



Covid-19 Plan

Included Workplaces: Patient Home, Facility, and Office

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Explanation of Workplaces

Patient Home

A patient home is a workplace setting where employees provide healthcare services or healthcare support services.

Facility

A facility is a workplace setting where employees provide healthcare services or healthcare support services.

Office

The office at 160 Wells Avenue is a workplace setting where healthcare support services are not performed in a healthcare setting. Licensed healthcare providers may enter a non-healthcare setting to provide healthcare services, and proper covid safety measures apply only to the provision of the healthcare services by that employee while in the office building.

Explanation

As a hospice and palliative care provider, we have determined that the homes and facilities where we provide care for patients are considered healthcare settings and are subject to the OSHA's Covid-19 Healthcare Emergency Temporary Standard. We have concluded that the OSHA's Updated Guidance for Employers in All Other Settings applies to Good Shepherd's office for the following reasons:

- Good Shepherd provides its healthcare services to individuals in their homes, nursing facilities and hospitals. The office provides space for administrative and management support to its employees and maintenance of the organization, not as a place for the delivery of Good Shepherd's healthcare services. Direct patient care does not take place in our office. Patients **do not** come into our office for healthcare services provided by doctors, nurses, emergency medical personnel, or oral health professionals. Patients do not come to the office for the purpose of intake into our healthcare programs. Good Shepherd clinicians perform the intake/admission process in the patient's home, the nursing facility or the hospital. While there is an intake office that coordinates and communicates with patients, families, and other healthcare professionals over the telephone, fax and computer, those activities are also undertaken by staff members from their own home when working remotely so we do not believe it reasonable to consider those activities to be considered the equivalent, in terms of viral transmission, to meeting with patients in person to facilitate an intake process.
- Good Shepherd plays no role in its patients' healthcare laundry. We may launder the gowns used by our staff if they would rather not launder their gowns themselves in their

home. Because our office is off-site (not where we provide healthcare services) we do not believe that the act of laundering those gowns constitutes Healthcare support services as defined by OSHA.

- While staff sometimes return sharps containers from patients homes to the office for pick up by our Medical Waste contractor, it is the Medical Waste contractor that provides the medical waste handling service for us at their own facilities.
- Some employee health activities such as TB testing, fit testing, or the administration of flu shots may take place in Good Shepherd's office, but those services are not related to patient care and are performed with appropriate PPE.
- Additionally, Good Shepherd screens both employees and any non-employee visitors to its office before they enter the office and people with suspected or confirmed COVID 19 are not permitted to enter.

Hazard Assessment

Patient Home

Using the [Worker Exposure Risk to Covid-19](#) document provided by OSHA, we have determined that this workplace setting may pose a Medium Exposure Risk, High Exposure Risk, or Very High Exposure Risk to employees, depending on the covid status of the patients being cared for and the procedures required while providing care.

Most of the time the home setting would present a Medium Exposure Risk as workers in this setting experience frequent/close contact with people who may be infected, but who are not known or suspected patients.

At some times the home setting may present a High Exposure Risk as workers in this setting may be exposed to known or suspected Covid-19 patients.

In rare situations, the home may present a Very High Exposure Risk as workers in this setting may be performing aerosol-generating procedures on known or suspected Covid-19 patients or collecting or handling specimens from known or suspected Covid-19 patients.

Facility

Using the [Worker Exposure Risk to Covid-19](#) document provided by OSHA, we have determined that this workplace setting may pose a Medium Exposure Risk, High Exposure Risk, or Very High Exposure Risk to employees, depending on the covid status of the patients being cared for and the procedures required while providing care.

Most of the time the facility setting would present a Medium Exposure Risk as workers in this setting experience frequent/close contact with people who may be infected, but who are not known or suspected patients.

At some times the facility setting may present a High Exposure Risk as workers in this setting may be exposed to known or suspected Covid-19 patients.

In rare situations, the facility setting may present a Very High Exposure Risk as workers in this setting may be performing aerosol-generating procedures on known or suspected Covid-19 patients or collecting or handling specimens from known or suspected Covid-19 patients.

Office

Using the [Worker Exposure Risk to Covid-19](#) document provided by OSHA, we have determined that this workplace setting would pose a Low Exposure Risk as workers based in this location have jobs that do not require [close contact](#) (within 6 feet for a total of 15 minutes or more over a 24-hour period) with other people. Staff that work in the office are within the following category:

- Office workers who do not have frequent close contact with coworkers, customers, or the public.

Safety Coordinator

The Safety Coordinator for all workplace settings (patient home, facility, and office) is VP of Nursing Operations, Sarah Creed, RN, BSN with support from COO, Meg Lutze and VP of Administration, Meredith Tansey. They are knowledgeable in infection control principles and practices as they apply to the workplace and employee job operations.

Patient Screening and Management

Patient Home

At admission, patients are educated about the importance of reporting any COVID-19 symptoms or exposures to their care team. If a patient/representative reports to Good Shepherd, the VP of Nursing Operations will be notified. After discussion with the team, the VP of Nursing Operations makes a determination on whether or not a hospice patient should be put on COVID precautions, should not be seen by at-risk staff, or if no precautions are needed. The determination for pedi pal patients is made by the Pedi Pal Manager. The determination for palliative care patients is made by the CEO or designee.

Once a determination has been made, the information for hospice patients is documented centrally in the Good Shepherd referrals and census spreadsheet and color coded so that all staff are aware of the necessary precautions. Home Care Aide Services is also made aware so that if the patient has an aide who is at risk this is identified and the aide is replaced. In addition, the aides are given instructions about the proper PPE to wear. The Nursing Care Coordinator does this education. For pediatric patients, the information is documented in the electronic medical record. For palliative care patients, the information is logged in a census maintained by a Palliative Care Nurse Practitioner.

Facility

Patients residing in facilities are screened as required by the facility policy. If a patient has covid symptoms, the care team member or designee reports to the VP of Nursing Operations or CEO. After discussion with the team, the VP of Nursing Operations or CEO makes a determination on whether or not the patient should be put on COVID precautions, should not be seen by at-risk staff, or if no precautions are needed.

Once a determination has been made, the information for hospice patients is documented centrally in the Good Shepherd referrals and census spreadsheet and color coded so that all staff are aware of the necessary precautions. Home Care Aide Services is also made aware so that if the patient has an aide who is at risk this is identified and the aide is replaced. In addition, the aides are given instructions about the proper PPE to wear. The Nursing Care Coordinator does this education. For palliative care patients, the information is logged in a census maintained by a Palliative Care Nurse Practitioner.*

*Note - for hospital-based patients, the hospital makes the determination of who is put on covid precautions and this is flagged at point of care.

Office

There are no patients or patient care provided in this workplace setting. Patient screening requirements do not apply.

Standard and Transmission-Based Precautions

Patient Home

[Patient Care Policies - General](#): PC I.60 Infection Control - Transmission Based Precautions

Facility

[Patient Care Policies - General](#): PC I.60 Infection Control - Transmission Based Precautions

Office

There are no patients or patient care provided in this workplace setting.

Personal Protective Equipment (PPE)

For all workplace settings, required PPE is provided to all staff at no cost. Good Shepherd Community Care provides respirators and other PPE to employees in accordance with CDC Guidelines for Isolation Precaution.

Patient Home

The following PPE requirements are in place for this workplace setting for positive, presumed, or suspected Covid-19 patients and all other patients:

- [Current PPE Requirements](#)

Facility

The following PPE requirements are in place for this workplace setting for positive, presumed, or suspected Covid-19 patients and all other patients:

- [Current PPE Requirements](#)

Office

There are no patients or patient care provided in this workplace setting. Staff members and visitors should comply with the most updated masking recommendations:

- [Current PPE Requirements](#)

Training, Use, and Maintenance Standards for Respirators

1. Good Shepherd selects respirators from a sufficient number of respirator models and sizes so that the respirator is acceptable and correctly fits its user.
2. Good Shepherd believes that there are two hazards that require N95 use for Good Shepherd employees
 - a. TB
 - b. COVID-19
3. Good Shepherd provides a medical evaluation of employees required to use a respirator through Resp-Clearance.
 - a. If the employee does not pass the medical evaluation they may be seen by our occupational health provider or by their physician.

- b. Good Shepherd employees have the opportunity to discuss the questionnaire and examination results with the licensed healthcare professional responsible for reviewing it.
4. Fit testing is required for those employees required to wear an N95 respirator to do their work. Fit testing is required annually per the OSHA standard and when employee has a change in status as per the OSHA standard (weight change, scarring, dental changes, etc).
 - a. Fit testing includes education about the Respiratory Protection Standard.
 - b. Improper fit can compromise the protective effect of the respirator. Ensuring that a proper seal is established provides the most protection.
 - c. The employee must use the respirator in the way that they are taught during fit testing. Any improper usage may result in compromise of the protective effect of the respirator.
 - d. N95 Respirators purchased by Good Shepherd Community Care are recommended for single use. However, during emergency situations and times of scarcity such as during a global pandemic, employees may be required to reuse N95 respirators. In such situations guidance will be provided to the clinicians based on up to date recommendations and clinicians are expected to heed this advice and maintain respirators appropriately.
 - e. Limitations and capabilities: N95 respirators have the ability to filter particles 1 micrometer with a filter efficiency of >95%. If the facepiece becomes wet it is no longer effective and must be replaced. N95 respirators are not intended for protection from organic vapors, toxic gasses or toxic particulates. The protection offered by the N95 respirator is limited to protection of the respiratory tract, when it is worn as directed during the fit testing procedure. It does not protect other mucous membranes such as the eyes from particulate matter.
 - f. The respirator must be donned using the method taught during the fit testing procedure. The employee should start by cleaning their hands. The mask should be held against the face using one hand while the other hand adjusts the elastic bands around the head. The nose piece should be secured and tightened. The employee should check around the sides and tops of the mask to make sure that when they blow out no air escapes. To doff the respirator the employee should remove the straps from around the head trying their best not to touch the respirator. The respirator should be put in the trash. The employee should immediately clean their hands after doffing the respirator. The respirator should always cover both the nose and the mouth.
 - g. In an emergency situation in which the respirator cannot be worn the employee should remove themselves from the hazard immediately and notify his/her supervisor.
 - h. If the employee starts to feel unwell while wearing a respirator the employee should remove themselves from the hazardous situation and remove the respirator. Symptoms that may be of concern include, but are not limited to, shortness of breath, difficulty breathing, lightheadedness, chest pain or discomfort, or feelings of claustrophobia or anxiety while wearing the respirator. If these symptoms

occur the employee should remove themselves from the hazardous situation and remove the respirator. The employee should immediately inform their supervisor or an HR professional.

5. The general requirements of this respiratory protection plan include procedures for:
 - a. Selecting respirators for use in the workplace
 - b. Completing medical evaluations of employees required to use respirators
 - c. Fit testing of tight-fitting respirators
 - d. Cleaning, disinfecting, storing, inspecting, discarding or otherwise maintaining respirators
 - e. Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations
 - f. Training of employees in proper use of respirators, including donning and doffing and any limitation on use; and
 - g. Regularly evaluating the effectiveness of the program including consulting the employees who use the respirators to assess the employees' views on program effectiveness and to identify any problems.

For all employees required to complete respirator training, each is provided with a post didactic survey question that asks them to: "Please share your view on the Good Shepherd Community Care Respiratory Protection Program's effectiveness and identify any problems that you have encountered with the program."

Health Screening and Medical Management

Employee Health Screening

All employees have been instructed to report any potential COVID-19 symptoms or exposures to their supervisors before reporting to work. If an employee reports symptoms or exposure the employee or the employee's supervisor must report this immediately to the COO and Medical Director. The Medical Director and COO review the situation and make a determination on whether or not the employee may work that day. The Medical Director may determine that the employee needs a COVID test. (Please see *Employee Testing* protocols below).

If an employee is found to have Covid-19 he/she is required to quarantine until symptoms start to resolve or for 10 days, whichever is longer. In order to return to work the Medical Director must clear them for work based on CDC/DPH guidelines.

Employee Testing

When the Medical Director determines that an employee's symptoms or exposure warrant a Covid-19 test Good Shepherd can help arrange for the employee to receive a Covid-19 test free of charge to the employee. Testing may be performed at the Good Shepherd office, at the clinic that Good Shepherd has contracted with or at a "Stop the Spread" site. Results are

communicated to the employee as soon as they are received. If the employee is tested outside of the Good Shepherd office it is his/her responsibility to inform Good Shepherd of the results upon receipt.

Exposure Notification

Exposure notifications apply to patient home and facility workplace settings. When an employee, patient, or patient family member tests positive for Covid-19, contact tracing is performed. Any other employees/patients/family members who are determined to have been exposed are notified of the exposure within 24 hours and given guidance around quarantine procedures. Unvaccinated employees who are exposed to Covid-19 are not permitted to work until released from quarantine by the Medical Director based on current DPH guidelines. Notification is provided as outlined in the [OSHA Employer Notification Tool](#).

Vaccination

Employee Vaccination Tracking

Employee vaccination tracking applies to all workplace settings (patient home, facility, and office). When an employee receives the Covid-19 vaccination, proof of the vaccination must be sent to the Human Resources designee or a declination form must be completed. Any employees who self report vaccination status and do not provide a record of the vaccination are considered unvaccinated. All employees are offered the Covid-19 vaccination. If an employee declines the vaccination, they must sign a form acknowledging that they have been provided with information about the risks and benefits of the vaccine.

Anti-Retaliation and Free From Cost

Anti-retaliation requirements apply to all workplace settings (patient home, facility, and office). Good Shepherd Community Care will not retaliate against employees for exercising rights under the ETS or for taking any action required by the ETS. All ETS requirements have been implemented at no cost to employees.

Recordkeeping and Reporting

Recordkeeping and reporting requirements apply to all workplace settings (patient home, facility, and office). Effective 7/1/21, in addition to existing infection reporting outlined below, Good Shepherd Community Care maintains two Covid-19 logs, one that is confidential, and one that is available to all staff upon request.

Covid-19 Log

Good Shepherd Community Care includes each confirmed case of Covid-19 within the log, even if the employee was asymptomatic and even if the case was not caused by an exposure in the workplace. In line with OSHA recommendations, the Covid-19 log does not record incidences of employees who work exclusively from home and could not expose others in the workplace. All reported cases are recorded on the Covid-19 log within 24 hours of learning that the employee has a confirmed positive test for Covid-19 or has been diagnosed with Covid-19 by a licensed healthcare provider.

Good Shepherd Community Care makes the Covid-19 log available to employees, employee representatives, and OSHA representatives, upon request, by the end of the next business day after a request. Good Shepherd Community Care provides:

- A copy of the individual Covid-19 log entry to an employee listed on the log or to a anyone that the employee gives written consent to;
- A version of the Covid-19 log that removes the confidential information to any employees, their personal representatives, and their authorized representatives;
- All information entered on the Covid-19 log to an OSHA representative.

Patient Infections

For hospice patients - Patient infections are reported for Covid-19 only after the virus has been confirmed by testing. An infection report is completed in the EMR. An infection report summary is compiled by the DON or designee quarterly and presented to the QAPI committee for review. In addition to this, all patients with suspected or confirmed Covid-19 are placed on the COVID census spreadsheet for tracking. Good Shepherd Community Care reports patient infections to the Department of Public Health in accordance with the requirements set forth by the Commonwealth of Massachusetts.

Employee Infections

All staff are required to report if they have tested positive for Covid-19, or if they are experiencing any symptoms. If an employee is confirmed to have Covid-19 the employee's supervisor will fill out an infection report. This report is given to the DON or designee who then compiles a summary of infection reports quarterly and presents it to the QAPI Committee for review, along with hospice patient infections. Employee Covid-19 infections are reported to OSHA as required. The institution which processes the Good Shepherd Employee test results is responsible for reporting infections to the Department of Public Health in accordance with the requirements set forth by the Commonwealth of Massachusetts.

OSHA Reporting

Good Shepherd Community Care reports each work-related Covid-19 fatality to OSHA within eight hours of learning about the fatality. Each work-related Covid-19 in-patient hospitalization is reported within 24 hours of learning about the event. The reporting requirement is not limited to in-patient hospitalizations that occur within 24 hours of the work-related exposure and is not limited to a fatality that occurs within 30 days of the work-related exposure.

In order to determine whether the exposure occurred in the work environment or occurred away from work, Good Shepherd Community Care evaluates the employee's work duties and environment and reviews OSHA's recordkeeping regulation at 29 CFR 1904.5 for determining work-relatedness. Under 29 CFR 1904.5 Determination of work relatedness, we consider an injury or illness to be work-related if an event or exposure in the work environment either caused or contributed to the resulting condition. If the Covid-19 exposure event likely occurred within the employee's work environment, and the subsequent illness led to either death or in-patient hospitalization, reporting of this incident is completed. Good Shepherd does not report to OSHA if the Covid-19 exposure clearly did not occur in the workplace.

Boston South Area Office - Braintree
639 Granite Street, 4th Floor
Braintree, MA 02184
(617)565-6924
(617)565-6923

OSHA reporting of fatalities or hospitalizations will include:

- The employer's business name;
- The name of the deceased or hospitalized employee;
- The time and location of the work-related incident (i.e., exposure) that led to the fatality or in-patient hospitalization, if known;
- The type of reportable event (i.e., fatality or in-patient hospitalization);
- The number of employees who suffered a fatality or in-patient hospitalization (if applicable);
- A brief description of the incident;
- The name and contact information of the employer's designated contact person.

Covid-19 Policies and Procedures

[Covid-19 Policies and Procedures Manual](#)

[New Covid Screening Call Procedure](#)

[Decision Making Process for Sick Patients](#)

[Infection Control Procedure for Cell Phone Use](#)

[INR Machine Protocol for Use with Covid-19 Patients](#)

[Procedure for Antigen and PCR Testing](#)
[Standing Order - Antigen Testing](#)
[Standing Order - PCR Testing](#)

Miscellaneous Covid-19 Resources

[Bloodborne Pathogens Exposure Control Plan](#)
[Current PPE Requirements](#)
[Employment During Covid-19 Pandemic](#)
[Employee Reopening Poster](#)
[Employer Reopening Poster](#)
[Respiratory Infection Protection and Control Plan](#)
[Telehealth F2F Visits for Hospice Recertification](#)