

COVID-19 Preparedness and Response Plan

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COVID-19 Preparedness and Response Plan

All businesses or operations that are permitted to require their employees to leave the homes or residences for work under Executive Order 2020-92, and any order that follows it, must, at a minimum:

Develop a COVID-19 preparedness and response plan, consistent with recommendations in Guidance on Preparing Workplaces for COVID-19, developed by the Occupational Health and Safety Administration By June 1, 2020, or within two weeks of resuming in-person activities, whichever is later, a business's or operation's plan must be made readily available to employees, labor unions, and customers, whether via website, internal network, or by hard copy.

1. Plans should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites. Such considerations may include:
 - a. Where, how, and to what sources of SARS-CoV-2 might workers be exposed, including:
 - i. At each location of Peak Performance Physical Therapy there is a potential for exposure for both patients and employees. Patients and staff are screened for fever of >100.4 degrees Fahrenheit and for known exposure to someone diagnosed with COVID-19 prior to entering common spaces in the facilities. Those presenting with symptoms of COVID-19 or with direct unprotected exposure to COVID-19 are not allowed to enter. Employees providing patient care have contact within 6 feet for more than a few minutes so both the patient and the employee providing care have increased exposures to each other. Patients and employees are required to wear masks and wash their hands after any interactions within 6 feet and if they cough/sneeze.
 - b. Non-occupational risk factors at home and in community settings.
 - i. Workers' individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy).
 - ii. Controls necessary to address those risks.
 1. Telehealth options are offered for any high risk patient that is not comfortable coming into the clinic.

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2. Patients are able to be treated in a private treatment room that is cleaned between each use and not use gym area
3. Patients are encouraged to social distance from other patient in our facilities
2. Follow federal and state, local, tribal, and/or territorial (SLTT) recommendations regarding development of contingency plans for situations that may arise as a result of outbreaks, such as:
 - a. Increased rates of worker absenteeism.
 - i. If an outbreak occurs in our staff we follow our exposure control protocol and adjust patient care schedules accordingly
 - ii. All facilities are cross training individuals on multiple positions in case of absenteeism
 - iii. Staffing hours have room to grow to handle an increase in worker absenteeism
 - b. The need for social distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing measures.
 - i. Employees not related to direct patient care are working remotely unless needed for critical on site tasks
 - ii. Meetings are held via Teams or in a room with adequate size to maintain social distancing
 - iii. Work shifts are staggered from 7-7pm so all employees are not present at the same time
 - iv. Telehealth options are available to patients to prevent possible exposure
 - c. Options for conducting essential operations with a reduced workforce, including cross-training workers across different jobs in order to continue operations or deliver surge services.
 - i. All facilities are Cross training workers across different jobs when applicable
 - d. Interrupted supply chains or delayed deliveries.
 - i. We have added additional vendors to allow adequate PPE availability across all our clinics
3. For most employers, protecting workers will depend on emphasizing basic infection prevention measures. As appropriate, all employers should implement good hygiene and infection control practices, including:

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- a. To prevent the spread of COVID-19 basic infection prevention measures are being performed. These include:
 - i. Promote frequent and thorough hand washing, including by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
 - ii. Encourage workers to stay home if they are sick.
 - iii. Encourage respiratory etiquette, including covering coughs and sneezes.
 - iv. The proper use of personal protective equipment.
 - v. Sneeze Guards and Glass windows are used at check in points
 - vi. Patients and Employees are provided with tissues and trash receptacles.
4. Develop, Implement, and Communicate about Workplace Flexibilities and Protections
 - a. Sick employees are actively encouraged to stay home.
 - b. Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
 - i. PTO Carry over into 2021 has been increased from 16 hour to 40 hours
 - ii. Options to work from home when an employee is sick will be considered based on the extent the employee can reasonable complete their job tasks while at home.
 - iii. For any time an employee is in quarantine they have the option to choose to use PTO or take this time as unpaid.
 - c. Maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
 - i. Recognize that workers with ill family members may need to stay home to care for them. See CDC's Interim Guidance for Preventing the Spread of COVID-19 in Homes and Residential Communities www.cdc.gov/coronavirus/2019ncov/hcp/guidance-prevent-spread.html.

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- ii. Be aware of workers' concerns about pay, leave, safety, health, and other issues that may arise during infectious disease outbreaks. Provide adequate, usable, and appropriate training, education, and informational material about business-essential job functions and worker health and safety, including proper hygiene practices and the use of any workplace controls (including PPE). Informed workers who feel safe at work are less likely to be unnecessarily absent.
 1. Please see workplace flexibilities above
- iii. Work with insurance companies (e.g., those providing employee health benefits) and state and local health agencies to provide information to workers and customers about medical care in the event of a COVID-19 outbreak.
 1. Local Testing Sites: Michigan Department of Health and Human Services
 - a. Call (888) 535-6136
 - b. https://www.michigan.gov/coronavirus/0,9753,7-406-99891_99912---,00.html
- d. Employers should explore whether they can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies.
 - i. Workers are discouraged from using other workers' phones, desks, offices, or other work tools and equipment, when possible.
 - ii. Regular housekeeping practices are maintained, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, employers should consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE).

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5. Where appropriate, employers should develop policies and procedures for immediately isolating people who have signs and/or symptoms of COVID-19, and train workers to implement them.
 - a. If a patient is screened at entry points into a facility and have suspected symptoms they may not be allowed into the facility and advised to get testing and treatment under the guidance of their Primary Care Physician. If symptoms appear life threatening the patient will be advised to go to the Emergency Room and/or EMS will be called.
 - b. Any patient(s) who have had a positive test result for COVID-19 should self-isolate for 10 days from symptom onset should be fever free off fever reducing medicine and have had improvement in their respiratory symptoms for 72 hours before returning to the clinic.
6. Implement Workplace Controls
 - a. Engineering Controls Engineering controls involve isolating employees from work related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Engineering controls for SARS-CoV-2 include:
 - i. Air Filters
 1. Our facilities use appropriate air filtration with our HVAC units.
 - ii. Increasing ventilation rates in the work environment-
 1. Airflow circulation and ventilation has been increased to have fans running while patients and employees are in our facilities.
 - iii. Installing physical barriers
 1. clear plastic sneeze guards have been added at front desk areas
 - iv. Installing a drive-through window for customer service- not applicable for our business
 1. We are having all family members/friends of patients stay in their vehicles. Only patients and caregivers are allowed into the facility.

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- b. Administrative Controls Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard.

Examples of administrative controls for SARS-CoV-2 include:

- i. Encouraging sick workers to stay at home.
- ii. Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications.
 1. Executive Team members are primarily working from home unless needing to physically access items in clinics
 2. Teams meeting are being used for internal communication to minimize contact.
 3. Telehealth visits via a HIPPA compliant platform are available to all patients
- iii. Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
 1. Schedules of staff are variable to limit exposure
- iv. Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at: www.cdc.gov/coronavirus/2019-ncov/travelers.
 1. Travel for continuing education and business has been discontinued and will be re-evaluated based on CDC guidelines
- v. Developing emergency communications plans, including a forum for answering workers' concerns and internet-based communications, if feasible.
 1. Questions and concerns from workers are being answered via Teams All Staff communication
 2. Emergency communications are handled via direct phone call or Teams message
 3. Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
 - a. Routine education from CEO and managers is sent out weekly to staff

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7. Safe Work Practices

- a. Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for SARS-CoV-2 include:
 - i. Our work environment promotes personal hygiene. Tissues, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, and disinfectants.
 - ii. Regular hand washing or using of alcohol-based hand rubs is required. Workers should always wash hands when they are visibly soiled and after removing any PPE.
 - iii. Handwashing signs are posted in restrooms.
 - iv. It is prohibited to drink from our water fountains. Cups must be used to get water.

8. Personal Protective Equipment (PPE)

- a. While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.
 - i. Examples of PPE include: gloves, goggles, face shields, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19. Employers should check the OSHA and CDC websites regularly for updates about recommended PPE.
- b. PPE Utilized at our Facilities
 - i. Face masks are required to wear in the clinic by staff, patients, and any contractors.
 - ii. Gloves are used when needing to maintain universal precautions.
- c. All types of PPE must be:
 - i. Selected based upon the hazard to the worker.

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- ii. Properly fitted and periodically refitted, as applicable (e.g., respirators).
 - iii. Consistently and properly worn when required.
 - iv. Regularly inspected, maintained, and replaced, as necessary.
 - v. Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.
9. Per OSHA's Guidelines Peak Performance Physical Therapy's workplaces are considered to have medium exposure risk. This worksite is following the guidance for "Steps All Employers Can Take to Reduce Workers' Risk of Exposure to SARS-CoV-2," from OSHA
- a. Engineering Controls- see above
 - b. Administrative Controls- see above
 - c. Personal Protective Equipment (PPE)- see above
10. Designated Worksite Supervisors
- a. Designate one or more worksite supervisors to implement, monitor, and report on the COVID-19 control strategies developed under subsection (a). The supervisor must remain on-site at all times when employees are present on site. An on-site employee may be designated to perform the supervisory role.
 - i. Peak Performance Physical Therapy Compliance Officer: Matt McFadden
 - ii. West
 - 1. Supervisor: Kristin Coleman
 - 2. Interim Supervisors: Eric Kendall, Meg Brew, Danielle McNeilly, Laura Preston
 - iii. Okemos
 - 1. Supervisor: Katie Gilin
 - 2. Interim Supervisors: Andrew Bult, Eric Luttig, Trevor Williams, Jen Young
 - iv. DeWitt
 - 1. Supervisor: Joe Zielinski
 - 2. Interim Supervisors: Alex Johnson, Sarah Waterbrook, Abigail Wade

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11. Provide COVID-19 training to employees that covers, at a minimum
 - a. Workplace infection-control practices.
 - i. To prevent the spread of COVID-19 basic infection prevention measures are being performed. These include:
 1. Promote frequent and thorough hand washing, including by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
 2. Encourage workers to stay home if they are sick.
 3. Encourage respiratory etiquette, including covering coughs and sneezes.
 4. The proper use of personal protective equipment.
 5. Sneeze Guards and Glass windows are used at check in points
 6. Social Distancing markers are in place
 7. Screening all people entering facility including temperature checks
 - b. How COVID-19 Spreads
 - i. Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected people can spread SARS-CoV-2 to other people.
 - ii. The virus is thought to spread mainly from person-to-person, including:
 - iii. Between people who are in close contact with one another (within about 6 feet). Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
 - iv. It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

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- v. People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads.
 - vi. Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.
 - c. The CDC website provides the latest information about COVID-19 transmission: www.cdc.gov/coronavirus/2019-ncov/about/transmission.html.
12. How to report unsafe working conditions.
- a. Employees that have any concerns about unsafe working conditions should contact the Clinic Manager at the clinic and the Clinic Manager will contact the company's Compliance Officer: Matt McFadden
 - i. mmcfadden@peakperformanceompt.com
 - b. Every attempt will be made to assure the workplace is safe for all employees and patients
 - c. Additional information from the Michigan Occupational Safety and Administration can be found at https://www.michigan.gov/leo/0,5863,7-336-78421_11407-93835--,00.html
13. Daily Entry Screening Process
- a. All employees, patients, or contractors entering the workplace receive, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID19.
 - b. Temperatures will either be self reported or taken via digital temporal thermometer for all employees, patients, or contractors entering the workplace
 - c. The Clinic Manager or provider working with the patient will review any positive screening signs and determine if the person is appropriate to enter the facility.
 - d. Daily Screening is recorded for all individuals
14. Social Distancing in the Workplace
- a. Everyone on the worksite premises is encouraged to stay at least six feet from one another to the maximum extent possible. This will be done
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- c. through the use of ground markings, signs, and physical barriers, as appropriate to the worksite.
- d. Direct patient care with our providers will be the exception to maintaining social distancing as it is necessary to provide Physical Therapy Services
- e. We have increased distancing between employees by spreading out workspaces, staggering workspace usage, restricting non-essential common space (e.g., cafeterias), providing visual cues to guide movement and activity.
- f. Our facilities are limiting waiting-area occupancy to the number of individuals who can be present while staying six feet away from one another. Patients could be asked to wait in cars for their appointment to be called.
- g. Our facilities are now using contactless sign-in

15. Face Coverings

- a. Our facilities provide at least 3 reusable non-medical grade face coverings to our employees. We do have limited supply of N95 masks that are used for screening as we are not caring for patients with known COVID-19.
- b. We are not supplying all employees with N95 masks and surgical masks as they are reserved, for now, for health care professionals, first responders (e.g., police officers, fire fighters, paramedics), and other critical workers who may have direct contact with known COVID-19 individuals.
- c. Our facilities provide a mask free of charge to anyone attempting to enter our facility without a mask to comply with the State of Michigan Executive Order 2020-59.
- d. We require face coverings to be worn when employees cannot consistently maintain six feet of separation from other individuals in the workplace.
 - i. We require face coverings in shared spaces, including during in-person meetings and in restrooms and hallways.

16. Facility Cleaning and Sanitation

- a. We have increased our facility cleaning and disinfection to limit exposure to COVID-19, especially on high-touch surfaces (e.g., door handles), paying special attention to tables, chairs, and shared equipment (e.g., exercise equipment, treatment supplies, modality carts).

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- i. Bathrooms are cleaned 2 times a day
 - ii. All exercise equipment is wiped down after each patient use
 - iii. Chair are cleaned after each use
 - iv. We provide disinfecting supplies and require employees to wipe down their workstations at least twice daily.
 - v. Documentation Stations are cleaned daily
 - vi. Staff Break Room is cleaned daily
 - vii. Additional Hand Sanitizer has been placed throughout each clinic
 - viii. Table surfaces and any handle adjustments are cleaned after each use
 - ix. In between each visit patient rooms will receive
 1. Chair wiped down
 2. Treatment table wiped down
 3. Side Table wiped down
 4. Door handle wiped down
 5. Documentation cart wiped-if applicable
 6. Pillow case changed
 - x. End of Day Cleaning
 1. Clinical
 - a. Foot pedals wiped down
 - b. Rooms and gym area vacuumed
 - c. Documentation Area cleaned
 - d. Work Stations cleaned
 2. Front Office
 - a. Chairs wiped down
 - b. Keyboards and Mice wiped down
 - c. Handle to all storage areas cleaned
 - d. Printer/Faxes cleaned
 - e. Countertops wiped down
 - f. Vacuum front office space
17. Cleaning Protocol to clean and disinfect the facility in the event of a positive COVID-19 case in the workplace.
- a. If a patient or employee contacts the facility and indicates they have a positive COVID-19 test the Clinic Manager should:
 - i. Identify the date and time of the last visit the patient was in the office

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- ii. Instruct front office staff that within 24 hour they need to contact any co-workers, contractors, or suppliers who may have come into contact with the person with a confirmed case of COVID-19.
 - iii. Within 24 hours the local public health department must be contacted. Record must be kept of this.
 - iv. We will continue to follow our daily and weekly Sanitization plan listed above.
 1. On the date of notice the facility will assure
 - a. All surfaces contacted by hands are cleaned
 - b. Entire clinic is vacuumed
 - c. All floors are Mopped
 - d. All exercise equipment in the clinic is cleaned
 - e. Bathrooms are fully cleaned
18. Our Facilities will follow Executive Order 2020-36, and any executive orders that follow it, that prohibit discharging, disciplining, or otherwise retaliating against employees who stay home or who leave work when they are at particular risk of infecting others with COVID-19
19. Business-related travel for employees
- a. We have discontinued nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at: www.cdc.gov/coronavirus/2019-ncov/travelers.
 1. Travel for continuing education and business has been discontinued and will be re-evaluated based on CDC guidelines
 - b. Business travel is restricted to essential travel only.
20. We encourage employees to use personal protective equipment and hand sanitizer on public transportation.
21. All offices have assigned dedicated entry point(s) for all employees to reduce congestion at the main entrance.
- a. West Clinic-side entrance
 - b. Okemos Clinic-back entrance
 - c. DeWitt Clinic- back entrance
22. Steps to Decrease Congestion
- a. Our Facilities provide visual indicators of appropriate spacing for employees outside the building in case of congestion.

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- b. To reduce entry congestion and to ensure the effectiveness of screening we have staggering start times for employees. Schedules are variable to limit all providers treating patients at the same time.
 - c. We have prohibited social gatherings and meetings that do not allow for social distancing or that create unnecessary movement through the office.
23. Signs are Posted in all clinics about the importance of personal hygiene.
24. All nonessential visitors have been suspended entering our facilities

25. Peak Performance Physical Therapy COVID Exposure Control Plan

- a. If you have had a known high-risk exposure to a masked patient(s) with **confirmed** COVID-19, you should take extra care to monitor your health but can keep working if you can be closely monitored by your clinic manager and adhere to all requirements for self-monitoring.
 - i. Employee should self-monitor at least twice daily for symptoms (subjective fever or measured temp >100.0°F, or cough, or shortness of breath or sore throat) AND additional new onset lower acuity symptoms that may be associated with early signs of infection with COVID-19 including muscle aches, or malaise (feeling tired or run down), runny nose, or stuffiness or congestion.
 - ii. Temperature must be checked and recorded in the morning immediately upon entering the clinic and in the afternoon prior to going home. If any of these signs/symptoms develop then you **MAY NOT come to work.**
 - iii. If symptoms develop at work, you MUST immediately leave the patient care area, isolate yourself and notify your manager.
- b. If you have a scenario where you have been unmasked and have had prolonged close contact (<6 feet for more than a few minutes) with an unmasked **confirmed** COVID-19 patient/person you must notify your manager immediately.
 - i. You will need to self-quarantine for minimum of 72 hours from the time of exposure and you may be required to have a negative COVID-19 test.
 - ii. You may choose to use PTO or take this time off as unpaid.
- c. Asymptomatic Providers/staff who have a positive test result for COVID-19 should not continue to work. The health care worker should monitor their health at home for COVID-19 like illness for a total of 10 days from the date of their first positive test.

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- i. If the health care worker remains symptom free, they may return to work after that 10-day period.
- ii. If they develop COVID-19 like illness during the 10 day self-monitoring period, they will need to self-isolate for an additional 10 days from symptom onset and until they have been fever free off fever reducing medicine and have had improvement in their respiratory symptoms for a minimum of 72 hours before returning to work.
- iii. You may choose to use PTO or take this time off as unpaid.
- d. Any patient(s) who have had a positive test result for COVID-19 should self-isolate for 10 days from symptom onset should be fever free off fever reducing medicine and have had improvement in their respiratory symptoms for minimum of 72 hours before returning to the clinic.
- e. MDHHS again stresses that ALL providers should be self-monitoring and if sick, stay home.
 - i. For more information, visit [Michigan.gov/Coronavirus](https://www.michigan.gov/Coronavirus).
- f. Support for health care workers experiencing anxiety during the monitoring period, it is normal for you and family members to feel distressed, anxious or afraid. Try to keep a hopeful outlook and strengthen your resilience by drawing on skills that helped you manage difficult situations in the past. Keep in touch with other relatives and friends by phone, email or social media. If you feel overwhelmed and need support to cope with the situation, contact the SAMHSA Disaster Distress Hotline at 800-985-5990. For more information, see the Supporting Emotional Health of the Health Care Workforce from the Michigan Department of Health and Human Services

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