

## COVID-19 Policies FAQ

**Revised Jan. 8<sup>th</sup>, 2021**

**1. Any updates on when we will get the COVID vaccine? What will the process look like?**

After vaccines are received by PPPSW, we will announce the process for getting both doses of whichever vaccine we receive. The number of doses and brand (Pfizer vs Moderna) that the agency will receive is determined by the local health department. If we do not get enough doses to vaccinate all those interested with the first shipment, the COVID Taskforce (CTF) will administer doses based on a pre-determined stratification. More information will likely come in January as we are hoping to be get doses by February or March.

**2. Are we updating PPPSW quarantine guidelines to the 7 or 10-day options the CDC announced?**

CTF discussed the updated CDC options when they were released, but in reading the guidance and looking at local public health guidance, we agreed that these options are really for situations where there is understaffing in ICUs or acute care hospitals due to staff being out. This is not our situation at PPPSW and the CDC does state that the recommendation for 14 days is the preferred option but these other options are reasonable if required. We will continue to monitor if these other strategies become necessary.

**3. I got a text and email notification of a positive employee, but I haven't worked onsite recently because I've been on PTO. Why would I get a text/email notification if I didn't work there?**

We send automated notifications to all of the staff listed on the distribution list for a health center or administration location when there is an employee who tests positive at that location. If an employee tests positive in a shared PPPSW facility (ex: Wagner, HFAC, etc.) all supervisors in the building will also get a notification. Since we are using distribution lists, some staff may receive a notification even if they didn't recently work there. That is why we use the language "*may have recently worked at*" in the notification.

**4. I've had more than 1 "low-risk" exposure at work. Do multiple low-risk exposures mean I am now high-risk?**

Even if you receive more than one low-risk notification, you are still low-risk. Multiple low-risk exposures do not equal a high-risk exposure. You can still continue to report to work as long as you have no symptoms or exposures, and you are not required to get tested. If you choose to get tested, or have any COVID symptoms or a new exposure to a positive person, notify your supervisor as soon as possible. If you ever have a "high-risk" exposure (unmasked, 15min or more, less than 6ft) with another positive employee, we would always contact you directly and not via automated text/email.

**5. Is COVID-19 transmission possible when the 3 high-risk criteria (unmasked, within 6ft, for 15min or more are not met?**

Yes, transmission is possible but less likely than when those three criteria are met. The criteria determine risk of transmission.

**6. Patients don't always wear masks inside exam rooms while waiting to see the clinician. What is the risk of transmission when this happens?**

Even in these situations, the risk of transmission from small respiratory droplets with staff wearing masks, eye protection, and strict hand washing is still extremely low. The transmission of asymptomatic individuals in health care settings remains extremely low with current PPE guidance and without aerosolizing procedures. Our health centers still remain extremely safe places to provide health care.

**7. Since COVID is increasing in the community, should we go back to limited visits, like we did earlier this year?**

Our limitation of visits in the beginning of COVID was really due to lack of knowledge about how the virus was spread, lack of adequate PPE, and lack of universal masking in the community. At this point, we know the risk of spread is extremely low with masked patient and staff so there is no directive from local or state health departments to limit low-risk health care, which is where we fall.

**8. We had an employee test positive at our center. Do we need a “deep” cleaning of the facility?**

Our janitorial services adhere to all CDC disinfection guidelines for COVID-19. “Deep cleaning” or “terminal cleaning” is not necessary. Frequent hand-washing, PPE, and sanitizing high-touch-points throughout the day remain the best way to maintain a low risk environment.

**9. An employee who was positive for COVID just returned to work. Is it safe for them to be back at work?**

All employees who return to work are cleared by CTF using CDC return to work criteria. The CDC says persons with COVID may discontinue home isolation if it has been at least 10 days since symptoms started, 24 hours without fever and symptoms improving. We go a step beyond that and ask that any person with persistent symptoms, even if they are improving, get clearance from their physician. As a reminder, the protected health information (PHI) of employees is confidential just as any other medical diagnosis or condition would be. We must respect our co-workers privacy with regards to their PHI. We cannot discuss any specifics of employee health but rest assured that return to work clearance is happening for all employees according to our exposure policy.

**10. What is the difference between a “rapid” COVID test and the PCR COVID test?**

A rapid test provides a result quickly, usually within 1 hour, by looking for viral particle as opposed to Viral DNA. Although fast, the results are not always accurate because more virus needs to be present to detect the infection. Rapid tests are more reliable and less likely to be falsely positive when someone has COVID symptoms and the result is positive. In this situation, repeat testing with PCR test is not recommended.

Rapid tests have a higher false negative rate than PCR tests, especially in people who do not have symptoms. For people who have symptoms highly suspicious of COVID and a negative rapid test, repeat testing with a PCR test may be helpful. This should be discussed with the medical provider ordering the test.

**11. Where can I get tested for COVID?**

You can go through your own provider/PCP or testing location of your choice. All counties have free testing locations and there are links on the HUB [here](#). We also have a contract with UCSD (San Diego) and Lifeline Health Services (Riverside) to provide testing for employees on an as needed basis.

**12. How do I get info for the UCSD (SD) or Lifeline Health Services (RS) testing for employees?**

Your supervisor must submit an *Employee Risk Assessment Questionnaire* to the COVID Taskforce (CTF) at [COVID@planned.org](mailto:COVID@planned.org); after an assessment, CTF can provide the info.

**13. When submitting an expense for my COVID test, what account should I code to?**

Professional Fees

**14. What if I don’t have any COVID SS Pay hours left and I’m required to get tested?**

Since PPPSW is mandating testing for symptomatic employees who cannot work remotely, you will need to code COVID19 if you have zero (0) hours of COVID SS Pay.

**15. If my COVID test is negative but I still feel too sick to work, what do I code my time to?**

If you have been cleared to return to work by CTF, but choose not to due to symptoms, you must use PTO.

**16. I have symptoms but I ONLY work remotely, do I have to get tested?**

All employees who report to a work site or plan on entering any PPPSW facility (admin or health center) must get a COVID test if symptomatic. This includes “quick” visits to pick up supplies or any other reason you would enter a PPPSW facility. If you work remotely 100% of the time, you are not required to get tested, but you also are not permitted to enter any PPPSW facility without first meeting return to work criteria for a positive COVID person per our [COVID-19 Employee Exposure, Testing, and Return to Work Policy](#). CTF will provide a return to work plan after receiving the *Employee Risk Assessment Questionnaire* from your supervisor.

**17. Do we complete the Employee Risk Assessment Questionnaire every day, even if we don't have COVID-19 symptoms, exposure, and are not getting tested?**

No, the Employee Risk Assessment Questionnaire should only be completed if you have COVID-19 symptoms, exposure, or are getting tested for COVID-19.

**18. What happens after I submit the Employee Risk Assessment Questionnaire?**

The questionnaire will be automatically sent to the COVID Taskforce (CTF). CTF will review the information, reply to the email and include the employee's supervisor so they can be informed of next steps.

**19. How do I submit my COVID-19 test results?**

Employees should continue sending their test results directly to their supervisor. The supervisor is then responsible for emailing them to [COVID@Planned.org](mailto:COVID@Planned.org). Proof of results is required for all employees.