

COVID-19 Preparedness and Response Plan
Mary Free Bed Rehabilitation Hospital
Updated: 10/30/2020

In order to respond to the current state of emergency related to the novel coronavirus (“COVID-19”) and to comply with relevant state and local orders related to COVID-19, Mary Free Bed Rehabilitation Hospital has prepared the following COVID-19 Preparedness and Response Plan (“Plan”). This Plan may be updated as this situation evolves or as state or local orders related to COVID-19 are issued or amended. This plan is available to all employees as a training guide on how to respond to the COVID-19 Pandemic. Mary Free Bed Rehabilitation Hospital will maintain training records, screening of employees/ individuals entering the workplace and any required notifications for one year.

I. IN-PERSON OPERATIONS Essential Workers Necessary to Perform Critical Infrastructure Functions, Conduct Minimum Basic Operations or Perform a Resumed Activity.

Executive Order 2020-70, and subsequently Michigan Occupational Safety and Health Administration Emergency Rules on October 14, 2020 prohibits businesses or operations to operate a business or conduct operations that requires workers to leave their homes except to the extent those workers are necessary to sustain or protect life (i.e., critical infrastructure workers), conduct minimum basic operations or perform a resumed activity. Appendix A contains a list of critical infrastructure workers as described by the U.S. Cybersecurity and Infrastructure Security Agency in its March 19, 2020 guidance as well as additional categories of such workers identified by Governor Whitmer in Executive Order 2020-70 and the MIOSHA Emergency Rules, and the MIOSHA Emergency Rules.

Under Executive Order 2020-70 and the MIOSHA Emergency Rules, workers who are necessary to conduct minimum basic operations are “those workers whose in-person presence is strictly necessary to allow the business or operation to maintain the value of inventory and equipment, care for animals, ensure security, process transactions (including payroll and employee benefits) or facilitate the ability of other workers to work remotely.”

Only “critical infrastructure workers,” those required to conduct minimum basic operations or those performing resumed activities may be permitted to perform in-person activities so long as any in-person work is performed consistently with the social distancing and mitigation measures required under any relevant executive order or public health order. Workers designated as critical infrastructure workers or those required to conduct minimum basic operations will be informed of such designations in writing, if so required.

II. BASIC INFECTION PREVENTION MEASURES

Enhanced Hygiene

Employees are instructed to wash their hands frequently, to cover their coughs and sneezes with tissue, and to avoid touching their faces. Employees will be provided with access to places to frequently wash hands or to access hand sanitizer. Employees will also be provided with access to tissues and to places to properly dispose of them. Signs regarding proper handwashing methods will be posted in all restrooms. Hand shaking is also prohibited to ensure good hand hygiene. Mary Free Bed Rehabilitation Hospital will provide tissues and trash receptacles where appropriate.

Staff are discouraged from using other staff members' phones, desks, offices or other work tools and equipment, when possible. If sharing such items or spaces is not possible, then workers should wipe down any and all items and spaces prior to sharing it with another worker.

Sick Leave Policies

Mary Free Bed Rehabilitation Hospital encourages staff to stay home if they are sick. In addition, staff may be permitted to take paid leave consistent with our current policies and state laws including Michigan Paid Medical Leave Act (MPMLA), Paid Time Off (PTO), Extended Illness Insurance (EII) and unemployment benefits.

Remote Work

All employees who are not essential to patient care operations and whose job duties reasonably allow for them to telework will work remotely. Leadership will determine which roles are to remain onsite and which roles may work from home. In addition, face-to-face meetings should be replaced with virtual communications to the extent possible.

Enhanced Cleaning and Disinfecting

Increased cleaning and disinfecting of surfaces, equipment and other elements of the work environment will be performed regularly using manufacturer instructions for the use of all products containing EPA-approved disinfectants. Employees will be provided with access to disposable disinfectant wipes so that any commonly used surfaces can be wiped down before each use.

Enhanced Social Distancing

Leaders will direct employees to perform their work in such a way to reasonably avoid coming within six feet of other individuals. Where possible, employees may be relocated or provided additional resources in order to avoid shared use of offices, desks, telephones and tools/equipment. The number of employees permitted in any breakroom or lunchroom shall be limited to ensure social distancing restrictions can be followed. Employees should remain in their assigned work area as much as possible. Employees will be provided with appropriate personal protective equipment and physical barriers may be installed for employees commensurate with their level of risk of exposure to COVID-19. Mary Free Bed Rehabilitation Hospital may consider alternating days or extra shifts that reduce the total number of employees in the workplace at one time to ensure social distancing can be maintained.

Mary Free Bed Rehabilitation Hospital will follow guidance from the Occupational Safety and Health Administration ("OSHA") and the Centers for Disease Control and Prevention ("CDC") with respect to prevention and mitigation measures. We have posted various posters within the workplace to inform employees of recommended prevention and mitigation measures. Mary Free Bed Rehabilitation Hospital will check the OSHA and CDC websites and other subject matter experts regularly for updates about recommended hygiene and mitigation measures.

III. PROMPT IDENTIFICATION AND ISOLATION OF SICK INDIVIDUALS

Employee Screening Before Entering the Workplace

A sample Employee Entry Screening Questionnaire is attached as Appendix B. A screening questionnaire will be completed by all employees before being permitted to enter the workplace. Any individual taking

employee temperatures will be required to wear appropriate personal protective equipment. If an employee fails the screening process, he or she will be prevented from entering the premises until allowed to return to work under the relevant executive orders or public health orders, which requirements are explained in detail in the Return to Work Plan, attached as Appendix C. A health care provider's note is not required to validate an illness or to return to work (although the employee must still meet the relevant criteria to return to work).

Self-Monitoring for Symptoms

Employees are encouraged to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure. Coughing, loss of taste or smell, shortness of breath and difficulty breathing are common symptoms of COVID-19. The CDC has also advised that other symptoms include fever, chills, repeated shaking with chills, muscle pain, headache, sore throat and new loss of taste or smell. See CDC [Watch for Symptoms](#) list.

Procedures for Reporting Illness

Suspected Cases

An employee will be considered to have a Suspected Case of COVID-19 if:

- They are experiencing any one of the following COVID-19 symptoms:
 - Fever (Greater than 100.0)
 - Shortness of breath
 - Frequent dry cough
 - "New" loss of taste or smell

OR

- They are experiencing at least two of the following symptoms:
 - Chills
 - Repeated shaking with chills
 - Muscle pain/ body aches
 - Headache
 - Fatigue
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
 - Sore throat

OR

- They have been exposed (no PPE for duration longer than 15 cumulative minutes) to a COVID-19 positive person, meaning:

If an employee believes that he or she qualifies as a Suspected Case (as described above), he or she must:

- Immediately notify their supervisor and Infection Control Manager

- If exhibiting one major symptom or at least two of the minor symptoms, seek testing for COVID-19 at MFB by C2 Health or your preferred site, employee will not be able to work while waiting for test results; and
- If not exhibiting symptoms, monitor yourself for 14 days using the temperature log. If symptoms begin contact Infection Control Manager.
- Seek immediate medical care or advice as needed.

COVID-19 testing:

- A nasopharyngeal (NP) specimen collected by a health care provider; or
- An oropharyngeal (OP) specimen collected by a health care provider; or
- A nasal mid-turbinate swab collected by a health care provider or by a supervised onsite self-collection (using a flocked tapered swab); or
- An anterior nares (nasal swab) specimen collected by a health care provider or by onsite or home self-collection (using a flocked or spun polyester swab); or
- Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW) specimen collected by a health care provider.

If an employee qualifies as a Positive Case, Mary Free Bed Rehabilitation Hospital will immediately notify the local public health department and:

- Notify all employees within 24 hours, who may have come into close contact (being within approximately six feet for a prolonged period without PPE) with the employee in the past two days (while not disclosing the identity of the employee to ensure the individual's privacy), and
- Ensure that the entire workplace, or affected parts thereof (depending on employee's presence in the workplace), is thoroughly cleaned, disinfected and isolated, and
- If necessary, close the work area or workplace, until all necessary cleaning and disinfecting is completed, and
- Communicate with employees about the presence of a confirmed case, the cleaning/disinfecting plans and when the workplace will reopen.

Confirmed Cases

An employee will be considered a Confirmed Case of COVID-19 if the employee has been performing in-person operations in the past three days and that person tested positive for COVID-19. To return, the employee must meet these conditions:

If an employee believes that he or she qualifies as a Confirmed Case (as described above), he or she must:

- Immediately notify supervisor and/or Human Resources contact of his or her diagnosis; and
- Remain out of the workplace until he or she is cleared to return to work. Must be:
 - At least three days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**,
 - At least 10 days have passed *since symptoms first appeared*.

If an employee qualifies as a Confirmed Case, then Mary Free Bed Rehabilitation Hospital will:

- Immediately notify the local public health department; and notify, within 24 hours all employees who may have come into close contact with the employee (being within approximately six feet for a cumulative period of 15 minutes without PPE) in the past two days (while not disclosing the identity of the employee to ensure the individual's privacy);
- Ensure that the entire workplace, or affected parts thereof (depending on employee's presence in the workplace), is thoroughly cleaned, disinfected (use of ultraviolet light may be employed);
- If necessary, close the work area or workplace, until all necessary cleaning and disinfecting is completed; and
- Communicate with employees about the presence of a confirmed case and the cleaning/disinfecting plans and when the workplace will reopen.

Becoming Sick at Work

Any onsite employee who appears to have a respiratory illness may be separated from other employees and/or other individuals and sent home. If such a situation arises, Mary Free Bed Rehabilitation Hospital will identify a designated area with closable doors to serve as an isolation room until such potentially sick employees can be removed from the workplace. Personnel entering any designated area will be strictly limited.

PPE

As recognized by OSHA in its Guidance on [Preparing Workplaces for COVID-19](#), "while engineering and administrative controls are considered more effective in minimizing exposure to COVID-19, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies." Examples of PPE include gloves, goggles, face shields, facemasks, and respiratory protection, when appropriate. During an outbreak like COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19.

Mary Free Bed Rehabilitation Hospital will check the OSHA and CDC websites regularly as well as other subject matter experts for updates about recommended PPE and assess the need for PPE for employees. The following will be applied to the selection and use of PPE by employees.

All types of PPE must be:

- Selected based upon the hazard to the employee.
- Properly fitted and periodically refitted, as applicable (e.g., respirators).
- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

Mary Free Bed Rehabilitation Hospital will provide any required PPE in accordance with CDC, OSHA and other subject matter expert guidance as well as any state and local orders.

IV. ADDITIONAL WORKPLACE PROTECTIONS

Engineering Controls

Mary Free Bed Rehabilitation Hospital will consider and implement the following engineering controls when feasible and applicable, including engineering controls involve isolating employees from work-related hazards. In workplaces where appropriate, OSHA has noted that the following types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solutions to implement:

- Installing high-efficiency air filters.
- Increasing ventilation rates in the work environment.
- Installing physical barriers, such as clear plastic sneeze guards.
- Installing a drive-through window for customer service.
- Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in health care settings and specialized autopsy suites in mortuary settings).

Non-Essential Travel

All non-essential business travel is discontinued until further notice.

Workers Living Abroad or Traveling Internationally

To the extent Mary Free Bed Rehabilitation Hospital has any workers living abroad or traveling on international business, Mary Free Bed Rehabilitation Hospital will communicate with such workers that the Department of State cannot provide Americans traveling or living abroad with medications or supplies, even in the event of an outbreak like COVID-10. Mary Free Bed Rehabilitation Hospital will monitor OSHA's COVID-19 webpage as well as guidance from the CDC and the Department of State.

Visitors

No visitors should be allowed in the workplace unless they are deemed essential to address an issue related to critical infrastructure functions. All visitors entering the building shall be screened prior to entering the building. A screening questionnaire should be utilized to decide if the visitor can enter the building. If a visitor presents with symptoms of COVID-19 or answers yes to any of the screening questions, do not allow them into the building.

Working with Insurance Companies and State and Local Health Agencies

Mary Free Bed Rehabilitation Hospital will work with applicable insurance companies and state and local health agencies to provide information to workers and customers about medical care in the event of a COVID-19 outbreak.

Continue to Follow Existing OSHA Standards

Mary Free Bed Rehabilitation Hospital will continue to adhere to all applicable existing OSHA standards and requirements. Mary Free Bed Rehabilitation Hospital may also seek guidance from other subject matter experts.

Additional Restrictions and Policies

Gatherings of any size in which people cannot maintain six feet of distance from one another are prohibited. In-person interaction shall be limited to the maximum extent possible. Mary Free Bed

Rehabilitation Hospital will limit the sharing of tools and equipment to the maximum extent possible and will ensure frequent and thorough cleaning of tools, equipment, and frequently touched surfaces.

V. EMPLOYEE CLASSIFICATIONS

Worker risk of occupational exposure to COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk. As OSHA notes, “[t]he level of risk depends in part on the industry type, need for contact within six feet of people known to be, or suspected of being, infected with [COVID-19], or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with [COVID-19].” To help employers determine appropriate precautions, OSHA has divided job tasks into four risk-exposure levels: very high, high, medium, and lower risk. OSHA expects that most American workers will likely fall in the lower-exposure risk (caution) or medium-exposure risk levels.

Mary Free Bed Rehabilitation Hospital will evaluate employee risk level and implement appropriate protections. OSHA’s classification system is as follows:

Very High Exposure Risk:

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

- Health care workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Health care or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

High Exposure Risk:

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Health care delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients’ rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes very high.)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

Medium Exposure Risk:

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within six feet) people who may be infected with COVID-19, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there is ongoing community transmission, workers in this category may

have contact with the general public (e.g., schools, high-population density work environments, some high-volume retail settings).

Lower Exposure Risk (Caution):

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with COVID-19 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

VI. BUSINESS CONTINUITY PLANS

The COVID-19 Workplace Safety Coordinator will: (1) implement, monitor and report on control strategies developed pursuant to the MIOSHA Emergency Rules; (2) work with management to cross-train employees to perform essential functions so the workplace can operate even if key employees are absent; (3) identify alternate supply chains for critical goods and services in the event of disruption; and (4) develop an emergency communication plan to communicate important messages to employees and constituent; (5) Be onsite anytime the facility is open.

APPENDIX A

Consistent with the March 19, 2020 CISA guidance document, critical infrastructure workers include some workers in each of the following sectors

- a. Health care and public health.
- b. Law enforcement, public safety, and first responders.
- c. Food and agriculture.
- d. Energy.
- e. Water and wastewater.
- f. Transportation and logistics.
- g. Public works.
- h. Communications and information technology, including news media.
- i. Other community-based government operations and essential functions.
- j. Critical manufacturing.
- k. Hazardous materials.
- l. Financial services.
- m. Chemical supply chains and safety.
- n. Defense industrial base.

APPENDIX B

SAMPLE EMPLOYEE ENTRY SCREENING QUESTIONNAIRE

1. Do you have symptoms that are different than you would normally have with allergies or a minor cold, including:

Cough with respiratory illness

Difficulty breathing or shortness of breath

Sore throat with respiratory illness

Chills or shaking with chills,

Loss of taste/smell.

If YES to any, you are restricted from entering the building. If NO, proceed to next question.

2. Do you have a fever above 100.0 degrees Fahrenheit?

If YES to any, you are restricted from entering the building. If NO, proceed to next question.

APPENDIX C

EMPLOYEE RETURN TO WORK PLAN

Employees who fail entrance screening will only be permitted to return to work under the following circumstances.

Employees who test positive for COVID-19 or display one or more of the principal symptoms of COVID-19 (fever, atypical cough, or atypical shortness of breath) will not be permitted to return to work until either:

According to the Centers for Disease Control:

Health Care Provider (HCP) with [mild to moderate illness](#) who are not severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Note: HCP who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP with [severe to critical illness](#) or who are severely immunocompromised¹:

- At least 10 days and up to 20 days have passed *since symptoms first appeared*
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

Note: HCP who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

Employees* who have been in “close contact” (being within approximately six feet for a prolonged period of time) with an individual who tests positive for COVID-19 will be required to monitor temperature and symptoms for 14 days.

*The “close contact” rule does not apply to the following classes of workers: health care professionals; workers at a health care facility (including hospitals, surgical centers, health maintenance organizations, nursing homes, hospice, and veteran’s facilities); first responders (e.g., police officers, fire fighters, paramedics); child protective service employees; workers at child caring institutions, as defined in MCL 722.111; and workers at correctional facilities.

