[NAME OF PRACTICE]
COVID-19 PANDEMIC POLICIES AND PROCEDURES

Policy 1.3: Screening Policy for Staff/Employees for COVID-19 Symptoms	
Attachments: **Attachment 1: Form 1.3 A COVID-19 Employee Health Screening Form**	**Effective Date:**
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Purpose:

This Policy is adopted by the PRACTICE in furtherance of the Restore Illinois Plan in re-opening Illinois businesses, and in consideration of other applicable orders, directives and guidance recommending workplace employee screening during the COVID-19 pandemic. The purpose of the Policy is to assist the PRACTICE in conducting daily in-person health checks, during the COVID-19 pandemic.

The PRACTICE shall continue to monitor federal and state directives, orders, and guidance as the COVID-19 pandemic continues to evolve, and will make changes to our policies and procedures as necessary.

Responsible Party within PRACTICE: The PRACTICE Administrator shall be responsible for implementing and overseeing this Policy.

Policy:

1. To establish daily COVID-19 employee screening procedures to prevent and reduce transmission of COVID-19 among the PRACTICE's employees and our patients.

2. To adopt guidelines if an employee is suspected or confirmed to have COVID-19, or who may have been exposed to the COVID-19 virus.

General Recommendations. The PRACTICE shall follow these general recommendations:

1. Prevent and Reduce Transmission Among Employees

    - Monitor federal, state, and local public health communications about COVID-19 regulations, guidance, and recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website.

2. Actively encourage sick employees to stay home:

    - Employees who have symptoms should notify their supervisor and stay home.

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- Sick employees should follow CDC-recommended steps. Employees should not return to work until the criteria to discontinue home isolation are met.
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow CDC recommended precautions.

Procedure(s):

1. **Daily Employee Screening for COVID-19**

   a. The PRACTICE shall conduct in-person screening of employees daily upon an employee coming to work each day to verify whether they have any symptoms of COVID-19 and should consider going home.

   b. The daily employee COVID-19 screening shall consist of:
      - Taking the temperature of an employee; and
      - Employee's completion of **Form 1.3 A COVID-19 Employee Health Screening Form.**

   c. An employee that either exhibits a fever (>100.4 F) or responds Yes to any of the questions in the **Form 1.3 A COVID-19 Employee Health Screening Form** should be sent home and recommended to contact a healthcare provider.

   d. The PRACTICE shall also determine if a mid-shift (e.g., twice daily) screening of employees for the presence of fever and/or COVID-19 symptoms should also be conducted.

   e. COVID-19 employee health screening should be conducted in a way that helps maintain social distancing guidelines (See Policy 1.2 Social Distancing).

   f. COVID-19 employee health screenings should be conducted in private as possible, and the records of such screening shall be kept confidential and in a secure process.

Updated: 6/23/2020

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2. **COVID-19 Employee Screening Record Keeping**.

   a. The PRACTICE shall maintain a daily log of the employees that were screened.

   b. The daily employee health screening information should go in a file that is an "employee file," such as an employee's medical file created for employees seeking ADA accommodations. Employee screening information should also be kept separate (either physically if it is a paper file or in a different electronic file) from the regular personnel file (which has onboarding paperwork, reviews, W4 forms, etc.). Only a limited number of people in the PRACTICE's administration or human resources personnel should have access to this file.

   c. Information collected in an employee screening log should be limited to only that which is necessary for maintaining the safety of the PRACTICE, public health authority reporting, and other purposes articulated in the policies and procedures of the PRACTICE.

3. **Employees Who Test Positice for COVID-19**

   a. If an employee does test positive for COVID-19, the PRACTICE should recommend that that the employee remain isolated at home for a minimum of 14 days after symptom onset and can be released after feverless and feeling well (without fever-reducing medication) for at least 72 hours OR has 2 negative COVID-19 tests in a row, with testing done at least 24 hours apart. **The PRACTICE shall monitor evolving CDC and other guidance and make any revisions to this procedure.**

   b. If an employee is identified as being COVID-19 positive by testing, the PRACTICE shall perform cleaning and disinfecting pursuant to CDC guidelines (See Policy 1.5).

   c. The Practice shall notify employees who have been exposed, where appropriate.

   d. Any employee who has had close contact with a co-worker or any other person who is diagnosed with COVID-19 should quarantine for 14 days after the last/most

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    recent contact with the infectious individual and should seek a COVID-19 test at a state or local government testing center, healthcare center or other testing locations.

e. All employees should be encouraged to be on alert for symptoms of fever, cough, or shortness of breath and taking temperature if symptoms develop.

References:

Considerations for Healthcare Providers in Any Healthcare Setting –
https://dph.illinois.gov/covid19/community-guidance/considerations-healthcare-providers-any-healthcare-setting

Clinical and Public Health Guidance for Managing COVID-19, Interim Guidance (subject to change)-March 18, 2020-
https://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/health-care-providers

What to do if You were Potentially Exposed to Someone with Confirmed Coronavirus Disease (COVID-19) –
https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

Workplace Health and Safety Guidance for Employees and Staff of Business –
https://dph.illinois.gov/covid19/community-guidance/workplace-health-and-safety-guidance

Symptoms of Coronavirus –
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

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ATTACHMENT 1: FORM 1.3A COVID-19 Employee Screening Form

Employee Name: _____   Date: _____

Do you have fever or felt feverish recently (14-21 days)?	□ Yes	□ No
Have you been experiencing difficulty breathing or shortness of breath?	□ Yes	□ No
Do you have a cough?	□ Yes	□ No
Do you have a sore throat?	□ Yes	□ No
Do you have muscle aches?	□ Yes	□ No
Do you have any gastrointestinal concerns (e.g., abdominal pain, vomiting, diarrhea)?	□ Yes	□ No
Have you noticed a new loss of taste or loss of smell?	□ Yes	□ No
To the best of your knowledge, have you or anyone in your household come into close contact with anyone who has tested positive for COVID-19?	□ Yes	□ No
Have you been experiencing chills or rigors?	□ Yes	□ No
Is anyone in hour household displaying any symptoms of COVID-19?	□ Yes	□ No
Have you had a new or unusual headache (e.g., not related to caffeine, diet, or hunger, not related to a history of migraines, clusters, or tension, no typical to you)?	□ Yes	□ No

Employee Signature: _____

Updated: 6/23/2020

Date: _____

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Policy: 1.4- COVID-19 Workplace Safety for Staff/Employees	
Attachments: **Attachment 1: Form 1.4 COVID-19 Workplace Safety Checklist**	**Effective Date:**
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Purpose: To establish practices and procedures to provide workplace safety measures for our clinicians and staff during the COVID-19 pandemic.

The PRACTICE shall continue to monitor federal, state, and local public health communications about COVID-19 regulations, guidance, and recommendations.

Responsible Party within the Practice: The PRACTICE Administrator shall be responsible for implementing and overseeing the COVID-19 workplace safety measures policies n this Policy.

Policy and Procedure(s):

1. **Conduct Daily Health Checks and Employee Screening.** To prevent and reduce the possibility of COVID-19 transmission among employees, patients and visitors, the PRACTICE shall:
   a. Conduct daily in person screening of employees (e. g., COVID-19 symptoms and temperature screenings) before an employee enters the PRACTICE.   Daily employee COVID-19 screenings shall be conducted in accordance with Policy 1.3 Screening Policy for Staff/Employees for Covid-19 Symptoms.
   b. Use Social Distancing (e.g., minimum of 6 feet apart), barriers or partition controls, and personal protective equipment (PPE), as necessary, to protect the employee conducting daily screenings.
   c. Ask clinicians and employees to regularly monitor themselves for fever and symptoms of COVID-19.

2. **Social Distancing and Physical Distancing.** The PRACTICE shall implement the following Social Distancing and Physical Distancing practices, in addition to complying with Policy 1.2: COVID-19 Social Distancing and Use of Physical Space:
   a. Use signs, tape marks or other visual cues as decals or colored tape on the floor, placed 6 feet apart, to indicate where to stand when physical barriers are not possible.
   b. Install transparent shields or other physical barriers where possible to separate staff from patients and visitors.
   c. Arrange reception or other communal seating areas chars by turning, draping, spacing, or removing chairs to maintain social distancing.

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d. Stagger staff shifts, start times, and break times as feasible to reduce the density of employees in common areas such as screening areas and breakrooms.
e. Close or limit access to common areas where employees are likely to congregate and interact.

3. **Infection Control and Disinfection.** The PRACTICE shall implement basic infection prevention measures, including the measures described in Policy1.5 COVID-19 Infection Prevention and Control/Cleaning and Disinfection Procedures. Infection prevention measures shall include:
a. Promoting frequent and thorough hand washing.
b. Encourage respiratory etiquette, including covering coughs and sneezes.
c. Discouraging workers from using other workers' phones, desks, offices, work areas, or equipment, if possible.
d. Maintaining regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other areas of the PRACTICE.

4. **Workplace Controls: Administrative Controls.** The PRACTICE shall implement the following Administrative Controls related to COVID-19:
a. Encourage employees who have symptoms of COVID-19 or who have a sick family member at home with COVID-19 to notify their supervisor and stay home.
b. Minimize contact among employees, patients, and others by replacing face-to-face meetings with virtual meetings and implementing telework, if feasible.
c. Provide employees with current education and training on Covid-19 risk factors and protective behaviors (e. g., cough etiquette and care of PPE).

5. **Safe Work Practices: COVID-19.** The practice shall implement and promote the following safe work practices to reduce the duration, frequency, or intensity of potential exposure to Covid-19:
a. Promote personal hygiene, hand washing and use of hand sanitizer by all employees. All clinicians and employees should regularly and frequently wash their hands for at least 20 seconds. If clinicians and employees do not have the

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ability to wash their hands, they shall use a hand sanitizer containing 60-95% alcohol to disinfect hands.

    b. Provide resources and a work environment that promotes personal hygiene. For example, the practice should provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60% alcohol, disinfectants, and disposable tiles for employees to clean their work surfaces.

    c. Post handwashing signs in restrooms and other areas around the practice.

6. **Personal Protective Equipment (PPE).** The practice shall provide clinicians and employees with PPE needed to keep them safe are performing their jobs during the Covid-19 pandemic. The practice shall train employees on the use of personal protective equipment (PPE), including: when to use PPE, what PPE is necessary; how to properly put on, use, and take off PPE in a manner to prevent self-contamination; and the limitations of PPE.

References:

COVID-19 Employer Information for Office Buildings--
https://www.cdc.gov/coronavirus/2019-ncov/community/office-buildings.html

Social Distancing: Keep Your Distance to Slow the Spread, CDC,
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

Coronavirus Disease 2019 (COVID-19), Interim Infection Prevention and Control Recommendations for patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, CDC, https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Workplace Health and Safety Guidance for Employees and Staff of Businesses—
https://dph.illinois.gov/covid19/community-guidance/workplace-health-and-safety-guidance

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Clinical and Public Health Guidance for Managing Covid-19 Interim Guidance (subject to change) March 19, 2020— https://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/health-care-providers

OSHA Guidance of Preparing Workplaces for COVID-19— https://www.osha.gov/Publications/OSHA3990.pdf

Illinois Department of Public Health, Business and Organization Guide—Business and Organization Guidance

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ATTACHMENT 1: FORM 1.4 COVID-19 WORKPLACE SAFETY CHECKLIST

Employee Daily Health Screenings	Yes/No	Comments
Are all employees screened for fever and Covid-19 symptoms daily before entering the PRACTICE?	Y / N	
Does the practice use barriers, personal protective equipment, and other social distancing methods when screening employees?		
Does the PRACTICE screen employees at least two times during each shift?		
Social Distancing/Physical Distancing	**Yes/No**	**Comments**
Has the PRACTICE used tape or other markings in all common areas to show Social Distancing?	Y / N	
Have shields or plexiglass been installed to be a barrier between the receptionist and other employees and our patients?		
Have chairs been removed or had tape placed on them and all waiting areas and other common areas where patients and visitors may wait for appointments?		
Infection Control/Disinfection	**Yes/No**	**Comments**
Have signs or posters been posted throughout the PRACTICE to encourage frequent handwashing and Social Distancing?		
As the practice set up basic infection prevention measures such as making soap and other solutions available to employees?		
Does the practice routinely clean and disinfect patient exam rooms after of patient appointments?		
Does the practice have a procedure for disinfecting areas of the practice after providing services to patients tested positive with Covid-19?		
Has the PRACTICE provided information to employees on infection control practices with cleaning and using face coverings and masks?		
Administrative Controls	**Yes/No**	**Comments**
Does the PRACTICE actively encourage employees who have symptoms of Covid-19 or sick family member to stay home?		
Does the PRACTICE regularly provide education and training on Covid-19 risk factors to clinicians and employees?		
Does the PRACTICE encourage telework, or move meetings to address his social distancing issues?		
COVID-19/Safe Work Practices	**Yes/No**	**Comments**

Does the practice make available hand sanitizer containing 60 to 95% alcohol at several locations throughout the practice and common entry areas?		
As the CDC website been checked on a weekly basis or more frequent for recommended safe work practices?		
Personal Protective Equipment		
Have any updated Illinois Executive Orders, or other requirements been issued with new PPE requirements or guidance?		
Have all employees been trained on putting on PPE, using PPE, and taking PPE off?		
Have all employees been identified that need various PPE for their job duties?		

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Policy 1.5: COVID-19 INFECTION PREVENTION AND CONTROL	
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Purpose:

Continued community transmission has increased the number of individuals potentially exposed to and infected with the novel coronavirus 2019 (COVID-19). The PRACTICE has adopted these Policies and Procedures, setting forth infection control protocols to be implemented before a patient's arrival; throughout the duration of a patient's visit; and until the patient's room is cleaned and disinfected. The Policy also addresses the PRACTICE'S overall infection control protocols impacting the entire office/staff. The Policy implements recommendations of the Centers for Disease Control and Prevention (CDC) as well as the Illinois Department of Public Health (IDPH).

Policies and Procedures:

A. Source Control: Cloth Face Coverings / Facemasks

1. General policy

It is the policy of the PRACTICE to require everyone entering the facility to wear a face covering (if tolerated) while in the building, regardless of symptoms.

2. Patients and visitors

Patients and visitors ideally should be wearing their own cloth face coverings upon arrival to the facility. If not, they should be offered a cloth face covering or facemask as supplies allow, which should be worn while the patients and visitors are in the facility (if tolerated).

Patients and visitors should be instructed that if they must touch or adjust their face covering, they should perform hand hygiene immediately before and after.

Exceptions:
Face coverings and facemasks should ***not*** be placed on:
- Young children under the age of 2;
- Anyone who has trouble breathing; or
- Anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

See **COVID-19 PANDEMIC POLICIES AND PROCEDURES Policy 1.1: Patient Protocols.**

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3. Health Care Personnel (HCP)

HCP should wear a facemask at all times while they are in the office, but in particular at all times when HCP interface with patients. When available, facemasks are preferred over a cloth face covering for HCP, as facemasks offer both source control and protection for the wearer. If there are anticipated shortages of facemasks, facemasks should be prioritized for HCP and then for patients with symptoms of COVID-19 as supplies allow.

As required by the Illinois Department of Public Health (IDPH), HCP must take their temperature twice daily and self-assess for COVID-19-like illnesses. If a HCP develops any signs or symptoms of a COVID-19-like illness, they should not report to work. If any signs or symptoms occur while working, HCP should immediately leave the patient care area, inform their supervisor, and isolate themselves from other people.

B. Adherence to Standard Transmission-Based Precautions

Standard Precautions assume that every person is potentially infected with a pathogen that could be transmitted in the healthcare setting.

1. Personal Protection Equipment (PPE)

HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if respirator is not available), gown, gloves, and eye protection. When available, respirators (instead of facemasks) are preferred; they should be prioritized for situations where respiratory protection is the most important.

2. Hand hygiene

a. HCP should perform hand hygiene before and after all patient contact; contact with potentially infectious material; and before putting on and after removing PPE, including gloves.
b. HCP should perform hand hygiene by using alcohol-based hand rub (ABHR) with 60-95 percent alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
c. Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.

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C. Aerosol Generating Procedures

Some procedures performed on patients are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These aerosol generating procedures (AGPs) potentially put HCP at increased risk for COVID-19 exposure and infection.

There is not available data to create a comprehensive list of all AGPs; however, commonly performed medical procedures that are often considered AGPs, or that create uncontrolled respiratory secretions, include the following:
- Opening suctioning of airways
- Sputum induction
- Cardiopulmonary resuscitation
- Endotracheal intubation and extubation
- Non-invasive ventilation (e.g., BiPAP, CPAP)
- Bronchoscopy
- Manual ventilation

Based on limited data, it is uncertain whether aerosols generated from some procedures may be infectious, such as:
- Nebulizer administration
- High flow O2 delivery.

If AGPs are performed:
- HCP in the room should wear an N95 or higher-level respirator (such as disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs), and elastomeric respirators), eye protection, gloves, and a gown.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present.
- AGPs should take place in an airborne infection isolation room (AIIR).
- Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

D. Routine Care of COVID-19 Patients

The IDPH has adopted guidance from the CDC pertaining to routine care of COVID-19 patients. Pursuant to this guidance, COVID-19 patients can be managed with droplet precautions (facemask) along with a gown, gloves and eye protection. This means that patients can be evaluated in a private examination room with the door closed. An AIIR is no longer required unless the patient is undergoing an AGP.

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Upon presenting to the PRACTICE'S facility to receive care, a patient known or suspected to be positive for COVID-19 should not be permitted to wait with other patients seeking care. Accordingly, the PRACTICE will either:

1. Identify a separate space for COVID-19 patients to await treatment, with more than 6 feet between patients, with easy access to respiratory hygiene supplies; or

2. The patient will be instructed to wait in a personal vehicle or outside the facility where he or she can be contacted by phone when it is his or her time to be evaluated.

E. Cleaning and Disinfecting Public Spaces

1. The PRACTICE will evaluate its facility to determine what kinds of surfaces and materials make up the public spaces and develop a cleaning and disinfecting plan.

    a. Most surfaces and objects will need normal routine cleaning.

    b. Frequently touched surfaces and objects (e.g., light switches, doorknobs, desks, phones, faucets) will need to be cleaned and then disinfected ***at least daily*** to further reduce the risk of germs on surfaces and objects. More frequent cleaning and disinfecting may be necessary on certain items based on the level of use.

        i. First, clean the surface or object with soap and water.

        ii. Next, disinfect using an EPA-approved disinfectant. **A list of COVID-19 Disinfectants for use in a healthcare facility is available here:** https://cfpub.epa.gov/giwiz/disinfectants/index.cfm. The directions on the label of the disinfectant must always be followed.

2. It is the Policy of the PRACTICE to require that disposable gloves be worn that are appropriate to the chemicals being used for routine cleaning and disinfecting. Gowns should also be worn during cleaning and disinfecting. The directions on the label of the disinfectant will identify the PPE needed.

    a. Consider whether certain items can be moved or removed completely from public spaces to reduce frequent contact from multiple people. For example, soft and porous materials (e.g., area rugs, magazines and other reading material, toys, and certain seating) may be removed or stored to reduce challenging with disinfecting them.

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b. It is the Policy of the PRACTICE to ensure that all cleaning staff are educated regarding protection protocols prior to providing cleaning tasks. Such education shall include when to use PPE; what PPE is necessary; how to applyPPE; how to use PPE; how to remove PPE; and how to dispose of PPE. Education should also include OSHA's Hazard Communication Standards.

3. The PRACTICE will revise this Policy from time to time to comply with CDC and IDPH recommendations.

F. Cleaning and Disinfecting Rooms of Patients with COVID-19

1. It is the Policy of the PRACTICE to ensure that cleaning and disinfection procedures are followed consistently and correctly.

2. Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19.

3. The cleaning and disinfection procedures set forth in subsection E. of this Policy (*e.g.,* First, cleaning a surface with soap and water before next applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces pursuant to the instructions on the disinfectant's label) are also appropriate for COVID-19 infection control in healthcare settings.

a. Generally speaking, only essential personnel should enter the room of a patient with COVID-19. Therefore, the PRACTICE may choose to assign daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient.

b. If daily cleaning and disinfection of high-touch surfaces is instead assigned to environmental services (EVS) personnel, such personnel should wear all recommended PPE (facemask, gown, gloves, and eye protection) when in the room. PPE should be removed upon leaving the room, immediately followed by hand hygiene.

4. After a COVID-19 patient's discharge, terminal cleaning may be performed by EVS personnel.

a. EVS personnel should delay entry into the room until a sufficient time has elapsed for enough air changes to remove potentially infectious particles. Guidance on the amount of time that may be required is *available at*

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https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1.

b. When sufficient time has elapsed, EVS personnel may enter the room. Such personnel should wear a gown and gloves. EVS personnel also should wear a facemask (if not already wearing one for source control) and eye protection if sprays during cleaning and disinfection activities are anticipated or if otherwise required based on the selected cleaning products.

c. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

References:

Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19), *available at* cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html.

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19(in Healthcare Settings, *available at* https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html.

Healthcare Infection Prevention and Control FAQs for COVID-19, *available at* https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Finfection-prevention-control-faq.html

Illinois Department of Public Health (IDPH) Health Care Providers & Facilities, Clinical and Public Health Guidance for Managing COVID-19 Interim Guidance (*subject to change*); March 18, 2020, *available at* https://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/health-care-providers

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Policy 1.6: COVID-19 REPORTING	
Attachments: **Attachment 1: Form 1.6A IDPH Coronavirus Novel 2019 Case Report Form**	**Effective Date:**
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Purpose:

Pursuant to Section 319 of the Public Health Service Act, on January 31, 2020, the Secretary of the Department of Health and Human Services (HHS) issued a declaration that a public health emergency, resulting from the outbreak of the novel coronavirus disease 2019 (COVID-19), exists and has existed since January 27, 2020.

At the State level, pursuant to 77 Ill. Adm. Code §§ 690.100 – 690.200, physicians and health care practitioners are required to report known or suspected Class I(a) contagious, infectious, or communicable disease cases to the local health department within 3 hours. Class 1(a) diseases include "(a)ny unusual case of a disease or condition caused by an infectious agent… that is of urgent public health significance." Because COVID-19 is an infectious disease of urgent public health significance, the 3-hour reporting requirement applies.

In collaboration with State, local and business partners, the Centers for Disease Control and Prevention (CDC) collects and monitors COVID-19 data to monitor the spread of COVID-19 in the United States and to inform the Federal public response to this health emergency.

The PRACTICE adopts this Policy in furtherance of complying with applicable COVID-19 reporting requirements.

Policy and Procedures:

  A. Reporting Individual Cases of COVID-19 (*3-hour* reporting timeframe*)*

Pursuant to 77 Ill. Adm. Code 690.200 (a), Reporting Entities and Manner of Reporting, requires that the following individuals report a *known* or *suspected* case of COVID-19 or COVID-19-related death to the local health department *within 3 hours*:
  • Physicians
  • Physician assistants
  • Nurses
  • Nursing assistants
  • Dentists
  • Health care practitioners

(among others).[1]

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[1] The regulation is broad and requires reporting by "(a)ny other person having knowledge of a known or suspected case or carrier of a reportable communicable disease or communicable disease death."

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Accordingly, it is the policy of the PRACTICE, then when any of its clinicians becomes aware or suspects *any individual* (including any patient or staff member of the PRACTICE) to have acquired COVID-19 or suffered a COVID-19 related death, the PRACTICE will report such infection/death to the local health department within 3 hours.

The PRACTICE will use the Illinois Department of Public Health (IDPH) Coronavirus Novel 2019 Case Report Form (attached as **Attachment 1: Form 1.6A IDPH Coronavirus Novel 2019 Case Report Form)** to gather the necessary information, including:

- The affected individual's demographic information (Name, age, date of birth, sex, race, ethnicity, address, email address, and telephone number)
- The attending physician's name and telephone number
- Clinical and laboratory findings in support of the diagnosis
- Epidemiological facts relevant to the source of infection
- Possible hazards of transmission.[2]

If internet access is available, the PRACTICE shall submit such reports to the local health department via the Illinois Electronic Disease Surveillance System (I-NEDSS) web-based system, *available at* https://portalhome.dph.illinois.gov/. If internet access is unavailable, the PRACTICE may report by telephone or fax to the local health department (Illinois local health department information is *available here* http://www.idph.state.il.us/LHDMap/HealthRegions.aspx). If no local health department is available, the PRACTICE may report to the Illinois Department of Public Health Division of Infectious Diseases at (217) 785-7165, TTY (hearing impaired use only) (800) 547-0466.

B. Reporting Clusters of COVID-19 (*Immediate* reporting timeframe*)

It is the Policy of the PRACTICE to *immediately* report to the local health department the following:

- Persons who are part of a cluster of 2 or more possible or confirmed cases in a residential congregate setting that serves more vulnerable populations, such as an assisted living facility, group home, homeless shelter, or correctional setting.

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[2] The IDPH Coronavirus Novel 2019 Case Report Form is *available at* https://dph.illinois.gov/sites/default/files/COVID19/COVID19%20Case%20Report%20Form%2005162020.pdf and is substantively similar to the CDC Human Infection with 2019 Novel Coronavirus Case Report Form, which is *available at* https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf.

Policy 1.6: COVID-19 REPORTING	
Attachments: **Attachment 1: Form 1.6A IDPH Coronavirus Novel 2019 Case Report Form**	**Effective Date:**
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- Any person hospitalized with pneumonia of unknown etiology who is from a residential congregate setting that serves more vulnerable populations such as an assisted living facility, group home, homeless shelter, or correctional setting.

References:

77 Ill. Adm. Code §§ 690.100 – 690.200.

IDPH Infectious Disease Reporting, *available at* https://www.dph.illinois.gov/topics-services/diseases-and-conditions/infectious-diseases/infectious-disease-reporting.

IDPH, Health Care Providers & Facilities, "Clinical and Public Health Guidance for Managing COVID-19 Interim Guidance (*subject to change);* March 18, 2020, *available at* https://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/health-care-providers.

IDPH Coronavirus Disease 2019 (COVID-19): Frequently Asked Questions, *available at* https://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/faq).

[NAME OF PRACTICE]
COVID-19 PANDEMIC POLICIES AND PROCEDURES

Attachment 1: Form 1.6A IDPH Coronavirus Novel 2019 Case Report Form