



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

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# Lenawee County COVID-19 Preparedness and Response Plan Table of Contents

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# COVID-19 PREPAREDNESS AND RESPONSE PLAN

In order to respond to the current state of emergency related to the novel coronavirus (“COVID-19”) and to operate in a manner consistent with relevant federal, state and local guidance related to COVID-19, Lenawee County has prepared the following COVID-19 Preparedness and Response Plan (“Plan”). This Plan may be updated as this situation evolves, or as federal, state or local guidance related to COVID-19 are issued or amended.

This policy is hereby appended to the Lenawee County Personnel Handbook and remains enforceable under the provisions of the handbook until amended or rescinded by the Board of Commissioners.

## ESSENTIAL WORKERS NECESSARY TO PROVIDE SERVICES TO LENAWEЕ COUNTY RESIDENTS AND CUSTOMERS

Lenawee County will operate with as little in-person contact as possible to provide necessary services to Lenawee County residents. Federal, state or local guidance or orders may further restrict the number of employees working and the scope of services provided.

## PROTECTIVE SAFETY MEASURES

### ***Designation of COVID-19 Supervisor***

Each department will designate a primary and back-up COVID-19 Supervisor who will implement, monitor, and report on COVID-19 control strategies outlined in this Plan. One of these individuals should be on-site at all times.

### ***COVID-19 Training***

COVID-19 training for employees will be available and included, at a minimum:

1. Workplace infection-control practices;
2. Proper use of personal protective equipment;
3. Steps the employee must take to notify employer of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19; and
4. How to report unsafe working conditions.

### ***Remote Work***

All employees who are not essential to operations, and whose job duties reasonably allow them to telework, will work remotely.

### ***Sick Leave***

Employees are permitted to take paid leave consistent with the *Families First Coronavirus Response Act* and the *Lenawee County Personnel Handbook* or relevant collective bargaining agreement. Any onsite employee who appears symptomatic will be sent home.

## **WORKPLACE INFECTION-CONTROL PRACTICES AND PROPER USE OF PERSONAL PROTECTIVE EQUIPMENT**

### ***Employee Self-Screening***

An Employee Entry Screening Questionnaire is attached as Appendix B. A screening questionnaire shall be completed by all employees on a daily basis and provided to the employee's COVID-19 Supervisor. Any individual taking employee temperatures will be required to wear appropriate personal protective equipment. If an employee fails the screening process, he or she will be sent home until allowed to return to work under the current public health guidelines.

### ***Enhanced Social Distancing***

Supervisors will direct employees to perform their work in such a way so as to reasonably avoid coming within six feet of other individuals. Face coverings are required to be worn when employees cannot consistently maintain six feet of separation from other individuals in the workplace, and in addition, consider face shields when employees cannot consistently maintain three feet of separation from other individuals in the workplace. Where possible, employees may be relocated or provided additional resources in order to avoid shared use of offices, desks, telephones, and tools/equipment. The number of employees permitted in any break room or lunch room shall be limited to ensure social distancing restrictions can be followed. Employees should remain in their assigned work areas as much as possible. Employees whose job duties regularly require them to be within six feet of members of the public will be provided with and required to wear appropriate personal protective equipment and/or stay behind any physical barriers installed commensurate with their level of risk of exposure to COVID-19. Employees shall also wear face coverings in all common areas. Social gatherings and meetings that do not allow for social distancing or that create unnecessary movement throughout the office is prohibited. The use of virtual meetings shall occur whenever possible.

### ***Enhanced Hygiene***

Employees are instructed to wash their hands frequently, to cough/sneeze into their elbow or cover their coughs and sneezes with tissue, and to avoid touching their faces. Employees will be provided with access to places to frequently wash hands or to access hand sanitizer. Employees will also be provided with access to tissues and to places to properly dispose of them. Posters to encourage staying home when sick, cough and sneeze etiquette, and proper hand hygiene practices posted throughout all county buildings. Hand shaking is prohibited to ensure good hand hygiene.



### ***Enhanced Cleaning and Disinfecting***

Increased cleaning and disinfecting of surfaces, equipment, and other elements of the work environment will be performed as necessary to prevent virus spread on contact surfaces using products containing EPA-approved disinfectants. Employees will be provided with access to disposable disinfectant wipes so that any commonly used surfaces can be wiped down before each use. Employees are highly encouraged to wipe down their personal work space twice daily. In the event that an employee that has been in the workplace in the past 14 days tests positive for COVID-19, their office space and/or equipment will be disinfected.

### ***Points of Entry into County Buildings***

Where possible, alternate entry points into and out of a building for employees versus the public shall be identified.

### ***Visitors and Customers***

All visitors and customers entering the building shall be screened prior to entering the building. A screening log will be utilized to decide if the visitor can enter the building. If a visitor presents with symptoms of COVID-19 or answers yes to any of the screening questions they will not be allowed into the building. They will be provided with a handout regarding what to do if you might have COVID-19.

### ***In-Home Services***

Employees required to perform in-home services shall maintain accurate appointment records, including date and time of service, name of client, and contact information, to aid in possible contact tracing. Interaction shall be limited to the use of electronic means of communication whenever possible. If it is necessary to enter the home, employee will inquire of the customer whether anyone in the household has been diagnosed with COVID-19, is experiencing symptoms of COVID-19, or has had close contact with someone who has been diagnosed with COVID -19. If so, the appointment should be rescheduled. The number of employees inside a home should be kept to a minimum number necessary to perform the work in a timely fashion. In addition, gloves shall be worn when practical and disposed of in accordance with guidance from the CDC.

### ***Work Related Travel***

All work related non-essential travel, including in-person conference events is prohibited.

## **EMPLOYEE CONDUCT**

Lenawee County employees are required to conduct themselves in compliance with this policy to protect their health and the health of their co-workers. The departmental COVID 19 Supervisor shall enforce the provisions of this policy and report violations to the department head.

All employees violating the provisions of this policy are subject to disciplinary action.

## STEPS TO BE TAKEN IF EMPLOYEE IS SUSPECTED OR CONFIRMED TO HAVE COVID-19

### ***Suspected COVID-19 Cases***

An employee will be considered to have a *Suspected Case* of COVID-19 if:

- They are experiencing any of the following COVID-19 symptoms:
  - Fever;
  - Shortness of breath; and/or
  - Continuous cough.
- They have been exposed to a COVID-19 positive person, meaning:
  - An immediate family member has tested positive for or exhibited symptoms of COVID-19; or
  - In the last 14 days, the employee came in close contact or shared items with someone who has tested positive for COVID-19.

If an employee believes that he or she qualifies as a *Suspected Case* (as described above), the **employee** must:

- Immediately notify their supervisor;
- Seek immediate medical care or advice; and
- Self-quarantine for 14 days.

If an employee qualifies as a *Suspected Case*, the employee's **supervisor** must:

- Immediately notify the Health Department (264-5226; option 5)
- Notify Maintenance to disinfect employee's work area which may include restricting use of work area for 24 hours. (264-4738)
- Notify the Human Resources Coordinator (264-4510)
- Within 24 hours, notify any co-workers, contractors, or suppliers who may have come into contact with the person suspected to have COVID-19. Contact, for these purposes is defined as being in close proximity for a period of 15 minutes or longer and/or sharing of food, drink, or other items with the person suspected to have COVID-19.

### ***Confirmed COVID-19 Cases***

An employee will be considered a *Confirmed Case* of COVID-19 if the employee has been performing in-person operations in the past 14 days and that person tested positive for COVID-19.

If an employee qualifies as a *Confirmed Case* (as described above), the **employee** must:

- Immediately notify their supervisor;
- Self-quarantine and remain out of the workplace until they are released to return to work by the Health Department.

If an employee qualifies as a *Confirmed Case*, the employee's **supervisor** must:

- Immediately notify the Health Department. (264-5226; option 5)
- Notify Maintenance to disinfect employee's work area which may include restricting use of work area for 24 hours. (264-4738)
- Notify the Human Resources Coordinator. (264-4510)
- Within 24 hours, notify any co-workers, contractors, or suppliers who may have come into contact with the person suspected to have COVID-19. Contact, for these purposes is defined as being in close proximity for a period of 15 minutes or longer and/or sharing of food, drink, or other items with the person suspected to have COVID-19.

If an employee qualifies as a Confirmed Case, then Lenawee County will:

- Notify all employees who may have come into close contact with the employee (being within approximately six feet for a prolonged period of time without PPE) in the past 14 days (while not disclosing the identity of the employee to ensure the individual's privacy);
- Ensure that the entire workplace, or affected parts thereof (depending on employee's presence in the workplace), is thoroughly cleaned and disinfected;
- If necessary, close the work area or workplace, until all necessary cleaning and disinfecting is completed; and
- Communicate with employees about the presence of a confirmed case, the cleaning/disinfecting plans, and when the workplace will reopen.

## **REPORTING UNSAFE WORKING CONDITIONS**

Concerns of unsafe working conditions shall be reported to one or all of the following: (1) Supervisor; (2) Human Resource Coordinator; (3) County Administrator.

## **BUSINESS CONTINUITY PLANS**

The departments will: (1) work to cross-train employees to perform essential functions so the workplace can operate even if key employees are absent; (2) identify alternate supply chains for critical goods and services in the event of disruption; and (3) develop an emergency communication plan to communicate important messages to employees and constituents.

## **APPENDIX A**

### **CRITICAL INFRASTRUCTURE WORKERS**

Consistent with the April 17, 2020 CISA guidance document, critical infrastructure workers include some workers in each of the following sectors

- a. Health care and public health.
- b. Law enforcement, public safety, and first responders.
- c. Food and agriculture.
- d. Energy.
- e. Water and wastewater.
- f. Transportation and logistics.
- g. Public works.
- h. Communications and information technology, including news media.
- i. Other community-based government operations and essential functions.
- j. Critical manufacturing.
- k. Hazardous materials.
- l. Financial services.
- m. Chemical supply chains and safety.
- n. Defense industrial base.

## APPENDIX B

### SAMPLE EMPLOYEE ENTRY SCREENING QUESTIONNAIRE

1. Have you experienced any of the following symptoms in the last 3 days?

- Fever
- Atypical Cough
- Atypical shortness of breath

If YES to any, you are restricted from entering the building. In order to return to work, you must be both 3 symptom-free for 3 days *and* 7 days must have passed since your symptoms first appeared.

If NO, proceed to next question.

2. Have you been in close contact (being within approximately six feet for a prolonged period of time) with anyone who has been diagnosed with COVID-19 or who has exhibited the above symptoms in the last 14 days?

- Yes
- No

If YES to any, you are restricted from entering the building.

If NO, proceed to next question.

3. Do you have a fever above 100.4 degrees Fahrenheit?

- Yes
- No

If YES to any, you are restricted from entering the building.

If NO, proceed to sign below and enter the building.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX C**

**CORONAVIRUS DISEASE (COVID-19)  
VISITOR HEALTH SCREENING**

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Court/Office Visiting: \_\_\_\_\_

Visitors Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time In: \_\_\_\_\_

**In the past 24 hours, have you experienced any of the following symptoms:**

Fever? (100.0°F or above)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Atypical Cough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Atypical Shortness of Breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current temperature:		

If the visitor answered “**yes**” to any of the symptoms listed above visitor not allowed access to building. Visitor handed CDC Handout: Sick with COVID-19 Fact Sheet.

**In the past 14 days, have you:**

Had <u>close</u> contact (within approximately six (6) feet for a prolonged period of time) with an individual diagnosed with COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If visitor answered “**yes**” to either of these questions visitor not allowed access to building. Visitor handed CDC Handout: Sick with COVID-19 Fact Sheet.

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Security Officer or Employee:

Contacted Court/Office and informed them the visitor was not allowed into the building.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Spoke to: \_\_\_\_\_

**APPENDIX D**

**Lenawee County  
COVID-19 PREPAREDNESS AND RESPONSE PLAN**

**Certification by Employee**

This is to certify that I have read and understand the Lenawee County COVID-19 Preparedness and Response Plan attached hereto. I fully understand and agree to follow all of the requirements outlined in this Plan.

I further understand that if at any time I have any questions about this plan I shall contact my immediate Supervisor and/or the Administrator's Office.

This Plan can be reviewed at any time by visiting the Human Resource page of the County Website at [www.lenawee.mi.us](http://www.lenawee.mi.us).

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_