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Advanced Home Care LLC Agency Wide Standard Protocol on COVID-19 for employees (isolation, quarantine and return to work)

The Advanced Home Care Services (AHCS) Standard Protocol on COVID-19 has been updated due to recent changes in **Isolation and Quarantine Guidance** for Health Care Personnel issued by Department of Public Health, effective December 29, 2021 <https://www.mass.gov/guidance/covid-19-isolation-and-quarantine-guidance-for-health-care-personnel> , **Return to Work Criteria** for Health Care Personnel published by Centers for Disease Control and Prevention, effective December 23, 2021 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> , and **Ending Isolation and Precautions for People with COVID-19** released on January 14,2022 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

All Health Care Providers (HCP) are advised to use new standards for isolation and quarantine. The new guidance applies to changes concerning the duration of isolation, work restriction and returning to work requirements. This guidance ***doesn’t change AHCS protocol on COVID-19 Notification.***

The updated Standard Protocol is for internal agency wide use only to ensure timely, detailed communication regarding the COVID-19 cases incompliance with state and federal HIPPA laws and regulations, and to enhance infection prevention measures, continuity of services and proper response by HCP, local authorities and clients in the community.

***All factors should be considering when evaluating each reported COVID-19 case/exposure*** (the vaccination status of HCP and the client, correct use of PPE, duration of contact, compliance with social distancing, compliance with the recommended infection prevention and control practices, indoor or outdoor exposure, the presence of symptoms).

**Individuals who have recovered from COVID-19** can continue to have detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months after illness onset, however, the latest studies show that they are not likely contagious. The circumstances that result in persistently detectable SARS-CoV-2 RNA have yet to be determined. Studies have not found evidence that clinically recovered adults with persistence of viral RNA have transmitted SARS-CoV-2 to others. These findings strengthen the justification for ***relying on a symptom-based rather than test-based strategy for ending isolation*** of most people.

**Upon first report by direct care staff on positive or suspected COVID-19 client or direct care staff, case coordinator/case manager is to:**

1. collect information from the direct care staff on LDOS and last direct contact with the client; visits to other clients;

if the client is a confirmed positive or suspected/exposed case, screen direct care staff on characteristic symptoms and instruct direct care staff to contact their PCP; suspend services for the client in question;

if self-report by the direct care staff, request to obtain FDA approved COVID -19 test or PCP documentation, suspend services for all clients served by the direct care staff in question; request for direct care staff’s permission in a written form to notify clients/ASAPs regarding their positive COVID-19 test;

1. notify AHCS Management: CEO, HR Director, Clinical Director and Manager of Client Services with the information outlined above;
2. notify ASAP/referring agency per AHCS protocol on COVID-19 Notification **without providing name of the AHCS employee**.

**If an employee/ direct care staff was in contact with the confirmed COVID -19 positive client, family member, he/she is to:**

1. stay on self-quarantine at least 5 days and monitor for symptoms of COVID-19;
2. remain under PCP observation;
3. take an approved COVID-19 test (collected in lab, pharmacy, public testing site, etc.) and provide the result with an indication of his/her name, the type and date of the test to AHCS.

Coordinator/case managers has to contact all his/her clients and follow up in accordance with the appropriate protocol*.*

**If an employee/direct care staff has tested COVID-19 positive and asymptomatic** (never develop symptoms), he/she is to:

1. stay **isolated at least 5 days** and monitor for symptoms of COVID-19 (with day 0 is being the date their specimen was collected for the positive test);
2. remain under PCP observation;
3. **may return to work after 5 days** of isolation if:

- be fully vaccinated

- continue following COVID-19 infection prevention measures (wearing mask, washing hands, etc.)

An employee is ***not required to receive a negative test before returning to work***. However, a viral test on Day 5 (or later) is strongly recommended by DPH.

**If an employee/direct care staff tested COVID-19 positive and symptomatic** (exhibits flu like symptoms, fever, new loss of taste or smell, generalized weakness, shortness of breast, etc.), he/she is to:

1. stay **isolated at least 5 days** and monitor for symptoms of COVID-19 (with day 0 is being the date their specimen was collected for the positive test);
2. remain under PCP observation;
3. **may return to work after 5 days** of isolation if:

- symptoms have substantially improved, including fever-free for 24 hours or more

- be fully vaccinated

- continue following COVID-19 infection prevention measures (wearing mask, washing hands, etc.)

An employee is ***not required to receive a negative test before returning to work***. However, a viral test on Day 5 (or later) is strongly recommended by DPH.

**An employee/direct care staff who tested COVID-19 negative and didn’t report any symptoms after exposure may** **continue to work** if he/she is fully vaccinated.

All HCP should wear PPE appropriate to their duties, self-monitor for symptoms and follow mask mandates and COVID-19 precautions in the public settings.

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