



# Pandemic Protocol Directory

To support BABHA leadership the protocols regarding our work during COVID-19 have been compiled in this directory. Protocols, associated tools, and resources are hyperlinked throughout the document for ease in navigating.

It is acknowledged that the protocols are ever-changing, based on Federal, State, and Local mandate and direction. The version of the directory available through the G drive in the [COVID-19 Information](#) and is the most up to date. Managers will be notified by email when substantive changes are made to specific protocols.

The Federal Government has released a COVID-19 Emergency Temporary Standard (ETS) for healthcare services and providers and MIOSHA has confirmed that BABHA as an employer is expected to comply with these requirements going forward. These requirements were published by the Federal Occupational Safety and Health Administration and closely parallel the actions we have taken.

A comprehensive review of these requirements and our general duty expectations as an employer indicates that BABHA will be obligated to continue to enforce current COVID restrictions and infection control measures for the protection of our consumers, staff, and visitors. This will include continued social distancing and mask protocols in the office and/or during interactions with consumers and families even when outdoors. These requirements will continue to be implemented evenly across all BABHA operations regardless of office location or job responsibilities. Please also note that consumers and visitors (i.e., non-employees) should still be encouraged to wear masks for safety purposes but it will not be a requirement for access to BABHA service locations. In the meantime, the Pandemic Planning Committee will continue to monitor and adjust our COVID-related protocols as events progress throughout the summer.

Please email any questions to [svanparis@babha.org](mailto:svanparis@babha.org).

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**KEY CONTACTS**

**Inside BABHA**

BABHA Human Resources: 989-895-2226 M-F, 8-5  
jlasceski@babha.org

BABHA Nurse Manager: 989-895-2292 M-F, 8-5  
989-545-2821 After hours  
svanparis@babha.org

Workplace Coordinators	Location	Primary/Secondary/Tertiary
	Arenac Center	Heather Friebe/Pam Van Wormer
	Horizon Home & Apartments	Justine Blair
	Madison Clinic	Sarah Van Paris/Amy Folsom
	North Bay	Melanie Corrion/Nicole Sweet/Lynn Blohm
	Mulholland 2nd floor	Marci Rozek/Jennifer Lasceski
	Mulholland 3rd floor	Karen Amon/Joelin Hahn/Stacy Krasinski
	Wirt Building	Janis Pinter/Melissa Prusi/Kathy Palmer

**Outside of BABHA**

Bay County Health Department: 989-895-4009

Arenac County Health Department: 989-846-6541

**Questions About COVID-19?**

MDHHS has launched several statewide platforms to answer questions about Coronavirus Disease 2019 (COVID-19) and to keep residents up to date as information continues to change rapidly during the outbreak.

- Call the COVID-19 Hotline at 888-535-6136**, seven days a week from 8 a.m. to 5 p.m.
- Email COVID19@michigan.gov 24/7.** Emails will be answered seven days a week, 8 a.m. to 5 p.m.
- Subscribe to e-newsletter updates at Michigan.gov/Coronavirus.**
- Visit Michigan.gov/Coronavirus** for the latest news and information.

## BABHA RISK AND RESPONSE LEVELS

### Step 1a: Identify Clinical Risk for Each Consumer

	LOW to MODERATE CLINICAL RISK		MODERATE to HIGH CLINICAL RISK		HIGHEST CLINICAL RISK
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>▪ Stable mental health status</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mild risk of regression in mental health status</li> <li>▪ May be showing increased depression or anxiety primarily due to loss of social contact and/or community activities due to pandemic</li> <li>▪ Mental health conditions are stable with help from natural support system</li> </ul>	<ul style="list-style-type: none"> <li>▪ Behavior Treatment Plan in place</li> <li>▪ Moderate risk of regression in mental health status</li> <li>▪ Mental health conditions are stable only if monitored by BABHA</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dependent on BABHA for taking of medications</li> <li>▪ Dependent on BABHA for behavioral treatment/ intervention</li> <li>▪ Emergency physical management needed</li> <li>▪ Severe risk of regression in mental health status</li> <li>▪ People experiencing trauma reactions</li> <li>▪ Significant escalation in crisis contacts due to increased symptoms</li> <li>▪ Escalating risk of harm to self or others</li> <li>▪ Loss of behavioral health placement</li> <li>▪ Discharge from psychiatric inpatient unit</li> </ul>	<ul style="list-style-type: none"> <li>▪ Immediate risk of psychiatric hospital or state center admission</li> <li>▪ Immediate risk of harm to self or others</li> </ul>
<b>Physical Health</b>	<ul style="list-style-type: none"> <li>▪ Stable physical health status</li> </ul>	<ul style="list-style-type: none"> <li>▪ Chronic medical conditions are stable if managed by natural support system and/or primary/urgent health care providers</li> <li>▪ Low score on BABHA Specialized Residential Nursing Acuity Score</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dependent on BABHA for personal care</li> <li>▪ Dependent on BABHA for meals and other activities of daily living</li> <li>▪ Moderate score on BABHA Specialized Residential Nursing Acuity Score</li> <li>▪ Chronic medical conditions are stable only if monitored by BABHA</li> <li>▪ Receiving aftercare for injury or medication error</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dependent on BABHA due to being medical fragile</li> <li>▪ Highest score on BABHA Specialized Residential Nursing Acuity Score</li> <li>▪ Chronic medical conditions are unstable or not well managed</li> <li>▪ Rapid regression in physical health</li> <li>▪ Escalating risk of emergency medical treatment or hospital</li> <li>▪ Discharge from medical hospital</li> </ul>	<ul style="list-style-type: none"> <li>▪ Immediate risk of injury</li> <li>▪ Immediate risk of emergency medical treatment due to injury</li> <li>▪ Immediate risk of medical hospital admission due to exacerbation of chronic medication condition(s)</li> <li>▪ End of life, if necessary</li> </ul>
<b>Housing, Safety, Transport, Legal</b>	<ul style="list-style-type: none"> <li>▪ Stable housing</li> <li>▪ Safe living situation</li> <li>▪ No legal involvement</li> </ul>	<ul style="list-style-type: none"> <li>▪ Housing in transition</li> </ul>	<ul style="list-style-type: none"> <li>▪ Calling 911 in appropriately</li> </ul>	<ul style="list-style-type: none"> <li>▪ Escalating risk or loss of placement or housing; including due to unstable staffing</li> <li>▪ Chronic homelessness</li> <li>▪ Escalating risk of abuse/ neglect</li> <li>▪ Escalating risk of harm due to others in the home or deterioration of living conditions</li> <li>▪ Calling 911 in appropriately</li> <li>▪ Consumer action resulting in arrest</li> </ul>	<ul style="list-style-type: none"> <li>▪ Immediate risk of emergency medical treatment due to med error or improper care</li> <li>▪ Immediate risk of emergency medical treatment due to injury from unsafe living conditions or homelessness</li> <li>▪ Immediate risk of abuse/ neglect</li> <li>▪ Licensing investigation</li> <li>▪ Police investigation</li> </ul>

### Step 1b: Determine Type of Contact Needed Based on Service/Program

	Telehealth – Audio	Telehealth – Video	Face-to-Face Interaction/Observation	Physical (i.e., Hands-On) Contact
Direct Service Prof. & ABA Technicians		<input type="checkbox"/> CLS for socialization and relationship building <input type="checkbox"/> CLS for Medication reminders	<input type="checkbox"/> Behavioral Treatment (ABA or CLS) <input type="checkbox"/> Health and safety monitoring (ONHS or CLS) <input type="checkbox"/> Activities of daily living (meals, laundry, shopping) (CLS) <input type="checkbox"/> Observing or administering medications (CLS) <input type="checkbox"/> Transport to appts (medical, injections, med reviews, labs, etc.) when consumer unable to do independently, has moderate-high clinical risk or service will prevent that level of risk	<input type="checkbox"/> Physical intervention <input type="checkbox"/> Personal care (CLS) <input type="checkbox"/> Medical treatments
Access & Emergency Services	<input type="checkbox"/> Access Screens <input type="checkbox"/> Crisis Contacts <input type="checkbox"/> Pre-Admission Screening	<input type="checkbox"/> Pre-Admission Screening	<input type="checkbox"/> Walk-ins (for Bay County, only if allowed into the building by McLaren Bay Region)	
Clinical Staff  And  Recipient Rights/ Customer Service Staff	<input type="checkbox"/> New consumer, if low-moderate clinical risk	<input type="checkbox"/>	<input type="checkbox"/> Medication drops (ACT) <input type="checkbox"/> Evidence based practices requiring face-to-face contact, if moderate-high risk consumer or service will prevent that level of risk (ACT and other EBP's) <input type="checkbox"/> Transport to appts (medical, injections, med reviews, labs, etc.) when consumer unable to do independently, has moderate-high clinical risk or service will prevent that level of risk <input type="checkbox"/> Assistance with documents (for housing, benefits, legal issues, etc.) when consumer unable to do independently, has moderate-high clinical risk or service will prevent that level of risk <input type="checkbox"/> New consumer, if moderate-high clinical risk or service will prevent that level of risk <input type="checkbox"/> Prescriber request <input type="checkbox"/> Safety or wellness checks at supervisor request <input type="checkbox"/> Consumer non-responsive to multiple calls, if moderate-high clinical risk or service will prevent that level of risk <input type="checkbox"/> Consumer has no phone or minutes to participate in phone or telehealth contacts, if moderate-high clinical risk or service will prevent that level of risk <input type="checkbox"/> Consumer unable to communicate effectively via telehealth, if moderate-high clinical risk or service will prevent that level of risk	<input type="checkbox"/> Evidence based practices requiring physical contact, if moderate-high clinical risk or service will prevent that level of risk <input type="checkbox"/> Prescriber request
Nursing & Medical Staff	<input type="checkbox"/> New patients, if low-moderate risk consumer	<input type="checkbox"/> AIMS Testing?	<input type="checkbox"/> AIMS Testing? <input type="checkbox"/> Safety or wellness checks at supervisor request <input type="checkbox"/> Prescriber request	<input type="checkbox"/> Clinic Injections <input type="checkbox"/> Prescriber request

## Step 2: Determine Level of Risk for the Service Setting

Individual Consumer, Single Household Service Setting or Social Pod <sup>1</sup> OR Multi-household/Congregate Service Setting <sup>2</sup>					
		All people present have not tested positive or have passed screening, and are:		At least one person present has tested positive or has not passed screening, and all people present are:	
		Fully vaccinated	Not fully vaccinated or status unknown	Fully vaccinated	Not fully vaccinated or status unknown
County Risk Level	Low, A, B	Low risk	Low risk	High risk	High risk
	C, D	Low risk	Moderate risk	High risk	High risk
	E	Moderate risk	Moderate risk	High risk	High risk

## Step 3: Determine RISK Minimum BABHA Protocols to Follow

Press CTRL and click on hyperlink to review related protocols

	LOW RISK LEVEL SERVICE SETTING			MODERATE RISK LEVEL SERVICE SETTING			HIGH RISK LEVEL SERVICE SETTING		
	Face-to-Face		Close or Physical Contact	Face-to-Face		Close or Physical Contact	Face-to-Face		Close or Physical Contact
	Outdoor	Indoor		Outdoor	Indoor		Outdoor	Indoor	
Supervisor notification/approval required					notification	notification		approval	approval
<a href="#">Social Distancing Protocol</a>	X	X		X	X		X	X	
<a href="#">Hand &amp; Respiratory Hygiene Protocols</a>	X	X	X	X	X	X	X	X	X
<a href="#">Cleaning Protocols</a>	X	X	X	X	X	X	X	X	X
<a href="#">Screening Protocols</a>	X	X	X	X	X	X	X	X	X
<a href="#">Exposure Protocols</a>	X	X	X	X	X	X	X	X	X
<a href="#">Personal Protective Equipment (PPE) Protocols</a>	<a href="#">Cloth Mask</a>	X	X	X					
	<a href="#">Medical Mask</a>			X		X	X		
	<a href="#">Respirators</a>					optional		X	X
	<a href="#">Face Shields</a>					X		X	X
	<a href="#">Gloves</a>			X		X		X	X
<a href="#">Gowns</a>					X			X	
<a href="#">Caring for Individual with Medically Suspected or Known COVID-19 Protocol</a>	X	X	X	X	X	X	X	X	X

<sup>1</sup> Per MDHHS, people living together in a shared dwelling or a core group of <10 people or 2 households who agree to limit their in-person social activities to only each other & follow social distancing & masking protocols.

<sup>2</sup> Multi-household settings/gatherings, BABHA offices and service sites, psychiatric clinics, ABA & vocational centers, specialized residential homes, nursing homes, hospitals, etc.

## BABHA PROTOCOLS

### Social Distancing Protocol

- **Close contact is defined as being within 6 feet for at least a period of 10 minutes to 15 minutes or more depending upon the exposure.**
- Limit the duration of contacts to less than 15 minutes whenever possible. Be as brief as possible in determining the need of the consumer and when possible move to remote contact. If longer in-person contact is needed, follow PPE and other BABH protocols in this document.
- Staff are to maintain at least 6 feet of distance unless direct/hands-on care is required. Follow PPE and other BABH protocols as directed if direct/hands-on care is needed.
  - Develop a plan with the consumer/family to best manage social distance and consider challenges specific to each consumer/family (will small children be present, etc.).
  - Discuss where you will meet and what options are available. Try to identify spaces where social distancing can be maintained such as a porch, park, or larger room.
  - Ask who will be present at the meeting and try to minimize the number of people.
- CDC examples of how physical distancing can be implemented for patients include:
  - Limit visitors to those essential for the consumer's physical or emotional well-being and care (e.g., care partner, parent).
  - Encourage use of alternative mechanisms for consumer and visitor interactions such as video-call applications on cell phones or tablets.
  - Schedule appointments to limit the number of consumers in waiting rooms or creating a process so that consumers can wait outside or in their vehicle while waiting for their appointment.
  - Arranging seating in waiting rooms so consumers can sit at least 6 feet apart.
  - Modify in-person group activities (e.g., group therapy, community living supports) by implementing virtual methods (e.g., video format for group therapy) or scheduling smaller in-person group sessions while having consumers sit at least 6 feet apart.

### Hand & Respiratory Hygiene Protocol

- **“Perform hand hygiene”** means washing your hands with soap and water for at least 20 seconds then drying them with a clean towel or using an alcohol-based hand sanitizer by applying the sanitizer to your hands, rubbing them together briskly to spread the sanitizer, then allowing them to air dry.
- The CDC recommends the following measures to contain respiratory secretions for all individuals with signs and symptoms of a respiratory infection.
  - Cover your mouth and nose with a tissue when coughing or sneezing.
  - Use in the nearest waste receptacle to dispose of the tissue after use.
  - Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.
  - Healthcare facilities should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas for patients and visitors.
  - Provide tissues and no-touch receptacles for used tissue disposal.

- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

## Cleaning Protocols

### Daily Sanitation and Cleaning Process

- Every BABHA employee will use an EPA approved cleanser/wipe (hereafter referred to as disinfectant) to disinfect their workspace at the beginning and end of their shift and throughout the day as needed.
  - [These disinfectants](#) meet EPA's criteria for use against COVID-19.
- Follow directions for use and surface types on the label/bottle.
- Pre-clean the surface with soap and water if the surface is visibly dirty.
- Put on a pair of gloves if using a disinfectant indicating on the label gloves are to be worn (if using re-usable gloves, dedicate a pair to disinfecting COVID-19).
- Disinfect the surface with EPA approved cleanser/wipe and follow the contact time on the container. If using a disinfectant spray requiring use of a paper towel, spray paper towel with disinfectant. Wipe the surface using pressure to remove surface dirt, dust and organisms.
  - Remove gloves (if applicable) and wash your hands.
  - Allow surface to dry.
  - Lock up the disinfectant agent and keep lid tightly closed. (Keep out of reach of children).
  - Material Safety Data Sheets will be utilized for cleaners kept on-site.

### **Disinfectant Alternatives (when EPA approved cleanser is not available, or availability of product is limited)**

- Diluted household bleach solutions may also be used if appropriate for the surface.
- Check the label to see if your bleach is intended for disinfection and has a sodium hypochlorite concentration of 5%–6%. Ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.
- Unexpired household bleach will be effective against coronaviruses when properly diluted.
- Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.
- Leave solution on the surface for at least 1 minute.
- To make a bleach solution:
  - Mix 5 tablespoons (1/3rd cup) bleach per gallon of room temperature water OR 4 teaspoons bleach per quart of room temperature water
  - Bleach solutions will be effective for disinfection up to 24 hours.
- Alcohol solutions with at least 70% alcohol may also be used.

### Cleaning Responsibilities

#### **BABHA Staff and Site Designees**

- **Personal Work Areas:** Staff must wipe down personal work areas after use, preferably at the end of their shift. Employees should leave as few items as possible on desks and tabletops for easier cleaning and disinfecting.



- **Consumer Visits:** Between consumer visits in office spaces or meeting rooms staff must wipe down surfaces, including but not limited to door knobs, light switches, chairs and chair arms, desktops or work surfaces, tables, phones, and/or keyboard.
- **Kitchenettes:** When used kitchen should be cleaned by staff with disinfectant or all-purpose (for areas involving food) cleanser and paper towels. Clean frequently touched surfaces after use including coffee pot handles, buttons/handles on appliances, sink knobs, and/or countertops. Gloves will be available in kitchenette areas.
- **Copy Areas & Conference Rooms:** Shared equipment (i.e., copy machines and conference tables) should be cleaned between use including frequently touched surfaces such as keypad terminals, paper tray drawer handles, lids to scanners, tabletop, chairs and arm rest, etc. Disinfecting instructions will be posted near each copy machine stating, "Clean with disinfectant after each use"
- **At each BABH Site With Drinking Fountains:** Drinking fountains may be used. It is recommended any touched surfaces be cleaned after use.
- For **soft/porous surfaces** such as upholstered chairs or clothing/laundry:
  - Clean the surface using soap and water or with cleaners appropriate for use on these surfaces such as Lysol disinfectant spray.
  - If using Lysol disinfectant spray, allow item to dry for 10 minutes after spraying the surface
  - Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
  - If necessary, [vacuum as usual](#).

### Additional Steps if COVID-19 Positive is Reported

- If it has been fewer than eight days since the person that is sick visited the facility:
  - Close off the work area of the person that is ill, if possible. (Staff may have to make accommodations.)
  - Open outside doors/windows in the area.
  - Wait 24 hours to clean/disinfect.
  - Include a sign for staff and janitorial service that indicates no entry until 24 hours have passed.
  - Clean/disinfect all areas used by the person who is sick, including offices, bathrooms, common areas, shared electronics, etc. after 24 hrs.
  - If vacuuming is required, use a HEPA filter. Vacuum when no others are in the area. Consider turning off HVAC system in room.
  - Once disinfected, the area can be reopened.
- According to CDC guidelines, if it has been more than seven days since the person who is sick visited or used the facilities, the additional steps listed above are not necessary.

### Contracted Janitorial Services Providers

- Contracted Providers will clean and disinfect surfaces, vacuum, mop, clean and disinfect restrooms, and empty trash. Additional attention will be given to cleaning common areas, workstations, offices, high touch surfaces, and restrooms.
  - **Common Areas, Workstations and Offices:** Vacuum, mop, empty trash receptacles, dust, etc. Disinfect by spraying EPA approved disinfectant on paper towel and wipe down high frequency touched surfaces i.e., interior and exterior doors, furniture, fixtures, door knobs/pulls, door faces, switch plates, water bottle filler stations, elevator key pad, hand rails, etc.
  - **Restrooms:** Close restroom, empty waste receptacles, fill soap and other dispensers, dust, mop floors, clean and disinfect the sinks and counter tops, clean glass and mirrors, clean and disinfect toilets and all areas of the

toilet fixture or urinal, clean and disinfect the walls around toilets, urinals, stall entry doors, partitions between toilets, urinals and sinks. Perform any needed spot cleaning.

- **High frequency touch surfaces include:** Door handles, light switches, counter tops, handles, phones, keyboards, toilets, faucets, sinks, et., anywhere people are likely to touch with their hands when moving through a facility.



## Screening Protocols

### Staff Entering BABHA Facility

- All BABH staff are required to establish an individual login and password with MI Symptoms Tracker <https://misymptomapp.state.mi.us/sign-up> and link their account to their program's specific 'Employer Code' which will be provided to the employee by their supervisor.
- Any staff performing a face-to-face contact or entering a BABH facility is required to perform a Wellness Check using the MI Symptoms Tracker before each shift.
- Staff are not required to answer questions regarding vaccination status.
- If the staff person answers all screening questions "No", they may then proceed into the building and/or with face-to-face contacts as necessary.
- If the staff person answers any screening question "Yes" for the screening, then the staff will do as follows:
  - Read the script at the bottom of the Mi Symptoms Tracker to further direct staff,
  - Contact the supervisor to inform them of the positive screen/Wellness Check, and do not proceed to the work site until direction is received from supervisor.
- If the MI Symptoms Tracker is not available, staff should revert to use of the BABHA [Screening Tool – Of Staff – All Purposes](#).

### Consumers or Visitors Entering BABHA Facility

- Use the linked screening tool: [Consumer On-Site Screening Tool](#).
- Screening will be completed verbally unless other methods are required due to consumer or visitor special needs.
- Each site will have a trained designated screener (can be receptionist, manager, etc.). The designated screener will ask each visitor or consumer entering the building the questions on the screening tool.
- If the visitor or consumer answers all screening questions "No", then they will proceed normally.
- If the visitor or consumer answers any screening question "Yes", then the designated screener will do as follows:
  - Give the visitor or consumer a mask.

- If a consumer answers “Yes”, Call 989-895-2200 and ask to speak to a nurse to facilitate additional screening between the Nurse and the consumer after hours call 989-545-2821 to speak to the Nursing Manager; OR Refer the consumer to the on-site Nurse for additional screening.

### Consumer Meeting Not in BABHA Facilities

- Use the linked screening tool: [Consumer Meeting In-Person, Off-Site Screening Tool](#).
- Screening will be completed verbally unless other methods are required due to consumer or visitor special needs.
- If the need to meet a consumer in-person, off-site is identified, staff will complete the appropriate consumer screening tool over the phone with the consumer before the face-to-face contact occurs.
  - If meeting in the consumer’s home, screening questions should be asked for anyone currently living in the home.
  - If meeting in the community, screening questions should be asked of anyone who will be participating in the meeting.
- After completing the screening, the staff person will use the results to determine next steps based on the guidance provided in the BABHA Risk and Response Level section of this document.
  - Optional Step: The staff person or supervisor may contact a clinic nurse or Nursing Manager at 989-895-2200 to determine next steps.

## Exposure Protocols

### Employee Exposure Protocol

#### **Employees Exposed but Not Symptomatic, Not Diagnosed with COVID-19, and Without a Failed [Screening](#)**

- Supervisors will consult with HR and Nursing Manager to determine if the employee can continue to work and whether the employee should work remotely or if they are able to continue in-person job duties.
- Employees that are ‘fully vaccinated’ and meet criteria (see below) as described by the CDC, “Public Health Recommendations for Vaccinated Persons” <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html> are not required to quarantine after an exposure to a known COVID positive individual. Any person who does not meet criteria should follow current CDC quarantine guidance or as otherwise recommended by their local health authority.

#### **Criteria:**

- Are fully vaccinated (i.e., > 2 weeks following receipt of the second dose in a 2-dose series, or > 2 weeks following receipt of a single-dose vaccine.)
  - Are within 3 months following receipt of the last dose in the series.
  - Have remained asymptomatic since the current COVID-19 exposure.
- If it is determined that remote work is NOT an option, the employee will be required to wear a BABHA provided [medical mask](#) at work the next (14) calendar days to reduce the potential risk of exposure to coworkers and consumers.

#### **Employees with Symptoms, Failed Screening or Diagnosed with COVID\_19**

- The employee must report to their Supervisor (if unavailable, report to HR) that they have a symptoms or diagnosis of COVID-19.
- HR will notify the Health Department of the positive result within 24 hours.
- The Supervisor should complete the [Employee Illness Form](#). In filling out the Employee Illness Form, the Supervisor will ask the employee the following questions:

- When did your symptoms begin? (Management must not ask the employee what their symptoms are as this is PHI.)
  - Please share with me, who have you interacted with (staff and/or consumers) from today and back to forty-eight (48) hours prior to the onset of your symptoms?
  - Did you have close contact (i.e. less than six (6) feet) with the individuals named from today and back to forty-eight (48) hours prior to the onset of your symptoms?
- Supervisor will ask the employee to follow up with their healthcare provider and advise that they may call the **MI COVID-19 hotline, 888-535- 6136**.
  - Supervisor will log the conversation and send the Employee Illness Form to HR.
  - On-Site Workers:
    - Any employee that becomes symptomatic or is experiencing symptoms during or prior to their workday (does not pass screening), must immediately report to their supervisor, and if at work, will be sent home.
    - The employee’s workspace will be [thoroughly cleaned and disinfected](#) if applicable (inform Facilities Manager).
    - If possible and desired, reassign to remote work.
    - If reassignment is not an option, staff will be placed on leave; as of day four, HR will initiate the Leave Status Change.
    - Staff that are designated as Health Care Workers will follow the “Contingency and Crisis Staffing Guidance”
  - Remote Workers:
    - If staff will be unavailable to work remotely, staff will be placed on leave; as of day four, HR will initiate the Leave Status Change/FMLA.
    - To return to remote work the employee must have supervisor approval.
    - Management will follow the BABHA [Consumer Exposure Notification protocol](#).
    - Management will follow the BABHA [Employee Exposure Notification protocol](#).
    - To return to in-person work staff must contact HR for approval. HR will follow the protocol for Return to Work Criteria, Practices and Restrictions.

### **Employee Exposure Notification Protocol**

- Supervisor will notify HR of employees who had potential exposure (i.e., close contact - less than six (6) feet) in the course of their work or personal time with an individual with medically suspected or known COVID- 19 and will fill out the [Employee Illness Form](#).
- Human Resources will notify the employees who may have been exposed and consult with the Nursing Manager as necessary. HR will provide the employees with the MI COVID-19 hotline, 888-535-6136.
- The employee will be screened as per agency protocols.
- If the employee is not experiencing symptoms, follow the protocol for Employees Exposed but Without Symptoms, Positive [Screening](#) or Diagnosis.
- If the employee IS experiencing symptoms, follow the protocol for Employees with Symptoms, Positive Screening or Diagnosis.

### **General Return to Work Criteria, Practices and Restrictions**

- HR will follow the current CDC criteria for return to work depending on job duties and any Emergency Order from State and/or local health authorities.
- Employee must at least meet BABHA Return to Work Criteria. Employees with diagnosed or suspected COVID-19 may not work in the office or face to face with consumers until:

- At least 24 hours have passed since recovery defined as resolution since last fever (less than 100.4) without the use of fever-reducing medications and
  - Improvement in symptoms; and,
  - At least ten (10) days have passed since symptoms first appeared.
  - If the employee was never tested for COVID-19 but has an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.
- When approved to return to in-person work, employee should:
    - Wear an agency-provided [medical mask](#) (not a cloth face covering) at all times while at work until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
    - Maintain proper [social distancing](#) when in the workplace
    - Be restricted from contact with severely immunocompromised consumers (e.g., transplant, hematology-oncology) until 14 days after illness onset
    - Adhere to [hand hygiene, respiratory hygiene, and cough etiquette](#) in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
    - Self-monitor for symptoms, and seek re-evaluation if respiratory symptoms reoccur or worsen

### Travel Outside Home or Work County

- For the purposes of this protocol 'travel' refers to any destination that an employee is visiting outside of Bay and Arenac Counties, or their home county while on ETO or during an employee's personal unpaid time.
- Employees are strongly encouraged to limit their individual risk for their own safety as well as the safety of their co-workers and the people we serve. Traveling during a pandemic increases the risk of exposure for contracting and spreading COVID-19.
  - Increased contact with larger number of persons who may be infected in venues such as airports, train stations, bus terminals, conferences, events, etc. may raise the chances of contracting COVID 19.
  - No geographical area is free from the COVID-19 outbreak, although not all areas are restricted for travel.
  - Please keep in mind, traveling to visit family or friends may be especially dangerous if members of your household are more susceptible and likely to get very ill from COVID-19.
- Prior to travel outside of their normal home and/or work county it is the responsibility of the employee to check the risk level for the destination.
  - Check the MI Safe Start Map at [www.mistartmap.info](http://www.mistartmap.info) to ensure the desired Michigan travel destination is not identified as high risk.
  - If travel is within the U.S., but outside of Michigan the employee should check John Hopkins link: <https://coronavirus.jhu.edu/testing/tracker/overview>. This link has the information on other considerations for U.S. Travel: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>.
  - This link <https://wwwnc.cdc.gov/travel/notices> has information related to travel advisory areas around the globe where there is widespread transmission. This link has the information for international travel when permissible per CDC recommendations: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>.
  - Significant outbreak areas include:
    - Any area/state with a positive test rate higher than 10 per 100,000 residents (i.e. 10% test positivity rate) over a seven-day rolling average, as specified by Johns Hopkins University.
    - Any country subject to an applicable CDC level 3 Travel Health Notice, with widespread ongoing transmission.

- And/or other areas of restricted travel identified by MDHHS or Bay County Health Dep't.
- Employees are expected to understand destination risk levels are subject to change without prior notice, including after the employee has departed for their destination.

### **Return to Work After Travel**

As of February 10, 2021 employees that are over 2 weeks past their second dose of their COVID-19 vaccine but no longer than 3 months past the second dose do not need to quarantine after returning from travel. However, employees must continue to self-screen and are required to continue to monitor for and report promptly any symptoms.

- Prior to returning to work from travel employees must self-[screen](#).
- Employees must call their Supervisor if:
  - They answered 'Yes' to any self-screening questions.
  - A location that the Returning Employee visited while traveling (restaurant, grocery store, shopping center, amusement park, etc.) was closed due to COVID-19 shortly (within 48-72 hours) after the employee visited.
  - Someone that the employee was in close contact with while traveling is now COVID positive or symptomatic (48-72 hours after the employee had contact with the individual).
  - Reports of an outbreak at a venue that the employee visited while traveling. (Within 48-72 hours of the employee's visit).
  - Reports of an outbreak on public transportation (air travel, bus, train, etc.) that the employee used during travel. (Within 48-72 hours of the employee's visit).
- Returning employees may be required by BABH to remain out of the office for fourteen (14) calendar days from the date the employee returned, as deemed necessary by BABH based upon CDC and other guidance of state and local health authorities.
  - Certain paid leave benefits may be available to quarantining employees. However, if exhausted, such leave in order to quarantine may be granted as ETO or be unpaid if qualified.
- If an employee answered yes to any of the screening questions testing for COVID 19 may be required at the discretion of BABH.
  - If the Returning Employee is required to quarantine and chooses to seek testing of their own volition and tests negative, he or she may be allowed to return to work prior to the end of the 14-day self- quarantine period if Staffing Crisis Mitigation strategies have been implemented and the employee is asymptomatic.
  - Returning Employees may also be required to provide medical certification that they are cleared to return to work, based on results of self-screening and/or COVID 19 testing.
  - BABH HR Director or designee will notify employees of any additional return to work requirements.

### **Consumer Exposure Protocol**

#### **Consumer with Symptoms - In Multi-Consumer Residential/Supported Living Setting**

- BABH will follow CDC the most up to date CDC guidance and any directives from the local health departments. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>
- Care for the consumer:
  - Request that they wear a [medical mask](#).
  - Immediately isolate consumer as much as possible from all other in the setting, if any.
  - Prioritize the consumers for testing

- Follow BABH [social distancing](#) between all consumers and personnel, while still providing necessary services.
- Ideally, have consumer remain in their private room with the door closed.
- Encourage all other people in the setting to self-isolate, if possible
- Monitor other residents and staff for symptoms.
- Keep consumer and other people in the setting if COVID-19 is suspected
- House Manager or designee will determine the following:
  - Identify when the consumer's symptoms began.
  - Identify who the consumer had close contact (i.e. less than six (6) feet), with (staff and/or consumers) from today and back to forty-eight (48) hours prior to the onset of the consumer's symptoms.
- House Manager or designee will contact consumer's guardian, if applicable.
- House Manager or designees will contact consumer's Primary Care Physician, identify that the consumer is living in a congregate setting and request the consideration of a COVID-19 test.
  - If the Doctor does not order test, notify BABHA Supervisor who will consult with the BABHA Medical Director.
  - If the Doctor orders a COVID-19 test, the Home Manager or designee will:
    - Notify (within 12 hours) all employees who work in the home.
    - Based on the date/time of the Doctor order for the COVID-19 test, appropriate enhanced pay shall apply for employees in the home.
    - Notify the Supervisor.
    - Email Nursing Manager [svanparis@babha.org](mailto:svanparis@babha.org) the consumer's name and case number and report the symptoms.
    - Update the consumer's Medical record in Phoenix alerting Access and Emergency Services of the test ordered in response to symptoms in the event the consumer needs to go to ES.
    - Follow the Caring for Medically Suspected/Known COVID protocol.
  - If the test is positive:
    - Consult with the Supervisor to coordinate contact with the local health department and follow their guidance regarding need for a quarantine of the facility or other public health orders.
    - Follow the [Consumer Exposure Notification Protocol](#).
    - Notify HR of positive COVID-19 test result. HR will then follow the [Employee Exposure Notification Protocol](#).
    - Update the consumer's medical; record in Phoenix alerting Emergency Services (CS) to the positive test in the event the consumer needs to go to CS.

### **Consumer with Symptoms - Not in Multi-Consumer Residential/Supported Living Setting**

- Case Manager will:
  - Assist as needed with connection to healthcare provider and health department resources.
  - Consult with the BABHA Nurse line, if needed, to evaluate the need for emergency response.
  - Contact consumer's guardian, if applicable.
  - Suggest that the consumer/guardian obtain a COVID-19 test.
  - Identify when the consumer's symptoms began.

- Identify who the consumer had close contact (i.e. less than six (6) feet), with (staff and/or consumers) from today and back to forty- eight (48) hours prior to the onset of the consumer's symptoms.
- Request that consumer/guardian notify the case manager if a test was completed and:
  - Notify their Supervisor.
  - Update the consumer's medical record in Phoenix and send Phoenix message to ancillary staff to the positive test or diagnosis.
  - Follow the Caring for Individual with Medically Suspected/Known COVID-19 protocol.
- If the COVID-19 test is positive:
  - Follow the [Consumer Exposure Notification Protocol](#).
  - Notify HR of positive COVID-19 test. HR will follow the [Employee Exposure Notification Protocol](#) if Employees were exposed.
    - Send a Phoenix message to ancillary staff to the positive test or diagnosis.
    - Follow up with the consumer and/or guardian via telephone or telehealth to determine the appropriate frequency of contact to stabilize behavioral health concerns and the need for regular contact with our BABHA Nursing Manager.
    - Continue to report the consumer's status to their manager.

### **Consumer Exposure Notification Protocol**

- Management will attempt to notify consumers and their guardians who may have been exposed and send the [Consumer Exposure Letter](#).
- Provide them with the MI COVID-19 hotline, 888-535-6136.
- If unable to reach the consumer, send the Consumer Exposure Letter.

### **Exposure Protocols – Direction for Multi-Consumer Residential/Supported Living Providers**

#### **Direction for BABHA Residential (Or Other Related) Supervisors**

- If a consumer has medically suspected or confirmed diagnosis of COVID-19 and resides at a multi-consumer residential or supported living site:
  - Provider should contact the consumer's case manager and the Nursing Manager and/or Director of Integrated Services ASAP.
  - If any other BABHA staff are notified by the provider, they should refer the provider to the notify Nursing Manager or Director of Integrated Services.
- BABHA Nursing Manager or Director of Integrated Care should do as follows:
  - Notify the Bay or Arenac County Public Health Department.
  - Ask the provider about their access to PPE and their ability to use the PPE.
  - If any BABHA employees were identified by the provider as being exposed to someone with a medical diagnosis of COVID-19, email [jlasceski@babha.org](mailto:jlasceski@babha.org) or [mspellerberg@babha.org](mailto:mspellerberg@babha.org) to report staff exposure and follow the [Employee Exposure Notification Protocol](#).
  - Email [svanparis@babha.org](mailto:svanparis@babha.org) to report the medically suspected or confirmed diagnosis of COVID-19.
  - Update the consumer's medical record in Phoenix alerting Emergency Services of the medically suspected or confirmed diagnosis in the event the consumer needs to go to ES. If testing is completed in response to symptoms, update the medical record with test results accordingly.



- Consider daily follow-up with the provider to check-in and ensure notifications have been made, assess supply of PPE, inquire how the consumer is doing, monitor the symptoms of other consumers or staff, and to help manage staffing issues (follow-up can be completed by the clinical programs and/or by the appropriate BABHA Clinical Director.)

### **Direction for Contracted Multi-Consumer Residential/Supported Living Providers**

- If consumer (any individual) has medically suspected or confirmed diagnosis of COVID-19 and resides at a contracted multi-consumer residential site or supported living:
  - Provider should contact the consumer's assigned home nurse or Nursing manager, the case manager and the applicable BABHA Supervisor ASAP.
  - Provider should then do as follows:
    - Follow protocols as outlined in their COVID-19 plan around sanitation, use of [PPE](#), and staff guidelines, etc., including:
    - To provide service to the consumer:
      - Request that they wear a [medical mask](#).
      - Isolate consumer as much as possible from all other residents.
      - Ideally, have consumer remain in their private room with the door closed.
      - Monitor other residents and staff for symptoms.
      - Keep consumer and other residents in the home.
    - Determine the following:
      - Identify when the consumer's symptoms began.
      - Identify who the consumer may have had close contact (less than six (6) feet for more than a few minutes) with (staff and consumers) from today and back to forty-eight (48) hours prior to the onset of their symptoms.
    - Contact the guardian of the symptomatic consumer, if applicable.
    - Contact the Primary Care Physician of the symptomatic consumer, identify that the consumer is living in a congregate setting
    - Obtain COVID-19 test, unless not recommended by the primary care physician:
    - If a COVID-19 test is recommended or completed:
      - Notify the BABHA Director of Integrated Services (or designee),
      - Follow the Caring for Individual with Medically Suspected or Known COVID-19 protocol.
    - If the COVID-19 test is positive:
      - Notify the BABHA Nursing Manager and appropriate Director of Integrated Services (or designee) of positive test.
      - Contact the local health department and follow their guidance regarding need for a quarantine of the facility or other public health orders.
      - Notify the other residents and/or their guardians of a potential exposure.
      - Notify the impacted employees of a possible exposure and request that employees self-monitor for symptoms. If they have symptoms they need to stay home and contact a healthcare provider. Also, provide the MI COVID-19 hotline 888-535-6136.

- Notify the BABHA Director of Integrated Services (or designee) if any BABHA staff were in contact with the consumer in the past 48 hours (nurse, case manager, etc. who may have come to home).
- Monitor other residents and staff for symptoms and notify case managers and the appropriate Supervisor and BABHA Director of Integrated Services if any other BABHA consumer begins to show symptoms.
- If the consumer or other residents leave the facility, the provider will follow any guidance given by the health department or the consumer's medical provider regarding notification.

### Quarantine/Isolation Protocol

- Per the Health Department, if an individual has been notified by the health department (or the school) that the individual should be in quarantine, then the individual should not be attending any routine face to face services provided by BABHA staff or by the BABHA Contracted Network for the duration of the quarantine. Education may be needed as the individual/families may not understand why services must be altered during the quarantine period.
- Per Public Health guidance, individuals/families requiring quarantine should be encouraged to stay at home and to avoid visitors in their home for the duration of the quarantine (unless it is for urgent medical care).
- When an individual/family discloses that they are required to quarantine, the Primary Caseholder should notify all service providers of services identified in the IPOS. PCE message would be preferred whenever possible.
- If remote services are not an option (i.e. telehealth, virtual, etc.), then the Primary Caseholder is required to:
  - Use full PPE If face-to-face services are required for an individual in quarantine.
  - Send an ABD to suspend services for the duration of the quarantine (ABD only sent for services that cannot be provided remotely). Individual/Families should be informed verbally of the suspension, but the Advanced Benefit Determination (ABD) letter must be sent. Notice details:
    - Part 1 - Advanced Notice:
      - Suspended
      - Type of service = Any service(s) that are not available as a remote service. List out specific providers if known.
      - Effective Date = The date the required quarantine started
    - Part 2 – Other
      - Other Reason
      - Suggested language: You provided notification that you are required (or the child's/wards name is required) to be in quarantine for 14 days starting XX/XX/2020) because of possible exposure to COVID-19. Per Public Health guidelines, face-face services are not allowed during a quarantine. Please work with your provider(s) to schedule appointment(s) post quarantine.
    - Send copy to:
      - Send Copy To: program support staff to print/mail the letter (if available)
      - Send Copy To: the effected provider(s) of services that are not available remotely.
      - Additional Send Copy To:
        - ✓ If ABA services, include Amanda Johnson on Send Copy To.
        - ✓ If Madison/Arenac psychiatric services, include Amy Folsom on Send Copy To.
        - ✓ If SPS psychiatric services, include Kristen Kolberg

## Personal Protective Equipment (PPE) Protocols

### Mask Protocol

#### General Mask Protocol for Employees

- All staff must wear, at a minimum, a cloth mask at all times while in common areas, shared spaces, or when not able to maintain six feet of separation from others when on-site at BABHA facilities.
- All staff coming on-site to a BABHA facility will be provided a medical mask at [screening](#) for use while on-site upon request.
- Unless otherwise required through established protocol as noted below, staff may choose to wear their own cloth face covering instead of the BABHA provided medical mask. Cloth masks or face coverings worn by staff must adhere to [CDC guidelines](#).
  - If a staff member's cloth mask or face covering does not adhere to CDC guidelines, they must wear the agency-provided medical mask.
  - If a staff member has their own N-95 respirator and wishes to wear it in place of the agency-provided medical mask, they may do so in any setting in which a cloth mask/face covering would be permitted. If a staff member chooses to do this, they must attest to having watched the training video: <https://photos.smugmug.com/photos/i-Hhn8M9C/0/fed7b76c/640/i-Hhn8M9C-640.mp4> and signed the attestation of of BABHA's Mini-Respiratory Protection Program.
- If a staff member is unable to wear a mask or face covering for medical reasons, they will need to contact the BABHA Human Resources department to request a reasonable accommodation under the Americans with Disabilities Act and provide documentation to support the need for accommodation.
- Staff should inform consumers in advance of contact that staff will be wearing a mask and may be wearing other PPE.

#### Additional Guidance on Cloth Masks/Face Coverings

- Cloth masks/face coverings do not take the place of medical masks, [respirators](#) when current protocols, as above, state that those types of masks are required to be worn.
- Cloth masks/face coverings are not intended to, nor do they, protect the wearer. They are intended to decrease the spread of respiratory droplets that could contain the COVID-19 virus when the wearer of the mask coughs, sneezes, speaks, or breathes.

#### Safe Cloth Mask/Face Covering Use Guidance

- Put on your mask/cloth face covering when you leave your home and, as much as possible, do not remove it until you return to your home.
- If driving in a private vehicle either alone or only with members of your immediate household, you may choose to put on your mask when you leave your vehicle to start work and remove it when you return to your vehicle at the end of your shift.
- Do not touch the outside of the mask at any time. If you must remove your mask, you should either place it outside surface down onto a clean paper towel or carefully fold it on itself with the outside surfaces touching, then place it in a paper bag, to prevent spreading potential contamination.
- Individuals should be careful not to touch their eyes, nose and/or mouth when removing their cloth mask/face covering and should perform [hand hygiene](#) immediately after removing the mask/face covering.
- Cloth masks/face coverings should be routinely washed depending on the frequency of use. Preferably, a cloth mask or face covering should be worn only for a single day before it is washed. A washing machine on high temperature setting with standard detergent should suffice in properly washing a cloth face covering.

## General Mask Protocol for Consumers/Visitors

- Staff will recommend consumers or visitors on-site at BABHA facilities wear masks/face coverings but it is not required for face-to-face contact.
- If the consumer or others present, do not have masks/face coverings staff can provide BABHA issued face coverings for use during in the building.
- If the consumer or others present will not be wearing a mask if recommended by the State or CDC (whichever is more restrictive), explain why wearing a mask is important and discuss their concern. If refusal continues, but if the consumer and others present:
  - Do not answer “Yes” to any screening questions, proceed with the in-person meeting and ensure that a social distance of 6-feet is maintained throughout the meeting. Consider consultation with Supervisor or Nurse Manager, as needed.
  - Do answer “Yes” to screening questions follow the [Consumer Exposure Protocol](#).
- Infants, children under two years of age, and anyone unable to remove their own face covering, should not wear a face covering.
- If a consumer or visitor who is symptomatic or has been diagnosed with COVID-19 is not able to reschedule and refuses to wear a mask, the following steps should be taken:
  - Isolate the person, ideally in a big room with a closed door.
  - Attempt to have the person utilize tissues instead of the mask to cover their mouth and nose.
  - Staff providing service to the person should utilize any available PPE including [gowns, gloves](#), masks, and eye protection and maintain a distance of six feet. If six feet of separation cannot be maintained, staff should wear an [N95 respirator](#), in place of a medical mask. Staff should follow the BABHA protocol for [Caring for Individuals with Medically Suspected or Known COVID-19](#).

## Situations Where Medical Masks are Required

- Staff in the following programs are required to wear a medical mask at all times while on site during their shift:
  - Horizon home
  - North Bay staff
  - BABHA direct operated supported living sites
- All consumers admitted to Horizon Home and BABHA directly operated residential settings should be asked to wear a medical mask for the first 14 days they are residing in the facility. Masks may be removed to sleep, shower, and eat. Newly admitted consumers should eat separately from other residents for 14 days due to the impossibility of wearing a mask correctly while eating.
- When staff are providing direct care to a consumer and a six-foot distance cannot be maintained, in addition to a medical mask, staff are required to wear gloves, a [face shield](#) and a [gown](#). This assumes the consumer is not symptomatic and has not been diagnosed with COVID-19.
  - If the consumer is symptomatic or has been diagnosed with COVID-19, staff providing direct care should switch their medical mask to an N-95 respirator, and follow the BABHA protocol for [Caring for Individuals with Medically Suspected or Known COVID-19](#).
- All other staff reporting to worksites are required to wear medical masks or [respirators](#), AND a face shield when close contact (within 6 feet) with consumers or other staff cannot be avoided.
  - If a consumer has active respiratory symptoms, they should be asked to reschedule if possible. If rescheduling is not an option the consumer should be asked to wear a medical mask at screening entry points, even if they have their own mask or face covering. In such situations, staff should use a respirator.

## Safe Medical Mask Use Guidance

- While wearing a mask, do not touch the outside of the mask at any time.

- In general, you should put the mask on at the beginning of your shift and leave it in place until the end of your shift.
- Make sure you eat and drink before coming to work to avoid becoming dehydrated or overly hungry.
- Whenever possible, during your lunch and formal breaks, you should leave your work area and go to your vehicle or a space designated by your supervisor where there are no other people in order to eat or drink. This may not be possible for Horizon Home Staff and apartment settings.
- While wearing a mask at work, you should remove it only when absolutely necessary. Do not touch the outside of the mask. If you do, immediately perform [hand hygiene](#).
- If you must remove your mask during your shift, place a clean paper towel on a flat surface, then place the mask OUTSIDE SURFACE DOWN onto the paper towel while you are not wearing it. Perform hand hygiene immediately after removing your mask and immediately after re-donning it.
- Staff with long hair should consider wearing it pulled back at work. This generally makes donning and doffing (removing) a mask much easier, and it decreases the chances of dragging your hair across the outside of the mask and contaminating your hair.

#### Medical Mask Reuse Guidance

- Medical masks intended for reuse should be carefully removed, folded so that the outside of the mask is touching itself and covering itself, then placed in a paper bag to be reused ONLY by the same staff member. A plastic bag should not be used, as it will not allow the mask to dry out.
- Immediately upon donning a previously used mask or doffing (removing) any mask, staff members should perform hand hygiene.
- If during the course of use of a mask, the mask becomes visibly soiled or difficult to breathe through, the mask should be replaced.

#### Respirator Protocol

- N-95 respirators and [face shields](#) should be used when staff are caring for an individual with a diagnosis of COVID-19 or when COVID-19 symptoms are present. **Training is required when working with COVID positive individual(s) per BABHA Mini-Respiratory Protection Program.**
- N-95 respirators, [gloves, gowns](#) and face shields must be used when staff are caring for an individual with COVID-19 symptoms (failed screening), fever until the consumer(s) has met all of the requirements for discontinuation of home isolation. If an N95 respirator does not fit properly, then a KN-95 respirator, or medical mask should be worn instead in that order, except as below.
- KN-95 respirators may be worn on a voluntary basis in place of a medical face mask when an N-95 respirator is not required.
- If a staff member has their own supply of N95 respirators and the agency provided masks do not fit correctly, the staff member may be permitted to wear their own N95 respirators on a case-by-case basis. Such masks must be approved prior to being worn on the job by BABHA Nursing Manager.
- If a resident in a group home utilizes CPAP or BiPAP or uses a nebulizer and exhibits symptoms of COVID-19 or has a formal diagnosis of COVID-19, the door to the room in which the CPAP/BiPAP is used should be kept closed at all times, except for someone to enter or exit. This is due to the risk, not yet definitively proven, that CPAP/ BiPAP and nebulizers may create aerosols that are potentially more likely to transmit COVID-19 than standard droplets produced when breathing and coughing.

#### Safe Respirator Use Guidance

- While wearing a respirator, do not touch the outside of the respirator at any time.
- In general, you should put the respirator on at the beginning of your shift and leave it in place until the end of your shift. This applies to settings in which staff are working with the same consumers throughout the shift. In settings such as Horizon Home, Emergency Services, where staff are dealing with many different consumers, N95

respirators need only been worn when caring for consumers with respiratory symptoms, fever, or COVID-19 diagnosis, as above.

- Make sure you eat and drink before coming to work to avoid becoming dehydrated or overly hungry.
- Whenever possible, during your lunch and formal breaks, you should leave your work area and go to your vehicle or a space designated by your supervisor where there are no other people in order to eat or drink.
- If you are wearing a face mask (whether a medical mask or respirator, as above, or a cloth mask, as below) at work, you should remove it only when absolutely necessary. Do not touch the outside of the mask. If you do, immediately perform [hand hygiene](#).
- If you must remove your mask during your shift, place a clean paper towel on a flat surface, then place the mask inside a paper bag with your name labeled on the bag onto while you are not wearing it. Perform hand hygiene immediately after removing your mask and immediately after re-donning it.
- Staff with long hair should consider wearing it pulled back at work. This generally makes donning and doffing (removing) a mask much easier, and it decreases the chances of dragging your hair across the outside of the mask and contaminating your hair.

### **Other PPE**

- Staff should inform consumers in advance of in-person contacts that staff will be wearing PPE, such as a face shield, gloves or gown.
- If staffing needs make it unavoidable and a staff member must go from a site where they are caring for individuals with medically suspected or known COVID-19 to another, PPE used at the first site should be disposed of properly and new PPE donned and worn while working in the new site. The same applies when moving between infected and non-infected consumers
  - [CDC Resource: Use PPE When Caring for Patients with Confirmed or Suspected COVID19](#)
  - [CDC Resource: Sequence for Putting On PPE](#)
  - [CDC Resource: Using Personal Protective Equipment](#)

### **Face Shields**

- If the consumer is symptomatic or has been diagnosed with COVID-19, all direct service professional, nursing and other BABHA staff should wear a face shield, in addition to gloves, a gown and an [N95 respirator](#) as required by BABHA protocols, and follow the BABHA protocol for [Caring for Individuals with Medically Suspected or Known COVID-19](#).

#### **Safe Face Shield Use**

- Face shields are not meant to function as primary respiratory protection and should be used concurrently with a surgical mask, KN-95, or N-95 respirator as established in the mask usage protocols.
- A face shield should be dedicated to one staff person.
- Carefully remove a face shield by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield.
- Staff should take care not to touch their face shield. If they touch or adjust their face shield, they must immediately perform [hand hygiene](#).

#### **Face Shield Reuse Guidance:**

- Face shields should be cleaned after each use, immediately if visibly soiled, and at least daily after each shift.
- While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.

- Carefully wipe the outside of the face shield using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
- Wipe the outside of face shield with clean water or alcohol to remove residue.
- Fully dry (air dry or use clean absorbent towels).
- Remove gloves and perform hand hygiene.
- After drying, a face shield should be stored in a transparent plastic container (baggie) and labeled with the staff person's name to prevent accidental sharing.
- Face shields should be closely examined prior to each reuse to ensure the integrity of the foam pad, elastic strap, and clarity of the visor and be discarded if damaged.

## Gloves and Gowns

- Gloves are not a substitute for [hand hygiene](#). If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the consumer or the consumer environment.
- If the consumer is symptomatic or has been diagnosed with COVID-19, all direct service professional, nursing and other BABHA staff must wear gloves and gowns in addition to [N95 respirators](#) and face shields, and follow the BABHA protocol for [Caring for Individuals with Medically Suspected or Known COVID-19](#).

### Safe Glove and Gown Use

- To remove a gown, with your gloves on, release the tie, then grasp the gown at the hip area, and pull the gown down and away from the sides of your body. Once the gown is off your shoulders, pull one arm at a time from the sleeves of the gown so that the gown arms are bunched at your wrists. Then, roll the exposed side of the gown inward until it's a tight ball. Dispose of it. Perform hand hygiene.
- Change gloves and perform hand hygiene during consumer care if gloves become damaged, gloves become visibly soiled with blood or body fluids, or when moving from work on a soiled body site to a clean body site on the same consumer. Never wear the same pair of gloves in the care of more than one patient.
- To remove gloves and prevent hand contamination, grasp the outside of one glove at the wrist. Do not touch your bare skin. Peel the glove away from your body, pulling it inside out. Hold the glove you just removed in your gloved hand. Peel off the second glove by putting your fingers inside the glove at the top of your wrist. Turn the second glove inside out while pulling it away from your body, leaving the first glove inside the second. Perform hand hygiene immediately after removing gloves.
- Gloves and gowns should be disposed of after use. Do not re-use gloves and gowns.

## **Caring for Individuals with Medically Suspected or Known COVID-19 Protocol**

- Follow this protocol until the consumer(s) has met all of the requirements for discontinuation of isolation. For additional information see: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
- Staff should follow BABHA's [Mini-Respiratory Protection Program Requirements](#) and required training.
- In all situations where staff are caring for individuals with medically suspected or known COVID-19, available Personal Protective Equipment (PPE) will be used while providing care. This includes, [N-95 respirators](#) (when available), [gloves](#), [gowns](#), safety goggles or [face shields](#).
- If a staff member is working at a site caring for an individual or individuals with medically suspected or known COVID-19, every effort will be made to maintain consistent staffing at that site and avoid the need to send staff to multiple sites over the course of a day.
- If staffing shortages necessitate staff working at multiple sites over the course of the day, efforts will be made to avoid having staff work at a site caring for individuals with medically suspected or known COVID-19 immediately

followed by working in a site that is not currently caring for individuals with medically suspected or known COVID-19.

- If staffing needs make it unavoidable and a staff member must go from a site where they are caring for individuals with medically suspected or known COVID-19 to another, PPE used at the first site should be disposed of properly and new PPE donned and worn while working in the new site.
  - [CDC Resource: Use PPE When Caring for Patients with Confirmed or Suspected COVID19](#)
  - [CDC Resource: Sequence for Putting On PPE](#)
  - [CDC Resource: Using Personal Protective Equipment](#)
- All staff will be [screened](#) prior to entry at each site they work at each day and are expected to follow prevention strategies such as adhering to BABHA [Social Distancing](#), [Hand & Respiratory Hygiene](#), [Cleaning](#), [Exposure](#) and [PPE](#) protocols.
- The following best practice precautions should be taken by all staff providing face to face care with consumers when preparing to return home and must be followed if providing care to individuals with medically suspected or known COVID-19:
  - Wash your hands just before you leave your worksite and consider sanitizing your hands when you reach your vehicle.
  - Wash your hands as soon as you get home and sanitize any surfaces you touched prior to washing your hands.
  - When you return home, consider leaving your shoes at your door and change into other shoes. Immediately take off your work clothes, place them in the washer, and launder them. Be sure to wash your hands after removing your clothes and wipe down your washer if you touched it with un-sanitized hands.
  - If laundering your clothes immediately is not practical, place your clothes into a plastic bag and close it. When ready to launder, place the dirty clothes into the washer then throw away the plastic bag.
  - Consider showering immediately after returning home from work. We simply don't know enough yet about SARS-CoV-2, the virus that causes COVID-19, to know how long it survives on surfaces like hair.
  - Sanitize frequently touched surfaces in your home regularly.
  - If you live with someone who is at particular risk of severe illness should they be exposed to COVID-19, consider implementing as much social distancing as possible in your own home. This may mean sleeping in a different bedroom, eating at different times, asking another household member to assume all care of a vulnerable person for whom care is normally shared, or many other things – everyone's situation is different.



**ATTACHMENTS**



## Screening Tool – For Consumer Entering Facility/On-Site

Three questions to be asked by Non-Medical Staff person:

1. What are you here for today?
2. Do you have any fever, cough, or flu-like symptoms today or in the past 24 hours?
3. Have you had contact with anyone who is ill?

If the answer is **YES** to question 2 or 3:

- If Nurse On-Site:** Refer to Nurse on-site for phase two questions. Give the person a mask. Refer to the **Consumer Mask Protocol** if the consumer refuses to wear a mask.
- If NO Nurse On-Site:** Call the Nursing Manager at 989-545-2821 for phase two questions. Give person a mask. Have individual sit at least six feet from others in the waiting area.



## Screening Tool – For In-Person Contact With Consumer Off Site

### Details to Establish Before Meeting

#### Maintain Social Distancing (6-feet)

- Discuss where you will meet and what options are available. Try to identify spaces where social distancing can be maintained such as a porch, park, or larger room.
- Ask who will be present at the meeting and try to minimize the number of people.
- Develop a plan with the consumer/family to best manage social distance and consider challenges specific to each consumer/family (will small children be present, etc.).

#### Masks/Face Coverings & Face Shields

- Make sure the consumer knows you will be wearing a mask and may be wearing a face shield.
  - If preferred, staff may wear their own face covering instead of the BABHA issued mask if a distance of 6-feet can be maintained during the meeting.
  - Staff may wear a face shield in addition to their mask if it is determined that 6-distance cannot be maintained.
- Staff will recommend others present wear masks/face coverings but it is not required for face-to-face contact.
  - If the consumer or others present do not have masks/face coverings staff can provide BABHA issued face coverings for use during the meeting.
  - If the consumer or others present will not be wearing a mask if recommended by the state or CDC, explain why wearing a mask is important and discuss their concern. If refusal continues, but the consumer and others present do not answer “Yes” to any screening questions, proceed with the in-person meeting and ensure that a social distance of 6-feet is maintained throughout the meeting. Consider consultation with Supervisor or Nurse Manager, as needed.
  - Infants, children under two years of age, and anyone unable to remove their own face covering, should not wear a face covering.

### Screening Questions:

*If meeting in the consumer’s home, screening questions should be asked for anyone currently living in the home. If meeting in the community, screening questions should be asked of anyone who will be participating in the meeting.*

1. Have you (or anyone else in your home) in the last 24 hours experienced any of the following symptoms?
  - Fever > 100.4 or feeling like you have a fever? \_\_\_Yes \_\_\_No
  - New **or worsening** cough? \_\_\_Yes \_\_\_No
  - Shortness of breath/breathing difficulties? \_\_\_Yes \_\_\_No
  - Diarrhea without known medical cause? \_\_\_Yes \_\_\_No
  - **Or two (2) or more of the following:** \_\_\_Yes \_\_\_No  
**Sore throat?**

Chills?  
Muscle aches?  
Headache?  
Loss of taste or smell?

2. In the last 14 days, have you been in close contact (face-to-face contact within 6 feet) with someone who has tested positive for COVID-19? \_\_\_Yes \_\_\_No

3. In the last 14 days, have you traveled outside of Michigan or internationally? \_\_\_Yes \_\_\_No

If **YES** to any of the above items, consult as follows:

- Contact Supervisor to sort through the steps to address their behavioral need.
- Optional Step: Contact the Clinic Nurse to help you sort next steps
  - (989-895-2200) 8-5 M-F
  - (989-545-2821) After hours to speak with the Nursing Manager

**Additional Notes:**

- During the course of a visit, if someone shows symptoms, quickly triage the situation and conclude the community or homebased meeting. If more time is needed, call the consumer from your car to continue to triage and make a safety plan and identify next steps. Consult with your supervisor to sort through the steps to address their behavioral need.
- If the consumer or someone else in their home answers “Yes” to screening questions and the consumer presents urgent mental health needs that include imminent risk to self or others, you may need to direct them to McLaren or alternate Emergency Department. If you are aware that a consumer is going to the ED with imminent risk to self or others, the supervisor will contact the Emergency Services Supervisor to determine next steps to assess behavioral health needs.



### Screening Tool – Of Staff – All Purposes

- 1. Have you (or anyone else in your home) in the last 24 hours experienced any of the following symptoms?
  - Fever > 100.4 or feeling like you have a fever? \_\_\_Yes \_\_\_No
  - New **or worsening** cough? \_\_\_Yes \_\_\_No
  - Shortness of breath/breathing difficulties? \_\_\_Yes \_\_\_No
  - Diarrhea without known medical cause? \_\_\_Yes \_\_\_No
  - **Or two (2) or more of the following:** \_\_\_Yes \_\_\_No
    - Sore throat?
    - Chills?
    - Muscle aches?
    - Headache?
    - Loss of taste or smell?
- 2. In the last 14 days, have you been in close contact (face-to-face contact within 6 feet) with someone who has tested positive for COVID-19? \_\_\_Yes \_\_\_No
- 3. **In the last 14 days, have you traveled outside of Michigan or internationally?** \_\_\_Yes \_\_\_No

If **YES** to number #1 or #3, call your supervisor, return home, follow CDC guidelines and follow up with your Primary Care Provider as needed. CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html> and <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>

If **YES** to number #2, and answered **NO** to #1 and #3, notify your supervisor, follow the [Employee Exposure Protocol](#), and wear a BABHA issued medical mask while at work for the next 14 days. Self-monitor for symptoms and do not report to work if you experience any symptoms of illness.

NOTE: As of February 10, 2020 employees that are over 2 weeks past their second dose of their COVID-19 vaccine but no longer than 3 months past the second dose- do not need to quarantine after returning from travel. However, employees must continue to self screen and are required to continue to monitor for and report promptly any symptoms.

## BABHA Face Covering/Mask Protocols Quick Reference

### No Face Covering:

- If you are alone at your desk in an office or cubicle & 6-feet distance is maintained

### Cloth Face Covering

- Staff can choose to wear their own cloth face covering in these situations, but can obtain a BABH issued surgical mask at screening upon request as available:
  - Navigating around the building, no direct contact anticipated
  - Working with a consumer who is non-symptomatic and not diagnosed with COVID-19, & 6-feet distance is maintained

### Medical Mask:

- 24/7 Programs –Residential and Supported Living sites
- Working with a consumer who is non-symptomatic and not diagnosed with COVID-19, & contact is closer than 6-feet
- Face shield may also be worn at the discretion of staff; strongly consider if contact with body fluids or splashing is likely and/or small children are present.

### Respirator (N-95) and Face Shield:

- Working with consumer who answers “Yes” to any screening question or diagnosed with COVID-19 & 6-feet distance is maintained

### Respirator and Full PPE – Full PPE includes face shield, gloves, and gown:

- Working with consumer who answers “Yes” to any screening question or diagnosed with COVID-19 & contact is closer than 6-feet.
- If person has tested positive- N-95 must be worn.

### Mask Use Tips:

- While wearing a mask, do not touch the outside of the mask at any time. If you do, immediately perform hand hygiene.
- If you remove your mask, place a clean paper towel on a flat surface, then place the mask, outside surface down, on the paper towel. Perform hand hygiene immediately before and after removing your mask and immediately after putting it back on.

### Consumer/Others Face Covering Use:

- For consumers on-site at BABH facilities or participating in community or homebased meetings, face coverings will be recommended but are not required.
- If a consumer or others present at a meeting will not be wearing a mask if currently recommended by the State or CDC (whichever is most restrictive), explain why wearing a mask is important and discuss their concern. If refusal continues, but the consumer and others present do not answer “Yes” to any screening questions, proceed with the in-person meeting and ensure that a social distance of 6-feet is maintained throughout the meeting.

Version 2; 7.1.2021





# COVID-19 Employee Illness Form

### Symptoms, Exposure or COVID-19 Testing

The safety of our employees, consumers, community partners and their families remain Bay Arenac Behavioral Health priority. To reduce the potential risk of exposure to our workforce and consumers, we are requesting management complete this form.

If an Employee reports they are symptomatic, have been diagnosed with COVID-19, or have been exposed to a person experiencing symptoms or have been diagnosed with COVID-19 management will submit this completed form to HR.

Employee Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

1. When did the Employee’s symptoms begin or when did the exposure occur? \_\_\_\_\_  
*Management must not ask the employee what their symptoms are as this is PHI.*
2. Did the Employee interact with staff and/or consumers in the (48) hours prior to the onset of symptoms or exposure?  Yes  No
3. Did the Employee have close contact (i.e. face to face, less than six (6) feet for more than 10 minutes) with staff or consumers in the (48) hours prior to the onset of your symptoms? **OR** Did the employee that had an exposure to a person with COVID-19 symptoms or a COVID positive person have close contact with staff or consumers after being exposed?  Yes  No

If Yes, please list who:

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4. Can the Employee work remotely?  Yes  No
5. Is the Employee requesting Temporary Emergency Leave?  Yes  No  
If yes, number of hours requested \_\_\_\_\_

Positive COVID-19 diagnosis: HR will notify impacted employees and Clinical Management will notify impacted consumers and their guardians of a possible exposure.

- HR Email: [jlasczeski@babha.org](mailto:jlasczeski@babha.org) or [mspellerberg@babha.org](mailto:mspellerberg@babha.org)
- Nurse Manager Sarah Van Paris: 989-895-2292, After Hours: 989-545-2821
- MI COVID-19 Hotline: 888-535-6136
- Bay County Health Department: 989-895-4009
- Arenac County Health Department: 989-846-6541





## Consumer Exposure Letter

Consumer Name: \_\_\_\_\_ Case #: \_\_\_\_\_ Date: \_\_\_\_\_

### **IMPORTANT INFORMATION REGARDING COVID-19 EXPOSURE**

A person who has had contact with Bay-Arenac Behavioral Health Authority (BABHA) has recently disclosed they have been diagnosed with COVID-19. BABHA, in collaboration with Bay and Arenac County Health Departments, want to ensure that any persons in close contact with an individual with COVID-19 are identified and evaluated.

**You have been identified as someone who has been in close contact with this person.** COVID-19 is a virus that is spread through close contact with another person (within 6 feet) or through respiratory droplets when a person with COVID-19 coughs or sneezes. It also may be possible to get COVID-19 by touching a surface that has the virus on it and then touching your mouth, nose or eyes. People with COVID-19 are likely to pass the virus on to another person when they are the most symptomatic (the sickest).

The safety of our employees, consumers, community partners and their families remain BABHA's highest priority. As a safety precaution, we are encouraging you to remain in your home for the next fourteen (14) calendar days to reduce the potential risk of exposure to others.

It is important that you and all other individuals who have had close contact (within 6 feet) with this person continue to monitor your health to determine if testing may be necessary. Symptoms may include fever, cough, shortness of breath and diarrhea. If you have concerns regarding your specific health and well-being please contact your health care provider.

Attached is a general COVID-19 information sheet for your review. If you have any questions, please call your primary care provider to determine if further evaluation is required.

Sincerely,

Enclosed: COVID-19 Symptoms/Prevention (CDC) – [10 Things You Can Do to Manage Your Health at Home](#)

Send copy to Records

Consumer Exposure letter 5/18/20

# 10 things you can do to manage your health at home

## If you have possible or confirmed COVID-19:

1. **Stay home** from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.



3. **Get rest and stay hydrated.**



9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



6. **Cover your cough and sneezes.**



Please go to [www.cdc.gov/covid19-symptoms](https://www.cdc.gov/covid19-symptoms) for information on COVID-19 symptoms.



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For more information: [www.cdc.gov/COVID19](https://www.cdc.gov/COVID19)