

For all PHC Field Staff and Caregivers

Phoenix Home Care & Hospice (PHC) is committed to providing a safe and healthy workplace for all our employees and staff. In accordance with the COVID-19 Emergency Temporary Standard (ETS), we have reviewed and revised some of our COVID-19 Policies and Procedures to further minimize the risk of transmission of COVID-19 among the healthcare workers within our company. You may find additional definitions and complete policies & procedures within the COVID Team file located in the PHC offices.



“Phoenix Home Care & Hospice is dedicated to slowing the spread of COVID-19 in our communities and encourages all employees, contractors and staff to receive a COVID-19 vaccine.”

POLICIES ARE APPLICABLE TO:

“HEALTHCARE WORKERS” - THOSE EMPLOYEES, CONTRACTORS AND/OR STAFF PROVIDING DIRECT, HANDS-ON PATIENT CARE AND/OR STAFF PROVIDING SERVICES IN A “HEALTHCARE SETTING” - LOCATION WHERE DIRECT PATIENT CARE OCCURS

- All patients (and any others present in the home) must be screened prior to each visit for current infection, symptoms, and/or recent exposure to COVID-19.
- All staff must adhere to PHC Standard and Transmission-Based Precautions, utilizing appropriate Personal Protective Equipment (PPE) based on the type of care being provided and the COVID-19 risks identified.
- Medical Facemasks are required to be worn by all healthcare workers while providing direct, hands-on patient care and while visiting any healthcare facility. Facemasks are also required for unvaccinated “healthcare workers” while in PHC offices and while in the presence of or occupying a vehicle with another PHC staff member.
- PHC will provide N-95 respirators to any healthcare worker providing direct patient care to a suspected or confirmed COVID-19 patient and will comply with the requirements of the OSHA Respiratory Protection Standard in fit testing and training for all employees impacted.
- Unvaccinated “healthcare workers” will maintain at least 6 feet physical distance from other PHC staff while indoors, or physical barriers (e.g., facemask in addition to face shield, sneeze guards, partitions) will be used when physical distancing is not possible.
- All patient care equipment will be cleaned and disinfected before and after each use using approved cleaning agents, such as Lysol wipes. High-touch surfaces and equipment used within the office and in personal vehicles should be cleaned at least once daily.



- All PHC staff will perform daily self-monitoring including temperature checks and symptom monitoring before reporting to work. Each staff member will keep a personal record of their daily report and submit this to the office upon request.
- PHC staff are required to report any **positive COVID-19 test** or any suspicion of COVID-19 exposure to their supervisor immediately. In addition, staff must report a **fever >100.4°F**, any recent **loss of taste and/or smell**, or a new unexplained **cough** associated with **shortness of breath**.
- PHC leadership staff will notify employees and patients within 24 hours of becoming aware of a “close contact” exposure to COVID-19 in the workplace.
- Un-vaccinated “healthcare workers” who are exposed to COVID-19 in the workplace will be placed in quarantine for 7-14 days and PHC may require COVID-19 testing **after 5 days** from the date of exposure at no cost to the employee. **Fully vaccinated staff are not required to quarantine following an exposure unless symptomatic.** *Employee may be required to work remotely or in isolation if suitable work is available*
- Symptomatic and/or COVID-19 positive employees may **return to work after 10 days** as long as the employee remains afebrile for 24-hours without fever-reducing medication and all other symptoms of COVID-19 are improving or not present.
- Employees are required to utilize Paid-Time-Off (PTO) for COVID-19 quarantine and isolation, and may be eligible to receive medical removal protection benefits provided to healthcare workers after exhausting all employer benefits.

Please find attached to this document, the ETS Guidance for Employees regarding Medical Removal from the workplace, for which PHC has adopted as it’s formal policy for quarantine and isolation related to healthcare worker exposures to COVID-19.

In addition, you will find the COVID-19 Self-Monitoring Log where you are required to record your temperature and symptoms prior to reporting to work each day.

If you have any questions or would like additional information regarding these new regulations, policy changes, or if you need assistance in obtaining a vaccination, please contact your supervisor or email the COVID Rapid Response Team at COVID@phoenixhomehc.com.

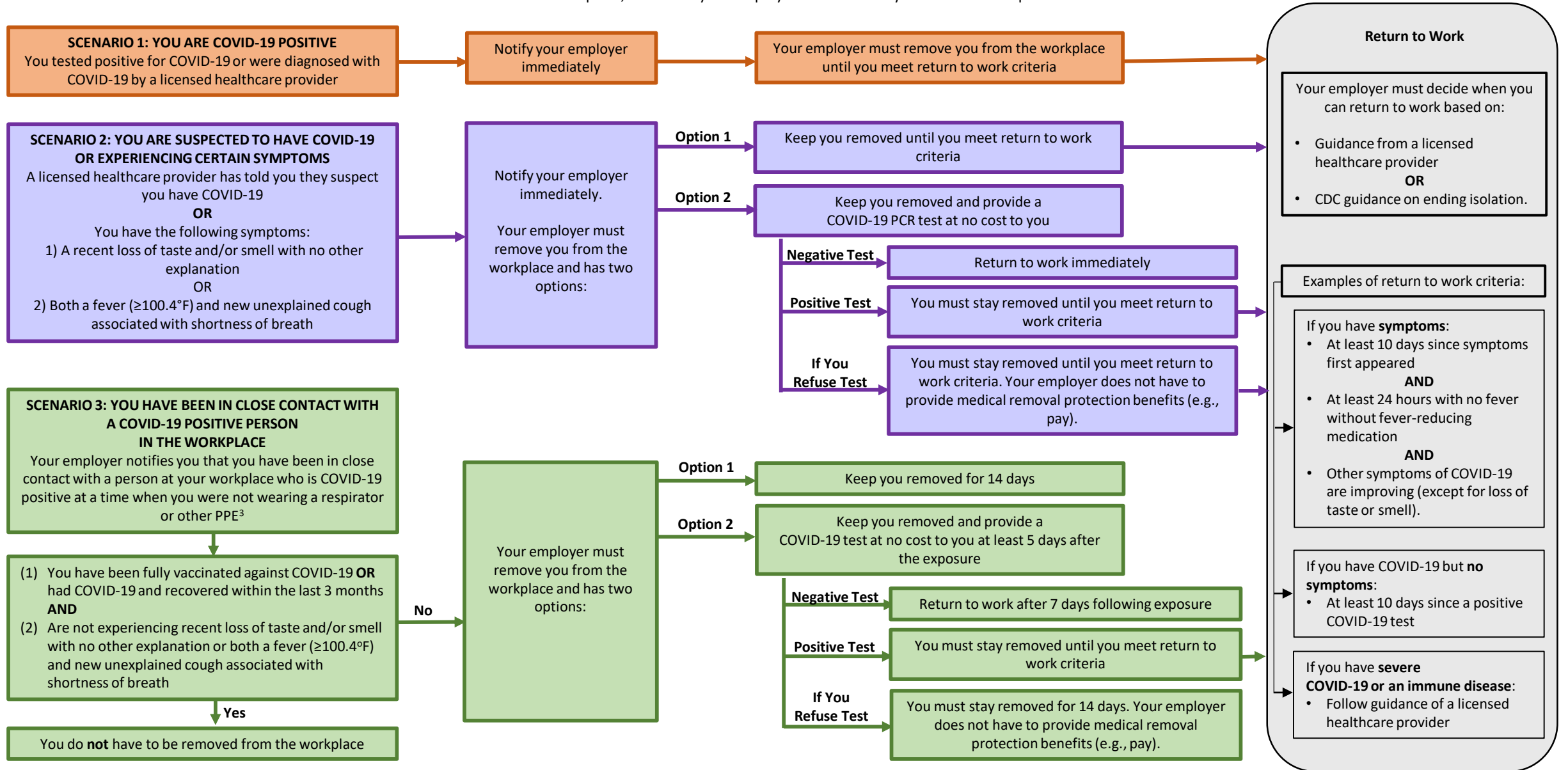
“As members of the healthcare community, we recognize the importance of protecting our healthcare workers and reassuring our clients and community that we can continue to safely care for them in their homes.”

Thank You for your continued support and incredible care you provide our clients!

-your Phoenix Family

ETS Guidance for Employees – Notification to Employer and Paid¹ Medical Removal for COVID-19

This flow chart explains when you need to notify your employer about COVID-19-related issues, when your employer must notify you about COVID-19 exposures in the workplace, and when your employer must remove you from the workplace.²



¹ OSHA is requiring medical removal protection benefits to be paid only by employers that have more than 10 employees.

² Your employer may choose to remove or test you for other COVID-19-related reasons not required by the ETS (e.g., additional symptoms from the CDC list or exposure to someone who is COVID-19 positive outside the workplace).

³ Your employer is not required to notify you following exposure to a patient with confirmed COVID-19 if you work in a place where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities).

Employee Self-Monitoring Log

Report any "close contact" exposures and all pending or positive COVID-19 tests
Check temperature and symptoms daily before work

Employee Name: _____

Supervisor Name: _____

<u>Date:</u>	<u>Temperature:</u>	<u>Symptoms:</u> (YES or NO)	<i>Fever >100.4, unexplained cough, shortness of breath, difficulty breathing, new loss of taste or smell, chills, repeated shaking with chills, muscle pain or body aches, fatigue, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.</i> <i>(Report any bolded items above)</i>