



COMMONWEALTH
ANESTHESIA
ASSOCIATES

Infectious Disease (COVID-19) Preparedness and Response Plan

I. Purpose

This plan describes the implementation of mandatory health and safety requirements established by the Virginia Department of Labor and Industry, Governor Northam's COVID-19 Executive Order and subsequent Addendum as well as guidelines from the Centers for Disease Control.

II. Responsibilities

As contracted staff within multiple medical facilities, CAA staff will adhere to all facility requirements. Within CAA, a COVID task force has been formed, including the individuals listed below. Michelle Lilly, MSPH, with consultation from the task force, will serve in the role of health officer. The health officer has the authority to stop or alter activities to ensure that all work practices conform to the mandatory safety and health requirements applicable to COVID-19 as well as any other infectious disease hazards.

| Health Officer(s) and Task Force | | | |
|---|-----------------------------|--|---------------------|
| Name | Title | Location | Phone Number |
| Janine Thekkekandam, M.D. | COVID Coordinator | Johnston-Willis Hospital | 804 483 6111 |
| Adam Henceroth, D.O. | COVID Coordinator | Chippenham Hospital | 804 483 1112 |
| Rob Panten, M.D. | COVID Coordinator | John Randolph Medical Center & Colonial Heights Surgery Center | 804 452 3698 |
| Ethan Stein, M.D. | COVID Coordinator | St. Francis Medical Center and Richmond Community Hospital | 804 594 3046 |
| George Leisure, M.D. | COVID Coordinator | Monticello Community Surgery Center | 434 293 4995 |
| Diane Thexton | Director of Human Resources | Result LLC | 805 594-1385 |
| Michelle Lilly, MSPH | Director of Quality | Result LLC | 804-594-1390 |

For the purpose of ensuring compliance with the most recent safety and health requirements, Michelle Lilly is responsible for administering this plan, monitoring agencies for new requirements, updating this plan, communicating any changes to employees, and

monitoring the overall effectiveness of the plan, and is also responsible for providing employees with a copy of this plan upon request.

III. Determination of Exposure Risk by Job Duty

We have determined the COVID-19 exposure risk level of all worksite functions to ensure that we apply appropriate hazard controls – including training, equipment, and personal protective equipment (PPE) – to protect employees’ safety and health. This assessment is based on OSHA Publication 3990. Classes of employees have been assigned to risk categories as follows:

Exposure Risk Level means an assessment of the possibility that an employee could be exposed to the hazards associated with SARS-CoV-2 virus and the COVID-19 disease. Hazards and job tasks have been divided into four risk exposure levels: “Very High”, “High”, “Medium”, and “Lower”.

“Very High” exposure risk hazards or job tasks are those in places of employment with high potential for employee exposure to known or suspected sources of the SARSCoV-2 virus and the COVID-19 disease including, but not limited to, during specific medical, postmortem, or laboratory procedures.

“High” exposure risk hazards or job tasks are those in places of employment with high potential for employee exposure within six feet with known or suspected sources of SARS-CoV-2 that are not otherwise classified as “very high” exposure risk (refer to page 8 of the 16 VAC 25-220, Emergency Temporary Standard/Emergency Regulation for a more detailed description).

“Medium” exposure risk hazards or job tasks that are not labeled as “very high” or “high” (refer to pages 9-10 of the 16 VAC 25-220, Emergency Temporary Standard/Emergency Regulation for a more detailed description).

“Lower” exposure risk hazards or job tasks are those not otherwise classified as “very high”, “high”, or “medium” exposure risk that do not require contact within six feet of persons known to be, or suspected of being, or who may be infected with SARS-CoV-2; nor contact within six feet with other employees, other persons, or the general public

except as otherwise provided in this definition (refer to page 10 of the 16 VAC 25-220, Emergency Temporary Standard/Emergency Regulation for a more detailed description).

The following defines job tasks that pose a risk level to employees. The job tasks that are listed are not an all-inclusive list.

Very High

- High potential for exposure to SARS-Cov2 sources or persons known to be infected with SARS-Cov2
- Respiratory Therapy, ICU, OR, ER staff in hospitals. Clinical staff performing Aerosol Generating Procedures (AGP's or respiratory care in outpatient settings).

High

- High potential for exposure within 6 ft of SARS-Cov2 sources or persons known/PUI
- All hospital staff in direct patient care roles. EVS, FANS, Engineering, and other hospital staff entering rooms of COVID-19 positive/PUI patients. Staff in outpatient clinical setting caring for COVID-19 known/PUI patients.

Medium

- More than minimal occupational contact within 6 ft of coworkers, customers, general public who are not known or suspected to have SARS-Cov2
- Any staff entering a hospital who are not expected to be within 6ft of COVID-19 positives/PUIs. Staff in outpatient settings not performing AGP's or respiratory care. Any staff in non-clinical locations not working remote or in socially distanced private offices.

Low

- Minimal occupational contact with coworkers, customers, general public
- Staff in socially distanced private office. Teleworking staff

“Exposure risk level” of the Emergency Temporary Standard for COVID-19 by the Virginia Department of Labor and Industry.

OSHA document “Guidance on Preparing Workplaces for COVID-19” which is available at <http://www.osha.gov/Publications/OSHA3990.pdf> was also used to determine the risk level of each employee or class of employee based on their type of work and duties. Some jobs may have more than one type of exposure risk depending on the task or qualifying factors.

| Work Area | Job tasks | Exposure Risk Determination |
|---------------------------------|------------------|------------------------------------|
| Anesthesia | Performing AGPs | Very High |
| Offices, Non-clinical locations | Office Based | Medium |

IV. Contingency Guidelines and Directives in the Event of an Infectious Disease Outbreak

In the event that an outbreak or pandemic due to an infectious disease CAA will adhere to the facilities contingency guidelines and directive for addressing the workplace needs as well as employee safety and health during the outbreak.

As we know, disasters and pandemics can create unprecedented and unpredictable demands on healthcare systems and resources. Those demands may result from “surges” of patients who require medical attention, and those surges can create real challenges to healthcare providers and their ability to follow “conventional” standards of care. Given that, CAA will defer to the facilities plans for Operational Guidance and Surge Planning.

The facility guidelines and directives would be used to address issues including increased absenteeism, need for physical distancing, engineering, administrative, and PPE controls. In addition, the guidance addresses the need for essential operations and the use of reduced workforce through lower numbers of employees on site or the need to have employees cross-trained in the event of an incident occurring.

V. Basic Infectious Disease Prevention and Control Measures

To control the spread of infectious diseases such as COVID 19, basic prevention and control measures must be implemented to ensure that all employees are protected against the hazards of infectious disease.

Staff should adhere to the following precautions and actions:

- Large gatherings are minimized whenever possible; staff meetings are postponed, cancelled or held virtually;
- Employees are encouraged to maintain physical distance even when on break, as well as before and after working hours;
- Employees are required to maintain physical distance when reporting to work, clocking in, leaving work, and clocking out;
- Employee workstations are greater than six feet apart (when feasible);
- The employer may utilize flexible work hours, wherever possible, to limit the number of employees simultaneously working on-site; and
- Employee interactions with the general public are modified to allow for additional physical space between parties.
- Break rooms are to provide for social distancing whenever possible. Limit those in breakroom at the same time (more than 6 feet apart) as much as possible by promoting staggered meal breaks and social distancing.

VI. Identification and Isolation of Sick and/or Exposed Employees

Risk and exposure determinations are made without regard to employees protected characteristics as defined by local, state, and federal law.

Any health-related information and documentation gathered from employees is maintained confidentially and in compliance with state and federal law. Specifically, medical documentation is stored separate from employee's personnel documentation.

1. Employee Self-Monitoring

Any employee who is exposed to, has symptoms consistent with, or is positive for COVID-19 should immediately be evaluated to stay out of work and/or return to work following the approved, current CDC guidance.

2. Daily Screenings

To prevent the spread of COVID-19 and reduce the potential risk of exposure, facilities may screen employees daily.

Employees may be asked the following questions before entering the worksite:

1. Do you have a fever OR cough OR shortness of breath, OR difficulty breathing?
2. Have you been in contact with anyone with COVID-10 in the last 14 days?

Employees who develop symptoms during their shift must immediately report to their COVID Coordinator or Campus Chief, and to CAA's Human Resources Department.

3. Return-to-Work Requirements

Employees who were themselves diagnosed with COVID-19 may only return to work upon confirmation of the cessation of symptoms and contagiousness, proof of which may be acquired via current CDC guidance for use of the symptom-based strategy or the test-based strategy.

VII. Procedures for Minimizing Exposure from Outside of Workplace

All CAA business practices have been adapted to ensure the safety and health of all individuals. Minimal onsite face to face meetings are held, virtual meetings are preferred, transitioning to onsite meetings with appropriate precautions as the situation allows.

- Social distancing practices to be observed:
 - 6-foot distances should be maintained
 - Minimize face to face contact
 - Universal masking at all times
 - Lunchrooms with social distancing restrictions to include removal of chairs, or staggered breaks.

Information may be posted throughout the worksite educating individuals on ways to reduce the spread of COVID-19.

Minimizing exposure from the general public:

- Social distancing practices to be observed:
 - 6-foot distances are marked in areas where individuals might gather/wait.
 - Masks are worn in social distancing is not possible.
 - Limit number of individuals allowed into workplace.
 - Minimize face to face contact:
 - Computer workstations positioned at least 6 feet apart when possible
 - Universal masking of employees, patients and the general public is in place at all times
- Masks are available to the general public as well as appropriate disinfectants

VIII. Training

All CAA providers will be required to be trained on this plan. This training will ensure that all employees recognize the hazards of SARS-CoV-2 and COVID-19 as well as the procedures to minimize the hazards related to the infectious diseases and help prevent the spread of the infectious disease.

All providers will be trained on this subject and procedures. All training will be documented according to the Emergency Regulations for COVID-19 by the Virginia Department of Labor and Industry.

Training Records will include the following requirements (see example below):

- Employee name
- Employee's signature (physical or electronic)
- Date
- Signature of Trainer

Training records must be retained in employee files. These training records are maintained by Result LLC.