

Covid-19 House Rules

Updated 10/4/22

1. Vaccination

- a. All staff and volunteers are required to complete the primary vaccination series. This can range from a single dose to a 3-dose series depending on the vaccine product and a person's immune status. We strongly recommend that everyone receive booster doses, as well.

2. PPE

- a. Everyone in CVIM is required to wear a surgical mask which fully covers the nose and mouth at all times. Use of an N95 respirator is voluntary.
 - i. Masks may only be removed while eating and drinking.
 - ii. CVIM provides N95 respirators for clinical staff and volunteers, when requested, using extended use/limited reuse policies to conserve our resources:
 - a. Use one respirator all day rather than changing for each patient.
 - b. Store respirators in a paper bag and use the same respirator again after 5 days or more.
 - c. Throw away respirators after 5 uses, or if wet, dirty, or damaged.
 - iii. 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.
 - iv. 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.
 - v. 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.

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). If you experience recurrence of symptoms, you should stay home from CVIM until you again meet the criteria for return.

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.