

# EMPLOYEE COVID-19 POLICIES



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# Policy and Procedure

## Title: Pre-Employment Questionnaire

### Policy

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To minimize the chance of COVID-19 exposure to the facility by screening all new employees for previous work history in a healthcare setting.

### Procedure

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1. Each prospective employee will complete the 'Pre-Employment Questionnaire' during the recruiting process.
2. If the candidate indicates that he/she has worked in a healthcare setting in the past 30 days the NHA will be required to call all listed facilities to confirm COVID-19 status.
  - a. If the status of the prospective employee's previous facility is negative then a 15 day quarantine is not necessary and employee may begin work after routine testing
  - b. If the status of the prospective employee's previous facility is positive or recovered the employee must:
    - i. Quarantine for 15 days.
    - ii. Be tested for COVID-19 at the **END** of the 15 day period
  - c. Prospective employees who have previously tested positive for COVID-19 must meet the CDC return to work guidance before beginning work
    - i. Consult with the Regional Management Team when this scenario arises.
3. The information contained in this questionnaire is HIPAA protected and is confidential. It should only be viewed by the Administrator, Director of Nursing and HR. It is to be filed in the medical record for the employee if hired.

Please note: If a facility is utilizing agency staffing then the questionnaire must be completed by the agency nurse at the time of their orientation to the facility

**Attachments:** Pre-Employment Questionnaire



# Pre-Employment Questionnaire

1. Please list the name of all healthcare facilities you have worked at in the last 30 days.

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2. Date you last worked in a healthcare setting: \_\_\_\_\_

3. To your knowledge did the healthcare facility/setting have an exposure to COVID-19?  
Yes No

4. During your tenure where you exposed to COVID-19 or a person with symptoms of COVID-19?  
Yes No  
If yes, on what date: \_\_\_\_\_

5. Have you been tested for COVID-19?  
Yes No

If yes, what type of test was conducted?  
Nasopharyngeal / Oropharyngeal  
Rapid Test

What were the results?  
Positive  
Negative

For rapid testing with a negative result- Was a second test administered 5 days later?  
Yes No

**\*\*If a prospective employee has previously tested positive for COVID-19, CDC return to work guidance must be followed before employee is allowed to begin work. \*\***

**I declare that the foregoing answers are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

\*\*This information is considered HIPAA protected and is confidential. It will only be seen by the Administrator / Director of Nursing and HR. This information will be filed in the medical record for each employee if hired.

.....  
**I \_\_\_\_\_ have contacted the above mentioned healthcare facility**  
(Facility Administrator)  
**and have verified exposure details with their administration.**

\_\_\_\_\_  
Person to whom you spoke \_\_\_\_\_ \_\_\_\_\_  
Date Time

\_\_\_\_\_  
NHA Signature \_\_\_\_\_  
Date



# Policy and Procedure

## Title: COVID-19 Mandatory Employee Testing

### Policy

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Effective July 1, 2020, all employees reporting to work in the facility will be required to submit to a baseline COVID-19 viral test as a precautionary measure to reduce the spread of COVID-19 within our facility. After completion of the baseline test, employees will be required to submit to ongoing testing based on state and local health department requirements

This policy is in addition to, and may interact with, the employee and visitor screening policies in place currently and prior to May 15, 2020. One policy does not supersede the other. It is at the discretion of the Administrator to allow an employee to return to work based on either policy.

### Procedure

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1. Every employee will complete an informed consent process and be screened, at the company's expense, before reporting to work. (Attached)
2. Each employee will be screened privately, and the record will be maintained as a private medical record. Employees who receive a test assume complete and full responsibility to take appropriate action with regard to their test results.
3. Applicants/new hires will be required to receive a negative COVID-19 viral test or meet the CDC return to work criteria for mitigating staffing shortages before beginning work in the facility.
  - A. The CDC criteria can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
4. If an employee tests positive for COVID-19, the facility may require the employee not to work until they have obtained appropriate medical clearance and/or consistent with public health guidelines from the state Department of Health and Centers for Disease Control.
  - A. If an employee tests positive, then any accrued time off may be used for their time away from work.
  - B. If an employee refuses the testing, then the employee will be treated as if they are positive and placed on a 15 day quarantine. PTO may be used during this time, but no sick time will be approved due to the lack of illness confirmation.
5. **An employee who experiences a positive COVID-19 test while home should not report to work.** Instead, the employee should contact his or her immediate supervisor for further direction.

**Attachment:** Employee COVID-19 Testing Consent



# COVID-19 Employee Testing Consent

- I hereby **AGREE** to a COVID-19 test paid for by the facility. I understand that all relevant health information will be maintained in a private medical record.
  
- I hereby **REFUSE** to submit to a COVID-19 test. By declining testing I understand that I will be treated as if I tested positive. I understand that I will not be allowed to work in the facility and will be required to quarantine for 15 days. In addition, I understand that PTO may be used to cover my absence but no sick time will be approved due to the lack of illness confirmation.

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Employee Signature

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Date



# Policy and Procedure

## Title: Employee Exposure Policy

### Policy

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To reduce the risk of COVID-19 transmission when a staff member, including prospective employees, agency staff and volunteers, have been exposed.

### Definitions

**Direct Exposure-** Contact with a person who has tested positive for COVID-19.

**Secondary or Indirect Exposure-** Contact with a person who has had direct exposure to a positive individual.

Example 1: Employee's spouse was exposed to a positive individual at his/her place of employment.

Example 2: Child was exposed to an a positive adult at a child care facility

### Procedure

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1. Staff members must inform facility management when an exposure occurs
  - A. Prospective employees are required to complete the Pre-Employment Screening during the recruiting process.
    - i. See the 'Pre-Employment Questionnaire' policy for further instruction
2. Management will then determine what type of exposure occurred and the course of action to be taken.
  - A. Direct Exposure- Employee must be quarantined for 15 days and obtain a COVID-19 test at the **END** of the 15 day period.
    - i. Some physicians will request to test at day 7 and then again at day 15. Employees are NOT permitted to return to work until the full 15 days have passed.
  - B. Secondary or Indirect Exposure:
    - i. If the directly exposed individual resides in the household, the staff member must quarantine for 15 days and obtain a COVID-19 test at the **END** of the 15 day period.
    - ii. For a brief encounter with a directly exposed individual, quarantine is not necessary. However, the staff member must list the exposure on the 'Staff Attestation' form upon entering the building.
      - a. The facility must ensure the staff member is wearing a mask at all times and is following infection control protocols
  - C. Staff members who travel to a level 3 area OR across state lines must quarantine for 15 days and can obtain a test at the end of the 15 days.



# Employee Return to Work Criteria

## Definitions

**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 (SpO<sub>2</sub>)  $\geq 94\%$  on room air at sea level.

**Severe Illness:** Individuals who have respiratory frequency  $>30$  breaths per minute, SpO<sub>2</sub>  $<94\%$  on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of  $>3\%$ ), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO<sub>2</sub>/FiO<sub>2</sub>)  $<300$  mmHg, or lung infiltrates  $>50\%$ .

**Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

**Immunocompromised:** degree of immunocompromise for HCP is determined by the treating provider, and preventive actions are tailored to each individual and situation.

## Criteria

Decisions about return to work for HCP with SARS-CoV-2 infection should be made in the context of local circumstances. In general, a symptom-based strategy should be used as described below. The time period used depends on the HCP's severity of illness and if they are severely immunocompromised.

### **Symptom-based strategy for determining when HCP can return to work.**

#### **HCP with mild to moderate illness who are not severely immunocompromised:**

- ❖ At least 10 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

**Note:** HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

#### **HCP with severe to critical illness or who are severely immunocompromised:**

- ❖ At least 20 days have passed since symptoms first appeared
- ❖ 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

**Note:** HCP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test.



As described in the Decision Memo, an estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no patient had replication-competent virus more than 20 days after onset of symptoms. Because of their often extensive and close contact with vulnerable individuals in healthcare settings, the more conservative period of 20 days was applied in this guidance. **However, because the majority of severely or critically ill patients no longer appear to be infectious 10 to 15 days after onset of symptoms, facilities operating under critical staffing shortages might choose to allow HCP to return to work after 10 to 15 days, instead of 20 days.**

### **Test-Based Strategy for Determining when HCP Can Return to Work.**

In some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the Decision Memo, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised<sup>1</sup>) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.

#### **HCP who are symptomatic:**

- ❖ 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  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

#### **HCP who are not symptomatic:**

- ❖ Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

### **Return to Work Practices and Work Restrictions**

#### **After returning to work, HCP should:**

- ❖ Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.
- ❖ A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.
- ❖ Self-monitor for symptoms, and seek re-evaluation from occupational health if symptoms recur or worsen



# Symptomatic Employee Return to Work Checklist

Employee: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Timeline:

Date symptoms began: \_\_\_\_\_ Last day of work: \_\_\_\_\_

Date of positive test result: \_\_\_\_\_ Return date: \_\_\_\_\_

## Symptoms included:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fever or chills           | <input type="checkbox"/> Muscle or body aches   | <input type="checkbox"/> Congestion         |
| <input type="checkbox"/> Cough                     | <input type="checkbox"/> Headache               | <input type="checkbox"/> Runny nose         |
| <input type="checkbox"/> SOB /difficulty breathing | <input type="checkbox"/> Loss of taste or smell | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Fatigue                   | <input type="checkbox"/> Sore throat            | <input type="checkbox"/> Diarrhea           |

## Severity of illness:

- Mild: 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: Evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO<sub>2</sub>) ≥94% on room air at sea level
- Severe: respiratory frequency >30 breaths per minute, SpO<sub>2</sub> <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO<sub>2</sub>/FiO<sub>2</sub>) <300 mmHg, or lung infiltrates >50%.
- Critical: Respiratory failure, septic shock, and/or multiple organ dysfunction.

## Check the box for the strategy used when evaluating readiness to return to work:

- Symptom-based strategy for HCPs with mild to moderate illness who are not severely immunocompromised are to be excluded from work until:**

At least 1 day (24 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath); **and**,

***Date of respiratory symptom improvement:*** \_\_\_\_\_

***Date of last fever:*** \_\_\_\_\_

At least 10 days have passed since symptoms first appeared

***Date symptoms appeared:*** \_\_\_\_\_

- Symptom-based strategy for HCP with severe to critical illness or who are severely immunocompromised are to be excluded from work until:**

At least 1 day (24 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath); **and**,

***Date of respiratory symptom improvement:*** \_\_\_\_\_

***Date of last fever:*** \_\_\_\_\_

At least 20 days have passed since symptoms first appeared

***Date symptoms appeared:*** \_\_\_\_\_

**Test-based strategy. Exclude from work until:**

Resolution of fever without the use of fever-reducing medications **and**

***Date of last fever:*** \_\_\_\_\_

Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**

***Date of respiratory symptom improvement:*** \_\_\_\_\_

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

***Date of 1<sup>st</sup> negative test result:*** \_\_\_\_\_

***Date of 2<sup>nd</sup> negative test result:*** \_\_\_\_\_

Explanation for using Test-based strategy: \_\_\_\_\_

\_\_\_\_\_

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Asymptomatic Employee Return to Work Checklist

Employee: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Timeline:

Last day of work: \_\_\_\_\_ Return date: \_\_\_\_\_

### Check the box for the strategy used when evaluating readiness to return to work:

- Time-based strategy for HCPs who are not severely immunocompromised and were asymptomatic throughout their infection must be excluded 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.

***Date of positive test result:*** \_\_\_\_\_

If symptoms developed use the 'Symptomatic Employee Return to Work Checklist'

- Time-based strategy for HCPs who are severely immunocompromised but who were asymptomatic throughout their infection must be excluded from work until:**

20 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.

***Date of positive test result:*** \_\_\_\_\_

If symptoms developed use the 'Symptomatic Employee Return to Work Checklist'

- 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 respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens).

***Date of 1<sup>st</sup> negative test result:*** \_\_\_\_\_

***Date of 2<sup>nd</sup> negative test result:*** \_\_\_\_\_

Explanation for using Test-based strategy: \_\_\_\_\_

- Due to facility staffing shortages, this employee is permitted to continue working under the CDC's 'Mitigating Staffing Shortages' guidance. The employee will be practicing all recommended precautions while in the facility.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_