
EXPOSURE TO THE CORONAVIRUS

PURPOSE:

The purpose of this policy is to follow the recommendation of the CDC by supplementing the Company's existing policies and procedures pertaining to infection prevention and control, and by providing guidance on effective and legally compliant responses to reports of potential COVID-19 exposure.

DEFINITIONS:

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.

Close Contact: Being within approximately 6 feet, or within the room or care area, of a COVID-19 case for a prolonged period of time while not wearing recommended equipment; close contact can include caring for, living with, visiting, or sharing a waiting room with a COVID-19 case, persons under investigation ("PUI") or; having direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on).

CERC: Covid-19 Emergency Response Committee charged with coordinating and responding to the COVID-19 outbreak on behalf of Addus HomeCare and all subsidiaries. Members include:

- Laurie Manning/ CHRO
- Monica Raines/ Chief Compliance Officer
- Diane Kumarich/SVP Payer Initiatives
- Norma English/Vice President- Hospice
- Erica Plesco/ Senior Director Risk Management

Symptoms: Fever (100.4°F/38°C or higher – fever may not be present in all cases), cough & shortness of breath, diarrhea in a small amount of cases.

Travel Advisory: Locations designated by the CDC that present a high risk for COVID-19 transmission. Consult the ARC or other designated intranet for most recent guidance.

POLICY:

The health and welfare of the Company's employees and patients is paramount. Addus expects all supervisors and employees to take appropriate action in response to reports of potential COVID-19 exposure. The Employee Exposure to COVID-19 Response & Management Policy ("Policy") should be reviewed by all employees of Addus and utilized as a guide to ensure a safe work environment and protect the health and wellbeing of Addus staff and patients.

EMPLOYEE PROCEDURE:

Employee Prevention

1. All Addus personnel will use standard infection control principles and techniques, including Universal Precautions and proper PPE methods.
 - a. Gloves are available to staff within each location.
 - b. Employees should ensure they have enough gloves on hand as necessary to prevent exposure to the blood or bodily fluids of the person served. If an employee does not have adequate gloves to safely provide necessary client care, they are to contact their supervisor immediately.
 - c. All staff are expected to wash their hands regularly, minimally before and after direct contact with another person and after any contact with blood or any bodily fluids.
 - d. Employees are generally encouraged to stay home should they experience symptoms of any illness at any time.
2. Addus will maintain a section on the ARC or other designated intranet that will contain policy, guidance, and additional resources to educate our workforce on the most recent COVID-19 information available for Home Health, Hospice, and Personal Care Services.
3. Addus HomeCare will follow CMS recommended guidelines in screening employees and client/patients for symptoms of or exposure to COVID-19.

Suspected or Actual Employee Exposure

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 an ill traveler or other person, 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. All employees calling out sick will be pre-screened and asked the following questions:
 - a. Have you traveled internationally in the last 14 days to any country currently designated by the CDC as a high-risk location for COVID-19?
 - b. Have you had signs of a respiratory infection in the last 14 days such as a fever, cough and/or sore throat?
 - c. Has anyone you live with had signs of a respiratory infection in the last 14 days such as a fever, cough and/or sore throat?
 - d. Have you had contact with anyone who has been diagnosed with, or screened for COVID-19?

- e. Have you traveled to another state with widespread community transmission of COVID-19 in the last 14 days?
3. Upon receipt of a report of potential exposure or if the employee indicates “yes” to any pre-screen question, the supervisor must take the following immediate actions:
 - a. Ascertain and fully document:
 - i. The circumstances surrounding the potential exposure as reported by the employee;
 - ii. Whether the employee is experiencing any Symptoms or has visited or had contact with a person who has been in a location under a Travel Advisory.
 - b. An employee experiencing COVID-19 symptoms should be advised to immediately contact his or her health care provider by phone for guidance in connection with seeking medical attention.
 - c. Instruct the employee to remain out of the workplace and immediately cease patient visits, if applicable, until further notice.
 - d. Complete the COVID-19 Incident Report (Attachment A) and send to the Senior Director of Risk Management to report the potential exposure at eplesco@addus.com.
 4. The Senior Director of Risk Management or designated representative will contact the [LOCAL](#) or [STATE](#) health department immediately for consultation and guidance and document the conversation.

Employees Returning to Work after Travel

Supervisors may ask employees who travel whether they have traveled to an area where a COVID-19 outbreak has occurred. The CDC website should be consulted for the most up-to-date-listing. If an employee responds to this question in the affirmative, the procedures outlined above should be followed.

Employee Confidentiality

1. All documents prepared in connection with an employee’s report of potential exposure must be: (a) collected and maintained on forms separate and apart from documents in an employee’s personnel file, (b) maintained in an employee’s confidential medical file if appropriate, and (c) treated as a confidential. Likewise, 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.

The following are the only exceptions to this rule:

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

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

Employee Leave of Absence under this Policy

1. Supervisors should ensure that employees are fully aware of all of the Company's policies and procedures pertaining to paid and unpaid leaves of absence, including but not limited to the Company'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 (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 who are 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 Senior Director of Risk Management for assistance.

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 strictly prohibited. Any employee who has a discrimination or retaliation concern should report via the anonymous compliance hotline (**1.844.809.9454** or online at <https://addus.ethicspoint.com>).

CLIENT PROCEDURE:

Screening, Assessment and Contact

Personal Care:

1. All clients will be pre-screened using the following questions before they come within 6 feet of the client :
 - a. Have you traveled internationally in the last 14 days to any country currently designated by the CDC as a high-risk location for COVID-19?
 - b. Have you had signs of a respiratory infection in the last 14 days such as a fever, cough and/or sore throat?
 - c. Has anyone you live with had signs of a respiratory infection in the last 14 days such as a fever, cough and/or sore throat?
 - d. Have you had contact with anyone who has been diagnosed with, or screened for COVID-19?
 - e. Have you traveled to another state with widespread community transmission of COVID-19 in the last 14 days?
2. If a client answers "yes" to any of the above questions, the employee must notify their supervisor prior to initiating service of that client.

3. Determination of how to service the client will be made in consultation with the client's payer, personal representative (as applicable), local or state health department, and current CMS guidance.

Home Health & Hospice:

1. Recommendations for screening of patients for possible COVID-19 infection are based on the current knowledge of the characteristics of clinical illness observed in early cases and the geographic distribution of current cases.
2. Patients should be assessed for exposure associated with risk of COVID-19 infections (e.g., travel to certain areas or close contact with confirmed cases or persons under investigation (PUI)).
3. Patients should be assessed if they have traveled to another state with widespread transmission of COVID-19.
4. Clinicians should assess patients based whether the patient has Symptoms AND has the patient traveled to an area with a Travel Advisory within 14 days of symptom onset, OR has the patient had close contact with a person confirmed with COVID-19 or under investigation for COVID-19.
5. Patients who report having these symptoms and meet the criteria of the clinical features for PUI should be asked to wear a surgical mask as soon as they are identified, and if possible, separated by at least 6 feet from other persons.
6. Home Health and Hospice employees involved in the care of confirmed COVID-19 should use standard precautions, contact precautions, airborne precautions, and use eye protection (goggles or face shield).

Hand Hygiene – Clinicians should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves.

Gloves – Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

Gowns – Put on a clean isolation gown upon entry into the patient room or care area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the care area.

Respiratory Protection - Use respiratory protection that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering mask before entry into the patient care area.

Eye Protection – Put on eye protection (e.g., goggles) upon entry into the care area and remove prior to leaving the care area.

Medical Equipment – Dedicated medical equipment should be used for patient care. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to the manufacturer's guidelines.

Suspected or Actual Patient/Client Exposure

1. Any employee made aware of a client exposed (suspected or confirmed) to COVID-19 must immediately notify their supervisor. The supervisor must immediately complete the COVID-19 Incident Report (Attachment A) and send to the Senior Director of Risk Management at eplesco@addus.com.
2. The Senior Director of Risk Management or designated representative will contact the LOCAL or STATE health department immediately for consultation and guidance and document the conversation.
3. If a client becomes quarantined, or tests positive for COVID-19:
 - a. Addus will suspend all personal care services until medical clearance is provided. If suspending personal care services poses a risk to the client (high acuity requiring total care, skilled nursing tasks or nurse delegated tasks) Addus will coordinate with the payer and the client's health care professionals to support the client's ongoing care needs (i.e. home health agency, inpatient care facility).
 - b. For Home Health and Hospice operations, face to face services that cannot be suspended due to patient needs (nursing and/or HHA), care will continue to be provided while observing standard infection control principles, including Universal Precautions and proper PPE technique. Staff who are providing face-to-face care to patients who have been quarantined or confirmed positive will not provide care to patients who have not had exposure to the virus. Home Health/Hospice staff will continue client monitoring and reporting in collaboration with the patient's primary care physician or hospice medical director, as applicable.
4. If the branch is notified by a health official, practitioner, family, responsible party, or a payer that a client/patient has been exposed to COVID-19, branch staff are to do the following:
 - a. The person providing notification should be asked for their contact information so a designee of CERC can contact them. To prevent unauthorized disclosure:
 - i. No client information should be discussed with the reporting party at that time.
 - ii. The person receiving the information is expected to listen and document the information received.
 - b. Contact the client to confirm the information, if possible.
 - i. When possible and available, implement the client/patient emergency back-up plan
 - ii. In instances where there is not an effective back up plan to meet the client/patient's immediate health/safety needs this is to be shared with the Senior Director of Risk Management so that coordination can occur with the payer, the applicable DOH, and other healthcare providers.

CERC

1. CERC will be responsible for:
 - a. Reviewing all new cases of confirmed or suspected COVID-19 exposure.
 - b. Appointing a lead to facilitate case-by-case communication plan with payers and other health care providers in the community.
 - c. Providing direction for care coordination in accordance with applicable laws, the most recent guidance from the CDC, any applicable medical opinions or guidance, and recommendations of the local or state health agency
 - d. Developing, evaluating, revising, and communicating official Company and agency policy, guidance, and response effectiveness.
 - e. Driving accountability for the implementation of policy and guidance.
2. CERC will meet minimally once weekly while COVID-19 remains an ongoing concern according to the CDC.

ATTACHMENT A

COVID-19 Incident Report

General Instructions: This form is to be used to report suspected or confirmed cases of COVID-19. Completed forms should be sent to eplesco@addus.com. The Senior Director of Risk Management or designee may contact you for more information.

Department: <input type="checkbox"/> Corporate <input type="checkbox"/> PCS <input type="checkbox"/> HH <input type="checkbox"/> HOS		Person Effected: <input type="checkbox"/> Client/Patient <input type="checkbox"/> Employee		Date of Onset:	
Name (Last)		(First)		(MI)	Phone Number:
Address (street)		City	State	Zip Code	County
Date of Birth (mm/dd/yyyy)		Age	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Known Conditions:
<i>Concern Description: (Additional information such as notes, comments, symptoms, health department guidance, test results, travel history)</i>					
Date of last contact with client/patients/other employees: _____					
Location of Reporting Office:			Address		
Name of Person Reporting:			Title:	Phone Number:	
Date of Report (mm/dd/yyyy):			Email:		
Risk Management use only below this line					
Health Department Contact Information					
Office Contacted:		Date (mm/dd/yyyy):		Time:	
Person Spoke With:		Phone Number:		Email:	
<i>Document all communication with outside parties involved in the coordination of care, steps taken to resolve concern, and resolution.</i>					
<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspected <input type="checkbox"/> Duplicate (with new information)					