



# COVID-19 Infection Control PPE Guideline

CMH for Central Michigan

## Updates to COVID-19 Documents

**4/27/2022**

- Masks are optional for staff, consumer choice must be honored, venue requirements must be honored. Masking is strongly recommended. In choosing whether to wear a mask on a particular day, staff are encouraged to be mindful of their recent activity to protect co-workers and consumers from community spread out of the abundance of caution. Staff self-screening and all other mitigation measures remain in place.
- In person meetings and treatment groups can be held. All COVID-19 precautions should be maintained – stay at least 6 feet apart, hand hygiene, respiratory etiquette, etc. To be discussed at the start of the meeting: Whether staff need to wear a mask or not during the meeting should be determined by the health needs of each person.
- Consumers are expected to come to the office for all health services appointments due to health and safety issues related to the prescription of medications unless there is a COVID-19 exposure concern. On occasion, if consumer requests a video appointment, that can be honored if the consumer is able to come to the office for vital signs and AIMS prior to the appointment and the video appointment is approved by the TEAM and psychiatric provider. Reasons and alternative options that were discussed with the consumer for not honoring such a request should be documented in the chart.
- Update to COVID-19 screening tool: When exposed and vaccinated: the length of time that staff need to wear a well fitting KN95 mask for 10 days after the last day of exposure.

**4/6/2022**

Email from John Obermesik regarding masking

The Infection Control Task Force met this morning and has agreed that the timing is right to allow optional masking agency wide. The operant word is choice for consumers and staff. Consumers choose whether they wish to wear a mask and if they would like the staff they are seeing to wear a mask as well in the effort to facilitate consumer sense of safety and health. To assist with that choice, door screeners will continue to screen and ask the consumer if they wish to have staff wear a mask.

When wearing a mask, staff can choose a surgical or KN95 mask. In choosing whether to wear a mask on a particular day, staff are encouraged to be mindful of their recent activity outside the agency to protect co-workers and consumers from community spread out of the abundance of caution. Staff will continue to self-screen and all other mitigation measures remain in place. You are encouraged to discuss these changes with your local supervision and the Infection Control Team will continue to process your feedback as we weigh the unwinding of various aspects of our COVID-19 mitigation strategies. It has been a long two years!

I cannot thank you enough for all your efforts, sacrifices, patience and concern for each other and the people we serve!

**3/21/2022**

Previously found in COVID - 19 PPE Guideline Table of Contents

When using this table of content, please note:

- This document must be read in its entirety as several sections are applicable to others.
- Specific face mask requirements are documented under section C.2. As the CDC's HCP's mask recommendations have changed over the pandemic based on the current predominant variant, this document will refer to face mask throughout, with the current recommendations for which type of face mask to use documented under C.2.
- Since COVID-19 has already undergone many mutations resulting in numerous variants and this process is expected to continue please look at the CDC website for the most up to date information on the current variant in the United States.

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## Sources of Information

CDC <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Mi-OSHA Guidance on Preparing Workplace for COVID-19  
<https://www.osha.gov/Publications/OSHA3990.pdf>

BHDDA Communications

<https://www.michigan.gov/mdhhs/0,5885,7-339-71545-524138--,00.html>

MI Safe Start: A Plan to Re-Engage Michigan's Economy

[https://www.michigan.gov/whitmer/0,9309,7-387-90499\\_90705---,00.html](https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html)

Directives from the state of Michigan, including but not limited to, MDHHS and Health Departments.

MSHN Documents

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

## A. Overview

### 1. Purpose of Document:

Based on the information available as of the above date, the purpose of this document is to provide

- information on the transmission of COVID-19
- training on the appropriate use of PPE specific to various situations
- details on how PPE is managed in the face of potential shortages should they occur again.

This document must be read in its entirety as several sections are applicable to others.

As used in this document, a Health Care Professional (HCP) includes any staff seeing consumers face-to-face as part of their work day.

Although the PPE requirement for various types of consumer face-to-face contacts are described below, those contacts should **ONLY** occur as permitted by the CMHCM's Path to Reopening. If the contact is not included but is necessary to prevent decompensation or other serious outcome, consult with supervisor and the Infection Control Team.

**Added 01.27.22:** CMHCM staff not only need to follow CMHCM's PPE guidelines, but the PPE guidelines of the agencies the staff is interfacing with, unless CMHCM's guidelines are stricter. If so, CMHCM's guidelines should be followed.

The same is true for vaccination requirements.

### 2. COVID-19 Mode of Transmission:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

COVID-19 infection is caused by the SARS-CoV-2 virus. Transmission of the original virus, also referred to as Alpha most commonly occurred during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughed sneezed, sang or spoke forcibly or loudly, within close proximity to a non-infected individual (close proximity often refers to being within 6 feet, although a cough or sneeze can travel beyond 15 feet).

The delta variant was until recently the predominant variant in the United States. The delta variant is at least 2 times more contagious than the original virus, is thought to cause more serious illness, especially in those who are not vaccinated, and it may be airborne. Breakthrough infections can occur in those fully vaccinated, however, the rate of hospitalization and death is significantly lower but not zero.

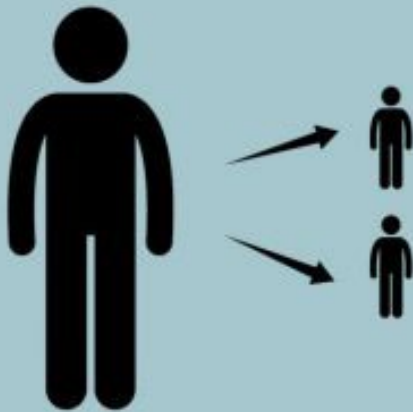
Transmission of all SARS-CoV-2 variants can occur before the onset (at least 48 hours) of recognized symptoms. In addition, COVID-19 positive individuals can transmit the coronavirus even if they never become symptomatic themselves.

**Added 01.27.22:**

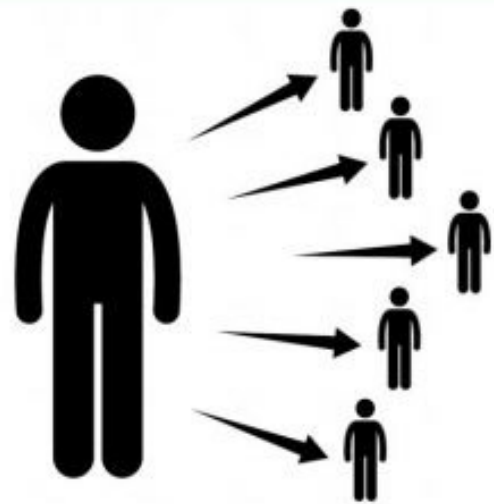
Since its identification in November 2021 in South Africa, the Omicron variant has become the most common variant in the US and around the world. Omicron transmits much more rapidly than Delta and it is thought to be air borne, which means that one may not need close contact with the infected individual as the virus can circulate in the air. According to the CDC, although present, early data suggest Omicron infection might be less severe than infection with prior variants, reliable data on clinical severity remain limited. Even if the proportion of infections associated with severe outcomes is lower than with previous variants, given the likely increase in number of infections, the absolute numbers of people with severe outcomes could be substantial.

## The Delta variant spreads more easily than previous variants—it may cause more than **2x** as many infections

ORIGINAL COVID-19 STRAIN



DELTA VARIANT



**Vaccines protect you from hospitalization, severe infections, and death**



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

CS 322041-AA 08/25/2021



### 3. When is someone considered a “close contact”?

For COVID-19, in general, a close contact occurs when anyone is within 6 feet of an infected person for a total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*). An infected person can spread COVID-19 starting from 2 days (or 48 hours) before they have any symptoms (or, if they are asymptomatic, 2 days before their specimen that tested positive was collected), until he or she meet the criteria discontinuing isolation.

#### **Added 01.27.22**

It is not known how close one needs to be or for how long to transmit the Omicron variant. Case studies have been reported that one does not need to even be in the same room as the infected person to contract Omicron as long as the infected person was recently present and air circulation is limited. OMICRON can be transmitted and contracted even if vaccinated and boosted.

### 4. What is isolation and what is quarantine? **Updated with CMHCM’s guidelines 01.27.22**

Staff or consumers who have been infected with COVID-19, even if asymptomatic, should isolate for at least 10 days, or more, if instructed to do so by the primary care physician or Health Department. Staff must complete an incident report as soon as possible. Staff may return to work after meeting the CDC’s return to work requirements (See Appendix I) and must coordinate with HR if any symptoms remain.

If in isolation, the individual should

- Contact primary care and monitor for symptoms. If any serious signs (including trouble breathing), seek emergency medical care immediately.
- Stay in a separate room from other household members, if possible.
- Use a separate bathroom, if possible.
- Avoid contact with other members of the household and pets.
- Don’t share personal household items, like cups, towels, and utensils.
- Wear a mask when around others.

Staff who are considered close contacts should complete an incident report as soon as possible and refer to the CMHCM COVID-19 work restrictions grid (Appendix I) regarding quarantine. Modifications to the quarantine period can only occur with HR and Infection Control approval.

If required to quarantining, the individual should

- Stay home for the duration of the quarantine
- Watch for any symptoms, including minor ones, or fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19.
- If possible, stay away from other individuals at home, especially people who are at higher risk for getting very sick from COVID-19.

A contact of a close contact does not need to quarantine UNLESS the close contact becomes symptomatic or tests positive. If the close contact becomes symptomatic, the contact needs to follow the CMHCM COVID-19 Work Restriction grid. If the grid indicates the need to quarantine, the quarantine is until the close contact has a negative COVID-19 test result or for 14 days from the last contact if the close contact tests positive for COVID-19.

**PDs should contact HR and Infection Control in cases of staff shortage or other situations where essential staff being in quarantine or isolation seriously impacts consumer services. HR and Infection Control along with the PD will then determine together the best course of action to address the need for a contingency plan or to deal with the crisis situation using the CDC guidelines.**

**Added 01.27.22**

**According to the CDC:**

**Crisis situation: When there are no longer enough staff to provide safe patient care.**

**Contingency planning required: When staffing shortages are anticipated that would compromise safe patient care, healthcare facilities should use contingency capacity strategies to plan and prepare for mitigating this problem.**

## 5. COVID-19 Symptoms:

COVID-19 symptoms can appear 2-14 days after exposure to the SARS-CoV-2 virus, although most commonly symptoms start around 5-6 days. Symptoms with Omicron may occur sooner than 5-6 days. The symptoms can range from minimal to none to severe and life threatening and can vary over time with some individuals experiencing significant worsening during the second week of illness. Up to 80% of individuals with confirmed COVID-19 can have either mild symptoms or remain asymptomatic while still spreading the virus to others. Even those who are asymptomatic may have lung changes seen on specialized lung imaging. The long-term impact of these changes or of having COVID-19 is yet unknown. COVID-19 not only affects the lungs but also the brain, heart and other organs.

Typical symptoms can include:

- Fever
- New cough
- Shortness of breath

Atypical symptoms can include:

- Running nose, congestion, even if minor and similar to “allergies”
- Fatigue, like that experienced with the flu
- Myalgias or muscle aches
- Nausea, vomiting, or diarrhea
- Headache

- Sore throat
- New rash or skin discoloration on finger or toes
- New onset inability to smell or taste
- Any confusion or new cognitive symptoms, especially in the elderly
- Chest pressure or heaviness
- Unexplained new symptoms

## 6. Persons at High Risk for Complications from COVID-19:

Medical conditions placing one at increased risk of complications from COVID-19 include:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>

a. Comorbidities that are supported by at least one **meta-analysis or systematic review** or by review method defined in Scientific Evidence brief.

- Cancer
- Cerebrovascular disease
- Chronic kidney disease\*
- Chronic lung diseases limited to:
  - Interstitial lung disease
  - Pulmonary embolism
  - Pulmonary hypertension
  - Bronchopulmonary dysplasia
  - Bronchiectasis
  - COPD (chronic obstructive pulmonary disease)
- Chronic liver diseases limited to:
  - Cirrhosis
  - Non-alcoholic fatty liver disease
  - Alcoholic liver disease
  - Autoimmune hepatitis
- Diabetes mellitus, type 1 and type 2\*
- Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
- Mental health disorders limited to:
  - Mood disorders, including depression
  - Schizophrenia spectrum disorders
- Obesity (BMI  $\geq 30$  kg/m<sup>2</sup>) \*
- Pregnancy and recent pregnancy
- Smoking, current and former

b. Comorbidities that are supported by at least one **observational study** (e.g., cohort, case-control, or cross-sectional):

These studies might include systematic review or meta-analysis that represents one condition in a larger group of conditions (for example, kidney transplant under the category of solid organ or blood stem cell transplantation).

- Children with certain underlying conditions
- Down syndrome

- HIV (human immunodeficiency virus)
- Neurologic conditions, including dementia
- Overweight (BMI  $\geq 25$  kg/m<sup>2</sup>, but  $< 30$  kg/m<sup>2</sup>)
- Sickle cell disease
- Solid organ or blood stem cell transplantation
- Substance use disorders
- Use of corticosteroids or other immunosuppressive medications

c. Comorbidities that are supported by mostly **case series, case reports, or, if other study design, the sample size is small** (and no systematic review or meta-analysis available was available to review):

Defined as having an association in one or more case series studies. If there are cohort or case-control studies, the sample size was small. Conditions included might be less common.

- Cystic fibrosis
- Thalassemia

d. Comorbidities that are supported by **mixed evidence**:

Defined as having an association in at least one meta-analysis or systematic review and additional studies or reviews that reached different conclusions about risk associated with a medical condition.

- Asthma
- Hypertension, possibly\*
- Immune deficiencies (except people with moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments)

## 7. Accommodation Requests:

Health Care Professionals (HCPs) and all other staff who are at higher risk for COVID-19 complications and are unable to perform their duties without increased exposure to the COVID-19 virus should reach out directly to our CMHCM Human Resource Manager to explore options and to submit a request for special accommodations.

## 8. COVID-19 General Principles of Pathogen Control:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html>

Exposures to transmissible respiratory pathogens such as COVID-19 in healthcare facilities can often be reduced and possibly avoided through the use of engineering and administrative controls as well as through the use of standard precautions, droplet precautions, contact precautions and the use of indicated PPE. All approaches are essential to prevent unnecessary exposures among consumers, healthcare personnel (HCP), and all staff.

Engineering controls involve placing physical barriers between the potentially infected consumers and staff. Examples include the physical barriers between our receptionists and consumers in our waiting areas and the installation of contactless registration.

Administrative controls refer to employer-dictated workflow changes and policies designed to reduce COVID-19 exposure. Examples include supporting remote work and the use of telehealth, requiring that meetings occur over a video or telephonic platform, limiting the number of employees that need to enter the building, cohorting staff, screening all staff prior to each shift, screening all other individuals entering the building, and Human Resources (HR) policies on sick leave.

Examples of Droplet Precautions beyond the use of PPE include requiring that all individuals wear a facial covering, maintaining physical distancing of at least 6 feet, limiting movement in the building, supporting and stressing respiratory etiquette with the use of tissues even coughing or sneezing even if wearing any type of mask.

Examples of Contact Precautions include frequently washing hands, avoiding touching one's face, eyes or nose, thoroughly cleaning and disinfecting frequently touched surfaces and any equipment used.

**In summary, all staff can help prevent the spread of COVID-19 by:**

- **Wearing the appropriate PPE**
- **Frequently washing one's hands**
- **Not touching one's face, eyes, nose or mouth**
- **Following respiratory etiquette: coughing or sneezing into a tissue or one's elbow even if wearing a facemask**
- **Following physical distancing recommendations**
- **Cleaning and disinfecting surfaces frequently**
- **Self-screening for COVID-19 daily prior to any in-person work**
- **Following CMHCM HR guidelines to stay home if ill OR at high risk of having been exposed to COVID-19 Or if experiences symptoms while at work, leaving immediately and contacting supervisor**
- **Repeat self-screening, including taking temperature, 8-12 hours later if consumer face-to-face contact has occurred**

## 9. Screening Consumers Using the CIGMMO Screening Tool: (See Appendix A)

Consumers should be screened at every contact: telehealth, phone or video and before leaving home for every scheduled appointment

If a consumer screens positive for symptoms on the CIGMMO screening tool suggestive of COVID-19:

- The screen should be forwarded to the Infection Control Officer and the Medical Director
- Notify ASAP:
  - The consumer treatment team
  - The supervisor
  - The Program Director
  - The Infection Control Officer and the Medical Director
- Follow all the steps outlined under "Evaluation and disposition of a symptomatic consumer" under section 11 immediately below.

If consumer screens positive on the CIGMMO screening tool due to exposure to an individual who has tested positive for COVID-19:

- Ensure that the PHCP is aware.

- Evaluate consumer’s ability to quarantine and to follow the CDC and the PHCP’s recommendations. See section 11 immediately below.
- Notify ASAP
  - The consumer treatment team
  - the supervisor
- Increase frequency of contacts.
- If consumer screens positive for other reasons than above, consult with supervisor and treatment team.

10. Responding to being Notified by Consumer (or family member/guardian) that Consumer is Symptomatic with Symptoms Consistent with COVID-19, has Tested Positive for COVID-19 or has been Exposed to an Individual who Tested Positive to COVID-19:

*Follow section 9 above and section 11 immediately below.*

11. Evaluation and Disposition of a Symptomatic Consumer in Any Setting:

If a consumer is symptomatic, our role with regards to COVID-19 is to determine whether consumer should return or remain at home and is able to call PHCP or local COVID-19 hotline or whether staff should assist in calling the PHCP or whether staff should arrange for transportation to the ED. Consult with psychiatric staff, Medical Director, Administrative RN and consumer treatment team. **Follow the COVID-19 Adult Symptom Response Flow Chart (see Appendix B) and document.** Increase frequency of contacts.

Some consumers cannot be safely quarantined or isolated at home as required by their COVID-19 status. Considerations as to whether a symptomatic consumer can be maintained at home include whether:

- The patient is stable enough medically and psychiatrically to receive care at home
- Appropriate caregivers are available at home
- There is a separate bedroom where the patient can remain without sharing immediate space with others
- Resources for access to food and other necessities are available
- The patient and other household members have access to appropriate, recommended PPE and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene)
- There are not household members who may be at increased risk of complications from COVID-19 infection (see above).

Per CDC: Patients whose clinical presentation warrants in-patient clinical management for supportive medical care should be admitted to the hospital under appropriate isolation precautions. Some patients with an initial mild clinical presentation may worsen in the second week of illness. The decision to monitor these patients in the inpatient or outpatient setting should be made on a case-by-case basis. This decision will depend not only on the clinical presentation, but also on the patient’s ability to engage in monitoring, the ability for safe isolation at home, and the risk of transmission in the patient’s home environment.

- If the symptomatic consumer does not need admission to the hospital, keep in close contact with consumer to address psychiatric needs and to ensure consumer is accessing needed medical care. Schedule an earlier telehealth appointment with psychiatric staff for closer monitoring

## 12. Rescheduling Consumers Due to COVID-19 Concerns:

### a. Rescheduling symptomatic consumer:

- Always document why the consumer was rescheduled. Continue to frequently follow-up with consumer.
- If the consumer was tested for the coronavirus and tested NEGATIVE: Consumer may return after 24 hours of being totally symptom free, ***unless symptoms are consistent with COVID-19 and the consumer has not been diagnosed with another condition (i.e. false negative COVID-19 test suspected), then follow symptomatic consumer timeline.***
- If consumer is symptomatic, but was NOT tested or tested POSITIVE:
  - Consumer may return after AT LEAST 24 hours of no fever without the use of temperature lowering medication and almost complete resolution of symptoms AND at least **10** days after onset of symptoms, whichever is longer.
  - A limited number of persons with severe illness may warrant isolation for much longer if recommended by primary care or the Health Department.
  - For persons who never develop symptoms, isolation can be discontinued 10 days after the date of the first positive PCR test for SARS-CoV-2 RNA.
  - Consumer should not have contact with staff with high risk until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.

### b. Rescheduling asymptomatic consumer with suspected or known COVID-19 exposure:

- Consumer should be rescheduled for 10 days after last known exposure if doing so does not pose a risk to consumer. If rescheduling does pose a risk, consult with supervisor and PD.

## B. Special Considerations for AFC's and consumers living independently:

1. Case holder will notify Infection Control Officer, Medical Director, Contract Manager of positive consumer or staff as soon as possible.
2. When notifying include the following information:
  - a. When symptoms started?
  - b. If any staff are positive or symptomatic, when staff last worked?
  - c. Vaccination status of consumers.
  - d. COVID test results, if and when applicable.
  - e. Staffing shortages?
  - f. Health department involvement and any instructions given by the health department.
  - g. Contact with PHCP and their direction.
  - h. Frequency of monitoring consumer's vital signs and oxygen level.
  - i. Status of quarantine or isolation
  - j. PPE use and supplies.
  - k. Any need to meet regarding above circumstances, difficult behaviors, inability to isolate or quarantine or other concerns with Infection Control Officer and Medical Director.
3. Continue to monitor daily during isolation and quarantine using the monitoring form, as applicable AFC or consumer living independently.

See [Appendix E AFC Response Flow Chart](#)

[Appendix F Daily AFC Home Check-in form](#)

[Appendix G Daily COVID-19 Check-In Form for Consumers Living Independently](#)

[Appendix H Behavior Supports Following COVID-19 Exposure](#)

## C. Personal Protective Equipment (PPE)

### 1. What Constitutes PPE:

PPE include facemasks (surgical masks or KN95 or N95 respirators), gloves, eye protection and gowns.

- Surgical masks: 3-ply facemasks with a filtering efficiency of greater than or equal to 95%. Cloth masks and other face coverings, although they are helpful in reducing COVID-19 community spread, are not considered PPE.

- **Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.**

- Gloves:
- Eye protection: goggles or disposable face shield that completely covers front (down beyond chin) and sides of face. Eyeglasses are not sufficient.
- Gown: Disposable garment that completely covers wearer's arms and personal clothing. If gowns are not available, lab coats or lab coats over scrubs that can be bleached daily may be used.

### 2. Staff Facemask Requirement:

#### **Modified 03.21.22**

**As the CDC's HCP's mask recommendations have changed over the pandemic based on the current predominant variant, this document will refer to face mask throughout, with the current recommendations for which type of face mask to use documented here. For the Omicron Variant: as the number of positive cases in our six counties have significantly declined. Staff can choose between wearing a KN 95 and Surgical mask depending on their own health risk factors for work in the office or face to face with consumer work as long as the consumer screens negative. If the consumer screens positive please refer to the rest of the document.**

**Staff can provide services to consumers in their own home even if the consumer and other individuals attending the session prefer not to wear a mask as long as they screen negative for symptoms of COVID-19 and recent exposure.**

**Remember all consumers need to be screened prior to the appointment.**

**Consumer must continue to be screened and wear a mask when in agency buildings  
A KN95 can be used for 40 hours as long as it does not become soiled or damaged in any way.**

**See below for a user seal test.**

#### **User Seal Test**

A user seal check is a procedure conducted by the respirator wearer to determine if the respirator is being properly worn. The user seal check can either be a positive pressure or negative pressure check. During a positive pressure user seal check, the respirator user exhales gently while checking the paths for air to exit the facepiece. A successful check is when the facepiece is slightly pressurized before increased pressure causes outward leakage.

During a negative pressure user seal check, the respirator user inhales sharply while checking the paths for air to enter the facepiece. A successful check is when the facepiece collapses slightly under the negative pressure that is created with this procedure.

#### a. **Modified 01.27.22:**

All staff are to wear face masks when in the building and in common areas such as hallways, conference rooms, kitchen, and bathrooms. Staff may remove the mask when in their own offices as long as no



other staff are permitted to enter. Be sure to follow the instructions on how to don and doff your mask described below. Meetings between staff who are in the office should occur over the phone as someone should not enter an office occupied by another staff.

Although cloth masks are not considered PPE, directions on use are included in this section as the principles of donning (putting on), doffing (taking off) and care are the same as with surgical masks.

b. How to **don** your mask correctly:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wash-cloth-face-coverings.html>

- Wash your hands before putting on your mask.
- Put it over your nose and mouth and secure it under your chin.
- Try to fit it snugly against the sides of your face.
- Make sure you can breathe easily.
- **Don't** put the mask around your neck or up on your forehead otherwise you are contaminating the mask.
- **Don't** touch the mask, and, if you do, wash your hands or use hand sanitizer to disinfect.
- You should leave the common areas or shared spaces if you need to remove your mask, even briefly, for any reason
- Always use clean gloves when donning a used facemask or respirator and performing a user seal check.
- Perform hand hygiene over gloves before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Discard gloves after the face mask or respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal. Perform hand hygiene after removing gloves.
- Avoid touching the mask. Anytime one touches any type of facemask,, it is necessary to perform hand hygiene as described above.
- CDC does not recommend use of masks or cloth masks for source control if they have an exhalation valve or vent.

c. How to **doff** your mask correctly when in your office:

- Untie the strings behind your head or stretch the ear loops.
- Handle only by the ear loops or ties.
- If you will be reusing the mask, lay the mask with the outside surface down on a clean paper towel on your desk or another cleaned and sanitized surface.
- If you are storing the mask to transport, fold outside corners together and place in a breathable container such as a paper bag. Use a clean paper bag or container each day.
- Be careful not to touch your eyes, nose, and mouth when removing.
- Wash hands immediately after removing.

d. How to care for a **cloth mask** correctly at the end of the day: (Cloth masks are currently not recommended as protection against the Omicron variant.)

- **Masks should be washed after each use.**
- It is important to always remove masks correctly and wash your hands after handling or touching a used mask.
- Using the washing machine:
  - You can include your mask with your regular laundry.
  - Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the mask.
- Washing by hand:
  - Check the label to see if your bleach is intended for disinfection. Some bleach products, such as those designed for safe use on colored clothing, may not be suitable for disinfection. Ensure the bleach product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
  - Prepare a bleach solution by mixing:
    - 5 tablespoons (1/3rd cup) household bleach per gallon of room temperature water or
    - 4 teaspoons household bleach per quart of room temperature water
  - Soak the mask in the bleach solution for 5 minutes.
  - Rinse thoroughly with cool or room temperature water.
- Make sure to completely dry mask after washing.
  - Using the dryer: Use the highest heat setting and leave in the dryer until completely dry.
  - Air dry: Lay flat and allow to completely dry. If possible, place the mask in direct sunlight.

### 3. Facemask Requirement for Consumers and Other Individuals Entering the Building:

All individuals, including contractors, consumers and visitors will be expected to wear a facemask (unless contra-indicated) when in the building. Consumers and other non-staff individuals attending consumer appointments are also expected to wear a mask even if seen in the community or in the home. Consumers may wear a medical grade mask. If the consumer does not have one, CMHCM will provide one if available, along with care instructions.

**Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.**

<b>If the consumer refuses to wear a face mask:</b>
• <i>First explore reasons using MI principles</i>
• <i>Discuss reasons for request for mask, again using MI principles</i>
• <i>Explore alternatives for appointment if consumer decides not to wear a mask (phone contact, video, etc.)</i>
• <i>If alternative options are acceptable by consumer or if consumer appears to be in crisis or in need to immediate assessment/services, call supervisor</i>
• <i>Supervisor to assess and determine outcome (use full PPE when meeting with consumer)</i>

### 4. How to Don and Doff PPE in Addition to Masks:

[https://www.cdc.gov/coronavirus/2019-ncov/downloads/A\\_FS\\_HCP\\_COVID19\\_PPE.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf)

### a. How to Put On (Don) PPE Gear

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).
2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel.
4. Put on the face mask. If the face mask has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear facemask under your chin or store in scrubs pocket between patients.
  - Face mask straps (KN95 respirators) should be placed on crown of head (top strap) and base of neck (bottom strap). If mask has loops, hook them appropriately around your ears.
  - Perform a user seal check each time you put on the face mask.
    - Always use clean gloves when donning a face mask and performing a user seal check.
  - Perform hand hygiene over gloves before and after touching or adjusting the face mask (if necessary for comfort or to maintain fit).
    - Discard gloves after the face mask is donned and any adjustments are made to ensure the face mask is sitting comfortably on your face with a good seal. Perform hand hygiene after removing gloves.
  - Avoid touching the mask. Anytime one touches the face mask, it is necessary to perform hand hygiene as described above.
5. Put on face shield or goggles. When wearing an N95 respirator select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. Put on gloves. Gloves should cover the cuff (wrist) of gown.
7. Healthcare personnel may now enter room

### b. How to Take Off (Doff) PPE Gear

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. \*
3. Healthcare personnel may now exit patient room.
4. Perform hand hygiene.
5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. Remove respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask. \*
  - Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
  - Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.

7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse. \*

Link to Video and Training

*Know how to don, doff and dispose of PPE.*

Practice while being observed.

For further information, see

[Donning and Removing PPE | Donning and Doffing PPE: Gown, Gloves, Mask, Respirator, Goggles](#)

<https://youtu.be/qKiSH3XUeTo>

#### D. HCP COVID-19 PPE Recommendations

##### 1. General Principles:

**The extent of PPE needed *will be less* depending on the consumer's COVID-19 CMHCM screen results (e.g. negative for symptoms and no possible exposure) or *more* depending on the consumer's screen status, location of visit (home vs. office), distance maintained, duration of the contact, procedure performed (injection vs. routine visit), Health Care Provider (HCP) exposure risk, or HCP's or consumer's own health factors. As it is impossible to predict all scenarios and there is no guarantee of ongoing unlimited access to PPE, it is imperative to discuss any questions with the CMHCM Infection Control Team in order to keep everyone safe.**

##### 2 **Modified 01.27.22.** Definition of close contact in evaluating risk of exposure:

Prior to Omicron, a **close contact** for healthcare exposures was defined as follows:

- being within approximately 6 feet (2 meters), of a person with COVID-19 for 15 minutes cumulative or more in a 24-hour period.
- having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

Data are limited for definitions of close contact. Factors for consideration include the duration of exposure (e.g., longer exposure time likely increases exposure risk), clinical symptoms of the patient (e.g., coughing likely increases exposure risk) and whether the patient was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment), PPE used by personnel, and whether aerosol-generating procedures were performed.

Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. However, until more is known about transmission risks, it is reasonable to consider an exposure greater than a few minutes (*around 15 minutes within a 24-hour period*) as a prolonged exposure. Brief interactions are less likely to result in transmission; however, clinical symptoms of the patient and type of interaction (e.g., did the patient cough directly into the face of the HCP) remain important.

**Please see A. 2 for discussion on Omicron and close contact.** Additional recommendations will be updated as more information becomes available.

### 3. PPE for In-Office Appointments:

ALL consumers coming to office for an appointment **MUST** be screened by the staff the consumer is seeing prior to consumer leaving their home. Only consumers who screen negative are to come to the office unless rescheduling consumer would pose a serious risk to the consumer. If there is any risk that the consumer was exposed to COVID-19, be sure to ask about atypical symptoms. Document screen and decision-making process in consumer's chart.

**If recommended PPE is NOT available, consult with Infection Control Officer and/or Medical Director prior to proceeding.**

Prior to greeting a consumer, ensure that:

- You have self-screened for any symptoms that might have developed since you first left home
- All surfaces that the consumer might touch have been cleaned and disinfected
- There are visual cue markers to designate a 6-foot distance
- Tissues are available for respiratory etiquette even if wearing a mask
- You know the consumer's COVID-19 screen results
- You have washed your hands as per above instructions prior to donning any PPE
- You follow the donning and doffing PPE instructions for the indicated PPE

a. With consumers who screen negative and are asymptomatic:

- Face mask (see section C. 2 Staff Facemask Requirements)
- Gloves
- Face shield if a 6-foot distance cannot be maintained, if there is a question regarding the consumer's status, or if the consumer has any conditions that places the consumer at risk to cough, sneeze or be agitated.

b. With a symptomatic consumer:

**Evaluation, disposition and rescheduling of a symptomatic consumer sections above MUST be followed. The purpose of meeting with a consumer who is symptomatic is to assess and address medical and psychiatric acute needs.**

The type of PPE is dependent on whether the consumer is wearing a facemask, on the distance from the consumer, the duration of exposure and the type of procedure, if any, performed. (BHDDA Communication #20-03). Be sure to be familiar with proper donning, doffing and disposal of PPE.

- N95, or KN95 and eye protection:
  - Greater than 6 feet distance from symptomatic consumer:
  - Gloves:
- Gown:
  - Wear a gown appropriate to the task when contact with blood, secretions, body fluids or excretions is expected.
  - Wear a gown when direct consumer contact is expected.

c. With asymptomatic consumer with known exposure to COVID-19+ individual:

- Follow all guidelines in the above section on “With symptomatic consumer” including assessing current needs
- Ensure consumer is connected with PHCP and able to follow their recommendations
- Ensure consumer is able to quarantine

d. With asymptomatic consumer who otherwise screened positive but has no known exposure to COVID-19+ individual:

- Face mask (see section C. 2 Staff Facemask Requirements)
- Gloves and eye protection.
- Perform further screening by asking about the presence of any atypical symptoms of recent onset. Perform this screening at least 6-foot distance if possible while ensuring privacy.
  - Consumer self-report of temperature greater than 100.0F
  - Fatigue, like that experienced with the flu
  - Myalgia or muscle aches
  - Nausea, vomiting, or diarrhea
  - Headache
  - Sore throat
  - New rash or discoloration on fingers or toes
  - New onset inability to smell or taste
  - Chest pressure or heaviness
  - Any confusion or new cognitive symptoms, especially in the elderly
  - Unexplained new symptoms
- If atypical symptoms present that are consistent with COVID-19, follow Symptomatic Consumer section above. Assess whether consumer needs to go to ED or whether consumer should return home and call PHCP and/or the local COVID-19 hotline or whether another alternative is required. Increase frequency of contact with consumer to ensure connection and follow-up with PHCP and Health Department.
- If no recent onset of any symptoms, including atypical symptoms, discuss with supervisor. Explore other options to meet with consumer for the appointment such as via telehealth. May proceed with appointment only if rescheduling would pose a risk.
- No vitals should be taken and physical distancing must be maintained. Assess whether consumer should be rescheduled at least 14 days after last known exposure to have vitals taken.

#### 4. PPE for In-Office Long Acting Injectable (LAI):

**LAI's should be administered in an office closest to the waiting area, if possible. Have consumer wait in car until consumer can be safely brought in to the office where the shot will be administered. Screen consumer while consumer is in car if there has been any delay since last screen, which should have been administered prior to leaving home. If the injection has to be given in the vehicle, staff should not be in the vehicle while administering the injection.**

##### a. Consumer is asymptomatic and has screened negative

- Be sure consumer is facing away at all time
- Face mask (see section C. 2 Staff Facemask Requirements)
- Gloves
- 
- Eye protection

##### b. Consumer asymptomatic for all symptoms (including atypical symptoms) but with a positive screen BUT no direct contact with or known exposure to a COVID-19 + individual:

- Be sure consumer is facing away at all times
- Gloves
- Face mask (see section C. 2 Staff Facemask Requirements)
- Face shield
- Disposable gown

##### c. Mildly symptomatic consumer or consumer who is COVID-19 + who cannot be rescheduled due to risk of decompensation or consumer with known exposure to COVID-19+ individual even if asymptomatic: (see rescheduling consumer above for time frame)

- Discuss with treatment team, psychiatrist, supervisor all options, including delaying LAI and supplementing with orals if clinically appropriate
- Document risk analysis
- Consumer MUST be wearing a surgical mask
- Be sure consumer is facing away at all times
- Gloves
- Face mask (see section C. 2 Staff Facemask Requirements)
- Face Shield
- Gown or other disposable protection over lab coat.

##### d. Symptomatic consumer going to ED: Coordinate LAI with ED/hospital health care provider.

#### 5. PPE for Consumer Appointments in the Community (Outdoors)

Prior to meeting with a consumer in the community (outdoors), ensure that:

- The meeting location is private and safe
- You have needed supplies including your PPE, consumer mask and instructions in case consumer does not have one, hand sanitizer, cleaning supplies, tissues for respiratory etiquette, disposal trash bag for used PPE if needed
- You have screened consumer prior to consumer leaving home
- You have self-screened for any symptoms that might have developed since you first left home
- All surfaces that you and the consumer might touch have been cleaned and disinfected
- You have a clear sense of what constitutes a 6-foot distance
- You have cleaned your hands as per above instructions prior to donning any PPE
- You follow the donning and doffing PPE instructions for the indicated PPE



a. With Consumer who screened negative:

- Staff
  - Face mask (see section C. 2 Staff Facemask Requirements)
  - Face Shield if physical distancing cannot be maintained or consumer has condition that may cause coughing, sneezing or use of loud voice
- Consumer at least cloth mask

b. With Consumer who is asymptomatic, has no known exposure to a COVID-19+ individual but otherwise screens positive

- Discuss and obtain supervisor approval prior to proceeding with appointment
- Staff:
  - Face mask (see section C. 2 Staff Facemask Requirements)
  - Face Shield
- Consumer: at least cloth mask

c. With all other consumers who have screened positive

- Discuss with supervisor alternatives
- Follow evaluation, disposition and rescheduling sections above as applicable

6. PPE for Group Therapy:

a. Outdoors:

- Follow “Appointment with Consumer in the Community” above.
- Ensure that ALL consumers and staff are screened. Any consumer or staff screening positive for any reason should not attend.
- Provide visual cues for physical distancing
- If any of the consumers have a condition that places them at risk to cough, sneeze and speak loudly, discuss with treatment team, supervisor and Infection Control options prior to proceeding

b. Indoors:

- Indoors Follow “Appointment with Consumer in the Community” above.
- Ensure that ALL consumers and staff are screened. Any consumer or staff screening positive for any reason should not attend group therapy.
- Ensure at least 6 feet distance between all participants and staff
- All staff must wear a face mask (See section C. 2. For Staff facemask Requirements) and participants should be wearing surgical masks
- No food

## 7. PPE for Home Visit:

### a. Requirements for Performing a Home Visit:

Prior to meeting with a consumer in the home, ensure that:

- You have needed supplies including your PPE, consumer mask(s) and instructions in case consumer does not have one, hand sanitizer, cleaning supplies, tissues for respiratory etiquette, disposal trash bag for used PPE
- You have screened consumer and all individuals in the home prior to your arrival
- You have assessed whether other individuals have been in and out of the home
- You have self-screened for any symptoms that might have developed since you first left home
- You have a clear sense of what constitutes a 6-foot distance
- You have cleaned your hands as per above instructions prior to donning any PPE
- You follow the donning and doffing PPE instructions for the indicated PPE

### b. Home visits when consumer and all household members are asymptomatic and screen negative:

- Gloves
- Face mask (see section C. 2 Staff Facemask Requirements)
- Eye Protection (face shield) if 6 feet distance cannot be maintained
- Safely remove and store PPE and disinfect hands once out of home
- Dispose of PPE if it became soiled

### c. Home visits when consumer and all household members are asymptomatic, have no known exposure to a COVID-19+ individual but consumer or household member has a positive screen. (If positive screen is related to actual exposure to a confirmed or actual suspected COVID-19 case, follow section d below):

- Perform home visit only if necessary and there are no alternatives.
- Consult with supervisor and Infection Control Team unless time is of essence.
- Follow section “d” procedures immediately below.

### d. Home visit when consumer or household member is asymptomatic but has been exposed to a case of COVID-19 or when consumer or household member is symptomatic:

- Perform home visit only if necessary and there are no alternatives
- Consult with supervisor and Infection Control Team unless time is of essence
- Coordinate with treatment team and psychiatric staff to ensure needs will be assessed and addressed as possible
- Coordinate with Health Department and PHCP as indicated
- Minimize time in the home as much as possible
- Gloves
- Face mask (see section C. 2 Staff Facemask Requirements)
- Face shield
- Gown

- Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains 60 to 95% alcohol.
- PPE should ideally be put on outside of the home prior to entry into the home.
- If unable to put on all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be put on before entering the home. Alert persons within the home that the HCP will be entering the home and ask them to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.
- Ask consumer if an external trash can is present at the home, or if one can be left outside for the disposal of PPE.
- PPE should ideally be removed outside of the home and discarded by placing in external trash can in an enclosed plastic bag that will not be accessible by others before departing location. PPE should not be taken from the consumer's home in HCP's vehicle.
- If unable to remove all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be removed after exiting the home. If gown and gloves must be removed in the home, ask persons within the home to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home. Once outside the home, perform hand hygiene with alcohol-based hand sanitizer that contains 60 to 95% alcohol, remove face protection and discard PPE by placing in external trash can before departing location. Perform hand hygiene again.

#### 8. PPE for Home LAI:

- Discuss with team risk-benefit of in home vs. office LAI and document rationale.
- If consumer **and all household members** screen negative and are asymptomatic, follow 2 a. above. Use eye protection in addition to other PPE.
- If the consumer **and all household members** are asymptomatic to all symptoms including atypical symptoms but screens positive due to close contact with a positive individual;
  - Have detailed discussion with treatment team including psychiatric staff **supervisor, and Infection Control** to discuss risk/benefit of giving LAI, best location to give LAI, of waiting per recommendations under C. 4 or 5 above, or of *temporarily* supplementing with oral medications.
  - If transportation is involved, consider time in vehicle with consumer vs. time exposure in the home. If consumer can drive self, consider giving LAI in office as it is a controlled environment. Have consumer wait in car until waiting area is clear.
  - Document in detail
  - Do not sit or lean on surfaces. Remain close to door if there is sufficient privacy to give injection and remain in the home only briefly.
  - PPE includes gloves, face mask (see section C. 2 Staff Facemask Requirements), eye protection. **Be sure** consumer is wearing a mask.
- If mildly symptomatic,
  - Have detailed discussion with treatment team, including psychiatric staff, supervisor, **and Infection Control** to discuss risk/benefit of giving LAI, best location to give LAI, of waiting per recommendations under C. 4 or 5 above, or of *temporarily* supplementing with oral medications. Temporary supplementation is preferred, if possible, while keeping in frequent contact with consumer.
    - Transportation should not occur unless necessary to protect life and safety. See section 4 below for more details
    - Troubleshoot how to get supplemental oral medications to consumer.
  - Document risk/benefit analysis.

- PPE includes gloves, face mask (see section C. 2 Staff Facemask Requirements), face shield, gown. Consumer must be wearing a mask.
- Also follow D. 2. d. above. In addition, remain close to door if there is sufficient privacy to give injection and remain in the home only briefly.

9. PPE for Transportation: \*\*\*\*\* Vehicles must be cleaned following CDC Guidelines\*\*\*\*\*

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

- **Screen self and consumer just prior to transport. Ask about atypical symptoms as described above in C. 4.**
- DO NOT transport symptomatic consumers (including consumers with atypical symptoms) or consumers who are asymptomatic but have a positive screen due to being a close contact.
- Thoroughly disinfect vehicle before and after transport per instructions in vehicle and CDC Guidelines, including frequently touched surfaces in passenger compartments (for example, equipment control panels, adjacent flooring, walls and ceilings, door handles, seats, and driver cell phones).
- Use large vehicle to increase physical distancing
- Use vehicles with sneeze guards, if available.
- Keep windows open when possible to increase ventilation
- Do not transport more than one consumer at a time ***unless consumer and all individuals being transported have screened negative. Separate each individual with sneeze guards, if available.***
- Always have tissues available for cough, sneeze etiquette to be used in addition to consumer facemask. Provide proper disposal container that can be disinfected.
- PPE required:
  - If consumer is asymptomatic and screens negative: Staff to use Face mask (see section C. 2 Staff Facemask Requirements), gloves. May use eye protection if there are any concerns. Consumer must wear a surgical mask as well.
  - Gloves, facemasks and eye protection should be discarded immediately after use with any consumer who is being transported. Follow PPE doffing instructions.

If a consumer is symptomatic and needs to be transported to the hospital call 911.

If other transportation scenarios contact Infection Control Office and/or Medical Director.

10. PPE for Meetings with Community Partners:

- Review Community Partner's Reopening Plan with supervisor for safety measures and COVID-19 screening protocols
- Ensure that another meeting alternative, such as meeting over a remote platform, is not available
- Take with required PPE, hand sanitizer, cleaning wipes, tissues
- Maintain physical distancing, avoid touching surfaces that have not been cleaned, and perform hand sanitizing upon entry and leaving the building and between any meetings even if in the same facility
- PPE: face mask (see section C. 2 Staff Facemask Requirements), face shield only if 6-foot distancing cannot be maintained (e.g. young consumers present).
- Screen consumers, if they are to be present, prior to the meeting or prior to them leaving home.

## E. Managing PPE Supply

### 1. Tracking and Maintaining Supply:

All PPE supplies in each county will be inventoried weekly and the results entered into the tracking system as instructed by the Infection Control Officer. **The staff person inventorying the PPE should wear gloves and a surgical mask.**

**PPE purchasing and requests should follow the guidelines in Appendix C and D.  
The Infection Control Officer MUST be notified several days prior to running out of PPE.**

### 2. Signing Out Supplies:

All PPE supplies will be delivered to a nursing staff or Office Manager and will be kept in the nursing office or with the office manager.

## F. Office Cleaning Following Use by a Symptomatic Consumer

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

Although spread of SARS-CoV-2 was primarily via respiratory droplets prior to the Delta variant, the Delta variant is air borne.

The amount of time that the air inside an office space remains potentially infectious is not known and may depend on a number of factors including the COVID-19 variant involved, the size of the room, the number of air changes per hour, how long the consumer was in the room, if the consumer was coughing or sneezing, and if an aerosol-generating procedure was performed. Facilities will need to consider these factors when deciding when the vacated room can be entered by someone who is not wearing PPE.

For a consumer who was not coughing or sneezing, did not undergo an aerosol-generating procedure, and occupied the room for a short period of time (e.g., a few minutes), any risk to HCP and subsequent patients likely dissipates over a matter of minutes. However, for a patient who is infected with the Delta variant or was coughing and remained in the room for a longer period of time or underwent an aerosol-generating procedure, the risk period is likely longer.

For these higher risk scenarios, it is reasonable to apply a similar time period as that used for pathogens spread by the airborne route (e.g., measles, tuberculosis) and to restrict HCP and patients without PPE from entering the room until sufficient time has elapsed for enough air changes to remove potentially infectious particles. In addition to ensuring sufficient time for enough air changes to remove potentially infectious particles, HCP should clean and disinfect environmental surfaces and shared equipment before the room is used for another patient.

# Appendix A

## COVID-19 Consumer CIGMMO Screen

### 1. COVID Risk Questionnaire: COVID Risk Questionnaire

Date

[Use Current Date](#)

#### COVID Risk Questionnaire

Consumer declines to discuss vaccination status

Have you been vaccinated for COVID-19?

Yes  No

In the past 24 hours, have you experienced:

Yes No

[Mark all as No](#)

	Yes	No
Fever or chills	<input type="radio"/>	<input type="radio"/>
Cough (new onset)	<input type="radio"/>	<input type="radio"/>
Shortness of breath or difficulty breathing (new onset)	<input type="radio"/>	<input type="radio"/>
Fatigue of unknown onset or that is persistent and unusual	<input type="radio"/>	<input type="radio"/>
Muscle or body aches of unknown onset that is persistent and unusual	<input type="radio"/>	<input type="radio"/>
Headache that is persistent or unusual	<input type="radio"/>	<input type="radio"/>
New loss of taste or smell	<input type="radio"/>	<input type="radio"/>
Sore throat	<input type="radio"/>	<input type="radio"/>
Congestion or runny nose of unknown onset (not allergies)	<input type="radio"/>	<input type="radio"/>
Nausea or vomiting	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>

In the past 14 days, have you traveled by plane internationally?

Yes  No

In the past 14 days, have you had close contact with an individual diagnosed with COVID-19?

Yes  No

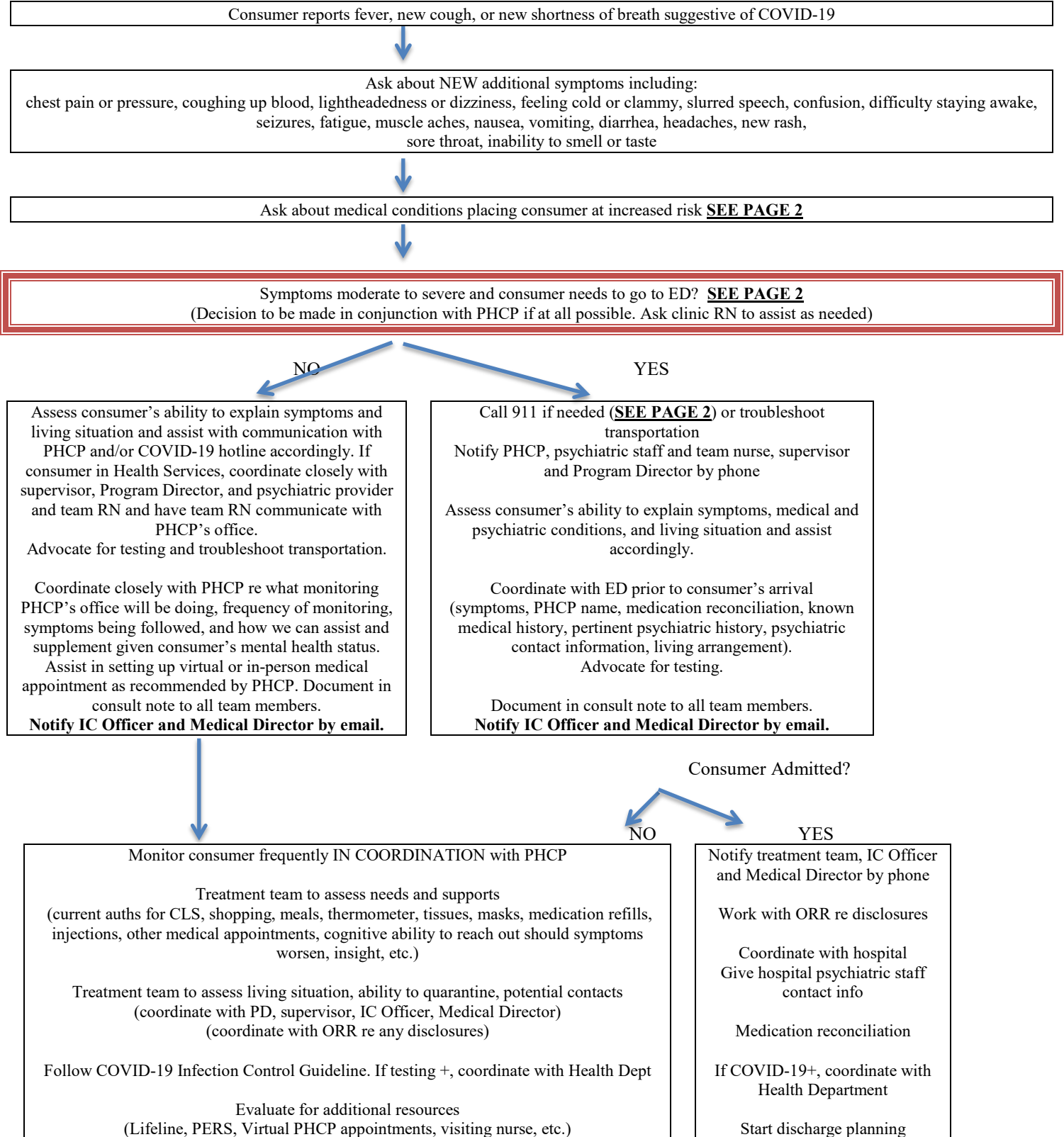
In the past 14 days, have you had close contact with any Persons Under Investigation (PUIs) for COVID-19?

Yes  No

Notes

## Appendix B

### COVID-19 ADULT SYMPTOM RESPONSE FLOWCHART



## 1. Assess for life-threatening conditions:

### **IF PRESENT, CALL 911**

- Extreme difficulty breathing: examples include but are not limited to
  - Can't talk without gasping for air
  - Can't complete a sentence without taking a breath
  - Can't walk a few steps without gasping for air or needing to stop to catch a breath
- Bluish-colored lips or face
- Coughing up more than a teaspoon of blood
- Severe or persistent pain or pressure in the chest
- Severe constant dizziness or lightheadedness
- Acting confused or unable to wake up
- Slurred speech (new or worsening)
- New onset of seizures or seizures that won't stop
- Other severe, worrisome symptoms (for example, high fever, severe abdominal pain)
- **If in doubt as to whether 911 should be called, err on the side of safety and call 911.**

## 2. Urgent medical attention needed: consumer needs to go to the ED. Call 911 if in doubt or troubleshoot transportation

### **Coordinate with PHCP and ED. Ask nursing staff to assist if needed**

- Severe shortness of breath, but less than above
- Coughing up blood but 1 teaspoon or less
- Feeling lightheadedness or dizzy, but not severe or constant
- Any severe symptoms that needs same day evaluation
- Several high-risk conditions
- Any concern about ability to fully evaluate consumer

## 3. High-risk conditions:

- Age 65 or older
- Chronic lung disease, moderate or severe asthma, or neurologic condition that impairs coughing
- Congestive heart failure or other forms of heart disease
- Diabetes
- Weakened immune system
- Chronic kidney disease or Dialysis
- Cirrhosis of the liver or other serious liver disease
- BMI greater than or equal to 30
- Pregnancy, high blood pressure, other serious chronic conditions

## 4. If consumer is not going to the ED, review with consumer:

- **STRESS** importance of contacting PHCP as soon as possible to obtain further instructions. Check that consumer followed through with contacting PHCP. Also stress importance of keeping in close contact with physical health provider should symptoms worsen at all
- Monitor temperature and other symptoms frequently in coordination with PHCP and Health Department
- Review symptoms to watch for (all of the symptoms under 1 and 2 above) and importance of seeking care immediately
- Review CDC stay-at-home guidelines while awaiting testing or test results
  - Separate from others in the home. Use separate bathroom if available.
  - Wear facemask
  - Cover cough/sneeze even if wearing facemask
  - Wash hand frequently
  - Avoid sharing personal household items (dishes, glasses, towels, bedding, touching pets)
  - Clean all high-touch surfaces frequently
  - For more detailed CDC guidelines, see <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>

Information from <https://www.cdc.gov/coronavirus/2019-ncov/phone-guide/phone-guide-H.pdf>



## Appendix C

### PPE Purchasing and Request Guideline

To maintain a central accounting process for all PPE across the agency for reporting to MSHN and MDHHS.

Personal Protection Equipment (PPE) to include: type of face mask, gowns, face shields. Refer to CMHCM Infection Control Guidelines for COVID-19 for appropriate PPE use, storage and cleaning.

1. PPE supply purchase will be reviewed and approved by Administrative Nurse/finance. PPE supply will be ordered by Office Managers. Copy of order will be forwarded to Administrative Nurse via email. PPE supply order delivery address will be 301 S. Crapo, Mt. Pleasant, MI 48858 for storage and disbursement from the Isabella office.
2. PPE will be requested for each office via the PPE request form to cover the workflow. The request form will be submitted to the Administrative Nurse from the Program Director or designee via email.
3. Requested PPE will be sent via courier weekly.
4. PPE supplies will be stored in the local office with the clinic nurse or office manager for accountability.
5. Clinic/ACT nurse will count PPE supplies once per week and document on the PPE supply count on the s/drive.
6. Administrative Nurse to review county needs and disburse PPE supplies as requested weekly.
7. Administrative Nurse to account for PPE supplies for the entire agency.

**NOTE: Gloves are part of the PPE but are ordered locally by each Office Manager for specific office need.**

## Appendix D

### PPE Request Form

Date: \_\_\_\_\_  
(Est. Supply need for 2 weeks)

County: \_\_\_\_\_  
Program: \_\_\_\_\_  
# of Staff: \_\_\_\_\_  
# of Appt: \_\_\_\_\_  
Face Masks: \_\_\_\_\_  
Face Shields: \_\_\_\_\_  
Gowns: \_\_\_\_\_  
Gloves: \_\_\_\_\_

Email request to [jriley@cmhcm.org](mailto:jriley@cmhcm.org)

Face masks are reusable (up to 8 – one-hour visits or one 8-hour day of continued use) with proper placement in paper bag between each use. Dispose of if wet or soiled.

Face Shields are reusable and require disinfection after each use.

Gloves are available at the local offices.

PPE supply will be held with Clinic Nurses with count of PPE supply for entire office.

PPE Supply count will be documented on PPE supply spreadsheet weekly.

Courier – Wednesday (Mecosta-Isabella-Clare-Osceola-Mecosta)

Friday (Isabella-Midland-Gladwin-Clare-Isabella)

## Appendix E AFC Response Flowchart

**Notification:** Infection Control Team notified whenever there is a potential or actual COVID-19 + staff or resident.

**Infection Control Team Initial Evaluation:** Infection Control Team meets immediately to review type of AFC, # of beds, medical co-morbidities of residents, current problematic behaviors in the home and BTC involvement, information sent with notification and any other information known about the situation. This initial evaluation determines the attendees and external agencies, if any, invited to the first Coordination Call.

**Coordinating call:** The first coordinating call is scheduled within 24 hours of the notification

*Areas covered during call:*

*1. Timeline:*

- For each staff and resident:
  - Onset of symptoms
  - Type of symptoms
  - Date tested for COVID-19 and date of results
- For staff: if symptomatic or +, date last worked and type of contact
- For residents: date of quarantine or isolation

<i>Required attendees:</i>	<i>Optional attendees</i>
Medical Director	CMHCM Deputy Director for
Adm	
Infection Control Officer	ORR
Provider Network Manager	BTC
Program Director	Clinical Psychologist
Supervisor	Guardian(s)
Case Managers	PHCP
AFC Home Manager	Health Dept
AFC Home Administration	Healthcare Coalition
	Licensing
	PIHP

*2. Other agencies involved and contact information:*

- Health Department- information shared, frequency of calls
- Any other agencies

*3. Staff:*

- Basic knowledge of COVID-19
- Level of anxiety and morale
- Staff COVID-19 screening procedures
- Staffing level compared to needed and compared to contracted for
- Amount of overtime current staff is working
- Reliability of staff given COVID situation
- Any staff shared with other homes or providing CLS to any non-residents
- AFC staffing contingency plans

*4. Residents:*

- Medical co-morbidities, CPAP, nebulizer treatments, O2
- Frequency of vitals, pulse ox
- PHCP involvement
- Guardians notification and response
- Ability to quarantine/isolate/ wear mask
- Layout of the home, shared bedrooms
- Behavioral issues, questions about interface between HCBS and need to isolate/quarantine

Confidentiality and need for consents

5. *PPE:*

Knowledge base, type of training, share video, as needed  
Observation of actual use during the zoom calls  
Type and adequacy of PPE available  
Fit testing

6. *COVID-19 testing needs:*

Transportation  
Location of testing sites  
Ordering physician  
Importance of noting congregate facility on COVID-19 ordering form

6. *Communication Flow:*

Share contact information  
Availability 24/7  
Whom to contact

7. *To dos:*

Assign follow-up tasks to specific individual as needs are identified during the meeting and review at end of meeting  
Process for following-up that to-dos were completed  
Determine if and when next meeting should be scheduled

**Daily monitoring:**

Case Manager contacts home daily, including weekend, using Daily Check-In Form  
Routing of information

**Record Keeping:**

Concurrent, if possible, during meetings  
Forms helpful to standardize information and process  
Location to allow access by CMH Adm

**Recurring coordinating call as indicated:**

Frequency depending on staffing levels, severity of outbreak and/or level of AFC support needed  
Involve other CMH departments or outside agencies as needed:  
ORR if any rights or HCBS questions  
BTC and Psychologists to support any behavioral interventions needed  
Deputy Director for Adm for any financial support discussions  
Health Dept if AFC reporting inconsistent information  
Healthcare Coalition if PPE needed or if AFC needs involvement of several agencies  
Licensing  
PIHP

## Appendix F

### Daily AFC Home Check-In Form

\*Please ensure one point person is checking in with the AFC on a daily basis. Information collected during these check-ins should be shared with the larger team daily so any needs identified can be addressed promptly. Please include who you spoke to and the date.

#### **Consumer Issues/Concerns:**

- **Are there any health concerns?** (for example, ask about how symptoms and vitals are being monitored, status or changes of any symptoms observed/reported, any abnormal vitals or pulse oximeter readings obtained, PHCP involvement and concerns).
- **Testing Status?** (If testing is still being scheduled, ask about transportation or any other barriers to testing; if testing done, ask about results and any new health department and PHCP recommendations; if results know, ask about any barriers to upcoming test date, if applicable)
- **Any behavioral Support Needs?** (Discuss compliance with isolation and quarantine recommendations, resident's use of facemasks, use of the positive support interventions recommended)
- **Any activities/leisure support needs?** (Discuss personal interest inventories, how are leisure activities going, whether there is there a need for additional items to assist with this.)
- **Any help need to enable consumer to remain connected to family and friends?** (Ask re: holiday plans if applicable)

#### **Staff Issues/ Concerns:**

- **How does the current staffing ratios and schedule compare to pre-COVID-19 schedule?** (Discuss whether staffing levels have been maintained and whether the current schedule is meeting the needs of the residents. Get details on the exact number of staff per shift. Will the AFC be able to continue to staff the home at the staffing level needed? Backup options should other staff not be able to work their shifts?)
- **Are staff being asked to work overtime?** (Discuss whether existing staff has needed to work overtime. Get specific details.)
- **What are the current staff health needs?** (Discuss whether any staff are experiencing symptoms, who has been tested, who is awaiting testing, results, Health Department recommendations.)
- **Do staff need any assistance with quarantining or isolating?** (If applicable, ask how staff are quarantining themselves? Any assistance need finding locations such as hotels?)
- **Morale** (Discuss overall staff morale)

#### **Home Needs:**

- Any PPE supply needs? Any PPE training needs for current or any new staff?
- Any Compliance Concerns? (i.e. with HCBS, ORR, or DHHS Licensing)
- Any other or new Health Department Recommendations (Discuss any other Health Department recommendations/action steps)
- Any other supplies needed? (Such as food, paper supplies/ supplies to help residents quarantine/isolate)

#### **Other Questions or Concerns:**

In considering the above discussion points, **“What do you need from us today?”**

#### **Action Items:**

- Update on yesterday's action items:
- Today's Action Items:

## Appendix G

### Daily COVID-19 Check-In Form for Consumers Living Independently

\*Please ensure one point person is checking in with the consumer who has either been a direct contact of an individual with COVID-19 or has tested positive for COVID-19 on a daily basis. Information collected during these check-ins should be shared with the larger team daily so any needs identified can be addressed promptly. Please include who you talked to and the date.

#### Consumer Issues/Concerns:

- **Are there any health concerns?** (for example, ask if consumer has any questions or concerns, any symptoms – see below for example of symptoms- and if so, ask for details and evaluate whether consumer needs assistance in getting medical care. Ensure that consumer has notified the PHCP of COVID-19 status and of any symptom changes. Ask whether the consumer has been contacted by the Health Department. Also evaluate that consumer was able to understand the PHCP’s and Health Department’s recommendations as applicable)
- **Testing Status?** (If testing is still being scheduled, ask about transportation or any other barriers to testing; if testing done, ask about results and any new Health Department and PHCP recommendations; if results know, ask about any barriers to upcoming test date, if applicable)
- **Any psychiatric concerns?** (For example, any psychiatric symptoms or SUD concerns?)
- **Any behavioral Support Needs?** (Discuss compliance with isolation and quarantine recommendations, consumer’s use of facemasks, use positive support interventions to help consumer quarantine/isolate)
- **Any activities/leisure support needs?** (Discuss personal interests, how are leisure activities going, whether there is there a need for additional items to assist with this. Evaluate whether consumer needs any additional support, including additional CLS hours, if applicable)
- **Any help need to enable consumer to remain connected to family and friends?** (Ask re holiday plans if applicable)
- **Any household needs?** (For example, does consumer need any food or other household supplies, does consumer have a mask?)

#### Other Questions or Concerns:

In considering the above discussion points, **“What do you need from us today?”**

#### Action Items:

- Update on yesterday’s action items:
  
- Today’s Action Items:

#### Potential COVID-19 symptoms:

##### *Typical symptoms can include:*

- Fever
- New cough
- Shortness of breath

##### *Atypical symptoms can include:*

- Fatigue, like that experienced with the flu
- Myalgias or muscle aches
- Nausea, vomiting, or diarrhea
- Headache
- Sore throat
- New rash or skin discoloration on finger or toes
- New onset inability to smell or taste
- Any confusion or new cognitive symptoms, especially in the elderly
- Chest pressure or heaviness
- Unexplained new symptoms

## Appendix H

### Behavior Supports Following COVID 19 exposure

**Overview:** The purpose of this resource is to provide suggested positive behavior supports for residential facilities following exposure or known cases of COVID-19.

**Goals:** Encourage resident compliance with COVID-19 protocols and Health Department Recommendations. Support the general well-being of residents and staff.

#### **Positive Supports:**

- Validate the feelings of residents and express empathy. E.g., “I know this is really frustrating.”
- Provide instructions regarding COVID-19 protocols in clear and concrete terms. Explain the reasons for the recommendations in developmentally appropriate terms. Use social stories with words and pictures. Repeat the information and rationale as needed.
- Encourage residents to remain in their rooms using a calm and neutral tone of voice. E.g., “Remember it’s important that everyone remain in their bedroom right now.”
- Phrase instructions positively, telling residents what *to* do rather than what *not* to do.
- Verbally redirect residents to alternate appropriate activities and offer limited choices.
- Identify feasible forms of reinforcement to encourage compliance with COVID-19 protocols.
- Develop individual or group interventions to reward residents for following COVID-19 protocols. For example, tell residents that if everyone remains in their bedrooms and leaves only to use the restroom, then an ice cream treat will be delivered to their room after dinner.
- Provide frequent verbal praise and encouragement to residents when they attempt to or successfully follow COVID-19 precautions. Make this praise overly excited and animated.
- Encourage residents to communicate with family and friends through phone calls, video chat, and letters. Ask the resident’s support system to reach out through these methods.
- Allow flexibility with demands typically placed on residents. Ease requirements of Behavior Treatment Plans as appropriate and consult with the Behavioral Treatment Committee regularly as needed. Look for indicators that the resident is feeling anxious or unsafe and drop demands immediately. Recognize that increased stress will impact behaviors.

Appendix I

**CMHCM COVID-19 Work Restrictions**

	Vaccination Status	Testing Requirements	Work Restrictions
<b>You have been diagnosed with COVID-19 or have had a positive in-home antigen test, rapid PCR test, or a standard PCR test</b>	N/A - vaccination status not relevant to work restrictions	N/A - positive test or diagnosis already received	Isolate for at least 10 days. Symptoms must be resolving and you must be fever free for at least 24 hours to return to work on day 10. Day of symptom onset or, if asymptomatic, day of positive test, is day 0.
<b>You have symptoms suggestive of COVID-19, which can include symptoms similar to allergies or a cold</b>	N/A - vaccination status not relevant to work restrictions	Get tested. If using an antigen test (sometimes referred to as a rapid antigen test) and it is positive, you have COVID-19 and see above for work restrictions.  If using an antigen test (sometimes referred to as a rapid antigen test) and it is negative, you must obtain a <b>PCR</b> test to confirm the negative results to return to work	Stay home until PCR tested and results obtained and documented on incident report.
<b>You have had an exposure to COVID-19 AND are asymptomatic. Exposure includes contact with the positive person 48 hours before the positive person became symptomatic OR 48 hours before the positive person was tested</b>	You have received 2 doses of the <b>Pfizer</b> Vaccine and the booster at least 5 months from your second dose OR  You have received 2 doses of the <b>Moderna</b> vaccine and a booster at least 5 months from your second dose OR  You have received a <b>J &amp; J</b> vaccine and a booster at least 2 months after your vaccine	Must obtain a negative PCR test on day 2 and day 5-7. Day of exposure is day 0. Document test results on incident report.	No work restriction while waiting for PCR test results, as long as you remain asymptomatic. Use a well-fitting KN95 mask at all times and follow all COVID-19 protocols carefully.
	You are unvaccinated or have not received a booster, if due, regardless of prior infection within the past 90 days	If you are asymptomatic, quarantine for the 10 days, but no test is required.  If symptoms develop, see Symptom Scenario above for work restrictions and testing requirements.	Quarantine for 10 days. Day 0 is the last day of contact with a positive individual.

\*If exposure is a household family member (spouse or child, for example) and you are unable to quarantine from that ill individual, the last day of exposure is day zero for work restrictions described above.