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

Pandemic Protocol Directory for COVID-19 Virus

Version 2, Updated 5-21-20

To support clinical managers, the protocols regarding our work during COVID-19 have been compiled in this directory. Protocols, associated tools, and resources are hyperlinked throughout the document for ease in navigating.

It is acknowledged that the protocols are ever-changing, based on Federal, State, and Local mandate and direction. The version of the directory available through the [COVID-19 Information Intranet link](#) is the most up to date. Managers will be notified by email when substantive changes are made to specific protocols.

Please email any questions to COVID19-Questions@ceicmh.org. The email is reviewed weekdays by the Virus Task Force, and monitored on the weekends for urgent needs.

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Section 1: Key Contacts

1. CMHA-CEI Human Resources Department Hotline/email:
 - a. Messages will be monitored M-F, 8-5
 - i. HR Hotline: 517-237-7087
 - ii. Email: hr-leaves@ceicmh.org
2. CMHA-CEI Nurse line: 517-515-2147 M-F, 8-5; After hours: 517-243-0635
3. MI COVID-19 Hotline: 888-535-6136 (7-days a week, 8-5)
4. Ingham County Health Department: Communicable Disease Division at 517-887-4308, press 3, and ask for a triage nurse.
5. Eaton County Health Department: 517-541-2641, may have to leave a message and call back.
6. Mid-Michigan District Health Department (Clinton County): 989-224-2195, After Hours: 989-276-0260 and select the option to talk to a nurse about COVID-19.

Questions About COVID-19?

MDHHS has launched several statewide platforms to answer questions about Coronavirus Disease 2019 (COVID-19) and to keep residents up to date as information continues to change rapidly during the outbreak.

-  **Call the COVID-19 Hotline at 888-535-6136**, seven days a week from 8 a.m. to 5 p.m.
-  **Email COVID19@michigan.gov 24/7.** Emails will be answered seven days a week, 8 a.m. to 5 p.m.
-  **Subscribe to e-newsletter updates at Michigan.gov/Coronavirus.**
-  **Visit Michigan.gov/Coronavirus** for the latest news and information.



Section 2: Masks and Other Personal Protective Equipment (PPE)

Throughout this document, the phrase "perform hand hygiene" means washing your hands with soap and water for at least 20 seconds then drying them with a clean towel or using an alcohol-based hand sanitizer by applying the sanitizer to your hands, rubbing them together briskly to spread the sanitizer, then allowing them to air dry.

A. General Staff Mask Protocol

1. All staff must wear, at a minimum, a cloth mask or face covering at all times while in common areas, shared spaces, or when not able to maintain six feet of separation from others when on-site at CMHA-CEI facilities.
2. All staff coming on-site to a CMHA-CEI facility will be provided a surgical mask at screening for use while on-site.
 - a. Staff will be provided one surgical mask per shift or per day at screening at CMHA-CEI facilities.
 - b. Surgical masks must be worn at all times when in common areas, shared spaces, or when not able to maintain six feet of social distancing on-site at CMHA-CEI facilities.
3. Unless otherwise required through established protocol as noted below, staff may choose to wear their own cloth face covering instead of the provided surgical mask. Cloth masks or face coverings worn by staff must adhere to [CDC guidelines](#).
4. If a staff member's cloth mask or face covering does not adhere to CDC guidelines, they must wear the agency-provided surgical mask.
5. If a staff member has their own N-95 mask and wishes to wear it in place of the agency-provided surgical mask, they may do so in any setting in which a cloth mask/face covering would be permitted. If a staff member chooses to do this, they must attest to having watched the [CMHA-CEI N-95 training video](#).
6. If a staff member is unable to wear a mask or face covering for medical reasons, they will need to contact the CMHA-CEI Human Resources department to request a reasonable accommodation under the Americans with Disabilities Act.
7. Please see below for specific protocols regarding when agency-provided surgical masks or N-95 masks must be worn.

B. Consumer/Visitor General Mask Protocol

1. Consumers or visitors on-site at CMHA-CEI facilities will be asked to adhere to CDC and State guidance and wear, at a minimum, cloth face coverings when in common areas, shared spaces, or when not able to maintain six feet of social distancing, unless the consumer or visitor is unable to wear a mask for medical reasons.
2. When meeting in the community or homebased, consumers and those participating in meetings will be asked to wear, at a minimum, cloth face coverings when in common areas, shared spaces, or when not able to maintain six feet of social distancing, unless the consumer or other meeting participant is unable to wear a mask for medical reasons.
3. Consumers, visitors, or participants in community or homebased meetings who do not have a face covering of their own will be asked to wear a surgical mask provided by CMHA-CEI.
4. A mask should never be placed on anyone who is unable to remove it themselves. Consumers and visitors, including young children, who are unable to remove a mask on their own should not wear a mask or face covering. Per CDC guidance,

masks should never be placed on children younger than two years. The inability to remove a mask is considered a medical reason not to wear a mask.

5. Consumer/Visitor/Other Non-Staff Face Covering Refusal:
 - a. Consumers who are at the CMHA-CEI facility for a clinical reason must be allowed into the building even if they refuse to wear a mask and do not have an articulated medical reason.
 - b. Consumers visiting a CMHA-CEI facility for non-clinical reasons, such as check or prescription pick-up, who refuse to wear a mask should be asked to wait outside the building while alternate arrangements are made to meet the consumer's needs.
 - c. Visitors to a CMHA-CEI facility who refuse to wear a mask or cloth face covering without a medical reason for this should be asked to leave the building.
 - d. Before meeting in-person with a consumer in the community or consumer home, determine the willingness of the consumer and other meeting participants to wear a face covering. If the consumer or other participants refuse to wear a face covering, explain why wearing a mask is important and discuss their concern. If refusal continues, but the consumer and others present do not answer "Yes" to any screening questions, proceed with the in-person meeting and ensure that a social distance of 6-feet is maintained throughout the meeting. Consider consultation with Supervisor or On-Call Nurse as needed.
 - e. Consumers and visitors may be asked by screeners if they have a medical reason for not wearing a mask or cloth face covering. They may NOT be asked for any further information if they answer affirmatively.

C. Specific Situations with Protocols Beyond Those Above

1. Situations Where Surgical Masks Are Required

- a. Surgical masks provided by CMHA-CEI are required to be used in the following circumstances (cloth masks/face coverings or other masks not provided by CMHA-CEI will not be allowed):
 - i. The following 24/7 Programs require staff to wear an agency-provided surgical mask while on site during their shift: The Recovery Center (TRC), Bridges Crisis Unit (BCU), House of Commons (HOC), Crisis Services at Jolly and ICC, and all CMHA-CEI directly operated group homes and CMHA-CEI supported living sites.
 - ii. All other staff reporting to worksites are required to wear agency-provided surgical masks when close contact with consumers or other staff cannot be avoided.
 - iii. All consumers admitted to TRC, BCU, HOC, and CMHA-CEI directly operated group homes should be asked to wear a surgical mask for the first 14 days they are residing in the facility. Masks may be removed to sleep, shower, and eat. Newly admitted consumers should eat separately from other residents for 14 days due to the impossibility of wearing a mask correctly while eating.
 - iv. If a consumer has active respiratory symptoms, they should be asked to wear a surgical mask at screening entry points, even if they have their own mask or face covering.
 1. If a symptomatic consumer refuses to wear a mask, the following steps should be taken:

- a. Isolate the consumer, ideally in a big room with a closed door.
 - b. Attempt to have the consumer utilize tissues instead of the mask to cover their mouth and nose.
 - c. Staff providing service to the consumer should utilize any available PPE including gowns, masks, gloves, and eye protection and maintain a distance of six feet.
 - d. If six feet of separation cannot be maintained, staff should wear a N95 mask, if available, in place of a surgical mask.
 - e. Be as brief as possible in determining the need of the consumer and when possible move to remote contact.
 - v. Face shields may also be worn in the circumstances identified above at the discretion of staff; strongly consider if contact with body fluids or splashing is likely and/or small children are present.
- b. In circumstances where agency-provided surgical mask use is required, the following guidance should be followed:
- i. While wearing a mask, do not touch the outside of the mask at any time.
 - ii. In general, you should put the mask on at the beginning of your shift and leave it in place until the end of your shift.
 - iii. Make sure you eat and drink before coming to work to avoid becoming dehydrated or overly hungry.
 - iv. During your lunch and formal breaks, you should leave your work area and go to your vehicle or a space designated by your supervisor where there are no other people in order to eat or drink.
 - v. While wearing a mask at work, you should remove it only when absolutely necessary. Do not touch the outside of the mask. If you do, immediately perform hand hygiene.
 - vi. If you must remove your mask during your shift, place a clean paper towel on a flat surface, then place the mask OUTSIDE SURFACE DOWN onto the paper towel while you are not wearing it. Perform hand hygiene immediately after removing your mask and immediately after re-donning it.
 - vii. Staff with long hair should consider wearing it pulled back at work. This generally makes donning and doffing (removing) a mask much easier, and it decreases the chances of dragging your hair across the outside of the mask and contaminating your hair.
- c. Surgical mask reuse guidance:
- i. Surgical masks intended for reuse should be carefully removed, folded so that the outside of the mask is touching itself and covering itself, then placed in a paper bag to be reused ONLY by the same staff member. A plastic bag should not be used, as it will not allow the mask to dry out.
 - ii. Immediately upon donning a previously used mask or doffing (removing) any mask, staff members should perform hand hygiene.
 - iii. If during the course of use of a mask, the mask becomes visibly soiled or difficult to breathe through, the mask should be replaced.

2. Situations Where N95 Masks Are Required

- a. N95 masks and face shields provided by CMHA-CEI are required to be used when staff are caring for an individual with respiratory symptoms, fever, or diagnosis of COVID-19.

- i. If the N95 mask does not fit properly, then a surgical mask should be worn instead, except as below.
 - ii. If a staff member has their own supply of N95 masks and the agency provided masks do not fit correctly, the staff member may be permitted to wear their own N95 masks on a case-by-case basis. Such masks must be approved prior to being worn on the job by CMHA-CEI Property and Facilities Supervisor, [John Peiffer](#), or CMHA-CEI Environmental Safety Compliance Officer, [Kinnith Gibbs](#).
 - iii. If providing care which requires direct physical contact or close contact for more than a moment or two with an individual with symptoms or a positive diagnosis of COVID-19 also use gloves, eye protection and gowns when available.
- b. If a resident in a group home utilizes CPAP or BiPAP and exhibits symptoms of COVID-19 or has a formal diagnosis of COVID-19, the door to the room in which the CPAP/BiPAP is used should be kept closed at all times, except for someone to enter or exit. This is due to the risk, not yet definitively proven, that CPAP and BiPAP may create aerosols that are potentially more likely to transmit COVID-19 than standard droplets produced when breathing and coughing.
- c. In circumstances where N95 mask use is required, the subsequent guidance should be followed:
- i. While wearing a mask, do not touch the outside of the mask at any time.
 - ii. In general, you should put the mask on at the beginning of your shift and leave it in place until the end of your shift. This applies to settings in which staff are working with the same consumers throughout the shift. In settings such as Crisis Services, where staff are dealing with many different consumers, N95 masks need only been worn when caring for consumers with respiratory symptoms, fever, or COVID-19 diagnosis, as above.
 - iii. Make sure you eat and drink before coming to work to avoid becoming dehydrated or overly hungry.
 - iv. During your lunch and formal breaks, you should leave your work area and go to your vehicle or a space designated by your supervisor where there are no other people in order to eat or drink.
 - v. If you are wearing a face mask (whether a surgical mask or N95, as above, or a cloth mask, as below) at work, you should remove it only when absolutely necessary. Do not touch the outside of the mask. If you do, immediately perform hand hygiene.
 - vi. If you must remove your mask during your shift, place a clean paper towel on a flat surface, then place the mask OUTSIDE SURFACE DOWN onto the paper towel while you are not wearing it. Perform hand hygiene immediately after removing your mask and immediately after re-donning it.
 - vii. Staff with long hair should consider wearing it pulled back at work. This generally makes donning and doffing (removing) a mask much easier, and it decreases the chances of dragging your hair across the outside of the mask and contaminating your hair.

D. Additional Guidance on Cloth Masks/Face Coverings

1. Cloth masks/face coverings do not take the place of surgical masks or N95 masks when current protocols, as above, state that those types of masks are required to be worn.
2. Cloth masks/face coverings are not intended to, nor do they, protect the wearer. They are intended to decrease the spread of respiratory droplets that could contain the COVID-19 virus when the wearer of the mask coughs, sneezes, speaks, or breathes.
3. Safe cloth mask/face covering use guidance:
 - a. Put on your mask/cloth face covering when you leave your home and, as much as possible, do not remove it until you return to your home.
 - b. If driving in a private vehicle either alone or only with members of your immediate household, you may choose to put on your mask when you leave your vehicle to start work and remove it when you return to your vehicle at the end of your shift.
 - c. Do not touch the outside of the mask at any time. If you must remove your mask, you should either place it outside surface down onto a clean paper towel or carefully fold it on itself with the outside surfaces touching, then place it in a paper bag, to prevent spreading potential contamination.
 - d. Individuals should be careful not to touch their eyes, nose and/or mouth when removing their cloth mask/face covering and should perform hand hygiene immediately after removing the mask/face covering.
 - e. Cloth masks/face coverings should be routinely washed depending on the frequency of use. Preferably, a cloth mask or face covering should be worn only for a single day before it is washed. A washing machine on at least a warm temperature setting with standard detergent should suffice in properly washing a cloth face covering.

E. Other PPE

1. Face Shields

- a. In circumstances where agency provided face shields are suggested or required, the following guidance should be followed:
 - i. Face shields are not meant to function as primary respiratory protection and should be used concurrently with a surgical mask, KN-95 mask, or N-95 mask as established in the [mask usage protocols](#).
 - ii. A face shield should be dedicated to one staff person.
 - iii. Carefully remove a face shield by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield.
 - iv. Staff should take care not to touch their face shield. If they touch or adjust their face shield they must immediately perform hand hygiene.
- b. Face shield reuse guidance:
 - i. Face shields should be cleaned after each use, immediately if visibly soiled, and at least daily after each shift.
 - ii. While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
 - iii. Carefully wipe the outside of the face shield using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
 - iv. Wipe the outside of face shield with clean water or alcohol to remove residue.
 - v. Fully dry (air dry or use clean absorbent towels).

- vi. Remove gloves and perform hand hygiene.
- vii. After drying, a face shield should be stored in a transparent plastic container and labeled with the staff person's name to prevent accidental sharing.
- viii. Face shields should be closely examined prior to each reuse to ensure the integrity of the foam pad, elastic strap, and clarity of the visor and be discarded if damaged.

Section 3: Screening

A. Screening of Staff/Consumer/Visitor Entering CMHA-CEI Facility

1. Staff Entering CMHA-CEI Facility

- a. Use the linked screening tool: [Staff Screening Tool](#).
- b. Screening will be completed verbally.
- c. Each site will have a trained designated screener (can be receptionist, manager, etc.). Designated screeners will sign a [non-disclosure form](#).
- d. The designated screener will ask each staff person entering the building the questions on the screening tool, take the staff's temperature (only if a touchless thermometer is available), and enter the staff person's name, suite or location, and response to screening on the [tracking log](#). Tracking logs must be submitted to Facilities each day.
- e. If the staff person answers all screening questions "No", they may then proceed into the building.
- f. All staff will be provided a surgical mask at screening, for use on-site. Unless otherwise required through established protocol, if staff prefer to wear their own cloth face covering instead of the provided surgical mask, they may do so, but must adhere to the CDC cloth face covering guidance: [Click to View CDC Cloth Face Covering Guidance](#); [Click to View the CMHA-CEI Mask Protocol](#)
- g. If the staff person answers any screening question "Yes" for the initial or second screening, then the designated screener will do as follows:
 - i. Read the script at the bottom of the screening tool to further direct staff,
 - ii. Request their supervisor's name and phone number,
 - iii. Contact the supervisor to inform them of the positive screen.

2. Consumer or Visitor Entering CMHA-CEI Facility

- a. Use the linked screening tool: [Consumer On-Site Screening Tool](#).
- b. Screening will be completed verbally unless other methods are required due to consumer or visitor special needs.
- c. Each site will have a trained designated screener (can be receptionist, manager, etc.).
- d. The designated screener will ask each visitor or consumer entering the building the questions on the screening tool.
- e. If the visitor or consumer answers all screening questions "No", then they will proceed normally.
- f. If visitor or consumer does not have an appropriate mask/face covering offer one. Refer to the [CMHA-CEI Mask Protocol](#) for more detail.
- g. If the consumer answers any screening question "Yes", then the designated screener will do as follows:
 - i. Give the consumer a mask,
 - ii. Call the Nurse on-call line 517-515-2147 (8-5, M-F) or after hours: 517-243-0635 and facilitate additional screening between the Nurse on-call and the consumer,
 - iii. OR, refer the consumer to the on-site Nurse for additional screening.

B. Screening of Staff/Consumer for Community and Homebased Services

1. Staff Screening for Community and Homebased Services

- a. Use the linked screening tool: [Staff Screening Tool](#).
- b. If staff are already on-site at a CMHA-CEI facility, then the [Staff Entering a CMHA-CEI Facility screening protocol](#) can be followed.
- c. If staff are off-site and the need to meet with a consumer in-person in the community or their home is identified, the staff person will complete a self-screening utilizing the [Staff Screening Tool](#).
- d. Staff self-screening does not need to be completed more than once daily.
- e. Staff will enter the self-screening results on the [Staff Self-Screening Log](#).
- f. If staff respond "Yes" to any of the screening questions, they will contact their immediate supervisor for further guidance before proceeding with in-person services in the community or consumer home.
- g. Staff will submit the [Staff Self Screening Log](#) to their supervisor every two weeks with submission of their time card, unless otherwise directed by their supervisor.
- h. Supervisors will review staff self-screening logs to ensure compliance with screening requirements and maintain on file for future reference.

2. Consumer Screening for Community and Homebased Services

- a. Use the linked screening tool: [Consumer Meeting In-Person in the Community and Homebased Screening Tool](#).
- b. Screening will be completed verbally unless other methods are required due to consumer special needs.
- c. If the need to meet a consumer in-person in the community or their home is identified, staff will complete the appropriate consumer screening tool over the phone with the consumer. **Consumer screening prior to meeting will be completed in the timeframe identified by the program.**
- d. **If meeting in the consumer's home, screening questions should be asked for anyone currently living in the home. If meeting in the community, screening questions should be asked of anyone who will be participating in the meeting.**
- e. **If the consumer, or others in the home or participating in the meeting, answer any screening question "Yes", the staff person will follow-up with their supervisor to determine next steps.**
- f. Optional Step: The staff person or supervisor may contact the on-call Nurse to help sort next steps at 517-515-2147 (8-5, M-F) or after hours: 517-243-0635.

Section 4: Exposure Protocols – CMHA-CEI

A. Employees

1. Employee Reports They Had Contact with Someone with a Positive COVID-19 Diagnosis or Test:

- a. If contact was outside of work management will:
 - i. Consider reassignment to remote work.
 - ii. If on-site work is required, instruct to monitor closely for symptoms for 14 days from contact, wear a mask, and participate with screening protocols.

2. Employee with Symptoms

- a. If an Employee does not pass screening, or self-reports to their manager or HR that they have symptoms of COVID-19 management will take the following steps:
 - i. If the employee self-reports, management should complete the [Employee Self-Report Form](#).
 - ii. Management will ask the employee to follow up with their healthcare provider and advise that they may call the MI COVID-19 hotline, 888-535-6136.
 - iii. Management will contact the employee and ask the following questions:
 1. When did your symptoms begin? (*Management must not ask the employee what their symptoms are as this is PHI.*)
 2. Please share with me, who have you interacted with (staff and/or consumers) from today and back to forty-eight (48) hours prior to the onset of your symptoms?
 3. Did you have close contact (i.e. less than six (6) feet) with the individuals named from today and back to forty-eight (48) hours prior to the onset of your symptoms?
 - iv. Management will log the conversation.
- b. Remote Worker:
 - i. If staff will be unavailable to work remotely, as of day four, HR will initiate the Leave Status Change.
 - ii. To return to remote work the employee must have supervisor approval.
- c. On-Site Worker:
 - i. If possible and desired, reassign to remote work.
 - ii. If reassignment is not an option, staff will be placed on leave; as of day four, HR will initiate the Leave Status Change.
 - iii. To return to in-person work, staff must continue to work with HR who will follow the current CDC and local Health Department guidelines. ([Return to Work Criteria with Confirmed or Suspected COVID-19](#))

3. Employee with a Positive COVID-19 Diagnosis or Test

- a. Management will follow steps in [section 4.A.2 – Employees with Symptoms](#) if not already complete.
- b. Management will follow [Consumer Exposure Notification](#) protocol.
- c. Management will notify HR and HR will follow the [Employee Exposure Notification](#) protocol.

B. Consumers

1. Consumer/Guardian Reports the Consumer Had Contact with Someone with a Positive COVID-19 Diagnosis or Test

- a. If contact was not while receiving services:
 - i. Notify Consumer/Guardian (as appropriate).
 - ii. Provide the MI-COVID hotline, 888-535-6136.
 - iii. If meeting in-person, ask that they wear a surgical mask and maintain 6-feet social distance.
 - iv. If in residential setting, ask that they wear a surgical masks and isolate consumer as much as possible from other residents (as appropriate).
 - v. Advise that they pay attention for any symptoms for 14 days from the contact (as appropriate)

2. Consumer with Symptoms - In Residential/Supported Living Setting

- a. Care for the consumer:
 - i. Request that they wear a surgical mask.
 - ii. Isolate consumer as much as possible from all other residents.
 - iii. Ideally, have consumer remain in their private room with the door closed.
 - iv. Monitor other residents and staff for symptoms.
 - v. Keep consumer and other residents in the home.
- b. House Manager or designee will determine the following:
 - i. Identify when the consumer's symptoms began.
 - ii. Identify who the consumer had close contact (i.e. less than six (6) feet) with (staff and/or consumers) from today and back to forty-eight (48) hours prior to the onset of the consumer's symptoms.
- c. House Manager or designee will contact consumer's guardian, if applicable.
- d. House Manager or designees will contact consumer's Primary Care Physician, identify that the consumer is living in a congregate setting and request the consideration of a COVID-19 test.
 - i. If the Doctor does not order test, notify CMHA-CEI Supervisor who will consult with the CMHA-CEI Medical Director.
 - ii. If the Doctor orders a COVID-19 test, the Home Manager or designee will:
 1. Notify (within 12 hours) all employees who work in the home.
 2. Based on the date/time of the Doctor order for the COVID-19 test, appropriate enhanced pay shall apply for employees in the home.
 3. Notify Supervisor.
 4. Email covid19-questions@ceicmh.org the consumer's name and case number and report the symptoms.
 5. Update the consumer's Potential Emergency form (PE) in Smartcare alerting Crisis Services (CS) of the test ordered in response to symptoms in the event the consumer needs to go to CS.
 6. Follow the [Caring for Medically Suspected/Known COVID protocol](#).

3. Consumer with a Positive COVID-19 Test or Diagnosis - In Residential/Supported Living Setting

- a. Management will follow steps in [section 4.B.2 - Consumer with Symptoms in Residential/Supported Living Setting](#) if not already complete.

- b. Consult with Supervisor to coordinate contact with the local health department and follow their guidance regarding need for a quarantine of the facility or other public health orders.
- c. Follow the [Consumer Exposure Notification Protocol](#).
- d. Notify HR of positive COVID-19 test result. HR will then follow the [Employee Exposure Notification Protocol](#).
- e. Update the consumer's PE in Smartcare alerting Crisis Services (CS) to the positive test in the event the consumer needs to go to CS.

4. Consumer with Symptoms - Not in Residential Setting

- a. Case Manager will:
 - i. Assist as needed with connection to healthcare provider and health department resources.
 - ii. Consult with the CMHA-CEI Nurse line, if needed, to evaluate the need for emergency response.
 - iii. Contact consumer's guardian, if applicable.
 - iv. Suggest that the consumer/guardian contact consumer's Primary Care Physician, and request the consideration of a COVID-19 test.
 - v. Identify when the consumer's symptoms began.
 - vi. Identify who the consumer had close contact (i.e. less than six (6) feet), with (staff and/or consumers) from today and back to forty-eight (48) hours prior to the onset of the consumer's symptoms.
 - vii. Document the conversation with the consumer.
 - viii. Request that consumer/guardian notify the case manager if a test is ordered.
 - ix. If the Doctor orders a COVID-19 test:
 - 1. Notify their Supervisor.
 - 2. Email covid19-questions@ceicmh.org the consumer's name and case number and report the symptoms.
 - 3. Update the consumer's Potential Emergency form (PE) in Smartcare alerting Crisis Services (CS) of the test ordered in response to symptoms in the event the consumer needs to go to CS.
 - x. Follow up with the consumer and/or guardian via telephone or telehealth to determine the appropriate frequency of contact to stabilize behavioral health concerns and the need for regular contact with our CMHA-CEI Nurse line.
 - xi. Continue to report the consumer's status to their manager.

5. Consumer with a Positive COVID-19 Test or Diagnosis – Not in Residential Setting

- a. Case Manger will follow steps in [section 4.B.4 – Consumer With Symptoms Not in Residential Setting](#) if not already complete.
- b. Follow the [Consumer Exposure Notification Protocol](#).
- c. Notify HR of positive COVID-19 test. HR will follow the [Employee Exposure Notification Protocol](#) if Employees were exposed.
- d. Update the consumer's PE in Smartcare alerting Crisis Services (CS) to the positive test in the event the consumer needs to go to CS.

C. Caring for Individual with Medically Suspected or Known COVID-19

1. In all situations where staff are caring for individuals with medically suspected or known COVID-19, available Personal Protective Equipment (PPE) will be used while providing care. This includes, N95 masks, gloves, coveralls or gowns, safety glasses or shields.
2. If a staff member is working at a site caring for an individual or individuals with medically suspected or known COVID-19, every effort will be made to maintain consistent staffing at that site and avoid the need to send staff to multiple sites over the course of a day.
3. If staffing shortages necessitate staff working at multiple sites over the course of the day, efforts will be made to avoid having staff work at a site caring for individuals with medically suspected or known COVID-19 immediately followed by working in a site that is not currently caring for individuals with medically suspected or known COVID-19.
4. If staffing needs make it unavoidable and a staff member must go from a site where they are caring for individuals with medically suspected or known COVID-19 to another, PPE used at the first site should be disposed of properly and new PPE donned and worn while working in the new site.
 - a. [CDC Resource: Use PPE When Caring for Patients with Confirmed or Suspected COVID19](#)
 - b. [CDC Resource: Sequence for Putting On PPE](#)
 - c. [CDC Resource: Using Personal Protective Equipment](#)
5. All staff will be screened prior to entry at each site they work at each day and are expected to follow prevention strategies such as adhering to social distancing, frequent handwashing or use of hand sanitizer, avoid touching their face, and proper use of masks and other PPE. [View the CMHA-CEI Mask Usage Training Video.](#)
6. The following best practice precautions should be taken by all staff providing face to face care with consumers when preparing to return home and must be followed if providing care to individuals with medically suspected or known COVID-19:
 - a. Wash your hands just before you leave your worksite and consider sanitizing your hands when you reach your vehicle.
 - b. Wash your hands as soon as you get home and sanitize any surfaces you touched prior to washing your hands.
 - c. When you return home, consider leaving your shoes at your door and change into other shoes. Immediately take off your work clothes, place them in the washer, and launder them. Be sure to wash your hands after removing your clothes, and wipe down your washer if you touched it with un-sanitized hands.
 - d. If laundering your clothes immediately is not practical, place your clothes into a plastic bag and close it. When ready to launder, place the dirty clothes into the washer then throw away the plastic bag.
 - e. Consider showering immediately after returning home from work. We simply don't know enough yet about SARS-CoV-2, the virus that causes COVID-19, to know how long it survives on surfaces like hair.
 - f. Sanitize frequently touched surfaces in your home regularly.
 - g. If you live with someone who is at particular risk of severe illness should they be exposed to COVID-19, consider implementing as much social distancing as possible in your own home. This may mean sleeping in a different bedroom, eating at different times, asking another household

member to assume all care of a vulnerable person for whom care is normally shared, or many other things – everyone’s situation is different.

Section 5: Exposure Protocols – Contracted Residential/Supported Living Providers

A. Direction for CMHA-CEI Residential (Or Other Related) Supervisors

1. If a consumer has medically suspected or confirmed diagnosis of COVID-19 and resides at a contracted residential or supported living site:
 - a. Provider should contact the consumer’s case manager and the Residential Supervisor (or other applicable CMHA-CEI supervisor) ASAP.
 - b. If other CMHA_CEI staff are notified by the provider, they should refer the provider to the residential supervisors and notify the residential supervisor themselves.
2. CMHA-CEI Residential Supervisor (or designee) should do as follows:
 - a. Instruct the provider to follow the protocol for providers as noted below in Section 5.B ([Contracted Provider Symptomatic Consumer](#)).
 - b. Ask the provider about their access to PPE and their ability to use the PPE.
 - c. If any CMHA-CEI employees were identified by the provider as being exposed to someone with a medical diagnosis of COVID-19, email hr-leaves@ceicmh.org to report staff exposure and follow the [Employee Exposure Notification Protocol](#).
 - d. Email covid-19questions@ceicmh.org to report the medically suspected or confirmed diagnosis of COVID-19.
 - e. Update the consumer’s Potential Emergency form (PE) in Smartcare alerting Crisis Services of the medically suspected or confirmed diagnosis in the event the consumer needs to go to CS. If testing is completed in response to symptoms, update the PE with test results accordingly.
 - f. Email finance-contracts@ceicmh.org, so Finance can send documentation to the provider for the rate increase.
 - g. Consider daily follow-up with the provider to check-in and ensure notifications have been made, assess supply of PPE, inquire how the consumer is doing, monitor the symptoms of other consumers or staff, and to help manage staffing issues (follow-up can be completed by the clinical programs and/or by the Quality Advisors).

B. Direction for Contracted Residential/Supported Living Providers

1. If consumer (any individual) has medically suspected or confirmed diagnosis of COVID-19 and resides at a contracted residential site or supported living:
 - a. Provider should contact the consumer’s case manager and the Residential Supervisor (or other applicable CMHA-CEI supervisor) ASAP.
2. Provider should then do as follows:
 - a. Follow protocols as outlined in their COVID-19 plan around sanitation, use of PPE, and staff guidelines, etc., including:
 - b. To provide service to the consumer:
 - i. Request that they wear a surgical mask.
 - ii. Isolate consumer as much as possible from all other residents.
 - iii. Ideally, have consumer remain in their private room with the door closed.
 - iv. Monitor other residents and staff for symptoms.
 - v. Keep consumer and other residents in the home.
 - c. Determine the following:
 - i. Identify when the consumer’s symptoms began.
 - ii. Identify who the consumer may have had close contact (less than six (6) feet for more than a few minutes) with (staff and consumers) from

today and back to forty-eight (48) hours prior to the onset of their symptoms.

- d. Contact the guardian of the symptomatic consumer, if applicable.
- e. Contact the Primary Care Physician of the symptomatic consumer, identify that the consumer is living in a congregate setting and request the consideration of a COVID-19 test.
 - i. If the Doctor does not order test, notify the CMHA-CEI Supervisor who may consult with the CMHA-CEI Medical Director.
 - ii. If the Doctor orders a COVID-19 test:
 - 1. Notify the CMHA-CEI Residential Supervisor (or designee),
 - 2. Follow the [Caring for Individual with Medically Suspected or Known COVID-19 protocol](#).
 - iii. If the COVID-19 test is positive:
 - 1. Notify the CMHA-CEI Residential Supervisor (or designee) of positive test.
 - 2. Contact the local health department and follow their guidance regarding need for a quarantine of the facility or other public health orders.
 - 3. Notify the other residents and/or their guardians of a potential exposure.
 - 4. Notify the impacted employees of a possible exposure and request that employees self-monitor for symptoms. If they have symptoms they need to stay home and contact a healthcare provider. Also, provide the MI COVID-19 hotline 888-535-6136.
 - 5. Notify the CMHA-CEI Residential Supervisor (or designee) if any CMHA-CEI staff were in contact with the consumer in the past 48 hours (nurse, case manager, etc. who may have come to home).
 - 6. Monitor other residents and staff for symptoms and notify case managers and the CMHA-CEI Supervisor if any other CMHA-CEI consumer begins to show symptoms.
 - 7. If the consumer or other residents leave the facility, the provider will follow any guidance given by the health department or the consumer's medical provider regarding notification.

Attachments:

Screening Tool – Of Consumer Entering Facility On-Site

Three questions asked by NON-Medical Staff person:

1. What are you here for today?
2. Do you have any fever, cough, or flu-like symptoms today or in past 24 hours?
3. Have you had contact with anyone who is ill?

If answer is **YES** to 2 or 3:

- If Nurse On-Site: Refer to Nurse on-site for phase two questions. Give person a mask. Refer to the [consumer mask protocol](#) if the consumer refuses to wear a mask.
- If **NO** Nurse On-Site: Call the On-Call Nurse Line at 517-346-9736 (After Hours: 517-243-0635) for phase two questions. Give person a mask. Have individual sit at least six feet from others in the waiting area.

Screening Tool – Of Consumer for Meeting In-Person in the Community and Homebased

If meeting in the consumer's home, screening questions should be asked for anyone currently living in the home. If meeting in the community, screening questions should be asked of anyone who will be participating in the meeting.

Details to Establish Before Meeting:

1. Maintain Social Distancing (6-feet)
 - a. Discuss where you will meet and what options are available. Try to identify spaces where social distancing can be maintained such as a porch, park, or larger room.
 - b. Ask who will be present at the meeting and try to minimize the number of people.
 - c. Develop a plan with the consumer/family to best manage social distance and consider challenges specific to each consumer/family (will small children be present, etc.).
2. Masks/Face Coverings & Face Shields
 - a. Make sure the consumer knows you will be wearing a mask and may be wearing a face shield. Talk with the family about the need for face coverings.
 - i. If preferred, staff may wear their own face covering instead of the CMHA-CEI issued mask if a distance of 6-feet can be maintained during the meeting.
 - ii. Staff may wear a face shield in addition to their mask if it is determined that 6-distance cannot be maintained.
 - b. Ask if they and others present during the meeting have masks/face coverings and if they will be wearing them.
 - i. If the consumer or others present do not have masks/face coverings staff can provide CMHA-CEI issued face coverings for use during the meeting.
 - ii. If the consumer or others present refuse to wear a mask, explain why wearing a mask is important and discuss their concern. If refusal continues, but the consumer and others present do not answer "Yes" to any screening questions, proceed with the in-person meeting and ensure that a social distance of 6-feet is maintained throughout the meeting.
 - iii. Consider consultation with Supervisor or On-Call Nurse, as needed.
 - iv. Infants, children under two years of age, and anyone unable to remove their own face covering, should not wear a face covering.

Screening Questions:

1. Have you (or anyone else in your home) in the last 24 hours experienced any of the following symptoms?
 - Fever > 100.4* or feeling like you have a fever? Yes No
** If an employee does not own a thermometer and one is not available, they may report whether or not they have felt feverish.*
 - New Cough? Yes No
 - Shortness of breath/breathing difficulties? Yes No
2. In the last 14 days, have you (or anyone else in your home) been in close contact (face-to face contact within 6 feet) with someone who has tested positive for COVID-19? Yes No

If **YES** to any of the above items, consult as follows:

- Contact Supervisor to sort through the steps to address their behavioral need.
- Optional Step: Contact the On-Call Nurse to help you sort next steps
 - (517-515-2147) 8-5 M-F
 - (517-243-0635) After hours

Additional Notes:

- During the course of a visit, if someone shows symptoms, quickly triage the situation and conclude the community or homebased meeting. If more time is needed, call the consumer from your car to continue to triage and make a safety plan and identify next steps. Consult with your supervisor to sort through the steps to address their behavioral need.
- If the consumer or someone else in their home answers "Yes" to screening questions and the consumer presents urgent mental health needs that include imminent risk to self or others, you may need to direct them to McLaren or Sparrow Emergency Department. If you are aware that a consumer is going to the ED with imminent risk to self or others, the supervisor will contact the Crisis Services Supervisor to determine next steps to assess behavioral health needs.

Screening Tool – Of Staff – All Purposes

1. In the last 24 hours have you experienced any of the following symptoms?
 - Fever > 100.4 or feeling like you have a fever? Yes No
 - New or **worsening** cough? Yes No
 - Shortness of breath/breathing difficulties? Yes No
 - Diarrhea without known medical cause? Yes No
 - **Or two (2) or more of the following:**
 - Sore throat? Yes No
 - Chills? Yes No
 - Muscle aches? Yes No
 - Headache? Yes No
 - Loss of taste or smell? Yes No

2. In the last 14 days, have you been in close contact (face-to-face contact within 6 feet) with someone who has tested positive for COVID-19? Yes No

3. In the last 14 days, have you traveled outside of Michigan or internationally? Yes No

If **YES** to number #1 or #3, call your supervisor, return home, follow CDC guidelines and follow up with your Primary Care Provider as needed.

If **YES** to number #2, and answered **NO** to #1 and #3, notify your supervisor, follow the [Employee Exposure Protocol](#), and wear a CMHA-CEI issued surgical mask while at work for the next 14 days. Self-monitor for symptoms and do not report to work if you experience any symptoms of illness.

Staff Screening Log

CMHA-CEI Staff Screening Log

Site Name:

Date:

Staff Name	Suite #/ Location	Y	N	If Yes, Supervisor Name & Phone Number
*				
*				
*				

Non-Disclosure Agreement



CMHA-CEI NON-DISCLOSURE AGREEMENT

This non-disclosure agreement (the “Agreement”) is made between Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMHA-CEI) and the employee designee (“Designee”) and is effective March 18, 2020. The Agreement is intended to prevent the unauthorized disclosure of Confidential Information (as defined below) by the Designee. The parties agree as follows:

1. Personal Health Information

During the course of employment, the Designee may have access to personal health information (“PHI”) relating to employees and/or patients of CMHA-CEI. PHI may consist of tests results, medical records, billing, and financial records and/or any individually identifiable health information. PHI is protected by the Health Insurance Portability and Accountability Act (“HIPAA”). HIPAA permits access to PHI on a “need to know” basis. Therefore, unless authorization has been granted, any intentional accessing of PHI, or circumvention of PHI security protocols, is prohibited.

2. Confidential Information

Confidential Information consists of PHI as well as proprietary information relating to CMHA-CEI’s business, including but not limited to: medical and financial records, revenues, identification, account numbers, names, PINs, passwords and/or other information conveyed in writing or in a discussion that is indicated to be confidential.

3. Non-Disclosure

Without CMHA-CEI’s prior written consent, the Designee will not: a) disclose Confidential Information to any third party, whether electronically, orally, or in writing; b) make or permit to be made copies or other reproductions of Confidential Information; c) make any use of Confidential Information; and/or d) use or disclose Confidential Information in violation of applicable law, including but not limited to HIPAA.

4. Return of Confidential Materials

Upon CMHA-CEI's request, the Designee shall immediately return all original materials provided by CMHA-CEI and any copies, notes or other documents in the Designee's possession pertaining to Confidential Information.

5. Term

The non-disclosure terms of this Agreement shall survive any termination, cancellation, expiration or other conclusion of employment or this Agreement unless the parties otherwise expressly agree in writing or CMHA-CEI sends the Designee written notice releasing them from this Agreement.

6. Notice of Immunity from Liability

An individual shall not be held criminally or civilly liable under any federal or state trade secret law for the disclosure of a trade secret that is made i) in confidence to a federal, state, or local government official, either directly or indirectly, or to an attorney; and ii) solely for the purpose of reporting or investigating a suspected violation of law; or is made in a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal. An individual who files a lawsuit for retaliation by an employer for reporting a suspected violation of law may disclose the trade secret to the attorney of the individual and use the trade secret information in the court proceeding, if the individual i) files any document containing the trade secret under seal; and ii) does not disclose the trade secret, except pursuant to court order.

7. General Provisions

- a) **Severability.** If a court finds any provision of this Agreement invalid or unenforceable, the remainder of this Agreement shall be interpreted so as to best to effect the intent of the parties.
- b) **Integration.** This Agreement expresses the complete understanding of the parties with respect to the subject matter and supersedes all prior proposals, agreements, representations, and understandings. This Agreement may not be amended except in a writing signed by both parties.
- c) **Waiver.** The failure to exercise any right provided in this Agreement shall not be a waiver of prior or subsequent rights.
- d) **Injunctive Relief.** Any misappropriation of Confidential Information in violation of this Agreement may cause CMHA-CEI irreparable harm, the amount of which may be difficult to ascertain, and therefore the Designee agrees that CMHA-CEI shall have the right to apply to a court of competent jurisdiction for an order enjoining any such further misappropriation and for such other relief as CMHA-CEI deems appropriate. This right of CMHA-CEI is to be in addition to the remedies otherwise available to CMHA-CEI.

- e) **Attorney Fees and Expenses.** In a dispute arising out of or related to this Agreement, the prevailing party shall have the right to collect from the other party its reasonable attorney fees and costs and necessary expenditures.
- f) **Governing Law.** This Agreement shall be governed in accordance with the laws of the State of Michigan.
- g) **Jurisdiction.** The parties consent to the exclusive jurisdiction and venue of the federal and state courts located in Ingham County, Michigan in any action arising out of or relating to this Agreement. The parties waive any other venue to which either party might be entitled by domicile or otherwise.

Employee Signature

Date

Manager/Supervisor Signature

Date

COVID-19 Staff Self Report Form



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

COVID-19 Self-Report Form (Symptoms or COVID-19 Testing)

The safety of our employees, consumers, community partners and their families remain Community Mental Health – CEI’s priority. To reduce the potential risk of exposure to our workforce and consumers, we are requesting management complete this form.

If an Employee reports they are symptomatic or have been diagnosed with COVID-19, management will submit this completed form to HR.

Employee Name: _____ Job Title: _____
Supervisor: _____ Contact Phone #: _____

1. When date did the Employee’s symptoms begin? _____
Management must not ask the employee what their symptoms are as this is PHI.

2. Did the Employee interact with staff and/or consumers in the (48) hours prior to the onset of your symptoms? Yes No

3. Did the Employee have close contact (i.e. face to face, less than six (6) feet for more than a few minutes) with staff or consumers in the (48) hours prior to the onset of your symptoms? Yes No

If Yes, please list who:

4. Can the Employee work remotely? Yes No

Positive COVID-19 diagnosis:

HR will notify impacted employees and Management will notify impacted consumers and their guardians of a possible exposure.

- HR Hotline: 517-237-7087
- HR Email: HR-Leaves@ceicmh.org
- Nurse Line: 517-515-2147, After Hours: 517-243-0635
- MI COVID-19 Hotline: 888-535-6136
- Ingham County Health Department: 517-887-4517
- Eaton County Health Department: 517-541-2641
- Mid-Michigan District Health Department (Clinton County): 989-224-2195,
- After Hours: 989-276-0260

Employee Exposure Notification Protocol

Employee Exposure Notification Protocol

1. Notify HR of employees who had potential exposure **in the course of their work** (had as close contact (i.e. less than six (6) feet) with an Individual with Medically Suspected or Known COVID-19).
2. Human Resources will notify the employees who may have been exposed. If they have symptoms they should contact a healthcare provider. HR will also provide the employees with the MI COVID-19 hotline, 888-535-6136.
 - a. If the employee is not experiencing symptoms, as a safety precaution, the employee will be requested to work remotely if possible. If the employee cannot work remotely:
 - i. They will be screened as per agency protocols.
 - ii. They will be required to wear a CMHA-CEI provided surgical mask at work the next (14) calendar days to reduce the potential risk of exposure to coworkers and consumers.
 - b. If they become sick during the workday, they must immediately report to their supervisor, and will be sent home.
 - i. Their work space will be thoroughly cleaned and disinfected (inform facilities).
 - ii. To return to in-person work staff must continue to work with HR who will follow the current criteria for return to work. ([Return to Work Criteria with Confirmed or Suspected COVID-19](#))

Consumer Exposure Notification Protocol

Consumer Exposure Notification Protocol

1. Management will:
 - a. Notify consumers and their guardians who may have been exposed.
 - b. Provide them with the MI COVID-19 hotline, 888-535-6136.
 - c. Send the [Consumer Exposure letter](#).

Consumer Exposure Letter



Consumer Name: _____ Case #: _____ Date: _____

IMPORTANT INFORMATION REGARDING COVID-19 EXPOSURE

A person who has had contact with Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMHA-CEI) has recently disclosed they have been diagnosed with COVID-19. CMHA-CEI, in collaboration with Clinton, Eaton and Ingham Counties Health Departments, want to ensure that any persons in close contact with an individual with COVID-19 are identified and evaluated.

You have been identified as someone who has been in close contact with this person. COVID-19 is a virus that is spread through close contact with another person (within 6 feet) or through respiratory droplets when a person with COVID-19 coughs or sneezes. It also may be possible to get COVID-19 by touching a surface that has the virus on it and then touching your mouth, nose or eyes. People with COVID-19 are likely to pass the virus on to another person when they are the most symptomatic (the sickest).

The safety of our employees, consumers, community partners and their families remain CMHA-CEI's highest priority. As a safety precaution, we are encouraging you to remain in your home for the next (14) calendar days to reduce the potential risk of exposure to others.

It is important that you and all other individuals who have had close contact (within 6 feet) with this person continue to monitor your health to determine if testing may be necessary. Symptoms may include fever, cough, shortness of breath and diarrhea. If you have concerns regarding your specific health and well-being please contact your health care provider.

Attached is a general COVID-19 information sheet for your review. If you have any questions, please call your primary care provider to determine if further evaluation is required.

Sincerely,

Enclosed: COVID-19 Symptoms/Prevention (CDC)

Send copy to Records
Consumer Exposure letter 4.14.2020

10 things you can do to manage your health at home

If you have possible or confirmed COVID-19:

1. **Stay home** from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.



3. **Get rest and stay hydrated.**



9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



6. **Cover your cough and sneezes.**



Please go to www.cdc.gov/covid19-symptoms for information on COVID-19 symptoms.



CS 208222-A 03/01/2020

For more information: www.cdc.gov/COVID19

Return to Work Criteria with Confirmed or Suspected COVID-19



Return to Work Criteria with Confirmed or Suspected COVID-19 (revised 05-04-2020)

Employees may not work in the office or face to face with consumers until:

- At least 72 hours have passed since recovery defined as resolution of fever (less than 100.4) without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least ten (10) days have passed since symptoms first appeared.

If the employee was never tested for COVID-19 but has an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Return to Work Practices and Work Restrictions

When approved to return to in-person work, employee should:

- Wear an agency-provided facemask (not a cloth face covering) at all times while at work until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Maintain proper social distancing when in the workplace
- Be restricted from contact with severely immunocompromised consumers (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in [CDC's interim infection control guidance](#) (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation if respiratory symptoms reoccur or worsen

CMHA-CEI Staff Self-Screening Log

Staff Name:

Supervisor Name:

Program:

Directions:

- Enter the date and results of self-screening on the log. Self-screening is required daily if providing services in the community on that day and not already screened at a CMHA-CEI site.
- Unless otherwise directed, turn in your self-screening log to your supervisor every two weeks with submission of your time card. Supervisors will review self-screening logs to ensure compliance with screening requirements and maintain on file for future reference.
- **If you answer yes** to any screening question, **contact your supervisor** for further guidance before proceeding with in-person services.

Screening Questions:

1. In the last 24 hours have you experienced any of the following symptoms?
 - Fever > 100.4 or feeling like you have a fever? Yes No
 - New or worsening cough? Yes No
 - Shortness of breath/breathing difficulties? Yes No
 - Diarrhea without known medical cause? Yes No
 - Or two (2) or more of the following:
 - Sore throat? Yes No
 - Chills? Yes No
 - Muscle aches? Yes No
 - Headache? Yes No
 - Loss of taste or smell? Yes No
2. In the last 14 days, have you been in close contact (face-to-face contact within 6 feet) with someone who has tested positive for COVID-19? Yes No
3. In the last 14 days, have you traveled outside of Michigan or internationally? Yes No

Pay End Date:	Date	Remote Only (Screening Not Required)	Did you answer yes to any of the screening questions?	
			Y	N
SAT				
SUN				
MON				
TUE				
WED				
THURS				
FRI				
SAT				
SUN				
MON				
TUE				
WED				
THURS				
FRI				

CMHA-CEI Face Covering/Mask Protocols Quick Reference

What kind of face covering or protective equipment are staff required* to wear?

No Face Covering:

- If you are alone at your desk in an office or cubicle & 6-foot distance is maintained

Cloth Face Covering – Staff can choose to wear their own cloth face covering in these situations, but will be offered a CMHA-CEI issued surgical mask at screening:

- Navigating around the building, no direct contact anticipated
- Working with non-symptomatic consumer & 6-foot distance is maintained

Surgical Mask:

- 24/7 Programs – TRC, BCU, HOC, CS at Jolly & ICC, Residential and Supported Living sites
- Working with non-symptomatic consumer & contact is closer than 6-feet
- Face shield may also be worn at the discretion of staff; strongly consider if contact with body fluids or splashing is likely and/or small children are present

KN-95/N-95 and Face Shield:

- Working with consumer who answers “Yes” to any screening question or diagnosed with COVID-19 & 6-foot distance is maintained

KN-95/N-95 and Full PPE – Full PPE includes face shield, gloves, and suit or gown:

- Working with consumer who answers “Yes” to any screening question or diagnosed with COVID-19 & contact is closer than 6-feet

Mask Use Tips:

- While wearing a mask, do not touch the outside of the mask at any time. If you do, immediately perform hand hygiene.
- If you remove your mask, place a clean paper towel on a flat surface, then place the mask, outside surface down, on the paper towel. Perform hand hygiene immediately before and after removing your mask and immediately after putting it back on.

Consumer/Others Face Covering Use:

- Consumers on-site at CMHA-CEI facilities or participating in community or homebased meetings will be asked to wear face coverings, unless unable to wear a face covering for medical reasons.
- If a consumer or others present at a meeting refuse to wear a mask, explain why wearing a mask is important and discuss their concern. If refusal continues, but the consumer and others present do not answer “Yes” to any screening questions, proceed with the in-person meeting and ensure that a social distance of 6-feet is maintained throughout the meeting.

*Work with HR to seek an accommodation if wearing a mask is counter-indicated due to a medical or other condition.

Face covering, mask, and other PPE usage protocols are based on the most current guidance from the CDC, the State of Michigan and local Health Departments.

Exposure Protocol Checklists for Managers – Version 1, Updated 5-20-20

	Employee	Consumer – Not in Residential	Consumer – Res. or Supported Living Setting
Reports Contact w/ Someone w/ Positive COVID-19 Diagnosis or Test	<ul style="list-style-type: none"> <input type="checkbox"/> If contact was outside of work: <ul style="list-style-type: none"> <input type="checkbox"/> Consider reassignment to remote work <input type="checkbox"/> If on-site work is required, instruct staff to monitor days from exposure, wear a mask, and participate w/ screening protocols closely for symptoms for 14-days from the exposure 	<ul style="list-style-type: none"> <input type="checkbox"/> If contact was not while receiving services: <ul style="list-style-type: none"> <input type="checkbox"/> Notify consumer/guardian (as appropriate) <input type="checkbox"/> Provide MI COVID hotline, 888-535-6136 <input type="checkbox"/> If meeting in-person, ask that they wear a surgical mask and maintain 6-feet of social distance <input type="checkbox"/> Advise that they pay attention for any symptoms for 14-days from the exposure 	<ul style="list-style-type: none"> <input type="checkbox"/> If contact was not while receiving services: <ul style="list-style-type: none"> <input type="checkbox"/> Notify consumer/guardian (as appropriate) <input type="checkbox"/> Provide MI COVID hotline, 888-535-6136 <input type="checkbox"/> Ask that they wear a surgical mask and maintain 6-feet of social distance <input type="checkbox"/> Advise that they pay attention for any symptoms for 14-days from the exposure
With Symptoms of COVID-19	<ul style="list-style-type: none"> <input type="checkbox"/> Ask the employee to follow-up w/ their healthcare provider and advise they may call the MI COVID-19 hotline, 888-535-6136 <input type="checkbox"/> Identify and document when their symptoms began by filling out the COVID-19 Staff Self-Report form <input type="checkbox"/> Identify and document who they had recent, close contact with (staff or consumer, within 6 feet, in the past 48 hours prior to symptom onset) on the COVID-19 Staff Self-Report form <input type="checkbox"/> If working remotely, work with HR to determine when in-person work is allowed. <input type="checkbox"/> If working on-site <ul style="list-style-type: none"> <input type="checkbox"/> Consider reassignment to remote work. <input type="checkbox"/> Work with HR to determine when in-person work is allowed. 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure the consumer/guardian contact the consumer’s Primary Care Physician, and request the consideration of COVID-19 test. <input type="checkbox"/> If meeting in-person, ask that they wear a surgical mask and maintain 6-feet of social distance. <input type="checkbox"/> Contact consumer’s guardian, if applicable. <input type="checkbox"/> Identify and document when the consumer’s symptoms began. <input type="checkbox"/> Identify and document who they had recent, close contact with (staff or consumer, within 6 feet, in the past 48 hours prior to symptom onset). <input type="checkbox"/> Request that the consumer/guardian notify the case manager if a test is ordered and the results. <input type="checkbox"/> Notify supervisor. <input type="checkbox"/> If the doctor orders a COVID-19 test: <ul style="list-style-type: none"> <input type="checkbox"/> Email covid19-questions@ceicmh.org the consumer’s name, case number, and report the symptoms. <input type="checkbox"/> Update the consumer’s potential emergency form (PE) in Smartcare, alerting Crisis Services (CS) of the test ordered in response to symptoms. 	<ul style="list-style-type: none"> <input type="checkbox"/> Care for the consumer and take safety precautions as identified in protocol. <input type="checkbox"/> Identify and document when the consumer’s symptoms began. <input type="checkbox"/> Identify and document who they had recent, close contact with (staff or consumer, within 6 feet, in the past 48 hours prior to symptom onset) <input type="checkbox"/> Contact the consumer’s guardian, if applicable. <input type="checkbox"/> Notify supervisor. <input type="checkbox"/> Contact the consumer’s Primary Care Physician, identify that the consumer is living in a congregate setting and request the consideration of a COVID-19 test. <ul style="list-style-type: none"> <input type="checkbox"/> If the doctor does not order test, notify supervisor who will consult with the medical director. <input type="checkbox"/> If the doctor orders a test: <ul style="list-style-type: none"> <input type="checkbox"/> Notify (w/in 12 hours) all employees who work in the home. <input type="checkbox"/> Email covid19-questions@ceicmh.org the consumer’s name, case number, and report the symptoms. <input type="checkbox"/> Update the consumer’s potential emergency form (PE) in Smartcare, alerting Crisis Services (CS) of the test ordered in response to symptoms. <input type="checkbox"/> Follow the Caring for Medically Suspected/Known COVID protocol.
With Positive COVID-19 Diagnosis or Test	<ul style="list-style-type: none"> <input type="checkbox"/> Follow steps above re: Employees w/ Symptoms of COVID-19, if not already complete. <input type="checkbox"/> Report to HR and HR will follow the Employee Exposure Notification protocol. <input type="checkbox"/> Notify consumers and their guardians who may have been exposed: <ul style="list-style-type: none"> <input type="checkbox"/> Provide them w/ the MI COVID-19 hotline, 888-535-6136 <input type="checkbox"/> Send the Consumer Exposure Letter 	<ul style="list-style-type: none"> <input type="checkbox"/> Follow steps above re: Consumer – Not in Res. w/ Symptoms of COVID-19, if not already complete. <input type="checkbox"/> Notify consumers and their guardians who may have been exposed: <ul style="list-style-type: none"> <input type="checkbox"/> Provide them w/ the MI COVID-19 hotline, 888-535-6136 <input type="checkbox"/> Send the Consumer Exposure Letter <input type="checkbox"/> Let staff know if they were exposed, report to HR and HR will follow the Employee Exposure Notification protocol. <input type="checkbox"/> Update the consumer’s PE in Smartcare alerting CS to the positive test or diagnosis. 	<ul style="list-style-type: none"> <input type="checkbox"/> Follow steps above re: Consumer – In Res. w/ Symptoms of COVID-19, if not already complete. <input type="checkbox"/> Consult with Supervisor to coordinate contact with the local health department. <input type="checkbox"/> Notify consumers and their guardians who may have been exposed: <ul style="list-style-type: none"> <input type="checkbox"/> Provide them w/ the MI COVID-19 hotline, 888-535-6136 <input type="checkbox"/> Send the Consumer Exposure Letter <input type="checkbox"/> Let staff know if they were exposed, report to HR and HR will follow the Employee Exposure Notification protocol. <input type="checkbox"/> Update the consumer’s PE in Smartcare alerting CS to the positive test or diagnosis.

Change Log

Changes and additions made to the CMHA-CEI Pandemic Protocol Directory for COVID-19 between version releases are listed below. The changes listed for the current version are highlighted throughout the document. If you have any questions, please contact covid19-questions@ceicmh.org.

<p>Version 2</p> <p>Released: 5/21/20</p>	<p>Additions:</p> <ul style="list-style-type: none"> • 4.A.1 – Employee Reports Contact w/ Someone w/ a Positive COVID-19 Diagnosis or Test: Section added to include steps managers can take if contact was outside of work. • 4.B.1 – Consumer Reports Contact w/ Someone w/ a Positive COVID-19 Diagnosis or Test: Section added to include steps managers can take if contact was outside of receiving services. • CMHA-CEI Staff Self Screening Log • CMHA-CEI Face Covering/Mask Quick Reference • Exposure Protocol Checklists for Managers <p>Protocol Changes:</p> <ul style="list-style-type: none"> • 2.B – Consumer/Visitor General Mask Protocol – Updated to specifically reference community or homebased meetings and additional detail around refusals. • 2.C.1 – Situations Where Surgical Masks Are Required – Updated to reference consideration to wear face shields in identified situations. • 2.C.2 – Situations where N95 Masks Are Required – Updated to additionally require use of face shields • 2.E – Other PPE – Updated to include guidance on the use and reuse of face shields. • 3.B.1 – Staff Screening for Community and Homebased: Updated include steps around use of the new Staff Self Screening Log. • 3.B.2 – Consumer Screening for Community and Homebased: Updated to include direction around who, in addition to the consumer, should be screened if meeting in the community or consumer home. • Screening Tool of Consumer for Meeting In-Person in the Community or Homebased: Updated to include details to establish before meeting around social distancing and face coverings. Additional detail added and language updated for consistency and clarity. • Screening Tool of Staff – All Purposes: Screening questions updated to comply with Ingham County EO 2020-8 <p>Structure/Editing Changes:</p> <ul style="list-style-type: none"> • Section 3 - Screening: Reordered screening protocols to group by On-Site or Community/Homebased vs. Staff or Consumer • 4.A.2 – Employee with Symptoms: No action step changed, but reorganized for clarity. • 4.A.3 – Employee with a Positive COVID-19 Diagnosis or Test: No action steps changed, but separated into its own section for clarity.
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	<ul style="list-style-type: none">• 4.B.3 – Consumer w/ a Positive COVID-19 Test or Diagnosis In Res: No action steps changed, but separated into its own section for clarity.• 4.B.5 – Consumer w/ a Positive COVID-19 Test or Diagnosis Not In Res: No action steps changed, but separated into its own section for clarity.
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