



EHE Health Safe at Work
Ensuring a Safe Health Care System for our Employees
and Members

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Due to the public health emergency regarding COVID-19 (novel Coronavirus), EHE Health is taking the following steps to assure a safe clinical environment for our patients and employees. Outlined below is a safe at work business reopening plan to ensure a smooth and safe transition as we return to work and the community. Our approach is founded in evidence-based research, public health strategies, and epidemiologic principles to lead the industry with best practices for our clients and patient population.

Safe Work Environment

1.1 Clinic Operations

- A. Prior to reopening, each clinic location will be thoroughly cleaned and sanitized by a sanitation cleaning vendor.
- B. Each EHE employee, contractor, and workforce member (“Workforce Member”) will participate in the Safe at Work program (SaW), including weekly COVID-19 antibody testing.
- C. EHE Workforce Members will be subject to a temperature and symptom check and exposure history prior to the beginning of every shift.
- D. In order to maintain social distancing and proper infection control measures, EHE Workforce Members, patients, and other clinic visitors will be asked to maintain 6 feet of distance at all times and use proper hand hygiene throughout their time in the clinic in accordance with Centers for Disease Control (“CDC”) regulations.
- E. Waiting room seating will be reconfigured to ensure a distance of 6 feet is maintained. Additionally, seating that is non-compliant with this practice will be removed completely.
- F. Magazines or other non-essential items that can be removed from waiting areas will be removed from clinics.
- G. Workforce Members will follow mandatory hand hygiene practices, including washing with soap and water for at least 20 seconds and/or using hand sanitizer except when visibly soiled. Hand sanitizer will be easily accessible to all employees and visitors and will be placed at the entrance as well as throughout the clinic site.
- H. Personal protective equipment (“PPE”) will be donned by both patients and employees as per the PPE policy below.
- I. Upon arrival, all patients will have their temperature checked, will be asked to sanitize their hands, will don the EHE provided mask, and will complete the exposure questionnaire (if not already done). They will then be escorted to the designated screening room.
 - 1) Patients will not be permitted in the patient lounge until after COVID-19 screening reveals a negative result.
 - 2) Designated screening rooms will have designated equipment and designated staff.

- 3) Each day there will be designated staff members working each appointment type (either Preventive Exam appointments or SaW appointments throughout the day).
- J. Prepared food from the caterer will be limited and replaced with prepackaged snacks (i.e. granola bars, bagged snacks, and bottled beverages).
- K. Community computers and/or iPads will be removed from waiting rooms. If required, designate a clinical staff member to wipe down the computer with the appropriate disinfectant after each patient use, allowing for full drying time.
- L. Workforce Members will receive staggered breaks to ensure social distancing. Breakroom seating will also be reconfigured to ensure a distance of 6 feet.
- M. All equipment (i.e. blood pressure cuffs, stethoscopes, scales, exam tables, etc.) and high-touch surfaces (i.e. door handles, clipboards, and pens) will be sanitized between each patient with medical-grade disinfectants, allowing for the full drying time.
- N. Workforce Members will be trained on:
 - 1) different drying times for disinfectants and cleaning agents;
 - 2) how to perform the COVID-19 test and read results; and
 - 3) how to properly don and remove PPE.

1.2 Cleaning Procedures

EHE’s approach for daily and weekly cleaning is as follows:

- A. Daily:
 - 1) All equipment and high-touch surfaces will be sanitized between each patient with medical-grade disinfectants, allowing for the full drying time.
 - 2) At the end of each business day, clinical staff will be assigned to sanitize all equipment, common areas, and high-touch points.
- B. Weekly:
 - 1) Clinics will be thoroughly cleaned and disinfected by a contracted sanitation vendor.

1.3 Personal Protective Equipment (“PPE”)

EHE remains committed to creating a safe environment for our employees and patients. Through augmenting our cleaning protocols, modifying patient flow and volume as needed, and testing all staff for active COVID-19 infection, we have ensured that our operating standards are in line with leading infection control measures.

- A. What is PPE? Personal protective equipment (PPE) is equipment worn to minimize exposure to hazards that cause health and/or safety risks.
- B. What is EHE’s policy for patients regarding PPE? EHE patients will be required to wear a facemask (provided by EHE staff) upon entry into the facility.
- C. What is EHE’s policy for clinical staff regarding PPE? EHE employees are required to wear appropriate PPE to minimize their exposure risk:

- 1) Nurses and Medical Assistants, who will provide screening services for patients, must wear:
 - Masks ASTM level 1, 2, or 3
 - Exam gloves
- 2) Physicians (during certain procedures including HEENT exam) must wear:
 - Masks ASTM level 1, 2, or 3
 - Exam gloves
 - Face shield or goggles
- 3) Clinic Administrative Staff:
 - Masks ASTM level 1, 2, or 3
- 4) *EHE clinicians that are exposed to positive IgM patients will be required to change into another pair of scrubs, which will be provided by the Clinic Director, prior to interacting with subsequent patients.*

D. What is the difference between ASTM (American Society of Testing and Materials) level 1, 2, and 3 masks?

- 1) Level 1= low fluid resistance, with filtration rates of > 95%
- 2) Level 2= moderate fluid resistance, with filtration rates of > 98%
- 3) Level 3= high fluid resistance, with filtration rates of > 98%

E. Should staff be wearing N95 masks? Given the above policies and precautions for infection control, and given that EHE does not treat acute or symptomatic patients, N95 masks are not required for EHE providers. There will be a small supply of N95 masks and isolation gowns available at each clinic in case of emergency.

F. What constitutes an emergency? Emergencies are defined as patients who:

- 1) present with active COVID-19 symptoms;
- 2) test positive for COVID-19; and/or
- 3) have history of close contact with a COVID positive patient and require prompt medical care (i.e. shortness of breath, chest pain, etc.).

Prior to Patient Arrival

2.1 Pre-Screening Questionnaire (All Patients)

A. The patient will receive a pre-screening questionnaire. If the screening indicates the patient could be positive for COVID-19, the patient will be restricted from booking or having their appointment. They will subsequently be instructed to re-schedule their appointment when clinically appropriate (i.e. symptom free for 10 days).

2.2 Confirmation Call (All Patients)

- A. Two (2) business days prior to their scheduled appointment, the Administrative Manager will call the patient to confirm the appointment. During that call, the Administrative Manager will verify that the COVID-19 online assessment was negative for SaW patients. The patient will then be asked additional questions when confirming the appointment to ensure that the patient's status remains unchanged since completing the questionnaire.
- B. The questions include:
 - 1) Over the last 14 days, have you been in close contact with a person diagnosed with COVID-19? If yes, patient should not be able to schedule an exam until 14 days from last contact and patient has been monitoring for symptoms.
 - 2) Over the last 2 weeks, have you had a COVID-19 test? What test was performed? What were the results?
 - a. If PCR positive or IgM antibody positive, do not schedule for 10 days (See Appendix A).
 - b. If IgG Antibody positive and symptom free, schedule the exam and repeat the test.
 - 3) Over the last 7 days, have you been experiencing any COVID-19 symptoms such as fever, cough, or shortness of breath? See your Primary Care Provider ("PCP") as needed. Do not schedule for 10 days (See Appendix A).
- C. If the answers to these screening questions have changed and the patient is deemed "at risk," use Appendix A to provide instructions for the patient.
- D. For SaW patients, if the patient remains low risk, remind the patient to bring the "Record Locator Number" from the COVID-19 online screening to their appointment with a valid form of identification (driver's license, employee badge, etc.).

Appointments (All Patients)

3.1 Arrival (All Patients)

- A. Upon entering the clinic, patient will proceed to designated reception area where they will apply hand sanitizer and receive proper instructions on how to clean hands, receive a mask, execute the temperature consent form, and have their temperature taken.
- B. For SaW appointments, the patient will then check in with reception where confirmation of record locator and proof of identity will be confirmed. For Preventive Exam appointments, patients will check in as standard and complete patient questionnaire if needed.
- C. The clinical staff member will then immediately escort the patient to the screening room.
- D. The appropriate forms will be completed (Patient Verification Form, HIPAA, SaW packet if needed).

3.2 Appointment Process (All Patients)

- A. The clinical staff member will:
- 1) verify name and date of birth (page 1 of the SaW packet) with the patient.
 - 2) perform COVID-19 test. The correct process is:
 - a. Collect the blood sample.
 - b. Add the blood sample to the sample well.
 - c. Place 2-3 drops of reagent in the sample well with the specimen.
 - d. Set the timer to read results at the 15-minute mark.
 - 3) obtain the patient's height, weight, BMI, and blood pressure. (These values will be documented in the designated areas on page 2 of the SaW packet.)
 - 4) for negative results:
 - a. SaW appointments—call the physician into the screening room to complete their part of the SaW exam.
 - b. Regular Prevent Exam appointments—escort the patient to the locker room and continue with the standard throughput.
 - 5) for IgM positive results, see below.

Patient Discussion (IgM Positive Test Result)

4.1 Discharge Instructions

- A. If a patient receives an IgM Positive test result, the clinical staff will explain the COVID-19 test result and provide discharge instructions (see Appendix B) as outlined by the CDC. Patients should be instructed to:
- 1) Keep their facemask on while in public, maintain social distancing (6 feet apart from other individuals), and avoid public transportation and social events.
 - 2) Stay home to rest and hydrate. Most people with COVID-19 have mild illness and can recover at home without medical care. They should not leave their home, except for medical care or to obtain a confirmatory test.
 - a. The patient may need quarantine until they are fever free for at least 72 hours (3 full days of no fever without the use of medicine to reduce fevers) AND other symptoms have improved (i.e. when your cough or shortness of breath have improved) AND at least 10 days have passed since symptoms first appeared.
 - 3) Get a confirmatory test. They must notify the testing facility prior to arrival indicating that they received a positive antibody test and are looking for confirmation.
 - 4) Notify their Primary Care Provider for further evaluation and management.
 - 5) Monitor symptoms. Symptoms include (but are not limited to) fever, cough, and shortness of breath.
 - 6) *Patient should be instructed to call 911 if they are having severe difficulty breathing or have other emergency warning signs such as persistent pain or pressure in the chest, new onset confusion or inability to arouse, bluish lips or face.*

4.2 Patient Discharge Process

- A. Keeping the patient's face mask on, the RN/MA will escort the patient to the exit.
- B. For SaW patients: While escorting the patient to the exit, clinical staff should encourage them to complete the COVID-19 online assessment again once their allotted quarantine time is complete. Instill that the Safe at Work Certificate will be provided upon their SaW appointment once the EHE point of care test shows no evidence of IgM antibodies.
- C. They can schedule a SaW exam after these three things have happened:
 - 1) You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers); and
 - 2) if you developed any other symptoms, they have improved; and
 - 3) at least 7 days have passed since your positive test result.
- D. The patient will then receive a courtesy call from a nurse within 24 hours to help facilitate any patient needs and ensure the patient expresses understanding of all medical follow up necessary.

4.3 Staff Discharge Process

- A. The RN/MA will implement the following procedure:
 - 1) He/she will properly remove and dispose of all PPE and wash hands.
 - 2) The staff member will then retain a record of the patient with IgM positive result and notify the Clinic Director immediately.
- B. *Please Note: At this time positive IgM/IgG results are not required for reporting to local health department, however, this may change in the future. Clinic Directors to contact local health departments for any change in reporting policies.*
- C. The Clinic Director will notify our EHE contracted vendor to schedule a deep cleaning. Meanwhile, the clinic site will remain open and another screening room will be designated for COVID testing.
- D. Clinical staff will immediately start sanitizing/quarantining the contaminated screening room as well as any high-touch surfaces in the clinic. Once the room has been sanitized, the door will be closed and locked until our cleaning vendor is able to come in and professionally disinfect/sanitize the area.

SaW Physical Exam

5.1 Clinic Operations

- A. The physician will don a mask and wash their hands upon entering the exam room where they will review page 1 of the SaW packet. Additionally, the physician will review the patient's Markers of Mental Well Being (MMWB) assessment findings and provide the appropriate plan of care.

- B. The physician will then complete a focused head to toe exam on the patient after adding face shield/goggles to their PPE. The head to toe exam captures the patient’s general appearance as well as the status of their head, eyes, ears, nose, throat, lungs, heart, abdomen, and skin. The physician will document these findings and COVID-19 test results in the appropriate field (page 2 of the SaW packet) and review the results with the patient.
- C. Based on the exposure and risk assessment, physical exam findings, and the COVID-19 negative test result, the clinician will complete the “Assessment & Disposition” (page 2) and provide the Safe at Work Certificate.

5.2 Exam Documentation

- A. The physician will document his/her findings in portal. (All forms should be kept by the medical records team.) Once the clinician completes the assessment findings and recommendations on the SaW provider portal, the record will be saved.
- B. For SaW patients who also had a lipid panel and hemoglobin A1c drawn, the LabCorp requisition slip should be printed. Specimen tubes should always be checked prior to placing the patient label.
- C. LabCorp results should drop automatically into EPMS and a letter generated at the appointment for the clinician to enter results. The clinician will call the patient if deemed necessary to report abnormal results.

Medical Guidelines for Employee Exposure

6.1 Patient Tests COVID-19 Positive During Screening Process

- A. If an EHE employee has close contact with a patient that is identified to be positive for active infection, the employee should self-monitor with supervision from the Clinic Director for 14 days post exposure. Individuals who do not have any symptoms are not restricted from work but should check their temperature twice daily and remain alert for symptoms consistent with COVID-19. If a fever (measured temperature > 100.0 F or subjective fever) OR symptoms consistent with COVID-19 develop, they should immediately self-isolate and notify their local or state public health authority or EHE Health promptly to coordinate consultation and referral to a healthcare provider for further evaluation.

6.2 Asymptomatic Patient Turns COVID-19 Positive Post Exam

- A. The patient completed an EHE Health exam within the last 14 days. At that time, the patient was asymptomatic and passed the screening protocol. EHE Health then becomes aware that the patient received a laboratory-confirmed COVID-19 positive test. (Presume close contact for all patients on the day the confirmed patient exam and define the staff members with close contact.)
 - 1) The person notified of the patient’s laboratory-confirmed COVID-19 positive test should immediately notify the Clinic Director, who will in return notify Mike Zollenberg and/or Kathy London to coordinate an emergency leadership team call consisting of Mike Zollenberg, Dr. Pensabene, Pat Purdy, Kathy London, and an EHE Health HR representative.
 - 2) The Clinic Director should immediately pull the roster of all patients seen on that day. Dr. Pensabene will contact local Department of Health about the potential exposure to the

infection as well as notifying (via telephone and email) all patients of potential exposure. Anyone with questions/concerns will be directed to the EHE COVID-19 Hotline.

- 3) The Clinic Director should also immediately pull the roster of all employees who worked that day. Additionally, he/she will specify which employee(s) had close contact with the patient. The Clinic Director will coordinate with the HR lead to notify (via telephone) all employees logged as present in the clinic since the day of the potential exposure. These employees will be directed to follow EHE Health established protocols for potential exposure.

6.3 Asymptomatic Employee Turns COVID-19 Positive

- A. An employee notified of a laboratory-confirmed COVID-19 positive test should immediately self-isolate and notify their local or state public health authority or EHE Health promptly to coordinate consultation and referral to a healthcare provider for further evaluation.
 - 1) The employee will immediately notify their manager, who will then notify both Human Resources (“HR”) and Dr. Pensabene. HR and/or Dr. Pensabene will work with Mike Zollenberg and/or Kathy London to coordinate an emergency leadership team call (consisting of Mike Zollenberg, Dr. Pensabene, Pat Purdy, Kathy London, and an EHE Health HR representative) to discuss the issue and decide if any additional internal/external communication is required. Dr. Pensabene will also contact local Department of Health notifying them of the infection and potential exposures.
 - 2) The Clinic Director should immediately pull the patient roster of those affected by the exposure for the previous 14 days. He/she will coordinate with Dr. Pensabene to notify (via telephone and email) all patients seen in the clinic during the timeframe of potential exposure, as well as any guests who visited the clinic. Anyone with questions/concerns will be directed to the EHE Health COVID-19 Hotline.
 - 3) The Clinic Director should immediately pull the employee roster of those affected by the exposure for the previous 14 days. The Clinic Director and HR (in the case of non-clinical site) will notify via telephone all employees logged as present in the clinic during the previous 14 days of the potential exposure. These employees will be directed to follow EHE Health established protocols for a potential exposure. Clinical/administrative leadership team will determine if there are un-exposed clinic staff eligible to work in the impacted clinic.

COVID-19 Retesting Guidelines for Employee or Patient Exposure

7.1 Asymptomatic Patient Reports Close Contact with a Laboratory-Confirmed COVID-19 Patient During Pre-Screening Process

- A. During pre-visit screening or at the visit, a patient or employee without symptoms reports a proven direct contact with a laboratory-confirmed COVID-19 patient. In that case they will be advised to self-quarantine for 14 days and not to come to their screening visit/PE or worksite. They will be counselled to get a PCR test within 5-7 days of close contact. If negative, they may re-start screening process, if positive, they complete the 14-day isolation period (from exposure) then restart process. Readmission to worksite with negative IgM only.

7.2 Patient Reports COVID-19 Related Symptoms During Pre-Screening Process

- A. During pre-visit screening or at the visit a patient or employee reports COVID-related symptoms. In that case they will be advised to self-isolate for 10 days and not to come to screening visit/PE or worksite. They will be counselled to get a PCR test as soon as they are able. If negative, they may re-start screening process when feeling better and fever free. If positive, they complete the 10-day isolation period from symptom onset (and fever free for 72 hours) then restart screening process. Readmission to worksite with negative IgM only.

7.3 Patient Tests COVID-19 Positive During Screening Process

- A. During the visit employee or patient tests positive for the IgM Antibody. They will be told not to go to work and counselled self-isolate for 7 days and to get a PCR Test as soon as they are able. Regardless of PCR result, they must complete the 7-day isolation period before restarting the screening process. Readmission to worksite with negative IgM only.

7.4 Asymptomatic Patient Turns COVID-19 Positive Post Exam

- A. After being cleared for admission to worksite, if patient or employee reports subsequent proven direct contact, COVID-19 symptoms, or positive test, see (1), (2) or (3) as above.

Appendix

Appendix A: Interpretation of Screening Questions

Symptoms?	<ul style="list-style-type: none">• Self-Isolate:• Follow specific CDC guidelines: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html• You can leave home and schedule a SaW exam after these three things have happened:<ul style="list-style-type: none">○ You have had no fever for at least 72 hours (that is 3 full days of no fever without the use medicine that reduces fevers)○ AND other symptoms have improved (for example, when your cough or shortness of breath have improved)○ AND at least 10 days have passed since your symptoms first appeared
Exposure?	<ul style="list-style-type: none">• Self-quarantine for 14 days• Check your temperature twice a day and watch for symptoms.• Stay home for 14 days and self-monitor.• If possible, stay away from people who are high-risk for getting very sick from COVID-19• You may schedule a SaW exam after 14 days
Positive COVID Test?	<ul style="list-style-type: none">• Self-Isolate:• Follow specific CDC guidelines: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html• You can leave home and schedule a SaW exam after these three things have happened:<ul style="list-style-type: none">○ You have had no fever for at least 72 hours (that is 3 full days of no fever without the use medicine that reduces fevers)○ AND other symptoms have improved (for example, when your cough or shortness of breath have improved)○ AND at least 7 days have passed since your symptoms first appeared

Appendix B: COVID-19 Patient Discharge Instructions



Discharge Paperwork: I've tested IgM positive, now what?

What does a positive IgM result mean?

The COVID 19 test you received at EHE Health today tested your body's antibodies to the COVID 19 virus. This blood test checks for antibodies called immunoglobulin M and immunoglobulin G (IgM and IgG) which are produced as part of the immune response to the COVID 19 virus. IgG can be produced as the result of past or recent exposure to COVID-19, and immunoglobulin M (IgM) can be present due to an acute infection of COVID 19. The antibody test is a screening test, and if your test showed you are IgM positive; it means you need a diagnostic test to confirm your results.

What are the next steps?

The next steps involve your safety and the safety of others. Get home safely. Keep your facemask on, maintain social distancing guidelines and avoid public transportation, ride sharing or taxi's.

- o **Obtain a confirmatory test:** Testing options include contacting your primary care or urgent care provider to write a prescription or perform the test as available. You may also call your closest COVID 19 public testing facility. Another option is to contact Vault Health (<https://www.vaulthealth.com/>), which has a confirmatory testing option that you can do from your home. If you decide on a testing site, be sure to call before you go, as proper measures may be taken to decrease the chance of spreading the virus.
- o **Stay home.** Most people with COVID-19 have mild illness and can recover at home without medical care. Do not leave your home, except to get medical care or obtain the confirmatory test. Do not visit public areas.
- o **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, as needed, to help you feel better.
- o **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- o **Separate yourself from other people:** As much as possible, stay in a specific room and away from other people and pets in your home. If possible, you should use a separate bathroom. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.
- o **Monitor your symptoms:** Symptoms of COVID-19 include fever, cough, and shortness of breath but other symptoms may be present as well. Trouble breathing is a more serious symptom that means you should get medical attention.
- o **Follow care instructions from your healthcare provider and local health department.** Your local health authorities may give instructions on checking your symptoms and reporting information.

When do I seek medical attention?

If you have any of these emergency warning signs* for COVID-19 get medical attention immediately:

- o Trouble breathing
- o Persistent pain or pressure in the chest
- o New confusion or inability to arouse
- o Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 if you have a medical emergency: Notify the operator that you have, or think you might have, COVID-19. If possible, put on a cloth face covering before medical help arrives.

When can I schedule my next EHE Safe at Work exam?

You can leave home and schedule a SAW exam after these two things have happened:

1. You have self-isolated for 7 days and you have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers)
2. AND if you developed any other symptoms, they have improved