

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 14	Infection Control		
Section: 4	Infection Control Management		
Topic: 4	Recovery From COVID-19 Preparedness and Response Plan		
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Policy

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

Purpose

In order to respond to the state of emergency related to the novel coronavirus ("COVID-19") and to comply with relevant state and local orders related to COVID-19, BABHA has prepared the following COVID-19 Preparedness and Response Plan ("Plan"). This Plan may be updated as this situation evolves or as state or local orders, and federal requirements and/or Centers for Disease Control and Prevention ("CDC") guidance related to COVID-19 are issued or amended.

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

GENERAL OVERVIEW

The following COVID-19 Preparedness & Response Plan has been established for BABHA in accordance with state requirements initially published by Executive Order and subsequently included in emergency orders released by the Michigan Department of Health and Human Services (MDHHS) and the Michigan Occupational Safety and Health Administration (MIOSHA) concerning public safety and health. In addition, these plans have been informed in accordance with *Guidance on Preparing Workplaces for COVID-19*, developed by the Federal Occupational Safety and Health Administration (“OSHA”).

BASIC INFECTION PREVENTION MEASURES

Guidelines for Individuals:

- All vulnerable individuals should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical. They could carry the virus back home.
- When in public, should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.
- Avoid socializing in groups of more than 10 people in circumstances that don’t allow for physical distancing.
- Avoid visits to senior living facilities and hospitals.
- Minimize non-essential travel and adhere to CDC guidelines regarding isolation following travel.
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Vaccination

As a COVID-19 vaccination provider BABH strongly supports the use of the safe and effective COVID-19 vaccines available from the following manufacturers which either have full or emergency use approval/authorization from the FDA: Pfizer, Moderna, and Johnson and Johnson. Approved vaccines are available at the Bay and Arenac County Health

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Departments for age ranges 12 through adult. Many local pharmacies also carry the COVID-19 vaccines which are all free of charge. BABH carries the Moderna vaccine which is authorized for use in adults 18 and over. Any employee that would like to receive their two dose series of the Moderna vaccine may email covidvaccine@babha.org.

Enhanced Hygiene

Employees are instructed to wash their hands frequently, to cover their coughs and sneezes, and to avoid touching their faces. Employees will be provided with access to places to frequently wash hands or to use hand sanitizer, including upon entry. Employees will also be provided with access to tissues and to places to properly dispose of them. Signs regarding proper hand washing methods will be posted in all restrooms. Hand shaking is also prohibited to prevent the spread of infection. BABHA will provide tissues and trash receptacles where appropriate.

Employee(s) are discouraged from using other employees' phones, desks, offices, or other work tools and equipment, when possible. If sharing such items or spaces is not possible, then employees should wipe down any and all items and spaces prior to sharing it with another employee.

Sick Leave Policies

BABHA employees are encouraged to stay home if they are sick. In addition, employees are permitted to take paid leave consistent with BABHA's Temporary Emergency Leave procedures and the COVID-19 Protocol Directory, Section 4 "Employee Exposure" attached to this document.

Remote Work

All employees who are not essential to operations, and whose job duties reasonably allow to them telework, will work remotely. In addition, face-to-face meetings should be replaced with virtual communications to the maximum extent possible.

Enhanced Cleaning and Disinfecting

Increased cleaning and disinfecting of surfaces, equipment, and other elements of the work environment (including special attention to parts, products, and shared equipment) will be performed regularly based on department using products containing Environmental Protection Agency ("EPA")-approved disinfectants. Employees will be provided with access to disposable disinfectant wipes so that any commonly used surfaces can be wiped down before each use. When choosing cleaning chemicals, BABHA will consult information from the EPA regarding approved disinfectant labels with claims against emerging viral pathogens. The manufacturer's instructions for use of all cleaning and disinfection products will be strictly adhered to.

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Enhanced cleaning and disinfection shall be performed after persons suspected or confirmed to have COVID-19 have been in the workplace. More details regarding the enhanced cleaning and disinfection methods are included in the COVID-19 Protocol Directory attached to this document.

Enhanced Social Distancing

Employees are directed to perform their work in such a way so as to reasonably avoid coming within six feet of other individuals. Where possible, employees may be relocated or provided additional resources in order to avoid shared use of offices, desks, telephones, and tools/equipment. Ground markings, signs, or physical barriers may also be used, if needed. The number of employees permitted in any break room or lunchroom shall be limited to ensure social distancing restrictions can be followed. Employees should remain in their assigned work area as much as possible. Employees will be provided with personal protective equipment appropriate to the exposure risk associated with the job following federal guidance from (“OSHA”) and the (“CDC”) applicable to the industry and types of jobs at the workplace and in accordance with applicable state orders. Physical barriers may also be installed for employees commensurate with their level of risk of exposure to COVID-19.

PROMPT IDENTIFICATION AND ISOLATION OF SICK INDIVIDUALS

Employee Screening Before Entering the Workplace

BABHA has implemented a screening protocol to identify known or suspected cases of COVID-19 among employees and isolate them from the remainder of the workforce. At the beginning of each day at the start of each work shift, BABHA employees will perform a self-screen for signs and symptoms of COVID-19 as required. Employees have been directed to promptly report any signs and symptoms of COVID-19 to their Supervisor and fill out the Employee Illness Form, and send to Human Resources before and during the work shift and have provided employees with instructions for how to make such a report to the employer. More details regarding the BABHA screening requirements and a sample Employee Entry Screening Questionnaire is in the COVID-19 Protocol Directory, Section 3 “Screening” attached to this document.

A screening questionnaire should be completed by all employees before being permitted to enter the workplace and/or prior to making any work-related visits in the community and should comply with all BABHA requirements. Any individual conducting screenings will be required to wear appropriate personal protective equipment (“PPE”). If an employee fails the screening process, he or she will be prevented from entering any BABHA work site or performing any work related activities in the community and is advised to self-isolate until allowed to return to work under the

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relevant state or local public health orders, which requirements are explained in detail in the COVID-19 Protocol Directory, under ‘Return to Work Criteria for Suspected COVID-19’ attached to this document. A healthcare provider’s note is not required to validate an illness but may be requested to return to work (and the employee must still meet the relevant criteria to return to work).

Self-Monitoring for Symptoms

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

Procedures for Reporting Illness

Employees will immediately report to their supervisor when they do not pass a screening for COVID-19. Screening tools are in the COVID-19 Protocol Directory, Section 3 “Screening” attached to this document.

Suspected Cases

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

- They are experiencing any of the following COVID-19 symptoms:
 - Fever
 - Shortness of breath; and/or
 - Continuous cough.
- OR**
- They are experiencing at least two of the following symptoms:
 - Fever
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore Throat; and/or
 - New loss of taste or smell

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- They have been exposed to a COVID-19 positive person, meaning:
 - An immediate family member has tested positive for or exhibited symptoms of COVID-19; or
 - In the last 14 days, the employee came in close contact with someone who has tested positive for COVID-19.

If an employee believes that he or she qualifies as a Suspected Case (as described above), he or she must not report to work and:

- Immediately notify supervisor and/or Human Resources contact
- Self-quarantine for at least 10 days or until otherwise as directed by the local health department; and
- Seek immediate medical care or advice.

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

- Notify all employees who may have come into close contact (being within approximately six feet for a prolonged period of time without PPE) in the timeframe recommended by state and local health authorities (while not disclosing the identity of the employee to ensure the individual's privacy); and
- Ensure that the employee's work area is thoroughly cleaned.

Confirmed Cases

If an employee has tested positive, then BABHA will:

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

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Becoming Sick at Work

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

- (a) Not allowing known or suspected cases to report to or remain at their work location.
- (b) Sending known or suspected cases to a location (for example, home) where they are self-isolating during their illness.
- (c) Assigning known or suspected cases to work alone at the location where they are self-isolating during their illness.

Any onsite employee who appears to have a respiratory illness may be separated from other employees and/or other individuals and sent home. If such a situation arises, BABHA will identify a designated area with closable doors to serve as an isolation room until such potentially sick employees can be removed from the workplace. Personnel entering any designated area will be strictly limited. More information may also be found in the COVID-19 Protocol Directory, Section 4 “Exposure Protocol” attached to this document.

PERSONAL PROTECTIVE EQUIPMENT (PPE):

BABHA will check the OSHA and CDC websites regularly for updates about recommended PPE and assess the need for PPE for employees. BABH employees should follow the “Mask Use Protocol” located in the COVID-19 Protocol Directory attached to this document. for further direction. The following will be applied to the selection and use of PPE by employees.

All types of PPE must be:

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

BABHA will provide any required PPE in accordance with CDC and OSHA guidance as well as any state and local orders. Employees are required to wear face coverings when employee(s) cannot consistently maintain six feet of separation from other individuals in the workplace. BABHA will also consider face shields when employee(s) cannot consistently maintain three feet

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of separation from other individuals in the workplace. BABHA also encourages employees to use PPE and hand sanitizer on public transportation.

ADDITIONAL WORKPLACE PROTECTIONS

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

Engineering Controls

BABHA will implement the following engineering controls:

- Assess ventilation system to assure appropriate ventilation rates and or filtration in the work environment.
- Assess the need for and install physical barriers, such as clear plastic sneeze guards where needed to protect employees.
- Specialized negative pressure ventilation in some settings, such as applicable with the implementation of the North Bay COVID-19 Positive Isolation Shelter.

Administrative Controls

BABHA will review and implement any other necessary administrative controls as appropriate including:

- Provide tissues, no-touch trash receptacles, and hand sanitizer stations.
- Provide soap and water (when applicable) and alcohol-based hand sanitizer that is at least 60% alcohol.
- Direct Employees to visit CDC's coughing and sneezing etiquette and clean hands web page.
- Place posters that encourage cough/sneeze etiquette and hand hygiene at the entrance to and throughout all BABHA worksites in highly visible areas such as bathrooms and kitchens.
- Encourage use of cloth face coverings and appropriate PPE.
- Use of kitchen/break and common areas such as elevators will be limited to maintain social distancing requirements. Workplace Safety Coordinators will evaluate common

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areas in their office locations and post social distancing instructions for employees. Employee break areas will be cleaned by the employee before and after each use, ensuring touched surfaces are sanitized.

- BABH Supervisors will continue to encourage remote work to the greatest extent possible and strictly limit those reporting to the office. BABHA may consider alternating days or extra shifts that reduce the total number of employees in the workplace at one time to ensure social distancing can be maintained.
- BABH employees will be required to disclose their COVID-19 vaccination status to Human Resources Department for purposes of complying with OSHA Emergency Temporary Standard and Bay County Health Department orders regarding return to work/removal from work criteria. All documentation relating to an employee's vaccination status will remain strictly confidential with Human Resources and only be shared on a need-to-know basis following an identified exposure to COVID-19.
- Arrange and/or remove furniture in waiting rooms and conference rooms to allow a minimum of 6 feet of physical distance between employees and/or consumers.
- Remove all seating from employee break rooms and encourage employees not to congregate in any shared indoor space for breaks and lunch periods.
- Remove all toys from waiting rooms and employee offices.
- Turn off shared water fountains.

Minimize non-essential travel:

- Continue to provide face to face visits only when medically necessary but limit all other work-related travel to the greatest extent possible.
- Suspend participation in conferences and community meetings that cannot be held remotely or by virtual means.
- Employees will follow most up-to date CDC guidance regarding personal travel both foreign and domestic and will self-isolate as necessary upon their return.
- Per MDHHS it is recommended that employees get tested with a viral test 3-5 days after your trip. In the meantime, continue to work remotely as much as possible.
- If vaccinated, there is no requirement to quarantine as long as you are asymptomatic.
- If you are not fully vaccinated and asymptomatic, you may be required to work on site based on departmental needs to maintain agency operations.

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- Regardless of vaccination status, if you are experiencing symptoms of COVID-19, you should notify your supervisor and may be required to quarantine based on CDC or MDHHS guidance.

Visitors

Nonessential visitors are prohibited from entering the premises. All visitors entering the building shall be screened prior to entering the building. A screening questionnaire should be utilized to decide if the visitor can enter the building (see COVID-19 Protocol Directory 'On Site Consumer Screening' form attached to this document). If a visitor presents with symptoms of COVID-19 or answers yes to any of the screening questions, they will not be permitted entrance into the BABHA facility. All visitors will be provided informational materials regarding what to do if you might have COVID-19. All visitors are required to wear a mask. If the visitor does not agree to wear a mask, they will not be permitted entrance into the BABHA facility.

Working with Insurance Companies and State and Local Health Agencies

BABHA will work with applicable insurance companies and state and local health agencies to provide information to employee(s) and consumers about medical care in the event of a COVID-19 outbreak.

Continue to Follow Existing OSHA Standards

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

Training

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

- Policies to reduce the spread of COVID-19
- Routes by which the virus causing COVID-19 is transmitted
- The proper use of PPE.
- Cloth face covers
- Symptoms of COVID-19.
- Steps the employee must take to notify the business or operation of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.
- Measures that the facility is taking to prevent employee exposure to the virus, as described in this plan.
- Safe Work practices: How to report unsafe working conditions.

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Record keeping

BABHA shall maintain the required recordkeeping under state executive orders. These records include:

1. Required employee COVID-19 training.
2. A record of daily entry self-screening protocol for all employees or contractors entering the workplace, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19. This will be accomplished through mandatory staff participation in the designated BABHA COVID-19 Symptom Surveillance Program
3. When an employee is identified with a confirmed case of COVID-19, any required notifications that are made.

Workplace Safety Coordinator

BABHA will designate one or more worksite supervisors to implement, monitor, and report on the COVID-19 control strategies developed under this COVID-19 Preparedness and Response Plan. The supervisor will always be on-site when employees are present on site. An on-site employee may be designated to perform the supervisory role. In addition, the workplace safety coordinator will ensure that a Site Observation Checklist is completed on a weekly basis. A listing of workplace safety coordinators by BABHA office site and the Site Observation Checklist are both included as attachments to this document.

Employee Classifications

OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. BABHA will implement appropriate protections based on each job classification's risk level through the utilization and implementation of recommended OSHA Engineering and Administrative Exposure Risk Controls.

BABHA has evaluated employee risk levels and has determined that we have employees in the following risk categories:

- **Very High Risk:**
This includes any employee completing tasks and procedures with a "high potential for exposure to known or suspected sources of COVID-19 during specific medical,

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postmortem or laboratory procedures”. This would include tasks such as performing aerosol-generating procedures (e.g. intubation, cough induction) or invasive specimen collection on a known or suspected COVID-19 patient. The only BABHA employees in such classification would be nurses or direct care staff that might have to perform CPR or respiratory treatments at the North Bay Emergency Shelter.

- **High Risk:**

Any employee working with a known COVID-19 positive-tested consumer would be considered ‘High Risk’ since there is “high potential for exposure to known or suspected sources of COVID-19.” This would include employees performing hands-on personal care such as nurses and direct care staff deployed to the North Bay Emergency Shelter.

- This includes consideration of special accommodations for personnel who are members of a vulnerable population that might be high risk for COVID19 (persons aged 60+ and/or underlying medical conditions, immune compromised individuals, diabetes, COPD, high blood pressure, asthma, obesity, active chemotherapy). Supervisors should actively encourage those at higher risk or with household members at high risk to continue to work from home. These staff should be given priority over other staff with lower risk factors to work from home as able.

- **Medium Risk:** Any employees including Prescribers, Nurses, Medical Assistants, Horizon Home and North Bay staff, ACT team, Case Managers and Supports Coordinators, Emergency Services and some identified Staff Development and Secretarial Support staff that make face to face contact with consumers and/or the public and cannot maintain 6 feet distance during their work day would be considered ‘Medium Risk’ due to “frequent and/or close contact with people who may be infected with COVID-19.”

Return to Work Considerations: Medium Risk Employees that are working remotely in phase one should continue to do so as able until phase 2 or 3.

- **Low Risk:** Any other employees that have minimal occupational contact with the public and other co-employee(s) would be considered “Lower Exposure Risk” due to work assignments that “do not require contact with people known to be or suspected of being

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infected with COVID-19 nor frequent close contact with (6 feet) of the general public. This includes most BABHA administrative staff, Recipient Rights/Customer Services staff, Finance Staff, and Human Resources Staff.

INDIVIDUAL GUIDELINES FOR FACE TO FACE CLINICAL SERVICES

It should be noted that although necessary health and safety measures have been mandated during the COVID-19 pandemic to reduce the likelihood of community spread of the disease, there are persons and families in higher risk categories that will still depend upon BABHA for support. These are vulnerable consumers and families that may require in-person services due to complex mental health, physical health, legal or other issues that are not adequately supported by remote service options.

A matrix cross referencing clinical risk factors by consumer, types of contact based on level of service and risk levels by type of service setting is included as guidance in the BABH “Risk and Response Levels” section of the COVID-19 Protocol Directory attached to this document. The “BABHA Quick Guide to Face to Face Contact”, “MDHHS Visitation Order Special Cases” and “MDHHS Residential Care Visitation Order” documents are also attached for reference.

RECOVERY/RETURN TO WORK PHASES

When considering movement between pandemic recovery phases, BABHA will make determinations utilizing current information available from the state (MI Start Map), any relevant executive or state emergency orders and guidance from Bay and Arenac Health Departments

Criteria for Phase One “Urgent/Improving”:

- Cases and deaths decline more sharply, percent testing positively is decreasing AND local healthcare system capacity continues to strengthen AND robust testing, contact tracing and containment protocols in place.
- BABHA will also take into consideration the COVID-19 trajectory specific to the Great Lakes Bay Medical Trading Area, i.e. Arenac, Bay, Midland, Saginaw and Tuscola Counties. This geographic focus is more likely to be representative of the specific illness trends impacting BABHA consumers, providers and employees living in the area.

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Criteria for Phase Two “Stabilizing/Containing”:

- Cases and deaths at low absolute rates per capita, health system capacity is very strong, robust testing and containment protocols in place in Michigan and the Great Lakes Bay Medical Trading Area.

Criteria for Phase Three “Recovery/Post-Pandemic”:

- High uptake of an effective therapy or COVID-19 vaccine is available in Michigan and the Great Lakes Bay Medical Trading Area.

Program Specific:

- North Bay Activity Center:
 - Phase 1: On-site congregate activities would remain closed during phase one to reduce the potential for community spread and continued support of preparations for use of North Bay location as a potential emergency shelter for COVID-19.
 - North Bay staff will continue the current practice of providing supports to individuals and families in their own homes while maintaining physical distancing and mitigation strategies noted above during phase one.
 - Phase 2: Consideration for resuming activity at a decreased capacity may be considered consistent with state requirements for K-12 schools and higher education live instruction.
 - Plan for phase 2 must include reduced classroom capacity to maintain social distancing, appropriate PPE, transportation and cleaning protocols.
- Access staff

Phase 1 and 2: Continue operations in phase 1 and 2 by phone and continuation of work from home is encouraged with allowances for office work on a limited basis.
- Psychiatric Prescribers/Medication Clinics:
 - Phase 1: Prescribing staff should continue to work from home. Nursing to continue to rotate on/off site work schedule as much as possible. Continue in-person injections; telephone for RN medication review appts

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- Continuation of restricting in-office telehealth appointments to urgent only in a manner consistent with consumer need and consistent with applicable Medicare/Medicaid requirements.
- Phase 2: May consider expanding Psychiatric Evaluations via telehealth upon request from consumer and prescriber. Continue Medication Reviews by phone as much as possible to limit number of consumers in waiting rooms and to decrease face to face contact with other on-site staff.
 - Special Consideration to consumers with COVID-19 high risk factors to maintain phone appointments whenever possible.
 - Establish designated office hours for vulnerable consumers.
 - Stagger schedules to minimize number of consumer's in the office space/waiting rooms.
 - Establish traffic flow in one direction using signage or tape on floors as necessary.
 - Continue services in a manner consistent with consumer need and applicable Medicare/Medicaid requirements.
- Emergency Services /Case Management/Home Based Services/Infant Mental Health/ Peer Services/ Outpatient Therapy/Community Based Nursing:
 - Phase 1: Continue video or telephone visits to the greatest extent possible, especially with consumers with high COVID-19 risk factors. Continue urgent home visits as needed to ensure safety/stability of individuals with appropriate PPE.
 - Phase 2: May consider addition of face to face services on a limited basis as needed to prevent psychiatric decompensation. Approval by program Supervisor required.
 - Special Consideration to consumers with COVID-19 high risk factors to maintain phone appointments whenever possible.
- Transportation activities in all phases are to promote healthy travel and prevent the spread of COVID-19:
 - prioritize emergent/urgent health and safety needs

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- use professional emergency medical transport if possible
 - Educate and communicate with passengers and employees
 - Conduct health assessment with COVID-19 screening tool for passengers prior to transport)
 - Collect passenger contact information for public health response purposes
 - Use BABHA agency vehicle instead of personal vehicle if possible
 - Require appropriate face coverings, PPE, and social distancing to the maximum extent possible
 - Minimize in-person interaction touch points and shared objects, documents, and surfaces
 - Use enhanced cleaning and disinfecting protocols as detailed in the COVID-19 Protocol Directory attached to this document.
- **Staff Development:**
 - Phase 1: Continue trainings online and by video to the greatest extent possible.
 - Phase 2: Continue online trainings to the extent possible. May consider addition of hands-on classroom activities such as CPR and CPI with limited class sizes to ensure physical distancing (6 feet between participants) can be maintained. Classes may require modifications to eliminate or greatly reduce contact between instructor and classroom participants.

External Providers:

- Outpatient Services (i.e. MPA, List, Saginaw Psychological) would be expected to follow the current state emergency and MIOSHA Orders and be consistent with BABHA plans for similar services within the guidelines noted above.
- Congregate-based services (i.e. Do-All, AOI, New Dimensions, Opportunity Center, ABA group settings) should remain closed like schools and daycare centers.
 - Options for resuming activity at a decreased capacity may be considered consistent with state requirements for K-12 schools and higher education live

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instruction. Plan must include social distancing, appropriate PPE, cleaning routines.

Specialized Residential and Community Living Services

- Phase 1: BABHA staff will continue video or telephone visits to the greatest extent possible, especially with consumers with high COVID-19 risk factors. Continue urgent home visits as needed to ensure safety/stability of individuals with appropriate PPE.
- Phase 2: (Dependent on state emergency and MIOSHA Orders): May consider addition of face to face services on a limited basis as needed to prevent psychiatric decompensation. Approval by program Supervisor required.
 - Special considerations to continue to conduct phone or video visits for high risk individuals (60+, immune compromised individuals, diabetes, COPD, high blood pressure, asthma, obesity, chemotherapy) as they should remain under quarantine with strict limitations on face to face visits to the extent possible.

Business Continuity Plans

Each BABHA Site Supervisor (or designee) will function during the COVID-19 pandemic as a COVID-19 Workplace Safety Coordinator to:

- Cross-train employees to perform essential functions so the workplace can operate even if key employees are absent;
- identify a responsible staff to work with designated finance staff that will identify alternate supply chains for critical goods and services in the event of disruption;
- adhere to BABHA's Emergency Preparedness Plan and communicate important messages to employees and constituents.

Attachments

1. BABHA COVID-19 PROTOCOL DIRECTORY
2. BABHA COVID-19 RECOVERY PLAN MATRIX
3. BABHA COVID-19 WORKPLACE COORDINATORS
4. SITE OBSERVATION CHECKLIST COVID-19
5. BABHA QUICK GUIDE TO FACE TO FACE CONTACT FOR CLINICAL SERVICES
6. MDHHS VISITATION ORDER SPECIAL CASES

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7. MDHHS RESIDENTIAL CARE VISITATION ORDER
8. COVID-19 Vaccination Status Request Form

Related Forms

N/A

Related Materials

BABHA Emergency Preparedness Plan
 BABHA Infection Control Plan
 BABHA Management of Epidemic/Pandemic Prone Illness Policy and Procedure
 OSHA Emergency Temporary Standard for Healthcare (ETS) June 21, 2021
 BABH COVID-19 Vaccination Provider Agreement
 Vaccination Disclosure

References/Legal Authority

References/Legal Authority

- MDHHS Emergency Orders Under MCL 333.2253 Gathering Prohibitions and Mask Order, 10-5-20 and subsequent revisions
- MIOSHA Emergency Rules for Coronavirus Disease 2019, 10-14-20, **and subsequent revisions 5-24-21 and 6-17-21**
- MDHHS Residential Care Epidemic Order Under MCL 333.2253, 10-21-20 and subsequent revisions
- Previous Pandemic-related Executive Orders released by the Governor of Michigan in 2020.
- Federal OSHA “Guidance on Preparing Workplaces for COVID-19 Resuming Business Toolkit Coronavirus Disease (COVID-19) Centers for Disease Control and Prevention
- MDHHS Behavioral Health and Developmental Disabilities Administration Communication #20-11 “Essential Behavioral Health Services in the COVID-19 Context: Updated Guidance”

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- MDHHS Behavioral Health and Developmental Disabilities Administration Communication #20-12 “Infection Control Issues during Patient Close Contact Face to Face Assessment in Behavioral Health Clinic Settings in the COVID-19: Updated Guidance”
- MDHHS Behavioral Health and Developmental Disabilities Administration Communication #20-10 “Resident Freedom of Movement and Visits with the lifting of the Stay Home, Stay Safe Executive Order 2020-21”
- LARA “Guidance for Outpatient Health Care Facilities- Ambulatory Care Settings”
- Interim CDC Guidance on Handling Non-COVID-19 Public Health Activities that Require Face-to-Face Interaction with Clients in the Clinic and Field in the Current COVID-19 Pandemic: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-covid-19-client-interaction.html>

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL / REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
S. Van Paris	CEO	08/20/2020	New	Additions to Emergency Preparedness Plan related to Epidemic/pandemic illness
S. Van Paris	CEO	1/21/2021	Revision	Additional Federal and State requirements added
S. Van Paris	CEO	10/18/21	revision	Updated to include most current travel guidance