COVID-19: Field Staff Safety Policy

This policy has been developed to define standards of safety for employees who work in the homes of our clients. The primary goal of this policy is to protect the health and safety of our clients and caregivers and help prevent the spread of COVID-19.

This policy is subject to change based upon changes in state law. Visit coronavirus.wa.gov or coronavirus.idaho.gov for more information regarding daily statistics, information on face masks, risk assessments, tips for your family, updates, etc. Also visit cdc.gov for updated federal information.

Safety Measures

1. Screening
   All employees must complete the self-monitoring questionnaire prior to reporting to shift. Employees should alert their manager if they have symptoms and need to go home.

2. Masks/Face Coverings
   All employees caring for non-COVID positive, asymptomatic clients must wear a disposable face covering, except when working alone, if the individual is deaf or hard of hearing, or is communicating with someone who relies on language cues such as facial markers and expression and mouth movements as a part of communication; if the individual has a medical condition or disability that makes wearing a facial covering inappropriate; or when the job has no in-person interaction. Employees who need accommodation for a medical condition or disability should contact HR. FRHC provides facial coverings. Please contact your local office to obtain additional PPE. For situations in which FRHC staff may be caring for a COVID positive client, employees will be informed in advance and additional guidance/training will be issued.

3. Social Distancing
   Maintain minimum six-foot separation between yourself and others in the home whenever possible. When physical distancing is not feasible for a specific task, other prevention measures are to be used such as use of PPE.

4. Personal Hygiene
   Employees are encouraged to wash hands frequently with soap and water when arriving to work, taking breaks, using the bathroom, before and after eating/preparing food, and after touching contaminated surfaces. Employees should avoid touching eyes, nose, and mouth with unwashed hands and cover coughs and sneezes.

5. Cleaning
   Employee must ensure frequent cleaning of highly touched surfaces in client's homes.

6. Communication
   Should FRHC management become aware of an employee or client/client family member who has tested positive or is symptomatic, we will inform other employees who may have been in close

contact (i.e. 6 feet for > 15 minutes) as soon as possible of potential exposure. The individual's identity will not be shared to protect personal health information.

Exposure
Healthcare Professionals should follow the below guide based on CDC guidance for when to quarantine.

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged[1] close contact[2] with a patient, visitor, or HCP with confirmed COVID-19[3]	• HCP not wearing a respirator or facemask[4] • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure[1]	• Exclude from work for 14 days after last exposure[5] • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19[6] • Any HCP who develop fever or symptoms consistent with COVID-19[6] should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP other than those with exposure risk described above	• N/A	• No work restrictions • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19[6] and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19[6] at the beginning of their shift. • Any HCP who develop fever or symptoms consistent with COVID-19[6] should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP with travel or community exposures should inform their occupational health program for guidance on need for work restrictions.		

HCP=healthcare personnel

Travel
Employees should notify their supervisor when traveling outside their region. Supervisors will work with the employee and their clients to determine comfort level of continuing care once the employee returns. If you are not comfortable with your client knowing about your travel or if your client is uncomfortable receiving care after you have traveled, we will ask that you observe the recommended 14-day quarantine. This will be considered an unpaid leave.

Returning to Work

Employees should follow CDC guidance to determine when it is safe to return to work after being ill or diagnosed with COVID-19. Current guidance is listed below based on your situation.

Symptom-based strategy for determining when HCP can return to work.

HCP with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Note: HCP 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.

HCP with severe to critical illness or who are severely immunocompromised1:

- At least 10 days and up to 20 days have passed since symptoms first appeared
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

Note: HCP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

Test-Based Strategy for Determining when HCP Can Return to Work.

HCP who are symptomatic:

- Resolution of fever without the use of fever-reducing medications and
- Improvement in symptoms (e.g., cough, shortness of breath), and
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

HCP who are not symptomatic:

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