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

Pandemic Preparedness Plan for COVID-19 Virus

March 30, 2020

Purpose:

This Pandemic Preparedness Plan has been created specifically for the COVID-19 virus for use at Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) to provide enhanced prevention protocols against the novel coronavirus (COVID-19).

Scope:

This Pandemic Preparedness Plan applies to all employees and contract providers working in any CMHA-CEI operated building/facility and all consumers served.

General/Background Information:

The Centers for Disease Control (CDC) has recently announced a global outbreak of respiratory disease to be a pandemic. This disease is caused by a novel (new) coronavirus that was first detected in China and which has now been detected in more than 195 countries, including in the United States as of March 24, 2020. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties is committed to protecting the health and safety of its employees, consumers, and visitors. To accomplish this, CMHA-CEI has developed a plan with action steps to prevent, contain, and minimize employee exposure to the impact of epidemic diseases, pandemic diseases, and more specifically in this plan, the COVID-19 virus which has recently been spread to all 50 state in the United States.

This plan is effective as of March 16, 2020. If state or federal directives become more stringent than this plan, CMHA-CEI will follow the direction of the respective authority for compliance with pandemic containment protocols.

This plan has been developed relative to the COVID-19 virus and will focus on four (4) key areas:

(Tier 1) Regional Cases without Clear Evidence of Community Transmission = Immediate Preventive Activities

(Tier 2) Increased Number of Regional Cases = Preventative Measures and Initiate Screening

(Tier 3) Community Transmission Confirmed = Maintain Essential Services and Shift to Partial Remote Format

(Tier 4) Evidence of Widespread Community Transmission = 24/7 and other Essential Services

A. Tier 1: Immediate, Preventive Activities:

1. Training/Education of employees, contract providers, and consumers:
 - a. All CMHA-CEI staff will receive information on the basic facts and how they can protect themselves and consumers from COVID-19.
 - b. Janitorial, maintenance, and other staff assigned to cleaning activities will receive specific training in how to properly clean and disinfect common areas of use (e.g. bathrooms, vehicles, kitchen areas, etc.).
 - c. Bathrooms will contain signage providing staff with proper hand-washing techniques.
 - d. 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.
 - e. Regular informational e-mails will be generated by the Chief Executive Officer and the CMHA-CEI Virus Task Force to all staff to make employees aware of the rapidly emerging and changing information from the CDC, Michigan Department of Health and Human Services (MDHHS), Mid-State Health Network (MSHN), Michigan Health Alert Network (MiHAN), the World Health Organization (WHO), OSHA, and the Michigan Occupational Safety and Health Administration (MIOSHA).

- f. Information will be shared/distributed in various internal meetings, and a CMHA-CEI COVID-19 Response Update newsletter will be developed to keep employees informed of current information.

Note: Records of training, information, and communication will be retained by the Facilities and Maintenance Supervisor (or designee) for a minimum of seven (7) years and will be made available to the OSHA, MIOSHA or other government agencies upon request.

- g. A communication will be done to provide consumers, guardians and contract providers with educational information consisting of an informational letter and fact sheets and distributed via CMHA-CEI website, Facebook page, email, case manager direct communications, and press release. The letter will include:
- Symptoms to be aware of as well as preventive measures individuals should take to help stop the spread of the virus in the form of fact sheets from CDC.
 - A request for consumers to be mindful of potential symptoms that may signal COVID-19 infection such as fever, cough 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.
 - To make them aware that CMHA-CEI staff has been instructed to call ahead before presenting for any scheduled home visits and instructed to 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 have been fever-free for 72 hours (in accordance with CDC Guidelines).
 - Information on partial transition of services to telephonic and tele-health formats and suspension of any group services or events.
 - Crisis Services and Customer Services contact information

2. Cleaning Practices:

- a. Custodial staff (and any other employees who are assigned to temporary janitorial/cleaning activities) are required to be trained in and wear adequate Personal Protective Equipment (PPE) for all housekeeping, cleaning, and disinfecting/sanitizing activities. This includes wearing disposable gloves for all regular housekeeping duties. For specific disinfecting activities, more advanced PPE may be required depending upon the required PPE as described by the product label and potential exposures according to the hazard assessment. This will be determined by the Property and Facilities Supervisor based on conducted hazard assessments and employees will be monitored for compliance. Follow all product label and SDS instructions in accordance with the CMHA-CEI Hazard Communication Procedure 1.2.2a.

- b. Effective immediately, in addition to the routine daily janitorial/cleaning activities, the following cleaning practices will be implemented and shall be maintained until such time as the Chief Executive Officer determines this to be no longer needed in light of pandemic control or upon CDC guidance:
 - Using disinfecting wipes with a minimum of 70% alcohol, HDQ Neutral, or other agents guaranteed to kill 99.9% of bacteria and viruses, or a anti-bacterial, anti-virus, disinfectant spray with has been reviewed and approved for use by the Property and Facilities Supervisor. Janitorial staff or other assigned employees will wipe down or spray the following items DAILY (at the end of the each scheduled work day):
 - All agency vehicles will be cleaned each after the vehicles after daily use. This includes wiping down the steering wheel, door handles (inside and outside), and spraying down the inside of the vehicle.
 - All vehicle keys
 - All office/room doorknobs, door faces
 - Daily cleaning of frequently touched surfaces (Examples: drinking fountains, chair arms, elevator buttons, etc)
 - All telephone receivers and buttons

- c. Particular attention will be given to common areas such as bathrooms, lobbies, kitchenettes, lunch rooms, shared cubicles, etc. These areas will have work surfaces, counter tops, and items within the area, sprayed daily with a disinfectant spray and frequency of cleaning will be increased.

3. Personal Preventative Measures for Employees:

- a. All employees and administrative contract providers of CMHA-CEI should immediately adapt the following CDC and OSHA best practice guidelines, which include, but may not be limited to:
 - Frequently wash your hands with soap and running water for at least twenty (20) seconds. When soap and running water are not available, use an alcohol-based hand rub with a minimum of 60% alcohol. Then wash your hands with soap and running water as soon as it is possible. Always wash hands that are visibly soiled.
 - Blow your nose into a tissue and discard the tissue in the trash
 - Cover your mouth with a tissue when coughing and discard the tissue
 - Sneeze into your clothed elbow or a tissue and discard the tissue in the trash
 - Hand wash (or use hand sanitizer) after sneezing or blowing your nose
 - Avoid touching your mouth, nose, and eyes with unwashed hands
 - Avoid close contact with people who are sick
 - When you are sick, keep your distance from others and do NOT come to work
 - Avoid out-of-area travel, when possible
 - Wipe down your cell phone, computer, and tablet daily with disinfecting wipes
 - Practice social distancing
 - Practice general good health habits, such as getting plenty of sleep, being physically active, managing stress levels, drinking plenty of fluids, and eating nutritious foods

4. Workplace Practices:

- a. Employees and visitors will be screened at the entrance of all CMHA-CEI facilities. Those who exhibit any symptoms of newly developed coughing or sneezing, fever, shortness of breath will be asked to leave the agency, return to their home and contact their primary care provider. Reference: [COVID-19 Screening Protocols; Screening Tool – Of Staff – All Purposes](#)

- b. When a consumer presents at the front desk for a routine scheduled appointment screening protocols will be utilized. Reference: [COVID-19 Screening Protocols; Screening Tool – Of Consumer Entering Facility On-Site](#)
- c. An employee who believes that he/she is a member of a high risk category may work with his/her direct supervisor to address alternate work arrangements as feasible.
- d. Employees who conduct home visits need to call ahead of the scheduled visit utilizing the phone screening protocol to determine if anyone in the household is ill. The appointment should be rescheduled if members of the household are sick. Rescheduled appointments should take place no sooner than 72 hours after all members of the household have been fever or symptom free.
- e. It is recommended that any employee who has travelled outside of the United States (i.e. cruise ship) self-isolate for fourteen (14) days before returning to work to assure that they do not expose other employees or consumers to a possible infection.

Travel:

- a. Effective immediately, all work-related travel outside of the immediate service area (such as business meetings, conferences, seminars, etc.) will be banned until further notice or only upon individual request and approval by the Director or the Chief Executive Officer.
- b. Teleconferencing is temporarily the preferred method of participation for CMHA-CEI employees to attend necessary business meetings, etc. If the employee feels the need is imperative to attend in person, the Director must be consulted for exception and approval.
- c. Federal/state agencies, and CMHA-CEI also recommend employees consider minimizing personal out-of-area travel.
- d. Travel within the service area should be carefully considered for necessity. When it is not absolutely necessary to participate in person and alternative means of conducting that business are available, these alternative means should be utilized.

B. Tier 2: Increased Number of Regional Cases:

1. Staff should continue to follow all of the preventive measures identified in Tier 1 and initiate screening protocols prior to in-person contacts.
2. The Screening Protocols for COVID-19 include the following: [COVID-19 Screening Protocols](#)
3. If anyone answers “yes” to any of the above questions, they will be asked to reschedule their appointment and return to their home to limit risk of spreading the COVID-19 virus.
4. Any staff member who believes that they may be a member of a high-risk population (e.g. pregnancy, lung disease, heart disease, diabetes, or immunosuppressed) may wish to coordinate with their supervisor for alternative work options, if possible.
5. In preparation for Tier 3 efforts to reduce potential exposure in CMHA-CEI facilities, Management will identify employees who can potentially conduct some or all of their work activities from their homes during the pandemic episode. Technology needs will be identified and shared with the Chief Information Officer.
6. All available Personal Protective Equipment (PPE) and Supplies will be distributed to front entry screening points and programs providing in person services under the coordination of CMHA-CEI Safety and Security Coordinator and Facilities and Maintenance Supervisor in consultation with CMHA-CEI Medical Director. All efforts will be made to monitor and replenish supplies as they are available.

C. Tier 3: Community Transmission Confirmed = Limiting Services:

1. When members of the community have tested positive for the COVID-19 virus, CMHA-CEI will be providing a limited array of in person services. The Chief Executive Officer in consultation with public health officials and Directors will make this determination.
2. All therapeutic group, community based skill-building, and drop-in activities will be suspended.
3. Employees identified in Tier 2 will immediately be assigned to begin remote work, management will work with them to verify technology needs and capabilities and

provide this information to Information Services Department who will then work with employees to meet these need.

4. Only clinical services deemed essential to consumers at highest risk will be provided to individuals in-person or as regularly scheduled. This includes: Youth and Adult Crisis Services, Bridges Crisis Unit, The Recovery Center, House of Commons, Apple Tree Crisis Respite, Assertive Community Treatment, (ACT) Teams and Medication Clinic for individuals receiving injections. ACT Teams will limit contacts to necessary support such as delivery of medications and coordination of physical or psychiatric health issues.
5. All other residential services such as group homes and supported independent living will continue with staff and consumer screening protocols and limiting visitation to only essential visitor.
6. Urgent intakes such as those recently discharged from Psychiatric hospitalization, and individuals under review for continued court orders will be completed whenever possible using telehealth.
7. Home visits and routine office visits will be discontinued unless deemed high risk or emergent in consultation with supervisors and Clinical Directors. Supportive contacts and any other services which can be conducted by telephone should continue by staff for the duration of this pandemic. Services which can be provided through tele-health channels will be utilized as feasible.

D. Tier 4: Evidence of Widespread Community Transmission or Agency Staff testing positive for COVID-19 = Agency Closure:

1. If it is necessary for CMHA-CEI to further restrict services, and consolidate operations to limited sites due to confirmed widespread community transmission of COVID-19, or staff/consumer exposure, the CMHA-CEI Chief Executive Officer in consultation with Public Health Officials, Directors, and guided by the Michigan Department of Health and Human Services and Mid-State Health Network directives, will make the determination as to facility closures and employee work requirements.
2. Unless under public health official orders to close due to staff/consumer exposure or due to Michigan Department of Health and Human Services and Mid-State Health Network directives, essential continued in-person clinical functions at this level may include, 24/7 services such as Youth and Adult Crisis Services, The

Recovery Center, Bridges Crisis Unit, House of Commons, Apple Tree Youth Crisis Respite, and all residential services, in addition, ACT medication drops, and all injectable medications that are deemed necessary by the Medical Director. Appropriate levels of security, custodial, and facilities staff needed to support these programs will also be identified by the Facilities and Maintenance Supervisor expected to continue.

3. Essential non-clinical functions that cannot be completed entirely remotely may require limited on-site staff access to be maintained. These may include items such as payroll and benefits, payables, technology support, and human resources.
4. Whenever possible, Crisis Services pre-admission screenings will be done via Zoom or other tele-health technologies and other modifications may be taken in essential services to further mitigate exposure in all essential services will be employed as identified by CMHA-CEI Medical Director.
5. In person non-essential services will not resume until the Chief Executive Officer in consultation with public health officials reopens the agency to full operation. This will not be done until it is safe to fully resume services.
6. Employees working remotely will continue their assignments unless reassigned to other duties by their supervisor or notified of other instructions via their supervisor or Human Resource Department.
7. Employees who are assigned to stay home and work remotely will not be able to access the building during this period unless they are performing a critical or essential function. The only access to the building(s) for other employees will be with the permission and assistance of the Chief Executive Officer, Directors, or Facilities and Maintenance Supervisor.
8. During this time, CMHA-CEI will further maximize the use of telephonic, telehealth and Zoom technology for as many of the essential services and meetings as possible.

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

Acronyms/Definitions

CDC – Centers for Disease Control

CMHA-CEI – Community Mental Health Authority of Clinton, Eaton, and Ingham Counties

MDHHS – Michigan Department of Health and Human Services

MiHAN – Michigan Health Alert Network

MIOSHA – Michigan Occupational Safety & Health Administration

MSHN – Mid-State Health Network

References

External Resources:

State of Michigan Coronavirus Resources:

<https://www.michigan.gov/coronavirus>

Mid-State Health Network Coronavirus Resources:

<https://midstatehealthnetwork.org/provider-network-resources/provider-resources-1/coronavirus-covid-19>

Internal Documents:

[COVID-19 Protocols and Key Contacts for Managers](#)

[CMHA-CEI Consumer Entering Facility On-Site Screening Tool](#)

[CMHA-CEI Screening Protocols](#)

[CMHA-CEI Staff Screening Tool](#)

[CMHA-CEI Consumer Phone Screening Protocol](#)

[CMHA-CEI Non-Disclosure Agreement](#)

[CMHA-CEI Staff Screening Log](#)

CMHA-CEI Policies:

[1.2.01, Environment of Care](#)

[3.5.04, Infection Control](#)

CMHA-CEI Procedures:

[1.7.1, Security Management](#)

[2.1.8P, Temporary Remote Work Arrangement](#)

[3.5.04, Infection Control](#)

[3.5.04A, General Housekeeping Procedures](#)

[3.5.04B, Food Safety and Sanitation Practices](#)

[1.2.2A Hazard Communication Procedure](#)

Review and Evaluation

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

Plan Approved by:

_____ 3/30/2020

(Sara Lurie, Chief Executive Officer / Executive Director)

(Date)

_____ 3/30/2020

(Dr. Jennifer Stanley, Medical Director)

(Date)

Review/Change History

Date of Review	Responsible Staff	Changes