

## BACK TO WORK STEPS FOR MAINTAINING UNIVERSAL PRECAUTIONS:

IF YOU THE DIRECT CARE WORKER ARE STARTING BACK UP WITH YOUR CLIENTS PLEASE KNOW THE FOLLOWING:

1. Please go on our new training website to download the Company's mandatory Client/Employee Screening and Monitoring tool which is required to be completed upon each start of care with every Client/Participant the worker services. This monitoring tool must be completed and mailed in monthly to our Company.

If the DCW cannot print out the template, please stop at the Office for the form, or complete the questionnaire on a notebook indicating the Worker's name and Participant's name and again, mail in monthly. If there are any questions pertaining to this form, please contact Yenica (Jen) in the Compliance Department. You can also text us a picture of your completed screening form with each Client you service.

2. Please ensure you have a few masks, gloves, sanitizer and disinfectant which you can get from Maximum Care Inc. All Personal Protective gear must be worn at all times while caring for your Participants. Try and encourage your Participants to open windows while being serviced to "air" out his/her home(s). If your Client would like a mask, or you would prefer your Client to wear a mask (unless a medical condition would prohibit the Participant from wearing a mask) please contact Maximum Care Inc. and we will give the Participant a mask.
3. Social Distance as best as you can in a Client's/Participant's home with family and minimize closeness with all Client's/Participant's at this time. Although difficult when providing personal care, ensure gloves and masks are utilized when providing bathing, lifting, moving a Client and or assisting with feeding a Participant.
4. Ensure if you the DCW or your Participant- upon arriving at the Participant's home have a temperature, or have any symptoms such as, *dry cough, shortness of breath, body aches, muscle pain, fever, chills, gastro-intestinal symptoms such as, diarrhea or abdominal discomfort, nausea, vomiting, headache, sore throat, upper respiratory tract congestion or rhinorrhea (runny nose), congested or productive cough, chest discomfort, fatigue, loss or marked diminishment of sense of taste and smell, dizziness, rash, pink eye* you are to contact the Office and stay home, or if at the Client's home already and the Client informs you of any of these symptoms, please remove yourself from the room and contact our Office. **The Office has suggested contacting the Client on the phone and screening the Client over the phone first.**

5. Daily Wellness Checks of both the DCW and the Participant are essential in minimizing the spread of any contagion.
6. Remember, the DCW's mask helps protect/minimize the spread of an infection to the Participant, and the Participant's mask helps protects you the DCW. If the Participant needs a mask, please contact Maximum Care Inc. and we will provide a Participant mask.
7. Frequent handwashing for over 20 seconds up to wrist/elbow area is important.
8. Sneezing and coughing etiquette should be utilized with a tissue and promptly dispose of tissue and wash hands. Wearing gloves but using them sparingly is essential!
9. Some individuals have worn protective barrier clothing such as disposable aprons, gowns, or anything that can either be washed or disposed of promptly.
10. 10.If driving or utilizing public transportation, gloves should be worn on public transportation, or be sure not to touch your face until after your hands have been thoroughly washed. High touch areas such as car door handles and steering wheels should be cleaned prior to any type of external exposures. This should be done frequently.
11. 11.Minimize grocery store shopping for all Participant's at this time to one or possibly twice a week. Please utilize all community health care recommendations such as masking in the community while shopping etc.

**RETURN TO WORK FOR HEALTHCARE PERSONNEL WITH CONFIRMED OR SUSPECTED COVID-19:** *Updates were made to the CDC guidance for Return-to-Work Criteria for healthcare personnel (HCP) on April 30, 2020. These changes include:*

- Changed the name of the 'non-test-based strategy' to the 'symptom-based strategy' for those with symptoms.

- Changed the name to a ‘time-based strategy’ for those without symptoms
- Updated non-test-based strategies to extend the duration of exclusion from work to at least 10 days since symptoms first appeared.
- Based on this extension of the symptom-based and time-based strategies, language about the test-based strategy being preferred was removed.

## **RETURN TO WORK CRITERIA FOR HCP WITH CONFIRMED OR SUSPECTED COVID-19**

### **SYMPTOM-BASED STRATEGY- EXCLUDE FROM WORK UNTIL:**

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g. cough, shortness of breath); and,
- At least 10 days have passed since symptoms first appeared

### **TEST-BASED STRATEGY- EXCLUDE FROM WORK UNTIL:**

- Resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g. cough, shortness of breath), and
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens).
- All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available. In persons with a persistent productive cough, SARS-CoV-2-RNA might be detected for longer periods in sputum specimens than in upper respiratory tract (nasopharyngeal swab) specimens.

## **HCP WITH LABORATORY-CONFIRMED COVID-19 WHO HAVE NOT HAD ANY SYMPTOMS:**

### **TIME-BASED STRATEGY**

- Exclude from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
- If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

### **TEST-BASED STRATEGY**

- Exclude from work until negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens).

- Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

#### **RETURN TO WORK PRACTICES AND WORK RESTRICTIONS:**

After returning to work, HCP should:

1. Wear a facemask for source control at all times while in the healthcare facility in accordance with PA-HAN-497.
- A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
- Of note, N95 or other respirators with an exhaust valve might not provide source control.
2. Be restricted from contact with severely immunocompromised patients (e.g. transplant, hematology-oncology) until 14 days after illness onset.
3. Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.
4. Ensure that recovered HCW wear all indicated PPE according to facility policy. The immunity of recovered persons to COVID-19 infection is not known, and a lack of proper PPE could expose HCP to other communicable diseases.