

## **COVID-19 Preparedness and Response Plan**

In accordance with MDHHS AND MIOSHA EMERGENCY RULES, CADL aims to protect its workforce by enacting all appropriate prevention efforts and is monitoring guidance from local, state, and federal health officials and implementing workplace and Plan modifications where appropriate.

### **Prevention Efforts and Workplace Controls**

#### Cleanliness and Social Distancing

CADL restricts the number of employees present on premises to no more than is strictly necessary, and employees who can perform their essential duties remotely must work from home in accordance with approved telework arrangements.

Employees who report on-site will abide by recommended social distancing and other safety measures including:

- Large gatherings are not permitted; staff meetings are postponed, cancelled or held remotely;
- Employees are required to maintain physical distance even when on break, as well as before and after working hours;
- Employees are required to maintain physical distance when reporting to work, clocking in, leaving work, and clocking out;
- Employees' workstations are no fewer than six feet apart;
- CADL may utilize flexible work hours, wherever possible, to limit the number of employees simultaneously working on-site;
- If employees use public transportation to get to work, employees are encouraged to use the recommended personal protection equipment and hand sanitizer while on and after riding public transportation;
- Employees' interactions with the general public are modified to allow for additional physical space between parties; and
- Non-essential travel is postponed or cancelled.

CADL provides employees with, at a minimum, non-medical grade face coverings. If it can be medically tolerated, face coverings must be worn at all times unless an employee is alone and in an enclosed office.

In addition, CADL is instituting the following cleanliness measures:

Where possible, increasing ventilation rates and circulation throughout work sites;

- Performing routine environmental cleaning and disinfection, especially of common areas;
- Providing cleaning supplies and hand sanitizer (if such is available) to employees upon entry to the building and providing time for employees to wash hands frequently; and

- Where available, providing hand sanitizer in high-traffic areas.

Employees are expected to minimize COVID-19 exposure by:

- Cleaning workstations at the beginning and end of each shift;
- Avoiding, when possible, the use of other employees' phones, desks, offices, or other work tools and equipment;
- Frequently washing hands with soap and water for at least 20 seconds;
- Utilizing hand sanitizer when soap and water are unavailable;
- Avoiding touching their faces with unwashed hands;
- Avoiding handshakes or other physical contact;
- Avoiding close contact with sick people;
- Practicing respiratory etiquette, including covering coughs and sneezes;
- Immediately reporting unsafe or unsanitary conditions on CADL premises;
- Complying with CADL's daily screening processes;
- Seeking medical attention and/or following medical advice if experiencing COVID-19 symptoms; and
- Complying with self-isolation or quarantine orders.

CADL will provide the following training to employees and maintain a record of the training:

- Workplace infection-control practices
- The proper use of personal protective equipment (PPE)
- Steps employees must take to notify CADL of any symptoms or a suspected or confirmed case of COVID-19
- How to report unsafe working conditions

CADL will identify the Supervisor in Charge working at each location and notify employees

#### Supplemental Measures Upon Notification of Employee's COVID-19 Diagnosis and/or Symptoms

An employee with a COVID-19 diagnosis or who displays symptoms consistent with COVID-19 must be immediately removed from the worksite.

In response to a confirmed diagnosis or display of COVID-19 symptoms, CADL:

- Informs all employees with and near whom the diagnosed/symptomatic employee worked of a potential exposure;
- Informs the Ingham County Health Department
- Keeps confidential the identity of the diagnosed/symptomatic employee; and
- Conducts deep cleaning of the diagnosed/symptomatic employee's workstation, as well as those common areas potentially infected by the employee as detailed in this procedure.

- Notifies employees if CADL is notified a patron is confirmed to have COVID-19 has visited

#### Worker Exposure Classification

PUBLIC SERVICE Employees' "worker exposure" is classified as medium risk by the Occupational Safety and Health Administration's guidance because they frequently and/or closely interact with the general public.

Given this classification, CADL provides the following controls in addition to the above summarized prevention efforts: installing physical barriers where feasible, limiting exposure to the general public, and minimizing face-to-face contact.

ADMINISTRATIVE Employees' "worker exposure" is classified as lower risk by the Occupational Safety and Health Administration's guidance because they do not frequently and/or closely interact with the general public, and social distancing can be maintained between coworkers.

Given this classification, no additional controls are recommended or required by OSHA at this time.

#### **Identification and Isolation of Sick and/or Exposed Employees**

Risk and exposure determinations are made without regard to employees' protected characteristics, as defined by local, state, and federal law.

Any health-related information and documentation gathered from employees is maintained confidentially and in compliance with state and federal law. Specifically, medical documentation is stored separate from employees' personnel documentation.

#### Employees' Self-Monitoring

The following employees should not report to work and, upon notification to CADL, will be removed from the regular work schedule:

- Employees who display COVID-19 symptoms, such as fever, chills, cough, shortness of breath, sore throat, muscle aches, headache, new loss of smell or taste, fatigue, congestion or runny nose, nausea or vomiting, and/or diarrhea whether or not accompanied by a formal COVID-19 diagnosis;
- Employees who, are not fully vaccinated, and in the last 14 days, have had close contact with and/or live with any person having a confirmed COVID-19 diagnosis; and
- Employees who, are not fully vaccinated, and in the last 14 days, have had close contact with and/or live with any person displaying COVID-19 symptoms, such as such as fever, chills, cough, shortness of breath, sore throat, muscle aches, headache, new loss of smell or taste, fatigue, congestion or runny nose, nausea or vomiting, and/or diarrhea.

Such employees may only resume in-person work upon meeting all return-to-work requirements, defined below.

### Daily Screenings

To prevent the spread of COVID-19 and reduce the potential risk of exposure, CADL screens employees on a daily basis.

Employees are asked the following questions before entering the worksite:

1. Are you currently suffering from any of the following symptoms –fever, chills, cough, shortness of breath, sore throat, muscle aches, headaches and/or new loss of smell or taste, fatigue, congestion or runny nose, nausea or vomiting, and/or diarrhea
  - a. If a touchless thermometer is available, temperature checks are performed.
  - b. If yes, access is denied, and employee is advised to self-isolate/self-quarantine at home, until employee is permitted to return to work as defined below.
2. Have you lived with, or had close contact with, someone in the last 14 days diagnosed with or displaying the symptoms of COVID-19?
  - a. If yes, access is denied, and employee is advised to self-isolate/self-quarantine at home, per the recommended CDC guidelines.
3. Have you travelled via airplane internationally in the last 14 days?
  - a. If yes, access is denied, and employee is advised to self-isolate/self-quarantine at home, per the recommended CDC guidelines.

Employees who develop symptoms during their shift must immediately report to the Supervisor in Charge and/or Human Resources.

### Return-to-Work Requirements

Employees who were themselves diagnosed with COVID-19 may only return to work upon confirmation of the cessation of symptoms and contagiousness, proof of which may be acquired via the test-based strategy, the Symptom-based strategy or the Time-Based Strategy:

#### **1). Symptom-based strategy**

**Persons with COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and** improvement in symptoms; **and**,

- At least 10 days have passed *since symptoms first appeared*.

**2). Test-based strategy** Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.

**Persons who have COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Resolution of fever **without** the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens)

**For Persons Who have NOT had COVID-19 Symptoms but Tested Positive and are Under Isolation:**

Options now include both a 1) time-based strategy, and 2) test-based strategy.

### **1). Time-based strategy**

**Persons with laboratory-confirmed COVID-19 who have not had any symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

**2). Test-based strategy** A test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.

**Persons with laboratory-confirmed COVID-19 who have not had any symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:

Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens)

Employees who came into close contact with, or live with, an individual with a confirmed diagnosis or symptoms may return to work based on the CDC recommended guidelines.

## Other Considerations

The symptom-based, time-based, and test-based strategies may result in different timeframes for discontinuation of isolation post-recovery. For all scenarios outlined above, the decision to discontinue isolation should be made in the context of local circumstances.

Note that recommendations for discontinuing isolation in persons known to be infected with COVID-19 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been **exposed** to COVID-19. CDC recommends up to 14 days of quarantine **after exposure** based on the time it takes to develop illness if infected. Thus, it is possible that a person *known* to be infected could leave isolation earlier than a person who is quarantined because of the *possibility* they are infected.

This recommendation will prevent most, but cannot prevent all, instances of secondary spread. The risk of transmission after recovery is likely substantially less than that during illness; recovered persons will not be shedding large amounts of virus by this point, if they are shedding at all. Employers and local public health authorities can choose to apply more stringent criteria for certain persons where a higher threshold to prevent transmission is warranted.

### If We are Notified of a COVID-19 Diagnosis

If an employee or customer is confirmed to have COVID-19, we will take additional cleaning measures to do what we can to prevent the spread of the virus. If it has been less than 7 days since the sick employee/customer has been in the facility, we will do our best to close off any areas used for prolonged periods of time by the sick person. We will then, if possible, wait 24 hours before cleaning and disinfecting to minimize potential for other employees being exposed. If waiting 24 hours is not feasible or doing so would cause more potential exposure, we will wait as long as possible. We will open outside doors and windows as is practical to increase air circulation. We will then follow CDC cleaning and disinfection recommendations. If it has been 7 days or more since the sick employee or client used the facility, we will follow CDC cleaning and disinfection recommendations and continue routinely cleaning and disinfecting all high-touch surfaces in the facility.

- Upon being informed of a COVID-19 diagnosis, we will inform employees of their possible exposure to COVID-19 in the workplace but maintain the confidentiality as to the person who received the diagnosis. We will do our best to determine which employees were likely to be exposed and depending upon the circumstances, such employees may be instructed to stay home for up to 14 days, telework if possible, and self-monitor for symptoms. Asymptomatic employees who are fully vaccinated and who may have been exposed do not need to quarantine or be tested before returning to work.

## Workplace Flexibilities and Benefits

Employees are typically required to submit a release to return to work from a healthcare provider; given the current stressors on the healthcare system, CADL may accept written statements from employees confirming all the factors supporting their release.

In addition, employees may be eligible for paid and unpaid leaves of absence.

Employees may be permitted to utilize available paid time off provided under CADL policy concurrently with or to supplement any approved leave.

No employee will be discharged, disciplined or otherwise retaliated against solely because they have stayed home or left work if they are at particular risk of infecting others with COVID-19.

### FFCRA

Employees may qualify for two different types of paid leave under the Families First Coronavirus Response Act (“FFCRA”).

Under the Emergency Paid Sick Leave Act (“EPSLA”), employees may seek up to two weeks (i.e., 10 business days) of paid leave for the following reasons:

1. Subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. Advised to self-quarantine due to concerns related to COVID-19;
3. Experiencing symptoms of COVID-19 and seeking a medical diagnosis;
4. Caring for an individual subject to a quarantine or isolation order or advised to self-quarantine due to concerns related to COVID-19;
5. Caring for a son or daughter whose school or childcare provider is closed or unavailable due to COVID-19 precautions; and
6. Experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor. (Please note, the Secretary of Health and Human Services has not defined conditions which trigger this subpart under the EPSLA.)

For full-time employees, two weeks of leave equates to 80 hours; for part-time employees, two weeks of leave is prorated.

Paid leave for reasons 1, 2, and 3, above, is paid at the employee’s regular rate of pay, capped at \$511/day. Paid leave for reasons 4, 5, and 6, above, is paid at a rate equivalent to two-thirds of an employee’s regular rate of pay or minimum wage, whichever is greater, capped at \$200/day.

Under the Emergency Family and Medical Leave Expansion Act, employees may seek up to twelve weeks of leave to care for a son or daughter whose school or childcare provider is closed or unavailable due to COVID-19 precautions. The first two weeks of leave, which run concurrently with the EPSLA leave, may be unpaid; the remaining ten weeks of leave are paid at a rate equivalent to two-thirds of an employee’s regular rate of pay or minimum wage, whichever is greater, capped at \$200/day.

Employees who require leave beyond the EPSLA because of their own COVID-19 diagnosis/symptoms, or because they have had close contact or live with an individual with a COVID-19 diagnosis/symptom, may be eligible for unpaid leave under Executive Order 2020-36 until permitted thereunder to return to work.

#### FMLA and ADA

Employees may be entitled to unpaid leave under the Family and Medical Leave Act (“FMLA”) if their absence is related to their own serious health condition or that of a family member. COVID-19 may constitute a serious health condition where “complications arise.”

CADL is also mindful of its obligations under the Americans with Disabilities Act (“ADA”). Specifically, if an employee requests an accommodation because of a condition that may be complicated by COVID-19 (e.g., cystic fibrosis, emphysema, COPD), then CADL engages in the interactive process to provide a reasonable accommodation. This may mean allowing the employee to work remotely (if reasonable) or work an alternative schedule.

#### **Plan Updates and Expiration**

This Plan responds to the COVID-19 outbreak. As this pandemic progress, CADL will update this Plan and its corresponding processes.

This Plan will expire upon conclusion of its need, as determined by CADL and in accordance with guidance from local, state, and federal health officials.