Employee Monitoring, Quarantine and Work Return

Infection Control/COVID-19 Education



Updates and New Resources- 4/16/20

New CPR Process for COVID-19 Infected Adults

- Cover victims mouth and your mouth
- No rescue breaths
- Compressions only

COVID-19 and Adult CPR

If an adult's heart stops and you're worried that they may have COVID-19, you can still help by performing Hands-Only CPR.



Step 1



Phone 9-1-1 and get an AED.

Step 2



Cover your own mouth and nose with a face mask or cloth.



Cover the person's mouth and nose with a face mask or cloth.

Step 3



Hands-Only CPR.
Push hard and fast on
the center of the chest
at a rate of 100 to 120
compressions
per minute.

Perform

Step 4



Use an AED as soon as it is available.

KJ-1424 4/20 © 2020 American Heart Association



Updates and New Resources- 4/16/20

Two new resources are available on REACH.

These go step by step on how to put on and remove a regular surgical mask and a respirator type mask.





Updates and New Resources- 4/16/20

• The CDC released new recommendations regarding COVID-19 infected employees to return to work sooner than our policy. However, our current return to work policy and process after infection <u>will not change.</u> Due to the fragile persons we serve, we will continue to use extra precautions in order to prevent any spread or risk of infection to them and other employees.

The Return to Work Guidelines for Quarantined or Isolated Employees Procedure can be found on the REACH website.

Starting next Monday, these calls will change to a shorter once a day call at 11 am EST. It will give only new updates, information and resources regarding COVID-19 and infection control, then provide a time for open Q&A. This call will be for all lines of business that we serve. The registration and call in numbers will remain the same.



Updates and New Resources-4/16/20

Residential Post Isolation Cleaning Checklist is now available on the REACH website. It is important for us to thoroughly clean the environment and dispose of PPE, trash and wash linens after isolation has been discontinued.

PPE and trash from isolation rooms that are not soaked or dripping with body fluids (blood, sputum, urine, feces) can be double bagged in sturdy trash bags, tied closed and put into regular trash per OSHA.

Any PPE or trash that could leak soaked or dripping body fluids must be red bagged and disposed of using medical waste pick up or destruction available to your Operation.



Resources and References

My 0365



My Policies

My Support My Career My Benefits

COVID-19 (Coronavirus) Update

Updated March 24, 2020 – We continue to monitor developments surrounding the respiratory outbreak caused by a new coronavirus.

READ MORE

Return to Work Criteria

At Home & At Work Screening Procedure for Employees

Employee Screening Tools

Return to Work Guidelines for Quarantined or Isolated Employees

Due to shortages in testing kits and supplies, and varying criteria for availability for testing, it may not be possible to secure a negative COVID-19 test for an employee to return to work.

The CDC has established criteria to be used to determine when workers can safely return. Below, you will find two scenarios: with- and without testing capability. Please use this guidance in determining when an employee may return to work. The resources available on REACH COVID-19 resource page will be reposted as they are updated.

If the Employee had a positive COVID-19 test:

Where repeat lab testing <u>is</u> available, the employee can return to work when <u>ALL</u> of the following criteria are met:

- . They no longer have a fever (without the use of fever-reducing medications
- · Respiratory symptoms have improved (e.g., cough, shortness of breath)
- Two consecutive Negative COVID-19 test results collected ≥24 hours apart (total of two negative specimens)

Where lab testing is <u>not</u> available the employee may return to work when ALL of the following criteria are met:

- At least 3 days (72 hours) have passed since recovery (fever has resolved without the use of fever-reducing medications and respiratory symptoms have improved (e.g., cough, shortness of breath)
- At least 7 days have passed since symptoms first appeared

Return to Work Practices and Restriction:

Upon returning to work, the employee who had tested positive will:

- Wear a facemask at all times while at work until 14 days after illness onset (if no facemask is available they are not to return to work
- Be restricted from contact with those at greater risk of serious illness if infected (e.g., receiving chemotherapy, certain cancers and other chronic illnesses) until 14 days after illness onset
- <u>Strictly</u> follow hand hygiene and infection control protocols (e.g., cover nose and mouth where coughing or sneezing, dispose of tissues in waste receptacles, etc)
- Continue to Screen for symptoms per the usual process, and notify manager if symptoms recur

https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html



Employee Screening



- Daily screening of every employee before starting of shift
- Residential/Community Living should utilize paper form
- All other lines of business can utilize electronic tool
- Leaders should be reviewing for compliance

Both the paper and electronic tools are available on the REACH website



Supervisor Responsibilities

- Determine if close contact exposure did occur
- If employee has been exhibiting any signs and symptoms?
- Are there any clients/patients or coworkers at risk?
- **Motify HR**
 - Enter information into QuickBase





When Should An Employee Be Off From Work?



Fever greater than or equal to 100.0 F AND a new onset of cough or shortness of breath

Traveling internationally or on a cruise ship in the last 14 days

Close contact with someone who has confirmed or presumed COVID-19 infection in the last 14 days



When Should An Employee Be Off From Work?



HEALTH SERVICES

Close Contact Definition



- Living in the same household as a person confirmed or under investigation for COVID-
- Caring for a sick person confirmed or under investigation for COVID-19
- Being within <u>6 feet</u> of a person under investigation for or lab confirmed COVID-19 for 10 minutes or more
- Being in direct contact with secretions from a sick person under inversitation for or lab-confirmed COVID-19 (coughed/sneezed on, kissed, sharing utensils,etc.)

What Close Contact Is Not



- Just being in the same space as someone with COVID-19 (church, office, school, store)
- Walking by a person who just coughs or sneezes in the other direction
- Being near someone who has been near someone who is positive for COVID-19

When Can Employee Return to Work?

If repeat lab testing is <u>NOT</u> available: (<u>All</u> the following criteria must be met)



3 days (72 hours) without fever (without using fever-reducing meds)

<u>AND</u>

Improvement in cough or shortness of breath





At least 7 days have passed since symptoms first appeared



When Can Employee Return to Work?

If repeat lab testing is available:

(All the following criteria must be met)



Resolution of fever (without using fever-reducing meds)

AND

Improvement in cough or shortness of breath





Two consecutive nasopharyngeal swab specimens collected > 24 hours apart (total of 2 negative specimens)



Returning to Work Practices and Restrictions

Upon returning to work, the employee who had tested positive will:

- Wear a face mask at all times while at work until 14 days after illness onset (if no face masks is available, they <u>cannot</u> return to work)
- Be restricted from contact with those at greater risk of serious illness if infected (e.g., receiving chemo, certain cancers, and other chronic illniesses) until 14 days after illness onset
- Strictly follow hand hygiene and infection control protocols
 - Continue to screen for symptoms as per the usual process and notify manager if symptoms recur



Directors of Clinical Practice & Quality

- 1. <u>Steve Wallace</u>, 951-212-4514 cell Alaska, Arizona, California, Nevada, Washington
- 2. Rose Vasquez, 512-910-4904 cell Louisiana, Texas
- 3. <u>Andrea Demory</u>, 630-803-0143 cell Colorado, Connecticut, Idaho, Kansas, Kentucky,
- Maine, Michigan, Minnesota, Montana, Nebraska, New Jersey, Ohio, Oklahoma,
- Oregon, Pennsylvania, South Carolina, Utah, Canada
- 4. <u>Tracy Paxton</u>, 630-514-6020 cell Illinois, Indiana, Missouri, Wisconsin
- 5. Maranda Sampson, 304-928-4902 cell Florida, Maryland, Virginia, West Virginia
- 6. Pam Harris, 615-681-7005 cell Home Health and Hospice (all states), Alabama
- Georgia, North Carolina, Tennessee
- 7. Anna Papp, 630-373-4308 cell Vent/Trach Patients (all states)
- 8. Shauen Howard 513-888-4056 cell back up for all states

Questions?



