# Bay Area Women's Center COVID-19 Preparedness and Response Plan

Rev. Oct 2020

Bay Area Women's Center [BAWC] is committed to providing a safe and healthy facility and workplace for all our staff, clients, and visitors. To ensure we maintain as safe and healthy of a workplace possible, we have developed the following COVID-19 Preparedness and Response Plan. Management, as well as every staff person will be responsible for ensuring this plan is consistently followed and enforced while on duty. Our goal is to mitigate, to the extent possible, the potential for transmission of COVID-19 in our facility and communities, and that requires full cooperation among our staff, management, and clients.

Our staff is the most important asset we have as an organization. To that end, the leadership and board of BAWC is deeply committed to maintaining a safe and healthy facility for both staff and clients. To ensure successful implementation and execution, it is essential for all staff to fully understand their role and responsibilities' as outlined below. Any staff person unclear as to what will be expected of them will need to reach out to their supervisor, immediately, for clarification. Our COVID-19 Preparedness Plan follows Centers for Disease Control and Prevention (CDC 800-232-4636), Michigan Department of Health and Human Services (MDHHS 517-241-3740) guidelines, and Michigan Occupational Safety and Health Administration (MI-OSHA, MIOSHAinfo@michigan.gov, 517-284-7777) standards related to COVID-19, and addresses:

- Hygiene and respiratory etiquette;
- Controls for social distancing;
- Cleaning, disinfecting, decontamination and ventilation;
- Prompt identification and isolation of sick persons;
- Communications and training that will be provided to managers and workers; and
- Communications and instructions for clients.

To ensure adherence to the preventative measures laid out by MI-OSHA's emergency orders effective October 14, 2020, a COVID-19 On-Site Response Supervisor will be designated for each shift to monitor COVID-19 response activities within the facility. The designee will be provided a COVID-19 On-site Response Supervisor job description which outlines, in detail, their responsibility (Attachment A). The designee will be posted on the Master Schedule.

Staff on shift should report workplace concerns over COVID-19 to the On-Site Supervisor immediately. Direct care staff, both paid and unpaid, provide essential services that may require frequent and/or close contact with clients/visitors who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. Administrative staff have periodic contact with clients and visitors. As such, BAWC categorizes responsibilities of all positions in the medium risk exposure category as defined by MI-OSHA's emergency orders.

### Screening, Reporting, and Leave Policies

Bay Area Women's Center is responding to the COVID-19 pandemic with a screening protocol to reduce the risk of infection and transmission. This protocol became effective April 15, 2020 and will remain in effect until COVID-19 is no longer deemed a threat.

These measures are in place to safely and effectively ensure services are continuously provided and that employees and visitors are safe within our workplace despite this new public health threat. BAWC sought to comply with the current Governor's Executive Orders and County Emergency Orders as well as meet the best practices recommended by local Health Departments, the Centers for Disease Control and Prevention, and the Occupational Safety and Health Act. Adherence to the protocol will reduce the risk of exposure for staff, clients, and guests and allow for the most reliable contact tracing should exposure become a concern.

Staff (both paid and unpaid), clients, and visitors to BAWC will complete a health screening prior to entering the facility. SANE nurses are considered critical infrastructure workers and guidelines surrounding their services differ from exempt and non-exempt staff. SANE nurses will be screened prior to entering the agency using either a Health Screening Form or Michigan's MI Symptoms App. Nurses exhibiting symptoms or who are suspected to have COVID-19 are not to report to work. Nurses who may have been caring for an individual(s) with suspected COVID-19 are required to wear a mask at all times when in the facility and should limit their travel within the building.

# **Emergency services screening of visitors:**

Shelter residents will complete a health screening at least once per day. Clients seeking other crisis services will be screened prior to entering the facility. Visitors/clients reporting symptoms or coming into contact with an individual experiencing symptoms are not allowed to enter the facility unless it is a client seeking shelter or in need of emergency services such as SANEs. When known symptoms or a positive diagnosis exists, staff are to wear eye protection or a face shield along with a KN9/N95 mask when providing emergency services.

Current employee screening and return to work requirements can be found on BAWC's Screening Protocols (Attachment C).

### Infections in the Workplace:

If an employee becomes sick during the day, the following protocol should be followed. BAWC will assist the employee(s) with obtaining testing and will provide guidance on paid time off that may be available through the Families First Act. When possible, work from home plans will be put in place for the employee(s). BAWC will follow the current MI-OSHA, CDC, and health organizations' recommendations for possible exposure when determining staff are allowed to return to the office. Screening and return to work criteria is found on the employee COVID screening forms.

Staff who begin to experience symptoms while in the facility are required to:

- Immediately place a mask on (unless a medical reason prevents the employee from wearing one)
- Leave the premises as soon as possible, or isolate until you are able to leave the premises.

- Report the symptoms to the designated COVID-19 On-site Supervisor, via phone or other social distancing method. The designated On-Site Supervisor will contact the Residential Program Manager or the Director of Crisis & Forensic Services.
  - The report must include where the person has been in the agency and who they may have come into contact within the last two days, if anyone.
  - Close contact is defined as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period (Individual exposures added together over a 24-hour period e.g., three 5-minute exposures for a total of 15 minutes) starting from 2 days before illness onset, for asymptomatic patients-2 days prior to test specimen collection, until isolation.
- Staff who have not been exposed and remain on-site, will wear a mask in all areas of the building for a minimum of 3 hours after the suspected infected person has vacated the premises. Where ever possible, open windows to increase circulation.
- When possible, wait at least 24 hours before cleaning and disinfecting area the potentially
  infected person had occupied to minimize potential of exposure. If waiting 24 hours is not
  feasible, wait as long as possible.
- If the employee experiencing symptoms had occupied the crisis office, open outside windows
  to increase air circulation. Vacate the office for at least three hours, or longer if possible,
  before disinfecting. At times it may not be operationally feasible to close the crisis office. In
  these instances staff should wear available PPE in addition to a mask (eye protection, gloves,
  and, when available, wear disposable over-all's to protect clothing) to clean and disinfect the
  office immediately.
- In the event that all on-site staff were in close contact (as defined above) with the potentially infected person, staff will follow all precautions as if they were experiencing symptoms. If it is not feasibly to isolate, limit travel within the building, maintain social distancing, and attempt to keep a barrier between others until back-up staff are able to arrive.
- Staff reporting to relieve on-site exposed staff must wear a mask in all areas of the building for a minimum of three hours and follow the cleaning/disinfecting instructions.

Staff who are not reporting to the office but are experiencing symptoms or have been diagnosed with COVID-19 must contact their supervisor immediately. The supervisor will collect contact information (as defined above) from the employee if they have been in the workplace two days prior to feeling symptoms. If the supervisor is not available, contact the Director of Business Operations.

### **Leave Policies:**

BAWC has implemented leave policies that promote workers staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. In addition to regular Paid Time Off hours, the Families First Act provides up to 80 hours of Paid Time Off for qualifying reasons and the Expanded FMLA provides an additional 12 weeks of time off with 10 weeks paid at 2/3<sup>rd</sup> of regular salary.

# **Expanded FMLA**

The Emergency Family and Medical Leave Expansion Act amends the current Family and Medical Leave Act (FMLA), allowing leave for eligible employees who can't work (or telework) because their minor child's school or childcare service is closed due to a COVID-19 emergency declared by a federal, state or local authority. Intermittent use of 4 hour increments will be allowed.

The expanded FMLA provisions take effect April 2, 2020 and expire on December 31, 2020.

# Who is eligible?

Eligible employees include employees who work for an employer with fewer than 500 employees and who have been on the payroll for at least 30 calendar days.

The legislation also allows the secretary of labor to exclude health care providers and emergency responders from the definition of employees who are allowed to take leave.

# Is this paid leave?

The first 10 days of this leave may be unpaid; however, employees may elect to substitute available paid time off, such as vacation, personal or sick leave, during this time.

After the initial 10 days, employers must pay eligible employees at least <u>two-thirds of the</u> <u>employees' regular rate of pay (</u>as defined under the Fair Labor Standards Act) based on the number of hours the employees would otherwise have been scheduled to work. <u>These paid-family-leave benefits are capped at \$200 a day (or \$10,000 total)</u>.

## *Are there exceptions?*

A small employer with fewer than 25 employees is not obligated to reinstate an employee at the end of his or her leave if the employee's position has been eliminated due to economic conditions or other changes in operating conditions of the employer caused by COVID-19, and the employer is unable to reinstate the employee to an equivalent position.

### **Paid Sick Leave**

All employees, regardless of how long they have worked for the employer are eligible for paid sick leave, with the exception that an employer of health care providers or emergency responders may elect to exclude such employees.

The-paid-sick leave provisions take effect April 1, 2020 and expire on December 31, 2020. Any unused hours do not carry over to next year.

### How much leave is available?

Full-time employees receive up to 80 hours of paid sick leave <u>if the employee is unable to work or telework due to COVID-19.</u> Part-time employees are entitled to paid sick leave based on the number of hours the employees work, on average, over a two-week period.

# Qualifying reasons for this paid sick leave include:

- 1. The employee is subject to a federal, state, or local quarantine or isolation order related to COVID–19.
- 2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID–19.
- 3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4. The employee is caring for an individual who is subject to either number 1 or 2 above.
- 5. The employee is caring for his or her son or daughter if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID–19 precautions.

6. The employee is experiencing any other substantially similar condition specified by the secretary of health and human services in consultation with the secretary of the treasury and the secretary of labor.

What are the pay requirements?

<u>For reasons 1-3 above: Paid sick leave will be paid at the employee's regular rate of pay,</u> or minimum wage, whichever is greater.

An Employee taking leave for <u>reasons 4-6 will be compensated at two-thirds of their regular rate of</u> pay, or minimum wage, whichever is greater.

What if the employee has other paid leave available?

BAWC will not require an employee qualifying for this time to use other types of paid leave provided by the employer before the employee uses the paid sick time available under this law.

BAWC has implemented work-from-home policies for those whose job responsibilities allow such work to limit staffing within the agency during an outbreak in the community. These policies were implemented to further accommodate workers with underlying medical conditions or who have household members with underlying health conditions. Those requesting accommodation due to medical reasons may be required to provide supportive documentation of such need. Requests for work-from-home and PTO will be considered on a case by case basis. Work-from-home accommodations will be reassessed weekly, or as needed.

BAWC has also implemented procedures for informing workers if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the recommended amount of time. Written notification will be distributed within 24 hours to all individuals who may have been exposed as well as notification to Bay County Health Department, as required by MI-OSHA's emergency orders. All measures will be taken, to the extent possible, to protect the privacy of workers' health status and health information. Documentation of all health related information will be kept in a secure manner with limited access.

## Handwashing

Basic infection prevention measures are being implemented at our workplaces at all times. Workers are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift, prior to any mealtimes and after using the toilet. All clients and visitors to the workplace will be required to wash or sanitize their hands prior to or immediately upon entering the facility. Hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) are at entrances and locations in the workplace so they can be used for hand hygiene in place of soap and water, as long as hands are not visibly soiled. Hygiene signs are placed throughout the building where staff, clients, and visitors frequent. Supervisors or the Director of Business Operations should be informed of items needing to be ordered.

# Respiratory etiquette: Cover your cough or sneeze

Masks are required when entering the building and in common/shared spaces. Workers, clients, and visitors are being instructed to cover their mouth and nose with their sleeve or a tissue when coughing

or sneezing whenever face coverings are not in place. Avoid touching their face, in particular their mouth, nose and eyes, with their hands. Tissues are to be disposed of in provided trash receptacles and hands need to be wash or sanitize immediately afterward. Respiratory etiquette will be demonstrated on posters and supported by making tissues and trash receptacles available to all workers, customers and visitors. Cover your cough/sneeze signs are placed throughout the building where staff, clients, and visitors frequent.

# **Social Distancing & Face Coverings:**

Social distancing of six feet is to be maintained between workers, clients, and visitors in the workplace through the following engineering and administrative controls:

- Masks must be worn in all shared spaces, including hallways, bathrooms, and meeting rooms.
- Staff should avoid occupying the crisis office if not scheduled for coverage and your presence is not necessary.
- Masks must be worn when two or more people are occupying office space, including the crisis
  office. When taking over crisis office coverage, it is the responsibility of both the outgoing and
  incoming staff to disinfect the area.
- Scheduling for on-site staff may be reduced, rotated, or increased, when deemed necessary to maintain safe distancing as well as an acceptable level of service delivery.
- Staff should allow the hallway to be vacated to the extent possible when exiting rooms to maintain a distance of six feet.
- Phones, computers, keyboards, etc., should not be shared. If sharing is necessary, each person is required to disinfect the device before and after use.
- Masks and other Personal Protection Equipment are not to be shared.
- Delivered items are to be disinfected or isolated to the extent possible. Staff handling deliveries are to wash their hands, or use hand sanitizer when appropriate.
- No more than one individual, or one family who is staying together, at a time in the elevator.
- Crisis office door remains locked. Residents are not allowed to enter the crisis office.
- Residential individuals/families will not be doubled up in bedrooms.
- Signs reminding clients to social distance, wear masks, wash their hands, and disinfect often will remain posted throughout client areas.
- Supplies, including med boxes, will be passed to residents through the window and residents
  are instructed to go to foyer for assistance. Med boxes will be taken back through the window
  and staff are required to use hand sanitizer or wash their hands with soap and water for a
  minimum of 20 seconds.
- If a resident needs the agency phone to make calls, staff are required to pass the portable phone through the window. After the call is completed, staff are required to disinfect the phone and sanitize their hands.
- Staff are not allowed to be out in shelter area except to clean or get food out of kitchen area for
  residents, etc. If there is an <u>emergency</u> situation, please use your own discretion within the
  scope of our protocols, policies, and procedures. Staff are encourage to utilize a KN95/N95
  filtration mask when occupying client spaces and responding to emergency situations.
- Residents are to vacate the area while staff are in the kitchen area or dining room.

 Staff providing transportation for clients is suspended until there is no longer a threat of COVID-19 since social distancing is not possible in a vehicle and proper ventilation may not be able to be maintained.

Face shields, safety goggles, KN95/N95 masks, and protective clothing are available for response to emergency situations where COVID-19 may be a factor. Disposable and reusable cloth masks are available to staff and residents. Disposable masks are also available for non-residential clients and visitors to the agency. In the event disposable masks cannot be restocked, reasonable efforts will be made to acquire additional cloth masks as quickly as possible. KN95/N95 and disposable masks are one-size. If these items do not fit appropriately, ear saver/mask adjusters are available upon request.

### Cleaning, disinfection, and ventilation

Regular housekeeping practices are being implemented, including routine cleaning and disinfecting of work surfaces, equipment, and areas in the work environment. Frequent cleaning and disinfecting will be conducted in high-touch areas. The cleaning schedule is outlined in Attachment B.

A bleach solution, or other approved disinfectant, is available for disinfecting surfaces. Personal Protection Equipment is available for use when disinfecting. Safety Data Sheet (SDS) for disinfectants other than normal household cleaners will be saved to the company folder and posted in the supply room. When available, staff may use disinfectant wipes on door handles, phones, etc. – staff should review the guidelines regarding the proper use of wipes to appropriately disinfect surfaces. Staff are to notify management immediately if supplies are low or not available.

## **Communications and training**

This COVID-19 Preparedness and Response Plan was communicated via email and virtual staff meeting on May 29<sup>th</sup>, 2020. Staff have completed COVID-19 and Blood Born Pathogen training through Pro Training. Additional communication and training will be ongoing as guidance and recommendations evolve and training needs are identified. Managers and supervisors are to monitor how effective the program has been implemented. This COVID-19 Preparedness and Response Plan has been certified by Bay Area Women's Center management and was posted throughout the workplace on or before May 30<sup>th</sup>, 2020.

Certified by:

Jeremy Rick Executive Director Bay Area Women's Center

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# Attachment A COVID-19 On-site Response Supervisor

As part of the COVID-19 Response Protocol, a COVID-19 On-site Response Supervisor will be assigned for each shift (1<sup>st</sup> shift, 2<sup>nd</sup> shift, & 3<sup>rd</sup> shift) at Bay Area Women's Center. This requirement was established by Governor Whitmer and MI-OSHA's Emergency Orders. As the designated COVID-19 On-site Response Supervisor there will be both monitoring and reporting requirements as outlined below.

## Responsibilities

- Assure adherence to the Disinfecting Schedule.
- Complete Health Screening checks with residents throughout the shift if checks have not already been completed within the last 24 hours.
- Identify and immediately report breaches of COVID-19 Response Protocols within the agency, including lack of social distancing or mask usage by residents or staff, lack of mask wearing in offices where more than one employee is working, refusal of visitor or resident to comply with Health Screening upon entry to the facility, or a report by a resident or employee of positive symptoms or responses to Health Screening.
- Breaches of the COVID-19 Response Protocols should be immediately reported to the Director of Crisis Services. If the Director of Crisis Services is not reachable, the report should be made to the Executive Director.
- Breaches in protocol are to be reported only to management to ensure confidential health information is protected.
- Actively identify and report any other risks within the agency.
- Additional responsibilities may be assigned by management staff throughout the shift.

Please remember health information is confidential and is to be reported only to the Director of Crisis Services, Director of Business Operations, or the Executive Director.

The COVID-19 On-site Response Supervisor will be designated on the Master Schedule for the agency by the designation (CORS) after the employees' name.

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# Attachment B Disinfecting Schedule

- All disinfecting should be documented by initialing cleaning logs. Common residential areas (living room, dining room, kitchen, foyer, pop machine), including doorknobs, surfaces, counters, etc. are disinfected every 4 hours.
- Resident's should be encourage to disinfect common areas after each use and bedrooms on a regular basis.
- Crisis office is disinfected every 2 hours, including phones, doorknobs, counters, arm rests on office chairs, and other touch points. Children's room toys should be disinfected daily (as long as children have been in the room).
- Main waiting room area (including bathroom, phone, touchpoints in hallway, and main entrance doors) should be disinfected every 4 hours, unless staff have not occupied these areas in that 4 hour block of time.
- Board room, Work Center (including copier), and other touch points of the administration wing should be disinfected every 4 hours, unless staff have not used the copier, or occupied these areas in that 4 hour block of time.
- SANE Exam Room and SANE waiting room should be disinfected after each use thoroughly. (Assigned by daily on-call or exam attendance).
- Residential bedrooms will remain vacant for three days whenever possible before disinfecting. Staff are required to wear PPE, such as mask, gloves, and eye protection when disinfecting bedrooms.

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# Attachment C Screening Protocols

Bay Area Women's Center is responding to the COVID-19 pandemic with a screening protocol to reduce the risk of infection and transmission. This protocol became effective April 15, 2020 and will remain in effect until COVID-19 is no longer deemed a threat.

These measures are in place to safely and effectively ensure services are continuously provided and that employees and visitors are safe within our workplace despite this new public health threat. BAWC sought to comply with the current government regulations, MI-OSHA and County Emergency Orders as well as meet the best practices recommended by local Health Departments and Centers for Disease Control and Prevention. Adherence to the protocol will reduce the risk of exposure for staff, clients, and guests and allow for the most reliable contact tracing should exposure become a concern.

BAWC staff will complete a Health Assessment on visitors prior to their entry into the facility. Responses to screening questions will be documented on a Health Assessment Form. The Health Assessment Forms provide screening questions and guidance from current recommended best-practices. All Health Assessment forms will be kept secure and confidential, to the extent possible under current rules and regulations. Vendors and visitors who are utilizing the MI Symptoms app may show their "not at risk" result prior to entering the building. In these instances, staff are to document the "not at risk" result on the Health Screening form along with vendor contact information for contact tracing purposes.

Staff, including volunteers and interns, will complete pre-entry screening on Michigan's MI Symptoms App website. Staff may complete this screening within the vestibule of the administrative entrance using a smartphone, tablet, or other internet accessible device. Staff will self-certify they have passed the screening on the Staff Self-Certification Form located in the administrative vestibule. Any person receiving a red "at risk" result must immediately leave the building and inform the COVID On-site supervisor via phone. Staff are encouraged to complete this screening every day, regardless of work schedules, to help stop the spread of COVID-19. Early identification of symptoms will reduce the risk of COVID-19 in the workplace and the potential of spreading the virus to others. Those who do not have access to a thermometer, or do not have access to a device, or other reasons they cannot utilize Michigan's online screening tool should contact the Director of Business Operations.

SANE nurses will be screened prior to entering the agency using either a Health Screening Form or Michigan's MI Symptoms App. Nurses exhibiting symptoms or who are suspected to have COVID-19 are not to report to work. Nurses who may have been caring for an individual(s) with suspected COVID-19 are required to wear a mask at all times when in the facility and should limit their travel within the building.

To register for the MI Symptoms App, go to: <a href="https://misymptomapp.state.mi.us">https://misymptomapp.state.mi.us</a> and enter employer code: 8715-1951.

House Bill 6032 requires employees to stay home from work if they:

- test positive for COVID 19;
- display the "principal symptoms" of COVID 19; or
- have been in close contact with someone who is positive or has principal symptoms of COVID
   19.

Such employees must not report to work until they meet certain criteria:

- Employees who test positive or display one of the principal symptoms of COVID 19 must stay home until they meet all of the following:
  - o If the employee has a fever, 24 hours have passed since the fever stopped without the use of fever-reducing medications.
  - o Ten days have passed since either of the following, whichever is later:
  - o The date the employee's symptoms first appeared; or
  - o The date the employee received a test that yielded a positive COVID 19 test result.
  - The employee's principal symptoms of COVID 19 have improved.
- Employees who have been in "close contact" with an individual who has tested positive or displayed the principal symptoms of COVID 19 are prohibited from returning to work until they meet one of the following:
  - A negative test result is obtained with consideration of the incubation period for COVID-19. or
  - o 14 days have passed since the employee last had contact with the individual; or
  - The individual to whom they were exposed receives a "medical determination" that they did not have COVID 19 at the time of the close contact with the employee.
- As essential employees, you may be required to return to the workplace early if you are not experiencing symptoms and can respond to residential needs and crisis calls. These cases would be rare and only when shift coverage is at risk with no other options.

Staff who have received an "at risk" screening result:

- Contact your supervisor immediately to discuss your situation and/or symptoms.
- You may be required to remain away from the workplace.
- You may be required to wait a certain period of time before seeking testing due to guidance on the incubation period of COVID-19.
- You may be required to seek medical advice from Covenant COVID Hotline, or similar clinic, or physician of your choice.

While we realize these procedures may feel burdensome and inconvenient, BAWC will act with caution under the guidance of health authorities to do our part in protecting staff, clients, and guests from the spread of COVID-19.