



Section: <b>SWMBH Administration</b>	Procedure Name: <b>Infection Control Procedure- COVID-19 Return to Work</b>	Procedure #: <b>P01.09.01</b>
Overarching Policy: <b>01.09 Infection Control</b>		
Owner: <b>Chief Administrative Officer</b>	Reviewed By: <b>Anne Wickham</b>	Total Pages: <b>5</b>
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: <u>Anne Wickham</u> <small>Anne Wickham (Dec 9, 2020 11:20 EST)</small>	Date Approved: Dec 9, 2020
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: <b>6/1/2020</b>

**Policy:** Southwest Michigan Behavioral Health (SWMBH) will have guidelines, processes and procedures in place to mitigate the spread of infectious disease.

**Purpose:** To minimize, to the extent possible, risks to SWMBH staff, board members, consumers, volunteers, and visitors which may arise due to infectious disease.

**Scope:** SWMBH staff and visitors

**Responsibilities:** Chief Administrative Officer to determine current Return to Work Color Levels and communicate such to staff.  
 All Senior Leaders to report potential or confirmed illness to Human Resources.  
 Human Resources to maintain health screening and illness records separate from personnel files.

**Definitions:** None

**Procedure:**  
 A. Health Screenings



All employees will complete a daily health screening and temperature check upon arrival to SWMBH offices. Employees who exhibit symptoms of infectious disease or temperature above 100 degrees will be sent home and encouraged to contact their primary care physician.

1. Each morning before coming to the office employees will log in to the Spectrum Health Employee Screening tool via computer or smartphone or device at:  
<https://covid19symptomchecker.spectrumhealth.org/welcome>
2. If logging from a computer, the employee must print the results and bring to the office. If utilizing a smart phone or device the employee should take a screenshot of the screening outcome to be shown upon arrival to the office.
3. Employees who receive less than a green "good to go" result on the Spectrum Health Screening Tool will not come to the office before contacting their Senior Leader via phone or email.
  - a. Senior Leaders who receive notification from an employee that they have received other than a green "good to go" checkmark will notify HR and encourage the employee to contact their primary care physician for follow up.
  - b. Employees will not be allowed to come to the office until they are symptom free without medication for 72 hours OR cleared to return by a physician AND can pass the health screening questionnaire.
  - c. The ability to work from home or to take PTO will be at the discretion of the Senior Leader after discussion with the employee.
  - d. Senior Leaders will report any incident of failure of Health Screenings to HR promptly upon notification for monitoring.
4. Upon arrival at the office each morning employees will report to the identified health screener for temperature check and verification of health screening questionnaire from the identified Spectrum Health website before reporting to their office. Screeners will ensure each employee on site has been screened by completing the Daily Health Screening spreadsheet as Pass/Fail only. Individual health screenings and temperature readings will not be maintained. The Daily Health Screening spreadsheet will be maintained with the Private Human Resources folder.
5. Employees who know they are sick are not required to complete the Health Screening in the morning. Those employees should follow the protocol of their Senior Leader for "calling in sick". Individuals who call in sick should not work from home while ill and take PTO. Senior Leaders will inquire as the employee symptoms the employee has or believes they have and report this information promptly to HR.
6. Human Resources will track employee absences and reports of illness and will maintain this information in a separate area from any personnel records. These records will be used only for the purpose of tracking any infectious disease that may be reportable to the Kalamazoo County Health department or used to determine any additional notification necessary to additional employees or enhanced cleaning protocols that may be necessary.
7. Any employee who tests positive for COVID-19 will remain at home until they are no longer considered infectious according to the latest guidance from the CDC and have been released from quarantine or isolation by the Public Health Department or their physician



and will immediately report the positive test to their Senior Leader and/or Human Resources. If a Senior Leader is notified of an employee testing positive for COVID-19 they will immediately notify Human Resources.

8. Human Resources will notify the Kalamazoo County Health Department that an employee has tested positive for COVID-19 and work at the direction of the Kalamazoo County Health Department to assist in any contact tracing or disinfecting measures that are required or recommended.

#### B. Environmental Safety

SWMBH will contract with a professional cleaning service to perform cleaning protocols on a daily basis to include all common areas and high touch surfaces.

1. All employees will have access to disinfecting sprays and wipes in order to maintain the cleanliness of their own office space and other common areas throughout the office on a regular and ongoing basis. SWMBH will contract with a professional cleaning service to have all office areas professionally disinfected weekly or as necessary.
2. SWMBH will allow only disposable plastic and paper products to be maintained within employee break areas. Employees wishing to provide their own eating utensils will not be allowed to store them in common areas where they might be used by others.
3. SWMBH provided sanitizing sprays should be utilized on commonly used surfaces such as microwave or refrigerator door handles, keypads etc... after employee use.

#### C. Hand Hygiene and Social Distancing

Infectious disease risks are mitigated when employees employ best practices in hand hygiene and social distancing measures.

1. SWMBH employees are encouraged to wash hands for 20 seconds frequently throughout the day. SWMBH will encourage this practice through training and strategically placed posters with reminders to do so. Hand sanitizer stations are placed throughout SWMBH and employees are encouraged to use them frequently and as a best practice anytime they enter or exit the area.
2. Employees should avoid using other people's equipment, phones and desks.
3. Employees should avoid touching their face with unwashed hands.
4. Employees and visitors will maintain 6 ft of social distancing whenever possible. Employees will not congregate in common areas or employee break rooms.
5. Conference rooms are clearly marked with maximum occupancy and employees should maintain those occupancy limits.
6. Use of bathrooms should be limited to one person at a time whenever possible.
7. Employees should use electronic or telephonic means to have brief conversations with other staff whenever possible.
8. 2 or more employees will not gather in or near cubicle areas for meetings or conversations. If face to face conversation is necessary it should be held in an appropriate conference room.

#### D. Personal Protective Equipment

SWMBH will require varying levels of Personal Protective Equipment (PPE) be utilized by staff depending upon the current Return to Work Color level (Attachment P01.09.01A) as determined





by the Chief Administrative Officer. Staff who work solely within the office environment are deemed at low risk of contracting infection per OSHA standards.

1. Staff who leave the office to meet with Providers or Members will adhere to the procedures as set forth within their department related to such as these staff have a potentially higher risk of disease contraction. Those departmental procedures are attachments to this document. (P01.09A and P01.09B)
2. Staff will be allowed to wear their own masks or those provided by SWMBH. Staff who choose to wear their own PPE will be allowed to do so as long as it meets current CDC standards. Any staff member who cannot wear a mask due to a medical condition must request accommodation from Human Resources through the Americans with Disabilities Act.
3. SWMBH will have PPE available for any staff or visitors as necessary.
4. SWMBH staff who visit the offices of any external stakeholder will comply with any and all requirements related to PPE as determined by the stakeholder.

**Effectiveness Criteria:** None

**References:** CDC Interim Guidelines for Businesses  
OSHA Guidelines on Preparing Workplaces for COVID-19  
SWMBH Return to Work Plan

**Attachments:**

- A. P01.09.01A Return to Work Color Levels
- B. 01.09A Infection Precaution Plan for Community Visits
- C. 01.09B Infection Precautions for Provider Visits



## Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	6/1/2020	Throughout	New procedure	A. Wickham
2	11/9/2020	Attachments	Added attachment B	A. Wickham






# P01.09.01 Infection Control

Final Audit Report

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# SWMBH 1.09A

Section: <b>SWMBH Administration</b>	Attachment Name: <b>Infection Precaution Plan for Community Visits</b>	Procedure #: <b>N/A</b>
Overarching Policy: <b>P01.09.01 Infection Control Procedure</b>		
Owner: <b>Director of Clinical Quality</b>	Reviewed By: <b>Moira Kean</b>	Total Pages: <b>4</b>
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): 	Final Approval By:	Date Approved:
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): 	Line of Business: <input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan <u>      KHC      </u> <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: <b>6/1/2020</b>

**Policy:** Southwest Michigan Behavioral Health (SWMBH) will have guidelines, processes and procedures in place to mitigate the spread of infectious disease.

**Purpose:** To present ways to implement proper protocols for safe in-person interactions during Coronavirus (COVID-19) response.

**Scope:** Kalamazoo Health Connections, SIS assessors and MI Health Link Complex Case Management, but can be applied to other areas as in-person contact is required.

**Responsibilities:** Staff will follow steps below when an in-person visit is considered essential.

## Definitions:

- A. **Cloth face covering:** Textile (cloth) covers that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. **They are not PPE and it is uncertain whether cloth face coverings protect the wearer.** Guidance on design, use, and maintenance of cloth face coverings is [available](#). (CDC)
- B. **Facemask:** Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays. (CDC)





## SWMBH 1.09A

### **Procedure:**

During Coronavirus response, any in-person contact with a member must be discussed between 2 or more Clinical Quality team members prior to contact. If there is another way to meet the member's needs that route should be taken rather than in-person contact.

Examples of reasons the visit may be unavoidable include but are not limited to attending doctor appointments or assistance with iPhone use and setup.

Prior to visiting, SWMBH staff will conduct infection control screening as per SWMBH policy 01.09. If screening indicates the staff member is likely to have COVID-19 based on symptoms the staff member will follow the procedure described in SWMBH procedure P01.09.01. In addition, they will

- Immediately notify coworkers and create a plan to meet the member's needs
- Reschedule with the member

The SWMBH staff member will contact the member via phone the morning of the scheduled visit and will complete COVID-19 screening over the phone for the member and anyone who lives in the home with the member. This should be documented and kept in the member's file in SmartCare. Link to screen: <https://www.spectrumhealth.org/covid19/covid-virtual-screening>.

- If the screening is negative, proceed to the visit. Document rationale and discussion points.
- If the screening is positive, the visit should not be completed due to risk. Work with the member on follow up for symptom management. Alternate plans will be made for visit.

During the visit, the following should occur:

- The staff member should take in as little equipment as possible to complete the visit.
- The staff member will wear the following personal protective equipment under the following circumstances
  - Facemask: a facemask should be applied by the staff member prior to contact with the member (i.e. entering member's home) and should not be touched or removed until no longer in contact with member (i.e. outside of home). The facemask must be put on (donned) by placing straps over both ears and then securing nose piece. The facemask must be removed (doffed) by pulling one strap off the ear and removing away from one's face. Do not touch the part of the facemask that covers the mouth and nose. Once the facemask is removed and in the staff member's hand, place securely in a plastic bag for safe disposal or for air drying to occur if it is a cloth facemask. Always immediately wash hands with soap and water or hand sanitizer when facemask is removed.
  - Gloves: gloves should be worn for temporary use when there is a risk of touching blood, stool, or bodily fluids. Clean, unused gloves should be applied in these circumstances. Be aware to not create cross-contamination while wearing gloves (i.e. don't touch pen, computer, other surfaces after having touch the bodily fluid and/or contaminated surface). Gloves should be removed by grabbing near the cuff of one hand and pulling off and away from hand. Be sure to not touch skin with the outside of the glove. Keep that glove balled up in the other hand (with glove still on). Now take the hand without a glove, grab the very top of the cuff and pull down and away to wrap the previous glove inside the second glove. Again, be sure to not touch skin with the outside of the glove. Once wrapped, immediately dispose of the gloves in a secure waste basket. Always immediately wash hands with soap and water or hand sanitizer when gloves are removed.





### SWMBH 1.09A

- The staff will obtain the member's temperature upon arriving to the location for in-person visit. If the member refuses, the visit will not be able to be completed. The result of the temperature must be documented in Smartcare. If the member's temperature is 100.0° F or greater, the visit will not be completed, and an appropriate medical provider should be notified by the member.
- The member will be asked to wear a facemask during the visit if they can tolerate it and breathe well with it on. Education on donning and doffing the facemask may be required. Other members of the home who are in the same room or come into the same room during the visit should also wear a facemask.
- Disinfectant should be used on both the staff and the member's hands throughout the visit and upon leaving the home. Focus disinfectant on areas of the hand that touched surfaces; special attention on fingers.
- Remain 6 feet apart whenever possible during the visit.

After the visit, the following should occur:

- Remove facemask per instructions above and place in a plastic bag or garbage can.
- Disinfect any equipment that went into the visit (i.e. computer, pen, phone, keys, etc.).
- Disinfect hands

#### **Effectiveness Criteria:**

In-person contacts will not be correlated to outbreaks of COVID-19.

#### **References:**

- A. MDHHS. *Actions for Caregivers of Older Adults During COVID-19*. Michigan.gov/Coronavirus
- B. OSHA. *Guidance on Preparing Workplaces for COVID-19*. OSHA.gov
- C. CDC. April 14, 2020. *Screening and Triage at Intake*. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis/screening.html>
- D. CDC. May 18, 2020. *Interim infection prevention and control recommendations for patients with suspected or confirmed coronavirus disease 2019 (COVID-19) in healthcare settings*. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

#### **Attachments:**

COVID screening site: <https://www.spectrumhealth.org/covid19/covid-virtual-screening>.



SWMBH 1.09A

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor



### SWMBH Attachment 1.09B

Section: <b>SWMBH Administration</b>	Attachment Name: <b>Infection Precaution Plan for Provider Visits</b>	Attachment #: <b>1.09B</b>
Overarching Policy: <b>01.09 Infection Control</b>		
Owner: <b>Chief Administrative Officer</b>	Reviewed By: <b>Anne Wickham</b>	Total Pages: <b>3</b>
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: <div style="text-align: center;"> <u>Anne Wickham</u>  <small>Anne Wickham (Dec 9, 2020 11:21 EST)</small> </div>	Date Approved: Dec 9, 2020
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan                      _____ <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: <b>11/9/2020</b>

**Policy:** Southwest Michigan Behavioral Health (SWMBH) will have guidelines, processes and procedures in place to mitigate the spread of infectious disease.

**Purpose:** To present ways to implement proper protocols for safe in-person interactions during Coronavirus (COVID-19) response.

**Scope:** Staff interactions that require provider on-site visits.

**Responsibilities:** Staff will follow steps below when an in-person visit is considered essential.

**Definitions:**

- A. **Cloth face covering:** Textile (cloth) covers that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. **They are not PPE and it is uncertain whether cloth face coverings protect the wearer.** Guidance on design, use, and maintenance of cloth face coverings is [available](#). (CDC)
- B. **Facemask:** Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays. (CDC)





## SWMBH Attachment 1.09B

### **Procedure:**

During Coronavirus response, any in-person contact with a provider site must be discussed and approved by the appropriate Senior Leader. The first option is always to conduct any business via a remote manner whenever feasible. **Only** in the event the business cannot be conducted remotely, the following guidelines must be followed prior to and while on-site at a provider entity.

SWMBH staff should discuss with provider any agency rules they have in place for COVID19 screening or social distancing and must adhere to those rules or guidelines when on site. Staff should ensure that provider site has sufficient space available such that SWMBH staff may maintain social distancing guidelines while at the provider site. If the provider has no such accommodation or guidelines available to the SWMBH staff the work must be done via a remote method.

Prior to visiting, SWMBH staff will conduct infection control screening as per SWMBH Procedure P 01.09. If screening indicates the staff member is likely to have COVID-19 based on symptoms the staff member will follow the procedure described in SWMBH procedure P01.09. In addition, they will

- Immediately notify coworkers and create a plan to meet the member's needs
- Reschedule with the provider

During the visit, the following should occur:

- The staff member should take in as little equipment as possible to complete the visit.
- Staff members should travel to the provider site in their own vehicle with no carpooling with other staff members attending the same visit.
- The staff member will wear the following personal protective equipment under the following circumstances
  - Cloth face covering or Facemask: either a cloth face covering or a facemask should be applied by the staff member prior to entering the provider site and must remain on the staff person for the entirety of their visit.. Always immediately wash hands with soap and water or hand sanitizer when facemask is removed.
  - Staff may, at their discretion, wear gloves during the visit. Gloves should be removed upon exiting the provider site and be properly disposed.
- Disinfectant should be used on both the staff member's hands throughout the visit after touching files and upon leaving the provider site. Focus disinfectant on areas of the hand that touched surfaces; special attention on fingers.
- Remain 6 feet apart whenever possible during the visit.

After the visit, the following should occur:

- Disinfect any equipment that went into the visit (i.e. computer, pen, phone, keys, etc.).
- Disinfect hands
- Dispose of any gloves or facemask in a proper trash receptacle.

### **Effectiveness Criteria:**

Provider site visits will not be correlated to outbreaks of COVID-19.

### **References:**

A. OSHA. *Guidance on Preparing Workplaces for COVID-19*. OSHA.gov  
1.09B Infection Precaution Plan  
For Provider Visits

Initial Revision

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#### **SWMBH Attachment 1.09B**

- B. MIOSHA Emergency Rules Coronavirus 2019 dated October 14, 2020.
- C. CDC. April 14, 2020. *Screening and Triage at Intake*. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis/screening.html>
- D. CDC. May 18, 2020. *Interim infection prevention and control recommendations for patients with suspected or confirmed coronavirus disease 2019 (COVID-19) in healthcare settings*. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

#### **Attachments:**

COVID screening site: <https://www.spectrumhealth.org/covid19/covid-virtual-screening>.



SWMBH Attachment 1.09B

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	11/9/2020	Throughout	New attachment	A. Wickham



# 01.09B Infection Precaution Plan for Provider Visits

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