



ColumbiaCare Services, Inc.

CORONAVIRUS ALERT

January 6, 2021

ColumbiaCare COVID-19 Protocol

Outpatient Clinics, VRC & Community-Based Services

(Outpatient Clinics including ICM, VRC, Supported Employment/Education, Case Management, VASH, Rental Assistance Program)

Definitions of Protocol Terms

Approved Face Coverings (OHA): Approved face coverings referenced in this protocol means a cloth, polypropylene, paper, or other face covering that covers the nose and the mouth and that rests snugly above the nose, below the mouth, and on the sides of the face.

- 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 use of a face shield as an Approved Face Covering is when a client or essential visitor provides their own Approved Face Covering.
 - Mesh masks, lace masks or other coverings with openings, holes, visible gaps in the design or material, or vents (OHA).

Close Contact (CDC): Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient 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.

Face Shield (CDC/OHA): A clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face, providing a barrier to infectious materials entering the eye.

Medical Mask (FDA EUA): A disposable face mask intended for use as source control, by HCPs in healthcare settings, to cover their noses and mouths, in accordance with CDC recommendations.

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.

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

<https://govstatus.egov.com/OR-OHA-COVID-19>

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.
 - d. Wear an Approved Face Covering.
 - e. Ensure hand hygiene supplies are readily available in the building
 - f. Clean hands regularly and often:
 - i. Post reminders at entry way, kitchen/breakrooms 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.
 - g. Avoid touching your eyes, nose, and mouth with unwashed hands.
 - h. Create habits and reminders to avoid touching faces, and cover coughs and sneezes with your sleeve, or tissues that are then thrown away.
 - i. Increase fresh air and circulation/ventilation, as appropriate (ex. opening windows).
 - j. Utilize protective barriers in all reception/greeting workspaces.

3. Modify group meetings.

- a. Transition meetings (ex. 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, and wearing Approved Face Coverings.
 - 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.

5. Handle food carefully.

- a. Do not share food. (You should not share dishes, drinking glasses, cups, eating utensils, etc.)
- 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, according to a posted schedule that is initialed by the employee completing the cleaning.

- a. High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and tables. Also, clean any surfaces that may have blood, stool, or body fluids on them.
 - i. 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 60 minutes 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 staff 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 COVID-19 Symptom Screening Logs for inspection by regulatory agencies for a minimum of 60 days (from last entry) for public health purposes.

9. Restrict/Limit visitors.

- a. Visitors should be limited to essential individuals only, defined as:
 - i. Adult protective services staff
 - ii. Advocacy agency staff for the purpose of investigating allegations of abuse and neglect
 - iii. Emergency response including EMS, police and fire
 - iv. Individuals who are required for direct assistance to complete the client's appointment (due to physical disability, cognitive impairment, language barrier), and then only one.
 - v. Licensing/survey staff
 - vi. Office of Training, Investigations, and Safety (OTIS) staff or delegates
 - vii. Outside medical and behavioral health personnel
 - viii. 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.
 - i. If an individual does not have one, ColumbiaCare will provide one.
 - ii. 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 upon entering the building.
 - i. Staff will take temperature readings of all essential visitors upon entering the building, and record on the COVID-19 Screening Tool.
 - ii. 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.
1. If entry is denied, note that essential visitor was "Denied Entry" in the Time Out box on the form.
 - iii. Maintain all COVID-19 Screening Tools for inspection by regulatory agencies for a minimum of 60 days for public health purposes.
 - 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. Replace all on-site, in-person services with services provided electronically (by video or phone), WITH THE EXCEPTION OF open access, PST services (as appropriate), new admits, walk-ins, clients who are not responding to virtual services, clients with a clinical presentation that suggests a high risk of acute adverse outcomes from telehealth services, and/or specific situations approved by your Program Director.

- a. In-person, on-site services should occur to improve quality and promote safety, in compliance with the following safety practices:
 - i. All clients entering the building must be wearing an Approved Face Covering while in all indoor public areas.
 1. If an individual does not have one, ColumbiaCare will provide one.
 2. Follow Face Covering Requirement Accommodation Guidelines for those who request an accommodation to the face covering requirement.
 - ii. Restrict entry until staff have conducted a screening using the COVID-19 Screening Tool, including temperature reading.
 1. Clients 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 should not be served on-site and offered other alternatives.
 - If entry is denied, note that client was "Denied Entry" in the Time Out box on the form
 2. Maintain all COVID-19 Screening Tools for inspection by regulatory agencies for a minimum of 60 days for public health purposes.
 - iii. Implement hygiene precautions (make sanitizer available at entry and in individual offices/conference rooms)
 - iv. Practice Social Distancing when performing in-person contacts (ex. reception, check-in)
 - v. Conduct client treatment services via Zoom in separate offices (offer human visual welcome while maintaining Social Distancing)
 - vi. For approved exceptions to meet in-person the plan must be to meet in a well-ventilated conference room that is at least 35 square feet per person, and allows for Social Distancing, for no longer than 60 minutes.
 1. Clients and essential visitors must wear an Approved Face Covering.
 - For in-person meetings, Face Shields are not an Approved Face Covering for any party.

2. Staff must wear Medical Mask and a Face Shield.
- vii. All spaces approved for community use must be on a staggered schedule to allow 60 minutes between 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 community space re-use, i.e., wait 45 minutes after community space use before entering to clean the space.

11. Replace all field-based, in-person services with services provided electronically

(by video or phone) WITH THE EXCEPTION of clients who are not responding to virtual services, specifically welfare checks, clients discharging from Beckett Center to ICM (warm hand off), clients without a contact device, clients with a clinical presentation that suggests a high risk of acute adverse outcomes from telehealth services, and/or specific situations approved by your Program Director.

- a. In-person services should occur to improve quality, in compliance with the following safety practices:
 - i. Anticipate potential exposure scenarios based on knowledge of client and environment
 - ii. Take universal safety precautions (reference Prevention section 2 of protocol above)
 - iii. Take and Use COVID-19 Safety Travel Pack
 1. Disposable Approved Face Coverings for client
 2. Hand sanitizer for staff and client
 3. Disinfectant for surfaces
 - iv. Meet outside in a space that allows for Social Distancing, whenever possible.
 - v. Keep a Medical Mask and Face Shield on your person, and be prepared for donning in the event the outdoor interaction and/or Social Distancing cannot be maintained, or maintenance of either is assessed as unpredictable.
 1. Clients must wear an Approved Face Covering.
 - vi. Use hand sanitizer after touching shared surfaces (door, door knob, pen, etc.)
- b. **DO NOT TRANSPORT CLIENTS WITHOUT THE AUTHORIZATION OF YOUR DIRECT SUPERVISOR.** *If and when client transport is authorized, use of vehicle for client transport would require the following:*
 - i. Hand washing or hand sanitizer must be used by each occupant prior to entering and when leaving the vehicle.
 - ii. All vehicle occupants must wear Approved Face Coverings. (Face Shields should not be used while driving.)
 - iii. Number of occupants must be limited based on ability of all occupants to be seated a minimum of three feet from one another.
 - iv. 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.
 - v. Utilize outside air ventilation (turn off recycle button) and open windows if at all possible.
 - vi. Local trips not to exceed 30-minute drive time each way.
- c. If you can't manage the face-to-face service without additional PPE, it should not take place.

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

Symptom Assessment & Care

Employees

Any employee being tested for COVID-19 at any time, should notify HR immediately.

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.
6. If an employee is off work and not expected to return for several days, and the need for a COVID-19 test is determined, they should contact HR immediately to inform them.
7. Employees who have been off work based on healthcare provider, public health department, or HR recommendations due to presumptive positive or positive COVID-19 test results, must contact HR for clearance prior to returning to work.

Clients

If a client is experiencing COVID-19 Symptoms:

1. Do not provide in-person services.
2. Notify Supervisor of client symptoms immediately.

3. Electronically (by video or telephone) assist the client in connecting with their healthcare provider immediately.
4. Electronically (by video or telephone) assist client to follow through with healthcare recommendations.

If a client has confirmed positive results of COVID-19, or the healthcare provider has recommended isolation or quarantine:

1. Immediately report the information to the Program Director.

Employee Notifications

All employees who have been identified as being in Close Contact with a COVID-19 positive individual while at work will be notified via telephone within 24 hours of ColumbiaCare's knowledge of the close contact exposure. ColumbiaCare will maintain confidentiality of any employee who has tested positive.

All other individuals at the work location will be notified via email of the possibility of exposure. Employees with possible exposure should monitor for symptoms and contact HR and their healthcare provider immediately if they begin to experience symptoms of COVID-19.

Replenishing PPE

The Medical Director and Health Services Manager have established a baseline supply of PPE that should be maintained. Designated individuals have been assigned to purchase PPE to maintain the maximum identified supply. Responsible parties monitor suppliers, local and statewide resource, to identify resources should the supply on-hand drop below the maximum identified supply. Strategies for optimizing the use of PPE have been established, in line with the CDC guidelines for contingency and crisis capacities.

Employee Training

All employee's will be assigned a COVID-19 training module in Relias to be completed within the first two weeks of employment. Training topics will include:

- Respirator Training
- Donning and Doffing PPE
- OSHA COVID-19 Training

All employees are assigned to read and review ColumbiaCare's COVID-19 protocol in orientation.

Protocol Compliance

This COVID-19 protocol shall be followed by all staff and enforced by all members of Management.

Employees who observe violations of this protocol shall report them to:

- Their immediate Supervisor, and/or
- Their program Safety Officer, or
- The Safety Committee Chairperson by sending a fax to 541-858-8167 or by emailing hr@columbiacare.org, or calling HR at (541) 858-8170.

Please include the name and program/department of the person violating the protocol, the date, and the activity(s) observed.

Plan Administration and Re-Evaluation

The persons responsible for administering ColumbiaCare COVID-19 protocol consist of a team of professionals representing all primary functions of the organization and are listed below.

- Executive Director
- Medical Director
- Health Services Manager
- Communications Director
- HR & Safety Director
- Regional Program Director
- Outpatient Program Director
- PSC Program Director
- Executive Asst/Administrative Services Mgr.

The COVID-19 Team meets 3 times a week to review current activity, OHA, CDC, Local County and State updates to make changes and updates to the protocols as needed. Protocol updates are distributed once a week (as needed) and submitted to the Safety Committee for review and feedback once a month.

Any employee feedback or recommendations can be submitted to the Safety Officer of their location or Safety Chair at hr@columbiacare.org

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.
3. Develop a team approach for offering social support and fostering a sense of community.

4. Develop clear guidelines for all levels of management to deliver information and support.
5. Develop regular emotional/mental health check-in intervals and protocol for checking in on team member needs and concerns.
6. Create an environment that regularly honors team members who are supporting people during the COVID-19 pandemic.
7. Acknowledge the role the team plays in keeping clients and co-workers cared for and safe.
8. Protect yourself and be supportive to others. Assisting others in their time of need can benefit both the person receiving support and the helper.
9. Observe for and ask/report when there is a concern about:
 - a. Team member safety (and make contact with those who may need support with obvious urgent basic needs).
 - b. Team members with serious distress reactions.
10. Listen to team members
11. Encourage positive support between team members, your managers or other trusted persons for social support – your team may be having similar experiences to you.
12. Share helpful information regularly.
13. Provide clear and accurate information that helps the team perform their duties.
14. Provide timely, regular updates to all team members (share why changes are being made and how to implement them)
15. Find opportunities to amplify positive and hopeful stories. Celebrate successes and good news.
16. Use meaningful ways to share messages.
17. 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).
18. 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
19. Example Sites: <https://www.sanvello.com/coronavirus-anxiety-support/>
<https://www.uclahealth.org/marc/default.cfm>

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