Aspire Health Partners, Inc.

OSHA's COVID-19 Healthcare Emergency Temporary Standard

1. Purpose and Scope

Aspire Health Partners, Inc. (AHP) is committed to providing a safe and healthy workplace for all our employees and patients. Early in the COVID-19 pandemic, AHP implemented additional infection prevention and control (IPC) practices, along with standard practices recommended as a part of routine healthcare delivery to all patients. These comprehensive IPC practices focus on 1) enhanced routine care, and 2) care of patients with suspected or confirmed COVID-19. These practices are constantly reviewed, updated, and are guided by the CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.

AHP has developed the following COVID-19 plan, which includes policies and procedures to minimize the risk of transmission of COVID-19, in accordance with OSHA's COVID-19 Emergency Temporary Standard (ETS).

AHP 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**
1800 Mercy Drive Orlando, FL 32808	As listed below for all Aspire Health Partners Worksite-Specific CoVID-19 considerations.
434 Kennedy Blvd Orlando, FL 32810	
919 E. 2nd Street Sanford, FL 32771	
4099 Thistledown Dr. Orlando, FL 32804	
300 S Bay Ave Building B Sanford, FL 32771	
9301 E. Colonial Drive Orlando, FL 32817	
3905 Grissom Parkway Cocoa FL 32926	
3200 W. Colonial Dr. Orlando, FL 32807	

Facility Location	Worksite-Specific COVID-19 Considerations
96 Plumosa Avenue Casselberry, FL 32707	
5970 S OBT Intercession City, FL 33848	
823 W. Central Blvd Orlando, FL 32805	
1405 W. Michigan St. Orlando, FL 32805	
924 Determination Way Kissimmee, FL 34741	
237 Fernwood Blvd Fern Park, FL 32730	
4670 Lipscomb St Ste. 11 Palm Bay 32926	
2540 Michigan Avenue Kissimmee, FL 34744	
100 W. Columbia St., Orlando FL 32806	
5051 North Lane Orlando, FL 32808	
9500 S. OBT Orlando, Fl 32824	
5151 Raleigh St. Orlando, FL 32811	
106 W. Columbia St, Orlando, FL 32806	
4050 Riomar Dr Viera, FL	
5261 Clarcona Ocoee Rd. Orlando 32810	
3919 Tram Ct. Orlando 32810	
2315 Good Homes Rd. Orlando 32808	
1889 Rachel's Ridge Loop, Ocoee 34761	
2705 Falkner Road, Orlando FL 32810	
5286 Pinto Way,	

Facility Location	Worksite-Specific COVID-19 Considerations
Orlando FL 32810	
1600 Sarno Rd. Suite 224 Melbourne, FL 32935	
5029 North Lane Orlando FL 32808	
2540 Michigan Avenue, Kissimmee, FL 34744	
181 Bush Loop Sanford, FL 32773	
911 N. Mills Ave. Orlando FL 32803	
3905 Grissom Pkwy, Cocoa, FL 32926	
111 E Monument Ave. Kissimmee, FL 34741	
400 W Robinson St. Orlando, FL 32801	
882 S. Kirkman Road Suite 200 Orlando, FL 32811	
2921 S Orlando Drive Sanford, FL 32773	
375 Commerce Pkwy, Rockledge, FL	
2804 Belcor Drive Orlando, Fl 32808	
5500 Milan Dr. Orlando, Fl 32810	

2. **Roles and Responsibilities**

AHP's goal is to prevent the transmission of COVID-19 in the workplace(s). Managers, as well as non-managerial employees and their representatives, are all responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan.

The COVID-19 Infection Control Team, (IC Warrior Program Designees), listed below, implements and monitors this COVID-19 plan. The COVID-19 Infection Control Team, (IC Warrior Program Designees) has AHP full support in implementing and monitoring this COVID-19 plan and has authority to ensure compliance with all aspects of this plan.

AHP and the COVID-19 Infection Control Team, (IC Warrior Program Designees) will work

cooperatively with non-managerial employees and their representatives to conduct a workplace-specific hazard assessment and in the development, implementation, and updating of this COVID-19 plan.

AHP Infection Control Warriors are individuals are designated to ensure that all IC protocols and preventions are in place and operational. They ensure appropriate signage, information, isolation, and supplies are up to date and available. They communicate and coordinate directly with Infection Control Team. IC Warriors participate on regular IC meeting, provide updates via the infection control hotline and initiate isolation protocol.

The COVID-19 Infection Control Team, IC Warrior Program Designee		
Name	**Title/Facility Location**	**Contact Information (office location, phone, email address)**
Shannon Robinson Susan Graf Jennifer Abrams	CNO DON Administration	Shannon.robinson@aspirehp.org Susan.Graf@aspirehp.org Jennifer.abrams@aspirehp.org
Sherry Strange Farmer Jannette Mulero	Human Resources	Sherry.Farmer@aspirehp.org Jannette.Mulero@aspirehp.org
Jeremy Maxwell	Risk Management	Jeremy.maxwell@aspirehp.org
Ivelisse Acevedo Rosalyn Montgomery Thomas Shields	Acute Care	Ivelisse.acevedo@aspirehp.org Rosalyn.montgomery@aspirehp.org Thomas.shields@aspirehp.org
Roscoe Griffin	Facilities	Roscoe.griffin@aspirehp.org
David Martin	Food Services	David.martin@aspirehp.org
Zach Hughes	IT	Zachary.hughes@aspirehp.org
Jackie Gilbert	Environmental Services	Jackie.gilbert@aspirehp.org
James Kendrick	Residential Services	James.Kendrick@aspirehp.org
John Wolf	Outpatient Services	John.wolf@aspirehp.org

3. **Hazard Assessment and Worker Protections**

AHP, Infection Control Team/IC Warriors Designees will conduct a workplace-specific hazard assessment of its workplace(s) 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 activities at the

workplace).

As a healthcare/hospital system of care AHP currently follows a mandatory mask policy regardless of vaccination status. AHP follows all CDC HCP and best practice recommendation to ensure the safety of the patient's, team member and the community we service. AHP currently has no exemptions in place for fully vaccinated employees. Individuals in private offices may remove their mask. They must be masked when re-entering general workspace on AHP campuses.

AHP and the COVID-19 Infection Control Team /Infection Control Warriors will work collaboratively with non-managerial employees and their representatives to conduct the workplace-specific hazard assessment. All completed hazard assessment forms and results will be attached to this plan and will be accessible to all employees and their representatives at each facility.

This paragraph lists a few brief resources and supports that were implemented early in the COVID-19 pandemic. A 24/7 Infection Control Hotline was established to (a) provide HCP withregular infection prevention and control updates (b) address questions, issues, or concerns relatedto COVID-19 IPC practices, and (c) provide any necessary training on IPC related protocols.

Additionally, updated COVID-Resource were added to AHP's intranet and includes current (a) evidence/data, (b) protocols, and (c) links to additional recourses. All HCP received updated IPC practices training by a competent and qualified educator. Protocols, to mitigate the spread of the virus, including patient and staff isolation procedures (See Appendix A and B) were laminated and posted in all patient units. Questions regarding these protocols may be addressed via the ICH or in the COVID-19 Resources on Aspire.net. A bi-weekly meeting referred to as "Infection Control Warriors" consisting of IC team members, senior nursing leadership, and nursing leadership at the clinical practice level, met to discuss best practices in the care of clients at risk, exposed, or confirmed with COVID-19. To ensure that HCP have the knowledge,skills, and attitudes needed to ensure/ maintain their health and safety while providing evidenced-based care to patients, a member of the infection control team routinely visits patientcare units addressing any HCP questions, concerns, or issues. The "Infection Control Warriors" continue to meet quarterly and have ad hoc meetings as needed.

AHP 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:

Patient Screening and Management

In settings where direct patient care is provided, AHP will:

Screen and Triage Everyone Entering AHP for Signs and Symptoms of COVID-19

- Appropriate measures have been taken to ensure all individuals on AHP property adhere to infection control measures and hand hygiene practices.
    - Visual alerts signs are posted at the entrance and in strategic places (e.g., waitingareas, elevators) with instructions about PPE for source control and how and when to perform hand hygiene.
    - Supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitizer (ABHS) with 60-95% alcohol, tissues, and no-touch receptacles fordisposal, at all entrances and patient receiving locations.
    - Points of entry to the facility have been limited.
    - Signage in English and Spanish are in place (See Appendix C and D) at all AHP entrances. Patients and staff are instructed to not enter if they are currently experiencing; symptoms of COVID-19, or exposure to others with suspected or confirmed COVID-19 infection in the last 14 days and that they are practicing source control.
        - Patients complete an individual screening on arrival to the program
        - All employees are instructed to stay home if feeling ill and complete the electronic screening.
            - If an HCP responds yes to any of the screening questions, they areimmediately directed a) do not enter an AHP facility and b) immediately notify their supervisor. An automatic email is sent to the HCP and IC Hotline notifying that a STOP message has been received.

Re-evaluate admitted patients for signs and symptoms of COVID-19

- All admitted patients are assessed daily for fever and symptoms of COVID-19.

Implement Universal Source Control Measures

- Patients are provided with facemasks and encouraged to wear them for the duration of theadmission.
- HCP must always wear a facemask, including in breakrooms or other spaces where they may encounter co-workers**.**
    - HCP received training on donning and doffing of PPE, proper hand hygiene, and proper use of a facemask.

Encourage Physical Distancing

- Visitors to the facility have been limited to only those essential for the patient's physical or emotional well-being and care.
- Visitors are screened for symptoms prior to entering any program.
- Video-call applications are in place for visitor interactions.
- The number of health profession students allowed on the units has been significantly decreased.
- Seating has been limited in patient areas on the unit to allow for seating at a minimum

of6 feet apart.

- In-person group healthcare activities (e.g., group therapy, recreational activities) have been canceled and replaced with virtual methods when appropriate.
- Additional HCP education provided by unit managers and supervisors on potential for exposure to COVID-19 is not limited to direct patient care interactions; importance ofsource control and physical distancing in non-patient care areas; and designated areas.
- HCP have staggered schedules for breaks encouraging them to remain at least 6 feetapart.

Postpone Non-urgent Services in Certain Circumstances, when Possible

- Bi-weekly "Infection Control Warriors" meetings were held in-part, to balance the need toprovide necessary services while minimizing risk to patients and HCP.
    - Decisions to postpone/cancel services are guided in part by the CDC's Framework for Healthcare Systems Providing Non-COVID-19 Clinical Careduring the COVID-19 Pandemic.

Optimize Environmental Safety

- Environmental cleaning and disinfection procedures are followed consistently andcorrectly.
- Routine cleaning and disinfection procedures are appropriate for COVID-19
    - All disinfectants used have qualified under EPA's emerging viral pathogensprogram for use against COVID-19
    - Aeroclave sanitizers are used on all compasses regularly and increased with any increase in COVID positive patients or staff.
- The management of laundry and food service utensils are in accordance with routine procedures.

Create a Process to Respond to COVID-19 Exposures Among HCP and Others

- Suspected or confirmed cases of COVID-19 infection will be reported to the healthdepartment.
    - In consultation with FL DOH, exposures are investigated and managed. Contacttracing will be performed.
    - Contact tracing must protect the confidentiality of affected individuals and be consistent with applicable laws and regulations. HCP and patients who are currently admitted or were transferred to another healthcare facility are prioritizedfor notification.
        - The plan outlines the following:
            - Who is responsible for identifying contacts (e.g., HCP, patients,visitors) and notifying potentially exposed individuals?
            - How will such notifications occur?
            - What actions and follow-up are recommended for those who

were exposed?

- Risk assessment and work restrictions for HCP exposed to COVID-19
    - The infection control hotline is available to all HCP to answer questions and provide updated evidence-based data. The ICH aligns risk assessment and work restrictions with the CDC's Interim U.S. Guidance for Risk Assessment and WorkRestrictions for Healthcare Personnel with Potential Exposure to Coronavirus Disease 2019 (COVID-19).
    - The ICH informs HR when HCP with suspected or confirmed COVID-19 infection is eligible to return to work. This information is consistent with the CDC's Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19.
- Preparations for potential staffing shortages
    - Plans/processes in place to mitigate these, including providing resources to assist HCP with anxiety and stress.
    - Additional strategies to support staff are consistent with the CDC's Strategies to mitigate staffing shortages.

Standard and Transmission-Based Precautions

Aspire Health Partners, Inc, Infection Control/IC Warriors Designees will continue to develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC's "Guidelines for Isolation Precautions."

AHP and the COVID-19 Infection Control Team, (IC Warrior Program Designees) will work collaboratively with non-managerial employees and their representatives to develop and implement these policies and procedures.

Personal Protective Equipment (PPE)

AHP Infection Control/IC Warriors Designees will provide, and ensure that employees wear, facemasks, or a higher level of respiratory protection. Facemasks must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes. Policies and procedures for facemasks will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. HCP who enters the room of a patient with suspected or confirmed COVID-19 infection should adhere to Standard Precautions and use a NIOSH-approved respirator or equivalent (or facemask if a respirator is not available), gown, gloves, and eye protection.

Facemasks provided by AHP will be FDA-cleared, authorized by an FDA Emergency Use Authorization, or otherwise offered or distributed as described in an FDA enforcement policy. AHP will provide employees with enough facemasks, which must be changed at least once a day, whenever they are soiled or damaged, and more frequently as necessary (e.g., patient care

reasons). AHP 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). AHP 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). Additional information about when respirator use is required can be found below.

The following are additional exceptions to AHP 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 individuals by a physical barrier.
3. When employees are wearing 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) and the conditions do not permit a facemask that is constructed of clear plastic (or includes a clear plastic window). When this is the case, AHP 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, AHP will ensure that any such employee wears a face shield if their condition or disability permits it. AHP will provide accommodations for religious beliefs consistent with Title VII of the Civil Rights Act.
6. When AHP 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). When this is the case, AHP 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 individuals 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 AHP otherwise requires use of a face shield, AHP will ensure that face shields are cleaned at least daily and are not

damaged.

AHP 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 employees wear, facemasks, AHP 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).

Hand Hygiene:

- HCP perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves
- HCP perform hand hygiene by using ABHS with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHS.
- Hand hygiene supplies are readily available to all HCP.
- For employees with exposure to individuals with suspected or confirmed COVID-19, AHP will provide respirators and other PPE, including gloves, an isolation gown or protective clothing, and eye protection. AHP 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).

Personal Protective Equipment Training:

Appropriate PPE is selected in accordance with OSHA PPE standards (29 CFR 1910 Subpart I). HCP receive training on, and demonstrate an understanding of:

- when to use PPE
- what PPE is necessary
- how to properly don, use, and doff PPE in a manner to prevent self-contamination
- how to properly dispose of, or disinfect, and maintain PPE
- the limitations of PPE.

Eye Protection:

- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) is required upon entry to the patient room or care area, if not already wearing as part of extended use strategies to optimize PPE supply.
- Eye protection is compatible with the respirator so there is not interference with proper

positioning of the eye protection or with the fit or seal of the respirator.

- Eye protection is removed after leaving the patient room or care area, unless implementing extended use.
- Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse.

Gloves:

- Clean, non-sterile gloves are required upon entry into the patient room or care area. Gloves are changed if they become torn or heavily contaminated.
- Gloves are removed and discarded before leaving the patient room or care area, and hand hygiene is immediately performed.

Gowns:

- A clean isolation gown is required upon entry into the patient room or area. The gown is changed if it becomes soiled. The gown is removed and discarded in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns are discarded after use. Reusable (i.e., washable or cloth) gowns are laundered after each use.
    - Workflows are in place to calculate PPE burn rate and ensure adequacy/availability of PPE.
    - All the programs have at least a 30-day supply of PPE available on-site with an additional 30-day supply on-hand.
- HCP can find answers to PPE questions and concerns in COVID-19 resources on Aspire.net and by contacting the ICH.
- This information is consistent with the CDC's Personal Protective Equipment: Questions and Answers, and the FDA's Personal Protective Equipment EUAs

Aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19.
For aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19, AHP will provide a respirator to each employee and ensure it is used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134). AHP 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).

Aspire Health Partners, Inc, The COVID-19 Infection Control Team, (IC Warrior Program Designees) will work collaboratively with non-managerial employees or representatives to assess and address COVID-19 hazards, including when there is employee exposure to individuals with suspected or confirmed COVID-19.

When an AGP is performed on a person with suspected or confirmed COVID-19, AHP 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.

AHP and the COVID-19 Infection Control Team, (IC Warrior Program Designees) will work collaboratively with non-managerial employees and their representatives to assess and address COVID-19 hazards while performing AGPs.

Physical Distancing

Aspire Health Partners, Inc, Infection Control/IC Warriors Designees will ensure that each employee is separated from all other individuals 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, AHP will ensure employees are as far apart from other individuals 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.

Aspire Health Partners, Inc, Infection Control/IC Warriors Designees will work collaboratively with non-managerial employees and their representatives to assess physical distancing in the workplace.

Physical Barriers

AHP will install physical barriers at each fixed work location outside of direct patient care areas where each employee is not separated from all other individuals 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.

AHP and the COVID-19 Infection Control Team, (IC Warrior Program Designees) will work collaboratively with non-managerial employees and their representatives to identify where physical barriers are needed.

Where feasible, AHP 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 must see each other for safety.
- Physical barriers do not interfere with effective communication between individuals.

Cleaning and Disinfection

AHP 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. AHP and the COVID-19 Infection Control Team, IC Warrior Program Designees) will work collaboratively with non-managerial employees and their representatives to implement cleaning, disinfection, and hand hygiene in the workplace.

Environmental Infection Control

- Dedicated medical equipment should be used when caring for patients with suspected or confirmed COVID-19 infection.
- All non-dedicated, non-disposable medical equipment used for patient care are cleaned and disinfected.
- Environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures are appropriate for COVID-19
- All disinfectants used have qualified under EPA's emerging viral pathogens program for use against COVID-19
- The management of laundry and food service utensils are in accordance with routine procedures.
- Additional information about recommended practices for terminal cleaning of rooms and PPE to be worn by environmental services personnel is available via the ICH and COVID-19 Resources on Aspire.net. This information is consistent with the CDC's Healthcare Infection Prevention and Control FAQs for COVID-19. In patient care areas, resident rooms, and for medical devices and equipment.

AHP 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."

In all other areas:

AHP requires the cleaning of high-touch surfaces and equipment at least once a day, 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, AHP 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).

AHP will provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities. In addition, signs are posted encouraging frequent handwashing and use of hand sanitizers.

Ventilation

AHP 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. AHP 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.

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Health Screening and Medical Management

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. *(e.g., Maintenance staff, HVAC service contractor(s))*	
Name/Contact Information: Roscoe Griffins VP of Facilities and Administrative Operations	*Location:* 5151 Adanson Street Orlando, Florida 32804
Name/Contact Information: Scott Griffiths Chief Administrative Officer	*Location:* 5151 Adanson Street Orlando, Florida 32804

Health Screening

AHP has discontinued daily physical screening and now request that electronic screening be completed upon experience of symptoms. This screening is an electronic screening and can be found at this link: http://links.aspirehp.org/ipa

Employee Notification to Employer of COVID-19 Illness or Symptoms

AHP will require employees to promptly notify [their supervisor and Infection Control hotline 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 (≥100.4° F) and new unexplained cough associated with shortness of breath.

Employees communicate via the ICH and their supervisor that they are not feeling well or received a stop on the electronic screening process. If a staff member becomes ill at work the supervisor sends the employee home to isolate. HR is notified the staff has been requested to isolate and will follow the staff member until ICH clears them according to CDC guidelines. and then HR clears the employee to return to duty.

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

AHP 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 rooms, urgent care

facilities, COVID-19 testing sites, COVID-19 wards in hospitals). When AHP is notified that a person who has been in the workplace (including employees, clients, patients, residents, vendors, contractors, customers, delivery individuals and other visitors, or other non-employees) is COVID-19 positive, AHP will, within 24 hours:

- Notify each employee who was not wearing a respirator 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.
- Notify all other employees who were not wearing a respirator and any other required PPE and worked in a well-defined portion of a workplace (e.g., a particular floor) in which the person with COVID-19 was present during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period.
- Notify other employers whose employees were not wearing a respirator and any other required PPE and have been in close contact with the person with COVID-19 or worked in a well-defined portion of a workplace (e.g., a particular floor) in which that person was present, during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period and the location(s) where the person with COVID-19 was in the workplace.

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

AHP has also implemented a policy for removing employees from the workplace in certain circumstances. AHP 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
- The employee is experiencing recent loss of taste and/or smell with no other explanation
- 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, AHP will keep them removed until they meet the return-to-work criteria discussed below. 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, AHP will keep them removed [until they meet the return-to-work criteria. If the employee tests negative and is not presenting with symptoms 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 below are met. If the employee refuses to take the test, AHP will continue to keep the employee removed from the workplace until all return-to-work criteria is met.

AHP follows the CDC recommendations put forth for HCP to ensure adequate work force. If an individual becomes symptomatic, we will follow our Infection Control protocols outline throughout this document. notifies an employee that they were in close contact with a person in the workplace (including employees, clients, patients, residents, vendors, contractors, customers, delivery individuals and other visitors, or other non-employees) who is COVID-19 positive employees will be made aware that they may have been exposed to COVID-19. AHP has mandatory mask requirements and rigid IC protocol to assist in mitigation of transmission. AHP will immediately remove the employee from the workplace if they present with any symptoms associated with COVID-19 or other infectious disease.

AHP will removed from the workplace if the employee tests positive, the employee must remain excluded from the workplace until the return-to-work criteria below are met. If the employee refuses a test, AHP will keep the employee excluded for 10 days.

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

AHP 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

AHP 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, AHP 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.

Critical Staffing Executive Incentive

In response to COVID pandemic and critical staffing the Executive Incentive program has been implemented in an effort to stabilize and maintain quality care for patients. Executive invective program was created in effort to cover last minute staffing needs.

- $200 for Registered Nurses
- $150 for Licensed Practical Nurses
- $100 for Behavioral Health Technicians

Critical Staffing COVID Agreement

In response to COVID pandemic and critical staffing the COVID Agreement program has been implemented in an effort to stabilize and maintain quality care for patients. The COVID agreement program was created to cover overall staffing needs. During this 12-week agreement staff agree to the following:

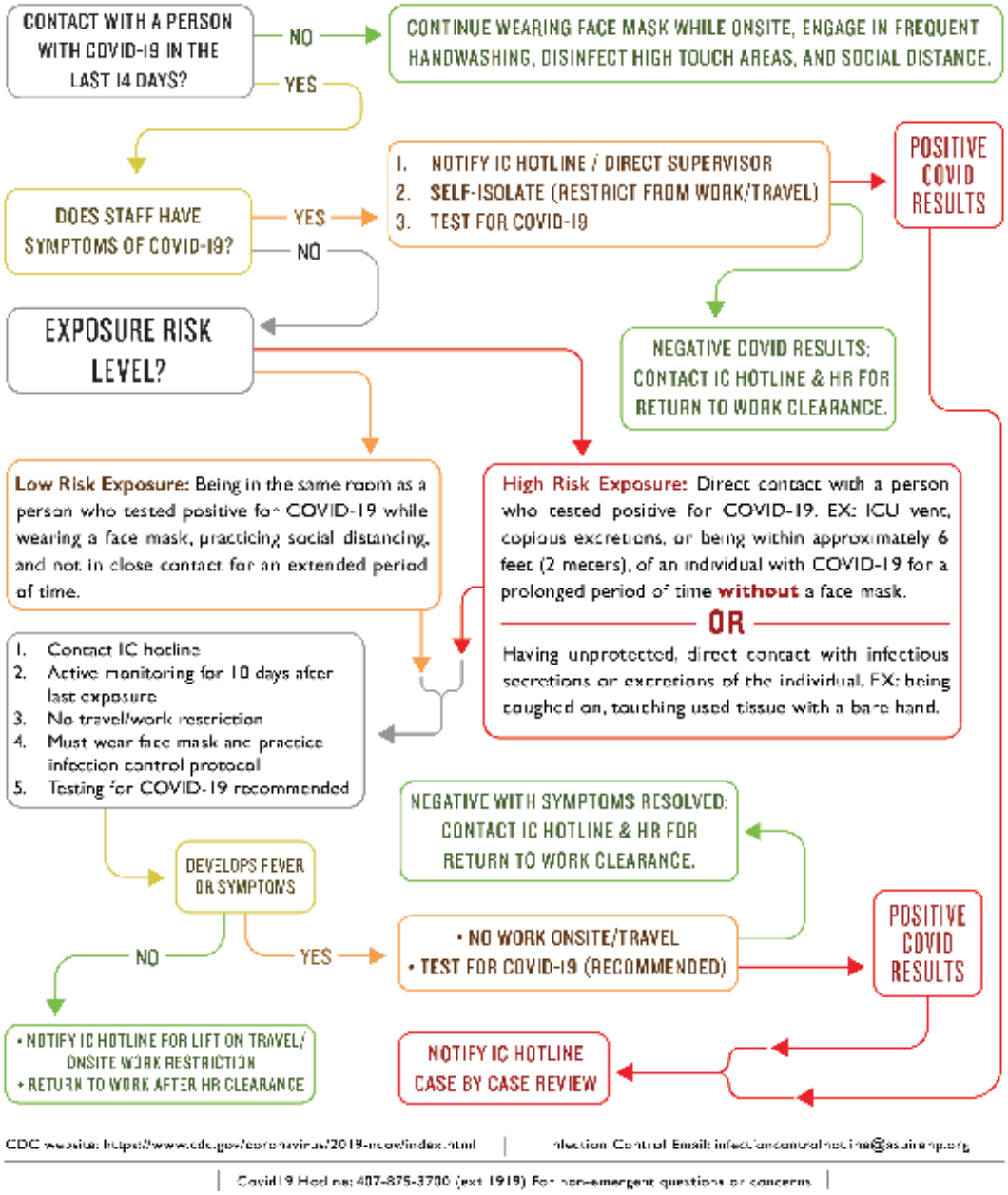
- Working 9 shifts per 14 day pay period
- Staff are not able to call out
- PTO is postponed
- Monetary incentive during the 12 weeks

Medical Removal Protection Benefits

AHP is excluded from the Medical Removal Protection Benefit as it has more than 500 employees. Employee's will be allotted the time of as well as utilization of available PTO if they are eligible and have PTO available.

STAFF WITH SUSPECTED COVID-19

INFECTION CONTROL RECOMMENDATIONS



ASPIRE HEALTH PARTNERS

CLIENTS WITH SUSPECTED COVID-19

INFECTION CONTROL RECOMMENDATIONS

1 RISK ASSESSMENT FOR COVID-19:

INFECTION RISK CRITERIA:

- Have you traveled internationally, or do you have a history of travel from affected geographic areas (China, Italy, South Korea, Iran, Japan, UK, Most European countries, Ireland) within the last 4 days?
- Have you traveled from Washington, California, Illinois, New York, New Jersey, Connecticut or Louisiana in the last 3 weeks?
- Have you traveled on a cruise ship within the last 14 days?
- Have you been exposed to anyone with Coronavirus within the last 14 days?

NO →

- Manage patient as per usual assessment and management processes including infection control and personal protective equipment (PPE) practices.
- Perform standard infection assessment including: Flu, Enterovirus D68, Ebola, TB screening.
- If patient requires admission, follow usual policies and procedures (including infection control precautions and PPE) relevant to the admission assessment/diagnosis.

YES ↓

2 IDENTIFY SIGNS/SYMPTOMS OF COVID-19:

CLINICAL CRITERIA:

- Cough or difficulty breathing
- Shortness of breath
- Fever greater than 100.4F
- Chills or shaking with chills
- Sore throat
- Muscle Pain
- Headache
- Loss of taste and/or ability to smell things

NO →

Perform standard infection assessment including: Flu, Enterovirus D68, Ebola, TB screening.

- Continue usual assessment and management processes.
- Monitor for signs/symptoms of COVID-19.
- If meets epidemiological criteria provide self-isolation advice.

If signs and symptoms develop refer to the information and pathway as per box 2.

YES ↓

CONCURRENT RECOMMENDED ACTIONS (SUSPECTED OR CONFIRMED CASE)

Initiate Infection Prevention Protocol - See boxes 3, 4 & 5.

3 ISOLATE PATIENT:

- Remove patient from common areas.
- Place a surgical mask on the patient.
- Advise patient to use cough etiquette. Place patient in a single room, close the door, allocate dedicated bathroom.
- Use dedicated/ isolation equipment.
- Restrict entry of non-essential staff and visitors.

4 COMMUNICATION:

Notify Infection Control Hotline
Infectioncontrolhotline@aspirehp.org

Inform as required *(which may include):*

- Name and contact information.
- Send a list of all staff on shift that may have been in contact with person.
- List of all clients or visitors that may have had contact with person.
- List of places they may have visited while on-site.

5 INFECTION CONTROL:

Standard & Transmission based precautions as per the Center for disease control *(CDC):*

- Isolation of patient *(see box 3)*
- Hand hygiene
- Environmental cleaning and disinfection

Staff personal protective equipment *(PPE):*

- Patient has no or mild respiratory symptoms: use a surgical mask, gown, gloves, and protective eyewear.
- Patient has severe respiratory symptoms suggestive of pneumonia, or if undertaking Aerosol Generating Procedures: use a fit tested and fit checked N95 respirator mask, gown, gloves and protective eyewear (goggles or face shield).

DECISION TO TRANSFER THE PATIENT

INFECTION CONTROL CONSIDERATIONS:

The decision to transfer a suspected or confirmed COVID-19 patient to an appropriate referral hospital should be made in consultation with Nursing Leadership, Infection Control Team, and Medical Director.

- Patient clinical status/case definition.
- Hospital capacity to provide transmission based precautions *(droplet and or airborne)* including negative pressure room/dedicated room.
- Staff training and competency in donning *(putting on)* and doffing *(taking off)* all items of PPE.
- Transport options, risk assessment, and communicate with Nurse Navigation Team.
- Communication must occur between the transferring unit and Nurse Navigation on behalf of the receiving unit.

ADDITIONAL INFORMATION:

• CDC website:	https://www.cdc.gov/coronavirus/2019-ncov/index.html
• Infection Control Email:	infectioncontrolhotline@aspirehp.org
• Covid19 Hotline:	407-875-3700 (ext. 1919) *For non-emergent questions or concerns.*

COVID-19
Management Protocol

Definition:

A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

A diagnosis with coronavirus 229E, NL63, OC43, or HKU1 is not the same as a COVID-19 diagnosis. Patients with COVID-19 will be evaluated and cared for differently than patients withcommon coronavirus diagnosis.

Clinical Manifestations:

These symptoms may appear 2-14 days after exposure (based on the incubation period of MERS-CoV viruses).

- Fever (> 100.4)
- Cough
- Shortness of breath

Severe complications:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face due to drop in O2 Sat

Assessment/Plan:

Fever: (> 100.4)

1. Take oral temperature
    a. Temps 100.4 – 103 manage with medications
        i. Acetaminophen 325 milligrams, two tablets every 6 hours as needed per physician orders and/or other facility protocol for fever.DONOT EXCEED 12 TABLETS IN 24 HOURS
        ii. Repeat oral temperature

Plan: Temperature may remain elevated 3-5 days. If temperature is controlled with medication,continue medication regime as ordered. If temperature of 103 or greater is not responsive to medications, consider additional complications and call provider.

Cough:

1. Ask when the cough started
2. Is the cough productive or nonproductive?
3. Are there any associated symptoms?
    a. Fever
    b. Chills
    c. Sore throat
    d. Chest pain
4. Auscultate one region of the lung and comparing the sounds with those in the symmetricregion in the other lung.

Plan:

1. Refer/ consult provider for symptom triggered protocols

Shortness of breath:

1. O2 Saturation of less than 93% for normal lung on room air
2. O2 Saturation of less than 90% on diseased lung on room

airDefinition of hypoxemia Pa02 of < 60 or Sp02 < 90%
Clinical signs of hypoxia (e.g., hypotension, tachycardia, tachypnea, dyspnea, cyanosisdiaphoresis, confusion, or chest pain

1. Complete respiratory assessment
    i. Performed by auscultating one region of the lung and comparing thesounds with those in the symmetric region in the other lung.
    ii. Assess respiratory history:
        1. Asthma
        2. Chronic obstructive pulmonary disease (COPD)
        3. Chronic bronchitis
        4. Emphysema
        5. Pneumonia
        6. History of Tuberculosis
        7. History of Lung cancer
        8. History of pneumoconiosis (a category of conditions caused by theinhalation of a substance that injures the lungs)

2. Notify provider

Plan:

1. Place patient on Oxygen for 15 minutes to maintain Spo2 ≥ 93% (normal lung)and 90% (diseased lung)
2. Re-evaluate Sp02, (via pulse ox):
    i. If room Air SpO2 ≥ 93% and no clinical symptoms of hypoxemia or

indications for 02 discontinue Oxygen therapy

ii. If room Air SpO2 < 93% with no improvement in Sp02s or if there are clinical symptoms of hypoxemia send out for medical clearance

iii. If patient develops complications/ emergency warning signs for COVID-19 send for medical attention immediately.

Emergency warning signs to review with provider before sending out include*:

1. Trouble breathing
2. Persistent pain or pressure in the chest
3. New confusion or inability to arouse
4. Bluish lips or face
5. *This list is not all inclusive. Please consult your medical providerfor any other symptoms that are severe or concerning.

NOTE:

Patients with suspected COVID-19 complications:

1. Initiate Isolation protocol
    a. Patient is isolated on droplet precautions
    b. Nursing and staff required to wear mask, gown and gloves when entering patientroom.
    c. Patient is medicated and eats in the room – with access to a single restroom
    d. Tamiflu protocol was initiated (if applicable based on Flu scoring tool)
    e. Patient must be afebrile for 24 hours before order can be obtained to dc isolation.
    f. If there is a need for the patient to leave the room, he/she must wear a mask.
2. Contact Nurse Navigator ASAP and inform of potential isolation/respiratory distresstransfer
3. Complete EMS report

Vaccination

AHP encourages employees to receive the COVID-19 vaccination as a part of a multi-layered infection control approach. AHP supports 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.

Training

AHP 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. AHP and the COVID-19 Infection Control Team, IC Warrior Program Designees) will work collaboratively with non-managerial employees and their representatives to assess COVID-19 hazards and implement an employee training program at each facility.

AHP COVID-19 training program will be accessible in the following ways:

AHP 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.
- AHP 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)
- Employer-specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace.
- AHP 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
- AHP 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 AHP Safety Coordinator(s) 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.

AHP 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.

AHP 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.

Anti-Retaliation

AHP 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.

AHP 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.

Requirements implemented at no cost to employees

AHP will comply with the provisions of OSHA's COVID-19 ETS at no cost to its employees,

except for any employee self-monitoring conducted under the Health Screening and Medical Management section of this Plan.

Recordkeeping

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

AHP 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, the employee's name, one form of contact information, occupation, location where the employee worked, the date of the employee's last day at the workplace, the date of the 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.

AHP will record the information on the COVID-19 log within 24 hours of learning that the employee is COVID-19 positive. AHP 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.

AHP 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, AHP will provide, for examination and copying:

- All versions of the written COVID-19 plan to all the following: any employees, their personal representatives, and their authorized representatives.
- 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.

Reporting

AHP will report to OSHA:

- Each work-related COVID-19 fatality within 8 hours of AHP learning about the fatality.
- Each work-related COVID-19 in-patient hospitalization within 24 hours of AHP learning about the in-patient hospitalization.

4. **Monitoring Effectiveness**

AHP and the COVID-19 Infection Control Team, (IC Warrior Program Designees) will work collaboratively with non-managerial employees and their representatives to monitor the effectiveness of this COVID-19 plan to ensure ongoing progress and efficacy.

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

5. **Coordination with Other Employers**

AHP 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.

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

AHP has identified below all other employers to coordinate with to ensure employees are protected.

Other Worksite Employers	
Employer Name / Employer Representative:	**Contact Information:**
Voyage Healthcare / Beth Curley	407-415-5897

6. **Entering Residences**

AHP will identify potential hazards and implement measures to protect employees who, in the course of their employment, enter private residences and other physical locations controlled by a person not covered by the Occupational Safety & Health Act of 1970 (OSH Act). AHP 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.

- Permit community visits for high-risk clients using approved protocols after case-by-case review of need with supervisor.
- Encourage provision of services in large open areas, or outside with the capacity to social distance
- Regular assessment of census to evaluate stability
- ALF/ILF's – delivery of LAI's to be administered by ALF/ILF with appropriate chain of command and release of medication for administration.
- Continued Telemedicine, Telehealth, Telephonic implementation when appropriate

7. **Signature and Plan Availability**

AHP has prepared and issued this COVID-19 plan on 05/2020.

Employer Name:	**Aspire Health Partners**
Address:	**5151 Adanson St Orlando Fl 32804**
Business Owner:	**Aspire Health Partners INC**

This COVID-19 plan is available:

☐ Via hard copy at 5151 Adanson Street Orlando Fl 32804.	☐ Posted to PolicyTech, AspireNet, & Aspire Website.	☐ Available by request to Aspire's Infection Control Hotline.

This model plan is intended to provide information about 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. However, this model plan is not itself a standard or regulation, and it creates no new legal obligation