

A white dog with brown spots is sitting on a dirt path in a grassy field. The dog is looking towards the camera with its tongue out. The background is a soft-focus green field.

# COVID-19 Decision Support Resources

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March 20, 2020

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# Coronavirus (COVID-19) PTO Policy

Please see the following page for a decision-tree to assist with this policy

## Overview

Ethos has decided to provide pay continuation due to an employee's absence from work due to COVID-19 through the following policy:

- Policy is effective immediately, retroactive to March 7th, with an end date of March 31st. Based on the constantly evolving situation, the policy is being continuously reevaluated and is subject to change at any time.
- Employees will be paid for time off without utilizing existing PTO under the following conditions:
  - Employee is not feeling well and has signs consistent with COVID-19 (fever, coughing, shortness of breath).
- Employee falls into a High or Medium risk (with or without symptoms) or low risk (with symptoms) COVID-19 CDC risk category. Please refer to CDC algorithm to assist with this determination.
- Employee is considered to be in a high-risk category due to health history, current health condition, age, or similar CDC risk factor.
- Employee is confirmed to have COVID-19.

## Process

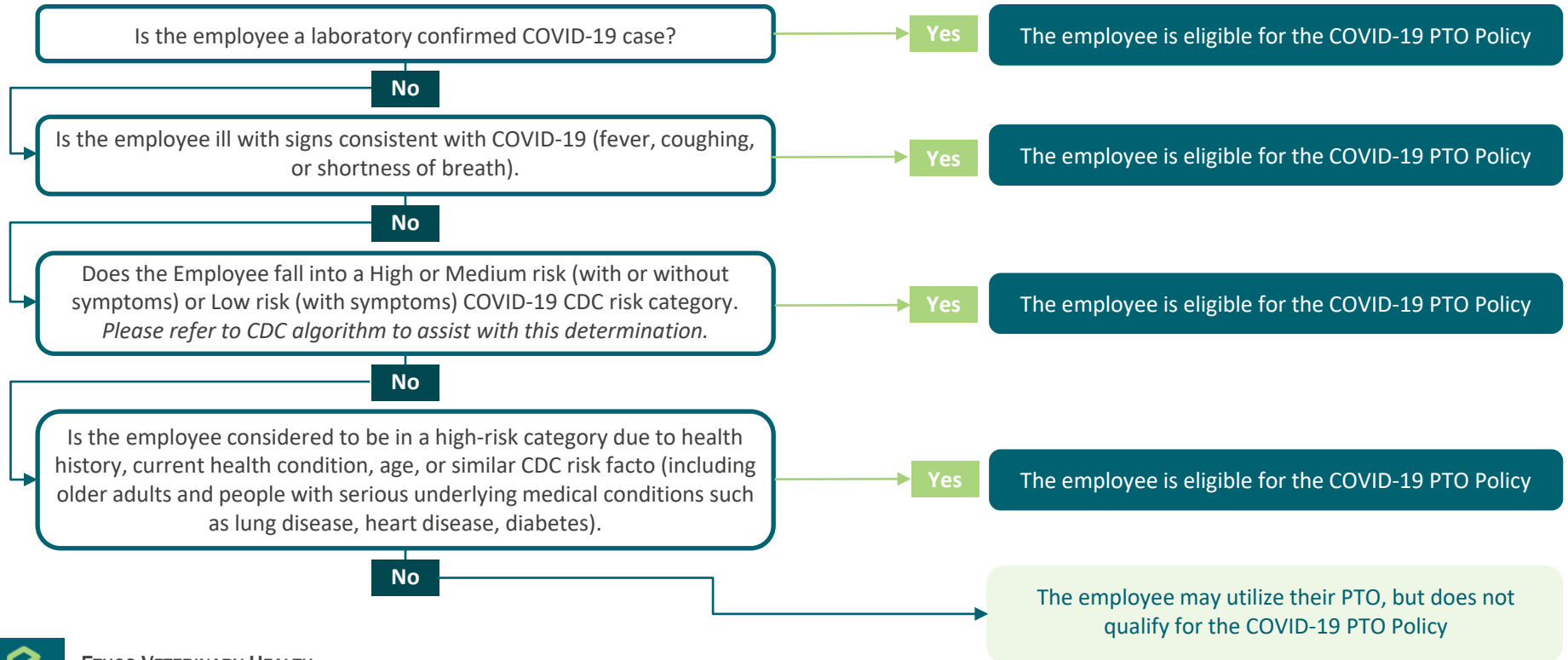
All full and part-time employees are eligible.

- Employees must inform their manager that they are requesting time-off through this policy, and the manager will work with P&O to process the request
- Time off is based on scheduled hours (excluding overtime), and may extend up to 14 days or until March 31st, whichever comes first
- Doctors will be paid based on their current bi-weekly pay and will request time through ADP.



# Decision Tree

## COVID-19 PTO Policy



# Helping Ethos Teams Manage COVID-19 Risk

## Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures

- The following algorithm was created by the CDC to be used to assess individual risk in cases of possible exposure to COVID-19
- The CDC does not recommend testing, symptom monitoring or special management for people exposed to asymptomatic people with potential exposures to COVID-19 (such as in a household), i.e., “contacts of contacts;” these people are not considered exposed to COVID-19.
- After working through the algorithm on the following page, you will arrive at a risk table with 4 categories – High, Medium, Low, and No-identifiable Risk
  - Each Category in the Risk Table has Recommended Actions based on individuals WITH symptoms consistent with COVID-19 or WITHOUT symptoms consistent with COVID-19.
  - The public health actions recommended apply to people who have been determined to have at least some risk for COVID-19. People who are being managed as asymptomatic in a particular risk level who develop signs or symptoms compatible with COVID-19 should be moved immediately into the symptomatic category in the same risk level and be managed accordingly. The risk level does not change if symptoms develop.
- The original document from the CDC Website can be accessed by following this [link](#)

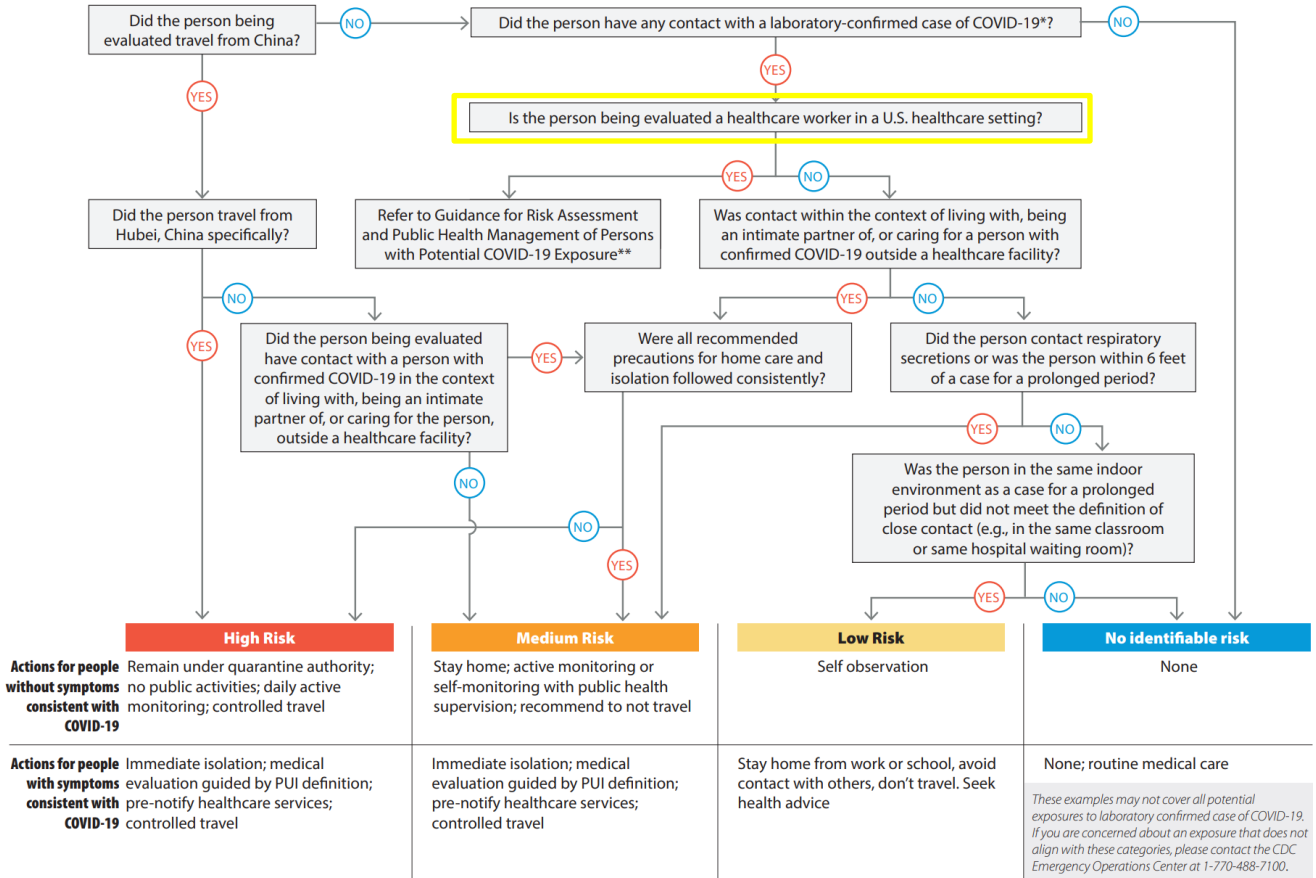


# Coronavirus Disease 2019 (COVID-19) Risk Assessment and Public Health Management Decision Making

Each question refers to within the past 14 days

Work through the algorithm to determine Risk Category.  
Note: The highlighted box that references 'healthcare workers in a US healthcare setting' applies to those treating human patients, and not veterinary team members.

Note that once you arrive at a defined Risk Category, there are actions for people WITH and WITHOUT symptoms consistent with COVID-19



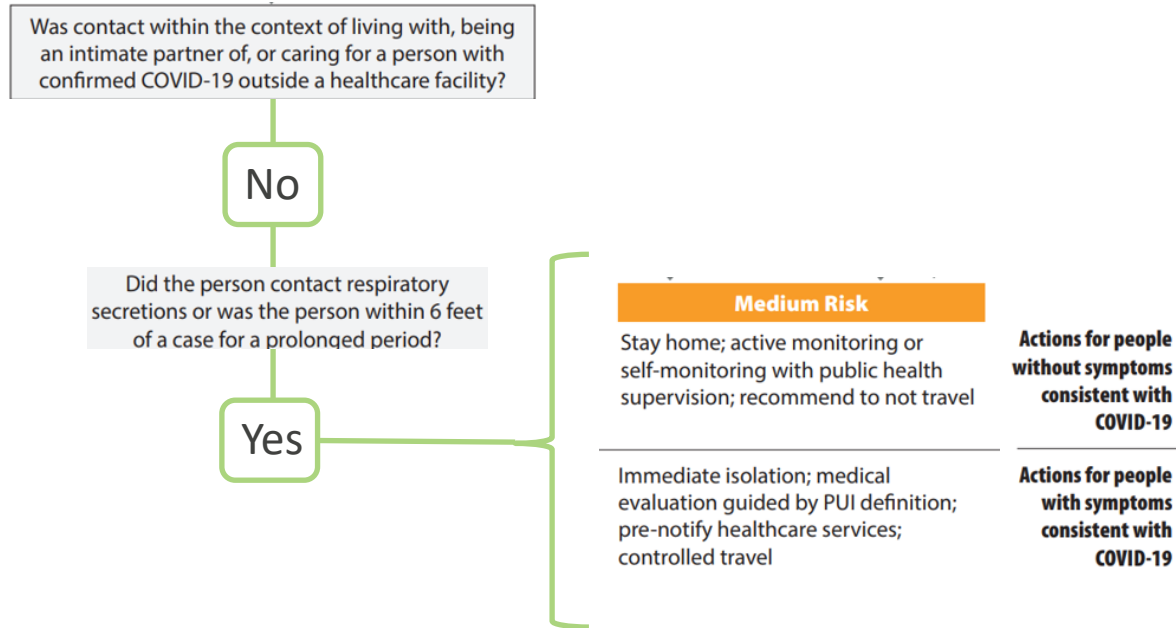
\*Or a case diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing

\*\*Healthcare provider (HCP) guidance outlines risk categories to determine work exclusion and monitoring procedures. After identifying risk category in the HCP guidance, use the categories outlined here to determine quarantine requirements.

These examples may not cover all potential exposures to laboratory confirmed case of COVID-19. If you are concerned about an exposure that does not align with these categories, please contact the CDC Emergency Operations Center at 1-770-488-7100.

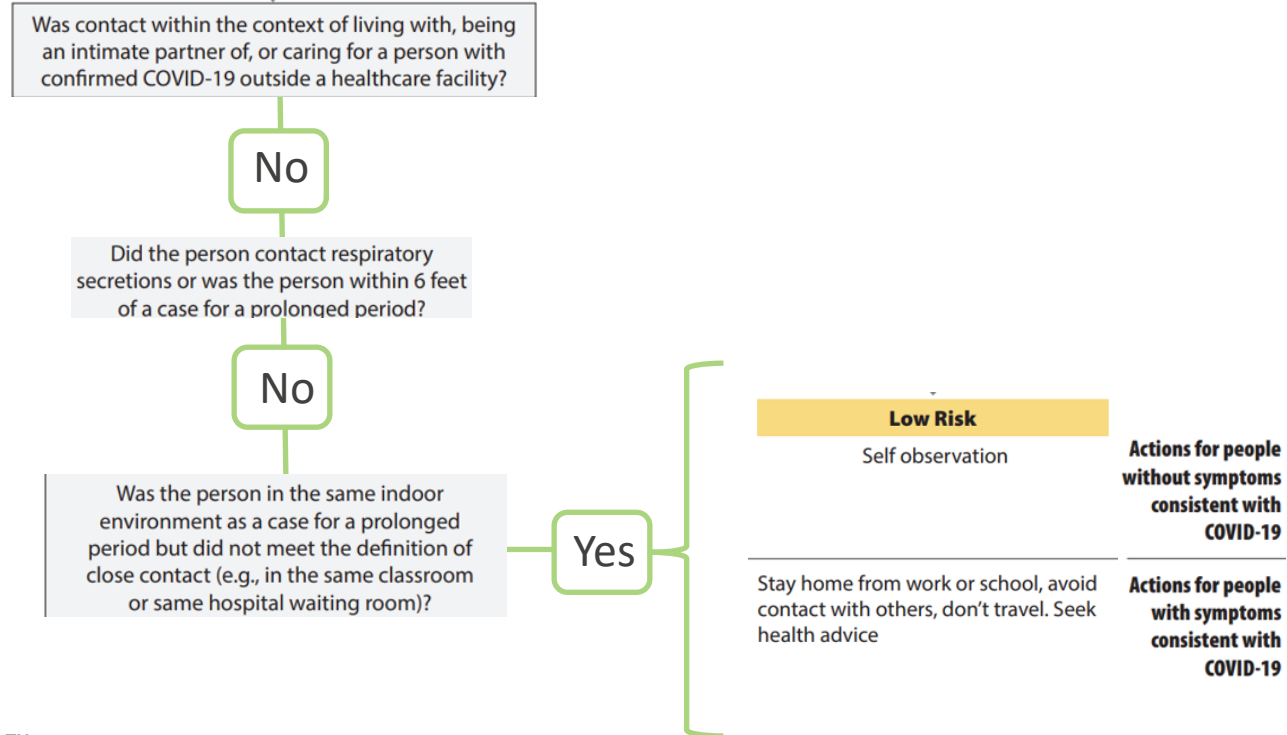
# Case Example 1

ER doctor interacts with laboratory confirmed positive COVID-19 client



# Case Example 2

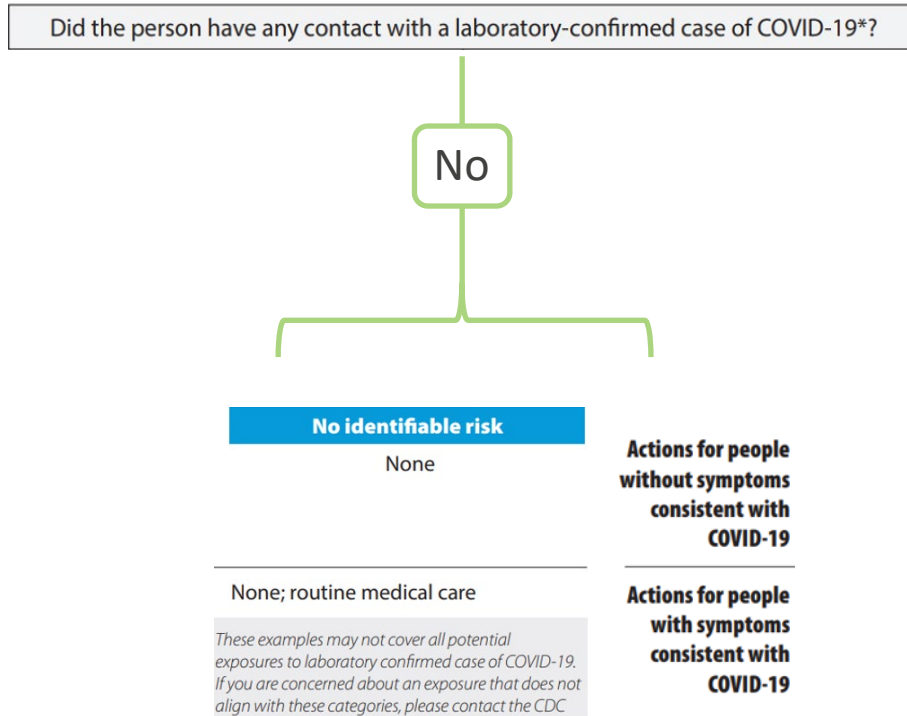
Veterinary technician is in the ER department while a laboratory confirmed COVID-19 client is being seen, but is not directly involved with the client or case





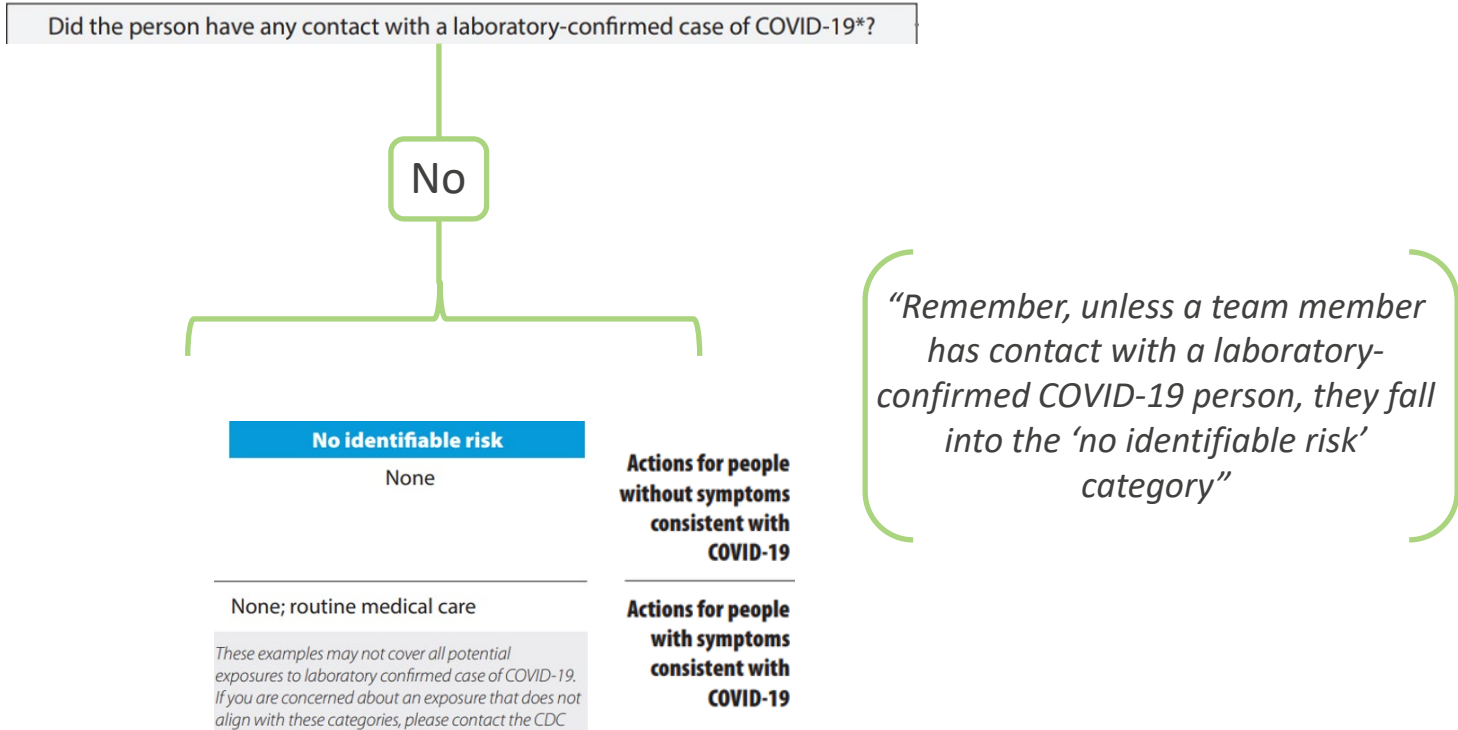
# Case Example 3

Client care representative comes in contact with a client who exhibits upper respiratory signs



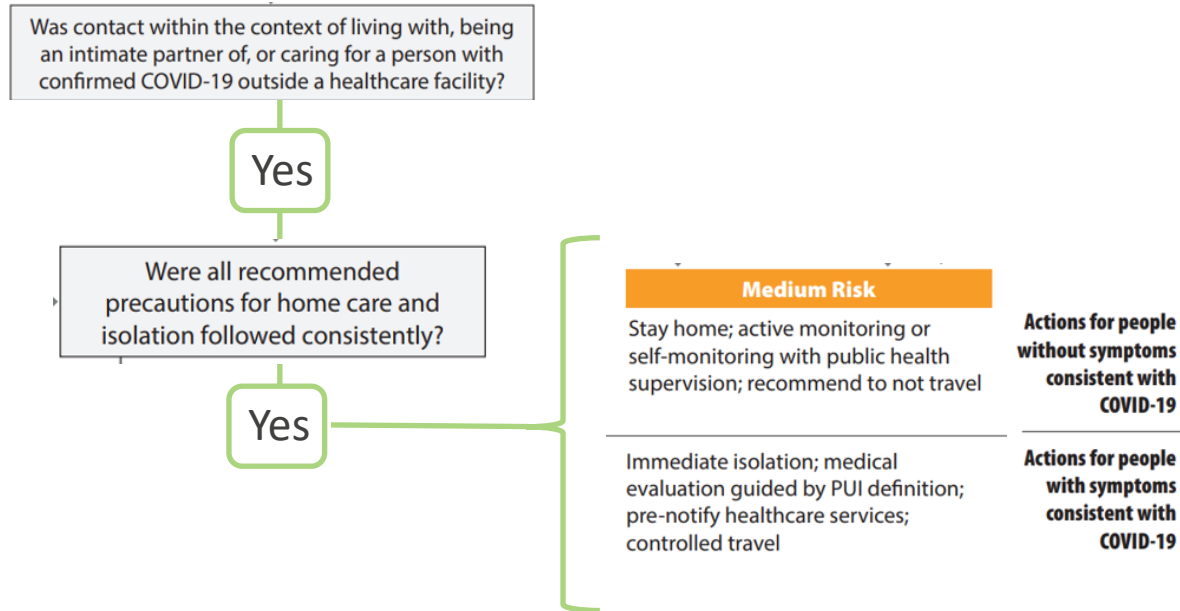
# Case Example 4

An employee has a family member at home who has symptoms compatible with COVID-19, but has not tested positive for COVID-19



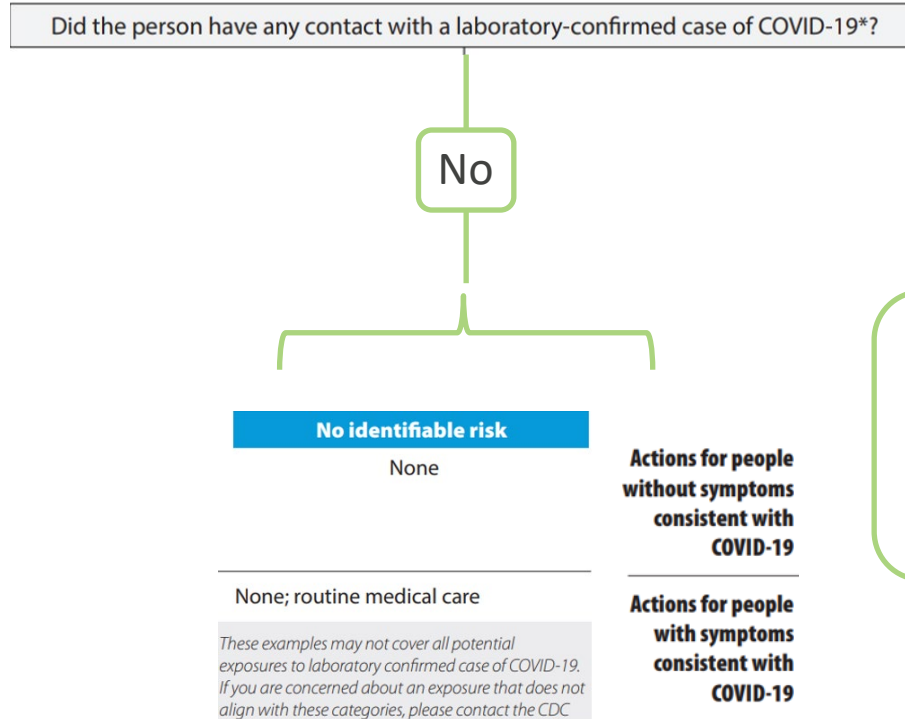
# Case Example 5

A team member is caring for a laboratory confirmed COVID-19 family member



# Case Example 6

An employee's family member is home from work with signs compatible with COVID-19, but has not tested positive for COVID-19



*“In the absence of a laboratory confirmed COVID-19 positive test, the employee falls into the ‘no-identifiable risk’ category”*

# Frequently Asked Questions

## Question:

- If an employee meets any one of the CDC increased or high-risk categories for pre-existing medical conditions or qualified health history, age or similar CDC risk factor, do they need to be sent home or stay out of work?

## Answer:

- No. Those factors are meant to provide guidance and information to those who may meet one of those conditions and who may need such medical information in order to decide for themselves what action they may want to take. They are not meant to be used as reasons to prevent employees from going to work.
- If an employee does decide to stay home due to a documented CDC Risk Factor, they would be covered by the COVID-19 PTO policy.



# Frequently Asked Questions

## Question:

- Is everyone who chooses to stay at home due to concern over environmental exposure to COVID-19 automatically covered under the COVID-19 PTO policy?

## Answer:

- No, with regard to environmental exposure, only employees who fall into a High or Medium risk (with or without symptoms) or Low risk (with symptoms) COVID-19 CDC environmental exposure risk category would be eligible.
- Please refer to CDC algorithm to assist with this determination.



# Frequently Asked Questions

## Question:

- An employee says that they don't feel comfortable working in the hospital due to the risk of COVID-19. Are they eligible for the COVID-19 Pay Policy?

## Answer:

- No, this employee wouldn't be eligible for the pay policy. This is a stressful and challenging time for all of us, and feelings of fear or anxiety are to be expected. We should support these team members, as well as letting them know about external resources that are available such as the Ethos Employee Assistance Program (EAP)\*. If they are still requesting not to work in the hospital, they may utilize their regular PTO.

\*Ethos has an Employee Assistance Program (EAP) and we strongly encourage all to utilize the services offered. Some important facts for you to know. You can call for EAP services 24/7, toll-free, at 1-888-293-6948 or, you may visit <http://workhealthlife.com/standard3>



# Frequently Asked Questions

## Question:

- If an employee is impacted by other medical conditions or illnesses such as nausea, headaches, stomach cramps, gastrointestinal signs, sinus, ear and other infections, skin rashes, etc. are they covered by the COVID-19 Policy?

## Answer:

- No. Absent signs consistent with COVID-19, those other conditions do not meet the policy goal of keeping the Coronavirus out of our hospitals and other facilities. They do come under, and are covered by, the longstanding Ethos regular PTO policy.





# Frequently Asked Questions

## Question:

- A team member has come to work with clinical signs that seem to be consistent with COVID-19, but they insist on continuing to work. Can I require them to go home?

## Answer:

- Yes, Hospital leadership not only has the right, but the obligation to have this person go home to protect other team members from possible infection. Remember, someone with signs consistent with COVID-19 is eligible for the COVID-19 Pay policy



# Frequently Asked Questions

## Question:

- If an employee has traveled domestically, should they be quarantined when they return to work?  
What if they have clinical signs?

## Answer:

- No, If an employee travels domestically, they would be able to return to work normally.
- If they exhibit signs consistent with COVID-19 (fever, coughing, or shortness of breath) – they should not return to work and would be covered under the COVID-19 PTO Policy.



# Frequently Asked Questions

## Question:

- How should I determine when it is appropriate for someone with COVID-19 like symptoms to come back to work?

## Answer:

- People with COVID-19 who have stayed home (home isolated) can stop home isolation under the following conditions:
  - ***If you will not have a test*** to determine if you are still contagious, you can leave home after these three things have happened:
    - You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)  
AND
    - other symptoms have improved (for example, when your cough or shortness of breath have improved)  
AND
    - at least 7 days have passed since your symptoms first appeared
  - ***If you will be tested*** to determine if you are still contagious, you can leave home after these three things have happened:
    - You no longer have a fever (without the use of medicine that reduces fevers)  
AND
    - other symptoms have improved (for example, when your cough or shortness of breath have improved)  
AND
    - you received two negative tests in a row, 24 hours apart. Your doctor will follow [CDC guidelines](#).



# Frequently Asked Questions

## Question:

- What is the process to get tested for COVID-19 in my area?

## Answer:

- Specific information and procedures for COVID-19 testing vary by State.
- We have aggregated the most current information on testing (organized by State) [here](#).



# About COVID-19

## What is Coronavirus?

- On February 11, 2020, the World Health Organization (WHO) announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan, China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In the name, "CO" stands for "corona," "VI" for "virus," and "D" for "disease." Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV."

## How does COVID-19 spread?

- Because this is a new coronavirus, we are still learning how it spreads, but it is currently believed that it spreads like other respiratory viruses — by people with the infection coughing and sneezing. These droplets are inhaled by other people or moved to the eyes, nose or mouth by contaminated hands.

## What are the symptoms of COVID-19?

- Reported symptoms have ranged from **mild to severe**, including death for confirmed coronavirus disease 2019 (COVID-19) cases. Symptoms may appear **2-14 days after exposure** and include fever, cough and shortness of breath.



# About COVID-19

## What should I do if I'm experiencing symptoms?

- If you are sick, stay home. If you are experiencing symptoms, please contact your healthcare provider. Calling ahead helps you get directed to the most appropriate care, so that you can be advised about any precautions that may be necessary to protect other members, patients, and employees.

## Can I get tested for COVID-19?

- Health care providers only can request a test for the virus that causes COVID-19. Those requests are made in alignment with guidelines from county or state public health offices. Approvals are based on symptoms and on risk factors such as your travel history or exposure to individuals known to have the disease.

## How do I keep myself and others healthy and safe?

- Please continue using everyday guidance for preventing illness. Because the symptoms of COVID-19 are similar to influenza, if you think you have been exposed to COVID-19 and develop a fever and symptoms of respiratory illness, such as cough or difficulty breathing, call your healthcare provider immediately. Please consult with your health care provider about additional steps you may be able to take to protect yourself.



# Definitions Used in This Guidance

- **Symptoms compatible with COVID-19**, for the purpose of these recommendations, include subjective or measured fever, cough, or difficulty breathing.
- **Self-observation** means people should remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.
- **Self-monitoring** means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.
- **Self-monitoring with delegated supervision** means, for certain occupational groups (e.g., some healthcare or laboratory personnel, airline crew members), self-monitoring with oversight by the appropriate occupational health or infection control program in coordination with the health department of jurisdiction. The occupational health or infection control personnel for the employing organization should establish points of contact between the organization, the self-monitoring personnel, and the local or state health departments with jurisdiction for the location where personnel will be during the self-monitoring period. This communication should result in agreement on a plan for medical evaluation of personnel who develop fever, cough, or difficulty breathing during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health authority, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if fever, cough, or difficulty breathing occur. The supervising organization should remain in contact with personnel through the self-monitoring period to oversee self-monitoring activities.

# Definitions Used in This Guidance

- **Self-monitoring with public health supervision** means public health authorities assume the responsibility for oversight of self-monitoring for certain groups of people. The ability of jurisdictions to initiate or provide continued oversight will depend on other competing priorities (e.g., contact tracing, implementation of community mitigation strategies). Depending on local priorities, CDC recommends that health departments consider establishing initial communication with these people, provide a plan for self-monitoring and clear instructions for notifying the health department before the person seeks health care if they develop fever, cough, or difficulty breathing. As resources allow, health authorities may also check in intermittently with these people over the course of the self-monitoring period. If travelers for whom public health supervision is recommended are identified at a US port of entry, CDC will notify state and territorial health departments with jurisdiction for the travelers' final destinations.
- **Active monitoring** means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever, cough, or difficulty breathing. For people with high-risk exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.
- **Close contact** is defined as:
  - a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case – *or* –
  - b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)



# Definitions Used in This Guidance

- **Public health orders** are legally enforceable directives issued under the authority of a relevant federal, state, or local entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for the purposes of protecting the public's health. Federal, state, or local public health orders may be issued to enforce isolation, quarantine or conditional release. The list of quarantinable communicable diseases for which federal public health orders are authorized is defined by Executive Order and includes "severe acute respiratory syndromes." COVID-19 meets the definition for "severe acute respiratory syndromes" as set forth in Executive Order 13295, as amended by Executive Order 13375 and 13674, and, therefore, is a federally quarantinable communicable disease.
- **Isolation** means the separation of a person or group of people known or reasonably believed to be *infected with a communicable disease and potentially infectious* from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.
- **Quarantine** in general means the separation of a person or group of people reasonably believed to have been *exposed to a communicable disease but not yet symptomatic*, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

# Definitions Used in This Guidance

- **Conditional release** defines a set of legally enforceable conditions under which a person may be released from more stringent public health movement restrictions, such as quarantine in a secure facility. These conditions may include public health supervision through in-person visits by a health official or designee, telephone, or any electronic or internet-based means of communication as determined by the CDC Director or state or local health authority. A conditional release order may also place limits on travel or require restriction of a person's movement outside their home.
- **Controlled travel** involves exclusion from long-distance commercial conveyances (e.g., aircraft, ship, train, bus). For people subject to active monitoring, any long-distance travel should be coordinated with public health authorities to ensure uninterrupted monitoring. Air travel is not allowed by commercial flight but may occur via approved noncommercial air transport. CDC may use public health orders or federal public health travel restrictions to enforce controlled travel. CDC also has the authority to issue travel permits to define the conditions of interstate travel within the United States for people under certain public health orders or if other conditions are met.
- **Congregate settings** are crowded public places where close contact with others may occur, such as shopping centers, movie theaters, stadiums.
- **Social distancing** means remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.

