



**COVID-19 Preparedness and Response Plan  
For High Risk Exposure Risk Employers**

In accordance with Executive Order 2020-59 and any subsequent Executive Orders, the City of Mount Clemens (“Company”) institutes this COVID-19 Preparedness and Response Plan (“Plan”).

Company aims to protect its workforce by enacting all appropriate prevention efforts. Company is continually monitoring guidance from local, state, and federal health officials and implementing workplace and Plan modifications where appropriate.

Employees with questions are encouraged to contact Human Resources via phone at 586.469.6818 x5 and/or email at [sprice@cityofmountclemens.com](mailto:sprice@cityofmountclemens.com).

**1. Prevention Efforts and Workplace Controls**

**a. Cleanliness and Social Distancing**

Only critical infrastructure workers performing necessary work are directed to report on-site. For such workers, Company abides by the recommended social distancing and other safety measures and establishes the following:

- Large gatherings are minimized whenever possible; staff meetings are postponed, cancelled or 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, clocking in, leaving work, and clocking out;
- Employees’ work stations are no fewer than six feet apart;
- Company 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.

Company provides employees with, at a minimum, non-medical grade face coverings.

In addition, Company 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; and
- Where available, providing hand sanitizer in high-traffic areas.

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 Company premises;
- Complying with Company'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.

#### **b. 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, Company:

- Informs all employees with and near whom the diagnosed/symptomatic employee worked of a potential exposure;
- 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.

All employees who worked in sustained, close proximity 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.

Company completes an OSHA Form 300, as well as a Form 301, "if it is more likely than not that a factor or exposure in the workplace caused or contributed to the illness." If an employee infects a coworker, the coworker has suffered a work-related illness if one of the recording criteria (e.g., medical treatment or days away from work) is met.

#### **c. Worker Exposure Classification**

Employees' "worker exposure" is classified as high risk by the Occupational Safety and Health Administration's guidance because they have a high potential for exposure to known or suspected sources of COVID-19.

Given this classification, Company provides the following controls in addition to the above-summarized prevention efforts: offering appropriate personal protective equipment and complying with all infectious-disease requirements for healthcare facilities.

## **2. 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 to work and, upon notification to Company, will be removed from the regular work schedule:

- 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, Company screens employees on a daily basis.

Employees are asked the following questions before entering the worksite:

- Do you have new or unexplained symptoms of fever (100.4 or above), cough (without known cause), shortness of breath, muscle aches, sore throat, nausea/diarrhea, chills, shaking, congestion, eye irritation or loss of taste/smell?
- Have you been directed or told by the local health department or your healthcare provider to self-isolate or self-quarantine?
- Have you been in close contact\* with anyone who has tested positive or has a probable case of COVID-19 in the past 14 days?

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.

Employees who develop symptoms during their shift must immediately report to their supervisor and/or Human Resources.

### **c. 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 or the non-test-based strategy.

The test-based strategy is preferred but relies upon the availability of testing supplies and laboratory capacity. Under this strategy, employees may discontinue isolation and return to work upon achieving the following conditions:

- Resolution of fever without the use of fever-reducing medications;
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from two consecutive nasopharyngeal swab specimens collected at least 24 hours apart.

Under the non-test-based strategy, employees may discontinue isolation and return to work upon achieving the following conditions:

- 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; given the current stressors on the healthcare system, Company may accept written statements from employees confirming all the factors supporting their release.

## **3. Workplace Flexibilities and Potential Benefits for Employees Affected by COVID-19**

Employees may be eligible for paid and unpaid leaves of absence.

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

### **a. 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.

**b. Executive Order 2020-36 or any subsequent Executive Order which replaces this one.**

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.

### **c. 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 Human Resources 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;
  - Contact for the purposes of healthcare exposures is defined as: a) being within approximately 6 feet of a person with COVID-19 for a prolonged period of time without appropriate PPE; or b) having unprotected direct contact with infectious secretions or excretions of a patient;
- 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).

### **d. 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.”

Company 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 Company 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.

## **4. Plan Updates and Expiration**

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

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



**COVID-19 Health Screening Questionnaire**

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

Dept.: \_\_\_\_\_

TEMPERATURE: \_\_\_\_\_

All City employees are **REQUIRED** to complete the COVID-19 screening form at the start of their shift.

1. Do you have new or unexplained symptoms of fever (100.4 or above), cough (without known cause), shortness of breath, muscle aches, sore throat, nausea/diarrhea, chills, shaking, congestion, eye irritation or loss of taste/smell?

Yes  No

If so, please list: \_\_\_\_\_

2. Have you been directed or told by the local health department or your healthcare provider to self-isolate or self-quarantine?

Yes  No

3. Have you been in close contact\* with anyone who has tested positive or has a probable case of COVID-19 in the past 14 days?

Yes  No

I attest that all answers to the questions in this questionnaire are accurate to the best of my knowledge.

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

**If the answer is “yes” to any of the questions, do not report to work and notify your supervisor immediately.**

\* Close contact is defined as being within six (6) feet of a COVID-19 infected person for ten (10) minutes or longer, or having direct contact for any length of time with the infectious secretions (e.g., being coughed or sneezed on) of a COVID-19 infected person.