

# COVID-19 ADDENDUM

## Policies & Procedures

### FEDERAL EMERGENCY PAID SICK LEAVE (EPSL)

As of April 1, 2020 all current employees regardless of length of employment became eligible for up to 80 hours of paid leave under the federal Emergency Paid Sick Leave (EPSL) law. EPSL is available for immediate use.

EPSL is available when you are unable to work, including remotely, because:

1. You are subject to a federal, state, or local quarantine or isolation related to COVID-19;
2. You have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19;
3. You are experiencing symptoms of COVID-19 and seeking a medical diagnosis;
4. You are caring for an individual who is subject to one of the two reasons above;
5. You are caring for your son or daughter if the school or place of care has been closed, or the childcare provider is unavailable, due to COVID-19 precautions;
6. You are experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of Treasury and the Secretary of Labor.

Full-time employees will receive 80 hours of paid leave. Employees working less than 40 hours will receive a number of hours equal to the number of hours that such employee worked, on average, over the two-week period prior to taking leave. This time is in addition to any paid time off benefits you have accrued with OCP. EPSL must be used prior to an employee taking OCP-provided paid time off benefits (sick, vacation, PTO) if the reason for leave is covered under EPSL.

If the employee is teleworking, then time taken for any of the reasons above may be taken intermittently if you and your supervisor agree. If the employee is not teleworking, then time taken for reasons 1, 2, 3, 4, and 6 above cannot be taken intermittently. Under those circumstances, only time taken for reason 5 above may be taken intermittently if you and your supervisor agree.

If you are not teleworking, once you begin taking paid sick leave for one or more of these qualifying reasons, you must continue to take paid sick leave each day until you either (1) use the full amount of paid sick leave, or (2) no longer have a qualifying reason for taking paid sick leave. This limit is imposed because if you are sick or possibly sick with COVID-19, or caring for an individual who is sick or possibly sick with COVID-19, the intent of the Families First Coronavirus Relief Act is to provide such paid sick leave as necessary to keep you from spreading the virus to others.

If you no longer have a qualifying reason for taking paid sick leave before you exhaust your paid sick leave, you may reserve and take any remaining emergency paid sick leave at a later time if another qualifying reason subsequently occurs, but no later than December 31, 2020.

For reasons 1, 2, and 3 listed above, employees will be eligible to receive pay at their regular rate of pay, which is capped at \$511 per day and \$5,110 in aggregate. For reasons 4, 5, and 6 listed above, employees will be eligible to receive pay at two-thirds of their regular rate of pay, which is capped at \$200 per day and \$2,000 in the aggregate. Employees that receive only 2/3 of their pay or reach the cap may use their accrued and unused OCP-provided paid time off benefits (sick, vacation, PTO) to supplement the difference in pay.

If an employee has exhausted pay under the Federal Emergency Paid Sick Leave and still needs to be absent from work they may:

- Be eligible for additional pay under the Federal Family and Medical Leave law. See below for details about eligibility and pay.
- Use any type of accrued leave (i.e., sick, vacation, catastrophic leave) for any COVID-19 related absence as defined under the Federal Emergency Paid Sick Leave law. We encourage employees to use their sick and catastrophic leaves before vacation.
- Request personal leave according to OCP policy.

The EPSL law will be effective through December 31, 2020.

## **FEDERAL EMERGENCY FAMILY AND MEDICAL LEAVE (EFML)**

As of April 1, if you have worked for OCP for at least 30 days you also became eligible for up to 12 weeks Emergency Family and Medical Leave (EFML) when:

- You are unable to work or telework due to the need to care for a child under the age of 18 when their child's school or place of care is closed, or child care is unavailable due to a public health emergency, which COVID-19 qualifies.

This leave is unpaid for the first two weeks (generally 10 days). However, you may be eligible to use up to 80 hours of EPSL if you have the time available under the EPSL. If you do not have time available under EPSL, then for the first weeks of EFML you may:

- Use any type of accrued leave (i.e., sick, vacation, catastrophic leave) you have available.
- Non-Exempt employees may take unpaid time. Employees do not have to exhaust their accrued leaves prior to taking unpaid time.
- Exempt employees working less than a full-day are required to coordinate with their supervisor to make up missed hours and/or they may use any type of accrued leave to make up for the missed hours.

After the first two weeks, you will receive paid leave at no less than two-thirds of your regular rate of pay. This is capped at \$200 per day and \$10,000 in aggregate. You must use accrued and unused OCP-provided paid time off benefits to supplement the difference in your pay.

EFML may be taken intermittently if you and your supervisor agree.

The EFML law will end December 31, 2020.

## **REQUEST FOR EPSL/EMFL**

***Per the IRS, employees must make a written request for EPSL and/or EFML that includes:***

- Your name;
- The dates(s) leave is being requested;
- A statement of the COVID-19 related reason you are requesting leave and written support for such reason; and
- A statement that you are unable to work, including telework, for such reason.

***If the reason for leave is due to a quarantine or self-quarantine, your statement must include:***

- The name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine; and,
- If the person subject to quarantine or advised to self-quarantine is not you, that person's name and relation to you.

***If the reason for leave is due to a school closure or unavailability of childcare, your statement must include:***

- The name and age of the child(ren);
- The name of the school that has closed or place of care that is unavailable; and,
- Statement that no other person will be providing care for the child during the period you're taking family leave.
- If the child is older than 14, a statement of the special circumstances that exist resulting in the inability to work or telework during "daylight hours."

## **OREGON SICK LEAVE (OSL)**

Oregon law requires employers to allow employees to accrue, use, and generally carryover up to 40 hours of paid sick leave. Employees begin accruing this time upon hire, but are not eligible to use Oregon Sick Leave until after 90 days of employment.

Oregon sick leave is available for the following purposes:

- Your own illness, injury, or health condition, including time off for medical diagnosis, care, treatment, and preventive care;
- Care for your family member with an illness, injury, or health condition, including time off for medical diagnosis, care, treatment, and preventive care;

For purposes allowed under OFLA, such as bereavement leave, caring for a newborn child or newly adopted/foster child, or sick child leave, regardless of whether the employee is eligible for OFLA leave and regardless of whether OCP is a "covered employer" under OFLA;

- For any purpose allowed under Oregon's domestic violence, harassment, sexual assault, or stalking law; or
- As a result of a public health emergency including:
  - Closure of the employee's workplace or school of the employee's child's school or care;
  - A determination by a lawful public health authority or a health care provider that the presence of the employee or the family member of the employee in the community would jeopardize the health of others; or
  - The exclusion of the employee from workplace under any law or rule that requires the employer to exclude the employee from the workplace for health reasons.

Eligible employees that need to be absent from work for one of the above reasons can use Oregon Sick Leave, unless the absence qualifies under EPSL in which case they must use EPSL before Oregon Sick Leave. Once EPSL exhausts, the employee can use up to 40 hours of accrued and unused sick or PTO in compliance with the Oregon Sick Leave laws subject to our normal sick leave use policies.

### **EXPANDED OREGON FAMILY MEDICAL LEAVE AND FEDERAL FAMILY AND MEDICAL LEAVE** {*OFLA ONLY FOR 25+; BOTH FOR 50+*}

If you or your family member is diagnosed with a confirmed case of COVID-19, your need for leave may qualify under FMLA and/or OFLA as a serious health condition for yourself or your family member. A serious health condition is generally an illness, injury, impairment, or physical or mental condition that involves inpatient care, requires constant or continuing care, poses an imminent threat of death or is terminal in its prognosis, or involves a period of incapacity and the inability to perform at least one essential job function for more than three consecutive days.

OFLA also covers absences for eligible employees to provide care for a sick child that has an illness, injury or condition that is not a serious health condition, but which requires home care. It also covers absences to care for an employee's child whose school or place of care has been closed in conjunction with a statewide public health emergency declared by a public health official. OFLA taken for this specific reason will not be available after September 13, 2020.

### ***Eligibility***

Generally, federal Family Medical Leave (“FMLA”) is available to employees who have (a) completed at least 12 months of service, (b) who have worked at least 1,250 hours in the previous 12 months, and (c) who work at a location where OCP employees at least 50 other employees within a 75-mile radius. Generally, Oregon Family Leave (“OFLA”) is available to employees who have completed at least 180 days of employment, averaging at least 25 hours per week.

**Note:** These eligibility requirements do not apply for the leave identified under EFML. These eligibility requirements apply only to OFLA/FMLA that falls outside of what is provided under EFML.

### ***Definition of Serious Health Condition***

A serious health condition is generally an illness, injury, impairment, or physical or mental condition that involves inpatient care, requires constant or continuing care, poses an imminent threat of death or is terminal in its prognosis, or involves a period of incapacity and the inability to perform at least one essential job function for more than three consecutive days.

### ***Maximum Duration of Leave***

Generally, eligible employees may take up to 12 weeks of statutory leave in a 12-month period. Additional leave may be available for specific statutorily authorized reasons. Intermittent or reduced schedule leave is available under certain circumstances.

For purposes of leave for dealing with the death of a family member employees are allowed up to two weeks of leave within a 12 month period for each death of a covered family member. Leave must be taken within 60 days of the date the employee receives notice of the death of the family member. Leave for this reason is credited against the 12 weeks that the employee may have available under OFLA.

When leave is taken for a condition which qualifies under more than one statutory leave law, statutory entitlements will be credited concurrently.

Leave may be taken intermittently or on a reduced schedule leave when medically necessary. Employees are expected to make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt our operations.

### ***Benefits during Leave***

All health care benefits will continue through the approved period of statutory leave. Paid time off benefits, such as vacation and sick leave, do not accrue during any period of unpaid statutory leave.

### ***Pay during Leave***

OFLA/FMLA leave is unpaid, but employees are required to use OCP-provided paid leave they have available. If you have exhausted your paid leave, that employee may take the time as unpaid.

### ***Application for Leave***

If you are in need of a COVID-19 related absence, you must notify your supervisor with as much notice as possible, following OCP's normal call-in procedures. If you cannot reach your supervisor, you must notify Human Resources.

### ***Certification***

Because many doctor's offices and hospitals are overwhelmed with patients and inquires, the Company will generally not require a doctor's note for COVID-19 related absences.

All COVID-19 related absences will not count against OCP's attendance policy. If fraud or abuse is suspected, OCP may request a doctor's note for the employee or their family member, or other necessary documentation to verify the need.

### ***Call-In***

OCP requires employees on statutory leave to comply with OCP's Call-In Policy for Employee's on Leaves of Absence.

### ***Reinstatement upon Return from Leave***

In the event that leave does not exceed the maximum duration and absent extraordinary circumstances, you will be returned to your former or equivalent position upon return from leave.

### ***Return to Work***

You are expected to return to work on the date specified at the time of your request for leave. If you fail to report to work as scheduled and fail to properly request an extension of leave, you will be considered to have voluntarily quit.

Notification of availability to return to work prior to the planned return date should be made to Human Resources within two days prior to the expected time of return.

When returning from leave, you may be required to present certification from a health care provider that you are fit to return to work or of any restrictions on your ability to safely perform the essential functions of your job.

## **COVID-19 TELECOMMUTING AND FLEX WORK OPTIONS**

During the COVID-19 pandemic, OCP want employees to work from home if that option is feasible for their position. We understand this option is not viable for all positions. Supervisors will work with each employee to determine if this is a viable option and if so, what the employee needs in order to work effectively from a remote location.

Supervisors will evaluate remote work options for employees based on the following criteria:

- Employee’s job description and the nature of the work being performed
- Employee’s access to the necessary tools to perform the work remotely (internet, computer/laptop, appropriate workspace, ability to participate in virtual meetings)
- Needs of the team and/or department
- Ability of the supervisor to ensure compliance with wage and hour laws
- Employee’s ability to perform work at an acceptable level while working remote

If such an arrangement is approved, the employee is required to meet their usual or otherwise specified performance requirements. The employee will also be required to be available by phone and email during their normal working hours, unless otherwise agreed by their supervisor.

Even if approved, remote work may be discontinued at any time for any reason, including if the needs of the department or OCP change, the nature of the work no longer makes remote work a viable option, and/or if the employee is not meeting performance expectations.

In addition to remote work, some positions may be eligible for flexible schedules. A flex schedule is a work schedule that allows employees to work a schedule that is not within OCP’s standard working hours, i.e., 8:00 a.m. to 5:00 p.m., Monday through Friday. Typically, flex-time provides for a combination of “core time,” during which all employees must work, and “flexible time,” hours in which employees may be approved to modify their arrival and/or departure times, providing they work the required number of hours in a pay period.

Supervisors will evaluate flex work options for employees based on the following criteria:

- Employee’s job description and the nature of the work being performed
- Impact on customers/clients and departments within OCP
- Needs of the team or department
- Ability of the supervisor to ensure compliance with wage and hour laws
- Employee’s ability to perform work at an acceptable level while on a flex-schedule

Flex-time work schedules are not guaranteed and can be rescinded at the discretion of the employee’s supervisor if not used properly, or if department workloads or the needs of OCP require the suspension of the flex-schedule. If an employee is interested in a flex-schedule, they must notify their supervisor.

## **REMOTE WORK FOR NON-EXEMPT EMPLOYEES**

The following guidelines are applicable to all non-exempt employees who have been approved to work remotely:

1. Non-exempt employees must continue to maintain their own timecard. All hours must be recorded from the start of work to the end of work every day as well as the lunch break.

2. When teleworking, non-exempt employees must continue to take a 30-minute unpaid rest break and two 10-minute paid rest breaks.
  - Non-exempt workers are not to work during any unpaid meal breaks.
3. Non-exempt employees may not conduct any work, including checking emails, outside of their normal work hours. If additional work is conducted outside of normal work hours, this time must be recorded and reported to your supervisor.

## **COVID-19 HEALTH, SAFETY and SOCIAL DISTANCING**

Due to the unprecedented nature of COVID-19, the following guidelines are set forth for the protection of OCP's employees and clients. All employees and clients should follow these protective guidelines on OCP's premises during any OCP business. These new guidelines will be the normal protocols until after the COVID-19 pandemic. The list is not all-inclusive and the failure to identify any particular prohibited action does not suggest it is permissible. These new guidelines were adopted from the CDC and government recommendations.

### **OCP COVID-19 Safety Plan**

Your health and safety are a priority to OCP. The following list shows what we are doing to keep everyone safe at our workplace. We have also attached the shorter COVID-19 Reopening Staff Training Outline for quick reference.

- Dana Singer, [danas@oregoncnp.org](mailto:danas@oregoncnp.org), 541-743-4346 is responsible for new safety protocols. She will be working in coordination with a dedicated safety team that is responsible for proper sanitization, communication, training and securing necessary equipment and supplies such as PPE when necessary.
- All employees will be required to participate in a non-contact temperature check when arriving on premises for work. You will also be asked to verify that you are not experiencing any COVID-19 related symptoms. This information will be kept confidential.
- Had our professional cleaning service thoroughly clean and sanitize both OCP buildings, and cleaned the carpets before re-opening on a limited basis.
- Increased the frequency and scope of our cleaning and sanitization process. The nightly schedule will encompass specific areas, measures and frequency of cleaning and sanitization.
- Provided hand sanitizer to every employee and throughout the building. We will also be installing automatic hand sanitization stations. Hand sanitizer should not replace regularly washing your hands with soap and warm water for at least 20 seconds.
- Established new protocols for employees who feel ill and/or are exhibiting COVID-19 symptoms.
- Changed the protocols for using certain equipment to increase the amount of space between employees.
- Installed physical barrier at the front desk and require face coverings in all areas where employees may be less than 6 feet apart.
- Discouraged bringing visitors to the building other than those critical to business operations. All visitors entering the building, including staff's children, must sign in or be signed in.
- Secured appropriate PPE, including face coverings and disposable gloves



- Posted signs and other visual markers throughout the workplace to remind individuals of safe distancing and flow of movement.
- Limited the number of people in the same area at one time.
- Improved access to online/virtual technology to limit the number of in-person meetings.
- Provided training for all staff on new protocols; and provided each person with a video on proper cleaning and sanitization.

If you have questions about these protocols or expectations, please talk with you supervisor or Dana Singer, [danas@oregoncp.org](mailto:danas@oregoncp.org), 541-743-4346 who is responsible for the new safety protocols.

Disciplinary actions may be taken for knowingly not complying with all of OCP's stated COVID-19 policies and procedures.

### **Personal Protective Equipment**

OCP will provide every employee with two cloth face coverings if they do not use their own, and will make disposable gloves available. Notify your supervisor if you would need OCP to provide a face covering.

Face coverings must be worn whenever an employee is in a common area where other employees could be, even if you are able to maintain 6 feet of distance. Face coverings do not have to be worn when you are in your own office.

The disposable gloves should be worn when cleaning and disinfecting; otherwise staff may use them within their discretion.

OCP will also provide all clients with disposable face coverings if they do not have their own, and make disposable gloves available.

### **Social Distancing Guidelines**

The following social distancing guidelines are in effect for the course of the COVID-19 pandemic:

1. If feasible, employees should continue to telework until further notice.
2. At all times, employees should maintain 6 feet distance and follow the social distancing signage and cues throughout the workplace. This includes your space between your co-workers, managers, vendors, and clients. Each department manager is responsible for enforcing social distancing on an ongoing daily basis.
3. Employees should avoid person-to-person contact such as shaking hands.
4. Employees should avoid in-person meetings of more than three people, using alternatives to in-person meetings such as phone calls, emails, and tele-conferences even when employees are in the same building.
  - If in-person meeting are necessary and unavoidable, employees must meet in an area where all individuals can sit at least 6 feet apart, keep the meeting as short as possible, and all areas must be disinfected after the meeting.

5. Employees are not allowed to congregate in communal areas.
6. Lunch must be consumed at each employee's individual desks or in an area that is away from other employees. At the end of the day, your workstation must be disinfected with supplies that have been provided to you.
7. Employees must eliminate or postpone work travel, in-person meetings, workshops, training sessions and scheduled events. Your supervisor must pre-approve any work travel plans. If you are going to or have traveled to any place in the country that is considered a "hot spot" for COVID-19, you must immediately notify your supervisor or Human Resources.
8. Employees are encouraged to avoid using public transportation during rush-hour crowding (walk, cycle, or drive a car whenever possible). Alternatively, if possible, adjust your schedule to commute early or late to avoid rush-hour crowding on public transportation.

### **Increased Cleaning/Sanitization Protocols**

1. Every staff person will be provided a 15-minute video detailing effective cleaning and sanitization techniques. For the next six months you have unlimited viewings of this video. You are required to watch it and receive your certificate before beginning to see clients in person. Refresh your understanding of proper cleaning and sanitization procedures by watching the cleaning and sanitization video multiple times.
2. Disinfect your work area at the end of every onsite work day, including common surfaces, with the supplies that have been provided. Use these disinfecting supplies to wipe down your desk, keyboard, phone, chair, file cabinet, door handle, and any other place touched during the day.
3. Wipe down and disinfect anything you have touched in a shared space before leaving the area using approved surface cleaning products or disinfecting wipes (e.g., printer, kitchen, conference room, therapy room, lobby). For best prevention, clean commonly touched surfaces before and after use.
4. Remember to allow areas wiped down to air dry on their own.
5. When opening doors (especially bathroom or other public area doors) use a paper towel, tissue or disposable glove. Keep doors propped open when possible.
6. Wash your hands frequently with soap and warm water for at least 20 seconds.
7. Use hand sanitizer and the hand sanitizing stations frequently. You are expected to sanitize your hands before entering and leaving a room, and before and after you spend time in the lobby. However, this should not replace handwashing for at least 20 seconds.
8. Wastebaskets will be placed near bathroom doors to dispose of paper towels used for door handle. Do not close the door upstairs leading to the bathrooms. A magnet was installed at the top of the door and the wall to ensure the door remains in the open position.
9. Practice good hand and respiratory hygiene. Be sure to cough or sneeze into your elbow, not your hands. Wearing a face covering can help. Notify your supervisor if you would need OCP to provide a face covering.

### **Shared Items Protocols**

To reduce use of shared items, OCP has removed all dishware, cups and silverware from the kitchens, and replaced them with paper products.

Staff will bring their own dishware, cups and silverware for their own use, if they so choose. After use, staff will wash and dry them and take them back to their office to avoid the possibility of shared use.

Pen cups labeled “Sanitized” and “Dirty” have been placed at the front desk, behind the reception area, and upstairs at the main printer. If you need a pen, take a clean pen from the Sanitized cup, use it, and then place it in the Dirty cup. All pens in the Dirty cup will be sanitized at the end of each day and returned to the Sanitized cup.

### **Staff On-Site Protocols**

Once OCP begins seeing clients in the building, every staff person who enters the building must take their temperature and sign in by the staff mailboxes as soon as they enter. Reminder signs will be posted at each staff entrance door. OCP will follow CDC-recommended steps for administering temperature checks.

Vulnerable individuals are strongly advised to continue to telework from home.

### **Serving Clients**

OCP prioritizes the health and safety of our clients and staff during the COVID-19 public health crisis. As our community increases available services, we are striving to increase safe options to provide expanded services where appropriate. Clients of OCP can be served in the following 3 modalities: in the office, in the community, and by secure telehealth. We offer the following decision rules to guide clinician decisions on what modality is most appropriate until our area is fully reopened.

1. Sessions should continue to be held by telehealth wherever possible as the first and best option. Limiting contact is one of the best ways to decrease the spread of the virus. Supervisors are available to help problem solve any barriers.
2. In some cases, telehealth is unable to adequately meet the client need. Some examples include:
  - a. Family does not have access to necessary technology, even after problem solving
  - b. Intervention must occur in person (e.g. PCIT)
  - c. Client is not developmentally ready to make use of telehealth (e.g. very young or related to a disability)
3. If telehealth cannot meet the need, then in-person contact can be considered. All in-person sessions should encompass required health screening, physical distancing, personal protective equipment, and proper cleaning and disinfecting.
4. When choosing an in-person session, the preference should be for outdoor sessions in the community. The current evidence indicates that outdoor contact is less likely to transmit COVID-19 than indoor contact. These sessions could be walking outdoors, meeting at a park, meeting near a client’s home, or some other place outside. At this time, community-based sessions will be held outdoors only unless specific supervisor approval is granted.
5. If neither telehealth nor community sessions can meet the client’s need, then an in-office session, with the in-person protocols noted in section 3, may be considered. These sessions should be limited to no more than 45 minutes to allow for cleaning and sanitation protocols.

## New Forms

OCP staff will use the following new COVID-19-specific documents forms, which are available on OCP's website, and online submissions will be accepted.

- This COVID-19 Addendum to OCP's Policies & Procedures, for review
- Supplemental Informed Consent to be signed by caregiver or foster parent or guardian before the first in-person session (preferably by guardian for BRS but not required).
- Health Screening
- Employee Daily Sign in
- Building Guests Log

Place all signed COVID-related paper forms into the **Filing** basket as you normally would so they are scanned and filed in our system.

## In Community In-Person Sessions, Health Screenings

1. It is best to provide our policies around in-person sessions to your clients and caregivers in advance of the session so they will be familiar with them when you meet. A "failed" screening will go much smoother if any concerns they might have about our policies have been addressed ahead of time. Explain that they will be asked to fill out and sign the Health Screening form at the first session. Thereafter, at the beginning of each in-person session, you will simply ask them the short list of health screening questions and note their responses in Clinic Tracker.
2. Increase your check-in calls to the client the day before the scheduled session and again the morning of the day of the session to confirm the health status of the family. If there are any concerns about the health of anyone in the family, either conduct the session via telehealth or reschedule the in-person session.
3. During the session, everyone over the age of 2 must wear a face covering at all times, and maintain 6 feet for social distancing. However, clients who have a disability that inhibits their ability to wear a face covering are exempt from wearing one.
4. Before meeting with the client, take your own temperature. Send HR an email stating your temperature as well as answering Yes or No to whether you are exhibiting any of the COVID-19 symptoms on the Health Screening form.
5. Take the client's temperature using thermometer strips provided by OCP. Show the client the temperature reading. Make a note to yourself and enter the client's temperature directly into Clinic Tracker, regardless of whether it is above or below 100.4 (referencing the CDC guidelines regarding a person's temperature). You must also include in your CT progress notes the names of all session attendees. Keep a trash bag in the car to dispose of all used thermometer sticks.
6. At the first session, ask the client the short list of questions on the Health Screening form and have them sign it. If the client or family answers "No" to all the health screening questions, write that down in the note for the sessions--that a health screening was completed and no concerns were noted.
7. Some clients may have preexisting medical conditions (such as asthma and allergies) whose symptoms present similar to those of COVID-19 symptoms. Have these conversations with the client

well before they have an in-community or in-office session and receive confirmation from their doctor that they are safe to have in-person sessions.

8. Clients who are *in session* and start to experience any COVID-19 related symptoms, including coughing, fever, and shortness of breath, must notify the clinician and the session will be ended immediately. The client will not participate in further in-person sessions until they have met the health criteria, below. The client should contact a healthcare provider for guidance.

### **COVID-19 Illness Protocol for Clients**

If the client or family responds “Yes” to any question on the Health Screening form, or has a fever over 100.4, take the following next steps:

- a. Let them know that due to policies around the ongoing public health crisis, we are unable to have an in-person session at this time.
- b. Offer, and schedule, a tele-session, by Zoom or phone if possible. Even a short call to check in about ongoing stressors and how systems in place are working would be beneficial.
- c. Complete a cancellation note selecting the appropriate reason for the cancellation, and then write the specific reason for the change in your notes for the make-up sessions.

Clients sent home with a fever and/or other COVID-19 symptoms and/or potential exposure may not return to in-person sessions until the following criteria are met:

- **If a client has COVID-19 symptoms but did not have COVID-19 test:**
  - The client certifies in writing that they have not had a fever for at least 72 hours without the use of medicine that reduces fevers;  
**AND**
  - The client certifies in writing that their symptoms (cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell) have improved;  
**AND**
  - at least 10 days have passed since client’s symptoms first appeared
  
- **If a client has COVID-19 symptoms and they did have a COVID-19 test:**
  - The client certifies in writing that they have not had a fever for at least 72 hours without the use of medicine that reduces fevers;  
**AND**
  - The client certifies in writing that their symptoms (cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell) have improved;  
**AND**
  - Client either:
    - Has received two negative tests in a row, at least 24 hours apart  
**OR**
    - Has received one negative test and then waits 10 more days, in addition to the above 72 hours symptom free, to begin in-person sessions again.

■ **If a client was potentially exposed to COVID-19:**

- Potentially exposed clients who do not have symptoms should remain at home or in a comparable setting and practice social distancing for 14 days.

9. If the clients have questions or concerns about our policies, you can refer them to your supervisor. Ideally, however, these concerns would have already been addressed prior to setting up the in-person sessions.

10. If you have a family with ongoing health issues or concerns around these procedures, check in with your supervisor to make a proactive plan, and include the family when possible in decision making.

**OCP Office In-Person Sessions, Health Screenings**

**OCP's Phase 1 Building is open on only a limited basis**

The OCP building will remain closed to the public and the lobby will be accessible only by appointment, and no one will staff the front desk. When you have decided the client needs to have an in-person session in the office, follow these new procedures:

1. It is best to provide our policies around in-person sessions to your clients and caregivers in advance of the first session so they will be familiar with them when you meet. A “failed” health screening will go much smoother if any concerns they might have about our policies have been addressed ahead of time. Explain that they will be asked to sign the Health Screening form at the first session. Thereafter at the beginning of each in-person session, you will simply ask them the short list of questions and note their responses.
2. Increase your check-in calls to the client the day before the scheduled session and the morning of the day of the session to confirm the health status of the family. If there are any concerns about the health of anyone in the family, either conduct the session via telehealth or reschedule the in-person session.
3. When the client arrives in the parking lots, have them contact you directly, and wait outside until you come to retrieve them. Everyone over the age of 2 must wear a face covering at all times, and maintain 6 feet for social distancing. However, clients who have a disability that inhibits their ability to wear a face covering are exempt from wearing one.
4. Take the client's temperature using OCP's non-contact thermometer. Show the client the temperature reading. Make a note to yourself and enter the client's temperature directly into Clinic Tracker, regardless of whether it is above or below 100.4 (referencing the CDC guidelines regarding a person's temperature). You must also include in your CT progress notes the names of all session attendees.
5. If the client's temperature is in the acceptable range (no higher than 100.4), move on to the Health Screening form. Ask the client the short list of questions on the Health Screening form and have them sign it. If the client or family answers “No” to all the health screening questions, write that down in the note for the sessions--that a health screening was completed and no concerns were noted.

6. Some clients may have preexisting medical conditions (such as asthma and allergies) whose symptoms present similar to those of COVID-19 symptoms. Have these conversations with the client well before they have an in-community or in-office session and receive confirmation from their doctor that they are safe to have in-person sessions.
7. After the in-person session has ended, walk the client to the door. After they have left, immediately sanitize your hands and clean the session room's surfaces, chairs, and door handle with the disinfecting supplies provided by OCP.
8. Clients who are *in session* and start to experience any COVID-19 related symptoms, including coughing, fever, and shortness of breath, must notify the clinician and the session will be ended immediately. The client will not participate in further in-person sessions until they have met the health criteria, below. The client should contact a healthcare provider for guidance.

### **COVID-19 Illness Protocol for Clients**

If the client or family has a fever over 100.4 and/or responds "Yes" to any question on the Health Screening form, take the following next steps:

- a. Let them know that due to policies around the ongoing public health crisis, we are unable to have an in-person session at this time.
- b. Offer, and schedule, a tele-session, by Zoom or phone if possible. Even a short call to check in about ongoing stressors and how systems in place are working would be beneficial.
- c. Complete a cancellation note selecting the appropriate reason for the cancellation, and then write the specific reason for the change in your notes for the make-up sessions.

Clients sent home with a fever and/or other COVID-19 symptoms and/or potential exposure may not return to in-person sessions until the following criteria are met:

- **If a client has COVID-19 symptoms but did not have COVID-19 test:**
  - The client certifies in writing that they have not had a fever for at least 72 hours without the use of medicine that reduces fevers;  
**AND**
  - The client certifies in writing that their symptoms (cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell) have improved;  
**AND**
  - at least 10 days have passed since client's symptoms first appeared
- **If a client has COVID-19 symptoms and they did have a COVID-19 test:**
  - The client certifies in writing that they have not had a fever for at least 72 hours without the use of medicine that reduces fevers;  
**AND**
  - The client certifies in writing that their symptoms (cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell) have improved;  
**AND**

- Client either:
  - Has received two negative tests in a row, at least 24 hours apart  
**OR**
  - Has received one negative test and then waits 10 more days, in addition to the above 72 hours symptom free, to begin in-person sessions again.
- **If a client was potentially exposed to COVID-19:**
  - Potentially exposed clients who do not have symptoms should remain at home or in a comparable setting and practice social distancing for 14 days.

9. If they have questions or concerns about our policies, you can refer them to your supervisor. Ideally, however, these concerns would have already been addressed prior to setting up the in-person sessions.

10. If you have a family with ongoing health issues or concerns around these procedures, check in with your supervisor to make a proactive plan, and include the family when possible in decision making.

### **OCP's Phase 2 Building is open on a normal basis**

Everything stated above for Phase 1 remains the same except for the following modifications:

When the client arrives, they will call the front desk rather than the clinician. The front desk person will have the clinician come to the lobby, and the client will come in. The front desk person will take the client's temperature, show it to both the client and the clinician, ask the client the health screening questions, and record the information. If the temperature is higher than 100.4, the clinician will handle the situation.

### **Building Guest Log**

Any visitor, vendor or guest entering the building must stop at the front desk to check in, have their temperature taken, and wait for the information to be recorded. Any person whose temperature is above 100.4 or who is experiencing any other COVID-19 symptoms will be required to leave.

### **COVID-19 Illness Protocol for Employees**

If an employee believes they have been exposed to COVID-19, the employee must notify their supervisor or Human Resources immediately and go home. The employee should contact a healthcare provider for guidance.

Employees who are at work and start to experience any COVID-19 related symptoms including coughing, fever, shortness of breath, must notify their supervisor or Human Resources immediately and go home.

Employees sent home with a fever and/or other COVID-19 symptoms and/or potential exposure may not return to work until the following criteria are met:



- **If an employee has COVID-19 symptoms but did not have COVID-19 test:**
  - The employee certifies in writing that they have not had a fever for at least 72 hours without the use of medicine that reduces fevers;  
**AND**
  - The employee certifies in writing that their symptoms (cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell) have improved;  
**AND**
  - at least 10 days have passed since employee’s symptoms first appeared
- **If an employee has COVID-19 symptoms and they had a COVID-19 test:**
  - The employee certifies in writing that they have not had a fever for at least 72 hours without the use of medicine that reduces fevers;  
**AND**
  - The employee certifies in writing that their symptoms (cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell) have improved;  
**AND**
  - Employee either:
    - Has received two negative tests in a row, at least 24 hours apart  
**OR**
    - Has received one negative test and then waits 10 more days, in addition to the above 72 hours symptom free, to begin in-person sessions again.
- **If an employee was potentially exposed to COVID-19:**
  - Potentially exposed employees who do not have symptoms should remain at home or in a comparable setting and practice social distancing for 14 days.

If you have questions about these protocols please contact your supervisor or Human Resources.

**COVID-19 Confidentiality and Non-Discrimination**

OCP will make every effort to limit the number of people who are informed regarding the identity of any employee who is sent home or away from work due to COVID-19 concerns.

Should an employee be sent home or away from work due to COVID-19 concerns, a designated representative will interview the employee to obtain the names of possible contacts in the workplace. The representative will notify those individuals who may have come into contact with that person, and the identity of the employee will not be revealed.

All workplace conduct surrounding COVID-19 must be consistent with OCP’s policies and standards including confidentiality, discrimination, harassment, and courtesy and professionalism.

If you believe you have experienced harassment, discrimination, and/or retaliation or if you have witnessed harassment and/or discrimination by a co-worker, supervisor, vendor, visitor, customer, or others in regards to COVID-19, it is important you contact your supervisor or any member of

management or human resources. *If you are uncomfortable speaking to your supervisor, please bring your concerns to any manager.*

A prompt, thorough and objective investigation of the complaint will be conducted by a qualified person. Documentation will be maintained to ensure reasonable progress. The investigation may include individual interviews with the parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge. Confidentiality will be maintained throughout the investigatory process to the extent consistent with adequate investigation. Employees who have had a complaint should immediately make a further complaint should the harassment reoccur.

Appropriate corrective actions will be taken upon completion of our investigation. Employees found to be harassing other employees will be immediately and appropriately disciplined, up to and including immediate discharge.

Retaliation against employees who experience, witness or report a complaint regarding behaviors described above or other conduct addressed by this policy will not be tolerated.

## COVID-19 Re-Opening Staff Training Outline

### I. Client Services

- a. Guidance on how to determine the appropriate level of service for each client (i.e. telehealth, community, office) (In P&P pg.11)
- b. Guidelines for community and office sessions (In P&P pg.12)
  - i. No clients in cars
  - ii. Face coverings required (with exceptions for very young children and clients with disabilities that restrict the use of coverings)
  - iii. Snacks/incentives are fine with precautions (pre-packaged items that can be cleaned)

### II. New Forms

- a. COVID-19 Policies & Procedures Addendum
  - i. Offer caregiver copy if they want to review
  - ii. Will also be available on OCP's webpage
  - iii. Please review policies around social distancing, face covering expectations, illness, etc. and ask supervisor if you have any questions
    1. Staff and clients are expected to remain at home for at least 72 hours after all symptoms have resolved and 14 days after symptoms have resolved if there was a positive COVID test result
- b. Supplemental Informed Consent
  - i. Ask caregiver to sign (preferably guardian for BRS) before first in-person session
- c. Health Screening
  - i. Ask caregiver to sign at the first in-person session
  - ii. Will be available on website as online submission as well
  - iii. Review verbally prior to each session and include responses in PN
- d. Building Guests Log
  - i. Client sessions will be tracked through ClinicTracker appointments
    1. For accurate contact tracing, it is essential that all sessions/meetings/appointments with clients be entered into ClinicTracker (in-office and community)
    2. Also include the names of anyone other than the client that participated in the session/meeting/appointment
  - ii. All other guests to the building will need to check-in at reception and get his/her temperature taken and logged
    1. Staff are discouraged from bringing guests to the building if it can be avoided to reduce numbers
- e. Employee Daily Sign-In Slips
  - i. Reminder signs will be posted at each staff entrance door
  - ii. Staff will be required to take their temperature and sign-in as soon as they enter the building

### III. New Procedures

#### a. Client Check-In Procedure for Office When Office Building is Closed

- i. Signs on the front doors will prompt clients to call their clinician when they arrive for session and wait in their car or outside until clinician comes to bring them in to the building
- ii. If client doesn't know their clinician's number they can ring the door bell and someone will come down
- iii. Clinician takes client's temperature using the no-touch thermometer at the front desk (clean after each use), shows client the temperature, and then makes a note to record it in their progress note
  1. If temperature is over 100.4, clinician follows protocol to end session and offer telehealth instead (In P&P pg. 15)
- iv. Clinician reviews Health Screening questions with caregiver (get signed on first session, record responses in progress note for future session)

#### b. Client Check-In Procedure for Office When Office Building is Open

- i. Signs on the front doors will prompt clients to call their clinician when they arrive for session and wait in their car or outside until clinician comes to bring them in to the building
- ii. If client doesn't know their clinician's number they can call the front desk
- iii. Receptionist takes client's temperature using the no-touch thermometer at the front desk, shows client the temperature,
- iv. Clinician makes a note to record it in progress note
  1. If temperature is over 100.4, clinician follows protocol to end session and offer telehealth instead
- v. Clinician reviews Health Screening questions with caregiver (get signed on first session, record responses in progress note for future session)

#### c. Check-In Process for Community-Based Sessions

- i. Take client temperature
  1. Each clinician will be provided with single-use, disposable thermometer sticks
  2. Before beginning session, follow instructions to take client's temperature using the stick
    - a. Request caregiver assistance as needed (caregiver can also use their own thermometer if they prefer but they must take the client's temperature in front of you and show you the results for documentation)
  3. Show the client the temperature
  4. Make a note to record it in your progress note (emailing it to your OCP email address is a HIPAA compliant way)
    - a. If temperature is over 100.4, clinician follows protocol to end session and offer telehealth instead
  5. Keep a trash bag/zip lock in your car to dispose of used thermometer sticks or give used thermometer to caregiver to dispose of
- ii. Clinician reviews Health Screening questions with caregiver (get signed on first session, record responses in progress note for future session)

**d. Confirming Sessions**

- i. It is highly recommended that clinicians call the caregiver the day before or morning of an appointment to confirm the client/family's health status
- ii. Remind caregiver of the health screening and the process for rescheduling to telehealth sessions if client or anyone in the home has a fever or other COVID-19 symptoms

**IV. New Cleaning/Sanitization Expectations (In P&P pg. 10)**

- a. A 15 minute hygiene training video will be sent out, each staff is required to watch it before beginning to see clients in-person
- b. Reminder to allow areas wiped down with Clorox wipes to dry on their own
- c. Wash/sanitize hands before leaving a room (and before entering and after leaving lobby)
- d. Wipe down with a Clorox wipe anything touched in a shared space (i.e. kitchen, printer, etc.) before leaving the room
- e. Clean therapy room/conference room with Clorox wipe after each use
- f. Wipe down with a Clorox wipe your personal offices before leaving for the day (desk, phone, keyboard, door handle, chair)