



Protocols for Managing COVID-19

COVID-19 is a highly contagious respiratory virus. Stepworks recommends the following precautions to prevent the spread of COVID-19.

General Guidelines

- Team members should be vaccinated against COVID-19. Stepworks does not mandate vaccines for team members unless required by a governing authority.
- Unvaccinated team members should wear a cloth or surgical mask.
- Unvaccinated patients should wear a cloth or surgical mask.

Admission Guidelines

- Patients with known or suspected COVID-19 will not be considered for residential admission unless they were diagnosed more than 5 days prior to the anticipated admission date.
 - Suspected COVID-19 symptoms include fever, cough, sore throat, body aches, or loss of taste and smell REGARDLESS of a negative COVID-19 test.
- Prospective patients seeking residential treatment who report close exposure (within seven days) to someone with COVID-19 should be discussed with the Chief Medical Officer prior to an official screening. Close exposure is defined as greater than 15 minutes exposure AND closer than six feet.
- Patients that are at high risk for complications from COVID-19 should not be admitted to a facility with a history of recent (<5 days) known or suspected COVID-19 in that facility.
 - High-risk patients include people over 60 years of age or patients with health conditions like lung or heart disease, diabetes, or conditions that affect their immune system. When in doubt, consult with the Chief Medical Officer.
- When possible, admissions to residential centers will preferentially go to facilities without a current known or suspected case of COVID-19. If that is not possible due to bed unavailability or patient request, the prospective patient will be notified of the presence of COVID-19 within the facility by the Access Center. The patient must accept all responsibility for the decision to admit to the facility in question by signing the [COVID FORM: Patient Acknowledgement of Positive Case](#) at the time of admission. This form should be uploaded to the patient's chart once complete.

Facility Preparation:

- Each facility should identify ways to quarantine patients with known or suspected COVID-19, including separate sleeping areas. If this is not possible, every effort should be made to maximally separate quarantine beds from the remaining beds. This can be accomplished by physical separation and physical barriers (plexiglass, curtains, etc).
- Each facility should plan ways to maximally separate patients during group and meal times. This can include split meal times, split groups, physical distancing, and physical barriers.
- Masks should be made available for all staff and patients.

Quarantine Procedures:

- Any patient with known or suspected COVID-19 (“COVID patients”), as determined by the facility medical director, MUST wear a surgical mask at all times except for eating, drinking, and smoking.
 - Patients must wear masks until symptoms have been absent for three days.
- COVID patients should dine separately from other patients and should be allowed to have smoke breaks by themselves or maintain at least 12 feet of separation while on break.
- While COVID patients with mild symptoms may attend groups, every effort should be made to maximally physically distance them from other patients.
- For facilities with multiple COVID patients, consideration should be given to splitting groups between COVID patients and non-COVID patients.
- Where possible, a separate bathroom should be designated for use by COVID patients only.
- COVID patients must not participate in food preparation.
- COVID patients are considered contagious and must comply with quarantine procedures for a period of 5 days following the onset of symptoms or a positive COVID-19 test.
- Refusal to follow quarantine procedures may result in an administrative discharge to their home.

When to Test:

- Patients or staff reporting COVID-19 symptoms should be tested either in-house, if available, or be sent to a local testing facility for a rapid COVID-19 antigen test.
- Patients or staff exhibiting loss of smell or taste combined with upper respiratory symptoms should be considered positive regardless of testing results.
- All results of in-house testing must be reported to public health officials. Positive staff results should be reported to the Chief Compliance Officer by the supervisor.
- A COVID patient may be given the opportunity to go home if the patient wishes to isolate at home and reassess for treatment once symptoms are absent for 3 days

When to be Evaluated in the Emergency Room:

- COVID patients should have a pulse-ox reading taken and recorded daily.

- Symptoms such as worsening shortness of breath, shortness of breath under exertion, the inability to speak without shortness of breath, or a pulse oximetry testing of 90% or less indicate the possible need for further evaluation in the emergency room. Staff should consult with the facility medical director prior to sending to the Emergency Room. If an ambulance is called, EMS should be notified that the patient is positive or suspected to be positive for COVID.

Discharge Considerations:

- Patients scheduled to discharge less than 5 days from a positive COVID-19 test should be considered for an extended stay until they complete their quarantine period. Exceptions can be made for patients who live alone or whose families do not have high-risk individuals and can accommodate quarantine requirements.
- Patients should not be discharged to a Sober Living environment or other community facility (e.g. homeless shelter) with COVID-19 symptoms or a positive test within 5 days of planned discharge.

Staffing:

- Team members physically at a facility must self-certify that they do not have COVID symptoms or fever prior to work. By clocking into your shift, you are certifying that you do not have a temperature greater than 100.4 or symptoms of COVID-19.
- If performing a task in close contact with COVID patients, such as checking patients for symptoms or completing nursing assessments, staff should wear appropriate PPE.
- Stepworks will follow the CDC guidelines for healthcare professionals for staff positive for or exhibiting COVID-19 symptoms.

Hand and Surface Sanitation:

- All surfaces shall be cleaned twice daily with spray sanitizer (e.g Lysol) or diluted bleach solution by a team member using disposable gloves.
- Frequently used or high-touch surfaces may be more frequently sanitized.
- Any surfaces touched by COVID patients should be sanitized immediately.
- Hand sanitizer stations are available and should be used frequently
- Everyone should wash their hands, for at least 20 seconds, with soap and water after using the restroom, after coughing, sneezing, or blowing their nose, before preparing food, before eating, before taking medication, and before and after smoking.