



## COVID PRECAUTION REQUIREMENTS UPDATED 1/19/22

It is North Country CMH's expectation that all staff and contracted providers will follow the most current orders and guidelines. To help staff stay in compliance, the following document was created to summarize the most current state and federal directives.

*Note: If one order appears to be in conflict with another, the most restrictive/stringent order applies.*

**Day Programs, Clubhouse, Group Therapy:** Per NCCMH directive 7/7/21

### **\*ALL STAFF MUST WEAR MASK**

Unvaccinated clients should wear a mask during group activities and outings, and should have 6 feet distance during meals.

Vaccinated clients- masking optional

### **Home Health Care/ SIP (NON-AFC) \***

**MIOSHA:** HOME STAFF MUST WEAR A MASK *unless all of the following apply:*

- ALL employees vaccinated
- ALL visitors screened
- No suspected/confirmed COVID present in anyone in the home (clients, visitors, staff)

*\*MDHHS/ CMS citations do not apply: [CDC 9/10/21](#), is best practice and recommended, but not a legal requirement in this setting. **Provider policy may apply to staff.***

*\*NCCMH staff required to wear a mask in all circumstances when client(s) are present*

### **AFC Homes:**

#### **STAFF AND VISITORS MUST WEAR A MASK**

*\*NCCMH staff required to wear a mask in all circumstances when client(s) are present*

**Residents:** Per MDHHS, It is recommended, but not enforceable, to make clients wear masks and physically distance whenever another unvaccinated client is present for communal dining and group activities.

**MIOSHA** – Vaccinated staff may remove masks when in a well-defined area where clients are not present and there is no reasonable expectation that anyone with suspected or confirmed COVID-19 are present (i.e. staff breakroom/office)

[QSO-20-39-NH](#) Revised 11/12/21 (CMS rules for visitation in nursing homes) include **required “core principals”** for COVID prevention to be adhered to at all times:

- **Facilities should screen ALL who enter for these visitation exclusions.** Visitors who have a positive viral test for COVID-19, or currently meet the criteria for [quarantine](#) should not enter the facility. Absent this criterion, **visitation may not be limited or restricted** (*unless in POS/BTP or per local Health Department order*) even when there is active COVID infection in the home.
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose) and physical distancing at least six feet between persons, in accordance with [CDC guidance \(as of 9/10/21\)](#) (see below)
- Instructional signage throughout the facility and proper visitor education on COVID19
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- **Appropriate staff use of [Personal Protective Equipment \(PPE\)](#)**
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) / [QSO-20-38](#)

[MDHHS has issued the following FAQ's 10/7/21](#)

“2. The MDHHS Emergency Order on Requirements for Residential Care Facilities effective May 21, 2021 adopts the latest CMS guidance document on nursing home visitation. **Are the core principals and best practices provided in the CMS guidance considered to be requirements for residential care facilities or only guidance to be considered?**”

*Residential Care Facilities (AFC's) are **required** to comply with the guidance presented in CMS QSO 20-39-NH as revised on [11/12/21]. Additional guidance provided by MDHHS is based on current CDC and CMS guidance and is intended to convey public health guidance and best practices that MDHHS recommends facilities consider.”*

[CDC guidance PPE](#): *CDC's Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination 9/10/21*:

#### **Healthcare Personnel**

- Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for **everyone in a healthcare setting**. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who have:
  - Not been fully vaccinated; or
  - Suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
  - Had [close contact](#) (patients and visitors) or a [higher-risk exposure](#) (HCP) with someone with SARS-CoV-2 infection for 14 days after their exposure, including those residing or

working in areas of a healthcare facility experiencing SARS-CoV-2 transmission (i.e., outbreak); or

- Moderate to severe immunocompromise; or
- Otherwise had source control and physical distancing recommended by public health authorities

## DEFINITIONS:

**Source Control:** Source control refers to use of well-fitting [cloth masks](#), facemasks, or respirators to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing

**Cloth mask:** Textile (cloth) covers that are intended primarily for source control in the community. **They are not personal protective equipment (PPE) appropriate for use by healthcare personnel.** Guidance on design, use, and maintenance of cloth masks is [available](#).

**Facemask:** OSHA defines facemasks as “a surgical, medical procedure, dental, or isolation mask that is FDA-cleared, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy. Facemasks may also be referred to as ‘medical procedure masks.’”

**Substantial community transmission:** Large scale community transmission, including communal settings (e.g., schools, workplaces)

**Minimal to moderate community transmission:** Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases

**No to minimal community transmission:** Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting

**Immunocompromised:** For the purposes of this guidance, moderate to severely immunocompromising conditions include, but might not be limited to, those defined in the [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

- Other factors, such as end-stage renal disease, may pose a lower degree of immunocompromise and not clearly affect decisions about need for or duration of Transmission-Based Precautions if the individual had close contact with someone with SARS-CoV-2 infection. However, fully vaccinated people in this category should consider continuing to practice physical distancing and use of source control while in a healthcare facility, even when not otherwise recommended for fully vaccinated individuals.
- Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

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Miscellaneous

[CDC PPE RECOMMENDATIONS](#): **NOTE as of 1/4/22, ALL MI Counties are under substantial community transmission.**

MDHHS/LARA/BHDDA presentations: [Coronavirus - FOR AFC & HFA OPERATORS \(michigan.gov\)](#)

CDC quarantine Guidance for HCP: [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)

MDHHS Epidemic Order: AFC's with >13 beds [Coronavirus - October 12, 2021 - Testing in Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities - Rescission of May 5, 2021 Order \(michigan.gov\)](#)

[CDC as of December 23, 2021](#)

recommended by CDC. HCP who have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).


### Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test <sup>1</sup> , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

### Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 <sup>2</sup> and 5-7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 <sup>1</sup> , 2, 3, & 5-7	No work restrictions (test if possible)

<sup>1</sup>Negative test result within 48 hours before returning to work  
<sup>2</sup>For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



cdc.gov/coronavirus

MDHHS 1/13/22

[https://www.michigan.gov/documents/coronavirus/Managing\\_HCP\\_Infection\\_Exposure\\_011322\\_745807\\_7.pdf](https://www.michigan.gov/documents/coronavirus/Managing_HCP_Infection_Exposure_011322_745807_7.pdf)

BDHHS/LARA AFC presentation 1/12/22: See Isolation and Quarantine Updates for HCP:

[PowerPoint Presentation \(michigan.gov\)](#)