

COVID-19 PREPAREDNESS AND RESPONSE PLAN FOR MEDICAL PRACTICE PERSONNEL, PATIENTS AND VISITORS

**THIS PLAN PRINCIPALLY APPLIES TO MEDICAL PRACTICE PERSONNEL,
ALTHOUGH SOME PARTS OF THIS PLAN APPLY TO PATIENTS,
INDIVIDUALS ACCOMPANYING PATIENTS AND OTHER VISITORS**

[Insert name of medical practice] (the "Practice") continues to closely monitor the directives and guidance issued by government and public health authorities concerning the COVID-19 pandemic. Pursuant to recently enacted Michigan legislation, MIOSHA Emergency Rules, and CDC guidance, the Practice is required to take certain precautions in order to limit the risk of the spread of COVID-19. Accordingly, the following policies and procedures have been adopted by the Practice (the "Plan"). This Plan amends, restates and replaces any and all previous plans, policies and procedures of the Practice concerning the subject matter of this Plan.

I. DESIGNATION OF WORKSITE SAFETY COORDINATOR

The Practice will designate at least one "Worksite Safety Coordinator" to implement, monitor, and report on the COVID-19 control strategies implemented in this Plan. The Worksite Safety Coordinator shall remain on-site at all times when employees are present on site. If the Worksite Safety Coordinator is unable to be present at the worksite, an on-site employee may be designated to perform the supervisory role.

II. EXPOSURE DETERMINATION: RISK CATEGORIES FOR JOB TASKS AND PROCEDURES

The Practice has evaluated routine and reasonably anticipated job tasks and procedures to determine whether there is actual or reasonably anticipated employee exposure to COVID-19. In doing so, the Practice has categorized job tasks and procedures into the various risk categories indicated in Addendum 1.

III. IN-PERSON WORK

It is the policy of the Practice that in-person work by employees will be prohibited to the extent that their work activities can feasibly be completed remotely, as determined by the Practice.

IV. DAILY SCREENING OF ALL INDIVIDUALS BEFORE ENTERING THE PRACTICE FACILITY

The Practice will post a notice at the entrance of each Practice facility notifying patients, employees and other individuals (including individuals accompanying patients and other visitors) that they may not enter the Practice facility if they are displaying the Principal Symptoms of COVID-19, or if they satisfy any additional exclusion criteria then-adopted by the Practice. However, patients and other individuals displaying the Principal Symptoms of COVID-19 may be permitted to enter the facility for medical treatment purposes in accordance with medical safeguards established by the Practice based on applicable CDC and state/local health department standards. The notice shall also instruct all individuals, including patients, to wear a face covering when in the facility, except as necessary for identification or to facilitate an examination or procedure.

The Principal Symptoms of COVID-19 include the following:

One or more of the following (excluding symptoms due to other known medical reason):

- Fever (above 100.4 degrees);
- Shortness of breath;
- Uncontrolled cough; or

Two or more of the following (excluding symptoms due to other known medical reason):

- Abdominal pain;
- Diarrhea;
- Loss of taste or smell;
- Muscle aches;
- Severe headache;
- Sore throat;
- Vomiting.

Employees who exhibit such symptoms or satisfies any additional exclusion criteria mandated by the Practice may not enter the facility, must call the Worksite Safety Coordinator, fill out a Symptomatic Employee Screening Form, and must not report to work unless instructed to do so. All individuals other than employees who have such symptoms or satisfy any additional exclusion criteria mandated by the Practice will be denied entry to the facility until given permission by the Practice.

An employee who is not barred from entering a Practice facility by the Notice of Facility Entrance Screening for COVID-19 will complete a paper or electronic COVID-19 Facility Entrance Screening Form daily. The COVID-19 Facility Entrance Screening Form includes the following questions:

1. Within the last 24 hours, have you experienced any of the Principal Symptoms of COVID-19, excluding symptoms due to other known medical reasons?
2. Have you had any close contact during the last 14 days with someone diagnosed with or displaying the Principal Symptoms of COVID-19?

The Practice may include appropriate additional questions on the COVID-19 Facility Entrance Screening Form. The Practice may require patients, individuals accompanying patients, visitors and other to fill out the same or a modified COVID-19 Facility Entrance Screening Form.

If an employee develops any of the Principal Symptoms of COVID-19 while working at a Practice facility, the employee must notify the Worksite Safety Coordinator. The employee will then be directed to leave the workplace until the employer determines that the employee satisfies the return-to-work conditions set forth in this Plan or otherwise recommended by the Centers for Disease Control (“CDC”).

If an individual, other than a patient, answers “YES” to any of the screening questions, the individual must be excluded from the facility until:

1. At least 24 hours have passed since recovery with no fever (below 100.4 degrees without the use of fever-reducing medications) and improvement in respiratory symptoms and at least ten days have passed since symptoms first appeared; or
2. 14 days have passed since the individual has had close contact with someone diagnosed with or symptomatic of COVID-19, except that this standard does not apply to Practice personnel who are health professionals or if the individual with whom the employee had close contact receives a medical determination that they did not have COVID-19 at the time of the close contact with the employee, then the employee may return to work immediately.

Patients seeking medical treatment who answer “YES” to any of the screening questions may be admitted to or excluded from the facility based on medical treatment standards adopted by the Practice.

If a touchless thermometer is available and, provided that the standards established by the CDC are followed, the temperature of an individual wishing to enter a Practice facility must be checked and the individual's temperature will be recorded on a screening form. An individual is considered to have a fever if the individual's temperature is above 100.4 degrees.

Completed COVID-19 Facility Entrance Screening Forms will be submitted each day to the Worksite Safety Coordinator for daily review. These forms will be retained for a period of one year from the time of generation.

The Practice may add such additional screening criteria as may be recommended by the CDC or others and adopted by the Practice from time to time.

An employee who answers "YES" to any of the screening questions will be given a COVID-19 Symptomatic Employees Screening Form. The form may be filled out by calling the Worksite Safety Coordinator or returning it to the Worksite Safety Coordinator electronically.

Completed screening forms will be maintained by the Practice in a confidential manner as required by law. Data on screening forms will be used solely for the purpose of evaluating the potential hazards presented in the workplace and not for disability-related or other inquiries prohibited by law. In the event of a positive COVID-19 test of an employee or other individual, or in the event that an employee or other individual is symptomatic or at risk per the Practice screening criteria, the Practice will assess possible exposure to COVID-19 in the workplace and notify other employees and other individuals whom it reasonably believes could be affected. For the privacy of employees, and in compliance with the Americans with Disabilities Act, the Practice will keep such data confidential, except if and limited to the extent that disclosure is permitted or required by law or if the employee voluntarily authorizes disclosure in writing. The name of an employee will not be disclosed to any coworkers beyond the Practice's management, except if and limited to the extent that disclosure is permitted or required by law or the employee voluntarily authorizes disclosure in writing. When an employee is identified with a confirmed case of COVID-19, the Practice will immediately notify the local public health department.

V. EMPLOYEE TRAINING

All employees shall receive COVID-19 training which covers the following topics:

1. Workplace infection-control practices.
2. The proper use of personal protective equipment as determined by the employee's risk exposure level as documented in Addendum 1, or as otherwise required by OSHA.
3. Steps the employee must take to notify the business or operation of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.
4. How to report unsafe working conditions.

VI. SOCIAL/PHYSICAL DISTANCING BY EMPLOYEES

Workspaces will be modified as necessary to ensure that employees are able to work at least six feet apart from other employees to the maximum extent feasible. Employees are required to maintain a distance of at least six feet from all employees and avoid in-person conversations unrelated to the Practice operations to the maximum extent possible. If social/physical distancing becomes impractical or infeasible due to capacity or other limitations within the Practice's facility, the Practice may take additional action to further restrict capacity or reassign employees as necessary. Visual markings and signage may be placed throughout the facility to further implement social/physical distancing among employees. All employees will be provided non-medical grade face coverings and must wear the face coverings when six feet of separation from others cannot be maintained and in all shared spaces (restrooms, hallways, meetings). Failure to wear a face covering when required by the Practice may result in disciplinary action, up to and including termination.

Specifically, the Practice shall:

- Continue social distancing measures as recommended by the CDC.
- Restrict the number of workers present on the Practice premises to no more than is strictly necessary to perform the in-person work.
- Require individuals to remain, to the extent possible, six feet apart from each other at all times. Where individuals cannot maintain 6 feet of distance, employees must wear a face covering. Where individuals cannot maintain 3 feet of distance, employees should wear a face shield.
- Require face coverings to be worn in all shared spaces, including during in-person meetings and in restrooms and hallways.
- Identify high-risk areas where workers must stand near one another and provide visual indicators of appropriate spacing for employees in case of congestion.
- Prohibit gatherings of any size in which people cannot maintain six feet of distance from one another.
- Postpone group meetings or otherwise hold such meetings via telephone or video conference.
- Prohibit all forms of physical contact where it is not necessary for employer operations.
- Restrict all non-essential travel, including in-person conference events.

Additional or other social/physical distancing measures may be implemented by the Practice from time to time consistent with any directives and guidance issued by government or public health authorities which must also be strictly followed by all employees.

VII. SOCIAL/PHYSICAL DISTANCING BY PATIENTS

The Practice will modify the facility as appropriate to comply with social and physical distancing requirements as recommended by public health authorities and other governmental guidance. Specifically, the Practice shall:

- Limit waiting-area occupancy to the number of individuals who can be present while staying 6 feet away from one another and ask patients, if possible, to wait in cars for their appointment to be called.
- Mark or arrange waiting rooms to enable 6 feet of social distancing (e.g., by placing X's on the ground and/or removing seats in the waiting room).
- Place hand sanitizer and face coverings at patient entrances.
- Require patients to wear a face covering when in the facility, except as necessary for identification or to facilitate an examination or procedure.
- Install physical barriers at sign-in, temperature screening, or other service points that normally require personal interaction (e.g., plexiglass, cardboard, tables).

VIII. CLEANING AND DISINFECTING

The Practice will implement appropriate standards of facility cleaning and disinfecting pursuant to CDC guidelines. The Practice will also adopt protocols to clean and disinfect the facility in the event of a positive COVID-19 case in the workplace.

In the event of a positive COVID-19 case in the workplace, the Practice will identify all potentially contaminated areas of the facility and will abide by CDC guidelines when cleaning and disinfecting contaminated areas. It is possible that specific areas of the facility will be shut down for a 24-hour period in order to clean and disinfect the area, at which point, employees working in the area will be properly notified and removed from the area.

Specifically, the Practice shall:

- Practice routine cleaning and disinfecting of frequently touched surfaces. The Practice shall refer to the following links ensure compliance with CDC recommended cleaning measures <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html> and https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf.
- Encourage employees to clean their own workspaces twice daily first using soap and water and then using a disinfectant.
- Ensure that there are sufficient hand washing or hand-sanitizing stations at the worksite to enable easy access by workers.
- Place posters in all common work areas that encourage staying home when sick, cough and sneeze etiquette, and proper hand hygiene practices.
- Provide hand sanitizer, disinfecting wipes, and household cleaners in all common areas and at workspaces where employees cannot leave to wash their hands between interactions with non-employees.
- Encourage the continuation of proper hand hygiene, sneeze and coughing etiquette, and other infection-control practices and post signs to the same effect.
- Encourage the use of work gloves, as appropriate, to prevent skin contact with contaminated surfaces.
- Provide all workers with non-medical grade face coverings and require them to be worn where six feet of distance cannot be maintained.
- Adopt protocols to limit the sharing of equipment to the maximum extent possible and to ensure frequent and thorough cleaning and disinfection of equipment and frequently touched surfaces.
- Turn off all water fountains.
- Provide employees with PPE appropriate for the tasks they are undertaking, as outlined in Addendum 1 or as otherwise required by OSHA, and ensure that these employees are trained on the proper use of PPE.
- Provide instructions for the distribution of personal protective equipment and designate on-site locations for soiled masks.
- Clean and disinfect all areas used by a person who is ill, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, credit-card machines, keypads, counters, shopping carts, and other surfaces. If more than seven (7) days have passed since a person who is sick visited or used the facility, additional cleaning and disinfection is not necessary under current CDC guidelines.
- To the extent possible, increase air exchange in facilities.
- Prohibit workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible.

Additional or other cleaning and disinfecting measures may be implemented by the Practice from time to time consistent with any directives and guidance issued by government authorities which must also be strictly followed by all employees.

IX. REQUIRED NOTICES

A copy of this Plan will be made available at each Practice facility to ensure that it may be viewed by all employees and other individuals.

The Practice will post such posters as may be required by federal or state law, including the [Families First Coronavirus Response Act DOL poster](https://www.dol.gov/sites/dolgov/files/WH/WH1422_Non-Federal.pdf), which can also be found at: https://www.dol.gov/sites/dolgov/files/WH/WH1422_Non-Federal.pdf.

If an employee is identified with a confirmed case of COVID-19, within 24 hours of notification of such information, the Practice shall notify both:

1. The local public health department, and
2. Any co-workers, contractors, or suppliers who may have come into contact with the person with a confirmed case of COVID-19.

X. MISCELLANEOUS

Employees are encouraged to hold each other accountable with respect to the policies and procedures contained herein. To the extent that anyone is observed not complying with this Plan, employees should report such behavior to the Worksite Safety Coordinator. Additionally, an employee who is made aware or has reason to suspect that another may have COVID-19 symptoms should report the matter to the Worksite Safety Coordinator.

The Practice will fully promote remote work to the extent reasonably possible and shall review and, if necessary, revise attendance, telework, leave of absence, and PTO policies to prepare for COVID-19 related absences and needs for remote work. The Practice will impose any other social/physical distancing practices, cleaning and disinfection measures, and mitigation measures recommended by the CDC or as ordered by governmental entities.

**THIS PLAN MAY BE AMENDED
OR MODIFIED FROM TIME TO TIME BY THE PRACTICE,
WITH OR WITHOUT ADVANCE NOTICE.**

COVID-19 PREPAREDNESS AND RESPONSE PLAN ADDENDUM 1 – EXPOSURE DETERMINATION

This Addendum is part of the Practice's COVID-19 Preparedness and Response Plan (the "Plan") and contains additional provisions. The Plan indicates various controls (both administrative and engineering controls) and measures that have been implemented by the Practice to prevent employee exposure. These controls and measures are consistent with the applicable guidance of governmental and public health authorities.

The job tasks and procedures listed in the schedule below fall within the lower, medium, high and very high risk exposure categories as defined by MIOSHA's Emergency Rules - Coronavirus Disease 2019, Rule 3.

EXPOSURE DETERMINATION SCHEDULE

| Job/Task | Exposure Risk Determination (Low, Medium, High or Very High) | Qualifying Factors |
|-----------------|--|---------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

Disclosure: Sample template documents and forms are furnished as a courtesy for informational purposes only for use by affiliated medical practices. Sample template documents and forms do not constitute legal advice. A medical practice is responsible to modify template documents and forms as appropriate for its own use; to update template documents and forms on an on-going basis for changes in applicable legal, public health and othr regulatory standards; to take responsibility for its own compliance with applicable legal, public health and other regulatory standards; and to see legal advice from its own attorney.