COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis

OSHA ® Occupational Safety and Health Administration

OSHA COVID-19 Healthcare Worksite Checklist

➢ Employers in settings where employees provide healthcare services or healthcare support services may use the following Worksite Checklist to implement worker protections from COVID-19 in compliance with the OSHA COVID-19 Healthcare Emergency Temporary Standard (ETS).

➢ If employers choose to use this Worksite Checklist, there are 2 STEPS to complete:
  o **STEP 1:** Determine if OSHA's COVID-19 Healthcare ETS applies to your workplace or portions of your workplace.
  o **STEP 2:** Use this Worksite Checklist to develop and implement worker protections from COVID-19 in your workplace.

STEP 1: Determine if the ETS applies to your workplace or portions of your workplace.

You may use the "Is your workplace covered by the COVID-19 Healthcare ETS?" flow chart to determine whether and how OSHA's COVID-19 Healthcare ETS applies to your workplace. Note that this determination must be made for each workplace where your employees work.

STEP 2: If the ETS applies to your workplace or portions of your workplace, use this Worksite Checklist & Employee Job Hazard Analysis to develop and implement worker protections from COVID-19 in your workplace.

Use the sections of this Worksite Checklist & Employee Job Hazard Analysis that apply to your workplace or portions of your workplace to develop and implement worker protections from COVID-19. This checklist is intended to be used alongside OSHA's *COVID-19 Plan Template* to help you develop and implement a COVID-19 plan, as required by the ETS, for your workplace. Seek the involvement of non-managerial employees and their representatives in completing this checklist and implementing the COVID-19 plan.

✓ Getting Started

Take these steps to get your workplace ready and ensure you have implemented policies and procedures to prevent the spread of COVID-19. Some specific controls against COVID-19 and a job hazard analysis are covered in the sections that follow.	YES	NO	Follow-up Action
o Do you have a COVID-19 plan that was developed in consultation with non-managerial employees?	☑	☐	
o If you are claiming exemption under 1910.502(a)(4) from providing controls for fully vaccinated employees in a well-defined area(s) of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, do you have policies and procedures in place to determine employees' vaccination status?	☐	☑	
o Have you shared your COVID-19 plan with all other employers at your worksite(s) and coordinated to ensure all workers are protected?	☑	☐	PHS is particular emph
o Do you have policies to limit and monitor points of entry in settings where direct patient care is provided? *(Note: Does not apply where emergency responders or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services.)*	☑	☐	
o Do you have a policy to screen and triage all clients, patients, residents, delivery people, visitors, and other non-employees entering settings where direct patient care is provided for people who may have symptoms of COVID-19?	☑	☐	

Take these steps to get your workplace ready and ensure you have implemented policies and procedures to prevent the spread of COVID-19. Some specific controls against COVID-19 and a job hazard analysis are covered in the sections that follow.	YES	NO	Follow-up Action
o Do you have a health screening protocol for screening employees before each work day and each shift?	☑	☐	
o Do you have a log for recording all employee instances of COVID-19?	☑	☐	"Line Listing" modified
o Do you have a policy that requires employees to notify you when they are COVID-19 positive or have been told by a licensed healthcare provider that they are suspected of having COVID-19?	☑	☐	
o Does the policy require employees to notify you if they are experiencing COVID-19 like symptoms including: ▪ A recent loss of taste and/or smell with no other explanation ▪ A fever of at least 100.4°F with a new unexplained cough associated with shortness of breath	☑	☐	
o Do you have a policy to notify employees within 24 hours, if required to do so, when they have been exposed (through close contact or by working in the same well-defined portion of a workplace during a person's potential transmission period) to a COVID-19 positive person who has been in the workplace?	☑	☐	
o Do you have a policy for employee COVID-19 testing, including providing time off and payment for the test? (Note: employers are not required to conduct testing)	☑	☐	
o Do you have policies to remove employees who have COVID-19, are suspected to have COVID-19, are experiencing certain symptoms of COVID-19, or have been in close contact with a COVID-19 positive person in the workplace, until they can return as provided for by the standard, and, for employers with more than 10 employees, to provide medical removal protection benefits to such employees where required to do so (see OSHA's ETS Notification, Removal, and Return to Work Flow Chart for Employers and Employees)?	☑	☐	
o Do you have policies and procedures for adhering to Standard and Transmission-Based Precautions in accordance with CDC's "Guidelines for Isolation Precautions"?	☑	☐	
o Have you considered the use of telehealth services where available and appropriate in order to limit the number of people entering the facility? (Note: employers are not required to, but are encouraged to, use telehealth where available and appropriate.)	☑	☐	
o Do you have a plan to support COVID-19 vaccination by providing each employee reasonable time and paid leave for vaccination and any side effects experienced following vaccination? *(Note: Eligible employers, including businesses and tax-exempt organizations with fewer than 500 employees, can receive a tax credit for providing paid time off for each employee receiving the vaccine and for any time needed to recover from the vaccine. See www.irs.gov/newsroom/american-rescue-plan-tax-credits-available-to-small-employers-to-provide-paid-leave-to-employees-receiving-covid-19-vaccines-new-fact-sheet-outlines-details)*	☑	☐	

Identify COVID-19 Safety Coordinators to ensure compliance with all aspects of the COVID-19 plan.

Name:	Position/Title/Campus:	Contact Information:
Nury Cronin	Administrator	508-945-4611
Jon Edwards	Director of Buildings	508-945-4611
Renee Bryden	Director of Learning	508-945-4611

✓ Physical Distancing in your Workplace

This section will assist you in implementing physical distancing measures at your workplace.

- Employers must ensure that employees are separated from other people by at least 6 feet when indoors, and install cleanable or disposable solid barriers at fixed work locations outside of direct patient care areas where each employee is not separated from other people by at least 6 feet, unless the employer can demonstrate that these measures are infeasible. Refer to the **Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing** and the **Job Hazard Analysis (Controls)** sections below.
- In evaluating how to implement physical distancing, employers should consider these measures as they build their COVID-19 plans.
- Employers must implement physical distancing along with the other provisions required by the ETS as part of a multi-layered strategy to minimize employee exposure to COVID-19.
- **NOTE:** The ETS exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

Have you considered these measures when/where possible?	YES	NO	Follow-up Action
○ Have you taken steps to reduce crowding in facilities by asking patients to remain outside if feasible until they are called into the facility for their appointment? *For example: Vehicle waiting area in parking lot, open air triage tents and booths, etc.*	☑	☐	Outpatient rehab & testing window
○ Have you limited visitors to the facility to only those essential for the patient's physical or emotional well-being and care, and restricted their visits to the patient's room or other designated areas?	☑	☐	per DPH and CMS guidelines
○ Have you implemented teleworking options?	☑	☐	
○ Are physical distancing floor markers and/or visible wall signs in place to remind employees, patients, visitors, customers, clients, and all other non-employees to maintain a minimum distance of 6 feet between them?	☑	☐	Commensurate with guidance.
○ Have you reconfigured the work environment to ensure physical distancing? *For example: Spacing out desks, etc.*	☑	☐	Throughout facility
○ Have conference rooms and break area furnishings (tables, chairs, desks) been adjusted to maintain physical distancing?	☑	☐	Additional spaces adde
○ Have you installed cleanable or disposable solid barriers at each fixed work location outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy windows, bill payment) where each employee is not separated from all other people by at least 6 feet of distance?	☑	☐	
○ Have work shifts and break times been staggered to reduce crowding in common employee areas? *For example: Breakrooms, locker rooms, etc.*	☑	☐	
○ Have you taken steps to minimize the number of people within choke points (bottlenecks) at any time to ensure a minimum distance of 6 feet can be maintained between them and reduce crowding? *For example: Outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, pharmacy windows, bill payment).*	☑	☐	
○ Have you designated pickup/drop-off delivery areas away from high traffic areas?	☑	☐	
○ Have you used scheduling to separate workers into dedicated groups (i.e. "bubbles" or "cohorts") to work the same shift or work in a particular area to reduce the number of individuals that each worker encounters?	☑	☐	
○ Have contactless payment systems been established?	☑	☐	payroll direct deposit
○ Have contactless scheduling systems been established?	☑	☐	employee portal/AOD

✓ Ventilation in Your Workplace

This section will assist you in improving ventilation at your workplace.

o   Employers who own or control buildings or structures with an existing heating, ventilation, and air conditioning (HVAC) system(s) must ensure that the HVAC system(s) is used in accordance with manufacturer's instructions and the design specifications of the system(s); the amount of outside air circulated through the system(s) and the number of air changes per hour are maximized to the extent appropriate; air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); air filters are maintained and replaced as necessary; intake ports are cleaned, maintained, and cleared of debris; and airborne infection isolation rooms (AIIRs) are maintained and operated in accordance with their design and construction criteria.

o   **Does your workplace have a HVAC system that you own or control?** Yes

o   **Who is responsible for maintaining the HVAC system(s) and can certify that it is operating in accordance with the ventilation provisions of the OSHA COVID-19 ETS?** Harwichport Heating and Cooling
    (e.g., Maintenance staff, HVAC service contractor)   and BRH Maintenance Department   ⊞

Name/Contact Information:

Jon Edwards, Director of Buildings and Grounds (JonEdwards@BroadReachHealth.org)

Have you taken these measures where/when possible?	YES	NO	Follow-up Action
o Is the HVAC system being checked, inspected, cleaned, and maintained on a regularly scheduled basis?	✓	☐	
o Is the HVAC system being used in accordance with the HVAC manufacturer's instructions and design specifications?	✓	☐	
o Is the HVAC system set to maximize the amount of fresh outdoor air that is supplied to the system within the system's capabilities?	✓	☐	
o Are the HVAC outdoor air intakes clean, are they in good working order, and are they clear of obstructions?	✓	☐	
o Are the HVAC air filters that are installed rated at least Minimum Efficiency Reporting Value (MERV) 13, or the highest level compatible with the system?	✓	☐	
o Are all air filters maintained and changed as necessary in accordance with the manufacturer's instructions for proper HVAC system function?	✓	☐	
o Are all air supply diffusers and return air grilles open, clean, and operating properly?	✓	☐	
o Are all existing AIIRs maintained in accordance with design and construction criteria?	☐	✓	no AIIR at the facility
Additional Ventilation Strategies (Best Practices) to Consider	**YES**	**NO**	**Notes**
o Are windows and doors opened when ambient air quality and temperature allow, and if doing so would not pose other health or safety risks?	✓	☐	per patient/resident/offi
o Are automatic settings that reduce outside air intake disabled?	☐	✓	disabling outside air int
o Are HVAC system(s) operated at least two hours before people arrive and at least two hours after everyone has left in order to help flush the building?	✓	☐	24/7, non-stop operatic

✓ Cleaning and Disinfection in Your Workplace

This section will assist you in implementing cleaning, disinfection, and hand hygiene measures at your workplace.

o   In patient care areas, resident rooms, and for medical devices and equipment, employers must follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "COVID-19 Infection Prevention and Control Recommendations" and CDC's "Guidelines for Environmental Infection Control," pp. 86–103, 147-149. In all other areas, employers must clean high-touch surfaces and equipment at least once a day, following manufacturers' instructions for application of cleaners; and clean and disinfect, in accordance with CDC's "Cleaning and Disinfecting Guidance" any areas, materials, and equipment under the employer's control that have likely been contaminated by a person who is COVID-19 positive and has been in the workplace within the last 24 hours.

o   Employers must provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities.

o   After aerosol-generating procedures (AGPs) are performed on persons with suspected or confirmed COVID-19, employers must clean and disinfect the surfaces and equipment in the room or area where the procedure was performed.

Have you taken these measures where/when possible?	YES	NO	Follow-up Action
o Are patient care areas, resident rooms, and medical devices and equipment cleaned and disinfected in accordance with the CDC's "COVID-19 Infection Prevention and Control Recommendations" and "Guidelines for Environmental Infection Control"?	☑	☐	
o Do you clean and disinfect areas, materials, and equipment (other than patient care areas, resident rooms, and medical devices and equipment) that have likely been contaminated by a person with COVID-19 who has been in the workplace within the last 24 hours in accordance with the CDC's "Cleaning and Disinfecting Guidance"?	☑	☐	
o Where AGPs are conducted, do you clean and disinfect the surfaces and equipment in the room or area after the procedure is completed?	☑	☐	
o Have you provided alcohol-based hand rub that is at least 60% alcohol or provided readily accessible handwashing facilities for employees, patients, visitors, customers, clients, and all other non-employees?	☑	☐	
o Outside of patient care areas and patient rooms, are high-touch surfaces and equipment (other than medical devices and equipment) cleaned at least once a day following manufacturers' instructions for application of cleaners?	☑	☐	
o When disinfecting, do you use a disinfectant found on EPA's List N; Disinfectants for COVID-19?	☑	☐	

✓ Personal Protective Equipment (PPE) in Your Workplace

This section will assist you in providing PPE and implementing PPE policies at your workplace.

o Employers must: provide and ensure employees wear facemasks that are FDA-cleared, authorized by an FDA EUA, or otherwise offered or distributed as described in an FDA enforcement policy; ensure a facemask is worn by each employee over the nose and mouth when indoors and when occupying a vehicle with other people for work purposes (with some exceptions, e.g., when an employee is alone in a room); provide and ensure employees use respirators and other PPE for exposure to people with suspected or confirmed COVID-19 and for AGPs performed on a person with suspected or confirmed COVID-19; provide respirators and other PPE in accordance with Standard and Transmission-based Precautions in healthcare settings in accordance with CDC's "Guidelines for Isolation Precautions"; and allow employees to wear their own respirators instead of facemasks (under the mini respiratory protection program at 29 CFR 1910.504).

o **NOTE:** PPE requirements for employees with exposure to a person with suspected or confirmed COVID-19 and for AGPs on a person with suspected or confirmed COVID-19 are discussed in the **Job Task Inventory for Employees with Potential for Exposure to a Person with Confirmed or Suspected COVID-19** and **Job Hazard Analysis (Controls)** sections below.

o **NOTE:** The ETS exempts fully vaccinated workers from PPE requirements when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

The following questions apply when employees are required to wear employer-provided facemasks, respirators, or face shields:	YES	NO	Follow-up Action
o Do you ensure facemasks are worn by employees over the nose and mouth when indoors and when occupying a vehicle with other people for work, unless one of the exceptions in the ETS applies?	☑	☐	
o When facemasks are required, have you provided to each employee a sufficient number of facemasks that are FDA-cleared, authorized by an FDA EUA, or otherwise offered or distributed as described in an FDA enforcement policy to comply with the ETS and ensure that they are changed by employees at least once a day, whenever they are soiled or damaged, and more frequently as necessary?	☑	☐	
o If N95 respirators or a higher level of respiratory protection are provided to employees, are they: o used in accordance with the COVID-19 mini respiratory protection program (29 CFR 1910.504) when used in place of a facemask in situations when a respirator is not required by the ETS; or o used in accordance with the respiratory protection standard (29 CFR 1910.134) when a respirator is required by the ETS?	☑	☐	
o For employees who are unable to wear facemasks (e.g., due to a disability), are face shields provided to employees and o certified to ANSI/ISEA Z87.1 (or do they cover the wearer's eyes, nose, and mouth, wrap around the face from temple to temple, and extend down below the wearer's chin)? o cleaned at least daily? o replaced when damaged?	☑	☐	
o Instead of a facemask, are employees permitted to wear their own respirator used in accordance with 29 CFR 1910.504 when a respirator is not required by the ETS?	☑	☐	As long as they are FDA approved and follow current

Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing

Use this **Fixed Work Location and Job Task Inventory** and input from employees to identify any fixed work locations outside of direct patient care areas where employees cannot maintain at least 6 feet of physical distancing from all other people when indoors. Direct patient care means hands-on, face-to-face contact with patients for the purpose of diagnosis, treatment, and monitoring.

Note: The ETS exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

Fixed work locations are workstations where an employee is assigned to work for significant periods of time. Protective measures can often be implemented at fixed workstations to minimize potential exposure to COVID-19.

o   Take an inventory of all fixed work locations outside of direct patient care areas where employees <u>cannot maintain 6 feet of physical distance</u> from all other people. Note the number of workers at each location.
For example: 5 administrative employees work at an outpatient medical office with fixed work locations at:
- ▪ *The reception area*
- ▪ *Employee desk area not in direct patient care areas*

o   For each fixed work location, describe the job tasks where employees <u>cannot maintain 6 feet of physical distance</u> from all other people.
For example: For the outpatient medical office:
- ▪ *2 employees in the reception area interact with patients, families, and the public to conduct administrative tasks at the reception desk*
- ▪ *3 employees work at their desks not in direct patient care areas*

Fixed Work Location		No. of Workers	Job Tasks and Descriptions
For example: Outpatient medical office	*The reception area*	*2*	*Interact with patients, families, and the public to conduct administrative tasks at the reception desk*
	Employee desk area	*3*	*Work at their desks not in direct patient care areas*
Main reception desk	recention	1	Reception desk duties, employee/visitor screening supervision (people entering use automated no touch thermometer and sign screening log, no physical contact; behind plexiglass)
Rehab gym	documen tation area	8	task/session charting and documentation
			NOTE: Other fixed work locations have been assessed and determined to be possible for required distancing by virtual of staggered work days and continuation of some earlier virtual work

Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19

Use this **Job Task Inventory** and input from employees to identify any job tasks where employees have potential for exposure to a person with suspected or confirmed COVID-19.

Answer the following questions about employee exposure to COVID-19:	YES	NO	Follow-up / Notes
☐ Do employee(s) provide direct care to or are they otherwise exposed to people with suspected or confirmed COVID-19?	☑	☐	

☐ Do employee(s) perform or assist in performing AGPs on a person with suspected or confirmed COVID-19? The following medical procedures are considered AGPs:
  ▣ open suctioning of airways
  ▣ sputum induction
  ▣ cardiopulmonary resuscitation
  ☐ endotracheal intubation and extubation
  ▣ non-invasive ventilation (e.g., BiPAP, CPAP)
  ☐ bronchoscopy
  ▣ manual ventilation
  ☐ medical/surgical/postmortem procedures using oscillating bone saws
  ☐ dental procedures involving: ultrasonic scalers; high-speed dental handpieces; air/water syringes; air polishing; and air abrasion
	☑	☐	

If you answered yes to any of the questions above, complete the table below indicating the location(s), number of workers, and job tasks and descriptions in which employees have potential for exposure to a person with suspected or confirmed COVID-19.

Location(s)	No. of Workers	Job Tasks and Descriptions
For example: *Surgical Suites* COVID Care Areas/dedicated	*5*	*Perform or assist in surgical procedures using oscillating bone saws* Number of workers varies per shift; perform nursing duties/tasks as ⊞

Are there any well-defined areas of your workplace in which there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present? If yes, list here:

- *For example: employee break room*
- Employee break rooms
- Administrative offices, meeting spaces, private offices, kitchen area

Employee Job Hazard Analysis (Controls)

This form will help employers and their employees identify controls to implement to minimize potential employee exposure to COVID-19. Refer to the **Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing** as well as the **Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19** sections above to complete this form for every fixed work location or job task identified in these sections.

At least one non-managerial employee should provide input on this Job Hazard Analysis.

Employee Name(s), Position/Title, Shift

Nicholas Burrill

Facility Location (e.g., campus, building number)

Liberty Commons - Broad Reach Healthcare

Controls to implement (as appropriate and feasible) for employees outside of direct patient care areas who cannot maintain physical distancing

Fixed Work Location(s) (refer to table above): Liberty Commons - Broad Reach Healthcare

Job Tasks and Descriptions:

Certified Nursing Assistant and Maintenance Tech.

☑ **Work processes or procedures have been adjusted to ensure that employees are as far apart as feasible from other people.**
How:
- *for example: using a lifting device instead of a co-worker*
- work space separation, rotating schedule when remote to limit number of people in the office

☑ **Physical barriers have been installed where physical distancing is not feasible.**
NOTE: Physical barriers are not required in direct patient care areas or resident rooms. The ETS also exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present. Refer to list of well-defined areas above.

  ☑ Between employees and other people where possible
  ☑ Between co-worker workstations where possible
  ☑ Barriers are at height and width to block face-to-face pathways between persons
  ☑ Small pass-through openings for objects, if necessary, are located at the bottom of the barrier and away from users' breathing zones
  ☑ Barriers are fixed or secured so they do not move excessively (secured to ground or surface; hanging barriers have bottoms secured)
  ☑ Barriers are easily cleanable or disposable
    ○ Barrier cleaning supplies are stocked and conveniently located
  ☑ Barriers do not block emergency exits and pathways

Controls to implement for employees with potential for exposure to a person with suspected or confirmed COVID-19

Controls for AGPs performed on a person with suspected or confirmed COVID-19:

☑ The number of employees present during the procedure is limited to only those essential for patient care and procedure support
☐ The procedure is performed in an AIIR, if available
☐ All surfaces and equipment in the room or area where the procedure is performed are cleaned and disinfected after the procedure is completed

PPE:

The employer must provide a respirator, gloves, an isolation gown or protective clothing, and eye protection to each employee with exposure to people with suspected or confirmed COVID-19. The employer must ensure that the respirator is used in accordance with the respiratory protection standard (29 CFR 1910.134) and that other PPE is used in accordance with 29 CFR 1910 subpart I.

For AGPs performed on a person with suspected or confirmed COVID-19, employers are encouraged to select elastomeric respirators or PAPRs instead of filtering facepiece respirators.

Use this form for each healthcare job task (refer to table above) with potential exposure to COVID-19.

Description of Job Task	Employee Protections	Provided by Employer	Follow-up / Notes
For example: A nurse in the ICU must enter the patient's room and draw three vials of blood once daily in the morning before breakfast. *The patient is positive for COVID-19.* *The ICU nurses have been issued N95 respirators. ICU nurses wear FDA-authorized facemasks when not in a COVID-19 positive patient's room.*	Gloves	*x*	
	Isolation gown	*x*	
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy	*x*	*When not wearing N95 respirator*
	N95 respirator, or equivalent	*x*	
	Goggles or face shield	*x*	
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)		
	Other, specify:		
patient is positive for COVID-19 - affected staff: all nursing, therapy staff - care duties, therapy	Gloves	X	
	Isolation gown	X	
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy	X	
	N95 respirator, or equivalent	X	
	Goggles or face shield	X	
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)		
	Other, specify:		
	Gloves		
	Isolation gown		
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy		
	N95 respirator, or equivalent		
	Goggles or face shield		
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)		
	Other, specify:		

Controls to implement for contact with other people while occupying a vehicle for work

Identify the protective measures taken when employees occupy a vehicle with another person for work purposes.

Required by the ETS:
- ☑ Facemasks are worn over the nose and mouth
- ☑ Clean high-touch surfaces daily (e.g., steering wheel, door handles, seats)

Best practices for employee protection:
- ☐ Use fan at highest setting
- ☐ DO NOT use "Recirculate" for cabin heating/cooling
- ☐ Open window(s) whenever weather permits
- ☐ Separate workers as much as possible in the vehicle (e.g., avoid having persons sit side-by-side)

Action Items from Job Hazard Analysis:	Follow up to Action Items:

✓ Implementing a COVID-19 Training Program

Ensure that all employees receive training, in a language and at a literacy level that they can understand.			
Have you trained each employee on COVID-19 health hazards including providing information about:	**YES**	**NO**	**Follow-up Action**
❏ How COVID-19 is transmitted *(including pre-symptomatic and asymptomatic transmission)*	☑	☐	
❏ The importance of hand hygiene to reduce the risk of spreading COVID-19 infections	☑	☐	
❏ Ways to reduce the risk of spreading COVID-19 through the proper covering of the nose and mouth	☑	☐	
❏ The signs and symptoms of COVID-19	☑	☐	
❏ The risk factors for severe illness	☑	☐	
❏ When to seek medical attention	☑	☐	
Have you reviewed your COVID-19 plan, policies, and procedures with your employees, including:			
❏ Where to find the plan, and how to obtain copies	☑	☐	
❏ Name(s) and Contact(s) of the COVID-19 Safety Coordinator(s)	☑	☐	
❏ The completed Workplace Checklist, Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing, Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19, and the Employee Job Hazard Analysis (Controls), and how to obtain copies of each	☑	☐	
❏ Your specific policies and procedures on patient screening and management	☑	☐	
❏ Tasks and situations in the workplace that could result in COVID-19 infection	☑	☐	
❏ Your specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures)	☑	☐	
❏ Your specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace	☑	☐	
❏ Your specific policies and procedures for PPE for your workplace including: o When PPE is required for protection against COVID-19 o Limitations of PPE for protection against COVID-19 o How to properly put on, wear, and take off PPE o How to properly care for, store, clean, maintain, and dispose of PPE o Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19	☑	☐	
❏ Your specific policies and procedures for cleaning and disinfection	☑	☐	
❏ Your specific policies and procedures on health screening and medical management	☑	☐	
❏ Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws; and other supportive policies and practices *(e.g., telework, flexible hours)*	☑	☐	

Training Requirements / Notes: Completion of COVID-19 Module on hire and annually and as needed

Employee Representative Name and Date:	*COVID-19 Safety Coordinator Name and Date:*
Nicholas Burill 7/2/2021	Renee Bryden 7/2/2021

STEP 1: Determine if the ETS applies to your workplace or portions of your workplace.

You may use the "Is your workplace covered by the COVID-19 Healthcare ETS?" flow chart to determine whether and how OSHA's COVID-19 Healthcare ETS applies to your workplace. Note that this determination must be made for each workplace where your employees work.

STEP 2: Customize this COVID-19 plan template for your workplace.

Customize areas marked with blue text and modify (change, add, or remove sections of) this document until the plan accurately represents your policies. The plan must match the policies, procedures, and controls that will be implemented in the workplace, and must accurately describe what employees are expected to do. Consult with non-managerial employees and their representatives, if any, before finalizing this plan.

Broad Reach Healthcare COVID-19 Plan

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1. Purpose and Scope

Broad Reach Healthcare is committed to providing a safe and healthy workplace for all our employees. Broad Reach Healthcare has developed the following COVID-19 plan, which includes policies and procedures to minimize the risk of transmission of COVID-19, in accordance with OSHA's COVID-19 Emergency Temporary Standard (ETS).

Broad Reach Healthcare has multiple workplaces that are substantially similar, and therefore has developed a single COVID-19 plan for the substantially similar workplaces, with site-specific considerations included in the table below.

Facility Location	Worksite-Specific COVID-19 Considerations
Liberty Commons The Victorian Broad Reach Hospice	DPH Licensed, CMS Certified Skilled Nursing Facility EOEA Certified Assisted Living Residence DPH Licensed, CMS Certified Hospice Agency

2. Roles and Responsibilities

Broad Reach Healthcare's goal is to prevent the transmission of COVID-19 in the workplace(s). Managers as well as non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan.

The COVID-19 Safety Coordinator(s), listed below, implements and monitors this COVID-19 plan. The COVID-19 Safety Coordinator(s) has Broad Reach Healthcare's full support in implementing and monitoring this COVID-19 plan and has authority to ensure compliance with all aspects of this plan.

Broad Reach Healthcare and the COVID-19 Safety Coordinator(s) will work cooperatively with non-managerial employees and their representatives to conduct a workplace-specific hazard assessment and in the development, implementation, and updating of this COVID-19 plan.

Administration is consciously open to all staff input; open meetings/" Town Hall" type meetings via Zoom or in person as latest CMS/CDC/DPH guidance prescribes. "Situational Awareness Meetings" daily/biweekly/weekly/monthly as dictated by frequency of updated guidance.

COVID-19 Safety Coordinator(s)		
Name	Title/Facility Location	Contact Information (office location, phone, email address)
Nury Cronin	Liberty Commons Administrator	390 Orleans Rd, N Chatham, MA 02650 508-945-4611 nurycronin@broadreachhealth.org
Celeste Fox	The Victorian Executive Director	389 Orleans Rd, N Chatham, MA 02650 508-945-1211 celestefox@broadreachhealth.org
Laurie Ortega	BR Hospice Administrator	1455 Main St; Chatham, MA 02633 508-945-4601 laurieortega@broadreachhealth.org
Jonathan Edwards	Director of Buildings and Grounds	390 Orleans Rd, N Chatham, MA 02650 508-945-4611 jonedwards@broadreachhealth.org
Renee Bryden	Director of Learning & Infection Preventionist	390 Orleans Rd, N Chatham, MA 02650 508-945-4611 reneebryden@broadreachhealth.org

3. Hazard Assessment and Worker Protections

Broad Reach Healthcare will conduct a workplace-specific hazard assessment of its workplace(s) to determine potential workplace hazards related to COVID-19. A hazard assessment will be conducted initially and whenever changes at the workplace create a new potential risk of employee exposure to COVID-19 (e.g., new work activities at the workplace).

Broad Reach Healthcare has identified the following well-defined areas of the workplace where fully vaccinated employees are exempt from the personal protective equipment (PPE), physical distancing, and physical barrier requirements of the ETS because there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present: Private offices or meeting rooms with locks on doors. Broad Reach Healthcare has developed the following policies and procedures to determine employees' vaccination status: B:\Forms & Policies\Human Resources\HirePacket\PAN Form New Hire.docx B:\Forms & Policies\Human Resources\Health Screening-New Employee Pre Hire.docx

Hiring Manager shall follow steps included in the Personnel Action Notice (PAN) Form including having employee completed the New Employee Pre-Hire Health Screening which captures COVID-19 Vaccination status as well as past history of COVID-19 infection and requires documentation. Staff who were employed at the time of our own vaccination clinics were captured and recorded in a line listing. New staff must either provide copy of CDC Vaccination information or be able to be found in the MIIS System or will be considered unvaccinated until such time they are able to provide proof of vaccination.

Broad Reach Healthcare and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to conduct the workplace-specific hazard assessment. All completed hazard assessment forms and results will be attached to this plan and will be accessible to all employees and their representatives at each facility.

Broad Reach Healthcare will address the hazards identified by the assessment and include policies and procedures to minimize the risk of transmission of COVID-19 for each employee. These policies and procedures are as follows:

Patient Screening and Management

In settings where direct patient care is provided, Broad Reach Healthcare will:
- Limit and monitor points of entry to the setting;
- Screen and triage all clients, patients, residents, delivery people, visitors, and other non-employees entering the setting for symptoms of COVID-19;
- Implement other applicable patient management strategies in accordance with the CDC's "COVID-19 Infection Prevention and Control Recommendations"; and
- Encourage the use of telehealth services where available and appropriate in order to limit the number of people entering the workplace.
- Patients and residents are screened daily and as needed for signs and symptoms of COVID-19 including temperature checks. All staff are trained to recognize signs and symptoms of COVID-19. Processes are in place to report to nurse caring for patient.
- Symptomatic patients are placed on transmission-based precautions as well as tested with rapid antigen POC testing followed by confirmatory PCR.
- Newly admitted or re-admitted patients are screened with POC rapid antigen testing per recommendations on admission, and per house policy thereafter. Patient vaccination status is determined during admission screening process. Liberty Commons follows most current CDC and DPH guidance regarding non-vaccinated or not fully vaccinated patient room placement. Non-vaccinated, and not fully vaccinated residents are provided education on vaccine availability, safety and efficacy and offered assistance with vaccination arrangements upon consent.

Broad Reach Healthcare screens all individuals entering the facility, including healthcare personnel and visitors, for symptoms of Covid-19. At the SNF and ALR, individuals enter through the front door – lobby entrance. Other entrances to the buildings are locked 24/7 to facilitate only one entry way (front lobby door).
- The SNF front door can be opened via employee-specific entry code or by calling the front desk via phone.
- The ALR front door can be opened by key or by calling the main phone number.
- The hospice administrative offices can be opened by code or by calling the main phone number.

Upon arrival to the facility, every individual performs hand hygiene, obtains a new mask supplied by the facility, takes temperature and proceeds to answer screening questions (for employees via provided screening log, visitors via screening card). Everyone arriving at Liberty Commons and The Victorian is assessed for symptoms of COVID-19, per CDC criteria (presently including cough, shortness of breath, or sore throat, myalgia, chills, or new onset loss of smell or taste and a fever), and exposure to others with suspected or confirmed SARS-CoV-2 infection. Part of the screening process is a report of absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days and confirm they have not been exposed to others with SARS-CoV-2 infection during the 14 days prior to a visit.

All staff is screened at the beginning of every shift. Staff does not need to re-screen upon re-entry if they did so at the beginning of their shift, leave the facility and return during that shift.

Residents and patients in the SNF are monitored for s/sx of COVID-19 and have their temperatures checked daily and as needed. The results are documented in EHR by nurse.

Standard and Transmission-Based Precautions

Broad Reach Healthcare will develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC's "Guidelines for Isolation Precautions."

PPE, droplet/contact precautions during COVID-19

o   Enhance precautions will be in effect during an outbreak or,

o   Patients in dedicated quarantine or isolation room are on droplet/contact precautions.

o   If a person is on specific precautions d/t ie: flu, c-diff, MRSA, etc.. or symptomatic and being tested for COVID-19 a precaution bin will be placed directly outside their room door with the type of precaution located inside the door.

o   When entering a precaution room

⬚   Perform hand hygiene.

⬚   Don gloves, gown, eye protection (if not already in place)

⬚   Enter room following beginning procedure, ie: knock on door, identify yourself, etc..

⬚   Remove gown and gloves prior to exiting room (leave mask/eye protection on)

⬚   Perform hand hygiene.

⬚   Mask must be left on for the entire shift, however if the mask becomes soiled or wet, remove and don a new mask. No one should have a mask around their chin while in the break room. It must be removed and discarded prior to entering and a new mask donned once the break is over.

⬚   Perform hand hygiene after removing soiled mask.

⬚   Eye protection must be always worn by staff while in droplet precaution room. If eye protection becomes soiled it must be cleaned and disinfected (staff must leave the patient care area to perform this task). If you touch your eye protection you must perform hand hygiene immediately.

⬚   If removing eye protection and disinfecting, hand hygiene must be performed once process is complete.

⬚   Clean and store eye wear if reusable, discard otherwise.

⬚   Perform hand hygiene.

o   Any equipment used for vital signs must be cleaned with bleach wipes between patient use.

o   Room door should be closed for patients on isolation precautions or when providing aerosol generating procedure.

o   N95 mask must be worn by staff when entering a room while an aerosol generating procedure is in process.

Broad Reach Healthcare and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to develop and implement these policies and procedures.

Personal Protective Equipment (PPE)

Broad Reach Healthcare will provide, and ensure that employees wear, facemasks or a higher level of respiratory protection. Facemasks must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes. Policies and procedures for facemasks will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Facemasks provided by Broad Reach Healthcare will be FDA-cleared, authorized by an FDA Emergency Use Authorization, or otherwise offered or distributed as described in an FDA enforcement policy. Broad Reach Healthcare will provide employees with a sufficient number of facemasks, which must be changed at least once a day, whenever

they are soiled or damaged, and more frequently as necessary (e.g., patient care reasons). Broad Reach Healthcare may also provide a respirator to employees when only a facemask is required (i.e., when a respirator is not otherwise required by OSHA's COVID-19 ETS) and, when doing so, will comply with OSHA's COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). Broad Reach Healthcare will also permit employees to wear their own respirator instead of a facemask and, in such cases, will comply with OSHA's COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). Additional information about when respirator use is required can be found below.

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FaceMask - Extended   PPE GridPICS 11x17
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The following are additional exceptions to Broad Reach Healthcare's requirements for facemasks:

1. When an employee is alone in a room.
2. While an employee is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person, or separated from other people by a physical barrier.
3. When employees are wearing respirators in accordance with 29 CFR 1910.134 or paragraph (f) of OSHA's COVID-19 ETS.
4. When it is important to see a person's mouth (e.g., communicating with an individual who is deaf or hard of hearing) and the conditions do not permit a facemask that is constructed of clear plastic (or includes a clear plastic window). When this is the case, Broad Reach Healthcare will ensure that each employee wears an alternative, such as a face shield, if the conditions permit.
5. When employees cannot wear facemasks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), or due to religious belief. Exceptions will be provided for a narrow subset of persons with a disability who cannot wear a facemask or cannot safely wear a facemask, because of the disability, as defined with the Americans with Disability Act (42 USC 12101 et seq.), including a person who cannot independently remove the facemask. The remaining portion of the subset who cannot wear a facemask may be exempted on a case-by-case basis as required by the Americans with Disability Act and other applicable laws. When an exception applies, Broad Reach Healthcare will ensure that any such employee wears a face shield, if their condition or disability permits it. Broad Reach Healthcare will provide accommodations for religious beliefs consistent with Title VII of the Civil Rights Act.
6. When Broad Reach Healthcare has demonstrated that the use of a facemask presents a hazard to an employee of serious injury or death (e.g., arc flash, heat stress, interfering with the safe operation of equipment). When this is the case, Broad Reach Healthcare will ensure that each employee wears an alternative, such as a face shield, if the conditions permit. Any employee not wearing a facemask must remain at least 6 feet away from all other people unless the employer can demonstrate it is not feasible. The employee must resume wearing a facemask when not engaged in the activity where the facemask presents a hazard.

If a face shield is required to comply with OSHA's COVID-19 ETS or Broad Reach Healthcare otherwise requires use of a face shield, Broad Reach Healthcare will ensure that reusable face shields are cleaned at least daily and are not damaged.

Broad Reach Healthcare will not prevent any employee from voluntarily wearing their own facemask and/or face shield in situations when they are not required unless doing so would create a hazard of serious injury or death, such as interfering with the safe operation of equipment. Facility continues to follow DPH/CMS/CDC guidance.

In addition to providing, and ensuring employees wear, facemasks, Broad Reach Healthcare will provide protective clothing and equipment (e.g., respirators, gloves, gowns, goggles, face shields) to each employee in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "Guidelines for Isolation Precautions," and ensure that the protective clothing and equipment is used in accordance with OSHA's PPE standards

(29 CFR 1910 subpart I).

Broad Reach Healthcare provides facemasks at the point of entry as well as throughout the facility for immediate access. Carts with other PPE (gowns, face shields, goggles, gloves) readily available and sufficiently stocked on regular basis in patient care areas and other designated areas as appropriate.

For employees with exposure to people with suspected or confirmed COVID-19, Broad Reach Healthcare will provide respirators and other PPE, including gloves, an isolation gown or protective clothing, and eye protection. Broad Reach Healthcare will ensure respirators are used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134), and other PPE is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

For patients and residents with suspected or confirmed COVID-19 PPE is provided per most current DPD/CDC guidance as described above; in addition.

Non Vaccinated or Not Fully Vaccinated Staff who are exposed to people with suspected or confirmed COVID-19 are must report exposure as soon as they are aware. They must quarantine per most current guidelines and are tested with rapid POC antigen as well as PCR.

For aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19, Broad Reach Healthcare will provide a respirator to each employee and ensure it is used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134). Broad Reach Healthcare will also provide gloves, an isolation gown or protective clothing, and eye protection to each employee, and ensure use in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

Employees performing or assisting with AGPs on a person with suspected or confirmed COVID-19 would follow most current CMS/CDC/DPH guidance for PPE which provided as described above. Use of elastomeric respirators or powered air-purifying respirators (PAPRs) is not within the scope of practice at Broad Reach Healthcare at this time.

Broad Reach Healthcare and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees or representatives to assess and address COVID-19 hazards, including when there is employee exposure to people with suspected or confirmed COVID-19.

Aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19.

When an AGP is performed on a person with suspected or confirmed COVID-19, Broad Reach Healthcare will:
- Provide a respirator and other PPE, as discussed in the previous section;
- Limit the number of employees present during the procedure to only those essential for patient care and procedure support;
- Clean and disinfect the surfaces and equipment in the room or area where the procedure was performed, after the procedure is completed.

Broad Reach Healthcare and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess and address COVID-19 hazards while performing AGPs.

Physical Distancing

Broad Reach Healthcare endeavors to provide appropriate physical distance for people in the workplace but in accordance with CMS/CMS/CDC/DPH guidance ; fully vaccinated healthcare workers are allowed to work in the same space without physical distancing with other fully vaccinated healthcare workers.

Broad Reach Healthcare will ensure that each employee is separated from all other people in the workplace by at least 6 feet when indoors, unless it can be demonstrated that such physical distance is not feasible for a specific activity. Where

maintaining 6 feet of physical distance is not feasible, Broad Reach Healthcare will ensure employees are as far apart from other people as possible. Physical distancing will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Broad Reach Healthcare and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess physical distancing in the workplace.

The main points of entry to the buildings have been redesigned to physically separate, where present, reception staff as well direct the flow of traffic to hand hygiene stations, screening station, PPE station and employee time clock (as applicable) with particular regard to physical distancing of staff in queue. In areas where masking and physical distancing is less physically possible, such as a break room, there are additional spaces for not fully vaccinated staff to have their meals with physical distancing demarked by furniture placement, signage, markings on the floor in a separate area.

Furniture in the lobby, meeting spaced, classrooms, etc. have been edited down to limit the number of people able to be seated in each area. "Communal seating" such as couches, have been eliminated and replaced with chairs in non-porous materials.

BRHC virtual work arrangements allow employees to work at home, on the road or in a satellite location for all or part of their workweek. The organization considers a virtual work arrangement to be a viable, flexible work option when both the employee and the job are suited to such an arrangement. Suitability for two employees in the same job will not necessarily be the same. A virtual work arrangement may be appropriate for some employees and jobs but not for others. It is dependent on each case, and hence does not apply to all employees. A virtual work arrangement is not an entitlement, it is not a companywide benefit, and it in no way changes the terms and conditions of employment with the company.

Procedures

Physical Barriers

Broad Reach Healthcare will install physical barriers at each fixed work location outside of direct patient care areas where each employee is not separated from all other people by at least 6 feet of distance and spacing cannot be increased, unless it can be demonstrated that it is not feasible to install such physical barriers. Physical barriers will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Broad Reach Healthcare and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to identify where physical barriers are needed.

Where feasible, Broad Reach Healthcare will ensure that:
- Physical barriers are solid and made from impermeable materials;
- Physical barriers are easily cleanable or disposable;
- Physical barriers are sized (i.e., height and width) and located to block face-to-face pathways between individuals based on where each person would normally stand or sit;
- Physical barriers are secured so that they do not fall or shift, causing injury or creating a trip or fall hazard;
- Physical barriers do not block workspace air flow or interfere with the heating, ventilation, and air conditioning (HVAC) system operation;
- Physical barriers are transparent in cases where employees and others have to see each other for safety; and
- Physical barriers do not interfere with effective communication between individuals.

Clear, impermeable, physical barrier at the public facing fixed workstation in the entryway/lobby, check-in desks has been securely mounted to hard surface/reception desk and is not a risk for falling or moving. Clear, impermeable

physical barriers are installed to separate workplaces of therapists at the gym area – this space does not allow 6 feet physical distancing.

Cleaning and Disinfection

Broad Reach Healthcare will implement policies and procedures for cleaning, disinfection, and hand hygiene, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. Broad Reach Healthcare and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to implement cleaning, disinfection, and hand hygiene in the workplace.

In patient care areas, resident rooms, and for medical devices and equipment:

> Broad Reach Healthcare will follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "COVID-19 Infection Prevention and Control Recommendations" and CDC's "Guidelines for Environmental Infection Control."

In all other areas:

> Broad Reach Healthcare requires the cleaning of high-touch surfaces and equipment at least once a day, following manufacturers' instructions for the application of cleaners.

> When a person who is COVID-19 positive has been in the workplace within the last 24 hours, Broad Reach Healthcare requires cleaning and disinfection, in accordance with CDC's "Cleaning and Disinfecting Guidance," of any areas, materials, and equipment that have likely been contaminated by that person (e.g., rooms they occupied, items they touched).

Broad Reach Healthcare will provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities. Only ABHR products in compliance with long term care facility regulations are provided for use.

All staff, residents and visitors have been provided on going education proper hand hygiene according to CDC guidelines. Hand Hygiene ABHR stations are placed throughout facility at anticipated and convenient locations with handwashing stations available throughout as well. Monitoring and live time feedback of technique also provided. Signs are posted throughout the facility to encourage proper and frequent hand hygiene.

Ventilation

Broad Reach Healthcare will implement policies and procedures for each facility's heating, ventilation, and air conditioning (HVAC) system and ensure that:

- The HVAC system(s) is used in accordance with the manufacturer's instructions and the design specifications of the HVAC system(s);
- The amount of outside air circulated through the HVAC system(s) and the number of air changes per hour are maximized to the extent appropriate;
- All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); if not compatible, the filter with the highest compatible filtering efficiency is used;
- All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system;
- All intake ports that provide outside air to the HVAC system(s) are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system(s); and

Ventilation policies and procedures will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. Broad Reach Healthcare will identify the building manager, HVAC professional, or maintenance staff member who can certify that the HVAC system(s) are operating in accordance with the ventilation provisions of OSHA's COVID-19 ETS and list the individual(s) below.

Building ventilation systems in compliance with CMS and DPH guidelines for long term care facility.

Additional measures to improve building ventilation in accordance with "CDC's Ventilation Guidance".
- Opening windows and doors during work hours when outdoor climate allows, and when doing so would not present other health or safety hazards; per patient, employee preference or care plan.
- The HVAC system runs 24/7 as building is continuously occupied.
- Other measures identified by the employer.

The following individual(s) is responsible for maintaining the HVAC system(s) and can certify that it is operating in accordance with the ventilation provisions of OSHA's COVID-19 ETS. *(e.g., Maintenance staff, HVAC service contractor(s))*	
Name/Contact Information: Jon Edwards, Director of Grounds and Facilities	*Location:* Liberty Commons
Name/Contact Information: Harwich Port Heating and Cooling	*Location:* 461 Lower County Rd., Harwich Port, MA

Health Screening and Medical Management

Health Screening

Broad Reach Healthcare will screen each employee before each workday and each shift. All employees must complete screening at the points of entry in accordance with the most current CMS/CDC/DPH guidance. All employees must adhere to required POC antigen testing and/or PCR testing as specified by CMS/CDC/DPH guidance. There is no cost to employees for required testing.

ScreeningLogEmploy
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Employee Notification to Employer of COVID-19 Illness or Symptoms

Broad Reach Healthcare will require employees to promptly notify their supervisor or COVID-19 Safety Coordinator when they have tested positive for COVID-19 or been diagnosed with COVID-19 by a licensed healthcare provider, have been told by a licensed healthcare provider that they are suspected to have COVID-19, are experiencing recent loss of taste and/or smell with no other explanation, or are experiencing both fever (≥100.4° F) and new unexplained cough associated with shortness of breath.

Employees are instructed to call and speak to a supervisor if they are experiencing any signs or symptoms of COVID-19 prior to reporting for their shift and NOT to enter the building. At that time they will be contacted by an administrator, ED, IP or other clinical leadership to review next steps.

MA Sick Leave

Current state law ensures that earned sick leave is provided to allow employees to:

1. Care for employee's own physical or mental illness, injury, or other medical condition that requires home, preventative or professional care;

2. Care for a child, parent, spouse, or parent of a spouse who is suffering from a physical or mental illness, injury, or other medical condition that requires home, preventative or professional care;

3. Attend routine medical and dental appointments for themselves or for their child, parent, spouse, or parent of a spouse; and

4. Address the psychological, physical, or legal effects of domestic violence.

Earned sick leave may be used for full or partial day absences. If an employee's absence from work requires that a replacement be called in to cover the absent employee's work, the absent employee may be required to use up to a full shift of earned sick leave.

An employee and supervisor may mutually agree that an employee will work and be paid for an equivalent number of additional hours or shifts during the same pay period as the hours or shifts taken as sick leave. In those cases, the employee will not be required to use accrued sick leave, and the employee is not paid for the time absent. Supervisors may not require this, and employees are not entitled to it.

Absences without earned sick leave earned and paying for the missed time do not fall within any of the provisions of "Earned Sick Leave".

Verification of Use of Sick Leave

If an employee uses sick leave for a period that lasts over 24 consecutively scheduled hours, the Company may require the employee to submit a note from a healthcare provider that confirms the employee's need to use earned sick leave. If the employee does not have a healthcare provider, or if the earned sick leave is taken for permissible non-medical reasons, the Company may require the employee to submit a written statement evidencing the need to use earned sick leave.

If an employee is requested to submit documentation but fails to do so, the Company may delay or deny the future use of accrued sick leave until the documentation is provided. Although it may sometimes be contained in the same document, such healthcare provider confirmation is not the same as "clearance for duty" or other such return to work authorization and does not enable the employee to remain out of work while provision of such a confirmation document is pending.

COVID-19 Sick Leave Addendums:

1) Broad Reach, responding to COVID-19 pandemic state and federal regulations, implemented a flexible and supportive sick leave policies and practices.
   a) Employees with s/sx of respiratory illness are actively encouraged to stay home and not to return to work until the CDC criteria to discontinue home isolation are met.
   b) Employees who called out for any reason, will be contacted by infection preventionist or her designee on a regular basis to follow up on employee's wellbeing, symptoms and to offer assistance with setting up testing. Infection preventionist monitors and documents all absences and all employees with respiratory illnesses in line listings
   c) Employees who have to stay home to care for a sick or immune compromised family member or take care of children due to school and childcare closures shall be permitted to do so – advanced announcement of such a leave is preferred.
   d) During COVID-19 pandemic Broad Reach has not required a positive COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness, qualify for sick leave, or to return to work with understanding that healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.

2) Supplemental Sick Leave specific to COVID-19 is in force on request of employees in qualifying circumstances. The process and parameters as set forth by the Commonwealth are referenced on the employee portal of the company's web site.

3) Liberalized eligibility and use of the state unemployment system may be applicable. This information is shared with employees.

4) Medical Removal Protection Benefits, whereby Broad Reach Healthcare will continue to pay employees who have been removed from the workplace under the medical removal provisions of OSHA's COVID-19 ETS. When an employee has been removed from the workplace and is not working remotely or in isolation, BRHC offers options available relative to lost work time while being required to quarantine due to COVID-19 exposure or testing results.

5) Some positions are able to work remotely, either fully or partially (through virtual, telehealth). This must be discussed with employee's supervisor for consideration.

6) During the period of time out of work, health insurance remains in force. Employee's contributions toward health insurance are deferred until the return to work unless they can be paid from benefit time, in which case the deductions will be made in the customary fashion.

The choice of these methods and any others is up to the employee entirely and they are not required to choose either option. The company does not "challenge" or otherwise refute the unemployment claim.
Some positions are able to work remotely, either fully or partially (through virtual, telehealth). This must be discussed with employee's supervisor for consideration.

Employer Notification to Employees of COVID-19 Exposure in the Workplace

Broad Reach Healthcare uses the most current CMS/CDC/DPH definition of 'exposure' for healthcare workers. BRHC will notify employees if they have been exposed according to that definition to a person with COVID-19 at their workplace, as described below. The notification provisions below are not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities, COVID-19 testing sites, COVID-19 wards in hospitals). When Broad Reach Healthcare is notified that a person who has been in the workplace (including employees, clients, patients, residents, vendors, contractors, customers, delivery people and other visitors, or other non-employees) is COVID-19 positive, Broad Reach Healthcare will, within 24 hours:
- Notify each employee who meets the definition of 'health care worker exposed' or 'healthcare worker in close contact' that was not wearing required PPE or had been in "close contact" with the person with COVID-19 in the workplace. The notification must state the fact that the employee was in "close contact" with someone with COVID-19 along with the date(s) the contact occurred.
- Notify all other employees who meets the definition of healthcare worker 'exposed' or 'close contact' was not wearing required PPE worked in a well-defined portion of a workplace (e.g., a particular floor) in which the person with COVID-19 was present during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period.
- Notify other employers whose employees were not wearing a respirator and any other required PPE and have been in "close contact" with the person with COVID-19 or worked in a well-defined portion of a workplace (e.g., a particular floor) in which that person was present, during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period and the location(s) where the person with COVID-19 was in the workplace.

Notification process follows healthcare worker reporting guidelines.
If a Healthcare worker is exposed per the definition of 'healthcare worker exposure or close contact" with a COVIDS-19 positive person they will be notified by phone of 'exposure'.

Medical Removal from the Workplace
Broad Reach Healthcare has also implemented a policy for removing employees from the workplace in certain circumstances. Broad Reach Healthcare will immediately remove an employee from the workplace when:
- The employee is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19);
- The employee has been told by a licensed healthcare provider that they are suspected to have COVID-19;
- The employee is experiencing recent loss of taste and/or smell with no other explanation; or

- The employee is experiencing both a fever of at least 100.4°F and new unexplained cough associated with shortness of breath.

For employees removed because they are COVID-19 positive, Broad Reach Healthcare will keep them removed until they meet the return-to-work criteria discussed below. For employees removed because they have been told by a licensed healthcare provider that they are suspected to have COVID-19, or are experiencing symptoms as discussed above, Broad Reach Healthcare will keep them removed [until they meet the return-to-work criteria discussed below or keep them removed and provide a COVID-19 polymerase chain reaction (PCR) test at no cost to the employee. If the employee tests negative, they can return to work immediately. If the employee tests positive or refuses a test, they must remain excluded from the workplace until the return-to-work criteria below are met. If the employee refuses to take the test, Broad Reach Healthcare will continue to keep the employee removed from the workplace, but is not obligated to provide the medical removal protection benefits discussed below.

Return to work criteria staffV4.doc most current policy

If Broad Reach Healthcare notification of an employee that they were in close contact with a person in the workplace (including employees, clients, patients, residents, vendors, contractors, customers, delivery people and other visitors, or other non-employees) who is COVID-19 positive is provided in accordance to CDC healthcare worker exposure and vaccination guidelines.

Broad Reach Healthcare will keep the employee removed from the workplace in accordance with the most current CDC and DPH guidance for return to work guidelines for healthcare workers.

Any time an employee must be removed from the workplace, Broad Reach Healthcare may require the employee to work remotely or in isolation if suitable work is available. When allowing an employee to work remotely or in insolation, Broad Reach Healthcare will continue to pay that employee the same regular pay and benefits the employee would have received had the employee not been absent.

Broad Reach Healthcare will not subject its employees to any adverse action or deprivation of rights or benefits because of their removal from the workplace due to COVID-19.

Return to Work Criteria
Broad Reach Healthcare will only allow employees who have been removed from the workplace to return to work in accordance with the CDC's "Isolation Guidance" and "Return to Work Healthcare Guidance." Pursuant to CDC guidance, symptomatic employees may return to work after all the following are true:
- At least 10 days have passed since symptoms first appeared, and
- At least 24 hours have passed with no fever without fever-reducing medication, and
- Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation).

If an employee has severe COVID-19 or an immune disease, Broad Reach Healthcare will follow the guidance of a licensed healthcare provider regarding return to work.

Pursuant to CDC guidance, asymptomatic employees may return to work after at least 10 days have passed since a positive COVID-19 test. If an employer receives guidance from a healthcare provider that the employee may not return to work, they must follow that guidance.

Vaccination

Broad Reach Healthcare encourages employees to receive the COVID-19 vaccination as a part of a multi-layered infection control approach. Broad Reach Healthcare will support COVID-19 vaccination for each employee by providing reasonable time and paid leave to each employee for vaccination and any side effects experienced following vaccination.

Training

Broad Reach Healthcare will implement policies and procedures for employee training, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. Broad Reach Healthcare and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess COVID-19 hazards and implement an employee training program at each facility.

Broad Reach Healthcare's COVID-19 training program will be accessible in the following ways:
-In person, on paper or available online via various digital platforms and in various languages as needed. Phone calls, texts and emails are also utilized as appropriate.
Training is provided 1 on 1, at Orientation for new employees, and in an ongoing manner as guidance continues to change or be updated.

Broad Reach Healthcare will ensure that each employee receives training, in a language and at a literacy level the employee understands, on the following topics:
- COVID-19, including:
    o How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission);
    o The importance of hand hygiene to reduce the risk of spreading COVID-19 infections;
    o Ways to reduce the risk of spreading COVID-19 through proper covering of the nose and mouth;
    o The signs and symptoms of COVID-19;
    o Risk factors for severe illness; and
    o When to seek medical attention
- Broad Reach Healthcare's policies and procedures on patient screening and management;
- Tasks and situations in the workplace that could result in COVID-19 infection;
- Workplace-specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures);
- Employer-specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace;
- Broad Reach Healthcare's policies and procedures for PPE worn to comply with OSHA's COVID-19 ETS, including:
    o When PPE is required for protection against COVID-19;
    o Limitations of PPE for protection against COVID-19;
    o How to properly put on, wear, and take off PPE;
    o How to properly care for, store, clean, maintain, and dispose of PPE; and
    o Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19;
- Workplace-specific policies and procedures for cleaning and disinfection;
- Broad Reach Healthcare's policies and procedures on health screening and medical management;
- Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, and other supportive policies and practices (e.g., telework, flexible hours);
- The identity of Broad Reach Healthcare's Safety Coordinator(s) specified in this COVID-19 plan;
- OSHA's COVID-19 ETS; and
- How the employee can obtain copies of OSHA's COVID-19 ETS and any employer-specific policies and procedures developed under OSHA's COVID-19 ETS, including this written COVID-19 plan.

Broad Reach Healthcare will ensure that the training is overseen or conducted by a person knowledgeable in the

covered subject matter as it relates to the employee's job duties, and that the training provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter as it relates to the employee's job duties.

Broad Reach Healthcare will provide additional training whenever changes occur that affect the employee's risk of contracting COVID-19 at work (e.g., new job tasks), policies or procedures are changed, or there is an indication that the employee has not retained the necessary understanding or skill.

Anti-Retaliation

Broad Reach Healthcare will inform each employee that employees have a right to the protections required by OSHA's COVID-19 ETS, and that employers are prohibited from discharging or in any manner discriminating against any employee for exercising their right to protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

Broad Reach Healthcare will not discharge or in any manner discriminate against any employee for exercising their right to the protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

Requirements implemented at no cost to employees

Broad Reach Healthcare will comply with the provisions of OSHA's COVID-19 ETS at no cost to its employees, with the exception of any employee self-monitoring conducted under the Health Screening and Medical Management section of this Plan.

Recordkeeping

Broad Reach Healthcare will retain all versions of this COVID-19 plan implemented to comply with OSHA's COVID-19 ETS while the ETS remains in effect.

Broad Reach Healthcare will establish and maintain a COVID-19 log to record each instance in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work. The COVID-19 log will contain, for each instance, the employee's name, one form of contact information, occupation, location where the employee worked, the date of the employee's last day at the workplace, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.

Broad Reach Healthcare will record the information on the COVID-19 log within 24 hours of learning that the employee is COVID-19 positive. Broad Reach Healthcare will maintain the COVID-19 log as a confidential medical record and will not disclose it except as required by OSHA's COVID-19 ETS or other federal law.

Broad Reach Healthcare will maintain and preserve the COVID-19 log while OSHA's COVID-19 ETS remains in effect.

By the end of the next business day after a request, Broad Reach Healthcare will provide, for examination and copying:
- All versions of the written COVID-19 plan to all of the following: any employees, their personal representatives, and their authorized representatives.
- The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee;
- A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was at the workplace before removal, the date of that employee's positive test for, or

diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all of the following: any employees, their potential representatives, and their authorized representatives.

Reporting

Broad Reach Healthcare will report to OSHA:(Define who will report)
- Each work-related COVID-19 fatality within 8 hours of Broad Reach Healthcare learning about the fatality;
- Each work-related COVID-19 in-patient hospitalization within 24 hours of Broad Reach Healthcare learning about the in-patient hospitalization.

4. Monitoring Effectiveness

Broad Reach Healthcare and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to monitor the effectiveness of this COVID-19 plan so as to ensure ongoing progress and efficacy.

Broad Reach Healthcare will update this COVID-19 plan as needed to address changes in workplace-specific COVID-19 hazards and exposures.

5. Coordination with Other Employers

Broad Reach Healthcare will communicate this COVID-19 plan with all other employers defined by Broad Reach Healthcare as 'contractors' that share the same worksite, and will coordinate with each employer to ensure that all workers are protected. They will also communicate with these 'contractors' if their employees meet the definition of 'healthcare worker exposure or close contact'. Contractors are part of surveillance testing per their vaccination status and reciprocal notification of 'exposure' is expected.

Broad Reach Healthcare will adjust this COVID-19 plan to address any particular hazards presented by employees of other employers at the worksite.

Broad Reach Healthcare has identified below all other employers to coordinate with to ensure employees are protected * non-essential healthcare workers of other agencies as needed.

Broad Reach Healthcare / Employer Representative:
Trident Labs
Vantage Psych Services
Any and all applicable home healthcare agencies and their employees
Performance Healthcare Services (PHS)

6. Signature and Plan Availability

Broad Reach Healthcare has prepared and issued this COVID-19 plan on 7/1/2021.

Employers:	**Broad Reach Healthcare** ◆ **Liberty Commons Rehab & Skilled Care Center** ◆ **The Victorian Assisted Living Residence** ◆ **Broad Reach Hospice**
Address:	**390 Orleans Rd., North Chatham MA 02650**
Business Owner:	**William Bogdanovich, President/CEO**

This COVID-19 plan is available:

Via hard copy at break rooms/spaces	Posted on employee portal of www.broadreachhealth.org	Available by request. ☐ Nury Cronin (Liberty Commons) ☐ Celeste Fox (Victorian) ☐ Laurie Ortega (BR Hospice) Note that this COVID-19 plan must be provided for examination and copying by employees and their representatives by the end of the next business day after a request.]