



## COVID-19 POLICIES

### **COVID-19 TESTING MASK POLICY EMERGENCY PREPAREDNESS**

### **RETURN-TO-WORK POLICIES FOR EMPLOYEES WITH COVID -19 OR CLOSE EXPOSURE TO CONFIRMED COVID-19**

### **COVID -19 IN THE HOME OF CONSUMERS**

**Changes in this update include the elimination of  
CONTINGENCY and CRISIS CAPACITY STAFFING PLANS and  
restoration of conventional staffing plans with considerations for COVID-19 and other  
viral illnesses.**

The CDC has updated "conventional" staffing strategies in healthcare settings to advise that, in most circumstances, asymptomatic healthcare personnel (EMPLOYEE) with higher-risk exposures do not require work restriction, regardless of their vaccination status; therefore, the contingency and crisis strategies about earlier return to work for these EMPLOYEE was removed.

### **Employee self-monitoring must continue.**

While My Home Care, LLC (MHC) will continue to abide by the conventional Centers for Disease Control and Prevention (CDC) and PA Department of Health (DOH) guidelines for healthcare workers to protect employees and consumers from the spread of COVID-19, we may occasionally experience staffing shortages due to staff illness or quarantine recommendations.

**In all cases of employee illness, return-to-work criteria will be evaluated and determined by MHC management on a case-by-case basis. MHC management reserves the right to review each employee's situation and wellness in determining return-to-work status.**

Utilizing the most conservative criteria, a worker will be permitted to return to work based on his/her specific symptoms, duration of illness, immunocompromise status, health care provider recommendations, condition and permission of the consumer(s) to whom the worker will return, and other relevant factors.

For employees who are suspected of having COVID-19, but following evaluation another diagnosis is suspected or confirmed, return to work decisions will be based on the employee's other suspected or confirmed diagnoses and health care provider's note regarding fitness for duty, as well as the risk factors involved for the consumers.

## **TRANSMISSION PREVENTION AND CONTROL**

To prevent transmission of COVID-19 infection to others, regardless of vaccination status, if an employee meets any of the following three criteria:

- 1) A positive viral test for COVID-19;
- 2) Symptoms of COVID-19; or
- 3) Close contact with someone with COVID-19 infection,

the employee is to report this to his/her supervisor or Human Resources as soon as possible, and is not to report to work until cleared to do so by Human Resources or Supervisor.

Employees who develop fever or symptoms consistent with COVID-19 while at work are to immediately notify their supervisor or on-call supervisor, who will begin making arrangements for staff relief.

## **COVID-19 TESTING / HOME TESTING**

As of this update, MHC still does not require employees to test for COVID-19. However, should an employee opt to test at a healthcare site or at home with a home test kit, MHC will provisionally accept a COVID-19 test result, pending review by management, in order to determine the employee's return-to-work status. Test results from a healthcare site may be faxed or emailed to Human Resources. Test results from a home test kit will be accepted by a Supervisor or Human Resources along with a personal written attestation for the employee's personnel file. In **all** circumstances **MHC management reserves the right to review each employee's situation and wellness, regardless of any test results in determining return-to-work status.** A positive home test will warrant full quarantine periods in most instances and the employee is not required by MHC to be tested by a health care provider unless symptoms are extensive or go beyond a 5 day period. In this case, MHC reverts to standard policy contained in the Employee Handbook regarding sick time and the requirement for a doctor's note regarding fitness for duty. An employee with a negative home test, but exhibiting viral symptoms, will also warrant a full quarantine period outlined in this policy.

## **WORK RESTRICTIONS FOR EMPLOYEES WITH COVID-19 OR PRESUMED POSITIVE FOR COVID-19 REGARDLESS OF VACCINATION STATUS**

Employees are to immediately report COVID-19 status to MHC if positive for COVID-19 or if they have COVID-19-related symptoms. They are not to report to work unless given clearance by Supervisor or Human Resources.

The CDC and DOH recommend that employees with even mild symptoms of COVID-19 should be screened / tested for COVID-19 regardless of vaccination status.

The following are criteria to determine when an employee with COVID-19 infection could return to work regardless of vaccination status (boosted, vaccinated, or unvaccinated) and are influenced by severity of symptoms and presence of immunocompromising conditions. After returning to work, the employee is to self-monitor for symptoms and is encouraged to seek re-evaluation from a healthcare provider if symptoms recur or worsen. If symptoms recur (e.g., rebound) these employees shall be restricted from work and follow recommended practices to prevent transmission to others (e.g., use of well-fitting source control) until they again meet the healthcare criteria below to return to work.

**CONVENTIONAL Staffing Policy for All Employees Who are Positive or Presumed Positive for COVID-19, Regardless of Vaccination or Booster Status:**

Employees with mild to moderate illness who are not moderately to severely immunocompromised may return to work:

- When at least five (5) days have passed since symptoms first appeared; AND
  - A negative COVID-19 test is obtained within 24 hours prior to returning to work (test on day 5 or day 6); OR
  - Ten (10) days have passed if testing not performed, or if the employee tests positive on day 5-7; and
  - Employee is fever-free for at least 24 hours (without the use of medication); and
  - All symptoms have improved;
  - Well-fitting mask must be worn through day 10.

Employees who are asymptomatic throughout their infection and who are not moderately to severely immunocompromised may return to work:

- When at least five (5) days have passed since positive COVID-19 test; AND
  - A negative COVID-19 test is obtained within 24 hours prior to returning to work (test on day 5 or day 6); OR
  - Ten (10) days have passed if testing not performed, or if the employee tests positive on day 5-7; and
  - Employee is fever-free for at least 24 hours (without the use of medication); and
  - Continues to be asymptomatic;
  - Well-fitting mask must be worn through day 10.

Employees with severe to critical illness who are not moderately to severely immunocompromised may return to work:

- After quarantining at least ten (10) and up to twenty (20) days since symptoms first appeared; AND

- Employee is fever-free for at least 24 hours (without the use of medication); and
- All symptoms have improved.

Employees who are moderately to severely immunocompromised may return to work:

- After quarantining twenty+ (20+) days since symptoms first appeared or date of first positive test if asymptomatic OR have a doctor's clearance to return to work sooner;
- Employees who are symptomatic may return upon:
  - Resolution of fever without the use of fever-reducing medications; and
  - Improvement in symptoms (e.g., cough, shortness of breath); and
  - Results are negative from at least two consecutive respiratory specimens collected  $\geq 48$  hours apart (total of two negative tests);
- Employees who are not symptomatic may return upon:
  - Negative results are obtained from at least two consecutive COVID-19 collected  $\geq 48$  hours apart.

## RETURN TO WORK PRACTICES

After returning to work, employee is to wear a facemask for source control at all times while in the consumer's home until all symptoms are completely resolved or at baseline – however no less than 10 days from onset of symptoms or day of first positive test. After this period, employee is to self-monitor for symptoms and seek re-evaluation from healthcare provider if respiratory symptoms recur or worsen.

## OPTION TO RETURN TO WORK SOONER

Serial testing prior to ending isolation sooner than recommended will be considered by management if requested by the employee. The criteria for serial testing to end isolation are:

- Results are negative from at least two (2) consecutive COVID-19 tests collected greater than 24 hours apart;
- Re-testing for COVID-19 infection if symptoms worsen or return after ending isolation and precautions.

Upon return to work, recovered employee must closely self-monitor for symptoms for a period of 90 days from last exposure and report fever and/or any new symptoms immediately to MHC Supervisor. If experiencing new COVID-19-related symptoms, employee will be removed from the schedule and requested to consult with his/her physician. Employee may return to work with a work excuse from the physician, or may return after five (5) days have passed since the new symptoms started, as long as the employee is symptom-free for the last 24 hours prior to return to work.

Other provisions:

- An employee who is still experiencing symptoms, and who continues to test positive on day 5, will not be permitted back to work, and will remain off the schedule until symptoms are improved. Should an employee continue to test positive for COVID-19 after day 5, but all symptoms are resolved by day 7 of symptom-start or the first positive test result, the employee will be considered for returning to work on day 9 under management's discretion. Permission to return to work while still testing positive may occur due to the possibility that a person may continue to test positive for a 90-day period from the first positive result, but may no longer be considered contagious after 8 days of symptom-start or the first positive test result;
- Should an employee with viral symptoms opt to not test for COVID-19, but continues to demonstrate viral symptoms on or after day 5 of symptom-start, that employee will remain off the schedule until a 24-to-48 hour period passes with no symptoms and no fever without the use of fever-reducing medications. The employee will be considered for returning to work under management's discretion after that time period, based on the severity of symptoms and the health status of the consumer(s) to whom that employee is assigned;
- Once under doctor's care for any reason, whether for COVID-19 or other medical condition, under no circumstance will an employee be permitted to return to work without a doctor's clearance.

**WORK RESTRICTIONS FOR ASYMPTOMATIC EMPLOYEES  
WITH CLOSE EXPOSURES TO COVID-19**

Because of extensive and close contact with vulnerable individuals in home care settings, MHC will continue to utilize a conservative approach to managing employees with higher-risk exposures.

- Employee is to immediately report the COVID-19 exposure to Supervisor and is not to report to work after learning of the exposure until cleared by Supervisor or HR;
- In most circumstances, asymptomatic employees with higher-risk exposures do not require work restriction and may continue to work as long as the employee wears a well-fitting facemask when within 6' of the consumer and monitor for signs and symptoms of COVID-19 for 10 days.
- No work restrictions will be imposed for asymptomatic employees who have recovered from COVID-19 infection in the prior 30 days, and therefore those employees may continue to work;
- Depending on circumstances, work restrictions may be required for those who have recovered in the prior 31-90 days as outlined above.

NOTE: Some higher risk exposures, as defined by the CDC and DOH, may require work restrictions. This will be evaluated on a case-by-case basis. A higher-risk

exposure includes any exposure to COVID-19 that meets the criteria outlined below for community-related exposure, for household exposure, or for higher-risk exposure in the home care setting while at work:

- **Community-related exposure** - Persons who have had close contact (within 6 feet for a total of 15 minutes or more) with an infectious person with COVID-19 are considered exposed. Other activities of shorter duration may also be considered close contact, like providing care for a sick person, hugging, or kissing them, sharing dishware or utensils, and having been coughed or sneezed upon by an infectious person.
- **Household exposure** - An infectious person living in the home with an employee represents a higher risk exposure to that employee. In most cases, the shared environment represents a level of risk consistent with higher-risk exposure, even if two persons in the home are not in direct contact with each other. For an employee who shares a household with someone who has COVID-19, work restrictions will be imposed unless the employee has recovered from COVID-19 in the 30 days prior to household exposure. The employee's testing and work restriction period starts from the last time the employee was exposed to the person with COVID-19. The day the household member with COVID-19 is released from isolation would be day 0 for the employee's exposure. \*\*
- **Exposure in a home care setting while at work** that involves exposure of employee's eyes, nose, or mouth to material potentially containing COVID-19 is considered higher-risk. Other exposures classified as lower-risk, including having body contact with the patient (e.g., rolling the patient) without gown or gloves, may impart some risk for transmission, particularly if hand hygiene is not performed and the employee then touch their eyes, nose, or mouth. When classifying potential exposures, specific factors associated with these exposures (e.g., quality of ventilation, use of PPE and source control) will be evaluated on a case-by-case basis by management. These factors might raise or lower the level of risk. Interventions, including restriction from work, will be adjusted based on the estimated risk for transmission. For the purposes of this policy, higher-risk exposures are classified as employees who had prolonged close contact a consumer, consumer's family member, or a co-worker with confirmed COVID-19 and both the employee and the infected person were not wearing facemasks.

\*\*Household exposure is considered a higher-risk. DOH strongly recommends COVID-19 testing in this situation 24-hours after the first-known exposure, and if negative, test again in 5-to-7 days after the first-known exposure. The employee's exclusion from work may be for an additional 10 days (or 7 days with a negative test

on or after day 5) AFTER the person with COVID-19 is released from isolation. Isolation for the infected household member may be as short as 5 days; however, it is possible for persons to still be infectious during days 6-10, thus MHC may consider extending work restriction for an employee with household exposure.

## **HIGHER RISK EXPOSURES THAT WARRANT WORK RESTRICTION:**

In addition to testing, source control, and monitoring recommendations listed above, examples of when work restriction may be considered for asymptomatic employees following a higher-risk exposure include:

- Employee is unable to be tested or wear source control as recommended for the 10 days following their exposure;
- Employee is moderately to severely immunocompromised;
- Employee works with consumers who are moderately to severely immunocompromised.

## **RETURN TO WORK CRITERIA FOR EMPLOYEE WHO WERE EXPOSED TO INDIVIDUALS WITH CONFIRMED COVID-19**

- An exposed employee who is not restricted from work is to wear well-fitting source control (facemask) for 10 days following the exposure. After this period of time, the employee must comply with MHC's standard policy regarding mask wearing.
- Employee is to monitor themselves for fever or symptoms consistent with COVID-19, and not report to work when ill or if testing positive for a COVID-19 infection. Employee is to contact Supervisor if fever or symptoms occur. Weekends, holidays, and after hours the workers should contact the MHC office number and will be transferred to the on-call Supervisor;
- Employee must social distance from the consumer, consumer's family and other employees as much as possible during the course of the work day;
- Employee is to clean and disinfect common surfaces in the consumer's home periodically throughout the shift and again at the end of the shift;
- If employee becomes sick during the work shift -even with mild symptoms - the employee will be sent home after contacting the Supervisor who will ensure a relief worker and/or consumer safety prior to the employee being sent home. The employee is to maintain as much distance as possible and wear a face mask at all times while waiting for authorization to leave. The next worker that goes in to the same consumer will be responsible for cleaning and disinfecting all common surfaces.



*Overview of Work Restrictions for Healthcare Personnel with Higher-Risk Exposure to COVID-19  
(PA Department of Health, 2022 PAHAN - 661 - 9-30 - Update)*

<b>No Work Restriction with Testing</b>	<b>Work Restriction Warranted</b>	<b>If Work Restrictions are Required but Employee Does Not Test</b>	<b>Recent COVID-19 Infection</b>
<p>In most circumstances, asymptomatic employees with higher-risk exposures do not require work restriction and may continue to work. The employee is to wear a well-fitting facemask and monitor for signs and symptoms of COVID-19 for 10 days.</p> <p><b>NOTE:</b> If employee tests positive for COVID-19 or develops symptoms, employee is to promptly isolate, do not report to work, and contact supervisor.</p>	<p>If work restriction is recommended per circumstances listed above, the employee may return to work after day 5 following the exposure (day 0) if:</p> <ul style="list-style-type: none"> <li>• they do not develop symptoms;</li> <li>• they have a negative COVID-19 test 24 hours prior to returning to work.</li> </ul> <p>Testing is not required, but preferred 24 hours before returning to work. The employee is to wear a well-fitting facemask and monitor for signs and symptoms of COVID-19 for 10 days.</p>	<p>If viral testing is not performed, the employee may return to work after day 10 following the exposure (day 0) if they do not develop symptoms.</p>	<p>Testing is not required for asymptomatic employees who have recovered from COVID-19 infection in the prior 30 days, and therefore those employees may continue to work without testing.</p>

For calculating day of test: consider day of exposure as day 0

### **COVID-19 IN THE HOME OF A CONSUMER**

When MHC is informed that a consumer or a household member of a consumer has tested positive (or is presumed positive) for COVID-19, or has had prolonged exposure to COVID-19, Direct Care Workers who are assigned to that consumer will be notified immediately. If the Worker and consumer are in agreement to have the Worker provide care in that home, all infection control guidance must be followed. Worker is to provide written acknowledgment of the situation and the decision to continue working in the consumer's home. Additionally:



- When working with consumers who have had prolonged exposure to positive COVID-19, the Worker is to take extra measures of infection protection, which includes wearing a well-fitting facemask when within 6 feet of the consumer, **and** wear gloves and a face shield or goggles when providing personal care. These measures are to be taken for a period of 10 days from the consumer's exposure, as long as the consumer does not develop symptoms.
- If a consumer tests positive or has severe to critical symptoms of illness, the Worker is to wear a well-fitting face mask at all times when in the same room with the consumer. In addition to wearing gloves and face shield or goggles when giving personal care, the Worker is also to wear a disposable gown over their clothing. These measures are to be taken for a period of at least 10 days and up to 20 days have passed since symptoms first appeared; and at least 24 hours have passed since last fever without the use of fever-reducing medications; and symptoms (e.g., cough, shortness of breath) have improved.
- Worker is to self-monitor for fever or symptoms consistent with COVID-19, and not report to work when ill or if testing positive for COVID-19;
- Worker is to perform routine cleaning and disinfection procedures (e.g., using cleaners approved by the consumer and water to pre-clean surfaces prior to applying a disinfectant to frequently touched surfaces throughout the consumer's home;
- If there is a shortage of Workers, consumer's family members and back-ups may have to assist, and the consumer's Service Coordinator will be notified;
- Workers who are recently recovered from COVID-19 will be prioritized to work with consumers who are positive for COVID-19 or have household members who are positive for COVID-19;
- Consumer should self-monitor and seek reevaluation if symptoms recur (rebound) or worsen. If this occurs, the Worker is to resume all precautions as stated above unless an alternative diagnosis is identified.

#### **DEFINITIONS:**

##### **Close Contact -**

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more (cumulative total of 15 minutes or more over a 24-hour period. For example, three individual 5-minute exposures for a total of 15 minutes.)
- You provided care at home to someone who has COVID-19.
- You had direct physical contact with someone who has COVID-19 (hugged or kissed them).

- You shared eating or drinking utensils with someone who has COVID-19
- Someone who has COVID-19 sneezed, coughed, or somehow got respiratory droplets on you.

**Exposure While at Work** - (for purpose of home care) Higher-risk exposures in the healthcare / home care setting generally involve exposure of Direct Care Worker eyes, nose, or mouth to material potentially containing COVID-19. Other exposures classified as lower-risk, including having body contact with the consumer (e.g., rolling the consumer) without gown or gloves, may impart some risk for transmission, particularly if hand hygiene is not performed and Workers then touch their eyes, nose, or mouth. In general, work restrictions and testing are not required for Workers with a lower-risk exposure, which is defined as any exposure other than a higher-risk exposure where the consumer has (or potentially has) COVID-19 and the Worker was not wearing proper PPE. The specific factors associated with these exposures will be evaluated on a case-by-case basis and restriction from work will be applied if the risk for transmission is deemed substantial.

**Facemask** - OSHA defines facemasks as “a surgical, medical procedure, dental, or isolation mask that is FDA-cleared, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy. Facemasks may also be referred to as ‘medical procedure masks’.” Facemasks should be used according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Other facemasks, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

**Fever** - For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.0oF (37.8oC) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs]).

**Household Exposure** - An infectious person living in the home with an employee represents an exposure to that employee. In most cases the shared environment represents a level of risk consistent with higher-risk exposure, and will be evaluated as such on a case-by-case basis.

**Immunocompromised** - Ultimately, the degree of immunocompromise is determined by your healthcare provider. Generally, people are considered to be moderately or severely immunocompromised if they have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system

- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response.

**Source control** - Use of respirators, well-fitting facemasks, or well-fitting cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. Source control devices should not be placed on children under age 2, anyone who cannot wear one safely, such as someone who has a disability or an underlying medical condition that precludes wearing one safely, or anyone who is unconscious, incapacitated, or otherwise unable to remove their source control device without assistance. Face shields alone are not recommended for source control. At a minimum, source control devices should be changed if they become visibly soiled, damaged, or hard to breathe through. Further information about source control options is available at: Masks and Respirators ([cdc.gov](https://www.cdc.gov))

**COVID-19 ILLNESS SEVERITY CRITERIA** - (adapted from the NIH COVID-19 Treatment Guidelines):

Note: The studies used to inform this DOH guidance did not clearly define "severe" or "critical" illness. This guidance has taken a conservative approach to define these categories. Although not developed to inform decisions about when employees with COVID-19 infection may return to work, the definitions in the National Institutes of Health (NIH) COVID-19 Treatment Guidelines are one option for defining severity of illness categories. The highest level of illness severity experienced by an employee at any point in their clinical course should be used when determining when they may return to work.

- Mild Illness: Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.
- Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2)  $\geq 94\%$  on room air at sea level.
- Severe Illness: Individuals who have respiratory frequency  $>30$  breaths per minute, SpO2  $< 93\%$ , ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2)  $< 300$ .
- Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.



## DIRECT CARE WORKER MASK REQUIREMENT

As our nation and our own local communities continue to deal with COVID-19, the safety and well-being of our consumers and our employees remains a top priority of My Home Care, LLC. In an attempt to mitigate the spread of COVID-19 and other contagious viruses among our consumers and employees, all Direct Care Workers (DCW) of My Home Care will be required to wear a mask when giving personal care assistance or when within 6' of a consumer in the following circumstances:

- DCW or consumer has any viral symptoms;
- DCW is to wear a mask for 10 days after the start of COVID-19 or any other contagious virus;
- DCW is to wear a mask for 10 days after the start of a consumer's COVID-19 or any other contagious virus;
- DCW is to wear a mask for 10 days after any high-risk exposure to positive COVID-19;
- DCW is to wear a mask if the consumer requests it, or if accompanying the consumer anywhere that requires a mask, such as a doctor's office.

This requirement is in keeping with CDC (Centers for Disease Control) and PA Department of Health guidelines regarding the prevention of the spread of COVID-19 in healthcare settings.

We know that COVID-19 and other viruses spread mainly among people who are in close contact with one another - within about 6 feet - so the use of masks is particularly important if a person is ill or recovering from COVID-19 (or any other virus) in settings such as home care where people are close to each other and social distancing is difficult to maintain.

We recognize there are specific instances when wearing a mask may not be feasible. In these instances, adaptations and alternatives will be considered whenever possible. DCWs are to contact their supervisor or Human Resources if there is any reason that the worker cannot wear a mask.

As reviewed in our annual infection control trainings, DCWs are required to practice every day preventive actions: avoid close contact when possible, wash hands often; avoid touching eyes, nose, and mouth with unwashed hands; and frequently clean and disinfect surfaces.

I have read and understand the Direct Care Worker Mask Requirement.

\_\_\_\_\_  
Direct Care Worker Signature

\_\_\_\_\_  
Date