

POLICY TITLE: COVID-19 Preparedness Plan	DEPARTMENT: Risk Management
POLICY #: 100.214.00	CATEGORY: General
EFFECTIVE DATE: 6/24/2020 APPROVED BY: Regina Gurvich, CCO	REVIEW DATE: July 26, 2020 LAST REVISION DATE: n/a
SUPERSEDED POLICY#: NA	PAGE 1 of 16

PURPOSE

The purpose of this policy and procedure is to provide employees with the necessary guidance during Coronavirus (COVID 19) Pandemic and incorporates guidance from Centers for Disease Control and Prevention (CDC), CMS, State, and local government guidance.

I. SCOPE

This policy applies to all OMNI Ophthalmic Management Consultants, LLC. and its affiliates (together, “OOMC” or “the Practice”). The within Preparedness Plan follows Centers for Disease Control and Prevention (CDC) and State-specific guidelines, Federal OSHA standards related to COVID-19, and addresses:

- Screening and policies for employees exhibiting signs and symptoms of COVID-19
- Hand washing
- Personal Protective Equipment (“PPE”)
- Respiratory etiquette;
- Social distancing;
- Cleaning, disinfecting, and ventilation;
- Communications and training.
- Employee Discrimination & Retaliation Prohibited

II. DEFINITIONS

Center for Disease Control (CDC) – CDC stands for the Center for Disease Control and Prevention. It is a United States federal agency under the Department of Health and Human Services.

CDC Healthcare personnel (HCP) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

COVID-19 – a respiratory illness spread most commonly through close (within 6 feet) person-to-person contact. Those at most risk for the illness are the elderly and those with significant underlying health conditions.

COVID19 Response Team – to assure consistent and collaborative approach across the practice, the response team consists of Dedicated COVID19 Resource Nurse, Director of Risk Management, Chief Compliance Officer, and Director of Human Resources, as appropriate/ needed.

COVID19 Resource Nurse - Gail Law, RN at Gail.Law@OOMC.com, (973) 868-6362 cell.

Exposure – Please see the CDC definition. [Updated 07/04/2020 CDC Guidance](#)

Occupational Safety and Health Administration – is an agency of the United States Department of Labor and was established to assure safe and healthy working conditions by enforcing standards.

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Personal Protective Equipment (PPE) – Personal Protective Equipment is specialized clothing or equipment, worn by an employee for protection against infectious materials or agents. PPE includes gloves, gowns, mask, respirators, goggles, and face shields.

III. POLICY

It is the policy of OOMC to utilize evidence-based infection prevention techniques in creating and sustaining safe patient care and work environment in compliance with current guidelines. The health and welfare of the Practice employees and patients is paramount. OOMC expects all managers and employees to take appropriate action in response to reports of potential COVID-19 exposure. The within procedures should be reviewed by all employees and utilized as a guidance.

As the guidelines and recommendations evolve, this policy and/or additional updated guidance will be communicated, as appropriate.

IV. PROCEDURE

1. Employment Policies for Employees Exhibiting Symptoms of COVID-19

All practice employees and contractors have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19. “Return to Work Criteria for Employees with Suspected or Confirmed COVID-19,” Attachment I, outlines procedure implemented to assess employee’s health status prior to entering the workplace and on ongoing basis. Attachment II is a sign in sheet template utilized across the Practice.

a. Family Medical Leave Act and Work Accommodations specific to COVID-19

OOMC has implemented leave policies that promote workers staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. The policies pertaining to Paid Time Off and FMLA are described in detail in [Employee Handbook](#).

Accommodations for employees with underlying medical conditions or who have household members with underlying health conditions are addressed on case-by-case basis.

b. Employee Leave of Absence under this Policy

1. Supervisors should ensure that employees are fully aware of all of the Practice’s policies and procedures pertaining to paid and unpaid leaves of absence, including but not limited to the Practice’s leave policies. Questions regarding these matters and issues related to compensation while on a leave of absence from work should be directed to the Human Resources Department.
2. An employee who is:
 - (a) Temporarily removed from work as directed by the Health Department or other health authority in connection with a COVID-19 exposure, or

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(b) Exposed to COVID-19 and subsequently develops symptoms, will be provided with 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 measures including possible telecommuting.

3. Employees exposed to COVID-19 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 and/or Director of Risk Management for assistance.

c. Suspected or Actual Employee Exposure and COVID19 Notification Process

1. Employees must immediately report any concerns regarding exposure to COVID-19 to a supervisor, whether the potential exposure has occurred through providing patient care, travel, assisting a patient, having contact with a person affected by community spread, or handling or cleaning an object that has been exposed to blood or bodily fluid of an individual who is suspected or confirmed to have COVID-19.
2. To ensure a safe working environment all employees calling out sick for COVID-19 symptom or COVID-19 illness who are returning to the work environment will be pre-screened using current CDC guidance, [“Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\)”](#) This guidance is a tool to decrease risk of employees returning to work.
 - a. Based on the employee’s response, the COVID19 Resource Nurse will collaborate with the manager and Human Resources to determine next steps, which could include a delay in the employee returning to work.
 - b. A log of all staff (HCP and non-clinical) screened will be maintained by the COVID19 resource nurse.
3. The Practice has implemented a protocol for informing workers of exposure to a person with confirmed COVID-19 in a workplace. Upon receipt of a report of an employee who has had an exposure.

In accordance with Practice’s Occurrence Reporting Policy 100.206.00, the COVID19 Resource Nurse will complete an Occurrence Report of the exposure. The report will include but not limited to the following:

- i. The circumstances surrounding the potential exposure as reported by the employee;
 - ii. Whether the employee is experiencing any symptoms per CDC guidelines current on that date.
- a. Upon receipt of the report, the Risk Management Director will collaborate with the COVID19 Response Team and assess each case based on CDC and applicable State guidance determining exposure risk and necessary next steps including but not limited:
- i. Contact all employees who were exposed to a positive or presumed positive COVID19 staff member or patient.
 - ii. Provide prerequisite information related to exposure.
 - iii. Instruct employee to reach out to his/her primary care physician for further guidance and/ or testing.

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- iv. Instruct the employee to remain **out** of the workplace and immediately cease patient care, if applicable, until further notice.
 - v. Should an employee require quarantining, return to work criteria will be based on CDC and State guidance.
- b. In collaboration with the COVID Response Team the Risk Management Director, will contact the Local and/or State Health Departments for if guidance is needed and document the conversation. Should State reporting be required an Occurrence Report will be filed in consultation with Risk Management.
 - c. An Occurrence Report will be added to incorporate any additional steps taken.
 - d. Any documentation received from the employee’s primary care provider will be utilized in the return to work determination.
- d. Employee Confidentiality
- 1. All documents prepared in connection with an employee’s report of potential exposure must be collected and maintained on forms separate and apart from documents in an employee’s personnel file and treated as confidential. If an employee voluntarily discloses that he or she may have been exposed to COVID-19 or is at risk of exposure, this information must be kept confidential as well.

The following are the only exceptions to this rule:

- a. Supervisors and managers may communicate with HR and/or Risk Management or designee, 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
- f. Information may be provided for insurance purposes
- g. HR/ Risk Management or designated representative may make disclosures, as needed, to comply with law or regulation.

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

2. Hand Hygiene

Basic infection prevention measures are being implemented at the Practice at all times. Employees are instructed to wash their hands for at least 20 seconds with soap and water throughout the day, but especially at the beginning and end of their shift, prior to any mealtimes, when visibly soiled, and after using the restroom. Frequent use of alcohol-based hand hygiene products are encouraged for routine hygienic hand antisepsis throughout the day. All patients and visitors entering the workplace are required to wash or sanitize their hands prior to or immediately upon entering and upon exiting the facility.

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Hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) are at entrances/exits in the workplace so they can be used for proper hand hygiene in place of soap and water, as long as hands are not visibly soiled.

Posters, outlining proper hand hygiene techniques are posted throughout corporate and clinical facilities,

3. Personal Protective Equipment (PPE)

The practice acquired sufficient stock of PPE to satisfy its needs for clinical and non-clinical staff as well as patients. PPE is available to staff as follows:

- a. Non-clinical staff
 - i. Provided with surgical masks on daily basis, if needed;
 - ii. Gloves are available, but discouraged
- b. Clinical staff members involved in patient care (HCP)¹
 - i. Provided N95 or KN95, weekly-bi-weekly basis
 - ii. Gloves are readily available in clinical area
 - iii. ASC staff involved in patient care is provided disposable gowns, as appropriate.
 - iv. Staff received face shield or protective glasses, based on preference
- c. Access to UV disinfect or to clean masks
- d. Hand sanitizer stations are posted around all offices
- e. [COVID 19 Risk Pyramid Graphic](#)
 - i. Based on patient pre-testing criteria, PPE requirements, and the type of procedures performed the risk to staff would be medium,

4. Social Distancing

In accordance with CDC guidance, the Practice has implemented social distancing of six feet between employees, patients, and visitors through administrative, awareness, and training safeguards.

Non-Clinical Staff

The Practice implemented staggered re-opening schedule to assure proper distancing standards for non-clinical personnel. Current office space was measured to assure proper distancing standards between the cubicles and offices and confirmed that the seating arrangements in cubicle areas are sufficient, appropriate, and compliance with CDC recommendation.

Following operational re-assessment, certain positions were re-classified as suitable for ‘work at home,’ for example Call Center.

Clinical Staff

Clinical schedules have been amended to guarantee distancing between the patients. Common patient areas have been re-engineered to allow 6-foot distance between patient seating. Clinical workflow has been adjusted to:

¹ CDC Healthcare personnel (HCP) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

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- a. Keep in-person round/sign-out to minimal number of individuals
- b. When in-person rounds occur, maintain distance > 6 feet between individuals. Clinical team members can follow rounds by Zoom or other remote methods, and assist by entering orders, making phone calls, etc. Teaching should also take place via vide
- c. Staff was instructed to avoid small work spaces; spread out to physically separated workstations (clean workstations prior to / after each use). Division leaders should procure workspace in unused administrative/academic offices if space is needed.

Patient/ Visitor On-Boarding & Screening Protocol

Patient is allowed to be accompanied by no more than one more person to ensure appropriate distancing. Patient and his/her attendant are offered a mask, if needed.

The Practice implemented standard protocol for patient/visitor on-boarding and screening, Attachment IV. .

Respiratory etiquette: Cover your cough or sneeze

Employees, patients, and visitors are instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing and to avoid touching their face, in particular, their mouth, nose and eyes. They are instructed to dispose of tissues in provided trash receptacles and wash or sanitize their hands immediately afterward. [Respiratory etiquette](#) posters have been affixed throughout Practice facilities.

5. Cleaning, and Disinfection

Non-clinical Areas

Regular housekeeping practices are being augmented by frequency:

- a. Cleaning services provided by the building are responsible for an overall cleanliness of the offices.
- b. Each employee is expected to clean and disinfect their personal work space, concentrating on high-touch areas, such as phones, keyboards, touch screens upon entering and upon exiting the facility
- c. Common areas, such as break rooms, meeting rooms, checkout stations are periodically sanitized by assigned personnel

Clinical Areas

The Practice developed detailed protocols for frequent cleaning and disinfection of clinical areas and exam rooms after each patient.

Cleaning Supplies

The Practice expanded its average requisition of cleaning and disinfecting supplies to account of additional frequency in clinical areas and non-clinical areas.

6. Communications and training

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The Practice has established communication channels that incorporate a formal on-line training platform (LMS) HealthStream, which houses all of the practice compliance & risk management training, Intranet and ADP portal posting boards, as well as ongoing e-mail communications. The Practice rolled out a Webinar course, subsequently recorded, circulated, and posted, prior to office re-opening ([Return to Office Webinar for Tri-State \(NJ/NY staff Non-Clinical staff\)](#) and [Return to Office Webinar for Tri-State \(NJ/NY Clinical staff\)](#)).

Throughout the pandemic, notifications have been communicated to full staff via e-mail (work & personal), ADP portal postings, and Intranet. A formal training encompassing key elements of prevention “COVID19: Understanding Coronavirus – In the Know”, was rolled out to full staff on June 16, 2020.

The within COVID-19 Preparedness Plan is a consolidation of information, messages, policies and protocols previously communicated across the practice. The Plan will be posted on Intranet, ADP Portal, as well as circulated to full staff via e-mail.

As the guidance from CDC and Local and State authorities evolve, additional communication and training will be ongoing and will utilize existing communication and training channels outlined above.

Managers and supervisors are to monitor effectiveness of the program implementation. Non-compliance will be addressed in accordance with the current HR policies.

7. Employee Discrimination & Retaliation Prohibited

Discrimination or Retaliation against any employee for reporting concerns regarding potential COVID-19 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 prohibited.

Any employee who has a discrimination or retaliation concern should report via the anonymous compliance hotline ([1.833.424-2020](tel:18334242020) or online at <https://oomc.ethicspoint.com>).

V. ENFORCEMENT

Failure to comply with this policy may result in disciplinary actions/sanctions up to, and including, termination of employment, contract, or other engagement.

VI. EFFECTIVE DATE

This policy is effective immediately and will be reviewed periodically and/or revised as necessary. This policy is subject to amendment upon review by the governing authority.

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VII. REFERENCES

LINKS

General

Centers for Disease Control and Prevention (CDC): Coronavirus (COVID-19) –

www.cdc.gov/coronavirus/2019nCoV –

[Coping with the Fear of COVID-19 \(Cigna\)](#)

[COVID-19 Factsheet \(CDC\)](#)

Businesses

CDC: Resources for businesses and employers –

www.cdc.gov/coronavirus/2019ncov/community/organizations/businesses-employers.html

CDC: General business frequently asked questions – www.cdc.gov/coronavirus/2019-ncov/community/generalbusiness-faq.html

CDC: Building/business ventilation – www.cdc.gov/coronavirus/2019-ncov/community/guidance-businessresponse.html

Federal OSHA: www.osha.gov

Delaware: Unemployment Insurance benefits - <https://ui.delawareworks.com/>

Maryland: Unemployment Insurance benefits - <https://www.dllr.state.md.us/employment/unemployment.shtml>

New Jersey: Unemployment Insurance benefits – <https://myunemployment.nj.gov>

New York: Unemployment Insurance benefits - <https://labor.ny.gov/unemploymentassistance.shtm>

Pennsylvania: Unemployment Insurance benefits - <https://www.uc.pa.gov/Pages/default.aspx>

New Jersey: Temporary Unemployment – <https://myleavebenefits.nj.gov>

New Jersey: Family Leave Insurance – <https://myleavebenefits.nj.gov>

Employees exhibiting signs and symptoms of COVID-19

CDC: www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

OSHA: www.osha.gov/Publications/OSHA3990.pdf

Exposure to COVID-19

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

Federal OS Risk Assessment Links

NJ:

[https://www.nj.gov/health/cd/documents/topics/NCOV/Healthcare%20Personnel%20\(HCP\)%20Exposure%20to%20Confirmed%20COVID-19%20Case%20Risk%20Algorithm.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/Healthcare%20Personnel%20(HCP)%20Exposure%20to%20Confirmed%20COVID-19%20Case%20Risk%20Algorithm.pdf)

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Handwashing

MDH: Handwashing video translated into multiple languages – www.youtube.com/watch?v=LdQuPGVcceg

WHO: [Hand Hygiene: How, Why & When](#)

Housekeeping

CDC: www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

CDC: www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html

CDC: www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Environmental Protection Agency (EPA): www.epa.gov/pesticide-registration/list-n-disinfectants-use

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[against SARS-CoV-2](#)

Personal Protective Equipment: Donning & Doffing

[CDC: Sequence for Donning & Doffing PPE](#)

[CDC: PPE Burn Rate Calculator](#)

[Do's and Don'ts for Facemask \(CDC\)](#)

Respiratory etiquette: Cover your cough or sneeze

CDC: www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

CDC: www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

Return to work

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Social distancing

CDC: www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

[HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/PREVENT-GETTING-SICK/SOCIAL-DISTANCING.HTML](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html)

Training

CDC: www.cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html

[COVID-19 Free: Understanding Coronavirus – In the Know \(Full Staff Training\)](#)

[Return to Office Webinar for Tri-State \(NJ/NY staff Non-Clinical staff\)](#)

[Return to Office Webinar for Tri-State \(NJ/NY Clinical staff\)](#)

ATTACHMENTS

[Attachment I: OMNI COVID-19 Employee Sign-Ins and Attestation](#)

[Attachment II: Clinical Sites Reopening Protocol](#)

[Attachment III: Enhanced Entry Screening of Patients and Visitors](#)


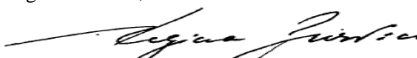
[Attachment IV: Minimizing Disease Transmission to Patients, Healthcare Personnel \(HCP\) and Others](#)

[Attachment V: COVID 19 Risk Assessment](#)

RELEVANT OOMC RISK MANAGEMENT POLICIES

[100.211.00 Exposure Control Plan](#)

[100.210.00 OSHA Mandatory Reporting](#)

Date	Revision Required	Responsible Staff Name & Title
6/24/2020	Initial Approval	Regina Gurvich, CCO 
7/26/2020	Revisions/ Updates	Regina Gurvich, CCO 



Attachment I

Employee Sign-in Sheet and Attestation

By signing below I attest that I have had my temperature checked and it is below 100F and I am free of the current symptoms of COVID-19 as described by the CDC.

I attest that I will inform my manager if I have had direct contact with any individual that is confirmed as having COVID-19 or is being quarantined due to exposure to COVID-19 in the past 14 days.

Signs and Symptoms of Covid-19, including but not limited to:

- Fever or chills
- Cough
- Shortness of Breath
- Loss of smell or taste
- Muscle or body aches
- Fatigue
- Headache
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea²

Employee Name	Employee initials	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020
		Initial to attest to above & document your temp	Initial to attest to above & document your temp	Initial to attest to above & document your temp	Initial to attest to above & document your temp	Initial to attest to above & document your temp

² Per CDC guidance, current at the time.
OOMC

Attachment II

Clinical Sites Re-opening Protocol

Confirmation Calls – All patients on the schedules will be confirmed for their schedule appointments.

Luma – confirmations will go out 5 days prior to the schedule appointments.

Front Desk – will call to confirm the patient appointments 3 days prior to the appointments. During the confirmation calls the staff will encourage patients to pre-register on the Phreesia pad, the staff will go over the zero check in message (having patients wait in the car).

Nursing home patient appointments must be approved by each provider before confirming the appointments.

Technicians calls 2 days prior to Patient Appointments.

The technicians will remind the patients a mask is required they will also ask Covid questions.

The technicians will go patient's medical, social history and medications and enter the history in the patients' medical record (Template OOMC chart extraction).

Appointment check in

Front Desk Reception will stand out the patient entrance with a headset as well a tablet. The front desk reception will manage the patient flow, text patients to come into the office when we are ready to have the patient check in. Maintain social distancing in the waiting area.

When patients arrive for their scheduled appointments the patient will be greeted by a front desk reception (Outside the patient entrance or at entrance doors) At this time the front desk staff member will take the patient's temperature , go over the Covid questions and follow the protocol for any patients that have been screened as positive or have a fever.

The front desk reception will then confirm the following:

- Phreesia registration
- If the patient can't complete pre- registration have the patient come into the office to complete registration.

Waiting Rooms

- Magazines and Coffee stations have been removed.
- Chairs are to be sanitized after each time the patient vacates the chair.
- Social distancing should be maintained in the waiting area, if needed Charis should be blocked off.

Clinical changes and polices

- Patient's schedules have been adjusted to minimize the numbers of patients in the office.
- Patients will be escorted to testing and exam rooms by either a technician or a doctor. We are going to limit the number of staff who interacts with an individual patient

- All exam rooms doors will remain open or only closed by provider.
- Rooms need sanitized between every patient including slit lamp shields, slit lamp, exam chair, door knobs or any surface touched. Follow the cleaning protocol.
- All testing equipment will be sanitized between every patient. Follow the cleaning protocol.

Staff Safety

- All persons including all staff members in the office will be required to wear face masks which will be worn upon entry into the building and removed when exiting unless while eating in the staffs lounge areas. All staff members must undergo screening protocol upon entrance to the facility. .
- No food or drinks in the clinic or any other area accessible by patients.
- Mask sterilization devices are available in all locations. Sterilize daily if using slit lamp.
- 6 foot distancing will be in effect for all people in the building including patients, staff and providers unless necessary for providing exam.
- N95 masks or KN95 masks are available for our providers. For Techs and scribes we will provide surgical masks. N95 and KN95 masks will not be replaced daily each provider will need to keep the mask and use the UV cleaner we have in each location to clean the masks.
- We will provide eyewear for staff members, again you must maintain them and we will only replace on a need basis.
- Slit lamp shields have been placed on all slit lamps
- All testing equipment will have shields.
- Policies will be updated as new recommendations are received from CDC and professional organizations.

Attachment III

Enhanced Entry Screening of Patients and Visitors

Protocol: All patients and visitors must enter with a mask and be screened by the facility staff. The mask should cover the mouth and nose. A mask will be provided for any patient or visitor without a mask. Exceptions will be made for children younger than two years of age, as per the CDC guidance.

Questions	Yes	No
1. Have you, your visitor (s) with you today or a family member had direct contact with an individual with confirmed coronavirus (Covid-19) in the LAST 14 DAYS?		
2. Have you, your visitor (s) with you today or a family member had direct contact with a person who is currently being quarantined for coronavirus (Covid-19) exposure IN THE LAST 14 DAYS?		
3. Have you or your visitor(s) with you today had any of the following symptoms in the past 3 days?		
• Fever or chills		
• Cough		
• Shortness of breath		
• New Loss of smell or taste		
• Fatigue		
• Congestion or runny nose		
• Muscle or body aches		
• Headache		
• Sore throat		
• Diarrhea		
• Nausea or vomiting		

- **If the answer is NO to all the above, check each individual’s temperature.**
- **If the answer is YES to any of the above, or temperature is > 100F: They will not be permitted to enter, and will be asked to leave. For the patient, they will be instructed to get in contact with their provider to reschedule their appointment.**

Covid-19 Testing Questions	Yes	No
1. Have you been tested for Covid-19 in the past week? Date of test:		
2. Was the test negative?		
3. Was the test positive?		

- **If your Covid-19 test was POSITIVE, you will be asked to leave and will be instructed to get in contact with your surgeon to reschedule your procedure.**
- **All patients and visitors permitted to enter the facility are to perform frequent hand hygiene for 20 seconds, keep their mask on and maintain 6ft. separation from others.**
- **Waterless alcohol-based hand sanitizers and soap/sinks are located throughout the building.**
- **Comments:**

Attachment IV

Minimizing Disease Transmission to Patients, Healthcare Personnel (HCP)³ and Others

Purpose:

The purpose of this policy and procedure is to provide necessary guidance to employees during the Coronavirus (COVID 19) Pandemic. This policy is written with guidance from the Centers for Disease Control and Prevention (CDC), CMS, State and local government guidance. The goal of this policy is to minimize disease transmission to patients, healthcare personnel and others.

Policy:

It is the policy of this practice to utilize evidence-based infection prevention techniques to create a safe environment for all who work and receive care.

Screening

- Patients will receive a pre-appointment call to assist in the screening of COVID 19 prior to the day of their appointment. Current CDC guidelines will be used as guidance for screening.
- The organizational internal webpage will post information and guidance on employee health related COVID 19
- All employees, patients or other individuals escorting patients, entering or remaining in the facility will be screened for signs and symptoms for COVID 19.
 - CDC signs and symptoms for COVID 19 will be used as the screening tool. Individuals with a positive COVID 19 screening will not be permitted to register or remain in the facility.
 - All individuals listed above will have a “no-touch” temperature taken at point of entry to the facility
 - Individuals with a temperature reading of 100°F or higher will not be permitted to register or remain the facility.
 - Individuals with positive screening will be instructed to follow up with their primary healthcare provider for additional testing.

Distancing

- Measures will be put in place to allow for social distancing as guided by CDC
 - Visitors arriving with patients will be requested to wait in their cars
 - Furniture will be arranged to accommodate adequate spacing
 - Scheduling will be monitored to accommodate a safe waiting space
 - Workspace reduction will be considered by allowing some employees to work from home
 - Breaks areas will be monitored to allow for adequate spacing
 - Signage will be used to remind all to keep social distancing a priority
- **Employees and Patients Testing Positive for COVID 19** Individuals who have tested positive for COVID 19 will be allowed to enter the facility or return to work in the facility only when meeting current CDC guidelines.

Hand Hygiene

³ CDC Healthcare personnel (HCP) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

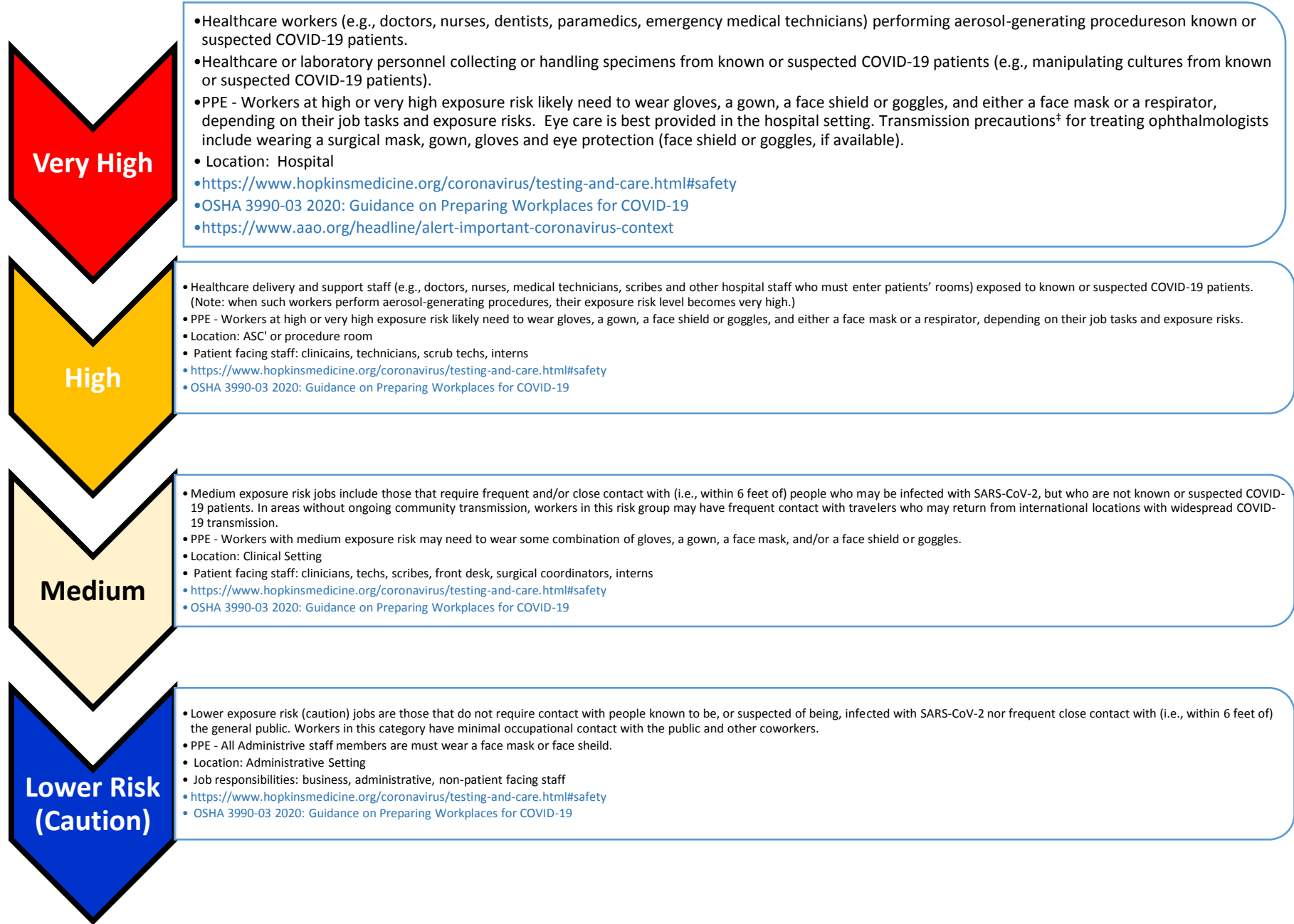
- Hand sanitizers will be located throughout the facility
- Hand sanitizing will be requested at point of entry by all individuals
- Hand hygiene posters will be placed in highly visible locations as a reminder to the importance of hand hygiene

Environmental Cleaning

- Patient areas will be appropriately cleaned using an EPA approved disinfectant

COVID 19 Risk Pyramid

Attachment V



- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- PPE - Workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks. Eye care is best provided in the hospital setting. Transmission precautions[†] for treating ophthalmologists include wearing a surgical mask, gown, gloves and eye protection (face shield or goggles, if available).
- Location: Hospital
- <https://www.hopkinsmedicine.org/coronavirus/testing-and-care.html#safety>
- OSHA 3990-03 2020: Guidance on Preparing Workplaces for COVID-19
- <https://www.aao.org/headline/alert-important-coronavirus-context>

- Healthcare delivery and support staff (e.g., doctors, nurses, medical technicians, scribes and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes very high.)
- PPE - Workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks.
- Location: ASC' or procedure room
- Patient facing staff: clinicians, technicians, scrub techs, interns
- <https://www.hopkinsmedicine.org/coronavirus/testing-and-care.html#safety>
- OSHA 3990-03 2020: Guidance on Preparing Workplaces for COVID-19

- Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission.
- PPE - Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles.
- Location: Clinical Setting
- Patient facing staff: clinicians, techs, scribes, front desk, surgical coordinators, interns
- <https://www.hopkinsmedicine.org/coronavirus/testing-and-care.html#safety>
- OSHA 3990-03 2020: Guidance on Preparing Workplaces for COVID-19

- Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.
- PPE - All Administrative staff members are must wear a face mask or face shield.
- Location: Administrative Setting
- Job responsibilities: business, administrative, non-patient facing staff
- <https://www.hopkinsmedicine.org/coronavirus/testing-and-care.html#safety>
- OSHA 3990-03 2020: Guidance on Preparing Workplaces for COVID-19