



SAFE WORK PLAYBOOK

UPDATED - EFFECTIVE 10/17/22

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PURPOSE AND INTENT

The information contained in this Playbook represents our current practices and recommendations for operations during this time of the unprecedented COVID-19 pandemic. We are taking a corporate approach versus a local approach and will follow the 'strictest approach' compiled of all local guidance for everyone's safety. As the COVID-19 situation changes, so will we. We will adapt. Through it all, we will continue to engage in our mission and live our core values

- We operate with ethics, integrity and professionalism.
- We work with compassion and treat all people with respect, kindness and dignity.
- We are responsive to the needs of those we serve through flexibility, cutting-edge services and best practices.
- We value inclusion.
- We are guided by the values of our Jewish heritage.
- We are responsible stewards of our financial and other resources.
- We value collaboration and seek to further relationships that provide quality services to as many people as possible.
- We are committed advocates and leaders in the community.

This Workplace Playbook constitutes a series of recommended industry best practices dealing with various Health, Safety, Environmental, and Public Health measures, designed to enhance the health and wellbeing of employees working during an unprecedented time. The Playbook outlines specific steps that Gesher Human Services are taking to safeguard the health and wellbeing of employees, volunteers/vendors, participants and visitors during a virus pandemic while ensuring our ability to maintain essential operations and continue providing essential services to our customers. In addition, it provides guidance on how we intend to respond to specific operational and human resource issues during a pandemic. This plan has been created using guidance from the CDC, MIOSHA and other local and state guidance. This plan was inspired by the Peckham Inc. COVID-19 Return to Work Playbook and adapted for our use.

We have created a Cross Functional Pandemic Response Team to promote the health and safety of all employees and customers.

- **Team Leads**—The Leadership Team will oversee the implementation of the plan outlined in this playbook. This team will seek guidance from the state of Michigan, local health departments, MIOSHA, CDC and other qualified bodies.
- **Infection Prevention and Education Leads**— Safety Committee Chairs, Site Managers and Facilities are responsible for implementing the action items outlined in this playbook to ensure health and safety of employees and customers. In addition, these team members will ensure that protocol surrounding disinfection, use of PPE and isolating suspected/confirmed infected employees or customers is followed.
- **Sanitization and Disinfection Lead**—Site Managers, Facilities and Purchasing manage logistics related to daily and periodic sanitation and disinfection efforts. Their responsibilities include ensuring that routine cleanings are completed and there is sufficient inventory of cleaning supplies.
- **Communication Lead**— The Safety Committees and Communication employees are tasked with managing all pandemic-related communications. They will work with HR and internal communication team members to ensure COVID-19 training is completed and employees understand their role in preventing the spread of infection.

TO PROTECT YOURSELF AND OTHERS FROM THE COVID-19 VIRUS, IT IS IMPORTANT TO UNDERSTAND AND FOLLOW THE SAFETY PROTOCOLS OUTLINED IN THIS GUIDE.

- Protocol Basics
- Keep COVID-19 out of Gesher Human Services facilities
- Prevent the spread of COVID-19 within our facilities
- Effectively manage suspected or confirmed COVID-19 cases
- Protect Yourself and Others
- Monitor your health daily – you are the first level of defense in preventing COVID-19 from entering the facility
- Follow your site’s entrance procedures

- Wear a well-fitting face covering (preferably a disposable medical grade mask) regardless of the CDC COVID Community Level when working with a mental health participant (exceptions may apply – consult with your supervisor)
- Wear a well-fitting face covering (preferably a disposable medical grade mask) when the CDC COVID Community Level is categorized as High in any county in our tri-county area (Oakland, Macomb, Wayne)
- Wash or sanitize your hands frequently
- Help keep facilities clean
- Notify your supervisor if you or a co-worker are not feeling well while at work
- Get tested for COVID-19 if you have symptoms
- Follow other site-specific protocols as instructed

ENTRY PROCEDURES

Daily Health Screening

Before you come to work/program, monitor your health daily. You are the first level of defense in preventing COVID-19 from entering our facilities. If you feel ill or have a fever, do not report to work/program. Note: These are slightly different for staff who work in the residential setting. See section on *Special Considerations for Residential Facilities*.

Ask yourself the following questions:

1. Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?

If **YES**, you may not enter a Geshher Human Services facility or vehicle. Notify your supervisor and send an email to covid@geshermi.org with the best phone number to reach you. Human Resources will contact you to provide guidance. You must stay home and should self-isolate for 5 days. Day 0 is the day you were tested, not the day you received your positive test result. Day 1 is the first full day following the day you were tested. You can return to in-person work/program if fever-free for 24 hours (without the use of fever-reducing medication) and symptoms are improving, but must wear a face mask for a full 10 days after your COVID-19 positive test results or if you have two sequential negative antigen tests on days 6 and 8 you may remove your mask sooner than day 10.

- Wear a high-quality mask if you must be around others at home and in public
- Do not go places where you are unable to wear a mask
- Do not travel
- Stay home and separate from others as much as possible
- Use a separate bathroom, if possible
- Don't share personal household items like cups, towels and utensils
- Monitor your symptoms. If you have an emergency warning sign (like trouble breathing) call 911 or seek emergency medical care immediately

2. Do you live in the same household with, or have you had close contact with someone, who in the past 14 days has been in isolation for COVID-19 or had a test confirming that they have the virus? Close contact is defined as being within 6 feet of an infected person (someone with a diagnosis of COVID-19)

for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic, 2 days prior to test specimen collection) until the time the individual is isolated. (* Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes)

If **YES**, wear a mask as soon as you find out you were exposed. Day 0 is the day of your last exposure to someone with COVID-19. Day 1 is the first full day after your last exposure. Wear a high-quality mask or respirator (e.g. N95) any time you are around others inside your home or indoors in public. Notify your supervisor and send an email to covid@geshermi.org with the best phone number to reach you. Human Resources will contact you to provide guidance.

Watch for symptoms:

- Fever (100.4 degrees F or greater)
- Cough
- Shortness of breath
- Other COVID-19 symptoms

If you develop symptoms:

- Isolate immediately
- Get tested
- Stay home until you know the result

Get tested on day 6 after your last exposure. Test even if you don't develop symptoms. If you test negative, continue taking precautions through day 10. If you test positive, isolate immediately and follow guidance outlined in question #1. Submit test results to covid@geshermi.org.

3. Have you had any of these symptoms within the last 24 hours which are new or not explained by another reason: fever, chills, sore throat, dry cough, shortness of breath/difficulty breathing, diarrhea, vomiting, stomach pain, headache, feeling weak or fatigued, loss of taste or smell, congestion or runny nose?

If **YES** to any of the symptoms, you may have COVID-19 and should be tested or consult with a health care professional before returning to a Gesher Human Services facility.

Face coverings/masks are required to work with any community mental health program participant.

Community Mental Health Programs

- Choices
- Vocational Services
- Brown
- LIFE
- Bridges
- Residential Services (when CDC COVID-19 Community Level is High)
- Club House
- Creative Expressions

Face coverings/masks are also required to enter any Gesher Human Services facility, Gesher Human Services vehicle or to work with any Gesher Human Services participant if the COVID-19 CDC Community

Level is categorized as High in any county in our tri-county area (Oakland, Macomb, Wayne). See **Training and Education** section. Some contracts or funding sources may require face coverings/masks regardless of the COVID-19 CDC Community Level. Please consult with your supervisor for details.

COVID-19 CDC Community Levels are a tool to help communities decide what prevention steps to take based on the latest data.

Low

- Wear a mask based on your personal preference, informed by your personal level of risk

Medium

- If you are immunocompromised or at high risk for severe illness, talk to your healthcare provider about additional precautions, such as wearing masks or respirators indoors in public
- Talk to your healthcare provider If you live with or have social contact with someone at high risk for severe illness, consider testing yourself for infection before you get together and wearing a mask when indoors with them.

High

- Wear a well-fitting mask indoors in public, regardless of vaccination status or individual risk
 - If you are immunocompromised or at high risk for severe illness, wear a mask or respirator that provides you with greater protection

Testing – If you have symptoms of COVID-19, use an at-home antigen testing kit or get tested at your local pharmacy, health department or clinic. **Call the COVID-19 Hotline at 888-535-6136 and press 2 for help finding a test site.** You are encouraged to order free COVID-19 self-test kits when available from the government. Gesher Human Services will also provide self-test kits as funding permits. Testing for COVID-19 may be required on a regular basis as mandated by funding sources, licensing or contract requirements. Please consult with your supervisor for details.

PREVENTION PROCEDURES

1. Travel: Travel may be restricted to business-critical only if the COVID-19 CDC Community Level is categorized as High in the travel area.

2. Visitors – Visitors are required to enter designated entry points and to follow all safety protocols. If the COVID-19 CDC Community Level reaches a High level in any county in our tri-county area, face coverings/masks are required for all visitors regardless of COVID-19 vaccination status. Contact information will be obtained from visitors.

3. If you get sick at work/program - Any employee /volunteer /vendor/participant who becomes sick at work /program with symptoms of COVID-19 will go home immediately. Individuals without immediate access to transportation showing symptoms of COVID-19 will be quarantined away from others until they are able to leave the building.

4. Employee Scheduling/Remote Work - To minimize the number of employees in the workspace especially when the COVID-19 CDC Community Level is categorized as High, any of the following may be implemented:

- Encouraging the use of virtual meetings

- Staggering meal times and breaks to avoid having large groups of employees together at once
- Remote work options - determined on a case-by-case basis by the employee's supervisor and/or program administrator
- Staggering work shifts

5. Keeping Clean—Employees/volunteers /vendors/participants should clean their hands often, either with an alcohol-based hand sanitizer (alcohol level greater than 60 percent) or soap and water. Signage is posted in bathrooms with instructions for proper hand washing. Sanitization Stations are identified locations where you can expect to find hand sanitizer and disinfecting supplies. It is important to know where these items are in your work area. Environmental Services will refill supplies if supplies are low.

In addition, employees/volunteers/vendors/participants should avoid touching their face and cough into their arm. Do not share headsets, phones, eyewear or other objects that are near the nose or mouth unless they have been disinfected.

6. Sanitizing & Deep Cleaning - General disinfection measures are followed regularly as outlined under the *Sanitation and Disinfection* section. COVID-19 “deep-cleaning” is triggered when an active employee is identified as being COVID-19 positive based on testing. We will utilize best protocols for deep cleaning including contracting with outside vendors specializing in deep cleaning if needed.

7. Doors Open Strategy – Doors will be propped open to increase airflow and prevent the need to use hands when possible.

8. Fans and Ventilation - While the primary source of COVID-19 infection is in-person contact with an infected person and close-range droplet transmission, high velocity airstreams could possibly move airborne droplets around if someone is infected and they cough or sneeze. We are continuously evaluating ventilation systems in all locations to manage and direct airflow, helping to mitigate risk.

9. Gesher Human Services Owned Vehicles - Face coverings/masks are required. Staff may remove face masks if participants are not present and the COVID-19 CDC Community Level is at the Low or Medium level. All users will follow disinfection protocols before and after use for all vehicle touch points. (Exception: fork truck).

10. Off-Site Employees – All employees who work in workspaces not managed by Gesher Human Services will be required to follow the daily health screening process outlined in this playbook. Gesher Human Services employees are also expected to adhere to the safety measures put in place by the host organization.

TRAINING & EDUCATION

We provide comprehensive training that covers recognizing symptoms of COVID-19, use of Personal Protective Equipment (PPE) and handwashing. These trainings are delivered in person, video and/or in written formats.

1. Recognizing Symptoms of Covid-19 – All employees/volunteers/vendors receive training in recognizing the symptoms of COVID-19 by reviewing the video below. All

employees/volunteers/vendors are encouraged to inform their supervisor if they observe someone in our facilities with symptoms of COVID-19. [Recognizing Covid-19 Video](#)

2. Face Coverings/Masks - The use of face covering/masks is required not only to protect you, but also to protect your coworkers and customers. Disposable medical grade masks are preferred for the highest protection. We will provide you with a mask if you do not have one. You may choose to wear your own face covering as long as it meets CDC [Face Mask Requirements](#). Disposable masks should be discarded at the end of your work shift. Cloth face coverings should be washed daily. Exceptions may be considered as outlined in the section entitled *Special Considerations for Residential Settings*.

Some employees may require a greater level of protection such as an N95 mask. Your supervisor will provide guidance if you need to use different or additional PPE.

When working with a community mental health participant or when the CDC COVID-19 Risk Level is high in our tri-county area, all employees/volunteers/vendors or participants must wear face coverings/masks at all times with the exception of being in a private office alone or while eating/drinking while socially distancing. Any employee not wearing a face covering/mask as required will be subject to disciplinary action. When applicable, signage will be posted at entrances reminding individuals to wear face coverings/masks.

All employees are required to review the training video on the proper use of face masks. [Mask Training Video](#)

3. Eyeglass Fog Prevention- SOAP & WATER: Wash lenses with soap and water. Rinse and shake off excess water. Air-dry or use a tissue to dry. FOLDING FACE COVERING: Adjust the covering to fit your face. Fold the top of the covering down to crease it. Ensure it fits perfectly over the bridge of the nose. Loop the ear loops to create a figure-eight if covering is loose. FOLDED TISSUE: A folded tissue added to the covering can prevent fogging. Fold a tissue. Insert near the top of the covering. Ensure it fits perfectly over the bridge of the nose. [Fog Prevention Video](#)

4. Gloves – Some employees/volunteers are required to use gloves as a part of their job. If you are unsure if you need to wear gloves, please consult with your supervisor. If you are not required to wear gloves as a part of your job, it is strongly recommended that you not wear gloves while at work. The COVID-19 virus does not harm your hands, so gloves provide no protection. [Gloves Training Video](#)

CLEANING AND DISINFECTING

1. Disinfection Measures - Common areas and restrooms of the building/program will be cleaned daily. In addition, disinfection of high-level touch points such as door knobs, light switches, vending machines, elevator buttons, railings, etc. will occur throughout the day by both janitorial and non-janitorial employees.

2. Employee Touchpoint Cleaning - Employees are encouraged to disinfect their offices using disinfecting wipes or similar disinfecting protocol daily with special attention to desktops, chairs, keyboards, headsets and phones at the start and end of shifts. [Disinfecting Your Workspace](#) Agency

vehicles in use will be disinfected daily with special attention on door handles, seats, seat-belts and arm rests.

3. Personal Protective Equipment (PPE) & Disinfecting Supply Inventory – We maintain sufficient supplies of disinfectants and PPE for 30+ days.

4. Sanitation Stations – We make hand sanitizer available in high traffic areas where soap and water may not be readily available.

5. Deep cleaning will be performed immediately after the confirmation of a positive test. Any areas that were utilized by the employee who tested positive will be closed until cleaning is completed. In lieu of performing deep cleaning, sites may shut down areas (i.e. the employee's office) for a period of at least 48 hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.

COMMUNICATION PLAN

We will keep employees informed of any **updates** related to the COVID-19 pandemic and response by sharing information via:

- ADP Workforce Now
- JVS Facebook
- Gesher Human Services website
- All Employees Meetings (Zoom)
- Direct Email
- Text Messaging System

Signage is posted throughout facilities including:

- Handwashing
- Mask Wearing (when required)

Positive Cases Communication

- Part of preventing the possible spread of COVID-19 is being prepared to respond to a confirmed case. In the event of a positive COVID-19 case, we take rapid steps to clean and communicate.
- Within 24 hours of learning of a positive case: Close contacts are identified and informed of possible exposure.
- The area is thoroughly cleaned. Other employees in the area are informed, when applicable.
- When we learn of a positive case in the facility, we immediately begin identifying potential close contacts. Close contacts are notified by Human Resources, and/or supervisor. Close contact is defined as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic individuals, 2 days prior to test specimen collection) until the time the individual

is isolated. (* *Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).*)

- Any employees, volunteers, participants or vendors who have a close contact with a positive case must follow the guidelines outlined in the *Entry Procedures* section. Communication regarding close contact will be made by Human Resources by phone or by email.

COVID-19 VACCINATIONS

We strongly encourage you to get vaccinated against the COVID-19 virus. We are offering a floating holiday to employees for each primary vaccination shot you receive which can be coordinated with your supervisor.

The CDC recommends booster shots at least 6 months after completing your primary COVID-19 vaccination series (Pfizer-BioNTech or Moderna) or at least 2 months after completing your primary Johnson & Johnson's Janssen COVID-19 vaccination. Booster shots are not eligible for the floating holiday. Other boosters may be recommended. See CDC recommendations here: [COVID-19 Vaccine Boosters](#)

Email a copy or photo of your most current vaccine card to covid@gshermi.org for our records.

Find a COVID-19 Vaccine:

Search [vaccines.gov](https://www.vaccines.gov), text your zip code to 438829, or call 1-800-232-0233 to find locations near you.

SPECIAL CONSIDERATIONS FOR RESIDENTIAL FACILITIES

In addition to the general protocols in this document, residential facilities will adhere to the following guidelines.

Resident Screening and Management

In settings where direct resident care is provided, the following guidelines will be implemented:

- Screening (or self-screening) of all employees, residents, delivery people, visitors, and other non-employees entering the setting for symptoms of COVID-19 using the entry procedures (See *Daily Health Screening Procedures* on page 3)
- Use telehealth strategies when possible to reduce the risk of SARS-CoV-2 transmission
- Inform employees, residents and legal guardians of the presence of a confirmed COVID-19 positive employee or resident as soon as reasonably possible, but no later than 12 hours after identification
- Maintain accurate and current COVID-19 records in a manner consistent with MDHHS surveillance reporting guidance

- Report to MDHHS and the applicable local health department all presumed-positive COVID-19 cases in the home together with any additional data when required under MDHHS guidance

Standard and Transmission-Based Precautions

Gesher Human Services will implement infection control procedures as part of part of a multi-layered infection control approach.

Handwashing

Frequent handwashing using soap and water will be encouraged. Alcohol-based hand sanitizer that is at least 60% alcohol will also be provided. In addition, signs will be posted that will encourage frequent hand washing or hand sanitizer use.

Personal Protective Equipment (PPE)

Face masks will be provided and must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes when the CDC COVID-19 Community level is HIGH. This requirement applies to both unvaccinated and vaccinated employees. Staff members who are providing COVID-19 care with a suspected or confirmed case must wear a N-95 at all times while providing care in accordance with the OSHA Respiratory Protection standard 29 CFR 1910.134. Respirators will comply with OSHA's COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). Employees will be provided with enough face masks to be changed at least once a day, whenever they are soiled or damaged, and more frequently as necessary (e.g., resident care reasons). Employees are also permitted to wear their own respirator instead of a face mask and, in such cases, will comply with OSHA's COVID-19 ETS mini respiratory protection program (29 CFR 1910.504).

Face masks and/or respirators can be obtained at entry points of workplace or from your supervisor.

The following are exceptions to requirements for face masks:

1. When an employee is in a well-defined area that is restricted from resident access.
2. While an employee is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person, or separated from other people by a physical barrier.
3. When it is important to see a person's mouth (e.g., communicating with an individual who is deaf or hard of hearing) and the conditions do not permit a face mask that is constructed of clear plastic (or includes a clear plastic window). When this is the case, an employee will be required to wear an alternative, such as a face shield, if the conditions permit. If a face shield is required, face shields are cleaned at least daily and are inspected to ensure that they are not damaged.
4. When employees cannot wear face masks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), or due to religious belief. Exceptions will be provided for a narrow subset of persons with a disability who cannot wear a face mask or cannot safely wear a face mask, because of the disability, as defined with the Americans with Disability Act (42 USC 12101 et seq.), including a person who cannot

independently remove the face mask. The remaining portion of the subset who cannot wear a face mask may be exempted on a case-by-case basis as required by the Americans with Disability Act and other applicable laws. When an exception applies, Gesher Human Services will ensure that any such employee wears a face shield, if their condition or disability permits it. Gesher Human Services will provide accommodations for religious beliefs consistent with Title VII of the Civil Rights Act.

In addition to providing, and ensuring employees wear face masks, employees will be provided Personal Protective Equipment (PPE) such as protective clothing and equipment (e.g., respirators, gloves, gowns, goggles, face shields) as required and ensure that the protective clothing and equipment is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I). Employees can obtain PPE from their direct supervisor. Appropriate PPE must be used when providing COVID-19 care for a resident using transmission-based precautions. For employees with exposure to people with suspected or confirmed COVID-19, they will be provided with respirators and other PPE, including gloves, an isolation gown or protective clothing, and eye protection. Employees are given instructions and /or training on the proper use and disposal of PPE after use.

Aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19

For aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19, Gesher Human Services will:

- Provide a respirator and ensure it is used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134). Gesher Human Services will also provide gloves, an isolation gown or protective clothing, and eye protection to each employee, and ensure use in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).
- Limit the number of employees present during the procedure to only those essential for resident care and procedure support.
- Ensure that the procedure is performed in an existing airborne infection isolation room (AIIR), if available; and
- Clean and disinfect the surfaces and equipment in the room or area where the procedure was performed, after the procedure is completed.

Cleaning and Disinfection

Hard surfaces, touchpoints and frequently used areas such as restrooms are cleaned and disinfected daily, following manufacturers' instructions for the application of cleaners. The COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to implement cleaning, disinfection, and hand hygiene in the workplace.

In resident rooms (where there is a suspected or positive COVID-19 case) and for medical devices and equipment, standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "[COVID-19 Infection Prevention and Control Recommendations](#)" and CDC's "[Guidelines for Environmental Infection Control](#)" are followed.

Cleaning supplies are made available to employees upon entry.

When a person who is COVID-19 positive has been in any space within the last 24 hours, Gesher Human Services require cleaning and disinfection, in accordance with CDC’s [Cleaning and Disinfecting](#) guidance of any areas, materials, and equipment that have likely been contaminated by that person (e.g., rooms they occupied, items they touched).

JanPro Detroit (or another similar company) will be responsible for seeing that the workplace is cleaned and disinfected. Frequency of such disinfection will be determined in part by factors such as when and how often the environmental surfaces are potentially exposed to SARS-CoV-2. When choosing cleaning chemicals, JanPro Detroit will consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. The manufacturer’s instructions for use of all cleaning and disinfection products will be strictly adhered to.

The following is a list of environmental surfaces, methods used to disinfect, and the frequency of such disinfection:

Surface	Method/Disinfectant Used	Schedule/Frequency
Horizontal Surfaces	Hospital Grade Disinfectant	Every Full Clean
Door Handles	Hospital Grade Disinfectant	Every Full Clean
Light Switches	Hospital Grade Disinfectant	Every Full Clean
Phone Receivers	Hospital Grade Disinfectant	Every Full Clean
High Touch Point Surfaces	Hospital Grade Disinfectant	Every Full Clean
Restroom Surfaces	Hospital Grade Disinfectant	Every Full Clean

If possible, areas will be temporarily closed and employees and residents will be sent home or relocated.

Training

Gesher Human Services will ensure that each employee receives training, in a language and at a literacy level the employee understands, on the following topics:

- How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission);
- The importance of hand hygiene to reduce the risk of spreading COVID-19 infections;
- Ways to reduce the risk of spreading COVID-19 through proper covering of the nose and mouth;
- The signs and symptoms of COVID-19;
- Risk factors for severe illness; and
- When to seek medical attention;
- Procedures on resident screening and management;
- Tasks and situations in the workplace that could result in COVID-19 infection;

- Workplace-specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee’s duties (e.g., procedures on Standard and Transmission-Based Precautions, physical barriers, ventilation, aerosol-generating procedures);
- Employer-specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace;
- Procedures for PPE including:
 - When PPE is required for protection against COVID-19;
 - Limitations of PPE for protection against COVID-19;
 - How to properly put on, wear, and take off PPE;
 - How to properly care for, store, clean, maintain, and dispose of PPE; and
 - Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19;
- Workplace-specific procedures for cleaning and disinfection;
- Procedures on health screening and medical management;
- Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, and other supportive policies and practices
- The identity of Safety Coordinator(s) specified in this COVID-19 plan;
- Applicable federal, state and local governance related to Covid-19 and
- How the employee can obtain copies of any employer-specific policies and procedures including this written COVID-19 plan.

HCP Positive Cases and Isolation

The CDC’s [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) are utilized for employees who test positive for Covid-19 for or have an exposure to someone with Covid-19. Conventional, contingency or crisis levels are determined by the Vice President of Residential Services based on staffing and other factors. When staffing shortages occur, healthcare facilities and employers (in collaboration with human resources) may need to implement crisis capacity strategies to continue to provide resident care.

If shortages continue despite other mitigation strategies, as a last resort we may consider allowing HCP to work even if they have suspected or confirmed SARS-CoV-2 infection, if they are well enough and willing to work, even if they have not met all the contingency return to work criteria described above.

Work Restrictions for HCP with SARs-CoV-2 Infection

Conventional	Contingency	Crisis
There are the minimum number of staff needed to provide a safe work environment and safe resident care under normal circumstances.	There are insufficient staff to needed to provide a safe work environment and safe resident care under normal circumstances due to staff being off with SARs-CoV-2 Infection.	If staff shortages continue despite other mitigation strategies, as a last resort. For HCPs who have suspected or confirmed SARS-CoV-2 infection, if they are well enough and willing to return to work, even

	For HCPs who are well enough and willing to return to work as follows:	if they have not met all of the contingency return to work criteria.
<p>HCPs with mild to moderate illness who are not moderately to severely immunocompromised</p> <p>All of the following criteria must be met:</p> <ul style="list-style-type: none"> • At least 7 days have passed since symptoms first appeared if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7) • At least 24 hours have passed since last fever without the use of fever-reducing medications • Symptoms (e.g. cough, shortness of breath) have improved <p>HCPs who were asymptomatic throughout their infection and are not moderately to severely immunocompromised</p> <p>At least 7 days have passed since the date of their first positive viral test if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).</p> <p>*Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48</p>	<p>HCP with mild to moderate illness who are not moderately to severely immunocompromised</p> <p>All of the following criteria must be met:</p> <ul style="list-style-type: none"> • At least 5 days have passed since symptoms first appeared (day 0) • At least 24 hours have passed since last fever without the use of fever-reducing medications • Symptoms (e.g., cough, shortness of breath) have improved • Two negative antigen tests taken 24 hours apart at days 4 and 5 <p>HCPs who were asymptomatic throughout their infection and are not moderately to severely immunocompromised</p> <ul style="list-style-type: none"> • At least 5 days have passed since the date of their first positive viral test (day 0). • Two negative antigen tests taken 24 hours apart at days 4 and 5 <p>If HCPs are requested to return to work before meeting all conventional Return to Work Criteria, they should still adhere to the recommendations</p>	<p>Considerations for determining which HCP should be prioritized for this option include:</p> <ul style="list-style-type: none"> • The type of HCP shortages that need to be addressed. • Where individual HCP are in the course of their illness (e.g., viral shedding is likely to be higher earlier in the course of illness). • The types of symptoms they are experiencing (e.g., persistent fever, cough). • The type of residents they care for (e.g., consider care only with residents known or suspected to have SARS-CoV-2 infection rather than residents who are immunocompromised). <p>If HCP are requested to work before meeting all criteria, they should be restricted from contact with residents who are moderately to severely immunocompromised (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order:</p> <ul style="list-style-type: none"> • Allow HCP with confirmed SARS-CoV-2 infection to provide direct care only for residents with confirmed SARS-CoV-2 infection, preferably in a cohort setting. • Allow HCP with confirmed SARS-CoV-2 infection to

<p>hours later</p> <p>HCPs with severe to critical illness who are not moderately to severely immunocompromised</p> <p>All of the following criteria must be met:</p> <ul style="list-style-type: none"> • At least 10 days and up to 20 days have passed since symptoms first appeared • At least 24 hours have passed since last fever without the use of fever-reducing 	<p>described below.</p> <ul style="list-style-type: none"> • They should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen. • Until they meet the conventional return to work criteria, they should wear a respirator or well-fitting face mask at all times, even when they are in non-resident care areas such as breakrooms. If they must remove their respirator or well-fitting face mask, for example, in order to eat or drink, they should separate themselves from others. • To the extent possible, they should practice physical distancing from others. • Residents (if tolerated) should wear well-fitting source control while interacting with these HCPs. <p>HCPs with severe to critical illness who are not moderately to severely immunocompromised</p> <p>All of the following criteria must be met:</p> <ul style="list-style-type: none"> • At least 10 days and up to 20 days have passed since symptoms first appeared • At least 24 hours have passed since last fever without the use of fever-reducing 	<p>provide direct care only for residents with suspected SARS-CoV-2 infection.</p> <ul style="list-style-type: none"> • As a last resort, allow HCP with confirmed SARS-CoV-2 infection to provide direct care for residents <i>without</i> suspected or confirmed SARS-CoV-2 infection. If this is being considered, this should be used only as a bridge to longer term strategies that do not involve care of uninfected residents by potentially infectious HCP. Strict adherence to all other recommended infection prevention and control measures (e.g., use of respirator or well-fitting face mask for source control) is essential. • If HCP are requested to return to work before meeting all Return to Work Criteria, they should still adhere to recommendations described below. • They should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen. <p>Until they meet the conventional return to work criteria:</p> <ul style="list-style-type: none"> • They should wear a respirator or well-fitting face mask at all times, even when they are in non-resident care areas. • If they must remove their respirator or well-fitting
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<p>medications</p> <ul style="list-style-type: none"> • Symptoms (e.g. cough, shortness of breath) have improved • Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT. <p>HCPs who are moderately to severely immunocompromised may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test. Use of a test-based strategy as determined by consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these HCP may return to work.</p>	<p>medications</p> <ul style="list-style-type: none"> • Symptoms (e.g. cough, shortness of breath) have improved • Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT. <p>HCPs who are moderately to severely immunocompromised may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test. Use of a test-based strategy as determined by consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these HCP may return to work.</p>	<p>face mask, for example, in order to eat or drink, they should separate themselves from others.</p> <ul style="list-style-type: none"> • To the extent possible, they should practice physical distancing from others. Residents (if tolerated) should wear well-fitting source control while interacting with these HCP.
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Work Restrictions for HCP Who Were Exposed to Individuals with Confirmed SARs-CoV-2 Infection

A higher-risk exposure could include:

Prolonged close contact* with a resident, visitor, family member or HCP with confirmed SARS-CoV-2 infection and:

- HCP was not wearing a respirator (or if wearing a face mask, the person with SARS-CoV-2 infection was not wearing a cloth mask or face mask)
- HCP was not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or face mask

- HCP was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while present in the room for an aerosol-generating procedure.

*Close contact is defined as being within 6 feet of an infected person (someone with a diagnosis of COVID-19) for a cumulative total of 15 minutes or more over a 24-hour period.

Following a higher-risk exposure, HCP should:

Have a series of three viral tests for SARS-CoV-2 infection.

Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.

Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of NAAT is recommended. This is because some people may remain NAAT positive but not be infectious during this period.

Follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.

Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Work restriction is not necessary for most asymptomatic HCP following a higher-risk exposure, regardless of vaccination status.

However, examples of when work restriction may be considered include:

- HCP is unable to be tested or wear source control as recommended for the 10 days following their exposure;
- HCP is moderately to severely immunocompromised;
- HCP works in a home with residents who are moderately to severely immunocompromised;
- HCP works in a home experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions.

If work restriction is recommended based on the above, HCP could return to work after either of the following time periods:

HCP can return to work after day 7 following the exposure (day 0) if they do not develop symptoms and all viral testing as described for asymptomatic HCP following a higher-risk exposure is negative.

If viral testing is not performed, HCP can return to work after day 10 following the exposure (day 0) if they do not develop symptoms.

In addition to above:

HCP should follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.

Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Transmission-Based Precautions for Residents with CoV-2 Infection

Exposure to SARS-CoV-2

In general, asymptomatic residents do not require empiric use of Transmission-Based Precautions while being evaluated for SARS-CoV-2 following close contact with someone with SARS-CoV-2 infection. These residents should still wear source control and those who have not recovered from SARS-CoV-2 infection in the prior 30 days should be tested as described in the testing section.

Suspected or confirmed SARS-CoV-2 infection

Place the resident with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). Ideally, the resident should have a dedicated bathroom.

If cohorting, only residents with the same respiratory pathogen should be housed in the same room.

Limit transport and movement of the resident outside of the room to medically essential purposes.

Aerosol-Generating Procedures (AGPs)

Procedures that could generate infectious aerosols should be performed cautiously and avoided if appropriate alternatives exist.

AGPs should take place in an airborne infection isolation room (AIIR), if possible.

The number of HCP present during the procedure should be limited to only those essential for resident care and procedure support. Visitors should not be present for the procedure.

Visitation

For the safety of the visitor, in general, residents should be encouraged to limit in-person visitation while they are infectious. However, facilities should adhere to local, territorial, tribal, state, and federal regulations related to visitation.

Counsel residents and their visitor(s) about the risks of an in-person visit. Encourage use of alternative mechanisms for resident and visitor interactions such as video-call applications on cell phones or tablets, when appropriate.

Facilities should provide instruction, before visitors enter the resident's room, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy.

Visitors should be instructed to only visit the resident's room. They should minimize their time spent in other areas of the home.

Duration of Transmission-Based Precautions for Residents with SARS-CoV-2 Infection

The following are criteria to determine when Transmission-Based Precautions could be discontinued for residents with SARS-CoV-2 infection and are influenced by severity of symptoms and presence of immunocompromising conditions. Residents should self-monitor and seek re-evaluation if symptoms recur or worsen. If symptoms recur (e.g., rebound), these residents should be placed back into isolation until they again meet the healthcare criteria below to discontinue Transmission-Based Precautions for SARS-CoV-2 infection unless an alternative diagnosis is identified.

In general, residents should continue to wear source control until symptoms resolve or, for those who never developed symptoms, until they meet the criteria to end isolation below. Then they should revert to usual facility source control policies for residents.

Residents with mild to moderate illness who are not moderately to severely immunocompromised:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Residents who were asymptomatic throughout their infection and are not moderately to severely immunocompromised:

- At least 10 days have passed since the date of their first positive viral test.

Residents with severe to critical illness and who are not moderately to severely immunocompromised:

- At least 10 days and up to 20 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

The test-based strategy as described for moderately to severely immunocompromised residents below can be used to inform the duration of isolation.

The exact criteria that determine which residents will shed replication-competent virus for longer periods are not known. Disease severity factors and the presence of immunocompromising conditions should be considered when determining the appropriate duration for specific residents. For a summary

of the literature, refer to Ending Isolation and Precautions for People with COVID-19: Interim Guidance (cdc.gov)

Residents who are moderately to severely immunocompromised may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.

Use of a test-based strategy and (if available) consultation with an infectious disease specialist is recommended to determine when Transmission-Based Precautions could be discontinued for these residents.

The criteria for the test-based strategy are:

Residents who are symptomatic:

- Resolution of fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved, and
- Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT

Residents who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT

Environmental Infection Control

Dedicated medical equipment should be used when caring for a resident with suspected or confirmed SARS-CoV-2 infection.

All non-dedicated, non-disposable medical equipment used for that resident should be cleaned and disinfected according to manufacturer's instructions and facility policies before use on another resident.

Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those resident-care areas in which AGPs are performed.

Refer to List Non the EPA website for EPA-registered disinfectants that kill SARS-CoV-2; the disinfectant selected should also be appropriate for other pathogens of concern.

Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.

WELLBEING

Many aspects of the COVID-19 outbreak can cause stress and anxiety. Fear of the disease, dealing with the unknown, social isolation, and financial stress can all become overwhelming very quickly and cause strong emotions. Managing your stress can help you, the people you care about, and your community be resilient and thrive.

Some ways to cope:

- Learn from reputable resources like the [CDC](#) and [State of Michigan](#) about the virus and how to protect yourself and your family.
- Avoid binging on the news, social media, and television
- Take care of yourself by eating healthy, getting regular exercise, trying to get good sleep each night, and avoiding alcohol and drugs
- Take breaks and do an activity you and your family enjoy
- Connect with others by giving them a call

For additional resources, contact:

Employee Assistance Program: Ulliance - 800.448.8326

Stay Well - 888.535.6136 and then press 8

Call anytime (24/7/365) to get help coping with emotional distress from the COVID-19 pandemic