



# QUARTERLY PROVIDER BULLETIN

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A publication for the providers of  
**NORTH COUNTRY COMMUNITY MENTAL HEALTH AUTHORITY**

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North Country CMH receives its principal funding from the Michigan Department of Community Mental Health (MDCMH)

Serving Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, and Otsego Counties ...  
Keeping Services Close to Home!



## COVID 19: WHERE DO WE GO FROM HERE?

As we continue to move through the COVID-19 pandemic, we will also continue to follow MDHHS protocols. Our providers are expected to follow those protocols as well.

MDHHS will look at three main indicators for flat or declining trends to help determine risk levels and make safety recommendations: a) Percent of hospital beds filled with patients with COVID-19 – this is an important measure of hospital capacity and takes time to show an increase or a decrease following a change in case rates; b) COVID-19 cases/million/day – this is an indicator of the level of spread of the virus within the community and increases/decreases in hospitalizations usually follow in time; c) Percent of COVID-19 tests that are positive – this indicator measures whether we could be missing cases in the community and may be an early indicator of increased cases, hospitalizations, and deaths. It is important to remember that there is not one indicator that tells the whole story. It is also important to remember that trends over time are more important than any one indicator at a single point in time. All three indicators are looked at together to monitor for change in pandemic risk and response.

**EVEN THOUGH IT IS HARD, WE ARE ASKING EVERYONE TO PLEASE RESIST THE URGE TO GIVE UP NOW!**

The pandemic is impacting our daily routines. Everyone around the globe is faced with making lifestyle changes. So, it is comforting to know that amid the uncertainty, there are still moments of strength and hope that showcase the resilience that people share in times like these. Your continuing resilience will help us get through this together. It is for this reason that we say **THANK YOU** to all those who are serving our vulnerable populations, that care for those who are ill with COVID or other diseases, and who are the caregivers for clients of NCCMH. In this season of hope, please know we appreciate all of you and your hard work to keep our clients and yourself safe. Each of you are commended for your true grit and tenacious spirits. Please stay the course and don't give up the ship. We are in this boat with you. Today and every day, you are a hero!



# CONTRACT UPDATES

By Lani Laporte, Contract Manager ([llaporte@norcocmh.org](mailto:llaporte@norcocmh.org))

## EMERGENCY PLANNING: A CONTRACTUAL REQUIREMENT

**Provider Emergency Preparedness Plans** should be established and tested for each facility operated. All staff should be trained in the emergency protocols. Protocols should be readily available for reference at each location. Items recommended to be included in your Emergency Plan are detailed responses for your staff to follow in case of most types of emergencies. We recommend your plan include topics such as how to assess the risk, who is responsible during an emergency, a staff emergency contact directory and a directory to emergency services in the area, i.e. ambulance, hospital, fire, police or other. It is recommended that your plan include specific emergency protocols for situations such as fire, evacuation and possible temporary relocation, medical emergency, bomb threat, hostile intruder/active shooter, suspicious package or object, utility outage, natural disaster, disruption in use of facility, and sheltering in place. And of course, your plan should include how to deal with our current emergency, COVID 19, or another outbreak of a contagious disease.

**COVID 19 RESPONSE PLANS ARE NOW DUE** from our licensed residential, CLS and day program providers. If you have not submitted your plan to the Contract Manager, please do so immediately. Your plan should minimally include how to respond to infection control procedures, staffing plans, staff screening and tracking, client screening, your response to a positive COVID infection among staff or clients, PPE and PPE inventory measures, emergency contact information, cleaning procedures, and visitor guidelines. If you have concerns on whether or not you should be completing a COVID19 Response Plan, please contact Lani Laporte.

## HOW TO SUBMIT INCIDENT REPORTS:

Please submit completed Incident Reports within 48 hours of incident occurrence directly to these locations via fax or email:

- Clients designated as “MI”: Fax to 231-547-0136 or Email (encrypted) [MIIR@norcocmh.org](mailto:MIIR@norcocmh.org)
- Clients designated as “DD”: Fax to 989-732-0780 or Email (encrypted) [DDIR@norcocmh.org](mailto:DDIR@norcocmh.org)

The IR's will be viewed by the appropriate CMH staff and Recipient Rights Office within the electronic record system once processed by the designated clerical staff. **Note that Incident Reports should NOT be sent via email to [providerrelations@norcocmh.org](mailto:providerrelations@norcocmh.org) or any other individual email address. Use of the incorrect email will delay receipt of the IR by NCCMH staff.**

## TRAINING GRID UPDATE

At the December 2020 Provider Quarterly Meeting, we presented the new Training Grid as published by the State Training Guidelines Workgroup. This grid is found on [improvingmipractices.com](http://improvingmipractices.com). NCCMH now includes the STGW training grid within the Master Contract to specify training requirements of provider staff. Several of our providers have noted that the new STGW Training Grid can overlap, or cause confusion, as compared to the ParaPro Training requirements or the Group Home (Licensing)/Toolbox training requirements. Please note these items in response to your concerns:

1. NCCMH is aware that there are some discrepancies or overlap between ParaPro, STGW and Group Home (Licensing Curriculums). Our Training staff are reviewing the differences and will make recommendations on training going forward as soon as possible, including the addition of other methods of training rather than in-person training.
2. The Toolbox training can be used to meet most requirements.
3. Providers should specifically track the completion of individual staff trainings using the ParaPro training grid, as these requirements will be verified as part of the future MDHHS audits. As part of an MDHHS audit, you would be asked to produce written verification of these trainings.

# MDHHS AND DTMB ROLL OUT COVID-19 EXPOSURE ALERT APP STATEWIDE

By Lani Laporte, Contract Manager ([llaporte@norccmh.org](mailto:llaporte@norccmh.org))

**LANSING, MICH.** As part of the state's continued efforts to slow the increasing spread of COVID-19, the Michigan Department of Health and Human Services (MDHHS) and Michigan Department of Technology, Management and Budget (DTMB) today announced the statewide rollout of the COVID-19 exposure notification app [MI COVID Alert](#).

The anonymous, no cost and voluntary app, [piloted in Ingham County and on the campus of Michigan State University last month](#), lets users know whether they may have recently been exposed to COVID-19. Users can confidentially submit a positive test result into the app and alert others in recent proximity that they may have also been exposed to the virus.

"COVID cases and deaths are now rising fast," said Robert Gordon, director of MDHHS. "Using MI COVID Alert on your cell phone is a simple, safe step that everyone can take to protect themselves and their loved ones. It's free, it's easy, and it protects your privacy."

Every Michigander is encouraged to download MI COVID Alert. [Research from Oxford University](#) found a potential to reduce infections and deaths, even if just 15% of a population uses an exposure notification app like MI COVID Alert. In the initial weeks of the MSU-Ingham County pilot alone, 46,704 people downloaded the app. The number is the equivalent of approximately 23% of Ingham County residents ages 18- to 64-years-old and nearly 16% of the total Ingham County population.

"This app has the potential to provide the kind of early exposure notification that is critical to preventing the spread of the virus," said Michigan State University Executive Vice President for Health Sciences, Dr. Norman J. Beauchamp Jr. "In addition to wearing a mask, social distancing and getting tested, downloading the app is one of the most important steps we can take to help keep our communities safe."

When a person tests positive for COVID-19, they receive a randomly generated PIN from the local health department or State of Michigan case investigators that allows them to share their test results anonymously on the app. MI COVID Alert uses randomly generated phone codes and low energy Bluetooth technology instead of GPS location to protect privacy while looking back in time to determine close contact with other phones that have the app. If someone was in close contact with another person who submitted a positive COVID-19 test result, the close contact will receive a push notification once the positive test result is entered into the system. A notification means the app user was possibly within six feet for at least 15 minutes of someone who tested positive. Michigan worked with Apple and Google to make MI COVID Alert compatible with similar apps in other states. The app works in conjunction with traditional contact tracing, mask-wearing, hand washing and social distancing, but is not a replacement for these precautions or participation in contact tracing.

People who are exposed to COVID-19 should get tested and consider quarantining, including watching for symptoms for 14 days from the date of possible exposure. Individuals in need of testing may visit the [COVID-19 website](#) to find a testing location near them. They may also contact the Michigan COVID-19 hotline by calling 888-535-6136 from 8 a.m. to 5 p.m., Monday through Friday, or dialing 2-1-1 on their mobile phone to locate and schedule an appointment at a nearby, off-campus testing location.

The exposure notification feature included in recent iOS and Android operating system updates only works with a companion app like MI COVID Alert. The app is available in the Apple and Google app stores. Or go to [www.michigan.gov/MICOVIDAlert](http://www.michigan.gov/MICOVIDAlert) for more information about the app and how to download it.

Other states, including Virginia, Arizona, New York, Alabama and New Jersey, recently launched similar exposure notification apps statewide. Additional states have apps in development.

Information around the COVID-19 outbreak is changing rapidly. The latest information is available at [Michigan.gov/Coronavirus](http://Michigan.gov/Coronavirus) and [CDC.gov/Coronavirus](http://CDC.gov/Coronavirus).

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## MI COVID ALERT APP

Stay safe. Protect each other.

MI COVID Alert is a free app for your mobile phone. It will help us to notify each other and slow the spread of coronavirus (COVID-19) in Michigan.

Using the MI COVID Alert app along with the existing public health measures will help us all stay safe when we meet up, socialize, work or travel.










## TRAVELING DURING COVID-19 PANDEMIC?

*If you are planning to travel, please view this link. You will find the full CDC article on traveling during this Pandemic here: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>*

### Before you travel, please consider:

- Difficulties with various types of travel
- Tips to avoid getting and spreading COVID-19 in common travel situations
- Anticipating your travel needs
- Check Travel Restrictions for your travel method, and at your end destination before traveling.
- After you travel should you quarantine?

## HEALTH DEPARTMENT VACCINE INFO

The Health Dept of NW Michigan, and surrounding communities are planning with key partners such as MDHHS, hospitals, pharmacies, long term care facilities and EMS to ensure they have solid and efficient plans for vaccinating the highest priority groups right away which includes healthcare workers and long term care residents and staff initially. Because early allocations of vaccine could be arriving any day, there may be very little notice between release and shipment. The Health Departments are working now on adding staff, establishing cold storage and transport plans, and scouting community sites to vaccinate both small and large groups safely. It will take time to vaccinate the priority groups and eventually the general community and so it is imperative that we continue to use all of the public health tools in our toolbox while we journey toward the end of this pandemic together!

Information from the Q & A with the HDNW and HD #10:

- If you have had COVID you are still eligible for the vaccine
- McLaren Infectious Disease physicians produced a Q & A session regarding the COVID-19 vaccine. You can see it [here](#).
- Holiday travel and gathering guidance from HDNW can be viewed [here](#).
- There has been no information given yet regarding time frame between other vaccines such as shingles or flu vaccines and the COVID-19 vaccine.
- Children under 18 and pregnant moms will not be offered the vaccine.
- COVID-19 test results are currently being received within 3 business days. There may be some variables in that response rate, but that is the goal.

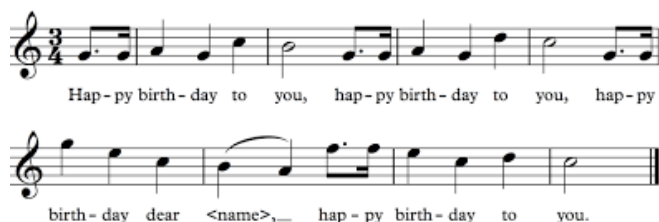
# PROVIDER QUARTERLY UPDATE - OFFICE OF RECIPIENT RIGHTS, HEALTH & SAFETY

## HAND WASHING SAFETY

By Lindsay Gaertner ([lgaertner@norcocmh.org](mailto:lgaertner@norcocmh.org))

With the recent spike of cases to the Coronavirus Pandemic it is essential that we do not forget our first line of defense against viruses and infections--- hand washing and utilizing hand sanitizers.

Washing hands with soap and water provides the best defense against fighting bacteria and germs. Hand washing is more than a little soap and water. Friction, running water and thoroughly rinsing and drying hands is all part of the process. The CDC recommends rubbing soap on your hands for 20 seconds in running water. That feels like a long time; however, it is equivalent to singing Happy Birthday TWICE.



Use a paper towel to dry your hands and then use the same towel to turn off the water in the sink. Using the hand towel to open the door is another way to prevent the spread of bacteria after using the bathroom. Always wash hands after utilizing equipment others have just touched, touching your face, before and after cooking, touching an animal, after contact with someone who is ill, directly after you cough, sneeze or blow your nose. These are just a few examples of when to wash. The point is we need to wash our hands often and thoroughly. Maybe more often than we think we need to.

Hand sanitizers are used when soap and running water isn't available. Alcohol based hand sanitizers on or near your workspace is essential. It must be a minimum of 60% alcohol content. Thoroughly apply the gel to all areas of your hands and let it evaporate. Alcohol based hand gels are effective and can be right at your fingertips for those moments when you need to wash but no sink is available. The CDC has stated that hand sanitizers do not eliminate all types of germs; nor are they an effective method of sanitizing hands when they are visibly dirty. However, we can use hand sanitizers as a second choice to hand washing to prevent the spread of germs and bacteria.

### PLEASE BE ADVISED:

North Country CMH has just been informed that the live Receipts Rights training offered by Network 180 will no longer be offered beginning January 2021. We will still offer the online option at Central MI CMH which is comprehensive and can be taken at any time. We have this link on our website. We will be researching other opportunities for live training. Please check our website regularly for updates. <http://www.norcocmh.org/provider-training/>

Remember, you are required to submit evidence of your training. Submit to [providertraining@norcocmh.org](mailto:providertraining@norcocmh.org).



# NCCMH ORR UPDATE

Dec. 7, 2020

By Brandy Marvin, Recipient Rights Specialist ([bmarvin@norcocmh.org](mailto:bmarvin@norcocmh.org))

## Current COVID-19 Infection Prevention and Expectations

We recognize that it can be difficult to know what the current requirements are for mask wearing and other COVID-19 infection control standards. Orders are coming from multiple sources and are continually being updated. 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 directives.

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

**MDHHS GATHERINGS AND FACE MASK ORDER** Issued 12/07/20, Expires 12/20/20 or as extended

### Definitions:

**"Face Mask"** means a tightly woven cloth or other multi-layer absorbent material that closely covers an individual's mouth and nose.

**"Gathering"** means any occurrence, either indoor or outdoor, where two or more persons from more than one household are present in a shared space.

**"Symptoms of COVID-19"** means at least 1 of fever, uncontrolled cough, or atypical new onset of shortness of breath, or at least 2 of the following not explained by a known physical condition: loss of taste or smell, muscle aches, sore throat, severe headache, diarrhea, vomiting, or abdominal pain.

- **Indoor gatherings at a residence are limited to 10 people from no more than 2 households.**
- **At all gatherings all persons wear a face mask.** *NOTE: "Residential" settings where staff are employed are considered "workplaces" and staff are subject to MIOSHA and LTC facility requirements. **Staff must wear appropriate PPE as defined by MDHHS guidelines, even when their workplace is a "residence."***
  - *Exceptions (partial list):*
    - Medical intolerance to a face mask. *Note: Staff who are intolerant of MDHHS required PPE should notify their employer for further direction.*
    - When communicating with someone who is deaf or hard of hearing for whom the ability to see the mouth is essential for communication
    - Eating or drinking when seated at a restaurant
    - Exercising outdoors when 6 feet can be maintained
    - Engaging in a religious service

**MIOSHA ORDERS FOR WORKPLACES** Issued October 14<sup>th</sup> (remains in effect for 6 months): Employees *must* complete and record daily screening for symptoms, exposure and temperature. Employees must report symptoms immediately to the employer and may not report to or remain at work when sick. Workplaces must be regularly cleaned and disinfected. Employees must maintain 6 feet of distance from others whenever possible; face coverings must be worn, and additional PPE may be required by activity or employer policy. For example, employers may require staff to wear a face shield or goggles in addition to a face covering when working within 3 feet of others. Employees working with COVID-19 positive, or suspected positive clients must wear at a minimum, an N95 respirator, goggles or face shield, and a gown.

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MDHHS recommends that surgical masks be used at all residential facilities when performing daily resident care and that additional PPE be used during care involving bodily fluids and other higher risk circumstances. [See table 1.](#) Employers must provide PPE that is appropriate to the exposure risk of the job.

**MDHHS REQUIREMENTS FOR RESIDENTIAL CARE FACILITIES** Beginning October 26<sup>th</sup> (no expiration date): This order applies to all long-term care facilities including AFC's and unlicensed residential settings where 3 or more adults receive services 24 hours per day.

**1) Protection** (*See MDHHS best practice guidelines for Protection of Residents in Long-Term/ Direct Care Settings*):

- Limit communal dining and group activities per CMS guidelines in residences with *more than six beds*.
- No later than 12 hours after discovery of a confirmed case(s) of COVID-19 of anyone at a facility, inform residents and staff.
- No later than 24 hours after identification of a COVID-19 positive case, notify: the health department, guardians, and staff and post a sign near the main entrance alerting visitors to the presence of a confirmed case(s). Confidentiality of individual employees and residents must be maintained. *An IR is required when a client tests positive.*
- Keep data regarding the quantity of each type of "appropriate PPE" available onsite.

**2) Visitation:**

- Residential facilities must prohibit visitors from entering except as outlined in this order. *The preferred methods of visitation continue to be via virtual device/phone, through a closed window, or outdoors.*
- **Visitation is only permitted when:**
  - There have been no new COVID-19 cases at the facility within the prior 14 days and when the facility is no longer conducting outbreak testing.
  - The facility is located in a county where the Risk Level on the [MI Safe Start Map](#) is Low "A-D." When a county is in the High-Risk category "E," only outdoor visitation is permitted. (*County Risk levels are updated daily*)
  - The local health department has not prohibited visitation at the facility.

**Exceptions: The following visitation is allowed regardless of the above:**

- "Window visits" when a barrier is maintained.
- By a parent, foster parent, or guardian of a resident who is 21 years old or younger.
- Visits to provide effective communication to individuals with hearing, vision and speech impairments. (Interpreters)
- In very limited circumstances, visitors who support ADL's and were doing so prior to March.
- When the resident is in critical condition or in hospice care.

*For the following visitors:* Visits should be outdoors or conducted in well-ventilated areas whenever possible. When the visit is indoors, movement must be restricted to the extent possible to reduce risk:

- Medical service/healthcare providers including all NCCMH staff, OT/PT, medical equipment providers, hospice, etc.
- Non-medical providers such as religious/spiritual providers, hairdressers and others *if* it is determined by a medical professional that there will be a negative impact if the service is not provided. This exception is only allowed for residents who do not have COVID-19.

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Continued from Page 7 **NCCMH ORR UPDATE**

- **When visitation is permitted (per the rules above), the following apply *without exception*:**
  - Visits must be by appointment only. Visitors must log arrival and departure times, provide contact information, and attest in writing that they will notify the facility if they develop COVID-19 symptoms within 14 days after visiting.
  - Reasonable time limits on visits may be imposed by the facility.
  - Limit visitors to two or less per scheduled time.
  - Exclude visitors who are unwilling or unable to wear a face covering or follow hand hygiene.
  - Perform a health evaluation of visitors, including temperature check each time they visit and deny entry to anyone with symptoms or known exposure.
  - Require that visitors follow physical distancing and do not have any physical contact with residents (except in limited circumstances).
  - Restrict visitor movement within the facility.
  - Provide a space for visitation. Visitation may not occur in a bedroom where there are roommates.
  - Advise visitors and residents not to share food.
- **Outdoor Visitation**
  - The visitation area must allow for 6 feet between all persons.
  - Tables and chairs must be disinfected after use.
  - Provide adequate protection from weather elements.

**3) Testing:**

- The order states that testing for visitors *"must be the same as required for the staff working in those facilities."* Facilities in this order that are required to undergo testing are: AFC's with 13 beds or more, Nursing Homes and Homes for the Aged (HFA's.) **Therefore, visitors to AFC's with less than 13 beds and assisted living facilities (SIPS) are not subject to the testing requirements of this MDHHS order at this time.**

**MDHHS TESTING IN AFC'S LICENSED FOR 13 BEDS OR MORE, NURSING HOMES, AND HFA'S** Issued 10/28/20, no expiration date: This order requires testing for COVID-19 of staff and residents at the indicated facilities. Testing must also be completed for visitors at these facilities in accordance with the MDHHS Requirements for Residential Facilities (above.)

- Testing will be completed:
  - Initially, unless already tested since March
  - When COVID-19 is suspected, then weekly if there is a positive case among residents or staff and continuing until 14 days after last positive test.
  - Weekly for staff in all counties A-E on the MI Safe Start Map
  - New or returning residents within 72 hours prior to intake
  - New hires on their start date or in the 72 hours prior to start
  - *Asymptomatic individuals who have recovered from COVID-19 in the past 3 months are exempt from testing.*
- Facilities must obtain consent or assent to conduct testing from each resident or legally authorized individual in charge of medical decisions. (See MDHHS Guidelines for individuals who may be sensitive to testing or have decision making challenges)
- Staff who decline testing without medical justification and documentation are prohibited from direct contact with residents.

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- As of November 24, 2020, AFC's licensed to care for 13 individuals or more must test any resident leaving the facility to spend the holiday at a residential home, or an overnight stay at a community location, prior to that resident's departure from the adult foster care facility and upon return to the facility.

### RECIPIENT FREEDOM OF MOVEMENT:

Nothing in any of these orders prevents a recipient from leaving their homes, being active in their communities or continuing to engage safely in the activities authorized in their plans of service (POS). Individuals who are unable or unwilling to be active in their communities in a safe manner may require additional supports or, as a last resort, a restriction of their community access per their POS or behavior plan. **Providers may not limit a client's right to freedom of movement without the implementation of restrictions through the individualized POS process.**

[BHDDA guidance Resident Freedom of Movement](#)

### ORR ACTIONS: NONCOMPLIANCE WITH COVID-19 ORDERS AND GUIDELINES:

Under the Michigan Mental Health Code, "Neglect" is defined as noncompliance with "a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures or IPOS," if that noncompliance places a recipient at risk of, or causes, physical harm. The ORR is mandated to investigate allegations of Neglect and to recommend disciplinary action when the allegations are substantiated.

Many of our recipients fall into the high-risk category for having poor outcomes if they contract COVID-19. High risk factors include older adults, obesity, weakened immune systems, heart conditions, diabetes, smoking, and more.

#### Categories of Neglect:

Neglect Class III: noncompliance that placed or could have placed a recipient at risk of physical harm. *Example: Staff does not wear a mask or appropriate PPE at work.*

Neglect Class II: noncompliance that causes non-serious physical harm. *Example: A recipient contracts COVID-19 as a direct result of staff's failure to wear appropriate PPE at work.*

Neglect Class I: noncompliance that causes or contributes to a recipient's death or serious physical harm. *Example: A recipient dies or suffers physical damage from COVID-19 as a direct result of staff's failure to wear appropriate PPE at work.*

Neglect Class I-III: Failure to report apparent or suspected Neglect Class I-III to the ORR, and other appropriate agencies. *Example: Failing to report a co-worker who purposely refuses to follow the PPE guidelines.*

**It is staff's responsibility to follow the law and the guidelines put into place to protect our clients and co-workers, regardless of the inconvenience or personal beliefs.**

Thank you for continuing to provide the best of care to our most vulnerable individuals under these difficult circumstances. We will continue to update you as new orders are issued.



# SAFETY WHEN LIFTING

By Linda Kleiber, Safety Specialist ([lkleiber@nccocmh.org](mailto:lkleiber@nccocmh.org))

Can you think of even one occupation where you never have to lift an object? Lifting objects can range from very light such as a piece of paper or a pen to very heavy objects like boxes. Lifting is very much a part of our everyday jobs. Since it is something we do so often, we tend to do it without thinking, or at least we do until we strain a muscle, or worse, hurt our backs.

Lifting incorrectly can result in a variety of injuries. Back strain is a very common one. It results from over-stretching certain muscles, but it can be avoided by practicing safe lifting techniques.

Safe lifting plays an important role in keeping your back healthy and there are several techniques that take strain off the lower back area. It is recommended that you "size up the load"; that is, look it over. Decide if you can handle it alone or if you need help. When in doubt, ask for help. Moving a box or other object that is too heavy for one person is not worth strained and sore back muscles. Also "size up the area". Look over the area you are carrying the object to and make sure it is clear of obstacles before beginning.

Good foot position allows you to keep your balance and bring into play the full power of your leg muscles. Leg muscles are more powerful and more durable than back muscles. Let your leg muscles do the work. Use your feet to change direction. Don't twist your body. Twisting will compound the stress of the lift and it affects your balance. Keep your chin up; it helps maintain correct back posture.

When you have someone helping you lift an object, lifting and lowering should be done in unison. Don't underestimate the importance of being in good physical condition. Years of poor posture, overeating, lack of exercise, stress and improper lifting can catch up with you. Learn how your back works and what you can do to keep it strong. Ask for your physician's recommended stretching, warm-up, and reconditioning exercises.

*(For more information on safe lifting techniques visit the MIOSHA Website.)*



## SIGNATURE SHEET REQUIREMENT

Residential or Service Sites subject to site reviews are requested to please create a signature sheet (example below) to record that staff have read and will comply with the material presented in the Quarterly Recipient Rights, Health and Safety pages of this bulletin, which replaces the previously issued Quarterly Brochure. This bulletin also replaces annual updates of Environmental Emergencies, Recipient Rights, and Medications. Sign off sheets will be monitored during annual site visits. We suggest printing & posting the Quarterly Recipient Rights and Safety pages of this bulletin on site, as well as reviewing them during staff meetings.

MAY 2019

NAME	SIGNATURE	DATE
Mary Smith	<i>Mary Smith</i>	12/20/20
Ben Hur	<i>Ben Hur</i>	12/20/20

*Environmental Emergencies*