

[INSERT MEDICAL PRACTICE NAME/LOGO]
COVID-19 PREPAREDNESS AND RESPONSE PLAN

The Practice continues to closely monitor the directives and guidance from federal, state and local authorities concerning the COVID-19 pandemic. Pursuant to certain Executive Orders issued by Governor Whitmer, the Practice is required to take certain precautions in order to limit the risk of the spread of COVID-19 while the states of emergency and disaster remain in effect. This Preparedness and Response Plan (this “Plan”) is adopted by the Practice in furtherance of the Executive Orders and other applicable orders, directives and guidance. This Plan amends, restates and replaces any and all previous plans, policies and procedures of the Practice concerning the subject matter of this Plan. Some provisions in this Plan apply to all patients and visitors to the Practice’s facilities and some provisions apply specifically to employees. Reference to “employees” include temporary and contract workers.

I. Designation of Worksite Supervisor

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

II. Daily Screening of All Individuals Before Entering Practice Facilities

A. Screening for Employees

The Practice will determine a Designated Entry Point through which all employees and individuals must access the facility. At the Designated Entry Point, every employee will complete each day, on which entrance to a Practice facility is sought, a COVID-19 Facility Entrance Screening Form for Employees which includes screening criteria such as:

1. Within the last 24 hours, have you experienced any symptoms (excluding symptoms due to other known medical reasons) such as fever (above 100.4 degrees) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, sore throat, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea?
2. Have you had any close contact during the last 14 days with someone diagnosed with COVID-19?

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

If a touchless thermometer is available and provided that CDC standards are followed, a Practice supervisor or manager must check the individual’s temperature upon entrance to a Practice facility in lieu of verbal confirmation and record the individual’s temperature on the screening form. An individual is considered to have a fever if his or her temperature is above 100.4 degrees.

Completed screening forms will be maintained by a Practice supervisor or manager.

If an individual answers “YES” to any of the screening questions on the COVID-19 Facility Entrance Screening Form for Employees, 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 symptoms and at least 10 days have passed since symptoms first appeared; or
2. (Non-health care providers only) 14 days have passed since the individual has had close contact with someone diagnosed with COVID-19.

If a symptomatic individual presents written laboratory test results which are negative for COVID-19, with the specimen taken on or after the date of the “YES” answer above, the individual is still required to be excluded from the facility until:

1. The individual has a resolution of fever (below 100.4 degrees without the use of fever-reducing medications); and
2. The individual has an improvement in symptoms.

If an asymptomatic individual is a healthcare provider and has had close contact or a potential exposure during the last 14 days with someone diagnosed with COVID-19, the individual may be permitted to continue to work provided that the individual remains asymptomatic and additional precautions are implemented to protect the individual, employees and patients of the Practice. A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19, and further includes contact with the individual within 48 hours before the individual became symptomatic.

Additional precautions to be taken by potentially exposed healthcare providers and employees include, but are not limited to, the following:

1. Continue to abide by the Practice’s daily screening procedures.
2. Continue to self-monitor for COVID-19 symptoms and immediately report to a supervisor or manager upon developing any COVID-19 symptoms.
3. Wear a face mask at all times while inside the Practice facility for a period of 14 days after the individual’s last exposure and for as long as required by Executive Order or other laws and CDC and OSHA guidelines.
4. Continue to abide by all social distancing measures implemented by the Practice.
5. The Practice will continue to abide by all CDC and OSHA cleaning and disinfecting guidelines.

If before an employee reports for his or her next shift, he or she experiences any symptoms (excluding symptoms due to other known medical reasons) such as fever (above 100.4 degrees) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, sore throat, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea or fails to satisfy any additional exclusion screening criteria established by the Practice, the employee must first call his or her supervisor/manager and not report for work unless instructed to do so.

If an employee develops symptoms included in the screening criteria while working at the facility or outside of working hours, the employee must notify his or her immediate supervisor. The supervisor will direct the employee to leave the facility or not return to work until the employee satisfies the return-to-work conditions set forth below.

Data on screening forms will be used solely for the purpose of evaluating the potential hazards presented to the workplace and not for disability-related or other inquires 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’s 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 (including an employee's name) confidential, except if and limited to the extent that disclosure is permitted or required by law or if the employee (or the employee's authorized representative in the event of incapacity) voluntarily authorizes disclosure in writing.

B. Screening for Patients and Permitted Visitors

All patients should be pre-screened for COVID-19 symptoms and risk factors before their appointment. This should take place during appointment reminder phone calls. If a patient meets the pre-screening criteria to continue with an in-person appointment, the patient should be informed of the Practice's visitor and screening policy set forth below, and instructed to wear a mask while inside the facility if medically tolerated.

While Executive Order 2020-156 and MDHHS's June 3, 2020 Emergency Order are in effect, the Practice is required to prohibit visitors (i.e., individuals other than patients) from entering a Practice facility unless the visitor is visiting under one or more of the following circumstances:

1. Visitor is necessary for the provision of medical care or support of activities of daily living (as determined by Practice employees on a case-by-case basis).
2. Visitor is the power of attorney or court-appointed guardian for a patient.
3. If patient is 21 years of age or under, visitor is patient's parent, foster parent or guardian.
4. Visitor is visiting patient in serious or critical condition or in hospice care.
5. Visitor is visiting under exigent circumstances or for the purpose of performing official government functions.

Notwithstanding the foregoing, Executive Order 2020-156 permits the Practice to allow a visitor who is not visiting under one of the above circumstances to enter the facility if the visitor enters in accordance with standards established by the Practice which are consistent with MDHHS' Emergency Order, including the following:

- Visitors must be limited to one visitor per patient, and only during the time of the patient's appointment or other select hours determined by the Practice.
- Visitors must be required to enter the Practice facility through a designated entrance that allows proper screening and has signage posted instructing visitors to be assessed for symptoms of COVID-19 before entry and not to enter the facility if the visitor has symptoms of a respiratory infection, including, but not limited to, fever, cough, or shortness of breath.
- Visitors must be strongly discouraged from entering the facility to visit persons at high risk of developing severe complications from COVID-19, including older adults and persons with underlying medical conditions.
- Visitation must be restricted to the patient's treatment room or other locations designated by the Practice.
- Visitors must be required to wear a mask while inside the facility if medically tolerated. If a visitor fails to comply with the mask requirement, the visitor must be swiftly removed from the facility.
- Visitation must be restricted during aerosol-generating procedures or during collection of respiratory specimens unless deemed necessary by Practice staff for the care and well-being of the patient.

Every patient and visitor must be screened prior to entry to a Practice facility each time the patient or visitor seeks to enter the facility. No visitors are allowed to enter the facility if they have a confirmed COVID-19 diagnosis, experienced any fever (above 100.4 degrees) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, sore throat, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea within the past 24 hours, or have had any contact with a person with a confirmed COVID-19 diagnosis within the past 14 days.

If a patient has symptoms or fails to meet other screening criteria, the Practice should consider whether alternative treatment arrangements may be made to provide care to the patient (e.g., ensure patient is wearing a mask, separate patient in another room, direct patient to seek care at another location, convert appointment to a telemedicine encounter, etc.) or to reschedule the patient's appointment. The Practice should follow any additional CDC or OSHA guidance for symptomatic patients who present to a medical facility. The Practice will post a Notice of Visitor and COVID-19 Screening Policy at the entrance of each Practice facility where patients and visitors enter the facility.

Upon the expiration of Executive Order 2020-156 or any superseding Executive Order, the Practice will continue to follow CDC and CMS guidelines for the screening of patients and visitors.

III. Employee Training

All employees shall receive COVID-19 training which covers, at a minimum, the following topics:

1. Information regarding COVID-19, including routes by which the virus causing COVID-19 is transmitted from person to person, the distance that the virus can travel in the air, and the time it remains viable in the air and on environmental surfaces.
2. Symptoms of COVID-19.
3. Workplace infection-control practices.
4. The proper use of personal protective equipment, including the steps for putting it on and taking it off.
5. Steps the employee must take to notify the Practice of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.
6. How to report unsafe working conditions.

IV. Social Distancing by Employees

In compliance with Michigan's Executive Orders, OSHA and CDC guidelines, the Practice has evaluated the Practice's exposure risk and developed and implemented the following plan to manage and control social/physical distancing for employees working alongside each other and patients and visitors within or outside the Practice.

All workspaces should be modified as necessary to ensure that employees are able to work at least six feet apart from other employees to the maximum extent reasonably possible. Employees are required to maintain a distance of at least six feet from all employees and avoid in-person conversations unrelated to 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 facilities, 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 and patients.

Specifically, the Practice shall:

- Continue social distancing measures as recommended by the CDC and OSHA.
- 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.
- Identify high-risk areas where workers must stand near one another and provide visual indicators of appropriate spacing for employees in case of congestion (including outside of the Designated Entry Point).
- 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.
- Suspend all non-essential in-person visitors.
- Post signs at entrance(s) instructing patients to wear a face covering when inside.
- Limit waiting-area occupancy to the number of individuals who can be present while staying six feet away from one another and ask patients, if possible, to wait in cars for their appointment to be called.
- Mark waiting rooms to enable six feet of social distancing (e.g., by placing X's on the ground and/or removing seats in the waiting room).
- Enable contactless sign-in (e.g., sign in on phone app) as soon as practicable.
- Add special hours for highly vulnerable patients, including the elderly and those with chronic conditions.
- Place hand sanitizer and face coverings at patient entrance(s).
- Require employees to make proper use of personal protective equipment in accordance with guidance from the CDC and OSHA.
- Require patients and permitted visitors 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).
- Employ telehealth and telemedicine to the greatest extent possible.
- Limit the number of appointments to maintain social distancing and allow adequate time between appointments for cleaning.
- Employ specialized procedures for patients with high temperatures or respiratory symptoms (e.g., special entrances, having them wait in their car) to avoid exposing other patients in the waiting room.

Additional or other social/physical distancing measures may be implemented by the Practice from time to time consistent with guidance issued by federal, state and local authorities which must also be strictly followed by all employees.

V. Personal Protective Equipment (PPE)

The Practice shall require employees to make proper use of PPE in accordance with the CDC's infection control guidance and applicable OSHA recommendations. The determination of appropriate PPE that each employee shall utilize as a required safeguard will be based on the Practice's assessment of the individual's risk exposure, both with respect to the individual's work tasks and the level of community transmission where the facility is located. The Practice will, at a minimum, provide all non-health care provider employees with non-medical grade face coverings and all health care provider employees with medical grade face coverings and require them to be worn in accordance with applicable CDC and OSHA

recommendations. Additional or other PPE will be provided and required to be properly used from time to time consistent with any directives and guidance issued by the CDC, OSHA and other government authorities.

VI. Facility Cleaning and Disinfecting Protocols

The Practice will utilize standards of facility cleaning and disinfection to limit employee and patient exposure to COVID-19, as well as adopting protocols to clean and disinfect in the event of a positive COVID-19 case in the workplace.

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 routinely clean their own workspaces 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 employees.
- Place hand washing protocol posters in all common work areas and in restrooms and encourage employees to frequently wash their hands for at least 20 seconds with soap and water.
- Provide hand sanitizer, disinfecting wipes, and household cleaners at the Designated Entry Point, 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.
- 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.
- 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 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.
- Deep clean examination rooms after patients with respiratory symptoms and clean rooms between all patients.

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.

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.

VII. 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.

A copy of any applicable county and municipality emergency orders and the Notice of Visitor and COVID-19 Screening Policy must be physically posted at each entrance of each Practice facility in a conspicuous location to ensure that they are viewable by all employees, patients, visitors and members of the public. The Practice will post such additional posters as may be required by federal or state law, including the Families First Coronavirus Response Act DOL poster, which can also be found at: https://www.dol.gov/sites/dolgov/files/WHD/posters/FFCRA_Poster_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 employees, patients, contractors, or suppliers who may have come into contact with the person with a confirmed case of COVID-19.

VIII. Miscellaneous

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

The Practice will restrict the number of workers present on premises to no more than is strictly necessary to perform the Practice's in-person functions. The Practice will promote remote work to the fullest extent it determines reasonably possible. The Practice will impose any other social distancing practices and mitigation measures recommended by the Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA). Employees with questions or concerns regarding the Practice's in-person operations, remote work, and/or social distancing practices and mitigation measures should contact management for further discussion.

This Plan may be amended or modified from time to time by the Practice, with or without advance notice.