

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY  
POLICIES AND PROCEDURES MANUAL**

<b>Chapter: 14</b>	<b>Infection Control</b>		
<b>Section: 4</b>	<b>Infection Control Management</b>		
<b>Topic: 3</b>	<b>Management of Epidemic/Pandemic Prone Illnesses</b>		
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**Policy**

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to take actions to effectively prevent the introduction and/or manage exposure to epidemic/pandemic prone illnesses in our services area.

**Purpose**

This policy and procedure is established to provide general information, education, training, and emergency preparedness measures related to epidemic/pandemic prone illnesses for consumers, staff, providers, and visitors.

**Education Applies to:**

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers:  Policy Only     Policy and Procedure
- Selected Contracted Providers, as follows:
  - Policy Only     Policy and Procedure
- Other:

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## Procedure

### OBJECTIVES

- Reduce transmission among consumers, visitors and staff
- Protect consumers, staff and visitors at higher risk for health complications
- Maintain business operations
- Minimize adverse effects on providers and stakeholders
- Develop plans with input from employees and include identification of performance improvement opportunities
- Distribute plans to employees and stakeholders

### STRUCTURE FOR PLANNING AND DECISION MAKING

- BABH Emergency Preparedness Plans (EPP) includes epidemic/pandemic illness as a potential organizational hazard
- In accordance with BABHA Bylaws Section VII, the Chief Executive Officer (CEO) has full managerial control of services and supervision of employees to respond to an epidemic/pandemic hazard
- The Facilities Manager is the Emergency Preparedness Coordinator (EPC)
- The Nursing Manager is the Infection Control Nurse and resource to staff and providers
- The EPP includes the organizational structure to maintain business operations including specific elements related to the epidemic/pandemic-prone illness response
- In the event of a public health advisory or emergency issued by Federal and/or State Authorities, BABHA will implement strategies to mitigate the spread of the disease.
- The specific epidemic/pandemic illness response mitigation activities associated with the current level of community transmission are categorized by the Centers for Disease Control and Prevention (CDC) as follows:
  - Preparedness Phase - Cases reported in the United States with noted community spread but none currently reported in Michigan
  - Minimal to Moderate - First case reported in Michigan but not located in Bay or Arenac County
  - Substantial - Local health authorities advise closures in Bay and/or Arenac County

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- A planning committee has been convened to oversee BABH response to a potential pandemic illness and includes the following:
  - Facilities Manager
  - Horizon Supervisor
  - Nursing Manager
  - North Bay Manager
  - Integrated Care Directors
  - Chief Financial Officer
  - Medical Director
  - ACT/CSM Manager
  - Staff representatives
  - Arenac Supervisor
  - Arenac Center Manager
  - Human Resources Director
  - Healthcare Accountability Director
  - Information Systems Manager
  - Recipient Rights Officer
  - Emergency Services Manager
  - Supports Coordination Manager
- The Planning Committee will meet on Tuesdays at 9am at 201 Mulholland either via in-person or phone
- Planning Committee meetings will continue indefinitely at this time during the epidemic/pandemic as needed.

## **SURVEILLANCE AND DETECTION**

- The Nursing Manager and Facilities Manager will monitor federal and state public health advisories and alert the planning committee as needed
- When ‘Preparedness’ phase has been identified, each program manager or supervisor will begin to create a plan to prepare for escalation to ‘minimal to moderate’ community transmission phase and to ‘Substantial’ community transmission phase.
- BABH Infection Control Plans have been implemented to monitor illness activity in staff and consumers; plans will be revised to include additional screening and reporting of suspected coronavirus illnesses to local and state public health authorities
- Specific epidemic/pandemic illness (i.e. Corona virus) screening tools will be made available to staff and providers upon guidance from public health authorities
- The BABH site managers at Arenac Center, North Bay, Madison Clinic and Mulholland will develop triage systems to phone ahead of appointments to cancel, reschedule or conduct in person appointments by phone for consumers reporting signs of illness
- The Nursing Manager and Facilities Manager will maintain contact with regional epidemic/pandemic planning efforts and coordinate BABH activities as indicated

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### COMMUNICATIONS

- The Nursing Manager will work with the planning committee to prepare a broad communication to all consumers, employees and providers related to the illness and actions undertaken to remediate a potential pandemic and impact on the community.
- General information (i.e. MDHHS “2019 Novel Coronavirus”) will also be available at each service location and/or posted in multiple formats such as hard copies in waiting rooms, internet, Facebook, intranet, etc.
- Primary case holders at BABH, MPA, Saginaw Psychological and List Psychological will be responsible at this time for educating consumers and families receiving services concerning the potential epidemic/pandemic symptoms
- Utilize Omni Alert system and local news for agency wide closures if triggered; need templates drafted. Utilize Phoenix mass messaging and notification for communicating closures to individuals in services and providers.
- BABH will also alert community stakeholders of epidemic/pandemic disease precautions and any potential program or service closings.

### EDUCATION AND TRAINING

- Staff Development will assist in the development of materials for electronic distribution to all personnel for educational and training purposes concerning the potential pandemic illness and recommended universal precautions, respiratory hygiene and cough etiquette.
- The Nursing Manager will prepare educational materials pertaining to the specific threat and plan for distribution to the provider network.
- BABH will provide information and encourage employees to self-check for any communicable illness symptoms. BABH employees suspecting symptoms or possible exposure to the communicable illness will contact the Infection Control Nurse and Human Resources for guidance before reporting for duty.
- BABH employees with family care needs or that represented more vulnerable populations (for example, age 60+, pregnant, complex medical conditions) may be excused from work via use of ETO or, if necessary, a leave of absence. BABH will use non-punitive sick leave policies for these absences during the potential pandemic illness.
- All BABH sites will educate consumers and staff regarding universal precautions for preventing the spread of infection and retain appropriate supplies of PPE, hygiene materials (disinfecting wipes, hand sanitizers) and other products necessary to reduce exposure and droplet precautions with symptomatic consumers.

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- All sites will use preventative measures to reduce chance of infection such as consideration of wearing masks, social distancing and increasing thoroughness of janitorial services such as cleaning door handles and staff participating in environmental cleaning such as wiping off telephones, regularly cleaning office spaces.
- The specific site manager will be responsible for identifying staffing needs and task assignments for redeployed staff resources to maintain local continuity of services.
- BABH Leadership will identify critical, essential and non-essential operations and positions during an epidemic/pandemic illness and provide clear expectations to each manager, supervisor and employee as needed.

### **TRIAGE AND MANAGEMENT OF SERVICES**

- All BABH sites will implement measures for proper screening, triage, disposition and referral of consumers for medical evaluation of any applicable symptoms by hospitals, urgent care or other clinics in the local area
- All BABH sites will also implement measures for the use of personal protective equipment (PPE) by consumers and staff and designated waiting areas to reduce the spread of infection.
- All BABH sites and contract providers (i.e. CLS, vocational, residential) will consider actions to temporarily reduce the frequency of home visits, office calls, non-urgent procedures, meetings or community appointments as necessary, to prevent exposure to the illness
- All BABH service changes and modifications for responding to an epidemic/pandemic will be communicated promptly to consumers, families and other provider organizations.
- All BABH sites that remain open will develop plans to continue operations during any staff shortages during the epidemic/pandemic illness including the following:
  - Identification of minimal staff resources needed for phone monitoring of active consumers, hospitalization/housing options, prescription refills and other community demand needs
  - Identification of highest risk consumers (medically/behavioral frail, court-ordered, socially isolated, receiving injectable medications) and plans for ongoing monitoring and assistance
  - Continue to provide screening for those consumers that will continue to require face to face contacts.

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Anticipated consumable resources needs including PPE, medical/hygiene supplies, availability of food and water.

Identification of expanded remote working strategies to leverage available staff resources during pandemic (link home personal computers to VDI/Phoenix, emergency deployment of agency I-Pads to support remote access)

Plans to monitor and address any supply shortages in consultation with Nursing Manager and Facilities Manager

- BABH may temporarily close non-essential operations and redeploy staff between all service locations in order to expand surge capacity based on professional credentials, trainings, license and/or demonstrated competencies in fulfilling the agency mission.
- In the case of BABH closure, available staff will be redeployed at the very least to meet community surge needs in Emergency Services/Mulholland location and maintain 24/7 operations at the Horizon Home.
- In addition, continuity of care arrangements will be implemented and coordinated with other providers to protect the health and safety of vulnerable consumers needing ongoing monitoring, prescription refills and other supportive engagement with BABH. This also includes North Bay if its location is activated as an emergency shelter for residential consumers.
- BABH Leadership and Site Managers will be responsible for cross training staff redeployed from other operations including determination of the minimal training and competencies necessary to provide services during the emergency period, i.e. clinical protocols, medication practices, documentation expectations, based on program requirements.

## **SPECIAL PERSONNEL AND STAFFING CONSIDERATIONS**

- Employees assigned to critical positions will be required to work as directed during an outbreak of a severe communicable disease.
- Employees assigned essential positions must continue to be available for work as determined by the Employer and will be provided further guidance during the outbreak of severe communicable disease. An employee may also be identified as essential – notwithstanding their current assignment -- if the employee has been identified by administration as having the credentials, skills and/or abilities to perform or assist, or back-up other employees in the provision of critical or essential services.

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- BABH will provide rapid testing as available for employees requesting testing. BABH recommends testing per state and local public health guidance.
- BABH has obtained 'COVID-19 Vaccine Provider' status from MDHHS and will offer employees COVID-19 vaccines free of charge as supply is available.
- In order to ensure the continued provision of essential public services, the CEO or his/her designee, may consider and implement special requirements or polices during this period. These discretionary policies shall (to the extent not violative of State or Federal law) take precedence over any existent conflicting employer practices, polices or directives. Such special discretionary policies may include, but are not limited to:
  - Employees may be assigned to other positions, duties or alternate work locations with minimal notice.
  - Previously granted authorizations for vacation, leave of absences (other than for legally required sick or family leave purposes), flexible scheduling, training, conferences, etc. may be rescinded with minimal notice.
  - Employees may be required to report for work and schedules and/or hours of work may change with minimal notice.
  - Employees may be asked to telecommute with minimal notice.
  - Employees may be assigned overtime and/or special duties with minimal notice.
- Policies may be put in place for reporting and approving timesheets, call-in and notice requirements, or the requirement and timing for medical certifications both necessary to justify an absence or to authorize return to work. This may include, but is not limited to:
  - Requiring an employee who was symptomatic, diagnosed and/or tested positive for a related illness not to report to work without prior notice to and approval of their supervisor and infection control nurse, or without providing a return to work authorization.
  - Waiving or extending on a case by case basis existent return to work certification requirements to avoid unnecessary demand on the healthcare system.
- Policies or measures may be implemented to protect staff, the public or to promote social distancing in order to limit the number of persons concentrated in the workplace.

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- May authorize an administrative leave, or procedures to request and obtain administrative leave, for employees assigned to positions who are directed to report and/or perform essential or critical positions upon individual circumstances.
- Informing employees of the expectation to report to and that the failure to do so, unless the absence is excused by authorization of the employer, may be subject to potential disciplinary action up to and including termination.
- Depending on the nature and severity of the situation, BABHA may have to consider the following actions as it relates to some employees currently in non-essential/non-critical positions:
  - May not be required to report to work during a declared outbreak of a severe communicable disease or may be directed to stay away from their work sites;
  - May be permitted to work from home or a remote site or other adjustments which supports social distancing or other community mitigation strategy;
  - May be instructed not to report until contacted with further directions;
  - May be authorized to take leave if there is a reasonable belief that they may have been exposed to, or infected with the severe communicable disease; and/or
  - May consider expedited procedures for granting of a leave or flexible schedule
  - May be furloughed.

## **FACILITY CLOSURE**

- BABHA may direct the closure of certain offices or facilities. Non-essential/non-critical employees may be encouraged to work remotely, use ETO or may be placed on administrative leave.
- Critical or essential employees may be required to continue reporting, be redeployed to other offices or facilities, may be assigned new functions, or may be placed on administrative leave. Critical and essential employees at a closed office or facility who are directed to work but fail to report to work will be subject to disciplinary action
- Nothing in this policy shall be interpreted to abridge an eligible employee's rights to apply for or be granted leave under the FMLA.

## **Attachments**

BINAX NOW Testing Protocol



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**Related Forms**

N/A

**Related Materials**

BABHA Emergency Preparedness Plan

BABHA Infection Control Plan

BABH Pandemic Protocol Directory

BABH COVID-19 Vaccination Provider Agreement

1. “Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission”, US Department of Health and Human Services, Centers for Disease Control and Prevention, March 10, 2020
2. “Flowchart to Identify and Assess 2019 Novel Coronavirus”, US Department of Health and Human Services, Centers for Disease Control and Prevention, February 2020.
3. “Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies”, Ref: QSO-20-18-HHA, Centers for Medicare and Medicaid Services, March 10, 2020.

**References/Legal Authority**

1. “Guidance for Infection Control and Prevention Concerning Coronavirus Disease (COVID-19): FAQs and Considerations for Patient triage, Placement and Hospital Discharge”, Ref: QSO-20-13-Hospitals, Centers for Medicare and Medicaid Services, March 4, 2020.
2. “Get Your Workplace ready for Pandemic Flu”, US Department of Health and Human Services, Centers for Disease Control and Prevention, April 2017.
3. “Home Care for Patients with Suspected Novel Coronavirus (COVID-19) Infection presenting with Mild Symptoms and Management of their Contacts”, Interim Guidance, World health Organization, February 4, 2020.

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SUBMISSION FORM				
<b>AUTHOR/ REVIEWER</b>	<b>APPROVING BODY/COMMITTEE/ SUPERVISOR</b>	<b>APPROVAL /REVIEW DATE</b>	<b>ACTION (Deletion, New, No Changes, Replacement or Revision)</b>	<b>REASON FOR ACTION - If replacement list policy to be replaced</b>
Facility Manager/Nursing Manager	CEO	3/19/2020	New	Additions to Emergency Preparedness Plan related to Epidemic/pandemic illness
S. Van Paris		8/31/21	Revision	Added reference to Pandemic Protocol Directory