



Our COVID-19 Plan (OSHA ETS)

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1. Purpose and Scope

Rush Memorial Hospital is committed to providing a safe and healthy workplace for all our employees. Rush Memorial Hospital has developed the following COVID-19 plan, which includes policies, procedures, and guidelines to minimize the risk of transmission of COVID-19, in accordance with OSHA’s COVID-19 Emergency Temporary Standard (ETS).

Rush Memorial Hospital has multiple workplaces that are substantially similar, and therefore has developed a single COVID-19 plan for the substantially similar workplaces, with site-specific considerations included in the table below.

Facility Location	Worksite-Specific COVID-19 Considerations
Main Hospital Building – 1300 North Main Street	The plan applies to all areas in this location; houses emergency, inpatient, observation, infusion, respiratory, laboratory, imaging, rehabilitation therapy, surgery, dietary, environmental services, admissions, maintenance, administration, human resources, finance, information systems, health information, patient accounts, purchasing, meeting rooms, and other services
Medical Office Building – 110 East 13 th Street	The plan applies to all areas in this location; houses clinics – orthopedics, general surgery, oncology, podiatry, ENT, rheumatology, neurology, and visiting specialists renting clinic space – as well as outpatient lab, imaging, and meeting room space
Rural Health Clinic / Healthcare Associates – 201 Conrad Harcourt Way	The plan applies to all areas in this location; houses Rural Health Clinic and primary care clinic
Pediatrics – 1339 North Cherry Street	The plan applies to all areas in this location; houses pediatric primary care clinic
Walk In Care – 323 Conrad Harcourt Way	The plan applies to all areas in this location; houses unscheduled primary care clinic and occupational health services
Pain Management – 1310 North Main Street	The plan applies to all areas in this location; houses pain management clinic
RMH Foundation – 1290 North Main Street	The plan applies to all areas in this location; houses the philanthropic organization associated with hospital as well as the volunteer program

2. Roles and Responsibilities

Rush Memorial Hospital’s goal is to prevent the transmission of COVID-19 in the workplace. Vice-Presidents, Directors and other leaders as well as non-managerial employees are all responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan.

The COVID-19 Safety Coordinator, listed below, implements and monitors this COVID-19 plan. The COVID-19 Safety Coordinator has Rush Memorial Hospital’s full support in implementing and monitoring this COVID-19 plan, and has authority to ensure compliance with all aspects of this plan.

COVID-19 Safety Coordinator

Name	Title / Facility Location	Contact Information (office location, phone, email address)
Layla McKnight	Infection Preventionist & Emergency Preparedness Coordinator / Rush Memorial Hospital	1 st floor of Main Hospital Building 1300 North Main Street 765-932-7485 layla.mcknight@rushmemorial.com

Rush Memorial Hospital and the COVID-19 Safety Coordinator(s) will work cooperatively with leaders and non-managerial employees to conduct a workplace-specific hazard assessment and in the development, implementation, and updating of this COVID-19 plan.

This section describes how employee suggestions will be solicited or requested, how employee concerns will be addressed, and how such suggestions will be integrated into developing, implementing, monitoring, and updating the plan:

A team comprised of non-managerial employees representing each department or service of the hospital is responsible for reviewing and completing the COVID-19 Emergency Temporary Standard (ETS) Worksite Checklist Employee Job Hazard Analysis. The results inform the contents of this plan.

Elements included in this plan are reviewed on a routine basis by the hospital’s senior leadership team and updated with input solicited from and provided by all employees during staff meetings and other opportunities to communicate. Discussion also takes place during the hospital’s COVID Response Team meetings which include managerial and non-managerial employees as attendees.

The MyRMH application is used for communication with and by employees and is available free to all employees. Employees have a question and answer function specific to COVID-19 available to them on the COVID section of the MyRMH application. Specific guidance, general COVID-19 information, this plan, and other resources are available for electronic review by employees in the COVID section of the MyRMH application at all times.

3. Hazard Assessment and Worker Protections

Rush Memorial Hospital conducts workplace-specific hazard assessments of its workplace to determine potential workplace hazards related to COVID-19. A hazard assessment will be conducted initially and whenever changes at the workplace create a new potential risk of employee exposure to COVID-19 (e.g., new work or service activities at the workplace).

Rush Memorial Hospital will address the hazards identified by the assessment, and include policies and procedures to minimize the risk of transmission of COVID-19 for each employee. These policies and procedures are as follows:

A. Patient Screening and Management

In settings where direct patient care is provided, Rush Memorial Hospital will:

- Limit and monitor points of entry to the setting;
- Screen and triage all patients, visitors, vendors, and other non-employees entering the hospital buildings for symptoms of COVID-19;

- Implement other applicable patient management strategies in accordance with the CDC’s [“COVID-19 Infection Prevention and Control Recommendations”](#); and
- Encourage the use of telehealth services where available and appropriate in order to limit the number of people entering the workplace.

This section details procedures for limiting and monitoring points of entry to the setting, screening and triaging for symptoms of COVID-19, and restricting facility access to reduce crowding:

RMH has developed a Visitor Policy which indicates guidelines to be followed in all clinical areas.

Each building on the hospital’s campus has a single designated entrance where patients, visitors, and other non-employees are screened for signs and symptoms of COVID-19. If a non-employee is not wearing a mask upon entering the building, a complimentary mask will be provided by the hospital.

B. Standard and Transmission-Based Precautions

Rush Memorial Hospital has developed and implemented policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC’s [“Guidelines for Isolation Precautions.”](#)

Rush Memorial Hospital and the COVID-19 Safety Coordinator will work collaboratively with leaders and non-managerial employees to develop and implement these policies and procedures.

C. Personal Protective Equipment (PPE)

Rush Memorial Hospital will provide, and (within reason) ensure that employees wear, facemasks or a higher level of respiratory protection.

Facemasks provided by Rush Memorial Hospital will be FDA-cleared, authorized by an FDA Emergency Use Authorization, or otherwise offered or distributed as described in an FDA enforcement policy. Rush Memorial Hospital will provide employees with a sufficient number of facemasks, which must be changed whenever they are soiled or damaged and more frequently as necessary (e.g., patient care reasons).

Rush Memorial Hospital may also provide a respirator to employees when only a facemask is required (i.e., when a respirator is not otherwise required by OSHA’s COVID-19 ETS) and, when doing so, will comply with OSHA’s COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). Rush Memorial Hospital will also permit employees to wear their own respirator instead of a facemask and, in such cases, will comply with OSHA’s COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). Employees may be fit-tested for N-95 respirators by the RMH Infection Preventionist or his/her designee as/when necessary.

Facemasks must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes unless the employees are in a well-defined exempt area as previously defined. This section defines the guidelines for face coverings which should be followed as part of a multi-layered infection control approach:

Employees will continue to wear clinical facemasks when within 6 feet of another person in hospital buildings. The hospital will provide complimentary facemasks to employees as needed. Employees may provide their own facemasks if they are FDA or OSHA approved. Cloth face coverings are not permitted for use by employees or volunteers.

The following are exceptions to Rush Memorial Hospital's requirements for facemasks:

1. When an employee is alone in a room.
2. While an employee is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person, or separated from other people by a physical barrier.
3. When employees are wearing respirators (e.g. N-95 respirators) in accordance with 29 CFR 1910.134 or paragraph (f) of OSHA's COVID-19 ETS.
4. When it is important to see a person's mouth (e.g., communicating with an individual who is deaf or hard of hearing). When this is the case, Rush Memorial Hospital will ensure that each employee wears an alternative, such as a face shield, if the conditions permit.
5. When employees cannot wear facemasks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), or due to religious belief. Exceptions will be provided for a narrow subset of persons with a disability who cannot wear a facemask or cannot safely wear a facemask, because of the disability, as defined with the Americans with Disability Act (42 USC 12101 et seq.), including a person who cannot independently remove the facemask. The remaining portion of the subset who cannot wear a facemask may be exempted on a case-by-case basis as required by the Americans with Disability Act and other applicable laws. When an exception applies, Rush Memorial Hospital will ensure that any such employee wears a face shield, if their condition or disability permits it. Rush Memorial Hospital will provide accommodations for religious beliefs consistent with Title VII of the Civil Rights Act.
6. When Rush Memorial Hospital has demonstrated that the use of a facemask presents a hazard to an employee of serious injury or death (e.g., arc flash, heat stress, interfering with the safe operation of equipment), Rush Memorial Hospital will ensure that each employee wears an alternative, such as a face shield, if the conditions permit. Any employee not wearing a facemask must remain at least 6 feet away from all other people unless the employer can demonstrate it is not feasible. The employee must resume wearing a facemask when not engaged in the activity where the facemask presents a hazard.

If a face shield is required to comply with OSHA's COVID-19 ETS or Rush Memorial Hospital otherwise requires use of a face shield, face shields are to be cleaned at least daily by the user. The user should replace the face shield if it is damaged.

Rush Memorial Hospital will not prevent any employee from voluntarily wearing their own facemask and/or face shield in situations when they are not required unless doing so would create a hazard of serious injury or death, such as interfering with the safe operation of equipment.

In addition to providing, and ensuring (within reason) employees wear, facemasks, Rush Memorial Hospital will provide protective clothing and equipment (e.g., respirators, gloves, gowns, goggles, face shields) to each employee in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "[Guidelines for Isolation Precautions](#)," and ensure that the protective clothing and equipment is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

For employees with exposure to people with suspected or confirmed COVID-19, Rush Memorial Hospital will provide respirators and other PPE, including gloves, an isolation gown or protective clothing, and eye protection. Rush Memorial Hospital will ensure respirators are used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134), and other PPE is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

PPE including respirators, gloves, isolation gowns, and eye protection is available from the hospital's Purchasing Department and can be secured by an employee's director or his/her designee per established securement processes.

For aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19, Rush Memorial Hospital will provide a respirator to each employee and ensure it is used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134). Rush Memorial Hospital will also provide gloves, an isolation gown or protective clothing, and eye protection to each employee, and ensure use in accordance with OSHA's PPE standards (29 CFR 1910 subpart I). Powered Air Purifying Respirators (PAPRs) are also available for use in clinical areas when employees are working with patients who may have or be suspected of having COVID-19 or performing aerosol-generating procedures with these patients.

D. Aerosol-Generating Procedures (AGPs) on a Person with Suspected or Confirmed COVID-19

When an AGP is performed on a person with suspected or confirmed COVID-19, Rush Memorial Hospital will:

- Provide a respirator and other PPE, as discussed in the previous section;
- Limit the number of employees present during the procedure to only those essential for patient care and procedure support;
- Ensure that the procedure is performed in an existing airborne infection isolation room (AIIR), if available; and
- Clean and disinfect the surfaces and equipment in the room or area where the procedure was performed, after the procedure is completed. This cleaning can be completed by any hospital employee who has access to the appropriate cleaning materials.

E. Physical Distancing

Rush Memorial Hospital will ensure that each employee is separated from all other people in the workplace by at least 6 feet when indoors, unless it can be demonstrated that such physical distance is not feasible for a specific activity. Where maintaining 6 feet of physical distance is not feasible, Rush Memorial Hospital will ensure employees are as far apart from other people as possible. Physical distancing will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Rush Memorial Hospital and the COVID-19 Safety Coordinator will work collaboratively with non-managerial employees to assess physical distancing in the workplace. OSHA's *COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis* may be used to identify, develop, and implement physical distancing measures for employee protection, and identify fixed work locations where physical distancing cannot be maintained between employees and co-workers, patients, visitors, and other non-employees, as well as controls and practices that can be implemented to protect employees in these fixed work locations.

Signs and floor markings to indicate where employees and others should be located or their direction and path of travel, may be used and adjusted to ensure physical distancing.

Physical workplace changes, such as increased distance between workstations, check-in and checkout stations, etc., can be implemented to ensure physical distancing.

Telehealth, telework, flexible work hours, staggered shifts, or additional shifts can be used to reduce the number of employees in the workplace at one time.

F. Physical Barriers

Rush Memorial Hospital will install physical barriers at each fixed work location outside of direct patient care areas where each employee is not separated from all other people by at least 6 feet of distance and spacing cannot be increased, unless it can be demonstrated that it is not feasible to install such physical barriers. Physical barriers will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Rush Memorial Hospital and the COVID-19 Safety Coordinator will work collaboratively with leaders and non-managerial employees to identify where physical barriers may be needed.

Physical barriers are not required in direct patient care areas or patient rooms/exam rooms.

Where feasible, Rush Memorial Hospital will ensure that:

- Physical barriers are solid and made from impermeable materials;
- Physical barriers are easily cleanable or disposable;
- Physical barriers are sized (i.e., height and width) and located to block face-to-face pathways between individuals based on where each person would normally stand or sit;
- Physical barriers are secured so that they do not fall or shift, causing injury or creating a trip or fall hazard;
- Physical barriers do not block workspace air flow or interfere with the heating, ventilation, and air conditioning (HVAC) system operation;
- Physical barriers are transparent in cases where employees and others have to see each other for safety; and
- Physical barriers do not interfere with effective communication between individuals.

G. Cleaning and Disinfection

Rush Memorial Hospital will implement policies and procedures for cleaning, disinfection, and hand hygiene, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

In patient care areas and for medical devices and equipment:

Rush Memorial Hospital will follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "[COVID-19 Infection Prevention and Control Recommendations](#)" and CDC's "[Guidelines for Environmental Infection Control](#)."

High touch surfaces and equipment in patient care rooms will be disinfected per standard guidelines after use by patient with confirmed or suspected COVID diagnosis during his/her clinical encounter – this can be performed by Environmental Services (EVS) staff and other employees.

All employees (clinical and non-clinical staff) are responsible for wiping down surfaces in patient care areas as necessary.

Medical/Surgical Department: if a patient has a positive COVID test result during his/her present hospital stay, isolation protocols for terminal cleaning will be followed by EVS staff after patient

discharged from their assigned Medical/Surgical Department room.

Surgery Department: if a patient has a positive COVID test result during his/her present hospital stay, isolation protocols for terminal cleaning will be followed by EVS staff after patient discharged from their assigned Surgery Department room.

In all other areas:

Rush Memorial Hospital requires the cleaning of high-touch surfaces and equipment at least once a day when the area is being used, following manufacturers' instructions for the application of cleaners.

When a person who is COVID-19 positive has been in the workplace within the last 24 hours, Rush Memorial Hospital requires cleaning and disinfection, in accordance with CDC's "[Cleaning and Disinfecting Guidance](#)," of any areas, materials, and equipment that have likely been contaminated by that person (e.g., rooms they occupied, items they touched).

Rush Memorial Hospital will provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities. The hand rub will be available at patient and employee entrances and throughout the hospital buildings at no cost to the patient or employee.

H. Ventilation

This section applies to Rush Memorial Hospital as it is an employer who owns or controls buildings or structures with an existing heating, ventilation, and air conditioning (HVAC) system.

Rush Memorial Hospital will implement policies and procedures for each facility's heating, ventilation, and air conditioning (HVAC) system and ensure that:

- The HVAC system(s) is used in accordance with the manufacturer's instructions and the design specifications of the HVAC system(s);
- The amount of outside air circulated through the HVAC system(s) and the number of air changes per hour are maximized to the extent appropriate;
- All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); if not compatible, the filter with the highest compatible filtering efficiency is used;
- All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system;
- All intake ports that provide outside air to the HVAC system(s) are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system(s); and
- Existing airborne infection isolation rooms (AIIRs), if any, are maintained and operated in accordance with their design and construction criteria.

Ventilation policies and procedures will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. Rush Memorial Hospital will identify the building manager, HVAC professional, or maintenance staff member who can certify that the HVAC system(s) are operating in accordance with the ventilation provisions of OSHA's COVID-19 ETS and list the individual(s) below.

Additional measures to improve building ventilation may be used in accordance with "[CDC's Ventilation Guidance](#)". For example:

- Using portable high-efficiency particulate air (HEPA) fan/filtration systems; or

- Other measures identified by Rush Memorial Hospital.

The following individual(s) is responsible for maintaining the HVAC system(s) and can certify that it is operating in accordance with the ventilation provisions of OSHA's COVID-19 ETS	
<i>Name/Contact Information: Rick Peters, Director of Facilities</i>	<i>Location: Main Hospital Building, 1300 North Main Street</i>

I. Health Screening and Medical Management

Health Screening

Rush Memorial Hospital requires each employee to perform a self-screen before and during each work day/each shift.

Self-screening for COVID-19 signs and symptoms is expected of all employees before and during work shifts. Signs are posted at employee entrances to the hospital buildings that list the signs and symptoms as well as directives to the employee as to what he/she should do if he/she self-identifies any of the signs and/or symptoms of COVID-19. A self-screening tool is also available via the hospital's patient portal in its electronic health system. The signs and symptoms as well as directions as to what to do if/when an employee identifies a sign and/or symptom of COVID-19 in himself/herself are also available on the COVID page of the MyRMH app. Each employee has access to the hospital's patient portal and screening tools at no cost.

Specific guidelines include the following:

EMPLOYEE PERFORMS SELF-SCREENING BEFORE OR DURING SHIFT AND FEELS THEY HAVE SIGNS OR SYMPTOMS OF COVID-19

1. If an employee has performed a self-screening and feels they have signs or symptoms of COVID-19 **before the beginning of his/her shift**, he/she:
 - a. Does not enter any hospital buildings until instructed to do so
 - b. Contacts his/her Director (or designee) and the Director or designee will either personally contact Joyce Geis or instruct the employee to contact Joyce for instructions on whether to schedule a video visit first or to have testing first depending on situation (day/time).
 - c. If testing is to be performed first, Joyce (or her designee) will place the order in the electronic medical record system
 - i. If the employee becomes symptomatic during night, weekend or holiday shift hours, the Director may contact his/her Vice-President who may permit the order to be placed on Joyce's behalf.
 - d. If a video visit is taking place before testing, the Director (or designee) will personally or have the employee call 932-7591 to schedule a video visit.
 - i. Joyce (or her designee) will perform the video visit and she will place the order in the electronic medical record system.
 - e. The employee will be removed from the workplace for his/her assigned shift and subsequent shift hours until the test results are received.

2. If an employee has performed a self-screening and feels they have signs or symptoms of COVID-19 **during his/her shift**, he/she:
 - a. Maintains a minimum of a 6 foot distance from any other person(s)
 - b. Contacts his/her Director (or designee) and the Director or designee will either personally contact Joyce Geis or instruct the employee to contact Joyce for instructions on whether to schedule a video visit first or to have testing first depending on situation (day/time).
 - c. If testing is to be performed first, Joyce (or her designee) will place the order in the electronic medical record system
 - i. If the employee becomes symptomatic during night, weekend or holiday shift hours, the Director may contact his/her Vice-President who may permit the order to be placed on Joyce's behalf.
 - d. If a video visit is taking place before testing, the Director (or designee) will personally or have the employee call 932-7591 to schedule a video visit.
 - i. Joyce (or her designee) will perform the video visit and she will place the order in the electronic medical record system.
 - e. The employee will be removed from the workplace for the remainder of his/her shift and subsequent shift hours until the test results are received
3. Once the test results have been received by Joyce and the video visit has taken place, Joyce (or her designee) will send an email to the Human Resources (HR) department and the COVID subcommittee with the result and the pertinent information obtained during the video visit.
 - a. This information includes:
 - i. The employee name
 - ii. Occupation
 - iii. Location where the employee worked
 - iv. Date of employees last day at work
 - v. Date of test
 - vi. Date employee first had symptoms
 - vii. The employee felt that they were exposed at work
 - viii. Information on conditions of when patient can return to work
 - ix. Return to work date
 - x. What type of care the patient is currently receiving
4. Test results will determine the next steps to be taken.
 - a. If results are **positive**, the employee will be asked to stay home for 10 days from the positive test result and until symptom free for 24 hours before returning to work; if the employee is not symptom free on the 10th day, the employee must set up another video visit with Joyce Geis (or her designee)
 - b. If results are **negative**, the employee can return to work within 24 hours after the last fever noted without the use of fever-reducing medications; employee should follow Joyce's (or her designee's) direction regarding return to work; if the employee returns to work on the same day as the results are received, the Director must notify the HR Department via e-mail; if employee continues to have signs and symptoms of illness, he/she is encouraged to follow-up with his/her primary care provider

IF AN RMH EMPLOYEE BECOMES ILL WHILE NOT AT WORK AND CHOOSES TO SEEK MEDICAL ATTENTION FROM HIS/HER NON-RMH MEDICAL PROVIDER AND THE PROVIDER DECIDES TO TEST THE EMPLOYEE FOR COVID-19:

1. Employee is tested for COVID-19 and calls their Director and Vice-President of Human Resources to inform of testing (home tests are not permitted/home test results are not accepted)
2. Employee provides a copy of test results to Joyce (or her designee) during a video visit or as directed
 - a. If results are **positive**, the employee will be asked to stay home for 10 days from the positive test result and until symptom free for 24 hours before returning to work; if the employee is not symptom free on the 10th day, the employee must set up another video visit with Joyce Geis (or her designee)
 - b. If results are **negative**, the employee can return to work within 24 hours after the last fever noted without the use of fever-reducing medications; employee should follow Joyce's (or her designee's) direction regarding return to work; if the employee returns to work on the same day as the results are received, the Director must notify the HR Department via e-mail; if employee continues to have signs and symptoms of illness, he/she is encouraged to follow-up with his/her primary care provider

EMPLOYEE PRESENTS TO AN EMERGENCY DEPARTMENT WITH SUBSEQUENT COVID POSITIVE TEST RESULTS

If an employee presents as an Emergency Department (ED) patient (at RMH or another hospital) and has positive test results for COVID during the ED encounter, the employee should notify his/her director as soon as possible, who will notify his/her Vice-President, who will then notify Joyce Geis (or her designee). Joyce Geis (or her designee) will notify the COVID Subcommittee members.

EMPLOYEE DOES NOT HAVE SIGNS OR SYMPTOMS AND WANTS TO BE TESTED AT RMH (for example: has been in close contact without a mask for more than 15 minutes with a COVID-19 positive person):

Each situation will be reviewed on a case-by-case basis.

EMPLOYEE DOES NOT HAVE SIGNS OR SYMPTOMS AND NON-RMH COVID-19 TESTING HAS BEEN PERFORMED:

1. Employee provides a copy of test results to Vice-President of Human Resources (home tests are not permitted/home test results are not accepted)
 - a. If results are positive, the employee must contact their Director as soon as possible to schedule a video visit with Joyce Geis (or her designee) or participate in testing per Joyce Geis' (or her designee's) direction.
 - b. If results are negative, the employee can return to work as per their schedule.

Employee Notification to Employer of COVID-19 Illness or Symptoms

Rush Memorial Hospital will require employees to promptly notify their director when they have tested positive for COVID-19 or been diagnosed with COVID-19 by a licensed healthcare provider, have been told by a licensed healthcare provider that they are suspected to have COVID-19, are experiencing recent loss of taste and/or smell with no other explanation, or are experiencing both fever ($\geq 100.4^{\circ}$ F) and new unexplained cough associated with shortness of breath. This notification will take place by following the guidelines/procedure set forth in the previous section “Health Screening”.

Employer Notification to Employees of COVID-19 Exposure in the Workplace

Rush Memorial Hospital will notify employees if they have been exposed to a person with COVID-19 at their workplace, as described below. The notification provisions below are not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency room, walk in care clinic, COVID-19 testing sites, COVID-19 patient care areas in hospitals).

When Rush Memorial Hospital is notified that a person who has been in the workplace (including employees, patients, vendors, visitors, or other non-employees) is COVID-19 positive, Rush Memorial Hospital Human Resources Department staff will, within 24 hours, notify each employee who was not wearing a facemask and any other required PPE and has been in close contact with the person with COVID-19 in the workplace. The notification must state the fact that the employee was in close contact with someone with COVID-19 along with the date(s) the contact occurred.

Notifications will not include the name, contact information, or occupation of the COVID-19 positive person.

Note: Close contact means being within 6 feet of the person for a cumulative total of 15 minutes or more over a 24-hour period during the person’s potential transmission period. The potential transmission period runs from 2 days before the person felt sick (or, if not showing symptoms, 2 days before testing) until the time the person is isolated.

Medical Removal from the Workplace

Rush Memorial Hospital has also implemented a policy for removing employees from the workplace in certain circumstances. Rush Memorial Hospital will immediately remove an employee from the workplace when:

- The employee is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19);
- The employee has been told by a licensed healthcare provider that they are suspected to have COVID-19 with the associated signs and symptoms and a test is pending;
- The employee is experiencing recent loss of taste and/or smell with no other explanation; or
- The employee is experiencing both a fever of at least 100.4° F and new unexplained cough associated with shortness of breath.

For employees removed because they are COVID-19 positive, Rush Memorial Hospital will keep them removed until they meet the return-to-work criteria discussed in the “Health Screening” section above.

For employees removed because they have been told by a licensed healthcare provider that they are suspected to have COVID-19, or are experiencing symptoms as discussed above, Rush Memorial Hospital will keep them removed until they meet the return-to-work criteria discussed in the “Health Screening” section above or keep them removed and provide a COVID-19 test at no cost to the employee. If the employee tests negative, they can

return to work immediately. If the employee tests positive or refuses a test, they must remain excluded from the workplace until the return-to-work criteria are met. If the employee refuses to take the test, Rush Memorial Hospital may continue to keep the employee removed from the workplace, but is not obligated to provide the medical removal protection benefits discussed below. (Note: absent undue hardship, employers must make reasonable accommodations for employees who cannot take the test for religious or disability-related medical reasons, consistent with applicable non-discrimination laws).

If Rush Memorial Hospital notifies an employee that they were in close contact with a person in the workplace (including employees, patients, vendors, visitors, or other non-employees) who is COVID-19 positive when that employee was not wearing a facemask, Rush Memorial Hospital will immediately remove the employee from the workplace unless:

1. The employee does not demonstrate or is not experiencing COVID-19 signs and symptoms;
2. The employee does not experience recent loss of taste and/or smell with no other explanation, or fever of at least 100.4°F and new unexplained cough associated with shortness of breath; or
3. The employee has either been fully vaccinated against COVID-19 (i.e., 2 weeks or more following the final dose) or had COVID-19 and recovered within the past 3 months.

Any time an employee must be removed from the workplace, Rush Memorial Hospital may require the employee to work remotely or in isolation if suitable work is available. When allowing an employee to work remotely or in isolation, Rush Memorial Hospital will continue to pay that employee the same regular pay and benefits the employee would have received had the employee not been absent.

Rush Memorial Hospital will not subject its employees to any adverse action or deprivation of rights or benefits because of their removal from the workplace due to COVID-19.

Return to Work Criteria

Rush Memorial Hospital will only allow employees who have been removed from the workplace to return to work in accordance with guidance from a licensed healthcare provider or in accordance with the CDC's "[Isolation Guidance](#)" and "[Return to Work Healthcare Guidance](#)." Pursuant to CDC guidance, symptomatic employees may return to work after all the following are true:

- At least 10 days have passed since symptoms first appeared, and
- At least 24 hours have passed with no fever without fever-reducing medication, and
- Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation).

If an employee has severe COVID-19 or an immune disease, Rush Memorial Hospital will follow the guidance of a licensed healthcare provider regarding return to work.

Pursuant to CDC guidance, asymptomatic employees may return to work after at least 10 days have passed since a positive COVID-19 test. If an employer receives guidance from a healthcare provider that the employee may not return to work, they must follow that guidance.

Medical Removal Protection Benefits

This section applies to Rush Memorial Hospital as it is an employer with more than 10 employees on the date the ETS became effective.

Rush Memorial Hospital will continue to pay employees who have been removed from the workplace under the medical removal provisions of OSHA's COVID-19 ETS. When an employee has been removed from the workplace and is not working remotely or in isolation, Rush Memorial Hospital will follow the guidelines below:

Human Resources will work with employees on a case-by-case basis. Employees will be given immediate access to the employee's Emergency Medical Time (EMT) bank to provide the employee 100% compensation, without the use of the EMT24 annual balance. If the EMT bank is insufficient, the employee's Paid Time Off (PTO) bank will be accessed. If no PTO hours are available or if becomes insufficient, the PTO bank will be allowed to go into the negative for the duration of the COVID related episode.

It is understood that Rush Memorial Hospital will adhere to the following requirements under OSHA's COVID-19 ETS:

- Employers must continue to provide the benefits to which the employee is normally entitled and pay the employee the same regular pay the employee would have received had the employee not been absent from work, up to \$1,400 per week per employee. For employers with fewer than 500 employees, the employer must pay the employee up to the \$1,400 per week cap but, beginning in the third week of an employee's removal, the amount is reduced to only two-thirds of the same regular pay the employee would have received had the employee not been absent from work, up to \$200 per day (\$1000 per week in most cases).
- The ETS also provides that the employer's payment obligation is reduced by the amount of compensation the employee receives from any other source, such as a publicly or employer-funded compensation program (e.g., paid sick leave, administrative leave), for earnings lost during the period of removal or any additional source of income the employee receives that is made possible by virtue of the employee's removal.

J. Vaccination

Rush Memorial Hospital encourages employees to receive the COVID-19 vaccination as a part of a multi-layered infection control approach. Rush Memorial Hospital will support COVID-19 vaccination for each employee by providing reasonable time and paid leave to each employee for vaccination and any side effects experienced following vaccination.

This section defines how Rush Memorial Hospital will provide reasonable time and paid leave for vaccinations and side effects:

Rush Memorial Hospital provides complimentary COVID-19 vaccinations to employees. RMH will choose which of the available vaccinations will be provided via the hospital.

The hospital will allow a maximum of four (4) hours of paid time during scheduled work shifts to employees to obtain a COVID-19 vaccination. If two vaccinations are required as part of a series, a total of eight (8) hours will be allowed for employees to use during scheduled work shifts – 4 hours for each vaccine.

A maximum of eight (8) paid hours will be allowed for employees if needed to recover from side effects experienced following each COVID-19 vaccination.

K. Training

Rush Memorial Hospital will implement policies and procedures for employee training, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Rush Memorial Hospital's COVID-19 training program will be accessible in the following ways: online education via NetLearning (RMH learning management system) or MyRMH (RMH-specific application), department meetings, discussions with directors or other persons, RMH Employee Newsletter, and more.

Rush Memorial Hospital will ensure that each employee receives training, in a language and at a literacy level the employee understands, on the following topics:

- COVID-19, including:
 - How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission);
 - The importance of hand hygiene to reduce the risk of spreading COVID-19 infections;
 - Ways to reduce the risk of spreading COVID-19 through proper covering of the nose and mouth;
 - The signs and symptoms of COVID-19;
 - Risk factors for severe illness; and
 - When to seek medical attention;
- Rush Memorial Hospital's policies and procedures on patient screening and management;
- Tasks and situations in the workplace that could result in COVID-19 infection;
- Workplace-specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures);
- Rush Memorial Hospital's policies and procedures for PPE worn to comply with OSHA's COVID-19 ETS, including:
 - When PPE is required for protection against COVID-19;
 - Limitations of PPE for protection against COVID-19;
 - How to properly put on, wear, and take off PPE;
 - How to properly care for, store, clean, maintain, and dispose of PPE; and
 - Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19;
- Workplace-specific policies and procedures for cleaning and disinfection;
- Rush Memorial Hospital's policies and procedures on health screening and medical management;
- Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, and other supportive policies and practices (e.g., telework, flexible hours);
- The identity of Rush Memorial Hospital's Safety Coordinator specified in this COVID-19 plan;
- OSHA's COVID-19 ETS; and
- How the employee can obtain copies of OSHA's COVID-19 ETS and any employer-specific policies and procedures developed under OSHA's COVID-19 ETS, including this written COVID-19 plan.

Rush Memorial Hospital will ensure that the training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee's job duties, and that the training provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter as it relates to the employee's job duties.

Rush Memorial Hospital will provide additional training whenever changes occur that affect the employee's risk of contracting COVID-19 at work (e.g., new job tasks), policies or procedures are changed, or there is an indication that the employee has not retained the necessary understanding or skill.

L. Anti-Retaliation

Rush Memorial Hospital will inform each employee that employees have a right to the protections required by

OSHA's COVID-19 ETS, and that employers are prohibited from discharging or in any manner discriminating against any employee for exercising their right to protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS. The distribution of this plan to employees and its ongoing availability for review may be methods used to inform employees of these rights.

Rush Memorial Hospital will not discharge or in any manner discriminate against any employee for exercising their right to the protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

M. Requirements Implemented at No Cost to Employees

Rush Memorial Hospital will comply with the provisions of OSHA's COVID-19 ETS at no cost to its employees, with the exception of any employee self-monitoring conducted under the Health Screening and Medical Management section of this Plan.

N. Recordkeeping

This section applies to Rush Memorial Hospital as it is an employer with more than 10 employees on the date the ETS became effective.

Rush Memorial Hospital will retain all versions of this COVID-19 plan implemented to comply with OSHA's COVID-19 ETS while the ETS remains in effect.

Rush Memorial Hospital's Human Resource Department staff will establish and maintain a COVID-19 log to record each instance in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work. The COVID-19 log will contain, for each instance:

1. employee's name
2. one form of contact information
3. occupation
4. location where the employee worked
5. the date of the employee's last day at the workplace
6. the date of the positive test for, or diagnosis of, COVID-19
7. the date the employee first had one or more COVID-19 symptoms, if any were experienced.

Rush Memorial Hospital will record the information on the COVID-19 log within 24 hours of learning that the employee is COVID-19 positive. Rush Memorial Hospital will maintain the COVID-19 log as a confidential medical record and will not disclose it except as required by OSHA's COVID-19 ETS or other federal law.

Rush Memorial Hospital will maintain and preserve the COVID-19 log while OSHA's COVID-19 ETS remains in effect.

By the end of the next business day after a request, Rush Memorial Hospital will provide, for examination and copying:

- All versions of the written COVID-19 plan to any employee;
- The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee;
- A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee

worked, the last day that the employee was at the workplace before removal, the date of that employee’s positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all of the following: any employees, their potential representatives, and their authorized representatives.

O. Reporting

Rush Memorial Hospital will report to OSHA:

- Each work-related COVID-19 fatality within 8 hours of Rush Memorial Hospital learning about the fatality;
- Each work-related COVID-19 in-patient hospitalization within 24 hours of Rush Memorial Hospital learning about the in-patient hospitalization.

Rush Memorial Hospital Human Resource Department staff are responsible for reporting this information to OSHA on behalf of Rush Memorial Hospital.

4. Monitoring Effectiveness

Rush Memorial Hospital and the COVID-19 Safety Coordinator(s) will work collaboratively with leaders and non-managerial employees to monitor the effectiveness of this COVID-19 plan so as to ensure ongoing progress and efficacy.

Rush Memorial Hospital will update this COVID-19 plan as needed to address changes in workplace-specific COVID-19 hazards and exposures.

5. Coordination with Other Employers

Rush Memorial Hospital will communicate this COVID-19 plan with all other employers that share the same worksite, and will coordinate with each employer to ensure that all workers are protected as necessary.

Rush Memorial Hospital will adjust this COVID-19 plan to address any particular hazards presented by employees of other employers at the worksite.

Note that the requirement to coordinate does not apply to delivery people, messengers, and other employees who only enter a workplace briefly to drop off or pick up items. Employers with one or more employees at a worksite controlled by another employer must have a procedure in place to notify the controlling employer when its employees are exposed to conditions at the worksite that do not meet the requirements of OSHA’s COVID-19 ETS.

Rush Memorial Hospital has identified no other worksite employers to coordinate with to ensure employees are protected.

Other Worksite Employers	
Employer Name / Employer Representative:	Contact Information:
<i>Does Not Apply</i>	<i>Does Not Apply</i>

6. Entering Residences

This section applies to employers who have employees who enter into private residences or other physical locations controlled by a person not covered by the Occupational Safety & Health Act of 1970 (e.g., homeowners, sole proprietors).

Rush Memorial Hospital will identify potential hazards and implement measures to protect employees who, in the course of their employment, enter into private residences and other physical locations controlled by a person not covered by the Occupational Safety & Health Act of 1970 (OSH Act). Rush Memorial Hospital requires that COVID-19 protocols be communicated to homeowners and sole proprietors prior to conducting work activities at private residences or other physical locations not covered by the OSH Act.

RMH employees entering into private residences or other physical locations controlled by a person not covered by the Occupational Safety & Health Act of 1970 are responsible for communicating the COVID-19 protocols which apply in the location. If the employee considers the COVID-19 protections to be inadequate, he/she should inform the Safety Coordinator of his/her concerns. Employees are permitted to withdraw from locations if COVID-19 protections are considered to be inadequate by the Safety Coordinator.

7. Signature and Plan Availability

Rush Memorial Hospital has prepared and issued this COVID-19 plan on August 21, 2021.

Employer Name:	Rush Memorial Hospital
Address:	1300 North Main Street, Rushville, IN 46173
President:	Brad Smith, President and Chief Executive Officer

This COVID-19 plan is available:

<ul style="list-style-type: none"> Via hard copy at Rush Memorial Hospital Administration Office; 1300 North Main Street, Rushville, IN 46173 <ul style="list-style-type: none"> o 46173 	<ul style="list-style-type: none"> Posted to the Rush Memorial Hospital website www.rushmemorial.com 	<ul style="list-style-type: none"> Available by request from the Rush Memorial Hospital Chief Executive Officer – 1300 North Main Street, Rushville, IN 46173. Note: this COVID-19 plan must be provided for examination and copying by employees and their representatives by the end of the next business day after a request.
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Version 2.0 September 1, 2021 - Present

Version 1.0 August 21, 2021 – September 1, 2021

This plan is based on the OSHA's COVID-19 Emergency Temporary Standard. The Occupational Safety and Health Act requires employers to comply with safety and health standards promulgated by OSHA or by a state with an OSHA-approved state plan.