

## GUIDANCE TO ETHOS HOSPITALS REGARDING COVID-19 AND HOSPITAL SERVICES

The spread of the virus associated with COVID-19 has reached an inflection point at the global, national, and state levels, and the number of confirmed and presumptive positive COVID-19 cases and their close contacts continues to grow.

**With this in mind, Ethos Veterinary Health is advising to take the following steps based on the latest information from the CDC and OSHA:**

1. All hospitals must follow the recommendations on expanded environmental cleaning, whether or not there has been a known case of COVID-19 in the hospital. Hospitals must clean and disinfect frequently touched surfaces using an [EPA-registered disinfectant](#) at a minimum of four times daily (every 6 hours). It is critical to communicate to our teams that frequent cleaning and handwashing are our best strategies to combat COVID-19.
2. All hospitals should see patients on a concierge basis with no clients entering the hospital except for euthanasia by 8PM March 18<sup>th</sup> EST.
3. Effective immediately, all hospitals must cancel all in person meetings and any company sponsored travel. Staff should be discouraged from travelling at all.
4. Please refer to the Ethos (CDC) risk assessment algorithm and guidelines for all potential exposure questions.
5. Please see below for hospital cleaning and potential closure guidelines:

### **Additional guidance for potential situations hospitals may encounter:**

#### ***Scenario 1: A staff member is diagnosed with COVID-19***

- The staff member who tested positive for COVID-19 will be required to isolate at home. The staff member may not return to work until they are authorized to leave their home by the local board of health.
- A full or partial hospital closure will be discussed immediately by the Hospital Closure Team consisting of Tim Smith, Rich Boland, Matt Pearson, Ed Heil, Shannon Mayer, Leilani Way, John Hintermeister, Kristen Frank, Pat Welch, Ames Prentiss, Nadja Torling, Juliet Dubois, the Hospital Director/Manager and the Hospital Medical Director. The Hospital Director/Manager is responsible for convening this meeting as soon as possible.
- Deep cleaning by an outside professional agency will occur between 3 and 24 hours after closure. The operations and supply chain team have contracted with a vendor for all locations.
- All employees will be sent home unless essential to the process.
- The clients of effected departments will be rescheduled. All efforts will be made to keep emergency and ICU services functioning if at all possible. ICU cases may be moved to other sections of the hospital to allow cleaning but if the hospital must be closed down they should be transferred. If emergency services are to be closed the incoming cases should be diverted.



- Referring veterinarians will be notified of a 24-48 hour closure as needed.

***Scenario 2: Close Contact - A staff's household member has been diagnosed with COVID-19***

- The staff member with a family member who tested positive for COVID-19 will be required to quarantine at home. In general, people in quarantine who have not developed symptoms are not considered high risk for transmission of the virus. The staff member may return to work once the 14-day quarantine period has ended, as advised by the local board of health.
- Close contact includes:
  - Living in the same household as a sick person with COVID-19, **or**
  - Caring for a sick person with COVID-19, **or**
  - Being within 6 feet of a sick person with COVID-19 for a prolonged period, **or**
  - Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.).

***Scenario 3: Potential Contact***

- When a hospital suspects an individual with COVID-19 has visited the hospital, the CDC recommends closing off areas used by the ill person and waiting 3-24 to clean and disinfect, opening doors and windows to improve air circulation. Depending on the situation, this cleaning could be with our internal team or an outside resource as in scenario 1.
- If this suspect hospital visitor becomes confirmed positive, the Hospital Director/Manager will make a decision on the next steps. Because this individual likely had minimal time in the hospital the severity of scenario 1 criteria does not likely apply.
- Other staff who have not been in close contact with a positive case, and who show no signs or symptoms of illness may continue to work.
- Close contact includes:
  - Living in the same household as a sick person with COVID-19, **or**
  - Caring for a sick person with COVID-19, **or**
  - Being within 6 feet of a sick person with COVID-19 for a prolonged period, **or**
  - Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.).

***Scenario 4: A staff member has returned from international travel.***

***Guidance:***

- All returning travelers from high risk [Level 3 countries](#) must self-quarantine for 14 days.
- If a staff member recently returned from traveling to a Level 3 country, but has come to work, the hospital should follow procedures described above in Scenario 2.

