



TRADITIONAL

HOME HEALTH CARE

Traditional Home Health and Hospice Infection Control Policy Addendum Related to Coronavirus

The purpose of this policy is to follow the recommendations of the CDC by supplementing Traditional Home Health and Hospice's policies and procedures pertaining to infection prevention and control, and by providing guidance on effective and legally compliant responses to reports of potential 2019-nCoV exposure.

The health and welfare of Traditional's employees and patients is paramount. Traditional Home Health and Hospice expects all supervisors and employees to take appropriate, lawful action in response to reports of potential 2019-nCoV exposure.

Employees must immediately report any concerns regarding exposure to 2019-nCoV to a supervisor, whether the potential exposure has occurred through providing patient care, travel, assisting and ill traveler or other person, handling a contaminated object, or cleaning a contaminated environment.

Upon receipt of a report of potential exposure from an employee, the supervisor must take the following IMMEDIATE actions:

- a. Ascertain and fully document:
 - i. The circumstances surrounding the potential exposure as reported by the employee;
 - ii. Whether the employee is experiencing any symptoms associated with 2019-nCoV as outlined in the following CDC criteria:

Does the patient have fever or symptoms of lower respiratory infection, such as cough or shortness of breath AND has the patient traveled to high risk areas with Coronavirus outbreaks within 14 days of symptom onset, OR has the patient had close contact with a person confirmed with 2019-nCoV or under investigation for 2019-nCoV.

- b. An employee experiencing 2019-nCoV symptoms should be advised to immediately contact his or her health care provider by phone for guidance in connection with seeking medical attention.
- c. Instruct the employee to remain out of the workplace and immediately cease patient visits, if applicable, until further notice.
- d. Contact Doreen Nixon RN or Danyelle Guzy RN from the Administrative Team at 570-207-9286 to report the potential exposure.
- e. A representative from the Administrative Team will contact the local or state health department to report the potential exposure and for an assessment regarding 1) the employee's exposure level; and whether testing, monitoring for symptoms, voluntary quarantine, or other measures are necessary. This step may be taken in collaboration with the infected employee.
- f. Fully document your conversation with the Health Department representative. The documentation must include the name of the infected employee, the full name and phone number of the representative you are speaking with, the date of the conversation, and a description of the representative's recommended course of action.
- g. A thorough review of all facts will be analyzed and the recommendations of the Health Department will be initiated.
- h. An incident Report must be complete to include all pertinent facts related to the exposure.

Employees Returning to Work after Travel

Supervisors may ask employees who travel whether they have traveled to an area where a 2019-nCoV outbreak has occurred. If an employee responds to this question in the affirmative, the procedures outlined above should be followed.

Confidentiality

All documents prepared in connection with an employee's report of potential exposure must be collected and maintained separate and apart from the employee's personnel file, must be maintained in an employee's confidential medical file if appropriate, and must be treated as confidential. Likewise, if an employee voluntarily discloses that he or she may have been exposed to 2019-nCoV or is at risk of exposure, this information must be kept confidential.

The following are the only exceptions to this rule:

- a) Supervisors and managers may communicate with the Administrative Team as appropriate;
- b) Supervisors and managers may be told about necessary restrictions on work duties and about necessary accommodations;
- c) First aid or safety personnel may be told if the condition requires emergency treatment;
- d) Government officials may access the information when investigating compliance with the ADA;
- e) Information may be provided in connection with a workers' compensation claim; and
- f) Information may be provided for insurance purposes

Discussions about an employee's medical status with other employees, co-workers, or patients except as permitted by this Policy are prohibited.

Leave of Absence under this Policy

Supervisors should ensure that employees are fully aware of all of Company's policies and procedures related to paid and unpaid leaves of absences, including but not limited to the company's FMLA and PTO policies. Questions regarding these matters and issues related to compensation while on a leave of absence should be directed to the Human Resources Department.

If a non-exempt employee has an exposure to 2019-nCoV **through the course of their employment with Traditional**, the non-exempt employee shall be paid at the employee's regular hourly rate and in accordance with the employee's regular shift during the period of time the company is assessing whether or not the employee may safely return to work after a potential 2019-nCoV exposure

An exempt employee who is paid on a salary basis shall continue to receive his or her full salary in accordance with the FLSA and in connection with any absence from work **incurred from an employment related exposure** during the period of time the company is assessing whether or not the employee may safely return to work after a potential 2019-nCoV exposure.

An employee who is: 1) temporarily removed from work as directed by the health department or other health authority in connection with a 2019-nCoV exposure, or 2) exposed 2019-nCoV and subsequently develop symptoms, will be provided a leave of absence in accordance with the company's leave of absence policies. The company will work with the affected employee to identify any further appropriate reasonable accommodations including telecommuting.

Any and all salaried employees who are authorized to remote work must complete an hourly time sheet reflecting what work was done during each time frame. This timesheet must be submitted to payroll by NOON THE FOLLOWING MONDAY for review by your supervisor. Any employee that does not submit their Remote Work timesheets will be required to utilize PTO or take absent time.

Employees who are exposed to 2019-nCoV in the course and scope of work may be entitled to workers' compensation benefits based on the facts and circumstances and depending on the applicable state law. Affected employees should contact the Human Resources Department for assistance.

Discrimination and Retaliation Prohibited

Discrimination or Retaliation against any employee for reporting concerns regarding potential 2019-nCoV exposure, for reporting any related workplace concerns, for reporting any violations of this Policy, or for taking a leave of absence under this policy is strictly prohibited. Any employee who has a discrimination or retaliation concern should contact Doreen Nixon, Tammy Morano, or Gray Bossi with concerns.

Discipline

Violations of this policy or any provisions will result in disciplinary action up to and including termination of employment.

Recommendations for the Screening and Assessment of Patients for 2019-nCoV

Recommendations for screening of patients for possible 2019-nCoV infection are based on the current knowledge of the characteristics of clinical illnesses observed in early cases and the geographic distribution of current cases.

Patients should be assessed for exposure associated with risk of 2019-nCoV infections (e.g. travel to high risk areas or close contact with confirmed cases or persons under investigation).

Clinicians should assess patients based on the following:

Does the patient have fever or symptoms of lower respiratory infection, such as cough or shortness of breath AND has the patient traveled to high risk areas with Coronavirus outbreaks within 14 days of symptom onset, OR has the patient had close contact with a person confirmed with 2019-nCoV or under investigation for 2019-nCoV.

Patients who report having these symptoms and meet the criteria of clinical features for persons under investigation should be asked to wear a surgical mask as soon as they are identified, and if possible, separate them at least 6 feet from other persons. Staff involved in the care should also follow standard precautions, contact precautions, and airborne precautions. Face masks should also be donned.

Employees involved in the care of confirmed 2019-nCoV should use standard precautions, contact precautions, and use eye protection (goggles or face shield).

Acceptance of Patients with known 2019-nCoV infection

Traditional Home Health and Hospice will evaluate each referral for patients with known 2019-nCoV infection on a case by case basis. The considerations for acceptance of referral will be based on the following:

- a) The availability of PPE equipment for the protection of staff members
- b) The availability of clinicians to meet the needs of the patient
- c) The ability of the referred patient and their family to adhere to safety measures that would be required to ensure the protection of staff members. These measures may include but are not limited to; the ability to perform social distancing which is defined as having 6 feet between individuals; the ability to isolate the infected individual; the availability of masks for caregivers.
- d) The ability of the patient/family to provide a thermometer, blood pressure cuff, pulse oximeter, and/or any other equipment required for the assessment of the patient, as Traditional staff member will NOT be allowed to utilize equipment on an infected individual that would be used on other patients.
- e) The acceptance of the patient and caregivers to allow Traditional staff members to utilize all PPE necessary to provide care to the patient and the agreement to dispose of PPE in a safe manner.

Employee Self- Monitoring- All employees will be required to self- monitor their temperatures and respond to screening questions daily prior to the start of their work day. Any employee with a temperature of 100.4 or greater must contact their supervisor prior to seeing patients or entering Agency offices. A self-monitoring tool must be completed daily and be available to their supervisor upon request

Hand Hygiene- clinicians should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves.

Gloves- Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

Gowns- Put on a clean isolation gown upon entry into the patient room or care area. Change gown if it becomes soiled. Remove and discard gown in a dedicated container for waste or linen.

Respiratory Protection- Don a mask before entry into the patient care area. Remove and discard mask in a dedicated container for waste.

Eye Protection- Put on eye protection (e.g. goggles) upon entry into the care area. Remove and discard goggles in a dedicated container for waste.

Medical Equipment- Dedicated medical equipment should be used for patient care. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to Agency policy or according to manufacturer's guidelines.

If a patient meets criteria to be classified as a person under investigation, employees should notify their immediate supervisor and the attending physician. The local Department of Health must also be notified.

NOTES:

Close contact is defined as being within approximately 6 feet, or within the room of care area, or a 2019-nCoV case for a prolonged period of time while not wearing recommended personal protective equipment; close contact can include caring for, living with, visiting, or sharing a waiting room with a 2019-nCoV case or person under investigation.

Having direct contact with infectious secretions of a 2019-nCoV case (being coughed on) while not wearing recommended PPE. Fever may be subjective or confirmed.