

COVID-19 PREPAREDNESS AND RESPONSE PLAN

PURPOSE:

Cassopolis Family Clinic Network (CFCN) takes the health and safety of our employees, patients and visitors extremely seriously. CFCN is committed to reducing the risk of exposure to COVID-19 at the health center and to promote a healthy and safe workplace for all.

This Plan is based on information and guidance from the state and federal government, CDC and OSHA at the time of its development, and is subject to change based on further information provided by the CDC, OSHA, and other public officials. We are following the experts.

We have identified the following potential sources of possible spread COVID-19 in the workplace:

- The general public
- Patients
- Co-workers
- Vendors/visitors

Our employees fall into the following categories:

- Lower exposure risk (the work performed does not required direct contact with people known or suspected to be infected with COVID-19 or frequent close contact with the public).
- Medium exposure risk (the work performed requires frequent and/or close contact with people who may be infected with COVID-19 but who are not known COVID-19 patients, or contact with the general public in areas where there is ongoing community transmission).
- High exposure risk (healthcare delivery and support staff exposed to known or suspected COVID-19 patients).

REPSONSIBILITY:

CFCN Administration

SCOPE:

All CFCN employees, patients and visitor's

RESPONSIBILITIES OF EMPLOYEES:

The health center is asking every one of our employees to help with our prevention efforts while at work. In order to minimize the spread of COVID-19 at our worksite(s), everyone must play their part. As set forth below, we have instituted various housekeeping, social distancing, and other best practices at our workplace(s) to minimize exposure to COVID-19 and prevent its spread in the workplace. All employees must follow these best practices at all times for them to be effective. Beyond these best practices, we require employees to report immediately to their managers or supervisors if they are experiencing signs or symptoms of COVID-19, as described below. If employees have a specific question about this Plan or COVID-19, they should ask their manager or contact Employee Health.

OSHA and the CDC have provided the following control and preventative guidance for all workers, regardless of exposure risk:

- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Follow appropriate respiratory etiquette, which includes covering for coughs and sneezes.
- Avoid close contact with people who are sick.
- While COVID-19 is a pandemic, maintain appropriate social distance of six feet to the greatest extent possible.

In addition, employees must familiarize themselves with the symptoms and exposure risks of COVID-19. The primary symptoms of COVID-19 include the following:

- Dry cough;
- Fever (either feeling feverish or a temperature of 100.4 degrees or higher);
- Shortness of breath or difficulty breathing; and

Individuals with COVID-19 may also have early symptoms such as chills, body aches, sore throat, headache, diarrhea, nausea/vomiting, and runny nose.

If employees develop a fever and symptoms of respiratory illness, such as an atypical cough or shortness of breath, they must not to report to work, notify their supervisor immediately, and consult their healthcare provider, unless directed by the health center for patient/resident care reasons. Likewise, if employees in the low risk category come into close contact with someone showing these symptoms, they must notify their supervisor immediately and consult their healthcare provider. The health center also will work to identify any other low risk employees who have close contact with individuals with COVID-19 symptoms. Employees in all other categories are presumed to have close contact with individuals who have COVID-19 or symptoms of COVID-19, so we will not require them to report such contact. “Close contact” is not brief or incidental contact with a person with COVID-19 symptoms. Instead, the CDC defines “close contact” as either:

- Being within approximately six feet of a COVID-19 infected person or a person with any COVID-19 symptom(s) for a “prolonged period of time;” or
- Having direct contact with infectious secretions of a COVID-19 infected person or a person with any COVID-19 symptom(s) (e.g., being coughed on).

PLAN:

1. CFCN will appoint a COVID-19 Workplace Coordinator: Becky Duckwall, RN. The Coordinator is responsible for staying abreast of federal, state and local guidance and incorporating those recommendations into the health center’s workplace. The Coordinator is also responsible for reviewing human resources policies and practices to make sure that they are consistent with this Plan and existing federal, state and local requirements.

The Coordinator can be reached at the following:

Phone numbers: 269-445-3874, ext. 133 or 269-228-1028

Email address: bduckwall@cassfamilyclinic.org

2. CFCN will have designated worksite supervisors at each site at all times when employees are present.
 - A. All managers at each site will be recognized as the worksite supervisor and delegate this to another staff member when they are not present. Worksite supervisors must be familiar with this Plan and be ready to answer questions from employees. Worksite supervisors must set a good example by following this Plan at all times. This involves practicing good personal hygiene and jobsite safety practices to prevent the spread of the virus.
3. Minimizing exposure from co-workers. The health center will take the following steps to minimize exposure from co-workers to COVID-19 whenever possible while continuing to care for patients/residents (“patients”) during the COVID-19 pandemic:
 - A. Educate employees on protective behaviors that reduce the spread of COVID-19 and provide employees with the necessary tools for these protective behaviors, including the following:
 - a. Post CDC information, including recommendations on risk factors at home and in the community
 - b. Provide tissues and no-touch disposal receptacles to minimize exposure to infectious secretions.
 - c. Inform employees of the importance of good hand hygiene. Regularly washing hands with soap and water for at least 20 seconds is one of the most effective ways for employees to minimize exposure to COVID-19. If soap and water are not readily available, employees should use alcohol-based hand sanitizer that is at least 60% alcohol. If hands are visibly dirty, soap and water should be chosen over hand sanitizer.
 - d. Encourage good hand hygiene by ensuring that adequate supplies of soap and hand sanitizer are maintained and placing hand sanitizers in multiple locations.
 - e. Discourage handshaking and instead encourage the use of other noncontact methods of greeting
 - f. Avoid other employees’ phones, desks, offices, other work tools and equipment, and other commonly touched surfaces when possible. If necessary, clean and disinfect them before and after use
 - g. Avoid sharing food with other employees.
 - h. Encourage and require social distancing to the greatest extent possible while in the workplace.
 - i. Encourage employees to minimize ride-sharing. While in vehicles, employees must ensure adequate ventilation.
 - j. Use of masks, and other PPE as appropriate for position
 - Develop plan for medium and high risk employees
 - B. Develop protocol for social distancing practices where doing so does not interfere with patient care requirements
 - a. Evaluate areas in which employees work within 6 feet of each other and determine options to increase distance apart.
 - b. Limit in-person meetings
 - c. Restrict the number of workers present on-site to no more than necessary
 - d. Consider staggered break times, etc.

- e. Promote remote work as much as possible
 - f. Encourage drive-thru pick-up for pharmacy
- C. Unless patient care requirements prohibit, restrict employees from the workplace if they display symptoms of COVID-19
- a. Screening prior to entry to workplace
 - b. Immediately separate any employee with symptoms from other individuals and send him/her home
- D. Sick employees to stay home as directed by Employee Health
- a. Apply available paid time off options and flexible attendance requirements
 - b. Follow state and federal guidance for return to work
 - c. Implement protocol for return to work after symptoms of COVID-19
- E. Employees to stay home if they have been in close contact with a confirmed or suspected case of COVID-19 or require affected employees to comply with applicable guidance on critical infrastructure employees continuing to work after exposure to COVID-19 or symptoms of COVID-19 as directed by Employee Health.
- a. Apply available paid time off options and flexible attendance requirements
 - b. Follow state and federal guidance for return to work
 - c. Implement protocol for return to work after potential exposure to COVID-19
- F. Develop protocol to follow if an employee has a confirmed case of COVID-19
- a. Communication plan with co-workers
 - b. Work with local health department
 - c. Evaluate OSHA reporting/recordkeeping requirements
 - d. Implement protocol for return to work, including workplace contact tracing and CDC-recommended cleaning and disinfecting in all affected areas
- G. Perform increased routine environmental cleaning and disinfection
- a. Instruct employees sanitize the work areas upon arrival, throughout the workday, and immediately before departure
 - b. Routinely clean and disinfect all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
 - c. Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks, other work tools and equipment) can be wiped down by employees before each use.
 - d. Maintain Safety Data Sheets of all disinfectants used on site
- H. Eliminate/restrict work-related travel if possible.
- I. Evaluate engineering controls using the building ventilation system with the goal of:
- a. Increasing ventilation rates.
 - b. Increasing the percentage of outdoor air that circulates into the system to the extent possible.
- J. Evaluate options for employees at a higher risk for serious illness due to COVID-19

- K. Plan to monitor and respond to absenteeism
 - a. Implement plans to continue your essential business functions in case you experience higher than usual absenteeism.
 - b. Cross-train employees to perform essential functions so the workplace can operate even if key employees are absent provided such functions are within their scope of practice and consistent with applicable laws and regulations.
 - L. Remind employees about the employee assistance program (EAP) resources and community resources as needed.
4. Daily screening of all individuals before entering practice facilities
- A. Screening for Employees. The health center will determine a Designated Entry Point through which all employees and individuals must access the facility. At the Designated Entry Point, every employee will complete each day, on which entrance to a health center is sought, a COVID-19 Facility Entrance Screening Form for Employees which includes screening criteria such as:
 - a. Within the last 24 hours, have you experienced any symptoms (excluding symptoms due to other known medical reasons) such as fever (above 100.0 degrees), cough, shortness of breath or difficulty breathing, sore throat, chills, repeated shaking with chills, muscle pain, headache, new loss of taste or smell, flu-like symptoms or diarrhea?
 - b. Have you had any close contact during the last 14 days with someone diagnosed with COVID-19?
 - c. Temperature reading?

The health center may add such additional screening criteria as may be recommended by the CDC or others and adopted from time to time.

If a touchless thermometer is available and provided that CDC standards are followed, a screener must check the individual's temperature upon entrance in lieu of verbal confirmation and record the employee's temperature on the screening log. An employee is considered to have a fever if his or her temperature is above 100.0 degrees. Completed screening log will be maintained by employee health. If an employee answers "YES" to any of the screening questions on the COVID-19 screening log the employee must be excluded from the facility and asked to contact employee health.

If an employee develops symptoms included in the screening criteria while working at the facility or outside of working hours, the employee must notify his or her immediate supervisor. The supervisor will direct the employee to leave the facility or not return to work until the employee is instructed by employee health.

Data on screening forms will be used solely for the purpose of evaluating the potential hazards presented to the workplace and not for disability-related or other inquires prohibited by law. In the event of a positive COVID-19 test of an employee or other individual, or in the event that an employee or other individual is symptomatic or at risk per The health center's screening criteria, The health center will assess possible exposure to COVID-19 in the workplace and notify other employees and other individuals whom it reasonably believes could be affected. For the privacy of employees, and in compliance with the Americans with Disabilities Act, The health center will keep such data (including an employee's name) confidential, except if and limited to the extent that disclosure is permitted or required by law or if the employee (or the employee's authorized representative in the event of incapacity) voluntarily authorizes disclosure in writing.

B. Screening for Patients and Permitted Visitors. All patients should be pre-screened for COVID-19 symptoms and risk factors before their appointment. This should take place during appointment reminder phone calls. If a patient meets the pre-screening criteria to continue with an in-person appointment, the patient should be informed of the health center’s visitor and screening policy set forth below. While Executive Order 2020-72 is in effect, the health center is required to prohibit visitors from entering unless the visitor is accompanying under one or more of the following circumstances:

- a. Visitor is required for the provision of medical care or support of activities of daily living.
- b. 2. Visitor is the power of attorney or court-appointed guardian for a patient.
- c. 3. If patient is 21 years of age or under, visitor is patient’s parent, foster parent or guardian.
- d. Visitor is performing official government functions.

No other visitors are permitted to enter the facility. Every patient and visitor must be screened prior to entry, if permitted to enter, the health center must require such patients or visitors to wear a mask while inside the facility if medically tolerated. No visitors are allowed to enter the facility if they have experienced any fever (above 100.4 degrees), cough, shortness of breath or difficulty breathing, sore throat, chills, repeated shaking with chills, muscle pain, headache, new loss of taste or smell, flu-like symptoms or diarrhea within the past 24 hours, have had any contact with a person with a confirmed COVID-19 diagnosis, or traveled domestically or internationally within the past 14 days).

If a patient has symptoms or fails to meet other screening criteria, The health center should consider whether alternative treatment arrangements may be made to provide care to the patient or to reschedule the patient’s appointment. The health center should follow any additional CDC guidance for symptomatic patients who present to a medical facility. The health center will post a Notice of Visitor and COVID-19 Screening Policy at the entrance of each location.

Upon the expiration of Executive Order 2020-97 and State of Emergency, the health center will continue to follow CDC and CMS guidelines for the screening of patients and visitors.

5. Employee Training. All employees shall receive COVID-19 training which covers the following topics: (refer to COVID-19 Guide for Employees)
 - A. Workplace infection-control practices.
 - B. The proper use of personal protective equipment.
 - C. 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.
 - D. How to report unsafe working conditions
6. Social Distancing by Employees. In compliance with Michigan’s Executive Orders, OSHA and CDC guidelines, the health center has developed and implemented the following plan to manage and control social/physical distancing for employees working alongside each other and patients and visitors within or outside the health center. All workspaces should be modified as necessary to ensure that employees are able to work at least six feet apart from other employees to the maximum extent reasonably possible. Employees are required to maintain a distance of at least six feet from all employees and avoid in-person conversations to the maximum extent possible. If social/physical distancing becomes impractical or infeasible due to capacity or other limitations within the health center’s facilities, the health center may take additional action to further restrict capacity or reassign employees as necessary. Visual markings and signage may be placed throughout the facility to further implement social/physical distancing among employees and patients. *Specifically, The health center shall:*

- A. Continue social distancing measures as recommended by the CDC.
- B. Restrict the number of workers present on the health center premises to no more than is strictly necessary to perform the in-person work.
- C. Require individuals to remain, to the extent possible, six feet apart from each other at all times. Where individuals cannot maintain 6 feet of distance, employees must wear a face covering.
- D. Identify high-risk areas where workers must stand near one another and provide visual indicators of appropriate spacing for employees in case of congestion (including outside of the Designated Entry Point).
- E. Postpone large group meetings or otherwise hold such meetings via telephone or Microsoft team's.
- F. Prohibit all forms of physical contact where it is not necessary for employer operations.
- G. Suspend all non-essential visitors.
- H. Post signs at entrance(s) instructing patients to wear a face covering when inside.
- I. 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.
- J. Mark waiting rooms to enable 6 feet of social distancing (e.g., by placing X's on the ground and/or removing seats in the waiting room).
- K. Add special hours for highly vulnerable patients, including the elderly and those with chronic conditions.
- L. Place hand sanitizer and face coverings at patient entrance(s).
- M. Require employees to make proper use of personal protective equipment in accordance with guidance from the CDC and the U.S. Occupational Health and Safety Administration.
- N. Require patients to wear a face covering when in the facility, except as necessary for identification or to facilitate an examination or procedure.
- O. Install physical barriers at sign-in, temperature screening, or other service points that normally require personal interaction (e.g., plexiglass, cardboard, tables).
- P. Employ telehealth and telemedicine to the greatest extent possible.
- Q. Limit the number of appointments to maintain social distancing and allow adequate time between appointments for cleaning.
- R. Employ specialized procedures for patients with high temperatures or respiratory symptoms (e.g., non-wait in waiting area by taking directly back to exam room or having them wait in their car) to avoid exposing other patients in the waiting room.

Additional or other social/physical distancing measures may be implemented by the health center from time to time consistent with guidance issued by federal, state and local authorities which must also be strictly followed by all employees.

7. Cleaning, Disinfecting and Personal Protective Equipment (PPE). The health center will utilize standards of facility cleaning and disinfection to limit employee and patient exposure to COVID-19, as well as adopting protocols to clean and disinfect in the event of a positive COVID-19 case in the workplace. Specifically, The health center shall:
 - A. Practice routine cleaning and disinfecting of frequently touched surfaces. The health center shall refer to the following links ensure compliance with CDC recommended cleaning measures: » <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html> » https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf.
 - B. Encourage employees to routinely clean their own workspaces first using soap and water and then using a disinfectant.

- C. Ensure that there are sufficient hand washing or hand-sanitizing stations at the worksite to enable easy access by employees.
- D. Place hand washing protocol posters in restrooms and encourage employees to frequently wash their hands for at least 20 seconds with soap and water.
- E. Provide hand sanitizer, disinfecting wipes by workspaces where employees cannot leave to wash their hands between interactions with non-employees.
- F. Encourage the continuation of proper hand hygiene, sneeze and coughing etiquette, and other infection-control practices and post signs to the same effect.
- G. Provide all health center employees with medical grade face coverings and require them to be worn and where consistently cannot maintain 6 feet of distance.
- H. Adopt protocols to limit the sharing of equipment to the maximum extent possible and to ensure frequent and thorough cleaning and disinfection of equipment and frequently touched surfaces.
- I. Turn off all water fountains.
- J. Clean and disinfect all areas used by a person who is ill, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, credit-card machines, keypads, counters, shopping carts, and other surfaces. If more than 7 days have passed since a person who is sick visited or used the facility, additional cleaning and disinfection is not necessary under current CDC guidelines.
- K. Deep clean examination rooms after patients with respiratory symptoms and clean rooms between all patients.
- L. In the event of a positive COVID-19 case in the workplace, the health center will identify all potentially contaminated areas of the facility and will abide by CDC guidelines when cleaning and disinfecting contaminated areas. It is possible that specific areas of the facility will be shut down for a 24-hour period in order to clean and disinfect the area, at which point, employees working in the area will be properly notified and removed from the area.
- M. Additional or other cleaning and disinfecting measures may be implemented by the health center from time to time consistent with any directives and guidance issued by government authorities which must also be strictly followed by all employees.
- N. PPE usage will vary depending on the job of the employee. All types of PPE must be:
 - a. Selected based upon the hazard to the worker.
 - b. Properly fitted and periodically refitted, as applicable (e.g., respirators).
 - c. Consistently and properly worn when required.
 - d. Regularly inspected, maintained, and replaced, as necessary.
 - e. Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.
- O. 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. Workers who dispose of PPE and other infectious waste will also be trained and provided with appropriate PPE.
- P. Most workers at high 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.
- Q. Those high exposure risk workers that work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being, infected with SARS-CoV-2, the virus that causes COVID-19, should wear respirators.
- R. Workers, including those who work within 6 feet of patients known to be, or suspected of being, infected with SARS-CoV-2 and those performing aerosol-generating procedures, must use respirators.
- S. If employees have questions about PPE or how to use PPE properly, they should ask their supervisor.

8. Additional Precautions

- A. When possible, isolate patients suspected of having COVID-19 separately from those with confirmed cases of the virus to prevent further transmission—using either permanent (e.g., wall/different room) or temporary barrier (e.g., plastic sheeting). This is particularly important in any areas where medical screening, triage, or healthcare activities occur.
- B. Restrict the number of personnel entering isolation areas.
- C. To the extent possible, protect workers in close contact with (i.e., within 6 feet of) a COVID-19 infected person (confirmed or suspected) for a prolonged period, who have exposure to such persons' respiratory excretions, or who have prolonged/repeated contact with such persons by using additional engineering and administrative controls, safe work practices, and PPE, as set forth below.

9. Engineering Controls

- A. Install physical barriers, such as clear plastic sneeze guards, where feasible and appropriate.
- B. Install and maintain appropriate air-handling systems in healthcare facilities.
- C. Whenever possible, use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19.

10. Administrative Controls

- A. Consider strategies to minimize face-to-face contact (e.g., drive through windows if feasible, remote-based communication when appropriate with co-workers, patients and families of patients).
- B. Require social distancing for staff and patients to the extent feasible.
- C. Provide face masks to employees and patients to contain respiratory secretions until they are able leave the workplace (i.e., for medical evaluation/care or to return home).
- D. Develop and implement policies that reduce exposure, such as grouping COVID-19 patients when single rooms are not available.
- E. 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.
- F. Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.
- G. Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training.
- H. Ensure that psychological and behavioral support is available to address employee stress.

11. Safe Work Practices

- I. If possible limit, the number of visitors to the health center and encourage remote treatment and communications when appropriate.
- J. Develop protocol for health screening/questionnaire for patients/visitors/vendors.
- K. If needed, identify alternate supply chains for critical goods and services. Some good and services may be in higher demand or unavailable.

12. Required Notices

- L. A copy of this Plan will be made available at each health center by June 1, 2020, to ensure that it may be viewed by all employees and other individuals.
- M. A copy of any applicable county and municipality emergency orders and the Notice of Visitor and COVID-19 Screening Policy must be physically posted at each entrance of each Health center in a conspicuous location to ensure that they are viewable by all employees, , patients, visitors and members of the public. The health center will post such additional posters as may be required by federal or state law, including the Families First Coronavirus Response Act DOL poster, which can also be found at:

https://www.dol.gov/sites/dolgov/files/WHD/posters/FFCRA_Poster_WH1422_Non-Federal.pdf.

- N. If an employee is identified with a confirmed case of COVID-19, within 24 hours of notification of such information, The health center shall notify both:
- a. The local public health department, and
 - b. Any employees, contractors, or suppliers who may have come into contact with the person with a confirmed case of COVID-19.

13. Miscellaneous

- A. Employees are encouraged to hold each other accountable with respect to this Plan and the policies and procedures contained herein. To the extent that anyone is not complying with this Plan, employees should report such behavior to management. Additionally, if an employee is made aware or has reason to suspect that another may have COVID-19 symptoms, such employee should report their concerns to management.
- B. The health center will restrict the number of workers present on premises to no more than is strictly necessary to perform the health center's critical infrastructure functions, if applicable, and minimum basic operations. Employees with questions or concerns regarding their designation as a critical infrastructure or basic minimum operations employees should contact management for further discussion.
- C. The health center will promote remote work to the fullest extent it determines reasonably possible. The health center will impose any other social distancing practices and mitigation measures recommended by the Centers for Disease Control.

This Plan may be amended or modified from time to time by the health center, with or without advance notice.

Note: nothing in this plan is intended to prevent the Health center from following the CDC's recommendations regarding optimizing PPE supply in the event of a PPE shortage. See the CDC recommendation on how to optimize PPE supply at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

RELATED POLICIES AND PROCEDURES:

CFCN Emergency Operation Plan
Communication Plan
Employee Health
Disinfection of Lab/Patient Care Areas
Exposure to Infectious Disease
Infectious Disease Reporting

REFERENCES:

Michigan Governor's Executive Order No. 2020-97
CDC
OSHA