

Protections and Protocols for: NURSES – SKILLED AND SUPERVISORY(RN), SKILLED FIELD STAFF (HHA), and QP/QDDS

RNs, HHAs, and QP/QDDS employees continue to provide essential caregiving services to their clients face-to-face in their clients' homes. These services are not able to be conducted remotely. Services are provided while optimizing PPE and other standard precautions as outlined below to ensure the health and safety of the clients and the employees who provide their services.

If a client refuses a visit the RN will check in with the client via phone or other HIPAA compliant telecommunications to complete a wellness check. QP/QDDS visits are currently being conducted face-to-face, but can be completed via telehealth if needed. These arrangements could change at any time depending on state/federal guidance in compliance with on-going pandemic precautions.

HANDLING SICK EMPLOYEES and CLIENTS

The following policies and procedures are being implemented to assess employees' health status prior to entering the client's home and for employees to report when they are sick and/or experiencing symptoms.

Employee Health Screening/Self Monitoring/Reporting Policy

Before coming to work and/or entering a client's home, employees are required to take their temperature at home, self assess their symptoms, and report concerns to Alliance. Employees should contact the Directors of Nursing at 651-895-8030 to make a report. Employees must stay home and report any of the following symptoms that may apply:

- Temp of 100.3 or greater (with or without accompanying symptoms)
- Chills
- Cough
- Shortness of breath
- Sore throat
- Muscle aches
- Headache
- Loss of smell and/or taste
- Fatigue
- Nausea/Vomiting
- Diarrhea

If an employee is symptomatic or has had exposure, and/or has contacted the Directors of Nursing to make a report, Alliance can recommend COVID-19 testing according to updated CDC guidelines, but it is not required. Alliance does not reimburse for COVID-19 testing.

Employees who have self monitored from home and are symptom free should follow PPE guidelines as appropriate before entering their client's home, and wash their hands immediately upon arrival before beginning their visit.

If an employee becomes sick at work, they must leave the client's home immediately. The sick employee must report their symptoms/illness, as required above, and follow MDH quarantine guidelines (listed below).

- Each client has a contingency/back-up plan in place in the event that staff is not able to attend their scheduled visit.

Client Health Screening

RNs will screen each client before starting their scheduled visit using pre-approved screening questions to determine symptoms or illness that may be related to COVID-19.

- If a client answers "yes" to any of the screening questions the nurse is expected to reschedule the visit. If rescheduling is not possible due to an essential visit, the nurse is expected to wear full PPE equipment (N95 mask, face shield, gown, gloves), which has been provided by Alliance.
- The nurse will provide training to the client regarding proper handwashing and source control techniques.

HHAs who believe their client is sick or showing symptoms should reschedule their visit through the staffing coordinator and notify Alliance immediately.

QP/QDDS employees who believe their client is sick or showing symptoms should also reschedule their visit and notify Alliance immediately.

Returning to Work after Infection or Exposure

Employees must stay home when they are sick or when required by a health care provider to isolate or quarantine themselves. The employee will be permitted to return to work following the conditions that have been set forth per the updated CDC return to work guidelines:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Returning after Infection:

Employees with **mild to moderate illness** who are **not moderately to severely immunocompromised** could return to work after the following criteria have been met:

- At least 7 days have passed *since symptoms first appeared* if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), **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.

Employees who were asymptomatic throughout their infection and are *not moderately to severely immunocompromised* could return to work after the following criteria have been met:

- At least 7 days have passed since the date of their first positive viral test if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).

Employees with *severe to critical illness* who are *not moderately to severely immunocompromised* could return to work after the following criteria have been met:

- At least 10 days and up to 20 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.
- The test-based strategy as described below for moderately to severely immunocompromised HCP can be used to inform the duration of work restriction.

Returning after Exposure:

For the purposes of this guidance, higher-risk exposures are classified as HCP (hereafter referred to as employee) who had prolonged close contact with a patient, visitor, or employee with confirmed SARS-CoV-2 infection and:

- Employee was not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask)⁴
 - Employee was not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask
 - Employee was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while present in the room for an aerosol-generating procedure
- Following a higher-risk exposure, Employee should:

- Have a series of three viral tests for SARS-CoV-2 infection.
 - Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.

- Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of NAAT is recommended. This is because some people may remain NAAT positive but not be infectious during this period.
- Follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.
- Any Employee who develops fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Work restriction is not necessary for most asymptomatic Employees following a higher-risk exposure, regardless of vaccination status. Examples of when work restriction may be considered include:

- Employee is unable to be tested or wear source control as recommended for the 10 days following their exposure;
- Employee is moderately to severely immunocompromised;
- Employee cares for or works on a unit with patients who are moderately to severely immunocompromised;
- Employee works on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions;

If work restriction is recommended, Employee could return to work after either of the following time periods:

- Employee can return to work after day 7 following the exposure (day 0) if they do not develop symptoms and all viral testing as described for asymptomatic Employee following a higher-risk exposure is negative.
- If viral testing is not performed, Employee can return to work after day 10 following the exposure (day 0) if they do not develop symptoms.

In addition to above:

- Employee should follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitoring themselves for fever

or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.

- Any Employee who develops fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (Directors of Nursing) to arrange for further instructions.

Employees with travel or community exposures should consult their occupational health program (Directors of Nursing) for guidance on need for work restrictions. In general, Employees who have had prolonged close contact with someone with SARS-CoV-2 in the community (e.g., household contacts) should be managed as described for higher-risk occupational exposures above.

Vaccinations:

The Biden-Harris Administration announced on May 1, 2023, that the Centers for Medicare and Medicaid Services (CMS) would soon be eliminating COVID-19 vaccination requirements for healthcare providers. On May 31, 2023, CMS issued the awaited Final Rule.

The Final Rule contains two key changes:

- Removes testing requirements issued in the September 2, 2020, Interim Final Rule (IFR); and
- Removes vaccination requirements for healthcare staff as defined in the IFR.

The Final Rule includes ongoing education initiatives, including requiring certain covered providers to provide education around COVID-19 vaccination and offer COVID-19 vaccinations.

This means, effective immediately, home care agencies no longer need to comply with any provisions in the CMS vaccination requirement. This includes tracking staff vaccination records, ensuring staff that are not vaccinated meet an exemption, and ensuring exempt staff have an additional protection measure that vaccinated staff do not have to comply with.

With this ending, CMS made it clear that they intend to encourage ongoing COVID-19 vaccination through its quality reporting and value-based incentive programs in the near future.

Leave Policy

Leave policies promote employees staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household.

- Per FMLA, Alliance will provide up to twelve (12) weeks unpaid leave to eligible employees for a variety of reasons related to family and medical care in accordance with state and federal law requirements. Eligible employees are those who have worked for

the company at least twelve (12) months and worked 1,250 hours during the twelve (12) months immediately preceding the start of the leave.

- Should an employee not qualify for FMLA, the Benefits Coordinator will work with them regarding a reasonable accommodation and/or leave when needed to ensure that the employee is able to stay home without worry when ill.
- RNs, HHA admin, and QP/QDDS employees working 35+ hours a week are eligible to accrue both PTO and Vacation time and are encouraged to use this time, when needed.
- Employees who have exhausted or are not eligible for PTO or VAC will be permitted to take time off, unpaid, when needed.
- Employees have been encouraged to reach out to Alliance with any concerns or accommodation requests to ensure they feel safe and comfortable while working.

Exposure Notification

Alliance has implemented a policy for informing employees if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the required amount of time.

- Exposed employees will be notified immediately via phone/email by their supervisor if they have been exposed to a person with COVID-19 at work.
- The identity of the individual with positive COVID-19 will not be released.
- Exposed employees will be sent home and will be required to quarantine as outlined above in the “Return to Work After Infection or Exposure” section.

Privacy of Worker Health Status

An employees’ health status and health information is considered private and will be protected by Alliance.

- All employee health information is protected, kept confidential, and not released. Only the Director of Nursing who received the report will be privy to the name of the employee with COVID-19 or COVID-19 symptoms.
- Any information regarding an employee’s health information will be stored outside of the employee’s personnel file in a locked and secured area.

VISITORS and CLIENTS

Visitors at the Office

Alliance’s corporate office is open to its customers, clients, and visitors. However, there are only a small handful of employees who continue to work in the building on a daily basis with all other employees working from home remotely. For this reason, it is still recommended to customers, clients, and visitors that all communication with/by our office employees occur through phone, email, or video. Please refer to “Protections and Protocols for Administrative Employees” to review requirements for visitors and clients that may enter the building.

Client’s Homes

While we cannot control who the client permits to enter their home, RNs, HHAs, and QP/QDDS employees are advised to discourage the client from entertaining any visitors during their work shift. If the RN, HHA, or QP/QDDS are uncomfortable or feel that their health or safety is in jeopardy when in the client's home, the RN, HHA, or QP/QDDS may leave the shift and notify Alliance of the situation.

ENVIRONMENTAL CONTROLS

RNs, HHAs, and QP/QDDS employees will follow environmental controls and maintain distance from their client or others in the client's home as appropriate, except when providing personal cares. (See PPE section below.) Employees should follow any other client-specific infection control guidelines as directed by the client's careplan and the supervising Registered Nurse. RNs, HHAs, QP/QDDS employees still work remotely, but can come into the office as needed as long as they follow workplace policies and procedures. Employees should work in their own personal workspace and sanitize their own workstations. It is recommended for employees to maintain distance as appropriate from other employees.

HYGIENE, PPE, AND SOURCE CONTROL

Basic infection prevention measures and universal precautions are being implemented at our workplaces at all times. Alliance does not have direct control over clients' homes or the individuals living in those homes, however employees are expected to practice good hygiene, and wear appropriate PPE as required during their shifts when working with their clients.

If the client is sick or showing symptoms, RNs, HHAs, and QP/QDDS employees should follow directives in the "Client Health Screening" section above and notify Alliance immediately. Employees who are concerned about their own health and safety while in their client's home should contact Alliance and/or their supervising RN immediately to discuss the situation.

Hygiene

All employees are instructed and required to wash or sanitize their hands immediately upon entering the client's home and before they leave, and/or if visibly soiled. Employees are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout their day/shift, but especially at the beginning and end of their shift, prior to and after any mealtimes, and after using the restroom.

- Alliance provides hygiene/handwashing supplies, as well as PPE via our medical supply distributors or other vendors as items are available.
- The Directors of Nursing are responsible for keeping up to date with current supply levels and making sure all field employees are supplied with adequate PPE and sanitization products.
- Employees and clients have been reminded to avoid touching eyes, nose, and mouth with unwashed hands.

- RNs, HHA's, and QP/QDDS employees should be encouraging their clients to practice the same hygiene methods for themselves and to reiterate the importance of these practices on a regular basis to ensure health and safety for all.

Personal Protective Equipment (PPE)/Source Control

- Fully vaccinated employees and visitors are not required to wear source control while in Alliance's corporate building. Employees and visitors who are not fully vaccinated should use their discretion as to wearing source control while in the building.
- Alliance follows the most up-to-date PPE grid provided by MDH/CDC listed below for our skilled employees:
[COVID-19 Source Control \(Masking\), PPE, and Testing Grid \(state.mn.us\)](https://state.mn.us)

An employee cannot require that clients wear source control in their own homes.

- For HHA visits, if a client is sick or showing symptoms, the HHA should reschedule the visit through the staffing coordinator and notify their supervisor.
- For QP/QDDS visits, if a client is sick or showing symptoms, the QP/QDDS should reschedule the visit and notify their supervisor.
- 1) For RN visits, if a client is COVID-19 positive, or symptomatic with a pending test, and the visit cannot be rescheduled, the RN should wear full PPE to include:
 - a. N-95 respirator
 - b. gown
 - c. gloves
 - d. eye protection/face shield

*Please make sure you are taking off and discarding PPE in the client's home before leaving and per protocol.

2) For RN visits, for all other clients, the RN may choose to wear source control when transmission levels are low.

Additional Preventions

- Employees are instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing (even when wearing a mask), and to avoid touching their face, particularly their mouth, nose, and eyes, with their hands.
- Employees are expected to dispose of tissues in proper trash receptacles and wash or sanitize their hands immediately afterward.
- Training on respiratory etiquette has been communicated via email memos to staff.

- Employees are expected to keep their food individualized and not share any food or drinks with other employees, clients, or other members of the client's household.

WORK PLACE VENTILATION

Alliance does not have control over a client's home or ventilation system. Employees can choose to wear source control for clients who are negative for COVID-19, have not been exposed to COVID-19, and are asymptomatic. As a prevention action, employees can maintain distance as appropriate. When possible and appropriate, employees may encourage clients to open their windows, or complete a portion of their visit outdoors (ie. in the backyard, or going for a walk) to increase exposure to fresh air.

ACCESS AND ASSIGNMENT

New client intakes are communicated by the intake coordinator to the nursing and QP/QDDS staff via email.

RNs

- All nursing assignments are managed independently by each nursing staff and client rosters/schedules are posted on a shared drive.

HHAs

- HHA staff have their schedules managed by the staffing coordinator and is communicated via email.

QP/QDDS

- QP/QDDS staff manage their own schedules per arrangement with each client.

Employees and staffing coordinators can coordinate cancelled or rearranged visits if necessary due to symptomatic or positive COVID-19 clients.

CLEANING, SANITIZING, AND DISINFECTING

Again, Alliance does not have control over a client's home environment, however memos have been sent out to clients and/or their responsible parties in the past with information regarding the importance of keeping a clean and sanitized environment for the safety of themselves and their staff.

- Employees are expected to assist with this protocol when working with their clients (ie. disinfecting kitchen areas before and after meal prep, and cleaning/sanitizing all areas that they touched during their shift before leaving, etc).

Skilled employees are required to sanitize their own workspaces and supplies.

- Appropriate and effective cleaning and disinfecting supplies have been purchased and are available for use in accordance with product labels, safety data sheets and manufacturer specifications, and are being used with required personal protective

equipment for the product as applicable. These products that meet EPA's criteria for use against SARS-COV-2 are used to disinfect nursing equipment after each client use.

RNs, HHAs, and QP/QDDS employees should contact Alliance if they have questions or concerns regarding the safety of their work environment.

MAIL, PPE DISTRIBUTION, and TIMECARDS

Mail and Package Service

Please refer to our "Protections and Protocols for Administrative Employees" for information regarding mail and package service.

Distribution of PPE

Alliance provides PPE supplies to RN, HHA, and QP/QDDS employees for pick up or mailing from our office building.

Timecards

Alliance no longer accepts timecards via drop off at the office. Employees should submit timecards in one of the following ways:

FAX: 651-895-8070

EMAIL: RN: jillc@alliancehealthcare.com or biancag@alliancehealthcare.com

HHA: payroll@alliancehealthcare.com

MAIL: 2260 Cliff Road
Eagan, MN 55122
Attn: Payroll Department

Employment Applications

Alliance now accepts employment applications via drop off at the office. Employees should submit employment applications in one of the following ways:

FAX: 651-895-8070

EMAIL: HR@alliancehealthcare.com

IN PERSON/MAIL:
2260 Cliff Road
Eagan, MN 55122
Attn: HR Department