

## COVID-19 PREPAREDNESS AND RESPONSE PLAN

Hackley Community Care (HCC) continues to closely monitor the directives and guidance from federal, state, and local authorities concerning the COVID-19 pandemic. In accordance with MIOSHA Emergency Rules for Coronavirus disease 2019 (COVID-19). This plan amends, restates, and replaces any and all previous plans, policies and procedures of HCC concerning the subject matter of this Plan. Some provisions in this Plan apply to all patients and visitors to HCC's facilities and some provisions apply specifically to employees. Reference to 'employees' include temporary and contract workers.

### I. HUMAN RESOURCE SUMMARY FOR HCC STAFF:

Doing Your Part; Doing Our Part: You are going to learn in this document about all the precautions that HCC is taking to keep staff and patients safe – our two, number one priorities! This is a *team effort* and we're in this together! HCC will continue to do our part to keep us all safe and healthy, and we need you to do your part as well:

Have Symptoms? Please Stay Home: In caring for you and your and your families' health, we will continue to be as flexible as possible to support you. It is so important that our staff members are aware of their own symptoms and STAY HOME if you are experiencing any symptoms that could be COVID related as noted on the COVID Screening Document (Section IV). Symptoms include cough, sore throat, fever, shaking and/or chills, shortness of breath, loss of taste/smell, nausea, vomiting, diarrhea, headache, dizziness, and new onset of muscle pain. We also understand that many of you are caring for others in your household. We know that you may have concerns about things like safety, pay, absences, PTO availability and we encourage you to discuss those concerns with your managers and keep lines of communication open. Above all, please stay home when you are not well. **Employees will not be penalized for missing work when they are exhibiting symptoms that indicate a particular risk of infecting others with COVID-19.**

Communication & Concerns: Human Resources will continue to provide you with updates, resources and benefits available to you and your families. Please reach out to us if you are struggling or need specific assistance or resources. We need you well! When you do have questions or concerns, please contact your Manager, Human Resources, Infectious Disease Coordinator, Chief Medical Operations Officer, or other leadership member. We also have comment boxes and other means of communication throughout the organization.

Employees are encouraged to hold each other accountable with respect to this Plan and the policies and procedures contained herein. To the extent that anyone is not complying with this Plan, employees should report such behavior to management. Additionally, if an employee is made aware or has reason to suspect that another may have COVID-19 symptoms, such employee should report their concerns to management immediately.

Training, Training, Training: We are providing COVID-19 safety training for all staff – existing, new, and returning to make sure that staff are thoroughly trained in the latest precautions, procedures and protocols to limit risk factors. These trainings include the items listed in this document, topics noted in Section I and includes training in PPE, hygiene, and sanitization. This training is also conducted for contractors, students, volunteers, or temporary employees.

PPE & Hygiene: Please follow your PPE Procedural Training correctly and consistently to protect yourself and your neighbors; use sneeze and cough etiquette; and wash hands regularly and thoroughly. Refrain from using others' equipment, space and work tools where spreading potential is increased.

Travel Restrictions: HCC may restrict business-related travel to only essential travel by employees when required to do so by active Executive Orders and/or CDC guidelines to help reduce exposure risks.

Workspace Evaluations: On an ongoing basis, HCC will evaluate remote work options based on business needs, OSHA requirements, active executive orders, MIOSHA work requirements, MDHHS requirements, and CDC guideline recommendations. HCC will restrict the number of workers present on premises to those strictly necessary to perform HCC's critical functions and operations. Employees with questions or concerns regarding their designation as an essential worker should contact management for further discussion.

## II. EXPOSURE CATEGORIES

The following potential sources of possible COVID-19 spread in the workplace include:

- The general public
- Customers/patients
- Co-workers/employees
- Vendors/visitors

HCC employees fall into one of the following categories:

- **Lower exposure risk** (the work performed does not require direct contact with people known or suspected to be infected with COVID-19, frequent close contact with the public, or minimal occupational contact with coworkers and the public).
- **Medium exposure risk** (the work performed requires frequent and/or close contact with people who may be infected with COVID-19 but who are not known COVID-19 patients; contact with the general public in areas where there is ongoing community transmission or in areas without ongoing community transmission, workers have frequent contact with the public from areas of ongoing community transmission).
- **High exposure risk** (healthcare delivery and support staff exposed to known or suspected COVID-19 patients; medical transport workers moving known or suspected COVID-19 patients in enclosed vehicles).
- **Very high exposure risk** (healthcare workers performing aerosol-generating procedures on known or suspected COVID-19 patients; healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients).

## III. DESIGNATION OF INFECTIOUS DISEASE POINT PERSON

HCC will designate at least one Infectious Disease Point Person to implement, monitor, and report on the COVID-19 control strategies implemented in this Plan. An Infectious Disease Point Person shall remain on-site at all times when employees are present at HCC facilities. If the Infectious Disease Point Person is unable to be present at the worksite, an on-site employee will be designated to perform the role.

## IV. DAILY SCREENING OF ALL INDIVIDUALS BEFORE ENTERING HCC FACILITIES

### A. Screening of All Individuals

1. HCC will determine a Designated Entry Point through which all employees and individuals must access the facility. Prior to an employee's work shift or upon entry, at the Designated Entry Point, every individual will complete a COVID-19 HCC Building Screening Questionnaire based on current CDC and/or other mandated guidelines.
2. HCC's employees will complete an online Building Screening Questionnaire, along with a daily temperature reading, prior to their work shift or within 10 minutes upon entering their workspace. The employee's manager is alerted to any positive building screening via email. A daily log of employee screenings is

- available and monitored by the employee's managers.
3. Employee logs are maintained in a data log within the IT department.
  4. Any individual or non-staff entering the building will complete a Building Screening Questionnaire and have their temperature (via touchless thermometer) read and recorded.

**B. HCC building screeners will complete the Coronavirus Questionnaire regarding COVID-related symptoms and travel/exposure history; and take a temperature prior to entering the building.**

**1. Negative Building Screen:**

- a. **Patients/Visitors:** Upon entering the building, patients will be provided a mask if they don't have one and asked to sanitize their hands. Masks must be worn at all times while in the facility. Patient will be evaluated by BHC, PCP or Dentist as typical for complaints/symptoms.
- b. **Staff:** Employee will be provided with a mask if they don't have one already, asked to sanitize their hands, and may report to their workstation following an online negative building screen.

**2. Positive Building Screen:**

- a. **Patients/Visitors:** coming in without a scheduled appointment that have answered 'yes' to ANY of the questions AND/OR has a fever>100.4 (positive building screen) will be asked to RETURN TO THEIR CAR and given instructions to contact HCC (phone specialist) via cell phone for further instructions.
  1. If there is no car for the Patient/Guardian to return to, they will be asked to sit in a designated area and given instructions to contact HCC via cell phone for further instructions.
  2. If the patient does not have access to a cell phone, they will be triaged, in person, by a clinical staff member. If the patient prefers to return home and call in, they may do this as well (if the patient needs transportation, we will call for a ride or supply a bus pass as needed).
- b. **Patients/Visitors:** coming in for a scheduled appointment that have answered 'yes' to ANY of the questions AND/OR has a fever>100.4 will be asked if they would like to change their appointment to a telephone/virtual visit. If the patient agrees and has a cell phone to enable a telehealth visit, the screener will contact the front desk and instruct them to change the patient's appointment to a telehealth visit and provide the front desk with the patient's phone number (to contact them for the visit).
  1. If the patient does not wish to schedule a telehealth visit or doesn't have a cell phone, the screeners will notify the front desk that the patient showed for their visit but didn't pass screening, therefore canceling the appointment. The patient will be provided HCC's number to reschedule their appointment.
  2. If the patient feels they are in need of acute COVID related care, they will be advised to go to our walk-in Clinton Street NowCare services to be seen and evaluated.
- c. **HCC Staff:** The online screening results will be immediately reported to the employee's manager via high priority email. If the staff is at work, they will immediately leave the building and be asked to contact their manager. If the employee is at home, they will utilize call-in procedures and contact their manager – do not report to work.

3. Any patient or staff that calls regarding COVID-19 symptoms or questions will be transferred to a phone specialist to schedule a telehealth visit with a provider for further evaluation or be scheduled for COVID testing based on patient's request.

**V. HCC Staff Treatment and Follow Up**

Employees are to report the recommendations of their provider visit (HCC or External PCP) to their manager including work restrictions and whether a COVID test is pending. Managers, in conjunction with Chief Medical Operations Officer and Infectious Disease Coordinator will monitor and evaluate each staff circumstance to

determine when an employee may return to work based on provider recommendations and CDC guidelines.

#### A. HCC Guidance for COVID Test Results for Staff:

1. **Results Reporting:** Staff must immediately report COVID-19 test results to Chief Medical Operations Officer and/or Infectious Disease Coordinator and/or Manager. For positive test results, HCC will follow CDC guidelines regarding health care workers and patients and test results will be reported to Muskegon Public Health Department by the Infectious Disease Coordinator.
2. **HR Notification for Positive Test Results & Identification of Close Contact Group:** Chief Medical Operations Officer and/or Infectious Disease Coordinator and/or Manager are required to immediately report any positive COVID-19 staff test results to HCC CHRO, HR Director, or HR Benefits Lead. Human Resources will make direct contact with employee to identify other staff members, patients/visitors, contractors, volunteers or suppliers who had 'close contact' with that individual and assess risk category. Evaluation of risk and close contact includes in close contact within 6 feet for a period of time greater than 15 minutes, within a specific time frame and whether PPE was in use by either/both parties. This same process will be in place if HCC is made aware of any positive test results for any patients, contractor, volunteer, student or supplier who may have been in contact with HCC staff members.
  - a. **Close Contact Group Notifications:** Within 24 hours of positive test result notification, Human Resources will make direct contact with those individuals to notify them of exposure and risk level and will provide guidance for PPE and/or PCP referral based on symptoms or asymptomatic status. Positive HCC staff are ADA protected and remain anonymous to every extent possible. Within same 24 hours period, HCC's Chief Medical Operations Officer and/or Infectious Disease Coordinator will notify the Muskegon Public Health Department (directly through established positive results process).

#### B. HCC Return to work Criteria for Symptomatic Staff (based on CDC guidelines):

Chief Medical Operations Officer will be responsible for clinical evaluation and determination of staff members' approval to return to work based on CDC guidelines outlined below. These evaluations and communications will be in conjunction with the employee's manager.

1. **Symptom-based strategy for determining when staff can return to work. CDC recommended strategy**
  - a. Staff with [mild to moderate illness](#) who are not severely immunocompromised:
    1. At least 10 days have passed *since symptoms first appeared and*
    2. At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
    3. COVID related Symptoms (e.g., cough, shortness of breath) have improved

**Note:** Staff who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

- b. Staff with [severe to critical illness](#) or who are severely immunocompromised:
  1. At least 20 days have passed *since symptoms first appeared*
  2. At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
  3. COVID related Symptoms (e.g., cough, shortness of breath) have improved

**Note:** Staff who are **severely immunocompromised** but who were **asymptomatic** throughout their infection

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may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test.

## 2. Test-Based Strategy for Determining when Staff Can Return to Work.

### a. Staff who are symptomatic:

1. Resolution of fever without the use of fever-reducing medications **and**
2. Improvement in COVID related symptoms (e.g., cough, shortness of breath), **and**
3. Results are negative from one or two (PCP discretion) consecutive respiratory specimens collected  $\geq 24$  hours apart tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

### b. Staff who are not symptomatic:

1. Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See

## C. HCC Return to Work Criteria for Staff Exposure:

### High Risk Exposure:

#### 1. Staff direct exposure to COVID positive – spent more than 15 minutes and less than 6 feet and NO PPE (high risk exposure):

- a. Staff to isolate at home from COVID positive person for 14 days and self-monitor for symptoms\*

\*If develop symptoms during this 14-day period, refer to Return to Work criteria above (symptom and test-based strategy regarding Return to Work protocol)

#### 2. Staff direct exposure to PUI\* - spent more than 15 min and less than 6 feet and NO PPE.

- a. Staff to isolate from PUI at home and self-monitor for symptoms until PUI's symptoms improved for 24 hours or negative COVID test x1 has been performed for PUI.

\*PUI – persons with COVID symptoms WITH fever OR persons with COVID symptoms with or without fever AND a high-risk exposure or persons with loss of taste and/or smell (with or without fever or exposure)

### Low Risk Exposure:

#### 1. Staff direct exposure to PUI OR COVID positive person/PUI WHILE WEARING appropriate PPE (face mask)

- a. Staff to remain a work and self-monitor for symptoms x 14 days

\*EXPOSURE is defined as spending more than 15 minutes and less than 6 feet away from PUI/COVID person

### High or Low Risk Exposure for Asymptomatic Vaccinated Persons:

#### 1. If vaccinated individual has an exposure to someone with suspected or confirmed COVID-19, they are not required to quarantine if they meet all of the following criteria:

- a. Are fully vaccinated (i.e.,  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine).

- b. Have remained asymptomatic since the current COVID-19 exposure.

High Risk Exposure for Asymptomatic Persons (Vaccinated or Unvaccinated):

1. **Asymptomatic staff with a higher-risk exposure with prolonged close contact with someone with COVID-19, regardless of vaccination status, should have a series of two viral tests for COVID-19 infection. In these situations, testing is recommended immediately and 5-7 days after exposure.**

- a. People with COVID-19 infection in the last 90 days do not need to be tested if they remain asymptomatic, including those with a known contact.

**D. Post COVID Vaccine Return to Work Criteria:**

Day 1 (day of vaccination) – Day 3 (48 hours after vaccination)

\*if no known unprotected exposure to persons with COVID within the last 14 days

1. If you develop the following mild typical post vaccination symptoms, feel well enough to work and are not experiencing a fever, you may come to work.

- a. Fatigue
- b. Headache
- c. Chills
- d. Myalgia
- e. Arthralgia

\*Note: If your symptoms worsen in severity, you develop a fever or you are not significantly improving within 48 hours after vaccination, you will be expected to contact your Manager for further instruction.

2. If you develop the following 'typical' symptoms of COVID within 48 hours of vaccination, you will be asked to remain at home and follow COVID specific return to work criteria.

- a. Cough
- b. Loss of taste or smell
- c. Shortness of breath
- d. Nasal congestion/rhinorrhea
- e. Fever

**E. Employee Safety Requirements Upon Returning to Work:**

1. Wear a surgical facemask at all times while in the facility for 14 days.
2. Restrict contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.
3. Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).
4. Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

**VI. Additional precautions HCC is taking for potentially exposed healthcare providers and critical infrastructure workers include, but are not limited to, the following:**

- A. Continue to abide by HCC's daily building screening procedure.
- B. Continue to self-monitor for COVID-19 symptoms and immediately report to a supervisor or manager upon developing any COVID-19 symptoms.

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- C. Wear a face mask while inside HCC facilities per HCC Mask requirements.
- D. Continue to abide by social distancing (6 feet) recommendations to the greatest extent possible.
- E. HCC will continue to abide by all CDC cleaning and disinfecting guidelines.

**VII. Pre-Screening for Patients and Permitted Visitors:**

- A. An attempt will be made to pre-screen patients and visitors for COVID-19 symptoms and risk factors before their appointment. This will take place via appointment reminder phone calls or texts. If a patient meets the pre-screening criteria the patient may continue with an in-person appointment. The patient will be informed of HCC's visitor and building screening procedure.
- B. HCC is currently prohibiting visitors from entering an HCC facility in an effort to continue practicing social distancing, unless the visitor is visiting under one or more of the following circumstances:
  - 1. Visitor is required for the provision of medical care or support of activities of daily living (as determined by HCC employees on a case-by-case basis).
  - 2. Visitor is the power of attorney or court-appointed guardian for a patient.
  - 3. If patient is 21 years of age or under, visitor is patient's parent, foster parent or guardian.
  - 4. Visitor is visiting patient in serious or critical condition or in hospice care.

**VIII. Employee Training: All employees will receive COVID-19 training which covers the following topics:**

- A. Workplace infection-control practices.
- B. The proper use of personal protective equipment (PPE).
- C. Steps the employee must take to notify the business or operation of any symptoms of COVID 19 or a suspected or confirmed diagnosis of COVID 19.
- D. How to report unsafe working conditions.
- E. COVID-19 information training and updated training as information regarding COVID-19 become available.

**IX. Social Distancing by Employees:**

In compliance with MIOSHA, MDHHS, OSHA, and CDC guidelines, HCC has developed and implemented the following plan to manage and control social/physical distancing for employees working alongside each other and patients and visitors within or outside HCC.

- A. All workspaces shall be modified as necessary to ensure that employees are able to work at least six feet apart from other employees to the maximum extent reasonably possible. Based on evaluation of workspace, employees will be advised to wear a face shield in addition to required mask if they cannot consistently maintain six feet of separation. Employees are required to maintain a distance of at least six feet from all employees and avoid in-person conversations unrelated to HCC operations to the maximum extent possible. If social/physical distancing becomes impractical or infeasible due to capacity or other limitations within HCC's facilities, HCC may take additional action to further restrict capacity or reassign employees as necessary. Visual markings and signage will be placed throughout the facility to further implement social/physical distancing among employees and patients.

Specifically, HCC shall:

- 1. Continue social distancing measures as recommended by the CDC.
- 2. Restrict the number of workers present on HCC premises to no more than is strictly necessary to perform the in-person work.
- 3. Require individuals to remain, to the extent possible, six feet apart from each other at all times.

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Where individuals cannot maintain 3 feet of distance for greater than 15 minutes, employees will be advised to wear a face shield in addition to required mask.

4. Identify high-risk areas where workers must stand near one another and provide visual indicators of appropriate spacing for employees in case of congestion (including outside of the Designated Entry Point).
  5. Postpone group meetings unless social distancing can be maintained or otherwise hold such meetings via telephone or video conference.
  6. Prohibit all forms of physical contact where it is not necessary for employer operations.
  7. Suspend all non-essential visitors.
  8. Post signs at entrance(s) instructing patients to wear a face covering when inside.
  9. Limit waiting-area occupancy to the number of individuals who can be present while staying six feet away from one another and ask patients, if possible, to wait in cars for their appointment to be called.
  10. Mark waiting rooms to enable six feet of social distancing (e.g., by placing X's on the ground and/or removing seats in the waiting room).
  11. Place hand sanitizer and face coverings at patient entrance(s).
  12. Require employees to make proper use of personal protective equipment in accordance with guidance from the CDC and the U.S. Occupational Health and Safety Administration.
  13. Require patients to wear a face covering when in the facility, except as necessary for identification or to facilitate an examination or procedure.
  14. Install physical barriers at sign-in, temperature screening, shared workspaces, or other service points that normally require personal interaction (e.g., plexiglass, cardboard, tables).
  15. Employ telehealth and telemedicine to the greatest extent possible.
  16. Install HEPA-type filtration systems in patient waiting areas, employee common areas, dental operatories, and in areas where PUI/COVID positive patients are being evaluated.
  17. Employ specialized procedures for patients with high temperatures or respiratory symptoms (e.g., special entrances, having them wait in their car) to avoid exposing other patients in the waiting room.
- \*Additional or other social/physical distancing measures may be implemented by HCC from time to time consistent with guidance issued by federal, state and local authorities which must also be strictly followed by all employees.

## **X. Cleaning, Disinfecting and Personal Protective Equipment (PPE)**

- A.** HCC will utilize standards of facility cleaning and disinfection to limit employee and patient exposure to COVID-19, as well as adopting procedures to clean and disinfect in the event of a positive COVID-19 case in the workplace.

Specifically, HCC shall:

1. Practice routine cleaning and disinfecting of frequently touched surfaces. HCC shall refer to CDC recommended cleaning measures.
2. Require employees to routinely clean their own space utilizing an EPA approved cleaner (per CDC)
3. Ensure that there are sufficient hand washing or hand-sanitizing stations at the worksite to enable easy access by employees.
4. Place hand washing protocol posters in all common work areas and in restrooms and encourage employees to frequently wash their hands for at least 20 seconds with soap and water.
5. Provide hand sanitizer, disinfecting wipes, and household cleaners at the Designated Entry Point, in all common areas, and at workspaces where employees cannot leave to wash their hands between



- interactions with non-employees.
6. Encourage the continuation of proper hand hygiene, sneeze and coughing etiquette, and other infection-control practices and post signs to the same effect.
  7. Provide all HCC employees with medical grade face coverings and require them to be worn where six feet of distance cannot be maintained.
  8. Adopt protocols to limit the sharing of equipment to the maximum extent possible and to ensure frequent and thorough cleaning and disinfection of equipment and frequently touched surfaces.
  9. Disable all water fountains.
  10. Clean and disinfect all areas used by a person (including any employee) who is ill, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, credit-card machines, keypads, counters, shopping carts, and other surfaces. If more than 7 days have passed since a person who is sick visited or used the facility, additional cleaning and disinfection is not necessary under current CDC guidelines.
  11. Deep clean examination rooms after patients with respiratory symptoms and clean rooms between all patients.
  12. In the event of a positive COVID-19 case in the workplace, HCC will identify all potentially contaminated areas of the facility and will abide by CDC guidelines when cleaning and disinfecting contaminated areas. If it is possible that the specific areas of the facility can be shut down for a 24-hour period in order to clean and disinfect the area, at which point, employees working in the area will be properly notified and removed from the area.
  13. Additional or other cleaning and disinfecting measures may be implemented by HCC from time to time consistent with any directives and guidance issued by government authorities which must also be strictly followed by all employees.

## **XI. Employer Requirements**

- A. A copy of this Plan will be made available via email, HCC Website, and through HCC Intranet to ensure that it may be viewed by all employees and other individuals. Supporting procedures are available upon request.
- B. HCC will post additional signage as may be required by federal or state law related to COVID-19.
- C. Maintain a record of all COVID-19 employee training.
- D. Maintain a record of screening for each employee, patient, or visitor entering the workplace (IT holds the electronic records).
- E. Maintain screening records for 1 year from time of generation.
- F. Procedures that support this document can be found on HCC's Intranet under:

### Procedures/Section M: EOC/Infection Control

1. M.01 Generalized Disinfection
2. M.02 Dental Disinfection
3. M.03 Screening and Management of patients and staff regarding COVID 19
4. M.04 Mask Procedure
5. M.05 COVID 19 Facilities Response
6. M.06 PPE and Disinfection Guidelines (COVID)
7. M.07 COVID Algorithm

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**This Plan may be amended or modified from time to time by HCC, with or without advance notice.**

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