



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 do 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. Good Shepherd tracks the COVID 19 vaccination status of its employees and any employees who are not vaccinated must wear a mask while in the office. Clinical hospice employees who are not vaccinated are tested regularly for COVID 19 infection, but those tests are conducted outside the office building and appropriate PPE is worn by those doing the testing.
- 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. All visitors to the office are required to wear masks, regardless of vaccination status.
- Any in-office meetings with bereaved clients or family members will take place with both visitors and staff wearing masks.

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 Director of Nursing, Sarah Creed, RN, BSN with support from COO, Meg Lutze and Director 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

Currently, hospice patients are provided with the covid screening questions listed below upon admission and asked to self screen all household members daily and report any “yes” answers to Good Shepherd Community Care immediately. Adult palliative care patients are called the day prior to their appointment and asked these screening questions. In addition, staff members ask the screening questions prior to or at the start of each visit to the home for patients in all Good Shepherd programs.

1. Have you or anyone who lives in your household been diagnosed with COVID-19 or been told by a healthcare provider that they may or do have COVID-19?
2. Have you or anyone who lives in your household had contact in the past 14 days with a person diagnosed with COVID 19? (Contact defined as - live with or been within 6 ft of for over 10 minutes or been sneezed or coughed on by.)
3. Have you or anyone who lives in your household experienced any of these symptoms (new or worsening) in the last 14 days?
 - a. Fever (temp higher than 100 degrees)
 - b. New respiratory symptoms such as cough or shortness of breath
 - c. New sore throat
 - d. New severe muscle pain
 - e. Nausea, vomiting, diarrhea, or severe stomach pain
 - f. New loss of smell or taste
 - g. Chills with shaking

If a patient/representative answers yes to any of the questions, the patient/family or visiting staff member reports to Good Shepherd. After discussion with the team, the DON 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.

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 pedi pal 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 DON or CEO. After discussion with the team, the DON 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

Currently, the following PPE requirements are in place for this workplace setting for positive, presumed, or suspected Covid-19 patients:

- Disposable Gown

- Gloves
- Shoe Covers
- Hair Cover
- N95 respirator
- Goggles or face shield

Currently, the following PPE requirements are in place for this workplace setting for all other patients:

- N95 respirator (for unvaccinated employees) or surgical mask (for unvaccinated employees)
- Goggles or face shields for unvaccinated employees

Facility

Currently, the following PPE requirements are in place for this workplace setting for positive, presumed, or suspected Covid-19 patients:

- Disposable Gown
- Gloves
- Shoe Covers
- Hair Cover
- N95 respirator
- Goggles or face shield
- Any other PPE required by the facility

Currently, the following PPE requirements are in place for this workplace setting for all other patients:

- N95 respirator (for unvaccinated employees) or surgical mask (for unvaccinated employees)
- Goggles or face shields for unvaccinated employees
- Any other PPE required by the facility

Office

There are no patients or patient care provided in this workplace setting. Vaccinated staff members are not required to wear masks while in the office. Unvaccinated staff members are still required to wear masks in all common areas. All visitors to the office must wear a mask, regardless of vaccination status.

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 gases 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."

Aerosol-Generating Procedures

Patient Home

Consistent with CDC guidelines, for aerosol-generating procedures on persons with suspected or confirmed Covid-19, only employees who are essential to perform procedures will be in a patient room. Employees performing AGPs are required to wear N95 respirators. Proper disinfection is completed, as required.

Facility

Consistent with CDC guidelines, for aerosol-generating procedures on persons with suspected or confirmed Covid-19, only employees who are essential to perform procedures will be in a

facility room. Employees performing AGPs are required to wear N95 respirators. Proper disinfection is completed, as required.

Office

There are no patients or patient care provided in this workplace setting. Aerosol-generating procedure guidelines do not apply.

Physical Distancing

Patient Home

In patient homes, employees follow 6 feet distancing guidelines from all other people whenever possible, except, for example, when they are providing medical care.

Facility

In facilities, employees follow 6 feet distancing guidelines from all other people whenever possible, except, for example, when they are providing medical care.

Office

There are no patients or patient care provided in this workplace setting. Physical distancing requirements do not apply, though in general, all staff is appropriately distanced at least 6 feet from others.

Physical Barriers

Patient Home

Hospice providers have a unique challenge of providing care in private residences to many of our patients. In patient homes, it is not feasible for Good Shepherd Community Care to implement physical barriers. Direct medical care provided in these workplace locations. Once the care has been completed, employees leave the workplace location. Good Shepherd employees do not have fixed workstations in these locations.

Facility

In facilities, it is not feasible for Good Shepherd Community Care to implement physical barriers. The ETS requirement to establish physical barriers is the responsibility of the facility. Good Shepherd employees do not have fixed workstations in these locations.

Office

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

Cleaning and Disinfection

Patient Home

Hospice providers have a unique challenge of providing care in private residences to many of our patients. In patient homes, our employees follow standard practices for cleaning and disinfection of equipment/surfaces. All employees are provided alcohol-based hand rub that is at least 60% alcohol, disinfecting wipes, and have access to handwashing facilities.

Facility

In facilities, our employees follow standard practices for cleaning and disinfection of equipment/surfaces. All employees are provided alcohol-based hand rub that is at least 60% alcohol and have access to handwashing facilities. Additional proper procedures are the responsibility of the facility.

Office

There are no patients or patient care provided in this workplace setting. Cleaning and disinfection requirements do not apply, however, regular cleaning and disinfection is completed in the office.

Ventilation

Patient Home

Good Shepherd does not own or control the buildings where patient's reside. Ventilation requirements do not apply.

Facility

Good Shepherd does not own or control facility buildings. Ventilation requirements do not apply.

Office

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

Health Screening and Medical Management

Employee Health Screening

The employee health screening for all workplace settings (patient home, facility, and office) follows the same protocol. Employees receive an email every day at 4 am which asks them to report the following:

1. Have you or anyone who lives in your household been diagnosed with Covid-19 or been told by a healthcare provider that they may or do have Covid-19?
2. Have you or anyone who lives in your household had contact in the past 14 days with a person diagnosed with COVID 19?
3. Have you or anyone who lives in your household experienced any of these symptoms (new or worsening) since the last time you completed the survey?
 - a. Fever (temp higher than 100 degrees)
 - b. New respiratory symptoms such as cough or shortness of breath
 - c. New sore throat
 - d. New severe muscle pain
 - e. Nausea, vomiting, diarrhea, or severe stomach pain
 - f. New loss of smell or taste
 - g. Chills with Shaking
 - h. None of the above

Employees are asked to fill out the survey every day that the employee will be working in the office or with patients/family members. The Employees are asked to call their supervisor if they answer yes to any of the questions. Employee supervisors are required to check the answers of the survey for their own employees every day and contact the employee if the supervisor has not heard from that employee. On the off hours and weekends the Administrator on Call is responsible for checking the survey results for those employees who are scheduled to work.

If an employee reports yes to any of the questions 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 arranges 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.

Medical Removal Benefits

Medical removal benefits apply to all workplace settings (patient home, facility, and office). The federal Covid-19 Paid Sick Leave and FMLA benefits have been made optional to extend through 9/30/21 in the American Rescue Plan Act. Good Shepherd has opted to extend this benefit, which would meet or exceed the minimum requirement outlined in the ETS. All employees are eligible for government mandated sick time for the first ten days of sick leave and up to 12 additional weeks of FMLA for one of the following reasons:

1. When quarantined or isolated subject to federal, state, or local quarantine or isolation order
2. When advised by a health care provider to self-quarantine because of Covid-19
3. When the employee is:
 - Experiencing symptoms of Covid-19 and seeking a medical diagnosis
 - Seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, Covid-19 because they have been exposed or because their employer has requested the test or diagnosis
 - Obtaining a Covid-19 vaccination or recovering from any injury, disability, illness, or condition related to the vaccination
4. When caring for another person who is isolating or quarantining on government or doctor’s orders
5. When caring for a child whose school or place of care is closed due to Covid-19

If an employee exhausts their allowed federal benefits for Covid-19 sick time and FMLA or leave is needed after the end date of the extension of these benefits, Good Shepherd will require that an employee must use any accrued paid leave, holiday leave, sick leave, or workers’ compensation available to them. If all other options are exhausted, Good Shepherd will pay the employee as required by the ETS.

Good Shepherd Community Care follows medical removal requirements and return to work protocol in line with CDC recommendations and as outlined in [ETS Guidance for Employees – Notification to Employer and Paid Medical Removal for Covid-19](#).

Exposure Notification

Exposure notifications apply to all workplace settings (patient home, facility, and office). 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

Time and Pay for Vaccination

Time off and pay for vaccination benefits apply to all workplace settings (patient home, facility, and office). As outlined in the American Rescue Plan Act, Good Shepherd Community Care provides reasonable time and paid leave for employees to receive Covid-19 vaccinations and recover from any side effects of vaccination. At minimum, we provide the OSHA recommendation of four hours of paid leave for each dose of the vaccine, as well as up to 16 additional hours of leave for any side effects of the dose(s) (or eight hours per dose).

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 Assistant Director of Administration to record. 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. At this time Employees are not required to be vaccinated.

Training

Training requirements apply to all workplace settings (patient home, facility, and office). This Covid-19 Plan has been sent to all employees through the Good Shepherd Community Care Human Resources Information System (Paycom) along with the Good Shepherd Covid-19 Emergency Temporary Standard (ETS) Healthcare 29 CFR 1910.502 Employee Training Presentation. All staff are required to review and sign off that they have been informed of the existing plan and have completed the training presentation. Throughout the pandemic all new requirements and changes had been communicated through email, Regroup, and/or Paycom. Good Shepherd Community Care will ensure that all employees receive appropriate and accessible training on Covid-19 policies, transmission prevention procedures, anti-retaliation rights, and other topics. The Good Shepherd Covid-19 Plan is accessible through the initial Paycom learning session, the Good Shepherd Resource List, and the Infection Control Binder in the mail room. All staff may request a printed version of the up to date Covid-19 Plan through Human Resources.

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 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.

Covid-19 Plan

Good Shepherd retains all versions of any Covid-19 plan implemented while the ETS is in effect.

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.

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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.

Communication and Coordination Between Employers

Good Shepherd Community Care has communicated the organization's Covid-19 plan to the other employers controlling locations where Good Shepherd staff works. Good Shepherd has coordinated to ensure that all employees are adequately protected. This Covid-19 plan acknowledges other locations at which employees work and addresses the existing hazards that may be encountered by employees at those locations. Staff has been trained to inform their supervisor of any situation they encounter at such a location that does not meet ETS requirements.

Good Shepherd Community Care provides this Covid-19 Plan to all SNF and ALR facilities where patients reside, contracted hospitals, and contracted HCA Agencies. The plan remains accessible through the website link provided. Newly contracted SNFs, Hospitals, and HCA Agencies are provided with this Covid-19 Plan at the time of the completion of the contract. New ALRs are provided with this Covid-19 Plan when a patient residing in that location is signed onto services.

Documentation of Involvement of Non-Managerial Employees

Involvement of non-managerial employee requirements apply to all workplace settings (patient home, facility, and office). Feedback is requested from all staff within the Paycom Learning employee training presentation. All staff will have the opportunity to ask questions or acknowledge concerns after reviewing the Good Shepherd Covid-19 Plan.