

**Section 5:** Health & Safety Policies  
**Policy Title:** COVID-19 Control  
**Policy #:** HS: 5.50.20

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### **Purpose**

In accordance with the State Public Health Officer Order issued on [September 28, 2021](#) and updated on [December 22, 2021](#), and Department of Social Services [Provider Information Notice \(PIN\) 21-11-HCS](#), **Heritage Senior Care, INC** is adopting this policy to comply with CDPH's and CDSS's requirements and to safeguard the health of our employees and their families, our customers and visitors, and the community at large from COVID-19.

### **Policy**

Effective **March 1, 2022**, all **Heritage Senior Care, INC** Registered Home Care Aides and HCO Staff with direct contact with clients or prospective clients currently eligible for boosters shall be fully vaccinated and receive a booster dose for COVID-19.

Registered HCAs and HCO staff with direct contact with clients or prospective clients not yet eligible for boosters must be in compliance no later than 15 days after the recommended timeframe specified in the table below for receiving the booster dose.

Registered HCAs and HCO staff with direct contact with clients or prospective clients who have not met the booster timeframe requirements will need to comply with weekly COVID-19 testing requirements. They must test for COVID-19 with either a Polymerase Chain Reaction (PCR) or an antigen test that either has Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.

**Exemptions to vaccination and booster requirements.** Registered Home Care Aides or Home Care Organization staff who have direct contact with clients or prospective clients, may be exempt from the vaccination requirements only if they provide a signed form to their employer stating either of the following:

1. The Registered Home Care Aide or Home Care Organization staff who have direct contact with clients or prospective clients, is declining vaccination based on religious beliefs, or
2. The Registered Home Care Aide or Home Care Organization staff who have direct contact with clients or prospective clients, is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons.
  - a. To be eligible for a Qualified Medical Reasons exemption, each Registered HCA or HCO staff with direct contact with clients or prospective clients must also provide the HCO licensee or the employer-recipient a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician, stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the probable duration of the Registered HCA's or HCO staff with direct contact with clients or prospective clients inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).

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Unvaccinated exempt Registered Home Care Aides or Home Care Organization staff who have direct contact with clients or prospective clients must test for COVID19 once weekly in order to provide home care services or have direct contact with clients or prospective clients and wear a surgical mask or higher-level respirator at all times while in the client's home if there is direct contact with clients or prospective clients.

Pursuant to the [State Public Health Officer Order](#) of **December 22, 2021**, Registered HCAs and HCO staff with direct contact with clients or prospective clients who are not otherwise exempt are required to have the first dose of a one-dose regimen or the second dose of a two-dose regimen by **November 30, 2021**. Two-dose vaccines include Pfizer-BioNTech or Moderna or any vaccine authorized by the World Health Organization (WHO). The one-dose vaccine is Johnson and Johnson [J&J]/Janssen.

**Heritage Senior Care, INC** follows the guidelines, recommendations, and mandates of the California Department of Social Services, California Department of Public Health, Cal-OSHA, State of California, OSHA, CDC, local, state and federal agencies.

## Definitions

- [COVID-19 \(CDC\)](#): COVID-19 is a respiratory disease caused by SARS-CoV-2, a coronavirus discovered in 2019. The virus spreads mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks. Some people who are infected may not have symptoms. For people who have symptoms, illness can range from mild to severe. Adults 65 years and older and people of any age with underlying medical conditions are at higher risk for severe illness. People ages 5 years and older should get [COVID-19 vaccines](#) to prevent getting and spreading the illness. Everyone ages 16 and older can get a [booster](#) shot.
- [Exposure \(CDC\)](#): Contact with someone infected with SARS-CoV-2, the virus that causes COVID-19, in a way that increases the likelihood of getting infected with the virus.
- [Close Contact \(CDC\)](#): Close contacts are someone who was less than six (6) feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. For example, three individual 5-minute exposures for a total of 15 minutes.
- [Symptoms \(CDC\)](#): People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. People with these symptoms may have COVID-19: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscles or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.
- [Quarantine \(CDC\)](#): Quarantine is a strategy used to prevent transmission of COVID-19 by keeping people who have been in close contact with someone with COVID-19 apart from others.
- [Isolate \(CDC\)](#): Isolation is used to separate people with confirmed or suspected COVID-19 from those without COVID-19. People who are in isolation should stay home until it's safe for them to be around others. At home, anyone sick or

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infected should separate from others, or wear a [well-fitting mask](#) when they need to be around others. People in isolation should stay in a specific “sick room” or area and use a separate bathroom if available. Everyone who has presumed or confirmed COVID-19 should stay home and isolate from other people for at least 5 full days (day 0 is the first day of symptoms or the date of the day of the positive viral test for asymptomatic persons). They should wear a mask when around others at home and in public for an additional 5 days. People who are confirmed to have COVID-19 or are showing symptoms of COVID-19 need to isolate regardless of their vaccination status. This includes:

- People who have a [positive viral test](#) for COVID-19, regardless of whether or not they have [symptoms](#).
- People with [symptoms](#) of COVID-19, including people who are awaiting test results or have not been tested. People with symptoms should isolate even if they do not know if they have been in close contact with someone with COVID-19.

[Worker \(CDPH\):](#)

Refers to all paid and unpaid individuals who work in indoor settings where (1) care is provided to individuals, or (2) persons in care have access for any purpose. This includes workers serving in residential care or other direct care settings who have the potential for direct or indirect exposure to persons in care or COVID-19 airborne aerosols. Workers include, but are not limited to, direct supportive services staff, registered home care aides, students and trainees, and persons not directly involved in providing care or services, but who could be exposed to infectious agents that can be transmitted in the care setting (e.g., clerical, facilities management, administrative, marketing and sales, billing, and volunteer personnel).

**PROCEDURE:**

Employees have two options under this policy:

**1. Vaccination**

Registered HCAs or HCO staff who choose to receive the COVID-19 vaccine will need to their first dose of a one-dose vaccine or their second dose of a two-dose vaccine no later than November 30, 2021, to meet the November 30, 2021, deadline to be fully vaccinated.

COVID-19 vaccinations are free, whether an individual has health insurance or not. While a provider may bill a patient's health insurance for administering the vaccine, there is no out-of-pocket cost to an individual.

All Registered HCAs or HCO staff will be paid for time taken to receive vaccinations and to recover from any vaccine-related side effects. Registered HCAs or HCO staff are to work with their managers to schedule necessary time off.

Official documentation of vaccination status must be provided to human resources and include the following:

- The type of vaccine administered.

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- The date(s) of administration.
  - The name of the health care professional or clinic site administering the vaccine.

Registered HCAs or HCO staff must certify that the documentation they are submitting is true and correct. Registered HCAs or HCO staff found to have provided false documentation will be subject to termination of employment.

## 2. Weekly testing

**Heritage Senior Care, INC** shall begin testing all booster-eligible Registered HCAs or HCO staff, with direct contact with clients or prospective clients, who have not yet received their booster by **December 27, 2021**.

Consistent with testing guidance for Registered HCAs or HCO staff with direct contact with clients or prospective clients in [PIN 21-07-HSC](#), diagnostic screening testing must occur at least once weekly for unvaccinated exempt Registered HCAs or HCO staff with direct contact with clients or prospective clients and booster-eligible Registered HCAs or HCO staff with direct contact with clients or prospective clients and they must participate in response testing, if warranted.

## Employee Procedure:

### Employee Prevention

1. All **Heritage Senior Care, INC** Registered HCAs and HCO staff with direct contact with clients and prospective clients shall observe infection control requirements, including masking, and the use of Personal Protective Equipment (PPE). Exempt unvaccinated or incompletely vaccinated Registered HCAs or HCO staff with direct contact with clients or prospective clients are not exempted from the requirements for testing, masking, and the use of Personal Protective Equipment, even if they have a medical contraindication to vaccination, or they are fully vaccinated but have not yet received a booster dose, since they are still potentially able to spread the illness.
2. Wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, at all times while in the client's home or if there is direct contact with clients or prospective clients.
3. Gloves are available to staff within each location.
  - a. Registered HCAs or HCO staff should ensure they have enough gloves on hand as necessary to prevent exposure to the blood or bodily fluids of the person served. If an Registered HCAs or HCO staff does not have adequate gloves to safely provide necessary client care, they are to contact their supervisor immediately.
4. Registered HCAs and HCO staff with direct contact with clients and prospective clients should follow standard precautions, including:
  - b. Hand hygiene: Wash hands before and after client contact, after contact with any potentially infectious material, and before and after donning protective equipment, including gloves and masks. This applies to clients and caregivers as well
  - c. Gloves: Wear gloves for any contact with potentially infectious material (e.g., secretions, tissues, dirty linens)
  - d. Gowns: Gowns should be worn with client care activity when contact with body fluids is likely, including respiratory excretions.

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- e. Staff should follow droplet precautions for clients with suspected or confirmed COVID-19 for ten (10) days or longer. Droplet precautions include:
    - a. All of the standard precautions plus
    - b. Placing client in separate room away from other residents or family members, if possible.
    - c. Instruct on using tissue when coughing or sneezing and to place used tissues immediately in plastic bag for disposal in regular trash.
    - d. Wear mask prior to entering room.
    - e. Instruct client to call ahead prior to visiting a health care facility.
    - f. Instruct client to wear mask, if possible, when leaving the home for appointments and to limit visitors to home.
    - g. Instruct the client on self-quarantine and self-isolation procedures.
  5. Registered HCAs and HCO staff are generally encouraged to stay home should they experience symptoms of any illness at any time.

### **Calculating Quarantine**

The date of exposure is considered Day 0. Day 1 is the first full day after last contact with a person who has had COVID-19. Stay home and away from other people for at least five (5) days.

### **If you were exposed to COVID-19 and are NOT up-to-date on COVID-19 Vaccinations**

1. Registered HCAs and HCO staff must immediately report any concerns regarding exposure to COVID-19 to a supervisor, whether the potential exposure has occurred through providing client care, travel, assisting an ill traveler or other person, having contact with a person affected by community spread, or handling or cleaning an object that has been exposed to blood or bodily fluid of an individual who is suspected or confirmed to have COVID-19.
2. Quarantine for at least five (5) full days. Even if you don't have symptoms, get tested at least five (5) days after you last had close contact with someone with COVID-19.
3. Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.
4. If you develop symptoms. Isolate immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.

### **If you were exposed to COVID-19 and are up-to-date on COVID-19 vaccinations**

1. No quarantine. You do not need to stay home unless you develop symptoms.
2. Get tested. Even if you don't have symptoms, get tested at least five (5) days after you had close contact with someone with COVID-19.
3. Watch for symptoms until ten (10) days after you last had contact with someone with COVID-19.
4. If you develop symptoms: Isolate immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.

### **If you were exposed to COVID-10 and had confirmed COVID-19 within the past 90 days (you tested positive using a viral test)**

1. No quarantine. You do not need to stay home unless you develop symptoms.
2. Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.

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3. If you develop symptoms. Isolate immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.

### **Calculating Isolation**

Day 0 is your first day of symptoms or a positive viral test. Day 1 is the first full day after your symptoms developed or your test specimen was collected. If you have COVID-19 or have symptoms, isolate for at least five (5) days.

### **If you tested positive for COVID-19 or have symptoms, regardless of vaccination status.**

1. Stay home for at least five (5) days and isolate from others in your home. Wear a well-fitted mask if you must be around others in your home.
2. Ending isolation if you had symptoms. End isolation after five (5) full days if you are fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms are improving.
3. Ending isolation if you did NOT have symptoms. End isolation at least five full days after your positive test.
4. If you were seriously ill with COVID-19 you should isolate for at least ten (10) days. Consult your doctor before ending isolation.

### **Employee Confidentiality**

1. All documents prepared in connection with an employee's report of potential exposure must be: (a) collected and maintained on forms separate and apart from documents in an employee's personnel file, (b) maintained in an employee's confidential medical file if appropriate, and (c) treated as a confidential. Likewise, if an employee voluntarily discloses that he or she may have been exposed to COVID-19 or is at risk of exposure, this information must be kept confidential.

The following are the only exceptions to this rule:

- a. Supervisors and managers may communicate with the Administrator as appropriate;
  - b. Supervisors and managers may be told about necessary restrictions on work duties and about necessary accommodations;
  - c. First aid or safety personnel may be told if the condition requires emergency treatment;
  - d. Government officials may access the information when investigating compliance with the ADA;
  - e. Information may be provided in connection with a workers' compensation claim; and
  - f. Information may be provided for insurance purposes.
  - g. The Administrator or designated representative may make disclosures, as needed, to comply with law or regulation.
2. Discussions about an employee's medical status with other employees, co-workers, or client/patients except as permitted by this Policy are prohibited.

### **Employee Discrimination & Retaliation Prohibited**

Discrimination or Retaliation against any employee for reporting concerns regarding potential COVID-19 exposure, for reporting any related workplace concerns, for reporting any violations of this Policy, or for taking a leave of absence under this Policy is strictly prohibited. Any employee who has a discrimination or retaliation concern should report it to the Administrator.

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## **Client Procedure**

### **Screening, Assessment and Contact**

1. All clients will be pre-screened using the following questions before HCAs and/or HCO staff come within 6 feet of the client :
  - a. Have you traveled internationally in the last 10 days to any country currently designated by the CDC as a high-risk location for COVID-19?
  - b. Have you had signs of a respiratory infection in the last 10 days such as a fever, cough, dyspnea, and/or sore throat?
  - c. Has anyone you live with had signs of a respiratory infection in the last 10 days such as a fever, cough and/or sore throat?
  - d. Does the client reside in a community where community-based spread of COVID-19 is occurring?
  - e. In the last 10 days have you had contact with anyone who has been diagnosed with, or screened for COVID-19?
  - f. Have you traveled to another state with widespread community transmission of COVID-19 in the last 10 days?
2. If a client answers “yes” to any of the above questions, the HCAs and/or HCO staff must notify their supervisor prior to initiating service of that client.
3. Clients require emergency medical attention if the following occur:
  - a. Difficulty breathing or shortness of breath
  - b. Persistent pain or pressure in the chest
  - c. New confusion or inability to arouse
  - d. Bluish lips or face
  - e. Other concerning signs and symptoms
4. Determination of how to service the client will be made in consultation with the client’s payer, personal representative (as applicable), local or state health department, and current CMS guidance.

### **Suspected or Actual Patient/Client Exposure**

1. Any HCAs and/or HCO staff made aware of a client exposed (suspected or confirmed) to COVID-19 must immediately notify their supervisor. The supervisor must immediately complete the Incident Report: COVID-19 HS. 5.50.20.F1 and send to the Administrator.
2. The Administrator or designated representative will contact the LOCAL or STATE health department immediately for consultation and guidance and document the conversation.
3. If a client becomes quarantined, or tests positive for COVID-19:
  - a. **Heritage Senior Care, INC** may suspend all personal care services until medical clearance is provided. If suspending personal care services poses a risk to the client (high acuity requiring total care, skilled nursing tasks or nurse delegated tasks) **Heritage Senior Care, INC** will coordinate with the payer and the client’s health care professionals to support the client’s ongoing care needs (i.e. home health agency, inpatient care facility).
4. If the home care organization is notified by a health official, practitioner, family, responsible party, or a payer that a client has been exposed to COVID-19, the home care staff are to do the following:
  - a. The person providing notification should be asked for their contact information so the Administrator or designee can contact them. To prevent unauthorized disclosure:
    - i. No client information should be discussed with the reporting party at that time.

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- ii. The person receiving the information is expected to listen and document the information received.
  - b. Contact the client to confirm the information, if possible.
    - i. When possible and available, implement the client emergency back-up plan
    - ii. In instances where there is not an effective back up plan to meet the client's immediate health/safety needs this is to be shared with the Administrator or designee so that coordination can occur with the payer, the applicable department of health, and other healthcare providers.

### **Administrator**

1. The HCO Licensee or designee will be responsible for:
  - a. Reviewing all new cases of confirmed or suspected COVID-19 exposure.
  - b. Appointing a lead to facilitate case-by-case communication plan with payers and other health care providers in the community.
  - c. Providing direction for care coordination in accordance with applicable laws, the most recent guidance from the CDC, any applicable medical opinions or guidance, and recommendations of the local or state health agency
  - d. Developing, evaluating, revising, and communicating official home care organization policy, guidance, and response effectiveness.
  - e. Driving accountability for the implementation of policy and guidance.

### **Record-Keeping**

Consistent with applicable privacy laws and regulations, the HCO Licensee or designee shall maintain records of:

- a. Registered HCAs and/or HCO Staff with direct contact with clients or prospective client's vaccination or exemption status;
- b. workers' testing results

**Heritage Senior Care, INC's** Licensee or designee shall track verified Registered HCAs' and/or HCO staff with direct contact with clients or prospective clients' vaccination status. If Registered HCAs and/or HCO staff, with direct contact with clients or prospective clients, are exempt, or have not yet received their booster dose **Heritage Senior Care, INC's** Licensee or designee also must maintain records of the Registered HCAs' or HCO staff with direct contact with clients or prospective clients' COVID-19 testing results.

These records shall be kept confidential pursuant to applicable privacy laws and regulations.

**Heritage Senior Care, INC's** Licensee or designee shall provide such records to the local or state Public Health Officer, the California Department of Social Services, or their designee promptly upon request, and in any event no later than the next business day after receiving the request.

Registered HCAs and HCO staff with direct contact with clients or prospective clients who are not fully vaccinated and boosted, or for whom vaccine status is unknown or documentation is not provided, must be considered unvaccinated.

### **Vaccine Records Guidelines and Standards**

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1. Pursuant to the [CDPH Guidance for Vaccine Records Guidelines & Standards](#), vaccination records for Registered HCAs and HCO staff with direct contact with clients or prospective clients must include the following information:
    - a. Full name and date of birth;
    - b. Vaccine manufacturer; and
    - c. Date of vaccine administration (for first dose and, if applicable, second dose).
  2. [Options for providing proof of COVID-19 vaccination](#):
    - COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services Centers for Disease Control & Prevention or WHO Yellow Card1); OR
    - A photo of a vaccination card as a separate document; OR
    - A photo of the client's vaccine card stored on a phone or electronic device; OR Documentation of vaccination from a healthcare provider; OR
    - Digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates and vaccine type.

### **Cross-Policy References**

1. Universal Precautions
2. Infection Control
3. Aseptic Techniques
4. Gloves
5. Gowns and Aprons
6. Masks and Protective Goggles
7. Exposure Control Plan for Blood-borne Diseases
8. Hand Washing
9. Sharp Objects
10. Handling and Transporting Specimens
11. Laundry
12. Blood and Body Substance Spills
13. Household Wastes
14. Care and Handling of Equipment
15. Immunizations

### **Form(s)**

1. COVID-19 Employee Notice HS. 5.50.20.F1
2. Screening Protocol for New or for Current Employee to Return to Work after Illness/Absence HS. 5.50.20.F2
3. Incident Report: COVID-19 HS. 5.50.20.F3
4. COVID-19 Declination Form HS. 5.50.20.F4

### **References**

1. Occupational Safety and Health Administration (OSHA)
2. Center for Disease Control and Prevention (CDC)
3. United States Public Health Service (USPHS)
4. State Health Department

### **Additional Resources**

The following resources are available online:

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- Centers for Disease Control and Prevention (CDC)
    - [Coronavirus Disease 2019](#)
  - California Department of Social Services (CDSS)
    - [Community Care Licensing Division homepage](#) (includes all COVID-19 related materials, including Provider Information Notices (PINs) and other resources)
  - California Department of Public Health (CDPH)
    - [All COVID-19 Guidance](#)
    - [Find a Testing Location](#)
  - [Local health departments](#)