

Ohio 2025 Infectious Disease Safety Plan

Vital Research (Vital) is committed to the health and safety of the general public, our field staff and team members, and our research and evaluation participants. Vital has developed and is instituting Infection Control & Prevention (ICP) measures. This document is continuously reviewed and revised to ensure our approach is based on the most recent understanding of COVID-19, Influenza, Norovirus and other infectious diseases from credible sources (see Appendix A).

PRINCIPLES

The following principles guide all ICP measures at Vital:

Science will guide our decision making. Vital uses valid sources such as the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), the Occupational Safety & Health Administration (OSHA), the U.S. Department of Health, relevant state and county data, and associated recommendations in developing and implementing health and safety protocols.

Equity and inclusion underscore all ICP planning and implementation. All efforts will be made to ensure the inclusion of individuals who have varying degrees of risk for COVID-19, Influenza, Norovirus, and other infectious diseases in our workforce and as research participants. All existing non-discrimination policies and practices remain in place as well.

Partner and community expertise guide our decision-making. Our partners and potential research and evaluation participants are often best positioned to guide us in implementing ICP protocols in the most effective ways. Vital will collaborate closely with our partners and the community for whom we work to adapt ICP measures to meet the specific, current mandates at the state and local levels, while also honoring cultural context and considerations.

PROTOCOLS

The following protocols and procedures apply to all staff hired to work in Vital offices and/or in the field.

A. Acknowledgment

All persons engaged in the project will be required to acknowledge that field work involves more vulnerable populations and potentially higher risk situations in terms of transmitting or contracting COVID-19, Influenza, Norovirus or other infectious diseases by signing an acknowledgement form. In signing the form, staff members accept their personal responsibility to abide by all defined health and safety protocols.

B. Individual Measures and Controls

- Education and Training. Field staff will be trained in ICP measures before they are permitted to engage in field-based activities to ensure they understand and can apply all aspects of the protocol. Vital will provide updates to field staff when there are updates made to the ICP protocols.
- Symptom Response. Field staff showing any symptoms known to be related to COVID-19, Influenza, Norovirus or other infectious diseases must report to Vital immediately. They will be required to either stay at or return home and consult their healthcare professional for appropriate testing and treatments. The employee's return to work will be based on current CDC and state guidelines.

C. Hygiene and Disinfecting Protocols

- Hygiene. This is the most effective way to prevent transmission of infectious disease. Field staff are expected to maintain exceptional personal and professional hygiene practices. Field staff should regularly utilize handwashing facilities as they are available and will be trained on proper handwashing techniques. Thorough handwashing with soap and water for 20 seconds should be performed during the day. Hands should be washed before patient contact, food prep, snacks/meals; and after patient contact, and bathroom visits. If handwashing facilities are not readily available, field staff will use the provided hand sanitizer. Field Staff will be instructed to avoid touching their face.
- Equipment Disinfecting. Field staff are responsible for the cleaning and disinfecting of equipment (digital tablets, hearing amplifiers, or other high-touch materials) at the beginning of the workday, and between participants. Disinfecting wipes will be provided for this purpose. All exterior surfaces, buttons, screen, connecting cables, or any other surface or materials should be disinfected regularly.

D. Personal Protective Equipment (PPE) and Health & Safety Toolkit

- PPE. Varying levels of PPE have been identified. If facilities have specific PPE requirements (e.g., requires all visitors to wear a face mask), all staff will abide by those requirements. Staff will be encouraged to wear masks in other situations, depending on their personal preference. All PPE will be worn following manufacturer's recommendations. They will not be required to use additional PPE other than a face mask (e.g., gowns, gloves, etc.); in an event where additional PPE is required for specific residents, interviewers would not approach those residents, and if additional PPE is required to enter a facility, Vital would reschedule the visit. Field staff will not enter rooms with residents in isolation for infectious diseases.
- Health and Safety Toolkit. A toolkit of PPE products and materials will be provided to field staff. The toolkit includes masks, hand sanitizer, and disinfecting wipes. Items will be replenished by Vital, upon request.

E. Physical Distancing

- Six feet of social distancing is suggested between field staff and residents when possible.
- Physical contact such as shaking hands or bumping elbows is not permitted.

F. Communications

- Paperless processes, virtual meetings, and electronic software and apps will be used to substitute for in-person meetings between interviewers and Vital Research, when possible.
- Additional details regarding Vital's ICP protocols will be shared with facilities that request more information, as needed.
- Facility Organizers (FO) will be instructed to ask the facility contacts for a list of any resident testing positive for infectious diseases, regardless of whether the residents are in "isolation" or not. These residents would not be approached for interviews that day.
- FO's need to contact Vital immediately after meeting with the facility Administrator (or designated contact) if there are cases of infectious disease noted. Vital will then speak with facility administrators or their designated contacts to ensure all known COVID-19, Influenza or Norovirus cases or other infectious diseases are communicated and understood. Vital will confirm the total number of residents testing positive for infectious diseases before the scheduled visit; visits may be rescheduled based on the Outbreak Plan described in the section below.

G. Outbreak Plan

If a facility is in outbreak, Vital Research will reschedule the in-person interview dates. A facility “outbreak” is determined by reviewing the number of residents in a facility and the number of new COVID-19, Influenza, or other infectious disease cases within five days of the scheduled visit; however, Vital will look at the total number of active Norovirus cases at this time, regardless of date of diagnosis. Only resident cases are counted; staff cases are excluded. The table below displays when facilities will need to be rescheduled.

# Residents	# Resident Cases Considered “Outbreak”
5-6	1
7-29	2
30-39	3
40-49	4
50-59	5
60-69	6
70-79	7
80 or more	8

Interviewers will sometimes conduct interviews in facilities that do not meet the definition of a facility outbreak but still have a varied number of residents in isolation. The number of residents in isolation will often be different than the facility outbreak number. Facilities may choose to isolate a resident for a variety of reasons including facility-specific isolation policies, an individual resident’s symptoms, and an individual resident’s health conditions and level or risk. Interviewers will not be in direct contact or conduct interviews with residents in isolation.

*Note: A copy of this form will be shared with all Field Staff and signed electronically.

Appendix A

Sources:

1. <https://www.cdc.gov/respiratory-viruses/guidance/faqs.html>
2. <https://www.cdc.gov/covid/prevention/index.html>
3. https://www.cdc.gov/covid/hcp/infection-control/?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
4. <https://odh.ohio.gov/know-our-programs/covid-19/covid-19-guidance>
5. https://www.ohca.org/admin/cdc_guidelines_relevant_to_ltss
6. <https://www.cdc.gov/respiratory-viruses/prevention/index.html>

7. <https://www.cdc.gov/yellow-book/hcp/travel-associated-infections-diseases/covid-19.html>
8. <https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html>
9. <https://www.cdc.gov/healthcare-associated-infections/media/pdfs/Norovirus-ControlRecomm-508.pdf>
10. <https://www.ama-assn.org/delivering-care/public-health/washing-hands-goes-long-way-prevent-contagious-norovirus#>