



**BOARD OF COMMISSIONERS
REVISED AGENDA**

May 20, 2020

IMMEDIATELY FOLLOWING THE FINANCE COMMITTEE MEETING

Zoom Virtual Meeting Room

Meeting ID: 399-700-0062 / Password: LCBOC

<https://zoom.us/j/3997000062?pwd=SUdLYVFFcmozWnFxbm0vcHRjWkVIZz09>

"The mission of Livingston County is to be an effective and efficient steward in delivering quality services within the constraints of sound fiscal policy. Our priority is to provide mandated services which may be enhanced and supplemented to improve the quality of life for all who work, reside and recreate in Livingston County."

1. **CALL MEETING TO ORDER**
2. **PLEDGE OF ALLEGIANCE TO THE FLAG**
3. **ROLL CALL**
4. **CALL TO THE PUBLIC**
5. **APPROVAL OF AGENDA**
6. **RESOLUTIONS FOR CONSIDERATION**

6.1 2020-05-137

Resolution Authorizing CARES Act Provisions for Nationwide Retirement Solutions
§457 Participants – Fiscal Services

6.2 2020-05-138

Resolution Approving the Livingston County COVID-19 Preparedness and Response
Plan - Administration

6.3 2020-05-139

Resolution Approving the Employment Agreement with Nathan Burd for County
Administrator – Board of Commissioners

7. FINANCE COMMITTEE RECOMMENDATION FOR APPROVAL OF CLAIMS

Dated: May 20, 2020

8. FINANCE COMMITTEE RECOMMENDATION FOR APPROVAL OF PAYABLES

Dated: May 1 through May 14, 2020

9. CALL TO THE PUBLIC

10. ADJOURNMENT

RESOLUTION

NO: [Title]

LIVINGSTON COUNTY

DATE: Click or tap to enter a date.

Resolution Authorizing CARES Act Provisions for Nationwide Retirement Solutions §457 Participants – Fiscal Services

WHEREAS, the federal Coronavirus Aid, Relief, and Economic Security (“CARES”) Act provides for certain provisions for §457 plan participants in light of the economic impact of the COVID-19 pandemic; and

WHEREAS, Nationwide Retirement Solutions (“Nationwide”) requires plan sponsors, like Livingston County, to affirmatively elect to extend these provisions to its participants; and

WHEREAS, the County’s other §457 account administrator, Empower, has taken the approach of automatically providing these provisions for participants and therefore, no additional action is needed for Empower §457 participants; and

WHEREAS, the Livingston County Retirement Plan Advisory Committee met on May 7, 2020 and approved these provisions to be extended for Nationwide §457 plan participants but requires Board of Commissioner’s approval to effectuate these changes which include the following:

- a. Allowing Coronavirus-Related Distributions between January 1, 2020 to December 31, 2020 for §457 participants who have been impacted by COVID-19 and otherwise may not be eligible for a distribution under the terms of the Plan up to \$100,000, or 100% of their total vested balance(s) across all Nationwide plans controlled by the employer.
- b. Nationwide §457 plan Loan program participants may suspend loan repayment until at least January 1, 2021. Loan interest will continue to accrue during the suspension of payments.

WHEREAS, the County’s retirement plan advisor, Plante Moran Financial Advisors supports these plan changes.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby approves for following provisions for Nationwide Retirement Solutions §457 plan participants:

- a. Allowing Coronavirus-Related Distributions between January 1, 2020 to December 31, 2020 for §457 participants who have been impacted by COVID-19 and otherwise may not be eligible for a distribution under the terms of the Plan up to \$100,000, or 100%

of their total vested balance(s) across all Nationwide plans controlled by the employer.

- b. Nationwide §457 plan Loan program participants may suspend loan repayment until at least January 1, 2021. Loan interest will continue to accrue during the suspension of payments.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioner's Chair is hereby authorized to sign any and all documents in order to effectuate these §457 plan changes, after approval as to form by civil counsel.

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MOVED:
SECONDED:
CARRIED:



Nationwide®

Nationwide Retirement Solutions Plan Sponsor Election of CARES Act Provisions

Page 1 of 1

Phone: 877-496-1630 • nrsplan@nationwide.com

This form is to be used to elect Plan provisions made available under the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

1. Plan Information

Plan Number: _____ Plan Name: _____

2. Plan Type (select all that apply)

☐ 457(b) ☐ 401(k) ☐ 401(a) ☐ 403(b) ☐ Other: _____

3. Election of Provisions (select all that apply)

☐ **Coronavirus-Related Distributions**

A coronavirus-related distribution is available to participants who have been impacted by COVID-19 and otherwise may not be eligible for a distribution under the terms of the Plan.

Distribution Limit: \$ _____ (up to \$100,000)

Participants may take up to the elected distribution limit (above), not to exceed 100% of their total vested balance(s), across all Plans controlled by this employer between January 1, 2020 and December 31, 2020.

☐ **Enhanced Loans**

If this Plan doesn't currently permit loans, you will need to contact Nationwide for assistance setting up a loan program for your Plan.

For a 180-day period beginning March 27, 2020 and ending September 23, 2020, the Plan may offer loans to participants who are impacted by COVID-19. The terms of the loan differ from traditional loans:

Increased Loan Limit: The lesser of: \$ _____ (up to \$100,000) or
_____ % (up to 100%) of the participant's vested account balance

Increase the current retirement Plan loan limit to the elected loan limit (above).

☐ I elect to suspend loan repayments until at least January 1, 2021. Loan interest will continue to accrue during the suspension of payments.

Comments:

4. Authorization

I, as the Plan Sponsor or an authorized person acting on behalf of the Plan Sponsor for the above named Plan(s), elect the CARES Act provision(s) indicated above.

- Nationwide will update your Plan documents (if applicable) to reflect the above changes.

Authorized Signer:

Printed Name: _____

Signature: _____ Date: _____

NOTE: Adobe Signature is not permitted.

RESOLUTION

NO: 2020-05-138

LIVINGSTON COUNTY

DATE: May 20, 2020

Resolution Approving the Livingston County COVID-19 Preparedness and Response Plan - County Administration

WHEREAS, the current COVID-19 pandemic has created the need to reevaluate and modify our normal business practices to slow the spread of this disease; and

WHEREAS, on March 23, 2020, Michigan Governor Gretchen Whitmer issued Executive Order 2020-21, which ordered residents to remain at home or in their place of residence to the maximum extent feasible through April 13, 2020, and included limitations on workplaces across the state; and

WHEREAS, she subsequently issued Executive Orders 2020-42, 2020-59, 2020-70, and 2020-77, which ultimately extended the stay home order until May 28, 2020; and

WHEREAS, included in the orders was the requirement that business, operations, and government agencies that continue in-person work must adhere to sound social distancing practices and measures, including, developing a COVID-19 preparedness and response plan, consistent with recommendations in the "Guidance on Preparing Workplaces for COVID-19," as developed by the Occupational Health and Safety Administration; and

WHEREAS, a plan has been developed by Livingston County Health Department with input provided by necessary departments to include but not limited to the Emergency Management, Facility Services, Human Resources and County Administration.

THEREFORE, BE IT RESOLVED that the Livingston County Board of Commissioners authorizes staff to implement and file as necessary, the COVID 19 Preparedness and Response Plan on behalf of Livingston County, in compliance with the mandates in the Governor's order.

BE IT FURTHER RESOLVED that the Livingston County Board of Commissioners recognizes that as COVID 19 continues to affect our operations, the plan will need to be amended to reflect the impact on Livingston County government.

BE IT FURTHER RESOLVED that the Livingston County Board of Commissioners hereby authorizes the County Administrator to adopt subsequent revisions to the Livingston County COVID-19 Preparedness and Response Plan due to changing recommendations and requirements related government operations during this pandemic, after review by civil counsel.

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MOVED:

SECONDED:

CARRIED:



Livingston County Administration COVID-19 Preparedness and Response Plan

Date Implemented: [DATE], 2020

Date revised: _____

Preface

Livingston County Administration, in conjunction with the Livingston County Health Department (LCHD), developed this plan to enhance emergency response capabilities in Livingston County (the County) related to the coronavirus disease (COVID-19) pandemic. The Livingston County Health Officer, or designee, is identified as the COVID-19 Workplace Coordinator for the County.

This plan, when used properly and updated, assists County officials in accomplishing one of their primary responsibilities – protecting the lives and property of their constituents. This plan becomes official when it has been signed and dated below by the concurring government officials.

This plan was approved by the Board of Commissioners on [Enter Date].

Record of Changes

Date of Changes	Completed By	Summary of Changes

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COVID-19 Screening Form

Building Entrant Tracking Log

COVID-19 Check and Record Every Day (CARE) Self-Monitoring Booklet

Introduction

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) virus. Now at pandemic level, this situation poses a serious public health risk because this is a novel (new) strain of coronavirus and the population does not have immunity to it. To reduce the impact of COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for the County to plan for how COVID-19 may affect their department. Lack of continuity planning can result in a cascade of failures if attempts to address challenges of COVID-19 are met with insufficient resources and inadequately trained workers performing under pandemic conditions.

Purpose

In order to respond to the current state of emergency related to COVID-19 and to comply with relevant state and local orders related to COVID-19, the County has prepared this COVID-19 Preparedness and Response Plan in coordination with the Livingston County Health Department (LCHD). This document was developed from planning guidance based on traditional infection prevention and industrial hygiene practices. It focuses on the need for employers to implement engineering, administrative, and work practice controls and Personal Protective Equipment (PPE), as well as considerations and requirements for doing so.

This plan was created in an effort set forth to standardize requirements and recommendations needed to ensure the safety of all county employees and the public. All county departments are required to submit a completed COVID-19 Preparedness and Response Plan (see included template) to County Administration based on guidance developed by LCHD. Administration will review and approve all developed plans in consultation with the LCHD. The County used this guidance to help identify risks in workplace settings and to determine the appropriate control measures county departments must implement for the safety of staff and the public.

Assumptions

This plan is not exhaustive as to the measures the County has chosen to implement in response to COVID-19 in the workplace and/or to seek to protect employees and the public served. The County reserves the right and discretion to implement, either generally, departmentally, or on a case-by-case basis such measures deemed prudent, permitted or required by law, and/or suggested or mandated by future guidance.

This may include, but is not limited to:

- Enhanced monitoring or testing;
- Sending employees home who appear to be displaying possible symptoms;
- Requiring a self-quarantine or isolation period and/or doctors release for employees who take sick leave based upon COVID consistent symptoms, who have reported high risk contact, who refuse to answer questions or submit to testing/monitoring, who are sent home by the employer, and/or who have traveled to areas or by means which the CDC has recommended quarantine or isolation. Such actions, if any, will be performed in adherence with all laws including confidential record requirements.

Where an employee has a medical condition that puts him or her at greater risk of a severe illness if he or she contracts COVID-19, that employee may request reasonable accommodations from the County through the Americans with Disabilities Act (ADA) Interactive process. Such request must be premised upon increased risk of COVID-19 illness or complications related to a medical condition of the employee. Under this process, the employee may be required to provide or authorize release of information to the County to determine whether the pre-existing medical condition rises to the level of a disability and to verify the accommodation is needed because the particular disability may put the employee at higher risk.

In appropriate cases, the County and employee will engage in the interactive process to determine what, if any, accommodation may be or will be reasonably granted. By law, employers like the County are not required under the ADA to provide employees with reasonable accommodations because they live in the same household as a person who is at greater risk of severe illness if he or she contracts COVID-19.

It is also understood that not all County employees reside in Livingston County and some coordination may need to take place between the employer and other local health departments as well as LCHD for the identification, notification and follow-up of positive cases.

Planning Considerations

The COVID-19 pandemic is a fluid, rapidly evolving situation. Guidance is continually updated as this situation evolves or as state or local orders related to COVID-19 are issued or amended. Additional considerations may be needed throughout this plan as COVID-19 outbreak conditions change and as new information is learned about the situation. This plan will be updated as needed to reflect these changes. Departments may be expected to update their own plans if drastic changes occur or the situation changes.

The County considered how best to decrease the spread of COVID-19 and lower the impact across county departments. This includes identifying and conducting mitigation activities to:

- reduce transmission among employees,
- maintain healthy business operations, and
- maintain a healthy work environment.

Implementation

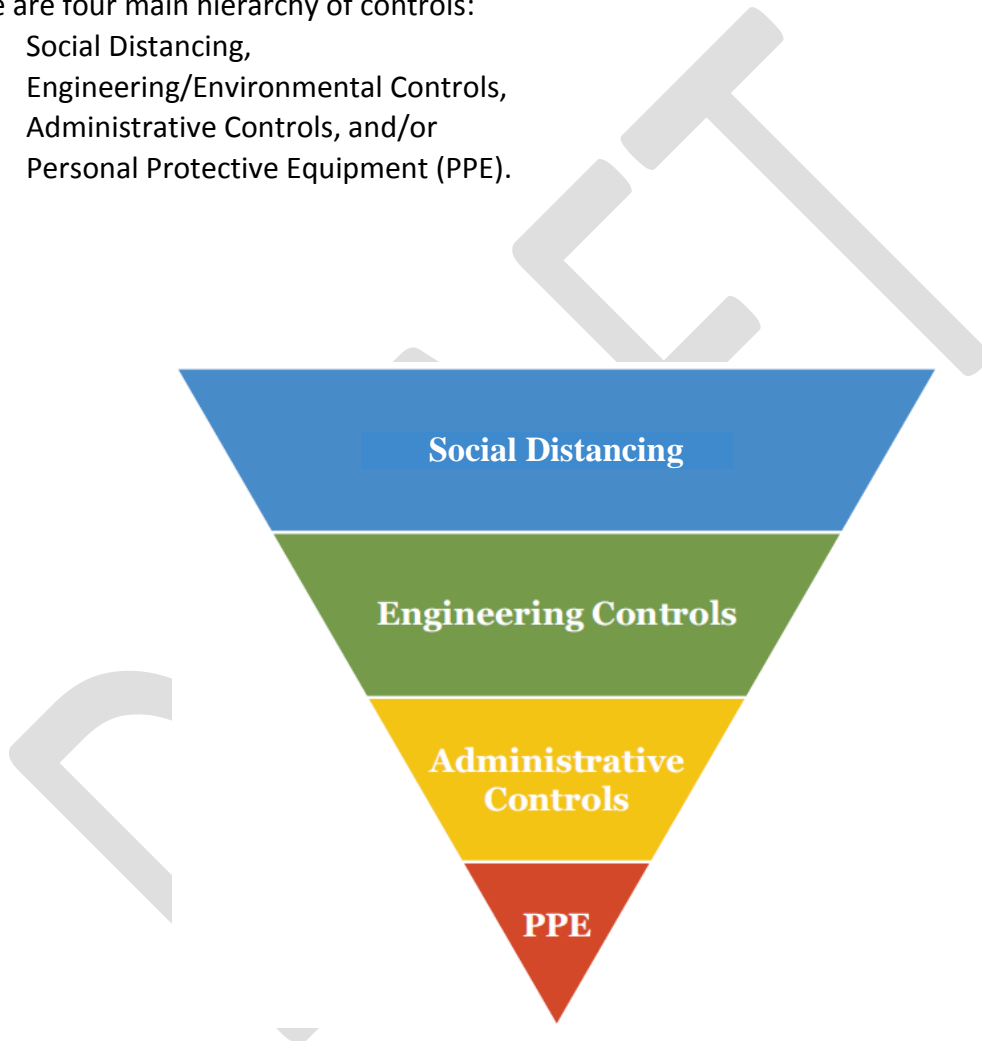
At this time, there is no identified treatment or vaccine for COVID-19. Currently, the use of nonpharmaceutical interventions (ex., social distancing) are one of the only tools public health practitioners have to reduce the amount of morbidity and mortality. As businesses, recreational activities, or social events begin to resume activity during the COVID-19 pandemic, it's critical for our county departments to have guidance and recommendations on how to do so as safely as possible.

In all sectors of our community, we must be able to:

- Swiftly identify and exclude contagious persons from contact with others
- Swiftly exclude exposed persons from contact with others
- Protect workers from exposure from asymptomatic or symptomatic co-workers
- Protect workers from exposure from asymptomatic or symptomatic public
- Protect the public from exposure from workers
- Protect the public from exposure from others in the public

There are four main hierarchy of controls:

- Social Distancing,
- Engineering/Environmental Controls,
- Administrative Controls, and/or
- Personal Protective Equipment (PPE).



Using the modified hierarchy of controls, COVID-19 mitigation measures can look like:

Social Distancing	<p>Keeping space between yourself and other people outside of your home. To practice social/physical distancing:</p> <ul style="list-style-type: none"> • Stay at least 6 feet (about 2 arms' length) from other people • Do not gather in groups • Stay out of crowded places and avoid mass gatherings
Engineering/ Environmental Controls	<p>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.</p>
Administrative Controls	<p>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.</p>
PPE	<p>PPE is protective items worn to help prevent against exposures. The types of PPE worn may vary based on the task. Examples of PPE include: gloves, goggles, face shields, face masks, and respiratory protection, when appropriate.</p>

These techniques are further defined below as a reference for county departments as they prepare to implement changes and return to the “new normal”. Some departments may find that they are already sufficiently prepared to return to operations while others may need to take some or many steps to ensure the safety of their staff and the public they serve.

Regardless of a departments specific considerations, there are measures that can be taken to mitigate the risk of infection to protect individuals:

- Use of face coverings (ex., masks, face shields).
- Incorporating engineering controls such as physical barriers where possible.
- Reconfiguring space to enable people to be located apart (ideally, at least 6 feet).
- Supporting and enabling employees to remain at home if they are unwell or have been in close contact with someone who is sick with COVID-19 related symptoms.

Strategies and recommendations for different types of controls and measures to take at your location are further defined below. Requirements that must be fulfilled by the departments are listed first. All county departments must comply with identified requirements.

Social Distancing Strategies

Establish policies and practices for social distancing in the workplace. Identify areas in your building where employees and the public may be in close contact with one another.

Employee Spacing

Requirements

- ☐ Increase physical space between employees at the worksite. Ensure that employees limit close contact (stay 6 feet apart) and follow PPE requirements (see PPE section below).
 - ☐ Limit the number of people in elevators, bathrooms, meeting spaces, break areas, locker rooms, and other common spaces; determine if there is a need to redesign office spaces and environment or layout.
 - ☐ Encourage employees to remain in their assigned work areas as much as possible.
 - ☐ Adjust floor plan to allow for desks to be spread apart. If staff share communal desk areas, split staff apart and move them into unused meeting rooms so they can spread out.
- ☐ Prevent employees from driving together in the same vehicle. If work vehicles are shared by multiple people, assign each staff member to the same vehicle for tracking purposes in case you need to notify other staff of a possible exposure.

For interacting with the public

Requirements

- ☐ Reconfigure floor space to increase physical space between employees and the public (e.g. reduce the amount of chairs in the waiting areas, use smaller displays, strategically place tables apart from, etc.).
- ☐ Utilize spacing tools for checks and lines (including outdoor lines).
 - ☐ For example, put tape on the floor to keep people adequately spaced, or place arrows in the aisle to direct the flow of movement in one direction.
- ☐ Identify alternate methods to provide services to the public when feasible. Determine which options best apply to your department:
 - ☐ Deliver products/services through curbside pick-up or delivery to prevent patrons from entering including options for electronic payment (e.g., online, over the phone, etc.).
 - ☐ Deliver services remotely (e.g. phone, video, or web).
 - ☐ Provide services by appointment only to control how many people enter.
- ☐ Use videoconferencing or teleconferencing when possible for in-person site visits or meetings with the public.
- ☐ If social distancing cannot be accommodated based on your department's layout, then limit the number of people in the establishment at one time to ensure enough space is available to social distance.

Scheduling

Recommendations

- ☐ Implement flexible worksites (e.g., telework).
- ☐ Implement flexible work hours (e.g., staggered shifts).
- ☐ Consider scheduling the same staff together to reduce the number of people exposed to others.
 - ☐ If someone becomes ill, it is easier to trace back to identify the other employees they may have been in contact with.
- ☐ Use videoconferencing or teleconferencing when possible for work-related meetings and gatherings.
 - ☐ When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces.
- ☐ Consider downsizing operations or pausing low priority projects.
- ☐ Establish staggered lunch and break times for staff using shared lunch space.

Engineering/Environmental Control Strategies

Establish policies and practices for maintaining environmental strategies in the workplace. Evaluate your work location to determine where improvements could be made to allow for barriers to be created or installed and to remind staff to regularly clean and disinfect commonly used surfaces. For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#). Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

Controls for Employees – Cleaning and Sanitizing

Requirements

- ☐ Perform routine environmental cleaning and disinfection for all frequently touched surfaces in the workplace, such as workstations, coffee stations, kitchen areas, keyboards, telephones, handrails, and doorknobs.
- ☐ Remove “soft surfaces” from the facility. Switch to chairs without padding or cushions and remove cloth table covers or switch to plastic/vinyl so surfaces are easier to clean between use.
- ☐ Perform routine environmental cleaning and disinfection in areas where the public has access. Include all commonly touched items like pens, clipboards, countertops, chairs, door handles, computers, etc.
- ☐ Provide disposable wipes around the building so that commonly used surfaces can be wiped down by employees before each use. If disposable wipes are not readily available, a sanitizer solution can be used with paper toweling.
- ☐ Discourage workers from sharing phones, desks, offices, keyboards, cash registers or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
- ☐ Wipe down surfaces or contact points after the public utilizes a service or station in the building.
- ☐ If a staff member informs their supervisor that they have COVID-19 after being in the building:
 - ☐ Perform enhanced cleaning and disinfection of the building.
 - ☐ Work with Human Resources and the Health Department to identify communication and messaging needs for your department.
- ☐ Identify a process for cleaning shared vehicles between uses and stock wipes and sanitizer in each vehicle.
- ☐ Facility Services will increase the frequency or number of days they are in the facility to clean. (*See the included Facilities Services COVID-19 Response Plan below for more information*).

Recommendations

- ☐ Departments should consider establishing a cleaning schedule dependent on shared spaces and workstations.

- ☐ If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

Building/Workspace Adjustments

Requirements

- ☐ Post indoor/outdoor signage where it is likely to be seen by employees and the public regarding the requirement for wearing a face cover to enter and signage about not being allowed to enter if you have symptoms.
- ☐ Place hand sanitizer in employee common areas like coffee stations, kitchen areas, meeting rooms, and near printer stations.
- ☐ Ensure that employees practice good hygiene. Employees should wash their hands thoroughly with soap and water for 20 seconds upon first arriving to work, after using the restroom, before and after eating and frequently throughout the day.

Recommendations

- ☐ Post indoor/outdoor signage where it is likely to be seen by employees and the public regarding:
 - ☐ Occupancy limits
 - ☐ Department contact information (phone numbers)
 - ☐ Scheduling
 - ☐ Instructions for curbside or pick-up services
 - ☐ Additional recommendations for entry (ex., complete paperwork before entry, no children under 16, no cash payments, etc.)
 - ☐ Healthy habits (ex. handwashing, social distancing instructions, staying home when sick, etc.)

See links below for some examples of signage/information to post.

- ☐ If employees use shared desk space or work areas, consider purchasing each employee a mouse and keyboard they can use as their own to reduce the risk of spreading germs.
- ☐ Install temporary or permanent barriers to reduce the risk of exposure and the spread of germs between staff who work in a common area like glass, Plexiglas, or paneling.
- ☐ Create a physical barrier (like installing glass, Plexiglas, or paneling) between the public and staff that ensures a 6 foot distance at routine points of contact (e.g. purchase point, registration, or document review station).
- ☐ Increase ventilation rates.
- ☐ Increase the percentage of outdoor air that circulates into the system.

Controls for Interacting With the Public

Requirements

- ☐ Appropriate hand hygiene for worksite visitors including the public and anyone entering the building (ex. IT, deliveries, mail, Facilities, etc.).

- ☐ Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. If hands are visibly dirty, soap and water should be chosen over hand sanitizer. Ensure that adequate supplies are maintained.
- ☐ Place hand sanitizer in multiple locations for the public to encourage hand hygiene.
- ☐ Remove all magazines, books, newspapers, menus or other unnecessary papers that patrons touch.

Recommendations

- ☐ Provide tissues and no-touch disposal receptacles.
- ☐ Discourage handshaking – encourage the use of other noncontact methods of greeting.
- ☐ Restrict the public from walking through or entering unnecessary areas within the building and close areas where physical distancing is not practical.
- ☐ Consider identifying bathrooms for public use and bathrooms for employee use.
- ☐ Consider requiring all entry to the building be made through a single entrance to control who enters.

Administrative Controls

Take proactive initiative in planning for how employees will return to work. Review policies and procedures and adjust as needed to reduce or minimize exposure during the pandemic. Identify how your department may need to shift and adapt current practices to allow for changing state and local requirements, laws, and orders.

Workplace Communications and Training

Requirements

- ☐ Communicate regularly with employees and the public regarding the status of your operations as well as any changes to policies, procedures or new requirements.
 - ☐ Develop a communication plan for how and when the department plans to communicate with staff and the public (ex., using email, social media, newsletters, etc. to announce hours, closures, or restrictions when entering the building.)
- ☐ Identify a workplace coordinator to be responsible for COVID-19 related issues and the impact at the workplace.
- ☐ Staff must receive education and training about the importance of taking healthy precautions to protect themselves and others from the spread of germs.
 - ☐ Provide training and resources about proper steps for handwashing, coughing/sneezing etiquette, cleaning and sanitizing procedures, social distancing, etc.

Health Monitoring

Requirements

- ☐ Employees must self-monitor and track their own health by keeping a daily log of symptoms and temperature so they can identify any changes in their health in a timely manner. Instruct employees to monitor and record their health prior to coming to work and if they are symptomatic, to stay home or seek medical care if needed.
 - ☐ Share the COVID-19 Check and Record Every Day (CARE) Self-Monitoring Booklet with employees as an example of a self-monitoring tracking log to as well as instructions for how to properly take a temperature and monitor personal health.
- ☐ Do not allow symptomatic staff to enter the building.
- ☐ Do not allow symptomatic public to enter the building.

Recommendations

- ☐ If the services your department provides requires interactions of more than 15 minutes with a member of the public, consider screening the health of the person coming in for services prior to entry. *See included sample screening form and visitation log template.*
 - ☐ **Note:** If you choose to screen incoming public at your location, there are required Health Insurance Portability and Accountability Act (HIPAA) rules you must follow if you plan to keep written health information provided by the public

such as the individuals name with symptoms, temperature, etc. LCHD suggests to conduct a verbal screening of the public upon entry instead of maintaining written screening checklists and to keep a written log of entrants.

- ☐ Consider keeping a log of the names of all outside individuals who enter the building.

Leave and Telework

Requirements

- ☐ Maintain flexible sick leave and time off/telework policies, consistent with public health guidance, that permit employees to stay home to care for a sick family member or to take care of children due to school and childcare closures.
- ☐ Continue COVID sick leave policy adopted by the Livingston County Board of Commissioners per Resolution #2020-05-136 approved on May 11, 2020 and subsequent revisions thereafter.

Recommendations

- ☐ If work can continue from home, allow for telework to continue to reduce the number of staff in your building and to limit exposure to others.
- ☐ Consider temporarily assigning employees at high risk for coronavirus to duties that don't involve close contact with the public. People at high risk include people who are over age 60, have underlying health conditions, or are pregnant.

Employee Support and Mental Health Resources

Requirements

- ☐ Ensure employees have access to and an awareness of the Ulliance employee assistance program (EAP) resources and community resources. Employees and their family members may need additional social, behavioral, and other services throughout the pandemic and down the road.
 - ☐ Provide this information multiple ways (ex. verbally, posted information, email, staff meetings, etc.).

See links below for some examples of signage/information to post regarding local mental health resources for employees.

Contingency Planning

Recommendations

- ☐ Assess your essential functions and the reliance the public has on your services or products.
 - ☐ Identify ways these services can still be provided as the situation changes.
- ☐ Be prepared to adjust your department's practices if needed to maintain critical operations (ex., identify alternative suppliers, prioritize existing public patrons, or temporarily suspend some of your operations).
- ☐ Identify alternate supply chains for critical goods and services. Some goods and services may be in higher demand or unavailable.

- ☐ Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from childcare programs and K-12 schools.
 - ☐ Identify additional staffing resources (ex., staff from other departments, staff at another site, volunteers, etc.).
 - ☐ Implement plans to adjust services provided based on absenteeism rates.
 - ☐ Allow staff to telework or work after hours.
 - ☐ Cross-train employees to perform essential functions so the workplace can operate even if key employees are absent.
- ☐ Talk with companies that provide your department with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.

Return to Work

Requirements

- ☐ Symptomatic or confirmed positive employees should follow current guidance from the Health Department to meet the requirements for return to work. As more is learned about COVID-19, guidance for quarantine and isolation may change based on studies and lessons learned. Refer to current Centers for Disease Control and Prevention (CDC) guidance about return to work requirements or contact LCHD.

Personal Protective Equipment (PPE)

PPE is protective items worn by an individual to help prevent against exposures to risks like chemicals, diseases or airborne hazards. Examples of PPE include gloves, goggles, face shields, face masks, and various types of respiratory protection. The amount of PPE worn by an employee may depend on the tasks or activities that person is performing.

There are many types of masks and face coverings. For this pandemic, medical masks (N95 particulate filtering respirators, surgical masks, etc.) should only be worn by medical professionals or individuals at high risk of exposure who are performing aerosolizing procedures (CPR, autopsy, dental work, etc.).

If an employee is performing a low-risk task (a non-aerosolizing procedure like office work or interacting with the public through conversation or non-contact) the employee should wear a mask or face covering to prevent others from the spread of their own droplets (droplet precautions). These face masks should be a non-medical grade washable cloth mask, bandana, scarf, or other appropriate cover.

At a minimum, all employees are required to wear face covering (a mask or shield) at this time. The mask should fully cover the mouth and nose of the person and can be a cloth mask, scarf or bandana. Employees must be provided to option to choose to wear a face shield in place of a face mask if they are unable to wear a mask (ex., health issue that prevents wearing a mask, claustrophobic, etc.).

Droplet Precaution Measures

Requirements

- ☐ All employees and worksite visitors, including the public and anyone entering the building (ex. IT, deliveries, mail, Facilities, etc.), must follow respiratory etiquette.
- ☐ Provide employees with disposable or cloth masks or encourage them to use their own preferred mask (ex., cloth face covering, bandana, scarf, etc.).
- ☐ Provide employees the option to wear a face shield if they prefer not to wear a face mask.
- ☐ Public entering building are required to wear a face covering.
- ☐ Provide employees with information for how to properly wear a mask including how to put it on and take off as well as information for how to store and re-use the mask if applicable.
- ☐ Identify areas of the building where masks are required – communal areas and shared workspaces (ex., entering the building, traveling through hallways or common areas like lunch rooms, coffee/printer stations, and to speak with another co-worker).
- ☐ Identify areas where masks do not need to be worn – personal workspaces (ex., employees working at their own desk as long as they are appropriately socially distanced from others or there are proper barriers in place).

- ☐ Providing employees with the option to wear disposable gloves if necessary for some tasks.

Recommendations

- ☐ If utilizing curbside services for operations, the public should remain in their vehicle and both the person in the vehicle and the staff member should wear a mask while interacting with each other.

DRAFT

Employee Illness

Follow current CDC [interim guidance](#) to identify required restrictions from on-site work activities for employees who test positive for COVID-19. This guidance also provides planning considerations for community spread of COVID-19 to help prevent workplace exposures in non-healthcare settings.

To prevent stigma and discrimination in the workplace, use only the guidance described by CDC to determine risk of COVID-19 infection. Do not make determinations of risk based on race or country of origin and be sure to maintain confidentiality of people with confirmed coronavirus infection. There is much more to learn about the transmissibility, severity, and other features of COVID-19 and investigations are ongoing.

Actively encourage sick employees to stay home

Maintain a healthy environment for your employees and the public you serve. Educate your employees about the following:

- ☐ Employees who have COVID-19 symptoms (i.e., cough, shortness of breath, fever, chills, muscle pain, sore throat, new loss of smell or taste, or other less common symptoms reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea) should notify their supervisor and stay home.
- ☐ Sick employees with suspected or diagnosed COVID-19 should follow all CDC-recommended steps. Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers and their local health department.
- ☐ Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow CDC recommended precautions in consultation with their local health department. Employees should not return to work until the criteria are met. As more is learned about COVID-19, guidance for quarantine and isolation may change based on studies and lessons learned. Refer to current CDC guidance about return to work requirements or contact LCHD.

Separate sick employees

Do not allow ill employees to come to work. Educate employees about the importance of staying home while sick with any illness, and follow this guidance for determining what to do with a sick employee:

- ☐ Employees who appear to have symptoms (i.e., cough, shortness of breath, fever, chills, muscle pain, sore throat, new loss of smell or taste, or other less common symptoms reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea) upon arrival to work or who become sick during the day should immediately be separated from other employees, the public, and visitors and sent home.
- ☐ If an employee is confirmed to have COVID-19, the employer should work with the local health department to identify possible close contacts. The employer may need to inform fellow employees of their possible exposure to COVID-19 in the workplace but must maintain confidentiality as required by the HIPAA. The employer should instruct

employees about how to proceed based on guidance from the CDC and the local health department and LCHD.

Confirmed Case of COVID-19 in the Workplace

If an employee is confirmed to have COVID-19, there are certain steps the employer should take. Take the following steps for your department upon confirmation of a positive employee:

- ☐ Work with the local health department to identify all employees who may have come into close contact with the ill employee two days prior to symptom onset. A close contact is considered to be someone who was within less than six feet of the ill person for a prolonged period of time (more than 15 minutes) without PPE.
- ☐ Ensure that the entire workplace, or affected parts thereof (depending on employee's presence in the workplace), is thoroughly cleaned and disinfected.
 - ☐ If necessary, close the work area or workplace, until all cleaning and disinfecting is completed.
- ☐ The employer may need to inform fellow employees of their possible exposure to COVID-19 in the workplace but must maintain confidentiality as required by the HIPAA. The employer should instruct employees about how to proceed based on guidance from the CDC and the local health department and LCHD. The employer may also need to communicate with employees about the presence of a confirmed case, the cleaning/disinfecting plans, and when the workplace will reopen.

Return to Work Requirements

The interim guidance provided by the CDC for the [Discontinuation of Isolation for Persons with COVID-19](#) is updated frequently as more is learned about the virus. Typically, the guidance is based off of a certain timeframe from regarding symptom onset, testing, and the resolution of symptoms. If your department is still unclear about when a positive employee can return to work after reviewing the CDC guidance, contact the Health Department at 517-546-9850.

Appendix A – Acronyms





Acronym	Meaning
ADA	Americans with Disabilities Act
CARE	Check and Record Every Day
CDC	Centers for Disease Control and Prevention
CMH	Community Mental Health
COVID-19	Coronavirus Disease 2019
EAP	Employee Assistance Program
HIPAA	Health Insurance Portability and Accountability Act
HSCB	Human Service Collaborative Body
LCHD	Livingston County Health Department
MDHHS	Michigan Department of Health and Human Services
PPE	Personal Protective Equipment
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2 – <i>the virus that causes COVID-19</i>

Appendix B – Resource List and Links

Websites

- LCHD
 - www.lchd.org
- CDC COVID-19
 - www.cdc.gov/coronavirus/2019
- CDC Frequently Asked Questions Page
 - <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
- Michigan Department of Health and Human Services (MDHHS) COVID-19
 - www.michigan.gov/coronavirus





Mental Health Support




Title	Description	Creator	Link
Stay Home, Stay Well Resources 	Virtual ways to connect with emotional-support services without the need to leave home.	MDHHS	https://bit.ly/2ymfidR
“Stay home, stay Mindful” Michigan Headspace 	This special collection of meditation, sleep, and movement exercises below are designed to help you keep a strong and healthy mind in the midst of this global health crisis. <i>Also available in an app for Apple and Android devices.</i>	Headspace/ MDHHS	www.headspace.com/mi
Coping with the stress of COVID-19 Booklet 	Booklet/Newsletter with resources and methods for coping with stress and anxiety about COVID-19.	Livingston Human Services Collaborative Body (HSCB)	https://bit.ly/3c8U9SO
Community Mental Health (CMH) Services 	CMH Services of Livingston County is open for business and continues to provide for the behavioral health and substance use disorder needs of our consumers and our community members.	CMH	http://www.cmhliv.org/COVID19.htm
CDC Daily Life and Coping Tips	Various sections of CDC resources and tools for stress and coping with COVID-19.	CDC	https://bit.ly/2YyDuEt

Signage

Title	Description	Creator	Link
Germes are All Around You 	Reminder to wash your hands to reduce the spread of germs.	CDC	https://bit.ly/2W3l2Ro
Feeling Sick? Stay Home from Work Poster 	Poster about reminding people to assess their symptoms/health before entering a building.	CDC	https://bit.ly/2YHDRN3
Stop the Spread of Germs 	Poster to show how to take actions to stop the spread of germs around you.	CDC	https://bit.ly/2LoK9cF
Wash Your Hands 	Post in restrooms to remind staff and patrons the process for washing hands.	CDC	https://bit.ly/2z9qKJR
STOP: Face masks required/ Do not enter if you are sick 	Poster to hang outside to remind staff and the public that they may not enter without wearing a mask or if they are symptomatic.	LCHD	https://bit.ly/2T1BqRz – 8.5x11in Landscape https://bit.ly/3bsGK71 – 8.5x11in Portrait https://bit.ly/2WtJhtq – 18x24in Portrait

Handouts

Title	Description	Creator	Link
When is it safe to leave home? 	<p>Fact sheet to explain to an employee when they can leave quarantine or isolation.</p>	<p>MDHHS</p>	<p>https://bit.ly/2W4o09A</p>
Face Coverings Frequently Asked Questions 	<p>Fact sheet to explain to employees the importance and reasons for wearing masks.</p>	<p>MDHHS</p>	<p>https://bit.ly/2YDvmSY</p>
COVID-19 Testing Process Matrix 	<p>Fact sheet to explain to an employee what they should do if they think they were exposed to COVID-19.</p>	<p>MDHHS</p>	<p>https://bit.ly/2WzdAO2</p>
How to Protect Yourself and Others 	<p>All-encompassing fact sheet to provide to employees about steps they should take to protect themselves against getting COVID-19.</p>	<p>CDC</p>	<p>https://bit.ly/2zX5aIF</p>

<p>CDC Guidance for Cleaning and Disinfecting</p> 	<p>Thorough guidance about how and what to clean within the workspace environment.</p>	<p>CDC/EPA</p>	<p>https://bit.ly/35HyuyR</p>
<p>CDC Guidance for Cleaning and Disinfecting – Decision Tool</p> 	<p>Decision Tool for staff to identify the need and frequency of cleaning items they come into contact with.</p>	<p>CDC/EPA</p>	<p>https://bit.ly/3fCVrb9</p>
<p>COVID-19 Check and Record Every Day (CARE) Self-Monitoring Booklet</p> 	<p>A booklet employees can use for self-monitoring to track and record their symptoms and temperature.</p>	<p>LCHD</p>	<p>https://bit.ly/2znPCNM</p>



CARE:

Check and Record Every Day

May 2020

LIVINGSTON COUNTY 
Health Department

Introduction

During a time of sustained community spread of coronavirus disease 2019 (COVID-19), all individuals are at some risk for exposure within the community. This booklet provides important information about monitoring yourself and your loved ones for symptoms of COVID-19. COVID-19 is a respiratory illness caused by a virus that can spread from person to person.

All individuals are at some risk for exposure within the community. Take these steps to monitor your health:

1. Take your temperature with a thermometer two times a day and watch for cough, difficulty breathing or other symptoms of COVID-19 (see instructions in this booklet).
2. Practice everyday preventive actions to reduce your risk of getting or spreading illness (see below).
3. Practice social distancing by keeping your distance from others (about 6 feet or 2 meters) and limit your activities in public.
4. If you get sick with fever, cough, trouble breathing, or other COVID-19 symptoms, follow instructions on page 4.

Your local health department may have specific instructions for you to follow that may be more restrictive than described above. If you are found to be a close contact of a confirmed COVID-19 case, you will be contacted by your local health department.

Practice Everyday Preventive Actions

The Centers for Disease Control and Prevention (CDC) recommends several actions for preventing the spread of respiratory illnesses, like COVID-19. It is a good habit to practice everyday preventive actions at all times.



If you have a medical emergency, call 911. If you develop symptoms, contact your health care provider to determine if you need to go for testing. Contact your provider before you leave so they can plan for your arrival. If you do not have a health care provider, contact LCHD. Testing sites are changing daily.

Check your Health and Record Every Day

COVID-19 is spreading throughout our community. If you have been exposed to a person with COVID-19, it may take between 2 to 14 days to know if you will get sick. It is important to check your health two times each day during this time of sustained community spread. Follow the steps below to check and record your health.

Step 1: Do health checks every morning and every night.

- Take your temperature.
- In addition to fever, be alert for any other symptoms of COVID-19, including:
 - New or worsening cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Sore throat
 - Muscle pain
 - New loss of taste or smell
 - Gastrointestinal symptoms like nausea, vomiting, or diarrhea (less common)
- Write your temperature and any symptoms in the log included in this booklet.

Step 2: If you have a fever (fever is 100.4° F/38° C or higher), cough, or trouble breathing:

1. Do not go out in public.
2. Call your health care provider to inform them of your symptoms – call ahead before you go to a doctor's office or urgent care. If they recommend COVID-19 testing, you can call the Livingston County Health Department (LCHD) for up-to-date testing locations at 517-546-9850.
3. Avoid contact with others.
4. Stay home while you are sick, except to seek medical care.
5. Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
6. Wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others.
7. Wash your hands with soap and water immediately after coughing, sneezing, or blowing your nose. If soap and water are not available, you can use an alcohol-based hand sanitizer that contains 60%-95% alcohol. Always wash hands with soap and water if hands are visibly dirty.

If you have a medical emergency, call 911. If you develop symptoms, contact your health care provider to determine if you need to go for testing. Contact your provider before you leave so they can plan for your arrival. If you do not have a health care provider, contact LCHD. Testing sites are changing daily.

Before you Take your Temperature

- Wait 30 minutes after eating, drinking, or exercising.
- Wait at least 6 hours after taking medicines that can lower your temperature, like:
 - Acetaminophen* (also called Tylenol)
 - Ibuprofen*
 - Aspirin*

*Check with your health care provider for dosage and frequency for any fever-reducing medications.

How to Take your Temperature



1. Turn the thermometer on by pressing the button near the screen.



2. Hold the tip of the thermometer under your tongue until it beeps. Do not bite the thermometer.



3. Read your temperature on the screen. If your temperature is 100.4°F/38°C or higher, you have a fever.



4. Write your temperature on the 14-day Symptom and Temperature Log in this booklet.



5. Clean your thermometer with soap and water and dry it well.

If you have a medical emergency, call 911. If you develop symptoms, contact your health care provider to determine if you need to go for testing. Contact your provider before you leave so they can plan for your arrival. If you do not have a health care provider, contact LCHD. Testing sites are changing daily.

How to Use your Symptom and Temperature Log

Two times a day (morning and night), write down your temperature and any COVID-19 symptoms you may have: new or worsening cough, difficulty breathing, fever, sore throat, chills, muscle pain, and new loss of taste or smell. Less common symptoms include nausea, vomiting, and diarrhea.

1. Fill in the dates on the log, starting with Day 1 and ending with Day 31.
2. Start recording your temperature and symptoms. **Fever is 100.4°F/38°C or higher.**
 1. If you get sick, contact your health care provider. If you do not have a health care provider, you can call LCHD for up-to-date testing locations at 517-546-9850.
3. Print more copies of the Symptom and Temperature Log, as needed. This is an ongoing and quickly changing situation; you may need to monitor your health for more than a month.

Symptom and Temperature Log						(Page 1 of 2)
Month: <u>May</u>		Employee Name: <u>John Doe</u>				
DATE	SYMPTOMS				TEMPERATURE	
<u>5/1/2020</u>	<input checked="" type="checkbox"/> No symptoms <input type="checkbox"/> Muscle pain	<input type="checkbox"/> Cough <input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of breath <input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> Sore throat <input type="checkbox"/> GI symptoms*	AM 98.6	PM 98.8
<u>5/2/2020</u>	<input checked="" type="checkbox"/> No symptoms <input type="checkbox"/> Muscle pain	<input type="checkbox"/> Cough <input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of breath <input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> Sore throat <input type="checkbox"/> GI symptoms*	AM 98.4	PM 99.0
<u>5/3/2020</u>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Muscle pain	<input type="checkbox"/> Cough <input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of breath <input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> Sore throat <input type="checkbox"/> GI symptoms*	AM 98.5	PM 98.6
<u>5/4/2020</u>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Muscle pain	<input type="checkbox"/> Cough <input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of breath <input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> Sore throat <input type="checkbox"/> GI symptoms*	AM 98.7	PM 98.5
<u>5/5/2020</u>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Muscle pain	<input checked="" type="checkbox"/> Cough <input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of breath <input type="checkbox"/> New loss of taste/smell	<input checked="" type="checkbox"/> Sore throat <input type="checkbox"/> GI symptoms*	AM 99.8	PM 99.9
<u>5/6/2020</u>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Muscle pain	<input checked="" type="checkbox"/> Cough <input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of breath <input checked="" type="checkbox"/> New loss of taste/smell	<input checked="" type="checkbox"/> Sore throat <input type="checkbox"/> GI symptoms*	AM 100.3	PM 100.5

If you have a medical emergency, call 911. If you develop symptoms, contact your health care provider to determine if you need to go for testing. Contact your provider before you leave so they can plan for your arrival. If you do not have a health care provider, contact LCHD. Testing sites are changing daily.

Symptom and Temperature Log

(Page 1 of 2)

Month: _____ Employee Name: _____

DATE	SYMPTOMS				TEMPERATURE
_____	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM

If you have a medical emergency, call 911. If you develop symptoms, contact your health care provider to determine if you need to go for testing. Contact your provider before you leave so they can plan for your arrival. If you do not have a health care provider, contact LCHD. Testing sites are changing daily.

Symptom and Temperature Log

(Page 2 of 2)

DATE	SYMPTOMS				TEMPERATURE
	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM
	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> GI symptoms*	PM



If you get sick, notify your employer and contact your health care provider. If you do not have a health care provider, you can call LCHD for up-to-date testing locations at 517-546-9850.

***GI symptoms:** Less common symptoms of COVID-19 include gastrointestinal symptoms like nausea, vomiting, or diarrhea.

If you have a medical emergency, call 911. If you develop symptoms, contact your health care provider to determine if you need to go for testing. Contact your provider before you leave so they can plan for your arrival. If you do not have a health care provider, contact LCHD. Testing sites are changing daily.

Resources for More Information

Livingston County Health Department (LCHD):

<https://www.livgov.com/health/ph/Pages/COVID19.aspx>

Michigan Department of Health and Human Services (MDHHS):

<https://www.michigan.gov/coronavirus>

Centers for Disease Control and Prevention (CDC):

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

World Health Organization (WHO):

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>



LIVINGSTON COUNTY Health Department

2300 E Grand River Ave., Suite 102
Howell, MI 48843

517-546-9850



www.LCHD.org

This resource is for informational purposes only and is not intended for self-diagnosis or as a substitute for consultation with a health care provider. For more information contact your health care provider or visit the Centers for Disease Control and Prevention at www.cdc.gov. The information provided within this guide has been adapted from the CDC's CARE: *Check and Record Everyday*, 2020.

If you have a medical emergency, call 911. If you develop symptoms, contact your health care provider to determine if you need to go for testing. Contact your provider before you leave so they can plan for your arrival. If you do not have a health care provider, contact LCHD. Testing sites are changing daily.



LIVINGSTON COUNTY

Employee/Volunteer Self-Monitoring Protocol and Agreement

For Coronavirus 19 (COVID-19)



Due to the Coronavirus 19 (COVID-19) outbreak, Livingston County is adopting policies to prevent workers from entering the premises if they display symptoms of COVID-19 or have had contact with a person who is known or suspected to have COVID-19.

All Livingston County employees and volunteers who report to work are required to self-monitor on a daily basis. Employees must watch for signs and symptoms of COVID-19 including: acute (or worsening of chronic) cough, acute (or worsening of chronic) shortness of breath, fever, chills, muscle pain, sore throat, new loss of smell or taste, or other less common symptoms reported, including gastrointestinal symptoms like nausea, vomiting, or new onset (or worsening of chronic) diarrhea. Employees are encouraged to utilize the Livingston County Health Department (LCHD) Livingston County Employee Self-Monitoring Booklet for guidance and to track their daily health observations.

I have read and understand the Livingston County Employee/Volunteer Self-Monitoring Protocol above and agree to monitor and document my symptoms daily before reporting to work.

Signature

Date



LIVINGSTON COUNTY COVID-19 Screening Form

Have you tested positive for COVID-19 in the past 14 days? Yes / No

If the person answers “**yes**”, deny entry until their required isolation is complete.

If the person answers “**no**”, continue with the screening questions below.

In the past 24 hours, have you experienced any of the following *symptoms:

Acute (or worsening of chronic) cough: Yes / No

Acute (or worsening of chronic) shortness
of breath or difficulty breathing: Yes / No

Fever: Yes / No

Chills: Yes / No

Muscle pain: Yes / No

Sore throat: Yes / No

New loss of taste or smell: Yes / No

New onset (or worsening of chronic) diarrhea Yes / No

** This list may not be inclusive of all possible COVID-19 symptoms. Other less common symptoms have been reported, including nausea, vomiting, and headaches.*

If the person answers “**yes**” to any of these symptoms and **they are not due to existing condition**, deny entry and encourage them to speak with a healthcare provider.

If the person answers “**no**” to the symptoms above, allow entry and have them sign in on the Entrant Tracking Log.

[illegible]

RESOLUTION

NO: 2020-05-139

LIVINGSTON COUNTY

DATE: May 20, 2020

Resolution Approving the Employment Agreement with Nathan Burd for County Administrator – Board of Commissioners

WHEREAS, on May 11, 2020, the Board of Commissioners approved a conditional offer of appointment for the position of County Administrator for Nathan Burd, contingent upon him fulfilling to the sole satisfaction of the County, all County post-interview requirements and verifications and executing an employment agreement in a form acceptable to the County; and

WHEREAS, Mr. Burd has executed an employment agreement in a form acceptable to the County and is in the process of fulfilling all County post-interview requirements and verifications; and

WHEREAS, the approval of the employment agreement by the Board of Commissioners, contingent upon the fulfilling of all County post-interview requirements and verifications, is the final action needed to execute this agreement.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby approves the Employment Agreement of Nathan Burd for the position of County Administrator and the Chair of the Board of Commissioners is authorized to sign the Employment Agreement, approved as to form by civil counsel, upon the fulfillment of all County post-interview requirements and verifications to the sole satisfaction of the County.

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#

#

MOVED:

SECONDED:

CARRIED:

**LIVINGSTON COUNTY ADMINISTRATOR
EMPLOYMENT AGREEMENT**

THIS EMPLOYMENT AGREEMENT is entered into this 20th day of May, 2020, by and between County of Livingston, a municipal corporation and political subdivision of the State of Michigan with administrative offices at 304 E. Grand River, Suite 202, Howell, Michigan 48843, acting through the Livingston County Board of Commissioners ("Board"), and Nathan Burd ("Employee").

W I T N E S S E T H:

WHEREAS, the Board requires the services of a qualified person to serve as the Livingston County Administrator; and

WHEREAS, the Employee desires to provide such services and is qualified to perform the same.

NOW, THEREFORE, for and in consideration of the mutual covenants hereinafter contained, **IT IS HEREBY AGREED** between the parties as follows:

1. **Employment.** The Employee will be employed as the County Administrator of Livingston County ("County"), upon the terms and conditions in this Agreement. It is expressly understood and agreed by the Board and the Employee that the Employee will be an "at-will" employee of the Board pursuant to MCL 46.11(o). Either the Employee or the Board may terminate this agreement with or without cause as provided below.

2. **Duties.**

- A. The Employee will perform such duties and responsibilities as required and directed by the Board and in accordance with the laws of the State of Michigan, and will perform such other duties and functions as may be required. The Employee agrees that at all times he will faithfully and to the best of his ability, experience and talents perform all the duties that may be required of him. The Employee will report to the Board and such specific commissioners as may be designated by the Board from time to time in its discretion.
- B. The Employer reserves the right to delineate and assign further duties and functions for the Employee as it deems necessary and in the best interest for the administration of its programs.
- C. While employed under this Agreement, the Employee will abide by, enforce, and comply with the policies and governance directives of the Employer.

- D. The Employee agrees to represent the Employer and its essential interests at appropriate meetings and by means of correspondence as authorized by policy or directives of the Employer.
- E. Work Hours. It is understood and agreed by the parties that in order to perform the expectations of the Employer under this Agreement the Employee will devote (1) whatever time and attention is necessary and (2) that the endeavor will require at a minimum the full time effort of at least forty (40) hours per week toward the discharge of the Employee duties and responsibilities set forth in this Agreement.
- F. The Employee will recommend and implement policies of the Board relating to general administration, including without limitation, budget and financial management, employer relations and labor negotiations, facilities and equipment management and other internal services as requested by the Board or initiated by the Employee as appropriate and necessary.

3. Term. The term of this Agreement will be for a 3 year period commencing on the July 27, 2020, and continuing until July 26, 2023, unless terminated by either the Board or Employee, with or without cause, pursuant to the termination provisions of this Agreement. Each party will provide at least 60 calendar days prior written notice to the other party, provided there are at least 60 calendar days remaining before the Agreement expiration of July 26, 2023. The Board may waive the Employee's notice requirement. Such notice will not be required if the Employee is terminated by the Board for "cause" as defined below.

4. Termination and Severance.

- A. The Employee's employment Agreement may be terminated with or without cause by a majority vote of the total number of the County's Board members elected and serving at a meeting held in compliance with the Open Meetings Act.
- B. Without Cause:
 - 1. Severance Salary and Healthcare Continuation. In the event that the Employee's employment is terminated without cause pursuant to this provision, the Employer will pay the Employee his biweekly salary and health insurance benefits for a maximum period of 90 calendar days from the Employee's last date of active employment, subject to normal withholdings, so long as there are at least 90 days or more remaining in this Agreement. In the event there are less than 90 days remaining in the term of this Agreement, the Employer will pay the Employee his biweekly salary and health insurance benefits for the balance of the term of the Agreement.

2. To receive severance benefits, Employee will be required to execute a general release form to be determined by the Board.

C. With Cause:

1. For the purposes of this agreement "cause" includes, but is not limited to:
 - a. Conviction of or pleading guilty or no contest to a felony;
 - b. Embezzlement;
 - c. Dishonesty;
 - d. Theft;
 - e. Misappropriation of funds;
 - f. Incompetence or neglect of duty;
 - g. Reporting to work or working in an intoxicated condition;
 - h. Illegal activity on the County's premises during work or non-work hours;
 - i. Unauthorized use of Employer's property, equipment or facilities;
 - j. Falsification or unauthorized alteration of Employer's documents or records;
 - k. Improper use of leave time including falsification of information to secure leave time;
 - l. A pattern or failure to work cooperatively with community service agencies or courts;
 - m. Insubordination;
 - n. Sexual harassment of employees or third-parties; or
 - o. Any other material breach of the Employee's obligations under this Agreement.

2. Any termination for cause will be effective immediately, and the Employee's compensation will be terminated immediately. The Employee will not be entitled any severance benefit in the case of a for cause termination.

5. **Return of Property.** Upon termination of employment, the Employee will return all documents, correspondence, files, papers or property of any kind, of all type or nature pertaining to the Board, which the Employee may possess or control, and will sign a statement verifying return of such property.

6. **Compensation.**

- A. The Board will pay, and the Employee will receive, an annual salary of \$127,722.00 (Step 2 on the salary schedule for the position) effective at the beginning of the term of this agreement, in accordance with County policy to be paid in bi-weekly installment payments, for services rendered

pursuant to this Agreement. The annual salary will be increased according to County policy pursuant to the salary schedule. It is agreed between the parties that the Employee is exempt from the overtime provisions of the Federal Fair Labor Standards Act and that the Employee will not be entitled to and will not receive overtime compensation. In the event of termination of employment, the Employee's salary will be pro-rated to the effective date of termination.

- B. The Board may further increase the salary and/or other benefits of the Employee in such amounts and to the extent as the Board, in its sole discretion, may desire.

7. **Fringe Benefits.** Effective upon eligibility, the Employee will be entitled to the following fringe benefits as provided by the Board to its other Employees:

- A. Health Insurance (including life insurance; hospital, surgical and medical care expense benefits; disability insurance and dental insurance).
- B. Retirement Benefits under the County's MERS of Michigan Hybrid Pension Program for full-time employees.

The Employee will receive 15 vacation days per each year of the Agreement, accrued at the beginning of each employment anniversary year, and personal, sick and holiday leave as provided to all full-time County employees, in accordance with established Board policy.

8. **Professional Development.** The Employee may attend, with prior Board approval, professional meetings at the local, state and national level, the reasonable expenses of such attendance to be paid by the Board. The Board agrees, within budget limitations, and subject to the Board's approval, to pay for the professional dues and subscriptions of the Employee necessary for the Employee's continuation and full participation in national, regional, state, and local associations and organizations necessary and desirable for the Employee's continued professional participation, growth, and advancement, and for the good of the County.

9. **Mileage Reimbursement.** The Employee will be reimbursed for motor vehicle mileage incurred in the course of County business at a rate per mile as established by the Board when the Employee must drive his own vehicle. Mileage reimbursement is meant to cover only those miles incurred above and beyond the employee's normal commute to his normal place of business. When possible, the use of a County owned vehicle is encouraged.

10. **Performance Evaluation.** The Board Chair will review and evaluate the performance of the Employee on or before July 1 of each year. The review and evaluation will be in accordance with criteria developed by the Board. Criteria may be added or deleted as the Board may, from time to time, determine. The Employee will have an opportunity to discuss his evaluation with the Board and may be requested by the Board Chair to submit a self-evaluation.

The Board's failure to timely evaluate will not constitute a breach of this Agreement. It is requested that the Employee will timely inform the Board of its obligations in this provision.

11. **Non-Discrimination**. The Employee, as required by law, will not discriminate against any person seeking services from the County or against any employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or matters directly or indirectly related to employment because of a handicap that is unrelated to the individual's ability to perform the duties of a particular job or position, or because of race, color, height, weight, marital status, religion, national origin, age, or sex. Breach of this covenant may be regarded as a material breach of this Agreement.

12. **Outside Employment**. The Employee will not engage in any employment or business outside of this Agreement, except when approved in advance by the Board and under the following circumstances:

- A. The Employee, while engaging in outside or supplemental employment will:
 - 1. Not use the County's facilities as a source of referral for private customers or clients.
 - 2. Not be engaged in outside employment during the Employee's regular working hours.
 - 3. Not use the name of the County or its members as a credential in advertising or soliciting customers or clients.
 - 4. Not use the County's supplies, facilities, staff or equipment in conjunction with any outside or supplemental employment or private practice.
 - 5. Maintain a clear separation of outside or supplemental employment from activities performed for the County.
 - 6. Not cause any conflict of interest, or any possible appearance of conflict of interest, or any impairment of the independent and impartial performance of the Employee's duties.
- B. The Board and County will not be liable, either directly or indirectly, for any activities performed during outside or supplemental employment.

13. **Compliance with the Law**. The Employee will perform all duties and obligations hereunder in complete compliance with all applicable federal, state and local laws, ordinances, rules and regulations.

14. **Complete Agreement**. This Agreement constitutes the complete agreement concerning the employment arrangement between the parties and will, as of the effective date hereof, supersede any and all prior contracts, oral or written, between the parties, if any. It is understood and agreed that this Agreement will supersede and take precedence over any other document, handbook, benefit plan or other material which could otherwise be construed as being

contractual in nature, whether in existence prior to, currently or subsequent to the execution of this Agreement, unless such other document, handbook, plan or material is made expressly applicable to the Employee by this Agreement or by formal action of the Board. It is further understood that no Board personnel has authority to enter into any employment contract with the Employee for any specified period of time, or to make any agreement contrary to the provisions herein, except when the same is approved by a formal action of the Board.

15. **Applicable Law and Venue.** This Agreement will be construed according to the laws of the State of Michigan. In the event any actions arising under this Agreement are brought by or against the Employer, or the Employer is made a party thereof, the parties acknowledge and agree that the venue for such actions will be established in accordance with the statutes of the State of Michigan and/or Michigan Court Rules. In the event an action is brought in a Federal Court, the venue for such action will be the Federal Judicial District of Michigan, Eastern District, Southern Division.

16. **Waivers.** No failure or delay on the part of either of the parties to this Agreement in exercising any right, power, or privilege hereunder will operate as a waiver thereof, nor will a single or partial exercise of any right, power or privilege preclude any other or further exercise of any other right, power or privilege.

17. **Assignment or Subcontracting.** The Employee may not assign, subcontract or otherwise transfer any duties and/or obligations under this Agreement.

18. **Modification of Agreement.** Modifications, amendments, or waivers of any provisions of this Agreement may be made only by the written mutual consent of the parties hereto.

19. **Disregarding Titles.** The titles of the sections set forth in this Agreement are inserted for the convenience of reference only and will be disregarded when construing or interpreting any of the provisions of this Agreement.

20. **Invalid Provisions.** If any provision of this Agreement is held to be invalid, the remainder of the Agreement will not be affected thereby, except where the invalidity of the provision would result in the illegality and/or unenforceability of this Agreement.

21. **Certification.** The persons signing this Agreement on behalf of the parties hereto certify by their signatures that they are duly authorized to sign this Agreement on behalf of said parties and that this Agreement has been authorized by said parties.

IN WITNESS WHEREOF, the authorized representatives of the parties hereto have fully executed this Agreement on the day and year first above written.

**LIVINGSTON COUNTY BOARD OF
COMMISSIONERS**

EMPLOYEE

By: _____
CAROL S. GRIFFITH – CHAIR
COUNTY BOARD OF COMMISSIONERS

By: *Nathan Burd*
NATHAN BURD

Dated: _____

Dated: 5/19/20

APPROVED AS TO FORM FOR COUNTY OF
LIVINGSTON:
COHL, STOKER & TOSKEY, P.C.
By: MATTIS D. NORDEFJORD
On: May 18, 2020

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