

09-06.01 LifeWays COVID-19 Preparedness and Response Plan Procedure

PURPOSE

In light of the present COVID-19 pandemic, LifeWays Community Mental Health (“Agency” or “LifeWays”) has instituted the following COVID-19 Preparedness and Response Plan (“Plan”) to ensure the health, safety and wellbeing of its employees, consumers and contract providers.

DEFINITIONS

COVID-19 SARS-CoV-2 – the virus that causes COVID-19 disease. Infection with SARS-CoV-2 can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include cough, shortness of breath or difficulty breathing, fever or chills, repeated shaking with chills, muscle pain, headache, sore throat and new loss of taste or smell. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as asymptomatic cases, have experienced no symptoms at all. According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure. COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. People who are closer than 6 feet from the infected person are most likely to get infected

Fully Vaccinated – refers to staff who are two weeks or more from completion of their primary vaccination series for COVID-19.

Booster – per CDC, refers to a dose of vaccine administered when the initial sufficient immune response to the primary vaccination series is likely to have waned over time.

APPLICATION

Scope: This Plan applies to all employees and contract providers working in any LifeWays building and all consumers served. In light of the rapid state and federal developments concerning COVID-19, the Agency will continue to update employees as new information becomes available and may modify this procedure at any time. Changes to the Plan may become a fluid process based on the COVID-19 prevalence in the community, based on local health data.

PROCEDURE

Continuation of On-site and Community Based Services

The Agency has reestablished full clinical operations both on-site and in the community; however, this is an ever-changing situation. We will be following advice from the Centers for Disease Control and Prevention (CDC), Michigan Occupational Safety and Health Administration (MIOSHA), county health officials, and the Michigan Department of Health and Human Services (MDHHS). Alterations may need to be made to this Plan due to recommendations or orders based on local and state conditions.

General Considerations:

Resume all Clinical operations and those essential support operations with employee and contract provider training/education, prevention, screening, ongoing use of social distancing and personal protective equipment (PPE) as recommended by CDC, local health departments, MIOSHA, and MDHHS.

1. COVID-19 screening protocols continue, social distancing requirements continue, (assumes adequate PPE supplies to cover expansion of face-to-face services), telehealth codes start becoming limited, group meetings continue to be held via video.
2. All staff will receive ongoing updates and education on the following:
 - a) Symptoms to be aware of as well as preventive measures individuals should take to help keep safe from the virus in the form of fact sheets from CDC.
 - b) A request for consumers to be mindful of potential symptoms that may signal COVID-19 infection such as fever, cough, runny nose or shortness of breath, and to remain home if these symptoms are present.
 - c) A request for consumers to avoid presenting to LifeWays if they or a household member has had a fever within the past 72 hours.
 - d) PPE requirements and considerations for use.
 - e) COVID-19 status in Hillsdale and Jackson Counties (e.g., case counts, hospitalizations, etc.).
3. LifeWays has designated Human Resources as the workplace COVID-19 safety coordinator/s to implement, monitor, and report on LifeWays COVID-19 control strategies. Human Resources will regularly update this Plan in accordance with continuing State and Federal requirements and will ensure proper employer and employee compliance with all aspects of this Preparedness and Response Plan.
4. It is expected that staff will call ahead before presenting for any scheduled home or community visits and complete the COVID-19 screening tool. If illness is reported, staff has been instructed to transition to telehealth contact until all members of the home have been symptom-free for 72 hours (in accordance with CDC Guidelines). Staff should continue to see consumers at the frequency outlined by their treatment plans either face-to-face or as needed via telehealth.
5. It is expected that all services be considered for face-to-face unless there is clear documentation as to the need for telehealth services. Staff may utilize telehealth for those service codes approved by the state to provide care.
6. Rotating schedules may continue to allow for staff to be on-site at LifeWays buildings.
10. Any staff member who has been declared to fall under the “High Risk” category (via Human Resources (HR) survey) shall coordinate their work situation with their supervisor and HR.
11. Crisis Services will continue providing face-to-face pre-screens for inpatient placement with use of PPE, dependent on hospital policies for outside staff to present in person.
12. In-house services: Crisis, Access, Medical and Integrated Health Services, Case Management, Supports Coordination, Outpatient Therapy, and SUD Services will conduct services via face-to-face unless clear documentation is in the electronic health record indicating the reasons for telehealth services. Omnibus Budget Reconciliation Act (OBRA), Jail and Mental Health Court services shall follow recommendations of those facilities.
13. Provider services: Home-based, Outpatient Therapy, Case Management/Supports Coordination, Peer Services, Assertive Community Treatment (ACT), Applied Behavior Analysis (ABA), Services will conduct face-to-face visits unless clear documentation is in the electronic health record indicating the reasons for telehealth services.
14. All face-to-face services activity will occur after COVID-19 screening and with use of PPE as outlined in this procedure. Concerns about face-to-face services versus telehealth shall be addressed by the consumer’s treatment team.

Exposure Determination

The Agency shall categorize jobs tasks and procedures into the following risk categories:

- (a) Lower exposure risk job tasks and procedures. These job tasks and procedures are those that do not require contact with people known to be or suspected of being infected with SARS-CoV-2 nor frequent close contact (e.g., within 6 feet) with the general public. Workers in this category have minimal occupational contact with the public and other coworkers.
- (b) Medium exposure risk job tasks and procedures. These job tasks and procedures include those that require frequent or close contact (e.g., within 6 feet) with people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from locations with widespread SARS-CoV-2 transmission. In areas where there is ongoing community transmission, workers in this category may have contact with the general public (e.g., schools, high-population-density work environments, high-volume retail settings).
- (c) High exposure risk job tasks and procedures. These job tasks and procedures are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category could include licensed health care professionals, medical first responders, nursing home employees, law enforcement, correctional officers, or mortuary workers.
- (d) Very high exposure risk job tasks and procedures. These job tasks and procedures are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category can include:
 - (i) Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
 - (ii) Health care or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have or are suspected of having COVID-19 at the time of their death.

Masking and Social Distancing

Employees shall be provided non-medical grade face coverings at no cost to the employee. Dependent on the current local COVID-19 numbers, and CDC, local, state and federal guidance, employees may be required to:

- wear masks in the workplace, and/or
- socially distance (remain at least 6 feet from others to the extent possible) in the workplace.

Because the guidance in this area changes rapidly, the Agency will update employees as to the current requirements in this area.

HOWEVER, all employees, fully vaccinated or otherwise, are required to wear masks where consumers may be present.

Employees who have been exposed to someone with COVID-19, have symptoms for COVID-19, or are positive for COVID-19 must notify the Agency and may be required to quarantine in accordance with the most current CDC guidelines, found [here](#).

Personal Protective Equipment Plan

The below levels identify the PPE requirements for staff based on different levels of risk. Note that if a staff member's assigned duties for a day or time involve a change in his/her level of risk (e.g., the Nurse goes to provide an injection or a Contract Manager goes to visit a consumer home), that staff member is responsible for complying with the PPE requirements for the level in which they are moving to. This also applies to staff who move from a higher level to a lower level of risk (e.g., the Transport Associate transports a consumer to LifeWays and then goes into the office area). All questions related to appropriate PPE use shall be directed to the Director of Integrated Health. Some situations are assessed on a case-by-case basis.

Noncompliance with the identified PPE requirements is subject to discipline up to and including termination.

Level A | Lower – staff gatherings with a low level of risk, which includes Clinical Staff who are not directly interacting with consumers during the gathering.

- PPE Requirements:
- Mask or other face covering if:
 - Gathering is indoors, AND
 - There are more than 25 people present, AND/OR
 - Social distancing is not possible, AND/OR
 - Vaccination status of attendees is unknown/attendees are not all vaccinated for COVID-19.
- Includes: All employees.

Level B | Medium – seeing screened consumers in office and at their homes but can maintain 6 feet. See *Clinical Staff Exposure Protocols for more information*.

- PPE Requirements (providing services): Surgical mask if:
 - Providing face-to-face service to individuals indoors, OR
 - Social distancing is not possible.
- PPE Requirements (not providing services): Surgical mask if:
 - Social distancing is not possible, AND
 - Vaccination status of coworkers, patients, or stakeholders is unknown or not all coworkers, patients, or stakeholders are vaccinated.
- Includes: Officer of Recipient Rights (if meeting with consumers/visitors), Recipient Rights Specialists (if meeting with consumers/visitors), Medical Director, Psychiatrists, Medical Services Supervisor, Integrated Health Director, Nurses (when not providing a service covered under Level D), Medical Assistants, Supports Intensity Scale (SIS) Assessor, Nursing Home Case Manager (OBRA), Nursing Care Manager, Medical Assistant Care Manager, Wellness Coach, Access Supervisor, Psychologists, Evaluators, Clinicians, Case Management & Supports Coordination Supervisor, Case Managers, Lead Case Manager, Access & Crisis Services Director, Crisis Services Supervisor, Crisis Residential Supervisor, Peer Specialists, Lead Transport Associate, Transport

Associates (when not transporting a consumer), Hospital Liaisons, Crisis Specialists, Crisis Aides, Outpatient Services Supervisor, Jail Clinicians, School Social Worker, Therapists, Forensic Case

Manager, Customer Services Supervisor, Office Services Supports, Customer Service Specialists, and Centralized Scheduler.

Level C | High and Very High – sees screened consumers in office and/or at their homes and cannot maintain 6 feet while providing a service (e.g., injections). See *Clinical Staff Exposure Protocols for more information*.

- PPE Requirements (providing services): N95 mask and eye protection (face shield or goggles) if:
 - Providing face-to-face service indoors, AND
 - Providing face-to-face service that requires close contact with patient (e.g. vital collection, injections, etc.)
- PPE Requirements (not providing services): Surgical mask if:
 - Social distancing is not possible, OR
 - Vaccination status of coworkers, patients, or stakeholders is unknown or not all coworkers, patients, or stakeholders are vaccinated.
- Includes: Nurses (when providing an injection or conducting a nursing assessment), Transport Associates (when transporting a consumer), Crisis Staff and any staff member who interacts with a known positive or symptomatic consumer or visitor.

The Integrated Health Department shall maintain an inventory of all available PPE and check out PPE to staff upon request. The Agency shall ensure that PPE is properly fitted (squeezing the top of a mask so that it is tight around the nose or twisting the stretch band around the ear) and worn; used consistently; regularly inspected (the individual staff should be inspecting their PPE supplies for holes, cracks, etc.) maintained, and replaced, as necessary; and properly removed, cleaned, and stored or disposed of to avoid contamination of self, others, or the work environment.

Employee and Visitor Screenings

Prior to entering any LifeWays property:

Visitors – All visitors will be subject to COVID-19 screening procedures per CDC recommendations and in accordance with applicable local, state and federal requirements. If a visitor answers affirmatively to any of the screening questions, they will not be permitted to enter the facility.

Vendors – Seen by appointment only.

Consumers – If a consumer answers affirmatively to any of the COVID-19 screening questions and is in need of services (examples include an injection or crisis intervention), the consumer will be asked if they have been vaccinated for COVID-19. If the consumer responds that they have been vaccinated for COVID-19, they may be escorted to their planned meeting room. If the consumer refuses to answer or indicates that they have not been vaccinated, then they will be escorted directly to a Clean Room. The clean room will be a designated space for consumers in need of services but exhibiting symptoms or are confirmed positive. Only the required staff needed to perform the service will enter the room. PPE will include a N95 mask, face shield, gloves and gown. Immediately upon the consumer exiting, the Clean Room will be wiped down. Due to the ongoing construction, if there are questions about the location of the Clean Room, they should be directed to the Director of Integrated Health.

Employees – Hourly employees will be pre-screening for COVID-19 daily via Kronos. Salaried employees pre-screen via door survey QR code if an employee answers affirmatively to any of the screening questions, the employee is not permitted on the worksite and must:

- Self-isolate at home according to CDC guidance.
- Contact their medical provider within 24 hours if they have symptoms or have had close contact with an individual for evaluation.
- Notify their Supervisor and the Human Resources Department.

Should an employee, visitor, or consumer either be identified with a confirmed case of COVID-19, or as a potential positive case, Human Resources will notify any coworkers, contractors, or suppliers who may have come into contact with the person with a confirmed case.

Employee Exposure Protocols

In the event it is reported to LifeWays that there was a COVID-19 exposure, either by the community or another staff member(s), the following steps shall occur with Human Resources taking the lead:

1. Determine with the employee if there was an actual exposure and would they be considered a close contact. Close contact is currently considered to be within [6 feet of an infected person](#) (laboratory-confirmed or a [clinically compatible illness](#)) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*).
2. Determine with the employee when the person they were exposed to had symptoms – generally a person is considered infectious 48 hours prior to any symptom onset.
3. Attempt to determine if the employee has been vaccinated for COVID-19.
4. If the employee was exposed during the 48-hour period or upon learning they were exposed to a symptomatic close contact, they will be directed to quarantine in accordance with current CDC guidelines and any applicable federal, state or local laws and regulations.
5. Should an employee on quarantine become symptomatic it is expected the employee receive a COVID-19 test. It is assumed the employee has contracted the virus and confirmation is needed.

Return to Work

Return to work will be based on CDC guidelines and any applicable federal, state or local laws and regulations.

Clinical Staff Exposure Protocols:

A. Constituted Staff Exposure:

1. High Risk Exposure:

- 15 minutes or more in the room with a positive patient, less than 6 feet apart, not wearing the correct PPE of N95 Mask and Eye Protection (face shield or goggles – Glasses are NOT eye protection.)
- Self-quarantine for 14 days and self-monitor symptoms. Continue to work via telehealth if their job allows.
- Test.

2. Medium Risk Exposure:

- 15 minutes or more in the room with a positive patient with either less than 6 feet apart **OR** missing either goggles/face shield **OR** wearing a mask less than N95 mask.
- Self-quarantine and self- monitor for 7 days. Continue to work via telehealth if their job allows.
- Test

3. Low Risk Exposure:

- 15 minutes or more in the room with a positive patient while wearing N95 mask, eye protection, and following social distancing.
- Self-monitor symptoms and continue to work as usual.

B. Confirmed Community Exposure:

1. Follow CDC Guidelines, found [here](#).

C. Positive COVID-19 test for Clinical staff:

Quarantine and return to work protocols will follow current CDC guidance and any applicable federal, state or local laws and regulations.

CLEANING PROTOCOLS

Each area of LifeWays has been provided CDC approved cleaning supplies. Staff are expected to regularly wipe down their work areas during the day but at a minim between each consumer contact. Supplies are also available to staff who work in the community and also for those who use the company vehicles.

COVID-19 Testing

The Agency may require COVID-19 testing of employees. Testing required by LifeWays is performed by Henry Ford Allegiance Occupational Health (100 E Michigan Ave, Ste 101, phone 517-205-7766). A phone call by the employee prior to testing is requested so that HFAH can monitor traffic flow. In Hillsdale, the employee would be required to go to Hillsdale Hospital or other identified location as directed by Human Resources.

Social Distancing in the Workplace

The Agency will work to ensure that social distancing practices, to the extent feasible, are maintained in the workplace. These practices may include:

- Rearranging in-office furniture to ensure social distancing.
- Rotating employees' onsite schedules, i.e., one set of staff onsite one week, one set the next week with a weekend break of office use.
- Assigning dedicated entry point(s) for all employees to reduce congestion at the main entrance.
- Providing visual indicators of appropriate spacing for employees outside the building in case of congestion and visual cues to guide movement and activity in the building (i.e., restricting elevator capacity with markings, locking conference rooms).
- Permitting telework at the sole discretion of the Agency.

- Allowing in-person meetings and hybrid meetings inclusive of following PPE and social distancing practices notated above. (see *Personal Protective Equipment Plan*)
- Limiting in-person events and large gatherings per current state or local orders or recommendations (to the extent feasible, hosting the events virtually or rescheduling).
- Increasing physical space between employees and visitors in the workplace.
- Installing physical barriers at sign-in, temperature screening, or other service points that normally require personal interaction (e.g., plexiglass, cardboard, tables).
- Placing hand sanitizer and face coverings at patient entrances.
- Posting signs at entrance(s) instructing patients to wear a face covering when in the facility, except as necessary for identification or to facilitate an examination or procedure.
- Limiting the number of visitors by conducting business virtually.
- Limiting waiting-area occupancy to the number of individuals who can be present while staying six feet away from one another and ask patients, if possible, to wait in cars for their appointment to be called.
- Marking waiting rooms to enable six feet of social distancing (e.g., by placing X's on the ground and/or removing seats in the waiting room).
- Enabling contactless sign-in (e.g., sign in on phone app) as soon as practicable.
- Staggering break and lunch times.
- Discouraging social practices that violate social distancing rules, such as handshakes.

In addition, during the workday, employees are encouraged to:

- Avoid meeting people face-to-face. Employees are encouraged to use the telephone, online conferencing, e-mail or instant messaging to conduct business as much as possible, even when participants are in the same building.
- If a face-to-face meeting is unavoidable, minimize the meeting time, choose a large meeting room and sit at least six feet from each other if possible; avoid person-to-person contact such as shaking hands.
- Refrain from using other workers' phones, desks, offices, or other work tools and equipment. Avoid any unnecessary travel and cancel or postpone nonessential meetings, gatherings, workshops and training sessions.
- Do not congregate in work rooms, pantries, copier rooms or other areas where people socialize.
- Bring lunch and eat at your desk or away from others (avoid lunchrooms and crowded restaurants).
- Encourage members and others to request information via phone and e-mail in order to minimize person-to-person contact. Have information ready for fast pick-up or delivery.

Outside Activities

Employees are reminded to comply with all state and federal mandates regarding stay home restrictions, gatherings, places of public accommodation, PPE, etc.

LifeWays Safety Precautions

We are augmenting our Agency sanitation procedures in order to provide more frequent and thorough cleaning and sanitation of the building and workplaces. The Agency will ensure a clean workplace, including the regular cleaning of objects and areas that are frequently used, such as bathrooms, break rooms, conference rooms, door handles and railings. The executive team will monitor and coordinate events around an infectious disease

outbreak, as well as to create work rules that may be implemented to promote safety through infection control. In addition, the Agency will designate one or more worksite supervisors, who shall be on-site at all times when employees are present, to implement, monitor, and report on the COVID-19 control strategies and to initiate the response plan for dealing with a confirmed infection in the workplace, which includes disinfection in accordance with CDC guidance.

Additional measures will include, but are not limited to, the following practices:

- Maintaining flexibility with employees' breaks to allow for frequent handwashing.
- Implementing additional sanitation measures for the facility, especially in common areas and for frequently touched surfaces or shared equipment.
- Using Environmental Protection Agency (EPA)-approved disinfectants that are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses.
- Covered trash cans will be replaced, where possible, with touchless (foot lever) trash cans.
- Requiring employees to disinfect common surfaces following use as appropriate (for example, microwaves).
- Providing hand sanitizer, disinfecting wipes, and proper disposal in all common areas and at workstations where employees cannot leave to wash their hands between interactions with the public.
- Requiring employees to use masks or approved facial coverings and gloves (and providing them).
- Ensuring that employees are trained on proper use of PPE.
- Coordinating with facility maintenance to increase air exchanges in facilities and installing high-efficiency air filters.
- Add a temporary plexiglass screen in front lobby for the customer services staff working directly with clients.
- Add special hours for highly vulnerable patients, including the elderly and those with chronic conditions.
- Require patients to wear a face covering when in the facility, except as necessary for identification or to facilitate an examination or procedure.
- Placing posters in the languages common in the employee population that encourage staying away from the workplace when sick, cough and sneeze etiquette, and proper hand hygiene practices.

Employee Safety Precautions

Per guidance from the Center for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA), all employees must comply with the following safety standards.

1. Wash Hands Regularly

The CDC has advised that keeping hands clean is one of the most important steps to avoid the spread of germs. All employees must adhere to the following policy for mandatory handwashing with soap and hot water for **at least 20 seconds**.

- Before entering the office for the first time in the morning and after being outside of the office and returning to the office at any point in the day.
- After using the bathroom.
- Before, during and after food preparation.
- Before eating food.

- After blowing their nose, coughing or sneezing.
- After caring for someone who is sick or after changing a child's diaper.
- After handling pets or other animals or their food and waste.
- After touching garbage.

Employees should use an alcohol-based hand sanitizer if soap and hot water are not available. The CDC has advised that alcohol-based hand sanitizers should contain 60 percent to 95 percent alcohol, but washing with soap and hot water is preferable, particularly if hands are visibly dirty.

For more information, see <https://www.cdc.gov/handwashing/index.html>.

2. Practice Sneezing and Coughing Etiquette

To help prevent the spread of germs, all employees must adhere to the following mandatory policy for managing sneezes and coughs.

- Never cough or sneeze into your hands.
- Covering your mouth and nose with a tissue or your own upper sleeve when you cough or sneeze.
- Putting used tissue in a wastebasket.
- Washing hands after coughing or sneezing.

3. Clean Your Workstation Regularly

At the end of the workday and between office visitors/clients, each employee must clean all frequently touched surfaces in their workspace, such as keyboards, keyboard palm pads, mice, mice palm pads, remote controls, desks, countertops, file cabinet pulls, chair arm rests, and doorknobs. Create a checklist to follow each time you clean an area. Front desk staff clean between guests.

The CDC recommends using the cleaning agents that are usually used to clean work surfaces, doorknobs and countertops and to follow the directions on the label (such as disinfecting sprays and wipes). The Facilities Department will provide approved cleaning agents.

4. Required PPE

At a minimum, employees shall be provided non-medical grade face coverings at no cost.

Employees may be required to wear personal protective equipment (PPE) (for example, masks and gloves) in order to prevent the spread of COVID-19 in the workplace.

Employees who require a reasonable accommodation to the PPE requirements under the Americans with Disabilities Act (ADA) (e.g., non-latex gloves, modified face masks for interpreters or others who communicate with an employee who uses lip reading,), or a religious accommodation under Title VII (such as modified equipment due to religious attire), should contact the Human Resources department with their requested accommodation. The Director of Integrated Health shall be available for questions or concerns related to PPE accommodations.

Consumer Interactions

Employees are required to familiarize themselves with the 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>

Telework Arrangements

Telework requests will be handled on a case-by-case basis. While not all positions will be eligible, all requests for temporary teleworking should be submitted to Human Resources for consideration

- Eligibility for Telework Work. To be eligible for a temporary telework arrangement, Employee must:
 - Obtain permission from HR;
 - Fully comply with all employment requirements just as in-office employees;
 - Be employed in a position which may be performed remotely;
 - Sign and comply with the Agency Telework Work Agreement;
 - Regularly and effectively communicate updates with managers, co-workers, and consumers.

Staying Home When Ill

Many times, with the best of intentions, employees report to work even though they feel ill. LifeWays provides paid time off (PTO) and other benefits to compensate employees who are unable to work due to illness. Please see Human Resources for more information regarding the COVID-19 PTO Policy and other available PTO.

During an infectious disease outbreak, it is critical that employees do not report to work while they are ill and/or experiencing the following symptoms: fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Currently, the CDC recommends that people with an infectious illness such as the flu remain at home until at least three days after they are free of fever (100 degrees F or 37.8 degrees C) or signs of a fever without the use of fever-reducing medications. Employees who report to work ill will be sent home in accordance with these health guidelines.

Concurrent Use of PTO and Coordination of Benefits

Employees taking leave during related to COVID-19 may utilize accrued and unearned PTO or any applicable short-term disability benefits available. Please see Human Resources for more information regarding available PTO and other benefits.

Requests for Medical Information and/or Documentation

If you are out sick or show symptoms of being ill, it may become necessary to request information from you and/or your health care provider. In general, we would request medical information to confirm your need to be absent, to show whether and how an absence relates to the infection, and to know that it is appropriate for you to return to work. As always, we expect and appreciate your cooperation if and when medical information is sought.

Vaccination

Lifeways COVID-19 vaccination policy is an important and effective step to return to an in-person campus and to protect our community from COVID-19. All Lifeways staff that do not work remotely on a permanent basis are required to

receive the COVID-19 vaccination, with limited exemptions. This policy is effective immediately, and is subject to change as the pandemic and public health guidance continue to evolve. It will be regularly reviewed as public health guidance dictates. Employees must report vaccination status and any boosters to Human Resources.

Confidentiality of Medical Information

LifeWays' policy is to treat any medical information as a confidential medical record. In furtherance of this policy, any disclosure of medical information is in limited circumstances with supervisors, managers, first aid and safety personnel, and government officials as required by law.

Policy Non-Compliance

In the event that an employee of the Agency does not comply with the above stated policies and procedures, the Agency will, at its sole and absolute discretion, require that employee to vacate the physical premises for a period of time as determined solely by the Agency. In addition, non-compliance may result in discipline, up to and including termination of employment.

Declared All-Clear

The Agency may, at its sole and absolute discretion, using the best information available to it at the time based on state and federal guidance, declare an all-clear and suspend these COVID-19 related policies. At such a time, mandatory compliance with these policies and procedures will cease until and unless the Agency determines it necessary to reinstate them.

THE AGENCY MAY UNILATERALLY MODIFY, CANCEL OR PROVIDE EXCEPTIONS TO THIS POLICY, IN ITS SOLE AND ABSOLUTE DISCRETION, AT ANY TIME.

RESOURCES

Additional Resources

Additional information regarding the recent COVID-19 outbreak, its effect on the health care industry, and other safety precautions can be found below.

Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

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>

CDC Training for Healthcare Professionals: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html>

- [**BHDDA Repository for all COVID-19 related guidance and policy communications**](#)
- [**Supporting the Emotional Health of Behavioral Health Workers**](#)
- [**Jackson County Chamber COVID-19 Information Center**](#)
- [**Community Mental Health Association COVID-19 Resource Center**](#)
- [**CDC Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmissions \(3/13/20\)**](#)

- [MDHHS Recommendations for COVID-19 Community Mitigation Strategies \(3/11/20\)](#)
- [Michigan Coronavirus Resources for Employers & Workers](#)
- [CDC COVID-19 Information](#)
- [Michigan COVID-19 Information](#)
- [SAMHSA Taking Care of Your Behavioral Health \[Poster\]](#)
- [Talking with Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks \[Poster\]](#)
- [Coping With Stress During Infectious Disease Outbreaks \[Poster\]](#)
- [Coping with a Disaster or Traumatic Event \[Poster\]](#)
- [Wash Your Hands \[Poster\]](#)
- [What to do if you are sick with coronavirus disease 2019 \(COVID-19\) \[Poster\]](#)
- [Share Facts About COVID-19 \[Poster\]](#)
- [Stop the Spread of Germs \[Poster\]](#)
- [MIOSHA Emergency Rules](#)
- [MDHHS Order](#)