

TITLE	SARS- CoV -2 (COVID -19) Exposure Control Plan – Infection Prevention	NUMBER: 8727-
ORIGINATING DEPT:	Infection Prevention	PAGE: 1 of 13

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SCOPE:

All Columbia Memorial Hospital (CMH) Departments and Clinics.

GENERAL POLICY STATEMENT:

The prevention of the spread of SARS -CoV-2 (COVID 19) is of significant importance. The development of a house-wide plan that addresses risk assessment and engineering controls must be implemented. This plan is applicable to all departments of Columbia Memorial Hospital listed within the policy scope.

DEFINITIONS:

Aerosol Generating - medical procedures that are likely to result in exposure to small droplet nuclei in high concentration; presenting a risk for airborne transmission of COVID 19 (This includes nebulizer treatments, intubation, extubation, care of patients on BIPAP. This does not include performance of nasopharyngeal swabs).

Ambulatory Care- healthcare services performed on an outpatient basis, without admission to a hospital or other facility. It is provided in such settings as offices of healthcare professionals, hospital outpatient departments, ambulatory surgical centers, and urgent care clinics. Ambulatory care does not include home healthcare settings for the purpose of this plan.

Close Contact- means being within 6 feet of any other person for a cumulative total of 15 minutes or more over a 24-hour period during that person's potential period of transmission. The potential transmission period runs from 2 days before the patient felt sick until the time the person is isolated.

Common areas - building lobbies, reception areas, hallways, waiting rooms, bathrooms, break rooms, eating areas, smoking areas, locker rooms, bathing areas, conference rooms or other locations indoors or outdoors that individuals may use or congregate that employers operate or control.

Decontamination of filtering facepiece respirators – means a process approved by the US FDA that reduces the number of pathogens, does not harm the fit or filtration performance of the FFR and presents no residual chemical hazard.

Direct Patient Care – Federal OSHA defines Direct Patient Care as hands on, face to face contact with patients for the purpose of diagnosis, treatment or monitoring. Oregon OSHA defines Direct Patient Care as any job duty that includes direct physical contact with a patient during the delivery of health care services. A worker performs direct patient care under the authority granted by a healthcare services within their scope of practice. The worker may be providing direct patient care under their own licensure or under the supervision of a licensed or certified worker. Direct Patient care does not include customer services activities provided in retail settings that have embedded healthcare offices, such as retail pharmacies.

Exceptional Risk Workplaces - any setting where an employee performs one or any of the following job duties: direct patient care, environmental decontamination of healthcare setting, direct client service in

residential care or assisted living, emergency first responder, personal care activities that involve very close contact with an individual, or handling /packaging/cleaning/ processing human remains or tissue specimens or lab cultures collected from an individual suspected or known to be infected with COVID 19. CMH employees that are considered Exceptional Risk as defined with Oregon OSHA Guidelines. The CMH departments include but are not limited to: Registration, Outpatient Clinics, Urgent Cares, ED, FBC, SDS, Med Surg, CCU, Patient Facing Cafeteria, Respiratory Therapy, PACU, Surgery, Anesthesia, Imaging Services, Rehabilitation, Laboratory Staff during patient contact, EVS during patient contact, Nutrition Services during patient contact and any staff that may enter into a building or an area in which patients, guests or vendors may be present.

Face Covering – Oregon OSHA: means a cloth, polypropylene, paper or other covering that covers the nose and the mouth and rests snugly above the nose, below the mouth, and on the sides of the face. Coverings that incorporate a valve that is designed to facilitate easy exhalation or mesh masks or other covers with openings, holes, visible gaps in the design or material or vents are not appropriate face coverings because they allow droplets to be released from the covering.

Facemask – surgical, medical procedure, dental or isolation mask that is FDA cleared, authorized by FDA EUA or offered or distributed as described in an FDA enforcement policy. Facemasks may also be referred to as “medical procedure masks”.

Face Shield – Federal OSHA: device that is typically plastic that is certified to ANSI/ISEA Z87.1 or covers the wearers eyes, nose, and mouth and wraps around the wearers face and extends below the wearers chin. **Oregon OSHA:** means a transparent plastic shield that covers the wearers forehead, extends below the chin, and wraps around the sides of the face. Devices that place a shield in front of the users nose and mouth do not meet the definition of a mask, face covering or face shields.

Fully vaccinated - 2 weeks or more following the final dose of COVID 19 vaccine.

Healthcare setting – Oregon OSHA: means a space at the workplace where a worker performs aerosol generating healthcare or postmortem procedures or provides direct patient care as defined in this rule.

Healthcare services- Federal OSHA: services that are provided by individuals by professional healthcare practitioners for the purpose of promoting, maintaining, monitoring or restoring health. Healthcare services are delivered through various means including; hospitalization, ambulatory care, hospice care, emergency medical response, and patient transport.

High Touch Surface - means equipment or surfaces that are handled frequently throughout the day by the multiple individuals.

Mask – Oregon OSHA: means a US FDA cleared surgical, medical procedure, dental, or isolation mask (commonly referred to as a “surgical mask”). Masks are medical grade masks that function as a physical barrier to protect workers from hazards such as droplets of blood or bodily fluids.

Personal Protective Equipment (PPE) - means specialized clothing or equipment worn by a worker for protection against a hazard. General work clothing not intended to function as protection against a hazard for the user is not considered to be PPE.

SARS- CoV-2 - refers to a specific betacoronavirus (MERS-CoV and SARS-CoV or other betacoronavirus) that causes what has been designated as Coronavirus Disease 2019 (COVID-19).

Shared Equipment - means devices or tools that are used by multiple employees or non-employees including, but not limited to elevators, escalators, computer keyboards, and work vehicles.

Source Control - means the use of protective equipment or other measures such as face coverings to prevent the spread of illness from potentially infectious person to others. A typical example of source control for COVID – 19 is to use a mask or face covering to limit the spread of respiratory droplets and aerosols from the wearer to others. Respirators can be used as source control in addition to providing protection for the wearer,

but only if the respirator does not have an exhalation valve (respirators with an exhalation valve can also be worn in combination with appropriate source control).

Surgical mask – means a mask that covers the users nose and mouth and provides physical barrier to fluids and particulate materials. This mask must meet certain fluid barrier protection standards and Class I or Class II flammability tests

Suspected to be infected with COVID-19- means a person who has signs or symptoms of COVID 19 disease but has not tested positive for SARS COVID 19 infection and no alternative diagnosis has been made consistent with Oregon Health Authority definitions.

PURPOSE

To eliminate and/or minimize occupational exposure to COVID 19. To ensure compliance with Oregon OSHA COVID -19 Temporary Standards related to all workplaces and workplaces at exceptional risk.

POLICY:

A. RESPONSIBILITY:

Ultimate overall responsibility of program oversight and implementation is led by Columbia Memorial Hospital Chief Executive Officer. The Safety Officer and Infection Preventionist (IP) under the direction of the Safety and Infection Prevention Committee are responsible for the general implementation of the program elements including employee education, implementation of screening, risk analysis and infection control plan completion.

Department Managers are responsible for:

1. Departmental specific training and employee compliance with the standard. Managers are responsible to ensure that their employees attend a general educational program as outlined by CMH. Implementation of acquisition, provision and appropriate use of all PPE
2. Implementation of social distancing expectations within their departments and common areas
3. Oversight of all departmental disinfection procedures and expectation
4. All other elements of this standard as it applies to their department.

The employee is responsible for:

1. Attending/participating in all required educational sessions,
2. Departmental education sessions
3. Full compliance with the provisions of this policy as it applies to them.

****Employee compliance with the standard is not optional as it is mandated by State and Federal legislation. All CMH Employees are at potential for completion of tasks or duties that may place them at risk of exposure to COVID related illness and thus must follow CMH universal masking and PPE Guidelines.**

Human Resources is responsible for:

1. Ensuring appropriate posting of OSHA required postings and provision of information regarding paid leave options.
2. Completion of all OSHA recordable case information, with support from Employee Health and Infection Prevention.
3. Communication with Employee Health and Payroll related to pay and benefits for impacted employee.

Employee Health is responsible for:

1. Implementation of the Respiratory Protection Plan including annual medical screening and N95 fit testing.
2. Screening of CMH employees, volunteers, agency staff, and students for COVID 19 symptoms and implementation of testing procedures based upon CMH approved protocols.
3. Implementation of Return to Work protocol for any employee identified to meet work restriction criteria due to exposure to COVID 19 or testing positive/ presumptive position for COVID 19.
4. Encourage employee COVID-19 vaccination through hospital-wide communications.
5. Maintenance of COVID-19 Log.

B. EXPOSURE RISK ASSESSMENT. Attachment A

1. All departmental work flows, and activities are assessed as part of organizational Risk Assessment. Activities and flows may be adjusted to eliminate the need to be within 6 feet of another individual in order to fulfill job duties. It is identified that there may be job duties and work flow in which this is not feasible. Direct Patient care department evaluation will also include ability to reduce shared surfaces and tools, ventilation, and potential staggering of shifts.
2. Frequency/Duration and Variety of in-person work activities and Risk of Exposure are evaluated using Table 1 including Risk status by department/role
3. Risk Assessment Questionnaire, Table 1 Department Risk Assessment will be reviewed monthly at the CMH Safety Committee, ensuring employee input and participation in identifying revisions and identified opportunities.

C. ENVIRONMENTAL CONTROL

1. Physical Distancing

- a. All departmental workflows, and activities will be assessed as part of the organizational Risk Assessment. CMH will ensure that each employee is separated from all other people in the workplace by at least 6 feet when indoors, unless it can be demonstrated that such physical distance is not feasible for a specific activity. Where maintaining 6 feet of physical distance is not feasible, CMH will ensure employees are as far apart from other people as possible. Physical distancing will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.
- b. Frequency/Duration and Variety of in-person work activities and Risk of Exposure are evaluated using Table 1 including Risk status by department/role.
- c. Risk Assessment Questionnaire, Table 1 Department Risk Assessment will be reviewed monthly at the CMH Safety Committee, ensuring employee input and participation in identifying revisions and identified opportunities.

2. Barriers

- a. CMH will install physical barriers at each fixed work location outside of direct patient care areas where each employee is not separated from all other people by at least 6 feet of distance and spacing cannot be increased, unless it can be demonstrated that it is not feasible to install such physical barriers. Physical barriers will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.
- b. Where feasible, Columbia Memorial Hospital will ensure that:
 - Physical barriers are solid and made from impermeable materials;
 - Physical barriers are easily cleanable or disposable;
 - Physical barriers are sized (i.e., height and width) and located to block face-to-face pathways between individuals based on where each person would normally stand or sit;
 - Physical barriers are secured so that they do not fall or shift, causing

injury or creating a trip or fall hazard;

- Physical barriers do not block workspace air flow or interfere with the heating, ventilation, and air conditioning (HVAC) system operation;
- Physical barriers are transparent in cases where employees and others have to see each other for safety; and
- Physical barriers do not interfere with effective communication between individuals.

3. Masking Requirements

- a. All Employees defined within the scope of this policy contractors, and volunteers are required to wear a hospital provided disposable mask in any CMH public and private workplace, including hallways, bathrooms, elevators, conference rooms, lobbies, break rooms, and other common and shared spaces; unless these individuals are in a private, individual workspace not shared with other people. Per Oregon Health Authority Statewide Mask, Face covering, Face Shield Guidance of 10/10/20 page 5 Public and Private Workspaces.
- b. Employees are required to wear their personal mask upon entry to the organization, until a hospital provided disposable mask is provided. All employees are expected to don a new mask at least daily.
- c. When employees are transported in a vehicle for work purposes, all occupants in the vehicle must wear a hospital provided, disposable mask.
- d. The following are not required to comply with universal masking:
 - Individuals under 5 years of age
 - Individuals who are actively eating or drinking
 - It is recommended that staff that are not living within the same household maintain 6 feet distance from any other individual while eating or drinking
 - Individuals who are sleeping
 - Individuals who are required to remove their mask during examination, procedure or service. Mask should be replaced as soon as the examination/procedure is completed. * Limit during removal of mask.

4. Sanitation/Disinfection/ Sterilization

- a. CMH Environmental Services provides, a thorough wipe down of all CMH departments using a hospital approved disinfectant a minimum of once every 24 hours and in accordance with hospital disinfection processes for all direct patient care departments.
- b. Only hospital approved disinfectants will be utilized in the cleaning of all surfaces and environments, utilizing manufacturer guidelines.
- c. It is an expectation that each hospital department, as overseen by the department manager, will implement practices to ensure that all shared equipment is wiped down between users including but not limited to end of shift wipe down of computers, phones, etc.
- d. Hospital approved guidelines related to disinfection and sterilization will be followed as based on CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008
- e. All staff are expected to follow CMH Hand Hygiene policy 8727-001.

5. Ventilation

- a. Columbia Memorial Hospital reviews annually compliance with American Society of Heating and Refrigeration and Air Conditioning Engineers (ASHRAE) for healthcare facilities to ensure optimal air exchanges within patient care areas. These reports are also reviewed by the Infection Preventionist to ensure compliance.
- b. The HVAC system(s) is used in accordance with the manufacturer's instructions and the design specifications of the HVAC system(s);
- c. The amount of outside air circulated through the HVAC system(s) and the number of air changes per hour are maximized to the extent appropriate;

- d. All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); if not compatible, the filter with the highest compatible filtering efficiency is used; all air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system.

6. Patient/ Guest/ Vendor/ Employee/ Agency Screening

- a. All CMH employees are required to promptly notify CMH Employee Health when they have tested positive for COVID-19 or been diagnosed with COVID-19 by a licensed healthcare provider, have been told by a licensed healthcare provider that they are suspected to have COVID-19, or are experiencing recent loss of taste and/or smell with no other explanation, or are experiencing both fever ($\geq 100.4^{\circ}$ F) and new unexplained cough associated with shortness of breath, nausea/vomiting or diarrhea.
- b. CMH Employees will not report to work if they have any of the above symptoms and will notify their manager/ supervisor of their absence. The employee is then responsible for contacting Employee Health to initiate screening and testing (if appropriate).
- c. CMH Employees are required to follow CMH expectations related to Travel Restrictions per CDC guidelines
- d. All patients, guests, and vendors entering the facility will be screened.

Screening Questions include:

- Any new symptoms (not related to any existing or known medical condition or medication, e.g. allergies or Crohn's) including, but not limited to: Cough, shortness of breath, or difficulty breathing, fever/chills, fatigue, muscle or body aches, headache, lost taste or smell, sore throat, nausea, vomiting, diarrhea, runny nose.
- Any contact with known or suspected COVID-19 cases within the last 14 days?
- For employees, if contact was during work, was employee wearing proper PPE during contact? If no, has employee notified CMH Employee Health?
- If employee had exposure, and contacted CMH Employee Health already, were they cleared? (*note on screening log).
- Any testing for suspected case, or diagnosis of COVID 19?
- Not including pre-surgery screening testing or those that wanted testing done but were asymptomatic (i.e. County drive thru testing)
- Any international travel in the last 14 days or cruise ship travel in the last 30 days

e. Patient/Visitor Entry-

1. No visitors allowed for adult patients (non-Covid and those with Covid-19 or under investigation).
2. One visitor for laboring patients with Covid-19, pediatric patients (non-Covid or Covid-19 confirmed/under investigation) and patients needing a support person as described in Senate Bill 1606.
3. Two visitors allowed in the Family Birth Center for non-Covid patients (2 visitors during delivery, 1 during recovery) and during end of life stages (Covid-19 or non-Covid). The following guidelines will apply:.

Restrict visitors (unless seeking medical treatment themselves) if individual:

- Has any of the symptoms being screened for at entry.
- Has been determined to have suspected, presumptive or confirmed active COVID-19.
- Refuses to comply with the facility's infection control guidance.
- Visitors age 12 and under are not permitted.
- Breastfeeding infants 12 months or younger are permitted and do not count towards the 1 visitor.

- One parent may accompany a minor patient in an outpatient setting
Additional siblings under the age of 12 years, are allowed in the Pediatric Clinic settings if they have care needs, and/or they also have an appointment
- 4. Visitors for inpatients will be given a sticker to show they have been screened as well as a visitor pass sticker showing the room number and date issued.
- 5. Visitors must wear masks/face coverings at all times, Coverings that incorporate a valve or other covers with openings, holes or vents are not appropriate face coverings and will be asked to wear a CMH-provided facemask over his or her face covering or remove that face covering and replace with a CMH-provided facemask.
- 6. Outpatient Area Screening
 - a) All appointment verification will include review of symptomology, including but not limited to: (1) fever or acute respiratory symptoms; (2) domestic or international travel within the last 14 days; (3) Cruise ship travel within the past 30 days, and (4) contact with someone with known or suspected COVID 19 or ill with respiratory symptoms
 - b) Patients with COVID 19 symptomology that are not being seen for treatment of symptoms will be rescheduled.
 - c) Primary Care Practices will implement prevention practices to separate well from ill visits; including but not limited to: (1) scheduling sick visits and preventative visits at different times of day, (2) Reduce crowds in waiting rooms, (3) consider identifying locations for preventive visits only
 - d) Patients will be assessed for symptomology at check in and roomed as soon as possible
 - e) Patients should remain masked, even in private rooms, unless necessary
 - f) If patient is unmasked for greater than 15 minutes in an outpatient or procedural room, then the room must sit unoccupied for the following amount of time prior to room disinfection:
 - Imaging Procedure Room – 30 minutes
 - Clinic Room – 45 minutes
- f. Refusal to wear mask:
 - 1. Visitors/Companions: Non-patients who refuse to wear a mask will be asked to leave UNLESS they have a medical condition that contraindicates wearing a mask and they are essential to the patient's care. If they have such a medical condition, they should be asked to be present only when necessary, not talk any more than required to assist the patient, and to practice physical distancing always.
 - 2. Patients:
 - Patients under the age of two or who have trouble breathing should be excluded from the mask requirement.
 - Patients aged under age 2-5 years of age are not required, but strongly encouraged, to wear a mask.
 - The patient should be counseled on the importance of mask wearing and the OHA and CDC guidelines.
 - If the patient still refuses to wear a mask they should be rescheduled for a later date, unless the delay of medical care will result in immediate medical harm.
 - Provider based appointments subject to EMTALA requirements would require a medical screening exam only if the patient was requesting care for an emergency medical condition.
 - For a non-emergent visit CMH can refuse service if the patient refuses to comply with our safety protocols.
- g. The following individuals will be allowed access even if they DO NOT meet screening criteria:
 - *Screener to contact the House Supervisor to obtain permission prior to visitor being allowed to enter.

1. A caregiver or attendant of a patient who needs assistance due to a language barrier or the patient's disability, whether that disability is physical, developmental, intellectual, cognitive, behavioral or is related to altered mental status or communication, whose presence will assist the person with the disability in receiving treatment, ensure the safety of the patient or facility staff, or who must assist with activities of daily living.
 2. A close family member of a patient undergoing end-of-life care as determined by the medical provider in charge of the patient's care.
 3. A parent or legal guardian of a hospitalized child. If one parent or legal guardian meets screening criteria but the other does not, only the parent or legal guardian who meets screening criteria must be guaranteed access.
- h. CMH may make exceptions that consider:
- The communication needs of the patient.
 - A patient's individual circumstances.
 - Whether the risk of the spread of COVID-19 can be mitigated.
 - The emotional and physical toll that restrictions and limitations have on families and friends.
- ** Any exception request must be approved by the AOC. Contact your manager, Director of Nursing, or House Supervisor so that AOC can be notified.

D. PPE UTILIZATION FOR CARE OF THE PATIENT

1. All CMH employees are expected to follow PPE requirements as set forth on the PPE Algorithm for CMH COVID 19 (attachment B) and per CMH Isolation Precautions policy.
2. All CMH departments and staff are required to assess the need and implement the appropriate PPE to prevent exposure to COVID 19. All employees providing direct patient care must wear a hospital provided disposable mask or respirator and full-face shield or gasket goggles when caring for the patient or entering the patient room or clinic room as part of Droplet Plus Precautions per CMH Isolation Policy.
3. PPE including gowns, gloves, masks, respirators and appropriate eyewear is stocked in each clinical department and monitored daily for necessary stock. After hours staff Can contact the House Supervisor for additional PPE needs, including but not limited to access and use of PAPR respirators.
4. CMH is committed to meeting the unique needs of patients served within the organization, while balancing the goal of establishing consistent care expectations for the COVID 19 potential or positive patient. We identify the need for revision of documents and needs as research related to COVID 19 transmission emerges.
CMH Clinically Related PPE Utilization Documents include: PPE algorithm for Columbia Memorial Hospital COVID 19 (attachment B)
5. CMH recognizes that staff within the Emergency Department and Urgent Care departments are providing direct care to multiple patients simultaneously. As a result, if an N95 is donned due to care of a patient exhibiting COVID symptomology or lack of patient masking, then the Provider, RN, MA or Respiratory Therapist may keep the mask in place as part of the CMH Extended Use Policy. If goggles are used then N95 must be covered with a simple mask and the simple mask removed after leaving the patient room, disposed of and a clean simple mask placed over the N95.

E. DISCONTINUATION OF ISOLATION

See CMH Isolation and Transmission-Based Precautions Policy

F. ACCESS AND ACQUISITION OF PERSONAL PROTECTIVE EQUIPMENT

1. Columbia Memorial Hospital Purchasing and Incident Command collaborative to identify PPE needs and provide an adequate supply of PPE to CMH Employees.
2. Daily PPE Stock and availability reports are provided to all employees via email and may be viewed on CMHTV.
3. All PPE is reviewed by Infection Prevention for appropriateness and meeting of national standards

for protection.

4. Acquisition of PPE may take many forms including but not limited to: Use of current contracted vendors and other vendors not on contract, leverage of mutual aid agreements and MOU to obtain PPE from other healthcare partners, access and utilization of state and federal stockpiles.
5. In the case that PPE supply and acquisition is exhausted, CMH Incident Command will contact Oregon Health Authority, via the Region 1 Hospital Coalition.

G. CMH EMPLOYEE ENTERING PATIENTS RESIDENCES

1. CMH potential hazards and implement measures to protect employees who, in the course of their employment, enter into private residences and other physical locations controlled by a person not covered by the Occupational Safety & Health Act of 1970 (OSH Act). CMH requires that COVID-19 protocols be communicated to homeowners and sole proprietors prior to conducting work activities at private residences or other physical locations not covered by the OSHA Act.

H. CASE CONTROL/ EMPLOYEE MEDICAL WORK/ MEDICAL REMOVAL

1. CMH has implemented universal masking, enhanced PPE/eyewear and utilization of respirators with all aerosol generating procedures for all patients admitted to CMH or within CMH clinics;
2. All COVID positive patients will be evaluated to identify care provided within 48 hours of symptom onset/positive testing. For departments that are NOT identified as Exceptional Risk (i.e. expected to provide care to presumed or known positive COVID cases) CMH IP will contact the department to verify staff that may have provided direct patient care. CMH IP will contact staff to identify if exposure criteria have been met. Staff meeting exposure criteria will be forwarded to Employee Health to implement testing and quarantine guidelines per protocol.
3. Any identified COVID employee will be evaluated by CMH Employee Health to identify symptom onset/positive testing and work scheduled within 48 hours of symptoms or testing. CMH IP will be notified if potential exposure has been identified. CMH IP will contact the identified positive employee to verify if exposure to other staff or patients has occurred. Staff meeting exposure criteria will be forwarded to Employee Health to implement testing and quarantine guidelines per protocol. (Attachment D)
4. CMH Employee Health and CMH Infection Prevention will collaborate with Clatsop County Health Department regarding any potential source or contact tracing and work restrictions as implemented by appropriate County Health Department or CMH.
5. All positive CMH Employee COVID 19 positive cases will be evaluated by the CMH Employee Health and/or Infection Prevention to identify the following:
 - Potential work-related exposure versus community exposure
 - Potential exposures to other CMH employees
 - Necessity for work restriction and/or return to work guidelines
 - Necessity for OSHA Recordkeeping requirements.

Note: See COVID 19 Cases and OSHA Recordkeeping Reference (attachment

6. Necessity for source tracing within the organization
7. Any employee reporting COVID related signs or symptoms will be reported to the Employee Health Nurse for evaluation. Based on employee symptomology and previously reported medical history the employee may be referred for further testing or furlough according to the CMH Return to Work Algorithm for COVID related symptomology (attachment F).
8. Employees who screen out with COVID 19 related symptomology or travel or exposure during Screening upon entry will be given a notification letter and sent home.
9. Work Restriction or Medical Removal may be implemented according to CMH guidelines for work restriction based in symptomology or exposure to COVID positive individual. Variation to these practices may occur based on Oregon Health Authority guidelines addressing staffing emergencies.

I. PPE monitoring and Availability

1. Availability of PPE is monitored daily through Incident Command and provided at least weekly to all employees via CMH email notifications.

J. EMPLOYEE EDUCATION

1. All Employees will be provided required education through a combination of orientation, assigned modules and live educational events, in a language and at a literacy level the employee understands. Additional training will be provided whenever changes occur that affect the employee's risk of contracting COVID-19 at work (e.g., new job tasks), policies or procedures are changed, or there is an indication that the employee has not retained the necessary understanding or skill.
2. All CMH Employees will be provided education, including but not limited to
 - a. Where to access the OSHA Temporary COVID 19 Standard
 - b. Social Distancing Requirements
 - c. Face Covering Requirement
 - d. Sanitation Requirements
 - e. Identifying and Reporting Signs and Symptoms of COVID
 - f. Importance of Hand Hygiene in prevention process
 - g. Ways to reduce the risk of spreading COVID-19 through proper covering of the nose and mouth
 - h. Risk factors for severe illness
 - i. When to seek medical care
 - j. Policies and procedures on patient screening and management;
 - k. Tasks and situations in the workplace that could result in COVID-19 infection;
 - l. Workplace-specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties
 - m. Employer-specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace;
 - n. COVID 19 Infection Notification Processes
 - o. Medical Removal as defined by this rule
 - p. Characteristics of transmission and symptoms of COVID 19 disease.
 - q. Ability of presymptomatic and asymptomatic transmission.
 - r. Safe and healthy work prevention and control measures; including but not limited to social distancing, etc.
3. Employees who provide Direct Patient Care will be provided education, with the opportunity to ask "live" questions, including but not limited to:
 - a. Review of contact, droplet and airborne modes of transmission and recognition of activities that may include exposure to COVID 19 and how to take preventative measures to prevent exposure.
 - b. Explanation of basic risk factors associated with COVID 19 transmission, including but not limited to, behavioral risk factors.
 - c. Explanation of CMH Exposure Risk Assessment, which positions, and job duties were included in the risk assessment.
 - d. Explanation of CMH physical distancing, masking, sanitation requirements in the workplace.
 - e. Information on the types, use, storage, removal, handling and maintenance of masks and respirators provided to the employee by the employer.
 - f. Explanation of the use and limitations of COVID 19 hazard control measures implemented or installed by the employer. Hazard control measures include engineering, administration or work place controls.

K. ANTI RETALIATION

1. CMH will inform each employee that employees have a right to the protections required by OSHA's COVID-19 ETS, and that employers are prohibited from discharging or in any manner discriminating against any employee for exercising their right to protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

2. CMH will not discharge or in any manner discriminate against any employee for exercising their right to the protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.
3. RECORD KEEPING
 1. Screening Logs will be maintained by the appropriate department providing the screening. All departments will document screening on the CMH Screening tool. Monthly logs will be scanned and placed within CMH Manager Drive.
 2. Training Logs will be maintained within the CMH Employee Competency File or within the CMH Learning Management System
 3. CMH will retain all versions of this COVID-19 plan implemented to comply with OSHA's COVID-19 ETS while the ETS remains in effect.
 4. CMH maintains a COVID-19 log to record each instance in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work. The COVID-19 log will contain, for each instance, the employee's name, one form of contact information, occupation, location where the employee worked, the date of the employee's last day at the workplace, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.
 5. CMH will record the information on the COVID-19 log within 24 hours of learning that the employee is COVID-19 positive. CMH will maintain the COVID-19 log as a confidential medical record and will not disclose it except as required by OSHA's COVID-19 ETS or other federal law. CMH will maintain and preserve the COVID-19 log while OSHA's COVID-19 ETS remains in effect.
 6. By the end of the next business day after a request, CMH will provide, for examination and copying:
 7. All versions of the written COVID-19 plan to all of the following: any employees, their personal representatives, and their authorized representatives.
 8. The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee;
 9. A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was at the workplace before removal, the date of that employee's positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all of the following: any employees, their potential representatives, and their authorized representatives.
 10. CMH Quality Department will report to OSHA:
 - a. Each work-related COVID-19 fatality within 8 hours of learning about the fatality;
 - b. Each work-related COVID-19 in-patient hospitalization within 24 hours of learning about the in-patient hospitalization.
 - c. Work related fatalities and hospitalizations will be determined based on evaluation by Employee Health, Infection Prevention and Quality Management.
4. POSTING OF INFORMATION
 1. Postings related to the requirements of masking and social distancing will be posted in all CMH buildings and departments, including but not limited to buildings otherwise owned by CMH in which private providers or businesses operate.
 2. The Oregon OSHA COVID 19 Hazards Poster will be posted to CMHTV COVID page.
5. EVALUATION OF CONTROL PLAN EFFECTIVENESS
 1. Evaluation of the effectiveness of the CMH COVID Exposure Control Plan and COVID Risk Assessment will be reviewed at the monthly Safety Committee and Quarterly Infection Prevention Meeting. Evaluation will include but not be limited to:
 - a. Table 1 Risk Assessment
 - b. Review of written environmental assessments and checklists

Current Attachments Available on CMHTV COVID Page or through contacting CMH Infection Prevention or Safety Officer: Exposure Risk Assessment
PPE Algorithm for Columbia Memorial Hospital COVID 19
COVID + Patient Manager Documentation
CMH Criteria for Staff Exposed to COVID 19 Individuals
COVID 19 Cases and OSHA Recordkeeping
CMH Return to work COVID Symptomology and testing
COVID Screening Log
COVID Appointment Screening Script
Employee Screened Out Letter

KEY WORDS:

References:

OAR 437-001-0744 Oregon OSHA Temporary Guidelines Addressing COVID 19 Workplace Risks as retrieved from <https://osha.oregon.gov/OSHArules/div1/437-001-0744.pdf>

Oregon Health Authorities Statewide Mask, Face Covering, Face Shield Guidance as retrieved from <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288k.pdf>.

Oregon Health Authorities Statewide Mask, Face Covering, Face Shield Guidance for Health Care Offices dated 7/22/20 as retrieved from <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2351m.pdf>

CDC Guideline for Disinfection and Sterilization in Healthcare Facilities , 2008 as retrieved from <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>.

Oregon Health Authority Clinical Care and Healthcare Infection Prevention and Control Guidance for COVID 19 dated 11/2/20 as retrieved from <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288J.pdf>

Oregon Health Authority and Oregon OSHA Interim Guidance: Use of Personal Protective Equipment by Healthcare Personnel in Resource Constrained Settings dated 9/23/20 as retrieved from <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288t.pdf>.

CMH Reuse and Extended Use PPE Policy

ORIGINATED BY: Infection Preventionist and Safety Officer

APPROVED BY: Infection Prevention Committee
Safety Committee

EFFECTIVE DATE: 12/7/20

OWNER REVIEWED: 12/7/20, 2/5/21

BOARD REVIEWED:

REVISED:

DISTRIBUTION: 8/23/21

APPROVED: