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*Community Mental Health Authority of Clinton,  
Eaton, and Ingham Counties*

# COVID-19 Phased-In Recovery Approach to Resumption of Operations

**May 28, 2020**

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# Introduction

## Purpose

This plan is created specifically for the purpose of outlining a phased-in recovery approach to the provision of services and supports offered by CMHA-CEI related to reduction in COVID-19 virus transmission in the community, specifically to assure enhanced mitigation protocols against the novel coronavirus (COVID-19) continue as normal operations are resumed.

## Scope

This Phase-In Recovery Plan applies to all employees working in any CMHA-CEI building/facility and all consumers served.

## Background

Recently, Governor Whitmer released the MI Safe Start Plan outlining six phases of the pandemic. The plan can be found at the following link: [Click to View](#). Michigan is currently identified as being in the third phase of the plan called *Flattening*. As state, regional, and local public health conditions continue to improve, we must be prepared for a gradual return to more normal operations. In addition to individual consumer need, or desire for face to face care, there may also be federal, state, and regional guidance, regulations, and mandates that include the expiration of current measures that have been allowing us to do remote telephonic and telehealth services.

# Planning

## CMHA-CEI Planning and Preparation

The current practice of maintaining all 24/7 services, in-person services to our most at risk population who have urgent needs, and remote service provision wherever possible in both clinical and administrative operations will continue for the duration of the current Stay at Home Order, Executive Order. During this time, we are also engaged in planning and preparing for a gradual phased in recovery back to full operations.

## Planning Process

All CMHA-CEI departments have engaged in preliminary planning efforts based on the proposed phases. These preliminary plans have helped identify organizational and facilities needs across the organization that must be considered and addressed in overall organizational planning. Development and implementation of organizational plans will be overseen by a sub-group of the Virus Task Force with daily input from the full Virus Task Force and weekly input and updates with the Director's Group. The roles of screener, site supervisors, virus response designee, and after-hours facility designee make up the Virus Response Team needed to support implementation of COVID-19 related health and safety measures in worksites throughout the agency. More detail regarding these structures and roles is included in [Appendix 1](#).

Organizational planning is ongoing and includes:

- Assessing facilities and space availability with priority given for resuming clinical services.
- Reviewing and strengthening social distancing plans, including environmental modifications to promote social distancing.
- Reviewing and strengthening staff and consumer screening plan.
- Maintaining appropriate supplies and distribution systems for masks, hand sanitizer, cleaning products, and personal protective equipment that will be needed for expansion of both on-site and in the community care.
- Reducing the number of physical touch points and increased cleaning protocols.
- Maximizing air-flow in HVAC systems in office facilities.
- Developing communications and training for those staff who are new or who may be resuming on-site or community-based service provision.
- Developing communications and protocols for preparing our consumers for receiving on-site or community-based services.
- Equipment needs that may allow for continued participation in large meetings via Zoom technology or for a clinician to potentially provide a mix of telehealth and onsite services.

## **Preparation Timelines and Tasks:**

### May 11-18<sup>th</sup> Assessment

- Assessment of facilities to determine environmental modifications needed.
- Estimate numbers of staff and corresponding numbers of consumers that will resume in-person service by phase.
- Identification of Virus Response Designee by Site/Department/Unit by Directors.

### May 18-27<sup>th</sup> Protocol and Training Development

- Development of Worksite Readiness for Virus Response Designee training.
- Development of employee Orientation for Returning to In-Person or On-Site Work training.
- Review and development of protocols.
- May 28-29<sup>th</sup> implement Worksite Readiness for Virus Response Designee training.

### June 1-8<sup>th</sup> Worksite Readiness

- June 1<sup>st</sup> – Launch the staff Orientation for Returning to In-Person or On-Site Work Relias training for all staff and require for those currently on-site or returning to on-site, home visiting, and community based service delivery.
- June 1-7<sup>th</sup> Facility preparations:
  - Signage (Screening, Masking, Health and Safety, Capacity Limits etc.)
  - Traffic Flow marked with decals
  - Waiting room, office, and conference room chairs removed or rearranged to create social distance of 6ft or more
  - Supplies of Masks and Personal Protective Equipment (PPE) distributed
  - Cleaning supplies and hand sanitizer
  - Screening operational

# Phases

## Considerations Driving Decisions to Move Between Phases:

- State, regional, and local public health conditions related to status of COVID-19 containment that will safely allow movement forward or that indicates a need for moving back.
- Our ability to maintain appropriate screening and social distancing in facilities.
- An appropriate supply of masks and personal protective equipment available based on risk.
- Resumption or expansion of on-site clinical operations prioritized by:
  - Individual consumer need for face to face care to avoid crisis or hospitalizations.
  - Consumer request for face to face services.
  - Services that cannot be effectively conducted remotely, or partially remote by launching from home into the community.
  - Those services that must resume on-site operations due to expiration of temporary allowances for telephonic, telehealth, or telemedicine services.
  - Federal or State mandates regarding the resumption of on-site or in-person behavioral health services.
- Resumption of necessary, time-sensitive projects and initiatives that cannot be completed remotely.

For CMHA-CEI planning, we are using a Four-phase process that coincides with the MI Safe Start Plan phases 3-5. Decisions on movement between phases will be made based on the items identified above, as well as in consultation with Local Public Health Officials, CMHA-CEI Medical Director, and taking into account other Regional and State guidance and mandates with input from all CMHA-CEI Directors across the agency.

## Overview of the Four Phases of the CMHA-CEI Phased-in Recovery Approach

**Phase 1 Conditions:** Corresponds with MI Stay Safe Plan Flattening Phase #3 - COVID-19 case growth is gradually declining.

**Phase 2 Conditions:** Corresponds with MI Stay Safe Plan Improving Phase #4 - COVID-19 case growth and hospitalizations are clearly declining.

**Phase 3 Condition:** Corresponds with MI Stay Safe Plan Containing Phase #5 - COVID-19 continued case and death rate improvements and outbreaks can be quickly contained.

**Phase 4 (expansion of Phase 3 to full operations) Conditions:** Corresponds with MI Stay Safe Plan Containing Phase #5 - COVID-19 continued case and death rate improvement and outbreaks can be quickly contained.

## **Phased-In Planning Goals and Scope**

### **Phase 1 (Tentative June 8-July 5)**

**Conditions:** Corresponds with MI Stay Safe Plan Flattening Phase #3 - COVID-19 case growth is gradually declining.

**Goal:**

- Maintain current practices of providing in-person care to those with urgent need, but begin to expand in person services for those individuals and families who request it or who have not been able to fully access telehealth services during this time as identified by Clinical Directors.
- Resume some priority administrative tasks or projects on-site that cannot be effectively completed remotely as identified by Administrative Directors.

**Scope:**

- Staff returning to work in a CMHA-CEI facility will be notified by their supervisor of the date they are expected to return on-site on a partial or fulltime basis.
- During Phase 1 it is anticipated that designated staff members will return from remote work to facility-based work on either a partial blend of on-site and remote, or full time basis.
- It is also expected that staff providing home visits and community based services while not yet returning to facilities, will have increased contact in homes and community settings.
- All staff and business meetings continue to be held via Zoom technology where practical or via telephone.
- Groups, drop-ins, and clubhouse activities will continue to be limited.
- Maximize use of agency vehicles that allow for social distancing and wear face coverings for consumer transportation needs.

### **Phase 2 (Tentative July 6-August 2)**

**Conditions:** Corresponds with MI Stay Safe Plan Improving Phase #4 - COVID-19 case growth and hospitalizations are clearly declining.

**Goal:**

- Resume additional clinical services that are needed, but cannot be effectively completed remotely as identified by Clinical Directors.
- Resume all clinical services on-site that have temporary telehealth codes expiring or as required by MDHHS or other authorities.

- If telehealth codes are extended longer, consider blend of on-site or telehealth based on clinical need and consumer preference as identified by Clinical Directors.
- Resume additional priority administrative tasks or projects on-site that cannot be effectively completed remotely as identified by Administrative Directors.

**Scope:**

- Staff returning to work in a CMHA-CEI facility will be notified by their supervisor of the date they are expected to return on-site on a partial or fulltime basis.
- During Phase 2 it is anticipated that additional staff members will return from remote work to facility-based work on either a partial blend of on-site and remote, or full time basis.
- It is also expected that staff providing home visits and community based services while not yet returning to facilities, will continue to have increased contact in homes and community settings.
- All meetings continue to be held via Zoom technology where practical or via telephone.
- Groups, drop-in activities, and club house may resume with size limitations and adherence to social distancing and use of face coverings.

**Phase 3 (Tentative August 3-August 30)**

**Conditions:** Corresponds with MI Stay Safe Plan Containing Phase #5 - COVID-19 continued case and death rate improvements and outbreaks can be quickly contained.

**Goal:**

- Resume all clinical services on-site that have temporary telehealth codes expiring or as required by MDHHS or other authorities.
- If telehealth codes are extended longer, consider blend of on-site or telehealth based on clinical need and consumer preference as identified by Clinical Directors.
- Resume administrative services on-site partially (if space is not needed for clinical services) as identified by Administrative Directors.

**Scope:**

- Staff returning to work in a CMHA-CEI facility will be notified by their supervisor of the date they are expected to return on-site on a partial or fulltime basis.
- During Phase 3 it is anticipated that additional staff members will return from remote work to facility-based work on either a partial blend of on-site and remote, or full time basis.
- It is also expected that staff providing home visits and community based services even if not yet returning to facilities, will continue to have increased contact in homes and community settings.



- Meetings with over 10 participants continue to be held remotely.
- It is expected that groups, drop-in activities, and club house may continue with size limitations and adherence to social distancing and face coverings.

**Phase 4 (expansion of Phase 3 to full operations) (Tentative August 31-September 30)**

**Conditions:** Corresponds with MI Stay Safe Plan Containing Phase #5 - COVID-19 continued case and death rate improvement and outbreaks can be quickly contained.

**Goal:**

- Resumption of full operations with ongoing screening, prevention, and social distancing as recommended by CDC, local public health, and MDHHS for all on-site and community based services.
- Beyond Phase 4 Temporary Remote Work arrangements will continue to be evaluated.

**Scope:**

- Staff returning to work in a CMHA-CEI facility will be notified by their supervisor when they are expected to return on-site on a partial or fulltime basis.
- During Phase 4 it is anticipated that additional staff members will return from remote work to facility-based work on either a partial blend of on-site and remote, or full time basis.
- It is also expected that staff providing home visits and community based services if not yet returning to facilities, will continue to have increased contact in homes and community settings.
- Meetings and gathering will be limited to sizes as recommended by local public health officials

## Protocols/Practices

### Training/Education:

- In all phases training/education/screening of employees, consumers, and visitors will continue regarding mitigation efforts as recommended by CDC, or recommended or mandated by State and Local Health Officials. View the [CMHA-CEI COVID-19 Protocol Directory](#) for additional detail on screening processes.
- All CMHA-CEI staff will have access to training in the basic facts and how they can protect themselves and consumers from COVID-19, as well as on the proper use of masks and PPE.
- All staff will receive ongoing updates and education on the following:
  - Symptoms to be aware of as well as preventive measures individuals should take to help keep safe from the virus.
  - 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 remain home if these symptoms are present.
  - A request for consumers to avoid presenting to CMHA-CEI if they or a household member has had a fever within the past seventy-two (72) hours.
  - It is expected that staff will call ahead before presenting for any scheduled home visits and ask if anyone has had a fever or is ill within the home. If illness is reported, staff has been instructed to reschedule the home-visit until all members of the home are deemed safe within CDC Guidelines. Staff may continue to utilize tele-health to provide care as an alternative. Community and home based screening protocols and tools can be viewed in the [CMHA-CEI COVID-19 Protocol Directory](#).

### Cleaning/Signage:

- Janitorial, maintenance, and other staff assigned to cleaning activities will continue heightened cleaning and disinfecting of common areas of use (e.g. bathrooms, vehicles, kitchen areas, door handles, etc.). View details in [Appendix 2 – Facilities Protocols - Cleaning](#).
- Bathrooms will contain signage providing staff with proper hand-washing techniques.
- Posters and informational literature about COVID-19 will be posted in all lobbies, bathrooms, and common areas to continuously remind staff of the importance of vigilant preventive measures.

### Staff Expectations:

- All Staff will be required to follow all protocols issued regarding use of masks, gloves, gowns, face shields as it is deemed appropriate during any face to face encounter with other co-workers and consumers. Social distancing measures will remain in place (6 feet in distance). Mask and PPE usage protocols can be view in the [CMHA-CEI COVID-19 Protocol Directory](#).

- Staff will screen all consumers and family members prior to entering a home for a home-visit, or providing community-based services using the screening tool, and following the screening/masking and equipment protocols that have been provided. View the [CMHA-CEI COVID-19 Protocol Directory](#) for additional detail on screening and mask usage protocols.
- Screening of staff will continue at all facility entrances in adherence to state and local executive orders. Staff conducting home-visits or community-based services may self-screening using self-screening protocol and log and submitting it to their supervisor. View the [CMHA-CEI COVID-19 Protocol Directory](#) for additional detail on screening and protocols.
- 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 Workstations Regularly:** At the beginning and end of the work day, 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. 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. View [Appendix 2 – Facilities Protocols – Cleaning](#) for additional cleaning protocol detail.

- 4. Required PPE:** Per recent state and federal requirements, an employer may require employees 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 garb), should contact the Human Resources department with their requested accommodation.

### **Social Distancing in the Workplace**

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

- Rotating employees' onsite schedules.
- Permitting temporary remote work as determined in the sole discretion of the agency.
- Holding meetings virtually.
- Limiting in-person events and large gatherings (to the extent feasible, hosting the events virtually or rescheduling).
- Increasing physical space between employees and visitors in the workplace.
- Limiting the number of visitors by conducting business virtually.
- Staggering break and lunch times.
- Discouraging social practices that violate social distancing rules, such as handshakes.

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

- Other than when providing clinical services, avoid meeting people face to face. Employees are encouraged to use the telephone, online conferencing, e-mail or messaging to conduct business as much as possible, even when participants are in the same building.
- If a face-to-face meeting is necessary, choose a large meeting room that meets capacity needs and sit at least two yards from each other if possible; avoid person-to-person contact such as shaking hands.
- Avoid any unnecessary travel and cancel or postpone nonessential meetings, gatherings, workshops and training sessions.

- Do not congregate in work rooms, kitchenettes, copier rooms lobbies, waiting rooms, stair wells, 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.

### **Travel Throughout All Phases**

Teleconferencing continues as the preferred method of participation for CMHA-CEI employees to attend necessary business meetings, etc. Immediate supervisor must be consulted for exception and approval to resume in-person attendance at community business meetings.

# Appendices

## Appendix 1 - COVID-19 Related Structures and Staff Roles

### Virus Task Force

The Virus Task Force meets every weekday at 3:00 pm; functions include:

- Processing updated guidance of CDC, State, and local Health Departments
- Developing and reviewing internal protocols
- Monitoring protective equipment ordering and management
- Facilitating communication with staff, providers, or consumers and the public
- Reviewing and responding to questions received [COVID19-questions@ceicmh.org](mailto:COVID19-questions@ceicmh.org)
- Creates sub-groups to work on specific issues, such as training and education or other topics that may arise.

Virus Task Force members include:

- Sara Lurie, Chief Executive Officer
- Dr. Jennifer Stanley, Medical Director
- Sharon Blizzard, Chief Human Resources Officer
- Joyce Tunnard, Director of Quality, Customer Service and Recipient Rights
- John Peiffer, Property & Facilities Supervisor
- Mary Huffman, Agency-wide Senior RN
- Kinnith Gibbs, Safety and Security Coordinator
- Heidi Nagel, Business Analyst
- Emily Wollner, QCSRR Administrative Assistant
- Others, as needed.

### Virus Response Team

The Virus Response Team consists of Site Supervisors, Virus Response Designees, and Screeners. These roles may be separate or overlap.

### Virus Site Supervisor and Virus Response Designee:

Under the direction of the department/site/unit supervisor and as appropriate to the site/unit/department a Virus Response Designee will be assigned to each site who will be responsible to coordinate communication, supply management, and support the implementation of best practice safety measures for mitigation of COVID-19. Virus Response Designee will be monitoring and distributing supplies, including identifying and addressing issues and challenges. Working with the site supervisor, they will take leadership in promoting a safe and healthy environment. This person will have responsibility to oversee the following; the actual operationalization of the specific functions could be delegated to other staff members. Both the Supervisor and Assigned Virus Response Designee will be asked to participate in training to be scheduled at the end of May.

**Areas of Responsibility for Virus Response Designees:**

- Connect with Facilities and the Virus Task Force regarding issues and challenges
- Provide direction/instruction to staff and consumers in the building
- Ensure required signage is posted
- Communication regarding supply management, inventory, screening/traffic flow process and cleaning

**Screener Role:**

Each CMHA-CEI site will have a trained designated screener who will facilitate screening of staff, consumers, and visitors to CMHA-CEI facilities and will follow established screening protocols. In addition to screening, Screeners will distribute face masks as needed to those entering the facility.

**After Hours Facility Designee:**

In 24/7 programs this role will be assigned to monitor and problem solve around the implementation of safety measures for mitigation of COVID-19.

## Appendix 2 - Facilities Protocols

### Cleaning

#### 1. CMHA-CEI Staff

- a. **Personal Work Areas:** Staff must wipe down personal work areas at least two time per day.
- b. **Consumer Visits:** Between consumer visits in office spaces or meeting rooms:
  - i. Use disinfectant spray and paper towel. Apply spray to paper towel then wipe frequently touched surfaces, including door knobs, light switches, chairs and chair arms, desktops or work surfaces, tables, phones, and/or keyboard.
- c. **Kitchenettes:** When used should be cleaned by staff with disinfectant spray or all-purpose (for areas involving food) cleaner and paper towels. Spray should be applied to paper towels and used to clean frequently touched surfaces after use including coffee pot handles, buttons/handles on appliances, sink knobs, and/or countertops. Gloves will be available in kitchenette areas.
- d. **Copy Areas:** Shared equipment (i.e. copy machines) should be cleaned between use including frequently touched surfaces like keypad terminals, paper tray drawer handles, lids to scanners, etc. Disinfecting instructions will be posted near each copy machine.

#### 2. Virus Busters Team (Contracted)

- a. In addition to current custodial services, the Virus Busters Team will perform additional cleaning at all CMHA-CEI daily.
- b. Disinfect by spraying approved disinfectant on paper towel and wiping down high frequency touched surfaces: Elevators, buttons, interiors and doors, restrooms, furniture, fixtures, door knobs, door faces, switch plates, water bottle filler stations, etc.

#### 3. CMHA-CEI/Contracted Custodial

- a. Provides general/standard cleaning, vacuuming, moping, restrooms and trash with additional cleaning taking place in common areas, work stations, offices, and restroom.
- a. **Common Areas, Work Stations and Offices:** Vacuum, Mop, Empty Trash Receptacles, Dusting, etc. Maintain a clear desk by minimizing items on frequently touched surfaces (desks or office tables) in order to make for easy cleaning and disinfecting.
  - i. Disinfect by spraying approved disinfectant on paper towel and wiping down high frequency touched surfaces: Elevators, buttons, interiors and doors, restrooms, furniture, fixtures, door knobs, door faces, switch plates, water bottle filler stations, etc.



- b. **Rest Rooms:** Close Rest Room, Empty waste receptacles, fill soap and other dispensers, dust, dust mop, clean and disinfect the sinks, counter tops, clean glass and mirrors, clean and disinfect toilets and all areas of the toilet fixture or urinal, clean and disinfect the walls around toilets, urinals, stall entry doors, partitions between toilets, urinals and sinks. Perform any needed spot cleaning. Damp Mop floors – disinfect.
- c. **Drinking Fountains:** Close and provide a protective cover. Consider alternatives. Bottled water dispensers, bottle fillers.

## Appendix 2 – Facilities Protocols

### Traffic Flow and Social Distancing:

#### 1. Traffic Patterns:

- a. **Moving with Others:** Staff should walk separately and maintain 6-foot distance. Open doors and pass through, without holding doors open for others.
- b. **Hallways:** Main hallways and corridors will have directional arrows to maintain direction and social distancing as appropriate and applied by CMHA CEI Property and Facilities.
- c. **Within Suites:** Will have directional arrows (decals) to maintain direction and social distancing in a clockwise fashion when possible.
- d. **Stairwells:** (Pending guidance or an answer from the local Fire Marshalls office or A&E Firm.) Goal is to establish separate up/down stairwells to promote social distancing. (May not be applicable in leased Facilities.) In the event of a Fire or evacuation, all stairwells remain accessible for egress. If unable to establish separate up/down stairwells, staff should stay to the right in stairwells, maintain 6-foot distance, and not gather in stairwells.
- e. **Waiting Areas and Lobbies:** Property and Facilities will remove and space chairs when possible and if not mark chairs off for nonuse in order to maintain social distancing. Waiting areas and lobby's will be monitored by Reception Staff and Virus Response Designee watching to make sure they are not over capacity for proper social distancing.
- f. **Entrances/Exits:** Single points of entry will be maintained for screening purposes. Screeners will be located at all authorized or designated points of entry at larger sites if more than one screening location has been established. When possible designate a separate exit door to be used at Entry points to Facilities. Doors will be marked as Entrance or Exit by Property and Facilities. Entrances and exits will be marked and required signage and notices will be posted. Facilities with foyers and/or two sets of doors can prop open the inner set of doors to minimize touch points.

#### 2. Occupancy/Capacity Signage:

- a. **Elevators:** Decals on the floor will mark appropriate social distancing. Elevator capacity will be marked with signage outside the elevator on each floor.
- b. **Restrooms:** capacity will be marked with signage outside each Rest Room. Restroom stalls will be marked as available for use in order to maintain social distancing. Some stalls may be closed. (Signage needs outside the rest room and inside for the available stalls.) Consider Families using rest rooms on signage.
- c. **Conference Rooms:** Capacity signage will be placed outside each conference room. Facilities staff will remove extra chairs and mark tables with tape for chair placement in order to maintain social distancing for proper use.

d. **Copy Rooms:** Capacity signage will be placed outside each copy room along with information about cleaning between use.

3. **Deployment of signage.**

a. **Facilities:** Will provide and apply signage regarding capacity and decals for traffic flow.

b. **Virus Response Designee:** Will post and apply signage as it pertains to information from CDC, Local Health Department, per CMHA CEI guidance and as information changes.

## Appendix 2 – Facilities Protocols

### Supplies and Personal Protective Equipment (PPE) Management

1. Procurement/Purchasing for the Agency:
  - a. A vendor list will be kept and maintained on file electronically by Property and Facilities.
  - b. Ordering PPE, cleaning supplies, and other related COVID-19 supplies/equipment is centralized by Property and Facilities for the agency and based on estimated usage and burn rates.
  - c. PPE usage is based on taking into consideration the number of staff presently working on or at each site, each shift, and the number of Consumers entering or at the Facility per day. These counts are provided to Property and Facilities through the screeners and reported via e-mail each day.
  - d. PPE Central Supply Inventory Levels: Every effort will be made to maintain PPE Central Supply Inventory Levels greater than 50% of the current need.
  
2. There are three areas of supplies managed by Property and Facilities for the purposes of the COVID-19 pandemic:
  - a. PPE: Surgical masks, N-95 and KN-95 masks, face shields, gloves, and gowns/suits, other eye covering.
  - b. Cleaning Supplies: Disinfectant spray, all-purpose spray for kitchenettes, paper towels, food grade gloves for kitchenettes and cleaning, hand soap, and hand sanitizer.
  - c. Other Supplies: Tissues, portable chairs, bottled water service, cloth face coverings, and vehicle seat covers.
  
3. Inventory Processes for Sites/Units:
  - a. COVID-19 supply inventory management and ordering will be monitored by the Virus Response Designee.
  - b. As supplies are distributed, maintain an updated number for each type of supply/item on the inventory spreadsheet and update at least daily to record use of supplies.
  - c. Orders for more supplies should be placed with Property and Facilities when there is less than one week of the item on-site. Supply orders are made by completing the Supplies Ordering Form and emailing it to [maintenance@ceicmh.org](mailto:maintenance@ceicmh.org) with “COVID-19 Supplies” in the subject line.
  - d. A plan for delivery or pick-up of the requested supplies will be determined with the requesting site.
    - i. Deliveries will be made by Facilities staff at the door of the site. The Facilities staff member making the delivery will call the site staff when they arrive at the site so as to minimize touch points during the delivery exchange. The exchange will typically be made at the main entry door.

4. Handling of PPE:

- a. Sorting PPE: All sorting of PPE by Facilities staff must be completed by wearing a mask and gloves so as not to contaminate any product. This includes counting product.
- b. Prep and Re-Package of PPE: When re-packaging, a smaller number of gloves, masks, etc. into zip lock bags, Facilities staff will wear gloves and a mask again to be sure and not contaminate any product.

## References, Review, and Change Log

The contents of this plan are subject to change based upon further guidance from Local, State, or Federal Government.

### References:

[CMHA-CEI Infection Control Policy 3.5.04](#)

[CMHA-CEI Infection Control Procedure 3.5.04](#)

[CMHA-CEI Pandemic Preparedness Plan for COVID-19 Virus](#)

[CMHA-CEI Pandemic Protocol Directory for COVID-19 Virus](#)

Guidance on Preparing Workplaces for COVID-19 OSHA 3990-03 2020

CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again May 2020

### Review/ Evaluation of this Phased-In Recovery Plan for COVID-19 Virus:

This plan is reviewed and updated at least annually, and revised as necessary.

### Review/Change History:

Date of Review	Responsible Staff	Changes