational Health and Safety Administration publication OSHA 3990-03-2020, Guidance on Preparing Workplaces for COVID -19.
5. The plan is available on the TBHS website tbhsonline.org and at each TBHS facility where in-person operations take place during the COVID-19 emergency.

I declare that the foregoing is true and correct.

Municipality/Entity: Tuscola Behavioral Health Systems

Signature: *Sharon Beals*

Name of Official: Sharon Beals

Title: Chief Executive Officer

Date: June 9, 2020