

CACS Head Start COVID-19 Preparedness and Response Plan

Prepared ver. 10/21/20

CACS Head Start takes the health and safety of our employees seriously. We are all living through the spread of COVID-19 and the need for certain employees to continue in-person work. Others either are or will soon be welcomed back into work, either because they are critical infrastructure workers, because they are needed to conduct minimum basic operations for our business or because our business is once again allowed to open. We want you to know that we are committed to reducing the risk of exposure to COVID-19 and we are ready to provide a healthy and safe workplace for our employees, customers and guests.

Our plan is based on information and guidance from the Centers for Disease Control (CDC) and the Occupational Health and Safety Administration (OSHA) at the time of its development. Because the COVID-19 situation is frequently changing, the need for modifications may occur based on further guidance provided by the CDC, OSHA, and other public officials at the state or local levels.

Note: CACS Head Start may amend this Plan based on changing requirements and the need of our business.

Employees with questions are encouraged to contact Human Resources via email at Jean@cacsmi.org

The spread of COVID-19 in the workplace can come from several sources:

- Co-workers
- Customers
- Guests - visitors/vendors/family members
- The General Public

Our employees fall into one or more of the following categories as defined by OSHA:

- Lower exposure risk (the work performed does not require direct contact with people known or suspected to be infected with COVID-19 or frequent close contact with the public).
- Medium exposure risk (the work performed requires frequent and/or close contact with people who may be infected with COVID-19, but who are not known COVID-19 patients, or contact with the general public in areas where there is ongoing community transmission).

COVID-19 WORKPLACE COORDINATORS (TASK FORCE)

CACS Head Start has designated the following staff as its COVID-19 Workplace Coordinators: Elisabeth Holberg, Health Services Manager; Wendy McBride EHS Manager; Lucy McClintic, Head Start Director; Mary Farrand, Program Manager; Jean Hamlin, HR Director.

The Coordinators responsibilities include:

- staying up to date on federal, state and local guidance
- incorporating those recommendations into our workplace
- training our workforce on control practices, proper use of personal protective equipment, the steps employees must take to notify our business of any COVID-19 symptoms or suspected cases of COVID-19
- reviewing HR policies and practices to ensure they are consistent with this Plan and existing local, state and federal requirements

RESPONSIBILITIES OF CACS HEAD START SUPERVISORS AND MANAGERS

All **CACS Head Start** managers/supervisors must be familiar with this plan and be ready to answer questions from employees. Additionally, **Head Start** expects that all managers/supervisors will set a good example by following this plan. This includes practicing good personal hygiene and jobsite safety practices to prevent the spread of the virus. Managers and supervisors must encourage this same behavior from all employees.

CACS Head Start will require and keep a record of all self-screening protocols for all employees or contractors entering the worksite, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed cases of COVID -19.

CACS Head Start will:

- Keep everyone on the worksite premises at least six feet from one another to the maximum extent possible, including through the use of ground markings, signs, and physical barriers, as appropriate to the worksite.
- Provide non-medical grade face coverings to their employees. Employees may use their own face mask if it; consists of two or more layers of washable, breathable fabric, completely covers your nose and mouth and fits snugly against the sides of face and does not have gaps. The following face masks are prohibited: face gators, bandannas, masks with exhalation valves or vents and those intended for healthcare workers (N95).
- Require face coverings to be worn when employees cannot consistently maintain six feet of separation from other individuals in the workplace, and consider face shields when employees cannot consistently maintain three feet of separation from other individuals in the workplace.
- Increase facility cleaning and disinfection to limit exposure to COVID-19, especially on high-touch surfaces (e.g., door handles), paying special attention to parts, products, and shared equipment (e.g., copy machine, fax machine, shredder, vehicles).
- Adopt protocols to clean and disinfect the facility in the event of a positive COVID-19 case in the workplace.
- Make cleaning supplies available to employees upon entry and at the worksite and provide time for employees to wash hands frequently or to use hand sanitizer.

- When an employee is identified with a confirmed case of COVID-19, within 24 hours, 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.
- Conduct a daily entry self-screening protocol for all employees or contractors entering the workplace, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19.
- Place posters in common areas encouraging staying away from the workplace when sick, cough and sneeze etiquette, and proper hand hygiene practices.
- Maintain records on screening protocols and required notifications for one year from the time of generation.

COVID-19 Training

CACS will train employees on:

- How to report unsafe work conditions.
- COVID-19 and how to prevent COVID-19 exposure.
- The steps to report signs and symptoms of COVID-19.
- Workplace infection control practices.
- The proper use of personal protective equipment.
- How to notify the company of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.
- Updates to the existing controls, policies, and procedures.

CACS will maintain a record of all COVID-19 trainings for one year from the time of generation.

RESPONSIBILITIES OF EMPLOYEES

We are asking each of our employees to help with our prevention efforts while at work. **CACS Head Start**, understands that in order to minimize the impact of COVID-19 at our facility, everyone needs to play his or her part. We have instituted several best practices to minimize exposure to COVID-19 and prevent its spread in the workplace. This includes specific cleaning efforts and social distancing. While here at work, all employees must follow these best practices for them to be effective. Beyond these best practices, we require employees to report to their managers or supervisors immediately if they are experiencing signs or symptoms of COVID-19, as described below. If employees have specific questions about this Plan or COVID-19, they should ask their manager, supervisor or contact Jean Hamlin, HR Director.

OSHA and the CDC Prevention Guidelines

OSHA and the CDC have provided the following preventive guidance for all workers, regardless of exposure risk:

- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Follow appropriate respiratory etiquette, which includes covering for coughs and sneezes.
- Avoid close contact with anyone who is sick.
- Maintain appropriate social distance of six feet to the greatest extent possible.

Additionally, employees must familiarize themselves with the symptoms and exposure risks of COVID-19. The primary symptoms of COVID-19 include the following:

- Dry cough;
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever (either feeling feverish or a temperature of 100.4 degrees or higher);
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Individuals with COVID-19 may also have early symptoms such as, diarrhea, nausea/vomiting, and runny nose.

If you develop a fever and symptoms of respiratory illness, such as an atypical cough or shortness of breath, do not report to work. You must also notify your supervisor immediately, and consult your healthcare provider. Similarly, if employees come into close contact with someone showing these symptoms, they must notify their supervisor immediately and consult their healthcare provider. We have the responsibility to work to identify and notify all employees who have close contact with individuals with COVID-19 symptoms. “Close contact” is not brief or incidental contact with a person with COVID-19 symptoms.

The Michigan Occupational Safety and Health Administration defines “close contact” as: “‘Close contact’ means someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the person is isolated” (10/14/20).

HEALTH AND SAFETY PREVENTATIVE MEASURES FOR CACS Head Start

Cleanliness and Social Distancing

CACS Head Start abides by the recommended social distancing and other safety measures and establishes the following:

- Large gatherings are minimized whenever possible; with staff, governance, or other related meetings held remotely;
- Employees are encouraged 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;
- Employees' work stations are no fewer than six feet apart or separated by a barrier;
- CACS Head Start may utilize flexible work hours, wherever possible, to limit the number of employees simultaneously working on-site;
- Employees' interactions with the general public are modified to allow for additional physical space between parties; and
- Non-essential travel is postponed or cancelled.

CACS Head Start will provide employees with, at a minimum, non-medical grade face coverings.

- Staff must wear a face covering when they cannot maintain 6 feet of social distancing.

In addition, CACS Head Start is instituting the following cleanliness measures:

- Frequent disinfecting of high touch areas (phones, workspaces, equipment, key boards, light switches, copies, door handles, etc.) by individual staff utilizing disinfecting wipes.
- Each staff person will to perform routine environmental cleaning and disinfection of common areas, bathrooms, kitchens, breakrooms, meeting rooms, etc., following CDC guidelines after each use.
- Alcohol based hand sanitizer will be available to staff.

Employees are expected to minimize COVID-19 exposure by:

- Cleaning work stations 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 CACS Head Start premises;
- Complying with CACS Head Start daily screening processes;
- Seeking medical attention and/or following medical advice if experiencing COVID-19 symptoms; and
- Complying with self-isolation or quarantine orders.

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 should be directed to go home immediately even if their symptoms are mild.

In response to a confirmed diagnosis or display of COVID-19 symptoms, CACS Head Start:

- Protects the confidentiality of the employee
- Notify the local health department of the employee’s condition
- Makes sure surfaces and work areas the employee came into contact with are disinfected with an EPA-approved cleanser.
- Informs all employees with and near whom the diagnosed/symptomatic employee worked of a potential exposure;

All employees who worked in sustained, close proximity (contact within 6 feet for more than 10 minutes) to the diagnosed/symptomatic employee are also removed from the worksite for at least 14 days; however, should these exposed employees later develop COVID-19 symptoms and/or receive a confirmed diagnosis, they may not report on-site until all return-to-work requirements are met, defined below.

Worker Exposure Classification

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, CACS Head Start 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.

1. 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.

a. Employees’ Self-Monitoring

The following employees should **not** report, but if the employee comes to work ill, or becomes ill while at work, the employee should be directed to go home immediately, even if their symptoms are mild.

- Employees who display COVID-19 symptoms, such as fever, cough, shortness of breath, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting, whether or not accompanied by a formal COVID-19 diagnosis;

- Employees who, 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, in the last 14 days, have had close contact with and/or live with any person displaying COVID-19 symptoms, such as fever, cough, shortness of breath, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting.

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

b. Daily Screenings

To prevent the spread of COVID-19 and reduce the potential risk of exposure, CACS Head Start utilizes a screening process initiated by staff on a daily basis.

Employees will self-screen utilizing the CACS Coronavirus Disease (COVID-19) questionnaire daily before entering their work site. Staff are required to take their temperature at home before leaving. A fever is considered a temperature of 100.4° or above.

1. Are you currently suffering from any of the following symptoms – fever, cough, shortness of breath, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting?
 - a. 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, until at least 14 days after the close contact.
3. Have you travelled internationally or to a place with widespread COVID-19 in the last 14 days?
 - a. If yes, access is denied, and employee is advised to self-isolate/self-quarantine at home, until at least 14 days after the international or domestic travel.

Employees who develop symptoms during their shift must immediately report to their supervisor and should be directed to go home immediately, even if their symptoms are mild.

c. Return-to-Work Requirements

As referenced earlier, return to work requirements will vary depending on the situation the employee was/is in. These include

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications;

- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
- At least 7 days have passed since symptoms first appeared.

Employees who came into close contact with, or live with, an individual with a confirmed diagnosis or symptoms may return to work after either 14 days have passed since the last close contact with the diagnosed/symptomatic individual, or the diagnosed/symptomatic individual receives a negative COVID-19 test.

Employees are typically required to submit a release to return to work from a healthcare provider.

2. Families First Coronavirus Response Act (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 equates to a number of hours equivalent to the number of hours usually worked in a two-week period.

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.

a. Executive Order 2020-36

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/symptoms, may be eligible for unpaid leave under Executive Order 2020-36 until permitted thereunder to return to work.

b. Unemployment Compensation Benefits

Under Executive Order 2020-57, and the federal CARES Act, unemployment compensation benefits are expanded in terms of eligibility, amount, and duration.

Employees who are unable to report to work for reasons related to COVID-19 are referred to State of Michigan website for information on unemployment compensation benefits. Such reasons include the following:

- Being under self-isolation or self-quarantine in response to elevated risk from COVID-19 due to being immunocompromised;
- Displaying at least one of the principal symptoms of COVID-19 (i.e., fever, atypical cough, atypical shortness of breath);
- Having close contact in the last 14 days with a confirmed COVID-19 diagnosis;
- Needing to care for someone with a confirmed COVID-19 diagnosis; and
- Fulfilling a family care responsibility as a result of a government directive (e.g., caring for a child whose school or childcare provider is closed or otherwise unavailable due to COVID-19).

c. 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.

CACS Head Start 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 CACS Head Start engages in the interactive process to provide a reasonable accommodation.

Minimizing exposure from those outside of our workforce including visitors and vendors

- When possible, **CACS Head Start** will limit the number of visitors in the facility.
- Any individual entering one of CACS Head Start facilities may have their temperature checked and/or a questionnaire completed prior to entry.
- Masks will be available to visitors/vendors as well as appropriate disinfectants so individuals can clean work areas before and after use.

Plan Updates and Expiration

This Plan responds to the COVID-19 outbreak. As this pandemic progresses, CACS Head Start will update this Plan and its corresponding processes.

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

Questions

Employees with questions should contact their Supervisor or may contact Human Resources via email at Jean@cacsmi.org

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