



ColumbiaCare Services, Inc.

CORONAVIRUS ALERT

August 21, 2020

ColumbiaCare COVID-19 Protocol Administrative Offices

(Medford Administrative Office, Administrative Annex, Portland Service Center)

Definitions of Protocol Terms

Approved Face Coverings (OHA): Approved face covering referenced in this protocol mean a cloth, paper, or disposable face covering that covers the nose and the mouth.

- Cloth Face Coverings (CCS): For additional guidance around standards for materials, use and care, please refer to the supplemental ColumbiaCare document **Guide for Cloth Face Coverings**.
- Non-Approved Face Coverings:
 - Masks with Exhalation Valves or Vents (CDC): The purpose of masks is to keep respiratory droplets from reaching others to aid with source control. However, masks with one-way valves or vents allow air to be exhaled through a hole in the material, which can result in expelled respiratory droplets that can reach others. This type of mask does not prevent the person wearing the mask from transmitting COVID-19 to others. Therefore, CDC does not recommend using masks for source control if they have an exhalation valve or vent.
 - Face Shields (CDC): A face shield is primarily used for eye protection for the person wearing it. At this time, it is not known what level of protection a face shield provides to people nearby from the spray of respiratory droplets from the wearer. There is currently not enough evidence to support the effectiveness of face shields for source control. Therefore, CDC does not currently recommend use of face shields as a substitute for masks. As it applies to this protocol, the only accepted used of a Face Shield as an Approved Face Covering is when an essential visitor provides their own Approved Face Covering.

Close Contact (CDC): Someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the person is isolated.

COVID-19 Screening Tool (CCS): ColumbiaCare document to be used as a questionnaire for screening clients, tenants, and/or essential visitors prior to entering the building.

COVID-19 Symptom Screening Log (CCS): ColumbiaCare document to be used for staff and/or clients to attest that no COVID-19 Symptoms or Fever (based on temperature reading).

Essential Visitor Policy Sign (CCS): ColumbiaCare sign that alerts visitors of program access restrictions and screening policy.

Face Covering Requirement Accommodations Guidelines (OHA): OHA guidelines for designated key staff to respond to face coverings accommodation requests for clients and essential visitors.

OHA Approved Face Covering Requirement Sign (OHA): OHA sign that alerts clients and/or visitors of statewide requirements for wearing face coverings in indoor public spaces.

Social Distancing (CDC): Social Distancing, also called “physical distancing,” means keeping a safe space between yourself and other people who are not from your household. To practice social or physical distancing, stay at least 6 feet (about 2 arms' length) from other people who are not from your household in both indoor and outdoor spaces.

General Information about COVID-19

Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person. The virus that causes COVID-19 is a new coronavirus that has spread throughout the world. COVID-19 symptoms can range from mild (or no symptoms) to severe illness.

[CDC COVID-19 Website](#)

[OHA COVID-19 Website](#)

COVID-19 Symptoms: People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms.

*Please find the CDC Coronavirus Self-Checker: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Understanding Quarantine: Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department. You should stay home for 14 days after your last contact with a person who has COVID-19.

*Please find more about Quarantine: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

Understanding Isolation: Isolation used for people who have COVID-19, people who have COVID-19 Symptoms and are able to recover at home, and/or people who have no symptoms (are asymptomatic) but have tested positive for infection. For most persons, isolation and precautions can generally be discontinued 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.

*Please find more about Isolation: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

Prevention

1. Take care of your health, be proactive.

2. Take universal safety precautions.

- a. Wear an Approved Face Covering, as instructed.
- b. Stop handshaking – use other non-contact methods of greeting.
- c. Practice Social Distancing. If you are unable, wear an Approved Face Covering.
- d. Ensure hand hygiene supplies are readily available in the building.
- e. Clean hands regularly and often:
 - i. Post reminders at entry way, kitchen and bathrooms for staff, clients and visitors. Consider scheduling regular hand washing prompts.
 - ii. Wash hands with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food, and when leaving and entering the program.
 - iii. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60+% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water are the best option if hands are visibly dirty.
- f. Avoid touching your eyes, nose, and mouth with unwashed hands.
- g. Create habits and reminders to avoid touching faces, and cover coughs and sneezes with your sleeve, or tissues that are then thrown away.
- h. Increase fresh air and circulation/ventilation, as appropriate (ex. Opening windows).

3. Modify group meetings.

- a. Transition meetings (e.g. staff meetings) to electronic formats (videoconferencing or telephone).
- b. Use separate electronic devices (smartphones) for access to online meetings within one facility if you cannot maintain Social Distancing requirement.

- c. If not scheduled to be at work, participate remotely.
- d. When not possible, hold in-person meetings in open, well-ventilated spaces, following Social Distancing protocols.
 - i. All spaces used to hold in-person meetings must be done on a staggered schedule to allow 60 minutes between re-use, and be disinfected just prior to each use.
 - 1. To allow time for respiratory particles to settle onto surfaces, cleaning protocols shall take place just prior to room re-use, i.e., wait 45 minutes before entering to clean the space.

4. Eliminate unnecessary travel.

- a. Any necessary travel must be approved by the Program Director.
- b. Use of a fleet vehicle with multiple occupants would require the following:
 - 1. Hand washing or hand sanitizer must be used by each occupant prior to entering the vehicle.
 - 2. All vehicle occupants must wear Approved Face Coverings.
 - 3. Number of occupants must be limited based on ability of all occupants to be seated a minimum of three feet from one another.
 - 4. To allow time for respiratory particles to settle onto surfaces, high touch surfaces (door handles) and interior of vehicles should be cleaned just prior to each re-use with an approved cleaning solution.
 - 5. Windows open if at all possible.

5. Handle food carefully.

- a. Do not share food. (You should not share dishes, drinking glasses, cups, eating utensils, etc.) Do not purchase or bring food in on behalf of others.
- b. Personal food should be kept in personal work space as much as possible.
- c. Please limit the amount of food stored in community refrigerator to what is needed for the current day, and food preparation time in community space to less than 10 minutes.

6. Clean all "high-touch" surfaces frequently, at least twice per day.

- a. High touch surfaces include but are not limited to handrails, light switches, copiers, counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, etc. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a CCS approved disinfectant, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.
- b. If using a shared fleet vehicle, clean with sanitizer each time you enter and exit paying close attention to handle and seat belts or any other area touched frequently. Clean and sanitize gas cards and credit cards.
 - i. Fleet vehicles should be scheduled to allow at least one hour between re-use by different staff members.

We feel it is important to protect our employees from exposure to hazardous chemicals used for cleaning and disinfecting. If you are unfamiliar with a product please review the SDS sheet before using it and follow all manufactures instructions for proper use.

7. Employees should self-screen according to Symptom Assessment & Care section below prior to coming to on-site work spaces.

8. Designate point(s) of entry for staff to enter the building.

- a. All staff entering the building must be wearing an Approved Face Covering while in all indoor public areas.
 - i. If an individual does not have one, ColumbiaCare will provide one.
- b. All staff shall apply hand sanitizer when entering the building.
- c. Staff shall self-screen and perform self-temperature readings when entering the building at the beginning of their shift, and again should they begin to experience COVID-19 Symptoms during their shift.
 - i. Staff shall record their screening on the COVID-19 Symptom Screening Log.
 - ii. Staff who have temperature reading of equal to or greater than 100 degrees will not enter the building. Staff should follow Employee Symptom Assessment & Care section of protocol below.
- d. Supervisors shall review all COVID-19 Symptom Screening Logs daily for completion and symptoms.
 - i. Maintain all completed COVID-19 Symptom Screening Logs.

9. Restrict/Limit visitors.

- a. Visiting should be limited to essential individuals only, defined as individuals conducting official business who cannot do so via video or telephone.
 - i. Emergency response including EMS, police and fire
 - ii. Essential program staff
 - iii. Vendors who must enter the facility in order to deliver services, supplies or other essential items.
- b. All essential visitors entering the building must be wearing an Approved Face Covering while in all indoor public areas.
 - 1. Follow Face Covering Requirement Accommodation Guidelines for those who request an accommodation to the face covering requirement.
- c. Screen essential visitors using the COVID-19 Screening Tool.
 - i. Staff will take temperature readings of all essential visitors prior to them entering the building, and record on the COVID-19 Screening Tool.
 - 1. Essential visitors who answer yes to any of the COVID-19 Screening Tool questions, or who have a temperature reading of equal to or greater than 100 degrees shall not enter the building.
 - a. If entry is denied, note that client or essential visitor was "Denied Entry" in the Time Out box on the form.
 - 2. Maintain all COVID-19 Screening Tools for inspection by regulatory agencies.
- d. As necessary, remind essential visitors to wear an Approved Face Covering, take universal safety precautions, limit their movement within the building, and keep business as brief as possible.
- e. Staff who sign for packages or mail must immediately sanitize their hands afterwards.
- f. Entrances and Signage
 - i. At designated point of entry for essential visitors, post Essential Visitor Policy Sign.
 - ii. At designated point of entry, post OHA Approved Face Covering Requirement Sign.

10. PLEASE SEE ADDENDUM FOR PROPERTY MANAGEMENT & MAINTENANCE

11. PLEASE SEE ADDENDUM FOR PROPERTY MANAGEMENT & MAINTENANCE

12. Per CDC recommendations, practice Social Distancing with animals. Do not let service animals interact with people or other animals.

Symptom Assessment & Care

Employees

1. Employee should self-screen prior to coming to work, and stay home if:
 - a. You are experiencing COVID-19 Symptoms unrelated to a known condition. (If uncertain, follow steps 3-5).
 - b. You have a family member in your home experiencing COVID-19 Symptoms
 - c. You have been exposed to COVID-19 through Close Contact.
2. If COVID-19 Symptoms unrelated to a known condition begin while at work (or if you are uncertain), immediately notify your Supervisor and HR.
 - a. Go home and follow steps 3-5.
3. Call your healthcare provider right away.
4. Follow up with HR and your Supervisor to inform them of any healthcare provider/local public health department recommendations.
 - a. Provide HR with a written copy of your healthcare provider/local public health department recommendations and/or test results via fax or email (hr@columbiacare.org) prior to returning to work.
5. Employees who have been tested for COVID-19, or who have been in Close Contact with someone who has been tested for a reason outlined in Section 1 under Employee Assessment & Care, should stay home until test result is received, unless a release to work from their healthcare provider is obtained.

Workplace Emotional Support

1. Be aware of team stressors and risks for emotional distress. Stressors/risks may include but not be limited to:
 - a. Sense of isolation
 - b. Lack of clear communication between team members
 - c. Individual/family/colleague/client health impact
 - d. Local community stressors
 - e. Financial stressors
 - f. Loss of social supports
 - g. Loss of self-care resources
 - h. Increased stress and demand from clients
 - i. Uncertainty of outcome
2. Stay connected and increase/improve communication within the team.
 - a. Develop a team approach for offering social support and fostering a sense of community.

- b. Develop clear guidelines for all levels of management to deliver information and support.
 - i. Develop regular emotional/mental health check-in intervals and protocol for checking in on team member needs and concerns.
 - c. Create an environment that regularly honors team members who are supporting people during the COVID-19 pandemic.
 - i. Acknowledge the role the team plays in keeping clients and co-workers cared for and safe.
 - ii. Protect yourself and be supportive to others. Assisting others in their time of need can benefit both the person receiving support and the helper.
 - d. Observe for and ask/report when there is a concern about:
 - i. Team member safety (and make contact with those who may need support with obvious urgent basic needs).
 - ii. Team members with serious distress reactions.
 - e. Listen to team members
 - i. Encourage positive support between team members, your managers or other trusted persons for social support – your team may be having similar experiences to you.
 - ii. Share helpful information regularly.
 - iii. Provide clear and accurate information that helps the team perform their duties.
 - iv. Provide timely, regular updates to all team members (share why changes are being made and how to implement them)
 - v. Find opportunities to amplify positive and hopeful stories. Celebrate successes and good news.
 - vi. Use meaningful ways to share messages.
 - A. Where possible, include forms of communication that do not rely solely on written information (in-person first as safety allows, video second as available, by telephone third, by email as needed for broader distribution or consistency or documentation of information).
3. Support team members to access helpful tools and reliable therapeutic resources:
- a. To help themselves regain control of what they can in their situation
 - b. To help team members address basic needs and access services
 - c. To help team members cope with problems
 - d. To remind team members to connect to loved ones and social support

Example Sites: <https://www.sanvello.com/coronavirus-anxiety-support/>
<https://www.uclahealth.org/marc/default.cfm>

4. Practice team self-care activities in the workplace.
- a. Prompt, support and monitor work breaks
 - b. Allow for social support amongst team members, as possible.
 - c. Share examples of emotional support activities by sending them to the Wellness Team for review/approval and tracking:
wellness@columbiacare.org
 - i. Reviewed sample emotional support activities will be available for staff access and filed here: Facilities>_CCS>COVID-19 PROTOCOL-Adopted>EMOTIONAL WELLNESS TOOLS

**This protocol shall be followed and enforced by all members of management.
Management staff are responsible for ensuring that employees comply with this protocol.**

Employees who observe violations of this protocol shall report the violations to management or concerns can be reported to the HR Director via email.