



## **COVID-19 Risk Mitigation Policy**

### **Updated: June 17, 2022**

#### **Purpose**

Hope Community Resources, Inc (Hope) is committed to providing a safe and healthy workplace and environment for our employees and the recipients who choose our services. Hope has developed the following COVID-19 mitigation plan, which includes policies and procedures to minimize the risk of transmission of COVID-19, in accordance with guidance from sources including the Center for Disease Control & Prevention (CDC), Occupational Safety & Health Administration (OSHA), Department of Health and Social Services (DHSS), and State of Alaska Licensing; under the consultation and direction of Hope’s Medical Director.

#### **Scope**

With the continued spread of coronavirus or “COVID-19,” a respiratory disease caused by the SARS-CoV-2 virus, we all must remain vigilant mitigating risk for those we serve and for our employees. In order to maintain safety and to continue providing critical services, this COVID-19 Risk Mitigation Policy will remain in place until further notice and updated as necessary. Hope has multiple workplaces, with site-specific considerations. All procedures, policies, and practices outlined below apply to all workplace locations unless specifically noted as unique to a certain environment or worksite.

This Policy is based on currently available information from the CDC, OSHA, DHSS, and State of Alaska guidance. The latest policy updates consider the changing availability of certain resources within the community, such as availability and funding for PCR and TMA tests. Updates also include a focus on individual Choice and Preference for both employees and support recipients, in alignment with Hope BVMVEs - Beliefs, Values, Mission, Vision, and Expectations. This policy is subject to change based on further information, such as changing risk and spread within Hope’s population and in our communities.

Each circumstance and environment at Hope is different and may warrant stricter or different safeguards than what is outlined in policy, which may be directed by the Hope Healthline under the Medical Director’s authority. Hope may also amend this Policy based on operational needs.

In February 2020, Hope identified a team of employees to monitor the risk of COVID-19 in the communities we serve and to stay abreast of changing guidance from entities such as those listed above. The team is responsible for policy administration and communication to the workforce and support teams. The team is composed of the following members:

Name	Title	Phone Number	E-Mail
Dr. William Browner	Medical Director	907-433-4792	wbrowner@hopealaska.org
Jo-Anne Sullivan, RN	Deputy Director of Health & Wellness	907-433-4778	jsullivan@hopealaska.org
Michele Girault	Executive Director	907-433-4705	<a href="mailto:mgirault@hopealaska.org">mgirault@hopealaska.org</a>
Michael Bailey	Deputy Executive Director	907-433-4721	<a href="mailto:mbailey@hopealaska.org">mbailey@hopealaska.org</a>
Raymond Collins	Program Administrator	907-433-1706	<a href="mailto:rcollins@hopealaska.org">rcollins@hopealaska.org</a>
Sharayah Talarovich	Chief Workforce & Risk Officer	907-433-4769	stalarovich@hopealaska.org

The Hope Healthline was established in March 2020 to support employees and their supervisors with navigating new policies related to COVID-19 and provide a central point of contact for employee clearance for return to work, provide guidance on quarantine and isolation requirements for recipients of services and employees, etc. The Hope Healthline operates under the guidance and direction of the Medical Director and these policies. The Hope Healthline can be reached at [hopehealthline@hopealaska.org](mailto:hopehealthline@hopealaska.org) or 907-433-4780.

## Responsibilities of Employees

Hope expects every employee to help with prevention efforts while at work. Employees are required to follow the guidelines outlined in this policy. Hope expects that employees will consider how their actions, while on and off the clock, can negatively or positively impact their co-workers and the vulnerable individuals we serve. We expect that employees show one another respect and consideration in all aspects of their work in alignment with Hope's Beliefs, Values, Mission, Vision, and Expectations.

Employees who choose to disregard Hope's expectations as outlined in this Policy will be subject to disciplinary action, up to and including separation of employment.

## Responsibilities of Managers and Supervisors

All managers and supervisors should be familiar with this Policy and be ready to answer questions from employees. Managers and supervisors must set a good example for employees by following this Policy at all times. Managers and supervisors are responsible to communicate with the Hope Healthline regarding employees or support recipients who develop symptoms or test positive for COVID-19, and support contact tracing and notification efforts to affected stakeholders as necessary.

Managers and supervisors are responsible to teach and redirect employees who do not follow policy as outlined. This may include progressive disciplinary actions to ensure policy compliance.

## Ready for Work – Safety Practices for All Employees

All employees must commit to the following safe practices to minimize the spread of COVID-19 or other communicable diseases in the workplace:

1. Assess their health status by checking for any symptoms of illness before reporting to work.
  - a. If an employee has any symptoms of illness, the employee is responsible to immediately notify their supervisor and should not report to the workplace until they have received further guidance and clearance from the Hope Healthline.
  - b. In the case of an employee's chronic illness or condition that results in symptoms similar to known COVID-19 symptoms, an employee may obtain documentation of the condition from a medical provider and isolation or testing may be waived by the Hope Healthline. This documentation must be submitted to the Human Resources department for placement in the employee's medical file.
2. Frequently wash hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol. Follow universal precautions as trained to annually in Bloodborne Pathogens training.
3. Employees are encouraged to wear a face mask while working. Masks are no longer required in the workplace at this time, with the exception of the following:
  - a. Masks are required to be worn when providing close personal care services; which is consistent with requirements to wear gloves, gowns, eye protection or other relevant personal protective equipment (PPE) when providing these services.
  - b. Employees may be required to wear a mask at the request of a guardian, support recipient, support team, or Home Alliance or other relevant stakeholder. This may be due to the risk level of person(s) served which may require extra diligence in ensuring recipient safety.
  - c. A K95 or similar close-fitting mask as well as additional personal protective equipment (PPE) may be required for employees in environments under quarantine or isolation under the direction of the Hope Healthline or Medical Director.
4. Maintain six feet of social distance when possible. Employees should avoid prolonged physical contact when not providing direct care services.
5. Avoid touching eyes, nose, or mouth with unwashed hands.
6. Follow appropriate respiratory etiquette, which includes covering for coughs and sneezes.

7. Employee must ensure they have personal protective equipment such as gloves, face mask, and gowns if required. Hope will provide these to employees, but employees have a responsibility to report to their supervisor if these have not been made available to them in order to work safely.
8. Disinfect frequently touched surfaces with an appropriate cleaning solution.

## Vaccination

Hope respects employees' right to choose whether to vaccinate or not. Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities, and in the nation as a whole. Hope strongly encourages all employees to receive a COVID-19 vaccination to protect themselves, other employees, and those who choose our services. A core value at Hope is Safety/Security, and vaccination provides us with an excellent tool in our toolbox to provide safe and consistent supports and services, with as little disruption as possible due to employee or support recipient illness.

Employees are considered fully vaccinated two weeks after completing primary vaccination with a COVID-19 vaccine with, if applicable, at least the minimum recommended interval between doses. For example, this includes two weeks after a second dose in a two-dose series, such as the Pfizer or Moderna vaccines, two weeks after a single-dose vaccine, such as Johnson & Johnson's vaccine, or two weeks after the second dose of any combination of two doses of different COVID-19 vaccines as part of one primary vaccination series.

Vaccines are easily accessible within most communities and are provided at no cost to the employee. The vaccine provider may request insurance information, if the employee has healthcare coverage. To find the nearest vaccine clinic, employees can search at the following website by location, which is maintained by the State of Alaska Department of Health and Social Services:

<https://myhealth.alaska.gov/appointment/en/clinic/search>

Many providers have an opportunity to sign-up online to schedule an appointment time, while others permit walk-in visits as well. Employees who need assistance to find a vaccination site should reach out to the State of Alaska COVID helpline at 907-646-3322 for assistance or email [covid19vaccine@alaska.gov](mailto:covid19vaccine@alaska.gov). If additional assistance is needed, employees can also access the Hope Healthline at [hopehealthline@hopealaska.org](mailto:hopehealthline@hopealaska.org) or by calling 907-433-4780.

## Levels of Protection

Employees and support recipients have varying levels of protection against COVID-19, and this level of protection will fluctuate over time. The following outlines the level of protection each individual has against COVID-19.

1. **High** level of protection – Fully vaccinated within the last six months; if fully vaccinated for longer than six months, has received a booster.
2. **Medium** level of protection – Fully vaccinated over six months ago and has not received a booster; or has tested positive for COVID-19 within the last three months and has recovered.
3. **Low** level of protection - Not vaccinated and has not tested positive for COVID-19 within the last

three months.

Employees, regardless of protection level, may be required to provide direct services in a COVID positive environment due to business need. Employees will be provided with extra personal protective equipment in COVID positive environments such as gowns, gloves, and tight-fitting masks such as K95. Employees also receive a differential pay agreement for increased wages while providing supports to a recipient who is COVID positive.

## **Testing for COVID-19**

Rapid or at-home tests are acceptable and may be used by employees and support recipients when experiencing symptoms or due to exposure. PCR or TMA tests are no longer required but are accepted as well.

### Testing due to symptoms

Employees are required to test for COVID-19 when they are experiencing symptoms, must report being symptomatic to their supervisor when symptoms begin, and may not report to work until cleared by the Hope Healthline.

1. Testing timeline: A rapid test should be taken on the second day of symptoms.
  - a. If the test is positive, the employee must remain out of work according to isolation timelines and must be cleared by the Hope Healthline before returning to work. A second rapid test is not necessary.
  - b. If the first rapid test is negative, the employee must test again 48 hours after the initial negative rapid test.
2. A PCR or TMA test are also acceptable testing methods. A PCR or TMA may be completed as an alternative to rapid testing. If testing is via PCR or TMA, testing should be done 72 hours after symptom onset and only one test is required.
3. All test results from symptomatic testing must be reported to the Hope Healthline. The Hope Healthline must provide clearance for employees to work after reporting test results.

### Testing due to exposure

Employees are strongly encouraged to test in the following situations:

1. When exposed to someone who has symptoms, someone who is being tested for COVID-19 due to symptoms, or been exposed to someone who is COVID positive.
2. After return from out-of-state travel.

Employees are no longer required to report their exposures to their supervisor or the Hope Healthline. Employees will be notified by Hope if a COVID-19 exposure occurred in the workplace. Employees are expected to accept personal responsibility in being aware of their surroundings and the extent of their exposures, and carefully consider how their decisions to test or not test, mask or not mask, may impact

those around them. If an employee develops symptoms after exposure, they are required to notify and test as outlined above. For employees who choose to test from exposures, the following guidelines apply.

1. Testing timeline: A rapid test should be taken on the day the exposure is identified, or on the day of return from out of state travel.
  - a. If the test is positive, the employee must not report to work and must be cleared by the Hope Healthline before returning to work. The COVID positive test result must be reported to the supervisor and Hope Healthline so that contact tracing and notification can occur for close contacts, while maintaining confidentiality. A second rapid test is not necessary.
  - b. If the first rapid test is negative, it is recommended that the employee or support recipient test again 48 hours after the initial negative rapid test. Negative test results due to exposures only do not need to be reported to the Hope Healthline.
  - c. A PCR or TMA test are also acceptable testing methods. A PCR or TMA may be completed as an alternative to rapid testing. If testing is via PCR or TMA, testing should be done 72 hours after exposure and only one test is required

The Hope Healthline may direct mandatory testing for employees and support recipients in certain high risk situations, such as assisted living homes with low level of protection amongst employees and support recipients, at guardian or Home Alliance request, etc.

### **Symptoms - Clearance to Return to Work**

An employee is not permitted to be at the worksite when they are symptomatic until they have been cleared by the Hope Healthline. Employees or support recipients will be considered for clearance upon receipt of negative covid test(s), as outlined under "Testing for COVID-19" in this policy. In addition to negative test(s), the employee or support recipient must be symptom free or have minimal and improving symptoms.

### **COVID Positive (+) Isolation and Clearance to Return to Work**

An employee is generally not permitted to be at the worksite while positive for COVID-19 and on isolation.

An employee may be permitted to work while COVID + in the following circumstances:

1. As reviewed and approved by Hope's Medical Director or designee due to staffing hardships and/or business necessity.
2. If an employee is able to work remotely and is not at the worksite and does not have contact with co-workers or support recipients.

Isolation will occur when an employee tests positive for COVID-19. General guidelines for when an employee or support recipient may receive clearance by the Hope Healthline are:

1. **All** levels of protection: Must isolate for at least 5 days from symptom onset or positive test. May be considered for clearance after 5 days if individual is symptom free for 24 hours or symptoms are improving. Upon clearance, individual must wear a tight-fitting mask, like K95, for additional 5 days.

If wearing a tight-fitting mask cannot be tolerated by an employee or support recipient, a minimum of 10 days of isolation is required.

An employee or support recipient who was severely ill with COVID-19 or is immunocompromised may be required to isolate for at least 10 days under the direction of the Hope Healthline.

All employees must receive clearance from the Hope Healthline before returning to work from an isolation status.

## **Cleaning of Surfaces and Disinfecting**

Hope has instituted regular housekeeping practices, which include cleaning and disinfecting common areas and other elements of the work environment, where possible. Employees should regularly do the same in their assigned work areas by cleaning the surfaces of their workspace daily. Commonly touched areas in Hope facilities and assisted living homes should be cleaned regularly. If a surface is suspected to be potentially contaminated, the work area and site of contamination will be cleaned immediately.

Disinfection should be conducted using an EPA-registered household disinfectant, alcohol solution with at least 60% alcohol, or diluted household bleach solution. Hope will maintain Safety Data Sheets of all disinfectants used on site.

Employees are required to follow universal precautions as trained to annually in Bloodborne Pathogens training.

## **Visitors**

Visitors are permitted in Hope facilities. Visitors must assess themselves for symptoms before or upon entry and sign the visitors log. For assisted living home visitors, see additional settings policy for guidelines regarding visitation.

Visitors must comply with general safety practices as expected of employees, including maintaining six feet of social distance where possible, frequent hand washing, and are recommended to wear a mask.

## **Personal Protective Equipment**

Hope will provide personal protective equipment for employees at no cost to the employee as necessary, including providing surgical masks, N95s, K95s, gloves, gowns, etc. If an N95 mask is worn, this is voluntarily done by the employee. When a N95 mask is provided by Hope, the employee will receive instructions with basic information on proper respirator use (OSHA Appendix D to 1910.134).

## **OSHA Recordkeeping & Critical Incident Reporting**

If a confirmed case of COVID-19 is reported for a support recipient who lives in an Assisted Living Home, a Critical Incident Report with the State of Alaska must be filed within 24 hours. This should be filed by the supervisor who oversees the support recipient's care. In the event of any scheduled onsite State activity, an additional report will be made by Hope's Licensing staff member(s) to the State of Alaska Licensing department for any assisted living home locations that are on quarantine or isolation status.

If a confirmed case of COVID-19 is reported for an employee, Hope's Human Resources department will determine if it meets the criteria for recordability and reportability under OSHA's recordkeeping rule. The HR department will conduct an assessment of any workplace exposures to determine if the case is work-related. Work-relatedness is assumed for illnesses that result from events or exposures in the work environment, unless it meets certain exceptions. One of those exceptions is that the illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside of the work environment. If an employee develops COVID-19 solely from an exposure outside of the work environment, it would not be work-related, and would not be recordable to OSHA or workers' compensation insurance.

The HR department's assessment will consider the work environment itself, the type of work performed, risk of person-to-person transmission given the work environment, and other factors such as community spread. If an employee has a confirmed case of COVID-19 that is considered work-related, Hope will report the case to OSHA if it results in a fatality or an in-patient hospitalization within 8-hours of the exposure incident occurring.

If a COVID positive case is determined by the HR department to be work-related, a workers' compensation claim will be filed on the employee's behalf. Whether the claim is approved under workers' compensation is at the discretion of the adjusting company and the insurer.

## **Confidentiality/Privacy**

Except for circumstances in which Hope is legally required to report workplace occurrences of communicable disease, the confidentiality of all employee and recipient medical conditions will be maintained in accordance with applicable law and to the extent practical under the circumstances. Hope reserves the right to inform other employees that a co-worker (without disclosing an employee's name) has been diagnosed with COVID-19 if other employees might have been exposed to the disease, so other employees may take measures to protect their own health.

## **Anti-Retaliation**

Employees have a right to a safe workplace and to the protections required under OSHA's General Duty Clause. Hope will not discriminate or retaliate against any employee for exercising their right to protections required by under OSHA. If an employee has any concerns about safety in the workplace, they can reach out to any member of the COVID-19 team listed in this policy or to the Director of Human Resources so the concern can be reviewed and responded to swiftly and appropriately.

## **Resources**

1. Dr. William Browner, Medical Director for Hope Community Resources, Inc.
2. US Department of Labor Occupational Safety & Health Administration (OSHA). (2021). *Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace*. Retrieved from: <https://www.osha.gov/coronavirus/safework>
3. Centers for Disease Control and Prevention (CDC). (2021). *COVID-19 Workplaces and Businesses –*



*Workplace Prevention Strategies*. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/index.html>

4. U.S. Equal Employment Opportunity Commission (EEOC). (2022). *What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws*. Retrieved from: <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>
5. Alaska Department of Health and Social Services (DHSS) Division of Health Care Services Residential Licensing. (2021). *COVID-19 Recommended Guidance for Congregate Residential Setting*. Retrieved from: [https://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/VisitationGuidelines\\_ResidentialCongregateFacilities.pdf](https://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/VisitationGuidelines_ResidentialCongregateFacilities.pdf)
6. Alaska Department of Health and Social Services (DHSS). (2022). *COVID-19 in Alaska*. Retrieved from: <https://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx>
7. State of Alaska Department of Labor and Workforce Development (DOL). (2021). *COVID-19 Exposure Prevention, Preparedness, and Response Safety Plan*. Retrieved from: [https://labor.alaska.gov/lss/training/COVID-19\\_Safety\\_Plan\\_Example\\_Template.docx](https://labor.alaska.gov/lss/training/COVID-19_Safety_Plan_Example_Template.docx)