



EASTERN MICHIGAN UNIVERSITY

Community Behavioral Health Clinic

Standard Operating Procedures for EMU CBHC

I. Purpose

The purpose of this document (“SOP”) is to establish safety procedures and a preparedness and response plan for the EMU Community Behavioral Health Clinic (hereafter referred to as the CBHC). This document is intended to augment the Eastern Michigan University Covid-19 Preparedness, Response, and Safe Return to Campus Plan for Clinics (“Clinic Plan”). Nothing in this document supersedes or overrides the Clinic Plan.

II. Scope and Application

This SOP applies to all employees, contractors, and students who conduct work at the CBHC. This SOP also applies to clinic visitors to the clinic, including but not limited to clients or patrons.

III. Implementation

A. Publication and notification

This SOP will be published as follows:

1. Website: <https://www.emich.edu/cbhc/>
2. This SOP will be emailed to all clinic staff, including students.
3. This SOP will be posted onsite at the clinic.
4. Relevant information from this SOP, including all expectations, will be sent to all clients, patrons, and other visitors of the clinic in advance of their visit. The CBHC In-Person COVID Consent URL will be sent in advance to clients, and no client will be allowed in the building until that document is on file. The URL for this consent form can be found by [clicking here](#).

B. Supervision

The Clinic Director, Dr. Karen Saules, is responsible for the implementation, monitoring, and reporting under this SOP.

C. Training

The Clinic Director, Dr. Karen Saules, will maintain records of COVID-19 training required by the Clinic Plan. Clinic employees, including students, will not be permitted to work in the clinic until training has been completed.

IV. Policies and Practices

A. The Clinic Director will post signs instructing clients/patrons to wear a face covering (and maintain physical distancing) when inside the building.

Signs can be found here

(<https://www.emich.edu/emu-safe/communication-resources/printable-materials/index.php>) and will be posted at the following locations/building entrances:

1. Main exterior doors (front and back)
 2. Inside the front vestibule, before entering the waiting room
 3. On the door from the waiting room to the clinic
 4. Signs will be posted in each office to remind clients to keep their masks on at all times (staff working alone in closed offices may remove their masks).
 5. We will post arrow signage to keep client traffic flowing in one direction to the extent possible. Clients will enter from the front door, proceed to the clinical room, and exit via the back door, but might need to go against flow on occasion to access the restroom.
- B. Waiting area occupancy shall be limited to one person at a time, or a maximum of two if the client is a child, person with a disability, or older adult who requires a caregiver to be present. Clients will be asked to call from the parking lot/exterior grounds, and we will let them know when they may enter the building. Waiting area furniture will be labeled “do not use” as needed to maintain 6’ foot distancing at all times, but as we do not anticipate more than 2 people in the waiting room, maximum, in the waiting room, at any one time -- and only for short periods of time -- this should be quite feasible.
- C. The Clinic Director and the Director of Environmental Health and Safety (or the Director’s designee) will survey the space and mark the waiting rooms to enable six feet of physical distancing (e.g., by placing applicable placards on the ground and/or removing seats in the waiting room). All

clinic staff, students, clients/patrons, and visitors must limit their movement in a waiting area to these markings. Placards must be selected and ordered by the clinic from this website:

<https://www.emich.edu/emu-safe/communication-resources/stickers/index.php>

1. We met with Kathryn Wilhoff on August 20th to do a walk through and discuss placard and signage needs.
 2. Ms. Ariana Herrera-Wilder (Clinic/Doc Program Administrator) is ordering signs and placards accordingly.
- D. All clients will undergo a screening protocol, including a temperature check, at each appointment. The screening protocol will consist of the following:
1. Clients will be emailed a [URL](#) to complete the assessment of any current COVID symptoms that are not related to another health condition. They must complete the checklist denying all symptoms before traveling to the CBHC.
 2. Whenever a client is scheduled, in addition to the clinician seeing the client, we will have at least one staff member (administrative assistant, graduate assistant, or undergraduate assistant) and/or clinical supervisor on site who will be responsible for taking Client temperatures before they are admitted to the CBHC (i.e., in the front vestibule).
- E. The clinic director shall obtain hand sanitizer through the [PPE supply order form](#). Hand sanitizer will be made available at the following client entrances:
1. Inside the front vestibule
 2. By the door from the waiting room to the Clinic
 3. Inside the back door
 4. Small bottles will be accessible in each room used by clients.
- F. The clinic director shall obtain face coverings through the [PPE supply order form](#). Face coverings will be made available at the following client entrances:
1. All clients will be expected to enter through the Front Door, so masks will be made available at that location. Staff who greet the client will provide a mask if the client is not already wearing one. Clients will exit only through the back door, so masks are not needed at that door.
- G. The following PPE will be required:

1. Disposable nitrile gloves are required while disinfecting the clinic spaces if available products so dictate; Kathryn Wilhoff suggested that currently available products may not require this level of protection. We will use gloves if needed based on the products provided to us by custodial services. At present, Clorox wipes have been ordered, and we do not expect that nitrile gloves will be needed to use them, but we will have gloves available for those with sensitivities.
 2. Face shields will be made available for clinicians who will come within 6 feet of a client. These have been ordered by the Psychology Department.
 3. We are reaching out to Physical Plant to have plexiglass barriers installed in the one (assessment) room where close contact with clients may be required. If movable plexiglass barriers can be obtained for use if/when in person therapy sessions resume, this will provide added protection even though face masks will still be worn and 6' distances can be maintained in those rooms.
- H. All clients are required to wear a face covering (must cover both the nose and mouth) with very few exceptions related to clinic-specific procedures. Exceptions to this requirement are limited to the following:
1. There are no exceptions to this requirement. Clients who cannot wear face coverings will be seen via telehealth or scheduled later, whenever normal operations might resume. We are not obligated to provide services to any particular individual; clients are admitted based on training needs and supervisory expertise, not based on the order in which services are requested.
- I. Remote services (e.g., telehealth) will be provided to the greatest extent possible. The following services cannot be performed remotely and will be offered in person:
1. Psychological assessments that require face-to-face transactions and manipulation of materials. Detailed guidance for how these sessions are to occur in remote, hybrid, and face-to-face fashion can be found by [clicking here](#).
 2. Student clinicians may use individual offices from which to conduct telehealth sessions, but the clients themselves will be located off site. We will use a shared google calendar for people to sign up for office space so that we can maintain low human density in the building (i.e., one individual per office if no clients are involved). Offices will be scheduled to “rest” in between users (1 hr minimum),

and users will be expected to clean all areas they come into contact with before leaving the building.

3. Student clinicians and faculty supervisors may use individual offices to use our computer system to do their clinical documentation and related tasks. We will use a shared google calendar for people to sign up for office space so that we can maintain low human density in the building (i.e., one individual per office if no clients are involved). Offices will be scheduled to “rest” in between users (1 hr minimum), and users will be expected to clean all areas they come into contact with before leaving the building.
- J. Clients who have a high temperature or respiratory problems will be sent home immediately and their appointment will be rescheduled for a time after 72 hours without symptoms (including fever without medications) AND no earlier than 10 days from the onset of symptoms. Clients will be informed of this policy in advance of their visit. This information is covered in the [CBHC In-Person COVID Consent](#).
- K. In the event that a staff member, student, client/patron, or visitor has a suspected or confirmed case of COVID-19, the Clinic Director will
 1. Immediately contact the Assistant Vice President for Academic & Student Affairs and Dean of Students emu_deanofstudents@emich.edu for specific instructions on further communications.
 2. Immediately close the clinic for at least 72 hours and until the clinic space has been thoroughly cleaned and disinfected. The Clinic Director will also consult with Custodial Services about thorough disinfection of the clinic space.
- L. The following accommodations will be made for highly vulnerable clients/patrons:
 1. No accommodations are necessary because we will not accept highly vulnerable clients for on site services. Such individuals will be served by telehealth only or referred elsewhere. As a training clinic, the EMU CBHC is not mandated to provide services to any particular person, as training goals and student/staff safety are paramount.
- M. The Clinic will limit the number of in-person appointments to a maximum of 2 per day in order to maintain physical distancing and allow for sufficient cleaning and disinfecting between appointments. Once we assure ourselves that we are able to handle this volume safely, we may request to gradually add more clientele.

1. Appointments will not overlap at all, at least not initially. We will submit a modified proposal if volume is expected to increase.
 2. In between appointments, all surfaces will be disinfected and cleaned by clinic staff. Appointments in the same room will be separated by at least an hour to allow surfaces to dry.
 3. Assessment materials used for one session will not be re-used by others for at least 24 hours after being cleaned/disinfected.
 4. In the event that a client experiences symptoms of COVID-19 during an in-person session, the session will be immediately terminated. The client will be directed to seek medical attention and reschedule the appointment for after symptoms have been absent for 72 hours without symptoms (including fever without medications) AND no earlier than 10 days from the onset of symptoms. Any student/staff who comes into contact with such an individual will be asked to self-quarantine until we can verify whether or not the client tests positive for COVID-19 or 14 days if we cannot get test result information from the client.
- N. In consultation with the Facilities Division, physical barriers, such as plexi-glass screens, will be installed at the following locations within the clinic:
1. In one of our assessment rooms, where contact closer than 6 feet may be required. This will need to have an opening at the bottom so that materials can be shared between clinician and client.
 2. If possible, we will secure movable plexiglass barriers that can be placed mid-room for therapy sessions, although these are expected to be very infrequent, at least initially, and 6' spacing can be maintained in those rooms, regardless (but they are still small offices, where extra protection would probably be welcome by many).
 3. The front office where clients check in is already behind a glass barrier that will not need to be opened to process them, as payments are now made online, and other operations can be handled remotely, aside from letting clients in the building and checking temperatures.
- O. The following contactless sign-in procedures will be used:
1. Clients will call from outside the building so that staff can grant entry when it is safe to do so. Not all clients drive to the clinic, so some may need to wait under the outdoor overhang to be comfortable for the short time they might have to wait. As we are

only anticipating a handful of clients, spread out over time, this should be manageable.

2. Contactless payment can be made by having the client go to our online [payment portal](#) or by entering their credit card into our machine themselves.

The “Steps for Reopening Clinics” document also asks that we delineate the staff and students who will need to work on campus (or, we assume, otherwise gain access to the clinic, despite not being employees; this pertains to all student clinicians who are enrolled in our doctoral program. Each person and their role is listed below, although we do not anticipate that many of them will choose to work on site. **No one will be mandated to come into the building to perform their jobs or complete academic requirements, but these are the individuals who would normally be permitted to do so under Clinic policy (this list changes slightly from semester to semester; those listed below are those who would normally be expected to be around the Clinic this Fall).**

Karen Saules, Clinic Director

Ariana Herrera-Wilder, Doctoral Program Administrative Coordinator

Ellen Hart, Clinic Student Co-Director

Michael Vriesman, Clinic Student Co-Director

Michelle Fernando, Clinic Student Co-Director

Ahmad Zalt, Undergraduate Assistant

Lorraine Walsh, Undergraduate Assistant

Ariel Novak, Undergraduate Assistant

Carol Freedman-Doan, Faculty & Clinical Supervisor

Michelle Byrd, Faculty & Clinical Supervisor

Claudia Drossel, Faculty & Clinical Supervisor

Jamie Lawler, Faculty & Clinical Supervisor

Tamara Penix, Faculty & Clinical Supervisor

Renee Lajiness-O'Neill, Faculty & Clinical Supervisor

Catherine Peterson, Faculty & Clinical Supervisor

Rachel Sienko, Adjunct Faculty & Clinical Supervisor

Marya McCarroll, Adjunct Faculty & Clinical Supervisor

Ellen Koch, Department Head

Kristina Brookshire, Doctoral Student

Rachel Van Putten, Doctoral Student

Alyssa Buthman, Doctoral Student

Taylor Garland, Doctoral Student

Samantha Goldstein, Doctoral Student
Kirstie Herb-Neff, Doctoral Student
Alix McLaughlin, Doctoral Student
Elise Pearl (soon to be Adkins), Doctoral Student
Steve Steinert, Doctoral Student
Frantzy Acluche, Doctoral Student
Kristin Aho, Doctoral Student
Leah LaLonde, Doctoral Student
Alexandra Neenan, Doctoral Student
Krithika Prakash, Doctoral Student

Sneha Shankar, Doctoral Student
Eleah Sunde, Doctoral Student
Aidan Schmitt, Doctoral Student
Carly Carasco-Wyant, Doctoral Student
Karen Glowonia, Doctoral Student
Jocelyn Hansson, Doctoral Student
Amanda Hicks, Doctoral Student
Kelsey Hill, Doctoral Student
Michelle Lobermeier, Doctoral Student
Joseph Tu, Doctoral Student
Samantha Zohr, Doctoral Student

Submitted by: _____

Date: _____

Email: ksaules@emich.edu