



# DHS COVID-19 SUPERVISOR TOOLKIT

October 7, 2020

This is an evolving situation and the guidance in this toolkit is likely to change in the coming days and weeks. DHS will provide updated versions as they become available.



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## REVISION LOG

Date	Version Number	Revision Summary	Revised by
March 12, 2020	1.0	Original document	Faith Sandburg-Rodriguez
March 16, 2020	2.0	Amends travel policy, adds DAS FAQs, updates telecommuting section and adds EAP section.	Faith Sandburg-Rodriguez
March 17, 2020	3.0	Updates personal travel policy, adds additional elements to report regarding potential exposure, clarifies existing policy throughout.	Faith Sandburg-Rodriguez
April 26, 2020	4.0	Updates personal travel policy, adds additional elements to report regarding potential exposure, clarifies existing policy throughout.	Faith Sandburg-Rodriguez
May 20, 2020	5.0	Updates personal travel policy and return-to-work guidance	Faith Sandburg-Rodriguez
July 22, 2020	6.0	Updates return-to-work guidance.	Faith Sandburg-Rodriguez
September 16, 2020	7.0	Revises protocols to report employee exposure. Updates COVID-19 symptoms and clarifies return-to-work guidance.	Faith Sandburg-Rodriguez
October 1, 2020	8.0	Revises guidance on when to quarantine for non-essential personnel.	Faith Sandburg-Rodriguez



## TRAVEL

### BUSINESS TRAVEL

All non-essential business travel is suspended until further notice. If staff believe their travel is essential, they should report this information and provide justification to their supervisor. Supervisors must send the request through their chain of command to the appropriate Division Administrator. If the Division Administrator recommends approval of the request, they will formally submit the request to the Director for consideration.

### PERSONAL TRAVEL

As DHS continues to monitor and respond to the COVID-19 outbreak, we encourage staff to strongly consider deferring non-essential personal travel in the months ahead. In this instance, travel is defined as crossing state lines (with the exception of domicile or necessary activities like doctor appointments or grocery shopping). Effective May 20, staff who choose to travel domestically will no longer be required to self-isolate for 14 days upon their return. However, please note some state and local governments may have travel restrictions in place; staff should check the state or local health department for their destination(s). Staff traveling internationally are still required to self-isolate for 14 days upon their return. Supervisors should consult the [DAS FAQs](#); if questions remain, consult with the Human Resources Bureau Chief.

Supervisors should continue to routinely and proactively survey staff for all scheduled personal travel, irrespective of mode of transportation, including destination(s), layovers, and whether the staff member has client-facing responsibilities. The information does not need to be reported to the COVID-19 mailbox.

If staff do choose to travel on a personal trip, please share the below information and guidelines, which are intended to aid in supporting health and safety.

- ▶ Research destinations to check for travel warnings issued by the [Centers for Disease Control and Prevention](#) and the [U.S. Department of State](#). At this time, the CDC recommends avoiding all non-essential international travel due to COVID-19.
- ▶ Review CDC guidance on preventative [measures staff can take to stay healthy](#), as well as its [specific health guidance for travelers](#).
- ▶ Please help ensure staff take this seriously and follow all instructions received from health officials at their port of entry. In alignment with guidance from the [Iowa Department of Public Health](#) and the [CDC](#). Find additional [details about self-isolation on this page](#).
- ▶ During a period of self-isolation related to personal travel, employees will be required to use leave if telecommuting is not a viable option. See additional details in this [DAS FAQ](#).



## REPORTING POTENTIAL EXPOSURE

Staff should proactively report any potential exposure to COVID-19 to their supervisor, who should request staff contact their healthcare provider by phone for any additional clinical guidance.

All staff reports of potential exposure must be reported to DAS using the [COVID-19 Agency Report Form](#). The report must include:

- ▶ State agency
- ▶ Name of employee
- ▶ Employee office location
- ▶ Reasons for suspected COVID-19 case
- ▶ Work locations visited by the employee
- ▶ Contacts the employee has had with the public through work activities and/or other employees
- ▶ Management contact name
- ▶ Management contact number

Guidance on how to proceed is outlined in the below sections.

## ESSENTIAL PERSONNEL

This section applies to staff serving in essential roles (facility staff, social workers, childcare licensing consultants, and TCM case managers). Essential services personnel would be considered exposed to COVID-19 in the following situations:

- ▶ Live with someone who has symptoms of COVID-19 or has tested positive for COVID-19
- ▶ Provided care for a patient with symptoms of COVID-19 or has tested positive for COVID-19 without using proper PPE
- ▶ Had close contact (within 6 feet for more than 2 minutes) with a person who is visibly sick with respiratory symptoms (i.e., sneezing, coughing) or says they are sick with fever or respiratory symptoms

Essential personnel are allowed to go to work as long as they remain asymptomatic and monitor their temperature at the beginning and end of their shift. All facility staff, regardless of potential exposure, must wear a procedure/surgical mask at all times when in patient care areas on campus; cloth masks are allowable outside of patient care areas.

If essential personnel become symptomatic at any point during their shift, they must be sent home immediately and self-isolate until the conditions in Staying Home When Sick are met.

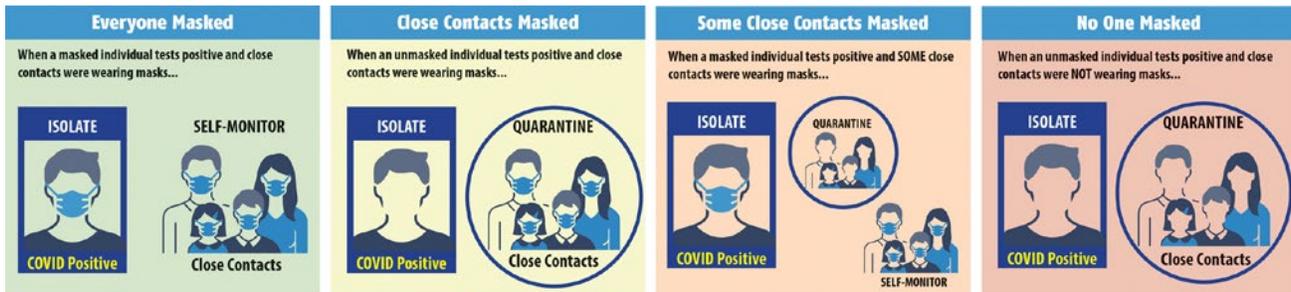
When essential personnel are not working, they should stay at home and isolate themselves from others in the home for 14 days after their last exposure.



## NON-ESSENTIAL PERSONNEL

In accordance with IDPH guidance, quarantine is no longer recommended if a potential exposure occurs while both the infectious individual and the close contacts are wearing face coverings consistently and correctly.

- ▶ In all scenarios below, an individual is considered a close contact when they have been within 6 feet of the COVID-19 positive individual for 15 minutes.
- ▶ Individuals who are a close contact due to exposure to a household member are required to quarantine for at least 14 days. Quarantine is used to keep someone who might have been exposed to COVID-19 away from others.
- ▶ Individuals who have COVID-19 must isolate for at least 10 days. Isolation keeps someone who is infected with the virus away from others, even in their home.



## STAFF LEAVE

Per the CDC and IDPH, if staff are experiencing symptoms of COVID-19, [as listed by the CDC](#), they should stay home and use leave in accordance with State and Department policies, as well as contact their healthcare provider. Supervisors should consult the [DAS FAQs](#); if questions remain, consult with the Human Resources Bureau Chief.

Staff who report potential exposure and are asked to self-isolate will be able to telecommute or will use leave for the duration of the isolation period, which could be up to 14 days.

Staff who work at our facilities will not receive an “occurrence” for leave associated with COVID-19. However, staff still need to follow appropriate call in procedures.

## STAYING HOME WHEN SICK

### Essential Personnel

This section applies to staff serving in essential roles (facility staff, social workers, childcare licensing consultants, and TCM case managers). All other staff should follow Non-Essential Personnel guidance.

If staff experience symptoms of COVID-19, as listed by the [CDC](#), they must stay home, contact their supervisor, and contact their healthcare provider. Staff should inform their healthcare provider that they



are essential workforce working with vulnerable individuals; indicate they work for the Department of Human Services; request a COVID-19 test processed by the State Hygienic Laboratory; and report this information to their supervisor. If staff are denied a test, they should also report this information to their supervisor.

### **POSITIVE TEST**

If direct care staff test positive for COVID-19, they must stay home and self-isolate until the “10 and 1” conditions are met:

- ▶ They have had no fever for at least 24 hours without the use of medicine that reduces fevers

**AND**

- ▶ other symptoms have improved

**AND**

- ▶ at least 10 days have passed since symptoms first appeared.

If staff test positive for COVID-19 but continue to have no symptoms, they may return to work once 10 days have passed since their positive test.

Once direct care staff return to work, they should:

1. Adhere to hand hygiene, respiratory hygiene, and cough etiquette in [CDC's interim infection control guidance](#) (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).
2. Self-monitor for symptoms and seek reevaluation from occupational health if respiratory symptoms recur or worsen.

All other essential personnel may return to work when the “10 and 1” conditions are met.

### **NEGATIVE TEST**

If staff are symptomatic but test negative for COVID-19, they must continue to follow the “10 and 1” conditions.

### **Non-Essential Personnel**

Non-essential staff with symptoms of COVID-19, as listed by the [CDC](#), should call their healthcare provider and **must** stay home and self-isolate until:

- ▶ They have had no fever for at least 24 hours without the use of medicine that reduces fevers

**AND**

- ▶ other symptoms have improved

**AND**

- ▶ at least 10 days have passed since symptoms first appeared.

*Example 1:* Staff calls in due to fever on March 16 (Day 1) and by March 18 (Day 3), they are fever-free. Staff will be allowed to return to work on March 26 (Day 11).

*Example 2:* Staff report experiencing respiratory symptoms, but not fever, March 16 (Day 1) and call into work on March 17 (Day 2). Their symptoms do not subside until March 24 (Day 9). Staff will be allowed to return to work on March 26 (Day 11).



Non-essential staff who test positive for COVID-19 may return to work when the “10 and 1” conditions are met. If staff are symptomatic but test negative for COVID-19, they must continue to follow the “10 and 1” conditions.



## TELECOMMUTING

Effective March 16, DHS began implementation of telecommuting for individuals who are not designated as on-site essential personnel.

Staff experiencing technical issues should continue to report these to the IT Help Desk at (515) 281-4694 or [help@dhs.state.ia.us](mailto:help@dhs.state.ia.us).

As a reminder, telecommuting staff are expected to continue to adhere to all State and Department policies and procedures as if they were working on-site.



## INSURANCE COVERAGE

For staff participating in a state employee insurance plan with Wellmark, the insurer is taking the following steps:

- ▶ Waiving prior authorization processes. Wellmark will waive prior authorization processes for covered services related to COVID-19 to ensure patients receive the right care at the right time and location.
- ▶ Covering diagnostic tests for COVID-19. Members will have no cost-share for appropriate testing to establish the diagnosis of COVID-19.
- ▶ Increasing access to prescription medications. Wellmark prescription drug benefit plans allow for early refill and we encourage the use of your 90-day retail and mail order benefits. We also will ensure formulary flexibility if there are medication shortages or other access issues. Members will not be liable for any additional charges if they receive a non-formulary medication as a result of a shortage of their current medication.
- ▶ Offering virtual health care visits and 24/7 help. We encourage our members to take advantage of virtual visits — a covered benefit for most Wellmark members when they use [Doctor On Demand](#)<sup>®</sup>— to avoid the spread of germs. Members also have access to Wellmark’s [BeWell 24/7](#)<sup>SM</sup> service which connects members to real people who can help with a variety of health-related concerns 24/7.



## EMPLOYEE ASSISTANCE PROGRAM

Per the CDC, the outbreak of COVID-19 may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. The [CDC offers guidance](#) related to managing anxiety and stress during this time. Supervisors are encouraged to proactively share this information with staff.

Please also remind staff the Employee Assistance Program (EAP) offers confidential resources to help State employees and eligible family members address challenges which may impact job performance, affect well-being, and take a toll on overall health. EAP services are provided at no cost to employees and eligible family members. Staff can contact the EAP provider at 800-833-3031 or [www.EAPHelplink.com](http://www.EAPHelplink.com) (Company Code: IOWA).



## VISITING CLIENTS AT HOME OR IN-PERSON

If a home or in-person visit at any location (e.g., waiver home, day habilitation, pre-vocational work service site) must be scheduled and warranted, staff should contact client by telephone for a pre-visit screening to discuss the following questions:

- ▶ Do you currently have any of the following?

Fever	Sore throat
Cough	Nausea
Shortness of breath	Vomiting
Atypical symptoms	Diarrhea
Abdominal pain	
- ▶ Have you experienced any of the above in the last 14 days?
- ▶ Have you or any member of your household traveled outside North America in the last 14 days?
- ▶ Have you been in contact with anyone who has traveled outside of North America in the last 14 days?
- ▶ Have you had contact with anyone who has known or possible exposure to the coronavirus in the last 14 days?
- ▶ Are you on home quarantine or isolation due to possible contact with someone with possible or confirmed coronavirus or due to travel?
- ▶ Have you or anyone in the household recently discharged from a hospitalization due to confirmed coronavirus or due to travel?

**Note: This pre-visit screening may be waived with supervisory approval for child protective assessments when an immediate response is required, confidential access is granted, or an unannounced home visit is necessary for the assessment.**

**If clients answer “yes”** to any of the questions during telephonic pre-visit screening, then:

- ▶ Do not conduct the home or in-person visit.
- ▶ Direct client to their healthcare provider for medical evaluation. Calling ahead before visiting the doctor is advised. The healthcare provider would be responsible to report this information to the local health department upon further evaluation.
- ▶ Advise client to stay home, except to get medical care and to separate himself/herself from other people and animals.
  - Limit the number of caregivers, as possible.
  - Direct client to avoid sharing personal household items and to clean “high touch surfaces” every day.
  - As appropriate, suggest household members stay in another room or be separated from the client as much as possible. Household members should use a separate bedroom and bathroom, if available.
  - Suggest that the client limits non-essential visitors in the home.
- ▶ Document pre-visit screening data in appropriate systems.

**If clients answer “no”** during pre-screening telephonic outreach for all of the above questions, then proceed with home or in-person visit.

Staff should also answer the above screening questions for themselves prior to making a warranted home or in-person visit. If any of these answers are “yes,” staff should contact their primary care provider, follow the primary care provider’s and not conduct any home visits to DHS clients, until cleared by their primary care provider to do so. Staff should also notify their supervisor of the above.

## **CONGREGATE SETTINGS**

Until further notice and in keeping with social distancing practices, staff in the office should avoid gathering together in congregate settings, such as break rooms and dining areas. This includes office retirement parties, birthday parties, and the like.

For our direct care workers who may not have other options for breaks or eating meals, staff should sit at separate tables and disinfect the space before and after their break.