

Covid-19 House Rules

Updated 10/03/23

1. Vaccination

- a. CVIM strongly recommends staying up to date on all vaccine recommendations put forth by the CDC, including vaccines for COVID-19; however, vaccination is not a requirement for staff or volunteers.

2. PPE

- a. CVIM maintains supplies of surgical and N95 masks for anyone who CHOOSES to wear one and for those who MUST wear one, as in following examples:
 - i. Persons who have symptoms of a respiratory infection (runny nose, cough, sneeze);
 - ii. Persons with recent exposure to someone with COVID-19 infection – date of exposure is day 0 and masking should continue through day 10;
 - iii. Persons at increased risk for severe disease;
 - iv. Persons residing with someone at increased risk for severe disease;
 - v. Staff/volunteers caring for a patient who is immunocompromised/immunosuppressed;
 - vi. Staff/volunteers who are asked by a patient to wear a mask for his/her/their comfort.
- b. As per OSHA requirements, staff and volunteers who choose to wear N95 respirators are provided with the information in OSHA's "Information for Employees Using Respirators When Not Required Under the Standard – Appendix D." Appendix D is posted at PPE storage locations and in the provider work room. Staff choosing to wear N95 respirators must sign Appendix D for the OSHA record in the medical director's office.
- c. Encounters with patients who have symptoms of COVID-19 or a known exposure should be conducted via telemedicine. Alternatively, rapid testing may be offered at the patient's vehicle and, if testing is negative, an in-person visit may ensue.
- d. Medical clinic is not conducting any aerosol-generating procedures (AGPs) at this time. Nebulizers are provided to patients for home use and patients must self-swab for COVID testing. Dental clinic is conducting AGPs and has a protocol regarding appropriate PPE.

3. Distancing

- a. Staff and volunteers are encouraged to limit the size of groups (e.g. number of people in the kitchen at once), spread out where feasible (e.g. hold meetings in conference rooms), and increase ventilation when possible (e.g. open doors).

4. Hygiene
 - a. Wash hands or use hand sanitizer frequently, particularly before and after patient contact, eating, using the bathroom, and touching your mask.
 - b. Use sanitizing wipes if any shared objects (counters, laptops, phones, etc.) may have been contaminated. There is no need to wipe down everything across the board
5. Quarantine and Isolation for those with a normal immune system. **If you are immunocompromised or if you were hospitalized for COVID, please contact someone from the medical staff (Sarah Poutasse, Susan Kennedy, or Janet Jacapraro) for personalized guidance.**
 - a. **If you have been exposed to COVID and have NO symptoms:**
 - i. You may continue to come to CVIM (no quarantine) as long as you wear a mask at all times and monitor yourself for signs and symptoms of COVID-19 for 10 days following exposure (day 0). You should get a series of three viral tests on day 1, day 3, and day 5 after exposure (day 0), even if you have no symptoms. The viral tests may be at-home rapid antigen or NAAT (molecular)/PCR. If you develop symptoms, see below.
 - b. **If you have been exposed to COVID and have symptoms (fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle aches, headache, loss of taste, loss of smell, sore throat, congestion, runny nose, nausea, vomiting, diarrhea):**
 - i. Stay home from CVIM and test.
 - ii. If the test is positive, see below.
 - iii. If the test is negative:
 1. A single negative NAAT (molecular)/PCR test result is sufficient for return to CVIM.
 2. A negative at-home rapid antigen test result should be confirmed by either a negative NAAT (molecular)/PCR test immediately or a second negative at-home rapid antigen test taken 48 hours after the first negative at-home rapid antigen test before returning to CVIM.
 3. Wear a mask at all times and monitor yourself for signs and symptoms of COVID-19 for 10 days following exposure/symptom onset (day 0).
 - c. **If you have COVID symptoms but no known exposure to COVID:**
 - i. Stay home from CVIM and test.
 - ii. If the test is positive, see below.
 - iii. If the test is negative:
 1. A single negative NAAT (molecular)/PCR test result is sufficient for return to CVIM.
 2. A negative at-home rapid antigen test result should be confirmed by either a negative NAAT (molecular)/PCR test immediately or a second negative at-home rapid antigen test taken 48 hours after the first negative at-home rapid antigen test before returning to CVIM.
 3. Wear a mask at all times.

d. If you have a positive test for COVID:

- i. You may return to CVIM if at least 7 days have passed since symptoms started or since the test was positive if there are no symptoms,
 - AND you have not had any fever in 24 hours or more (without using fever reducing medicines),
 - AND all symptoms have improved (if you had any symptoms),
 - AND you have had two negative at-home rapid antigen tests, at least 48 hours apart (days 5 and 7 or later)
 - OR you have had a negative NAAT (molecular)/PCR test,
 - OR at day 10 if testing positive at day 7.

The day symptoms started or test was positive is day 0.

Of note, NAAT (molecular)/PCR testing may remain positive for weeks or months after resolution of infection, and we recommend at-home rapid antigen testing in this setting,

- ii. After returning to CVIM, you should self-monitor for symptom recurrence (rebound). Per the CDC-HAN-0467, "**COVID-19 rebound** has been reported to occur between 2 and 8 days after initial recovery and is characterized by a recurrence of COVID-19 symptoms or a new positive viral test after having tested negative. A brief return of symptoms may be part of the natural history of SARS-CoV-2 infection in some persons, independent of treatment with Paxlovid and regardless of vaccination status."
 1. If you experience recurrence of symptoms or a new positive viral test after having tested negative, you should isolate again. The re-isolation period can end after 5 full days if fever has resolved for 24 hours (without the use of fever-reducing medication) and symptoms are improving.
 2. You should wear a mask for a total of 10 days.
 3. Some people continue to test positive after day 10 but are less likely to shed infectious virus.

6. Identification and Reporting of COVID-19 Clusters

- a. If we have 3 or more positive patients who were all either seen at the clinic at the same time OR were seen by the same HCP inside of 7 days, that would be considered a COVID-19 outbreak (if at least 2 have no other more probable cause of exposure)
- b. If we have 3 or more HCPs all working here at the same time with a positive test and without a more probable cause of exposure, that would be considered a COVID-19 outbreak
- c. We will report all COVID-19 outbreaks to CCHD, who will then report it to the PA DOH's Bureau of Epidemiology.

Updated 10/4/22 to reflect recommendations in PA-HAN-662 and PA-HAN-663, both released by the PA DOH 9/30/22 based on changes in CDC guidance announced 9/23/22. The recommendations for testing frequency have changed to allow for detection of variants with shorter incubation periods and to address the risk for false negative antigen tests in people without symptoms.

Updated 6/26/23 to reflect guidance for COVID-19 cluster identification and reporting as dictated by the PA DOH on 6/6/23 in PA-HAN-701.

Updated 7/19/23 to reflect recommendations in CDC-HAN-0467 regarding management of COVID-19 Rebound, the masking guidelines that CVIM adopted 5/1/23, and a change in required COVID-19 vaccinations (primary series no longer available).

Updated 8/25/23 in accordance with OSHA COVID ETS requirements.

Updated 9/22/23 to reflect change in CVIM vaccination policy – no longer a requirement.