

CHC PANDEMIC AND QUARANTINE EMERGENCY PLAN

THE GOAL OF THIS COVID-19 EMERGENCY PLAN IS TO CREATE A ROUTINE AND PROCEDURE THAT IS IN COMPLIANCE WITH THE DIRECTION PROVIDED BY OSHA AND CDC, WHO PROTOCOLS TO PROVIDE A SAFE AND HEALTHY WORKPLACE FOR CHC EMPLOYEES AND MAINTAIN BEST PRACTICES TO PROTECT AND NURTURE THE VULNERABLE POPULATION WE SERVE. THE CHC ADMINISTRATOR IS RESPONSIBLE TO IMPLEMENT THE DIRECTIONS IN THIS PLAN IN THE EVENT OF A PANDEMIC OR QUARANTINE SITUATION.

THIS PLAN WAS WRITTEN WITH THE LANGUAGE OF COVID-19 TO PUT SPECIFIC SYSTEMS IN PLACE REGARDING THE COVID-19 PANDEMIC OF 2020. THIS PLAN MAY NEED TO BE ADAPTED TO OTHER SPECIFIC SCENARIOS AS THEY ARISE IN ACCORDANCE WITH GOVERNING HEALTH AGENCY DIRECTION.

CLIENTS

1. CHC ADMIN WILL CREATE A TRIAGE STATUS FOR EACH CLIENT:

- TIER 1- HIGH ACUITY/NO INFORMAL SUPPORTS/CAN'T BE LEFT ALONE
- TIER 2 - SLIGHTLY LESS ACUITY/MINIMAL INFORMAL SUPPORTS/COULD BE LEFT ALONE AND STILL BE SAFE
- TIER 3 - MAY HAVE INFORMAL SUPPORTS AND CAN BE LEFT ALONE (WAIVER CLIENTS)
- TIER 4 - HAS US FOR ASSISTANCE, BUT HAS ALTERNATIVE CARE IF NECESSARY/IS SAFE TO BE ALONE

2. CHC ADMIN WILL CREATE A CLIENT CHECKLIST WITH THE FOLLOWING. DISTRIBUTE INTO CLIENT FILES AND IN THEIR RESPECTIVE CLIENT OUTLINE IN ADACARE.

ON THE FORM:

- CLIENT
- QUARANTINED? Y/N
- START DATE OF QUARANTINE
- TRIAGE STATUS
- MINIMUM HOURS FOR SHIFT – WHAT IS THE MINIMUM AMOUNT OF TIME WE CAN BE WITH A CLIENT FOR ESSENTIAL CARE?
- MINIMUM SHIFT ESSENTIALS – DETAIL THE ABSOLUTE ESSENTIAL TASKS NECESSARY FOR THE CLIENT.
- LOCAL FAMILY AVAILABILITY?
- COVID-19 SYMPTOMS
- DATE OF FIRST SYMPTOMS
- ACTIONS TAKEN
- GENERAL COMMENTS

3. ADMIN WILL CREATE A LIST OF CLIENTS WHO CANNOT BE LEFT WITHOUT CARE AND MAKE SURE THAT THEY HAVE WHAT THEY NEED.

4. ADMIN WILL CREATE A LIST OF PEOPLE WHO WOULD LIKE CHC TO REACH OUT AND DO WELLNESS CHECKS AND MAKE SURE TO REACH OUT TO THOSE WHO WOULD LIKE IT.

5. ADMIN WILL INCLUDE IN THE CLIENT BINDERS:

- A LOG OF CLIENT'S TEMPERATURE

- EMERGENCY SHIFT DETAILS

6. EMERGENCY SERVICE AGREEMENT

- CHC MAY DECREASE HOURS TO ESSENTIAL CARE ONLY.
- WE RESERVE THE RIGHT TO NOT TAKE OUR CLIENTS INTO PUBLIC PLACES.
- WE ARE TAKING EVERY PRECAUTION TO KEEP CLIENTS SAFE:
- CDC PROTOCOL FOR INFECTION CONTROL AND PREVENTION
- WE WILL WASH OUR HANDS BEFORE WE COME INTO THE HOME AND WHILE WE ARE THERE (ETC.)
- WE WILL HELP KEEP SURFACES SANITIZED
- WE WILL BE DOING CHECK-IN BY PHONES ON DAYS WE ARE NOT SCHEDULED FOR HOME VISITS.
- WE WILL BE MONITORING CLIENT TEMPERATURES ON THE DAYS WE ARE THERE.
- WE MAY BE RELYING ON FAMILY MEMBERS TO COVER SHIFTS IF WE ARE SHORT-STAFFED.
- WE ASK THAT CLIENTS REPORT CHANGES OF CONDITION TO CHC IMMEDIATELY.

CHC POLICY ON CAREGIVERS IN THE FIELD- COVID-19/CORONAVIRUS

THE POLICY IS TO ADDRESS BEST PRACTICES FOR CAREGIVERS AND EMPLOYEES WORKING IN THE FIELD DURING A QUARANTINE/PANDEMIC.

ALL CAREGIVERS ARE REQUIRED TO SELF-MONITOR FOR SYMPTOMS OF COVID-19 ON A DAILY BASIS.

SYMPTOMS:

- COUGH (DRY)
- FEVER
- DIFFICULTY BREATHING
- CHILLS
- REPEATED SHAKING WITH CHILLS
- MUSCLE PAIN
- HEADACHE
- SORE THROAT
- LOST OF TASTE OR SMELL

EACH CAREGIVER MUST:

- TAKE THEIR OWN TEMPERATURE PRIOR TO CLIENT CONTACT ONCE DAILY
- MAKE NOTE OF ANY OF THE ABOVE SYMPTOMS TO THEIR SUPERVISOR. EMPLOYEES WHO ARE SICK WILL NOT GO INTO WORK WITH ANY CLIENTS, IN KEEPING WITH CURRENT AGENCY PRACTICES.
- ALWAYS WEAR A MASK AND ENCOURAGE THEIR CLIENTS TO DO SO
- CONTINUE TO FOLLOW CDC PROTOCOL FOR INFECTION CONTROL AND PREVENTION, AS DICTATED IN CHC POLICY AND PROCEDURE, POSTED BELOW
- CHC CAREGIVERS WILL KEEP ALL HIGH-TOUCH SURFACES SANITIZED (COUNTERS, DOORKNOBS, PHONE SCREENS, REFRIGERATOR HANDLE, ETC)
- CHC CAREGIVERS WILL ENCOURAGE CLIENTS NOT TO GO OUT OR GO INTO PUBLIC PLACES AND WILL ASSIST THE CLIENT IN SELF-MONITORING FOR SYMPTOMS OF COVID-19/CORONAVIRUS.

CHC POLICY ON CAREGIVERS IN TRANSIT- COVID-19/CORONAVIRUS

THIS POLICY IS TO ADDRESS BEST PRACTICES REGARDING TRANSPORTATION DURING A QUARANTINE/PANDEMIC.

ALL CAREGIVERS WILL WEAR A NAMETAG AND CARRY A VIRTUAL COPY OF A COMPANY LETTER STATING THAT THEY ARE ESSENTIAL EMPLOYEE.

IN BETWEEN DESTINATIONS CAREGIVERS WILL: DISINFECT THEIR PHONE SURFACES, DOOR HANDLES ON THEIR CARS AND THEIR STEERING WHEEL. IF THE CAREGIVER DROVE WITH A CLIENT IN A PREVIOUS SHIFT, THE CAREGIVER MUST DISINFECT THE SEAT THEY WERE SITTING ON, AND THE DOOR HANDLES ON THE INTERIOR AND EXTERIOR OF WHERE THE PASSENGER WAS SITTING.

CAREGIVERS WILL FIND WAYS TO REDUCE CLIENTS NEED TO LEAVE THEIR HOMES AS MUCH AS POSSIBLE. IF THERE IS NOT A NECESSITY FOR THE CLIENT TO BE IN LINE OF SIGHT OF THE CAREGIVER FOR SAFETY REASONS, CAREGIVERS MAY RESERVE THE RIGHT NOT TO TAKE CLIENTS OUT INTO PUBLIC PLACES. CAREGIVERS WILL ASSIST CLIENTS IN FINDING CREATIVE SOLUTIONS TO ASSIST THE CLIENT IN STAYING HOME/OUT OF PUBLIC PLACES.

CHC POLICY ON WORKING WITH CLIENTS WHO HAVE A SUSPECTED OR CONFIRMED CASE OF COVID-19/CORONAVIRUS

THIS POLICY IS TO ADDRESS THE PROTOCOL CHC EMPLOYEES MUST FOLLOW IF WORKING WITH A CLIENT WHO HAS A SUSPECTED OR CONFIRMED CASE OF COVID-19/CORONAVIRUS.

- CHC WILL TAKE COVID-19 POSITIVE CLIENTS VIA INTAKE AS LONG AS A. THERE IS ADEQUATE PPE TO PROVIDE AT LEAST TWO MONTHS WORTH OF SAFE ONGOING CARE B. THERE IS ADEQUATE STAFFING. EACH NEW CASE WILL BE EVALUATED ON A PERSON-BY-PERSON BASIS IN COORDINATION WITH DIRECTION OF THE WASHINGTON STATE DEPARTMENT OF HEALTH AND EACH INDIVIDUAL'S HEALTH CARE PROVIDER.
- IF A CAREGIVER WITNESSES' SYMPTOMS OF COVID-19 THE CAREGIVER MUST IMMEDIATELY REPORT THE SYMPTOMS TO CHC ADMIN. THE CAREGIVER WILL: PUT A MASK ON THEMSELVES AS WELL AS THE CLIENT FOR THE DURATION OF THE SHIFT AND ASSIST THEM IN FOLLOWING UP ON SYMPTOMS WITH THEIR HEALTHCARE PROVIDER. IF THERE IS ONLY ONE MASK AVAILABLE, THE CAREGIVER WILL PUT THE MASK ON THE CLIENT FOR THE DURATION OF THE SHIFT.
- IF A CLIENT IS SUSPECTED OR CONFIRMED TO HAVE COVID-19, WE WILL COORDINATE OUR ABILITY TO PROVIDE CARE WITH THE DIRECTION OF THE CLIENT'S HEALTH CARE PROVIDER AS WELL AS THE DEPARTMENT OF HEALTH AND CDC. IF APPROVED TO CONTINUE PROVIDING CARE, CHC CAREGIVERS WILL FOLLOW THE STANDARDS SET BY OSHA AND THE CDC FOR WORKING IN HIGH RISK SITUATIONS, SUCH AS WORKING WITH SOMEONE WHO HAS A CONFIRMED INFECTIOUS DISEASE.
- IF A CLIENT IS CONFIRMED TO HAVE COVID19, CHC ADMIN WILL A. LIMIT THE NUMBER OF CAREGIVERS WORKING WITH THIS CLIENT B. ENSURE THAT CAREGIVERS WORKING WITH A CONFIRMED CASE DO NOT FALL IN THE RISK CATEGORY (ARE NOT OLDER THAN 54, DOES NOT LIVE WITH SOMEONE WHO IS IMMUNO-COMPROMISED OR COMPROMISED THEMSELVES) La C. POTENTIALLY REMOVE CAREGIVERS WORKING WITH CONFIRMED CASE FROM WORKING WITH OTHER CLIENTS. ALL DETERMINATIONS WILL BE DECIDED CLIENT-BY-CLIENT AND IN TANDEM WITH DIRECTION FROM THE CLIENT HCP, AND THE WASHINGTON STATE DEPARTMENT OF HEALTH

- PPE: CHC CAREGIVER WILL FOLLOW THEIR COVID-READY TRAINING PROVIDED BY THE DOH WHEN WORKING WITH CLIENTS WHO ARE INFECTED WITH COVID AND USE THE PPE AS DIRECTED. DEPENDING ON DIFFERENT CLIENT TASKS THE NECESSARY PPE MAY DIFFER CLIENT TO CLIENT.
- CHC ADMIN WILL NOT ACCEPT NEW CLIENTS WHO ARE SUSPECTED OR CONFIRMED TO BE POSITIVE FOR COVID19 FOR THE FOLLOWING REASONS: IF THERE IS NOT ADEQUATE PPE TO PROVIDE SAFE ONGOING CARE, IF THERE IS NOT ADEQUATE STAFFING TO PROVIDE SAFE ONGOING CARE, IF THE CARE REQUIRED IS FOR ANY REASON OUT OF THE SCOPE OF NON-MEDICAL IN-HOME CARE, IF THERE ARE NOT CAREGIVERS WHO ARE NOT AT RISK FOR C19 AVAILABLE TO PROVIDE SUPPORT. CHC ADMIN WILL REPORT AT MONTHLY BOARD MEETINGS THE NUMBER OF INTEREST CALLS RECEIVED FROM C19 POSITIVE CLIENTS. CHC MAINTAINS THE RIGHT TO REFUSE CARE BASED ON ANY OF THE ABOVE CRITERIA OR ANY CRITERIA THAT MAY COME UP AND BE DEEMED REASONABLE BY THE ADMINISTRATOR AND BOARD.
- **C19 Congregate Facilities Policy Proposal** - During a pandemic or a situation of a deadly contagious disease, CHC will not provide care to clients who live in congregate facilities such as Skilled Nursing Facilities, Adult Family Homes, Rehab facilities or similar. Any client need that could require a CHC Caregiver to enter a congregate facility will be reviewed case by case, with a primary focus being placed on containing risk to both CHC caregivers and CHC clients.
- **C19 Caregiver Travel Policy Proposal**- CHC Caregivers who travel across state lines or via airplane will be asked to quarantine for 14 days and test prior to returning to their clients. Any travel across state lines or via airplane needs to be communicated on the workers' Time Off Request and factored into the time requested off.

NEW QUESTIONS ON THE INTAKE FORM

Global Pandemic Considerations

- Is client currently self-isolated?
- If not, what are they doing to stay safe from contracting Covid-19?
- Who else besides client and caregiver will be entering the home?
- What precautions will visitors take to keep client and caregiver safe?

NEW PARAGRAPH ON THE SERVICE AGREEMENT

Global Pandemic Protocol:

I acknowledge in signing this agreement that I have received and will abide by Peninsula Homecare Cooperative's Global Pandemic Protocol and waive CHC from any and all claims for being exposed to and/or contracting Covid-19.

CHC POLICY ON CAREGIVER SELF-MONITORING FOR COVID19

1. ALL CHC CAREGIVERS ARE RESPONSIBLE FOR MONITORING THEMSELVES FOR COVID-19 SYMPTOMS. EACH CHC CAREGIVER WILL:

- TAKE THEIR OWN TEMPERATURE PRIOR TO CLIENT CONTACT DAILY
- COMMUNICATE ANY SYMPTOMS TO THEIR HCP AND TO CHC ADMIN IMMEDIATELY

EACH CAREGIVER WILL SELF MONITOR FOR SYMPTOMS PRIOR TO ENTERING A CLIENT'S HOME . CAREGIVERS WILL TEXT THE MAIN OFFICE NUMBER THEIR: INITIALS AND THEIR TEMPERATURE PRIOR TO EACH SHIFT.

SYMPTOMS:

- COUGH (DRY)
- FEVER
- DIFFICULTY BREATHING
- CHILLS
- REPEATED SHAKING WITH CHILLS
- MUSCLE PAIN
- HEADACHE
- SORE THROAT
- LOSS OF TASTE OR SMELL

2. IF A CHC EMPLOYEE HAS SYMPTOMS THE CHC EMPLOYEE WILL CALL THEIR HEALTH CARE PROVIDER (HCP) FOR FURTHER DIRECTION. DO NOT GO IN TO THE ER OR URGENT CARE. FOLLOWING CONSULT WITH THEIR HCP, THE CHC EMPLOYEE MUST REPORT THE SYMPTOMS AND THE RESULT OF THE CONSULT TO THE CHC ADMINISTRATOR.
3. CHC WILL FOLLOW THE DIRECTION AND DISCRETION OF EACH EMPLOYEE'S HCP IN ASSESSING WHETHER THEY MAY RETURN TO WORK. IF THE HCP DOES NOT REQUIRE A SELF-QUARANTINE, THE EMPLOYEE IS EXPECTED TO COME TO WORK AND PROVIDE CARE TO THEIR CLIENTS.

CHC POLICY NO. HC 340 INFECTION CONTROL/UNIVERSAL
PRECAUTIONS

THE AGENCY WILL ENSURE ALL EMPLOYEES ARE TRAINED IN APPROPRIATE INFECTION CONTROL PROCEDURES AND STANDARDS, INCLUDING BLOOD BORNE PATHOGEN PRECAUTIONS CONSISTENT WITH WISHA/OSHA GUIDELINES.

THE ADMINISTRATOR WILL REVIEW ALL APPLICABLE STATE AND FEDERAL HEALTH AUTHORITY RECOMMENDATIONS RELATED TO INFECTION CONTROL PRACTICES, COMMUNICABLE DISEASE TESTING, AND VACCINATION FROM THE CENTER FOR DISEASE CONTROL, DEPARTMENT OF HEALTH AND LABOR AND INDUSTRIES ON A YEARLY BASIS AND REPORT TO THE BOARD OF DIRECTORS. ALL AGENCY POLICIES AND PROCEDURES, AS WELL AS APPLICABLE TRAINING MATERIAL, WILL BE UPDATED AS NECESSARY.

ALL EMPLOYEES WILL NOTIFY THE ADMINISTRATOR IF AN EMPLOYEE OR CLIENT REPORTS OR EXHIBITS SYMPTOMS OF COMMUNICABLE DISEASE. ALL EMPLOYEES EXHIBITING SIGNS OF FLU, UPPER RESPIRATORY INFECTIONS OR OTHER COMMUNICABLE DISEASES MUST NOTIFY THE ADMINISTRATOR AND REFRAIN FROM WORKING WITH CLIENTS UNTIL NO LONGER CONTAGIOUS.

1. HAND WASHING MUST OCCUR:

- A) BEFORE AND AFTER CONTACT WITH THE CLIENT B) BEFORE AND AFTER COMING IN CONTACT WITH WOUNDS OR BODILY FLUIDS
- C) AFTER CONTACT WITH A SOURCE THAT IS LIKELY TO BE CONTAMINATED WITH BLOOD OR BODY
- D) BEFORE HANDLING SUPPLIES
- E) FOLLOWING REMOVAL OF GLOVES
- F) AFTER USING A HANDKERCHIEF OR TISSUE
- G) AFTER USING THE TOILET
- H) BEFORE MEAL PREPARATION
- I) AFTER HANDLING THE CLIENT'S PERSONAL ARTICLES OR EQUIPMENT
- J) LIQUID, POWDER OR BAR SOAP MAY BE USED FOR HAND WASHING. VIGOROUS SCRUBBING FOR AT LEAST FIFTEEN (15) TO THIRTY (30) SECONDS, THOROUGH RINSING AND DRYING ARE ESSENTIAL FOR HAND WASHING EFFECTIVENESS.

2. BLOOD AND BODY FLUID PRECAUTIONS/BLOOD BORNE PATHOGENS

- A) WASH HANDS BEFORE AND AFTER CLIENT CONTACT. WASH HANDS IMMEDIATELY AND THOROUGHLY IF CONTAMINATED WITH BLOOD OR OTHER BODY FLUIDS. WASH HANDS IMMEDIATELY AFTER GLOVES ARE REMOVED. USE LOTION ON BOTH HANDS TO REPLACE NATURAL OILS.
- B) KEEP HANDS AWAY FROM MOUTH AND FACE WHILE WORKING. WASH HANDS BEFORE TOUCHING AND AFTER TOUCHING.
- C) WEAR DISPOSABLE GLOVES WHEN HANDLING BLOOD SOILED ITEMS, BODY EXCRETIONS, BODY SECRETIONS, OR HANDLING MUCOUS OR NON-INTACT SKIN.
- D) WEAR GLOVES WHEN HANDLING ITEMS OR SURFACES SOILED WITH BLOOD OR OTHER BODY FLUIDS.
- E) CLEAN ANY SURFACES CONTAMINATED WITH BLOOD OR OTHER BODY FLUIDS WITH A DISINFECTANT SOLUTION MADE OF 1 PART OF BLEACH TO 10 PARTS OF WATER.
- F) WEAR A DISPOSABLE GOWN IF CLOTHING IS LIKELY TO COME IN CONTACT WITH BLOOD OR OTHER BODY FLUIDS. WEAR MASKS AND PROTECTIVE EYEWEAR DURING PROCEDURES THAT ARE LIKELY TO GENERATE SPLASHES OF BLOOD OR OTHER BODY FLUIDS. (THE AGENCY WILL PROVIDE SUPPLIES)
- G) TAKE PRECAUTIONS TO PREVENT INJURIES CAUSED BY NEEDLES OR OTHER SHARP INSTRUMENTS. NEEDLES WILL NOT BE RECAPPED, BENT, BROKEN OR REMOVED FROM THE SYRINGE. DISPOSE OF NEEDLES AND SYRINGES IN A RIGID, PUNCTURE-RESISTANT CONTAINER, SUCH AS A CLOROX BLEACH BOTTLE OR SODA POP BOTTLE.
- H) DISPOSE OF SOILED TISSUE, DRESSINGS, BANDAGES AND GLOVES IN A PLASTIC BAG. CLOSE AND SECURE THE PLASTIC BAG TIGHTLY. PLACE THE SEALED BAG IN ANOTHER PLASTIC BAG AND SEAL.

I) CAREGIVERS WHO HAVE EXUDATIVE LESIONS OR WEEPING DERMATITIS WILL REFRAIN FROM DIRECT CLIENT CARE AND FROM HANDLING CLIENT CARE EQUIPMENT UNTIL THE CONDITION RESOLVES.

J) PREGNANT CAREGIVERS ARE NOT KNOWN TO BE AT GREATER RISK OF CONTRACTING HIV INFECTION THAN CAREGIVERS WHO ARE NOT PREGNANT; HOWEVER IF A CAREGIVER DEVELOPS AN HIV INFECTION DURING PREGNANCY, THE INFANT IS AT RISK OF INFECTION RESULTING FROM PRENATAL TRANSMISSION. BECAUSE OF THIS RISK, PREGNANT CAREGIVERS SHOULD BE ESPECIALLY FAMILIAR WITH AND STRICTLY ADHERE TO PRECAUTIONS TO MINIMIZE THE RISK OF HIV TRANSMISSION.

3. THE AGENCY WILL SUPPLY EQUIPMENT NECESSARY TO IMPLEMENT PLANS OF CARE AND INFECTION CONTROL POLICIES AND PROCEDURES, INCLUDING, BUT NOT LIMITED TO, DISPOSABLE GLOVES, PROTECTIVE MASK AND APRON.

4. THE ADMINISTRATOR WILL REVIEW ALL APPLICABLE STATE AND FEDERAL HEALTH AUTHORITY

RECOMMENDATIONS RELATED TO INFECTION CONTROL PRACTICES, COMMUNICABLE DISEASE TESTING, AND VACCINATION ON A YEARLY BASIS AND WILL REPORT FINDINGS TO THE BOARD OF DIRECTORS. ALL EMPLOYEES WILL BE TRAINED IN APPROPRIATE INFECTION CONTROL PROCEDURES AND STANDARDS, INCLUDING BLOOD BORNE PATHOGEN PRECAUTIONS, RISKS OF T.B. AND SAFE FOOD HANDLING.