

## Coronavirus Staff Education

- ❖ **Statistics**- Coronavirus spreads easily and quickly. For every person infected, they will potentially spread the illness to 3 people. Each of those 3 people will spread it to another 3 people and so on. The illness can be spread even if the infected person doesn't feel ill. The elderly and those with conditions that alter their ability to fight infection are at highest risk.
- ❖ **Transmission**- Coronavirus is transmitted by droplets. Droplets are released into the air when we speak, sneeze and even cough. It is also spread through close personal contact such as touching or shaking hands. It can be transmitted by touching an object or surface that has the virus on it, then touching your mouth, nose or eyes before washing your hands.
- ❖ **Prevention**- There are things we all can do to prevent the spread of Coronavirus and protect ourselves from becoming infected. Wash your hands often with soap and water for a minimum of 20 seconds. Make sure you wash all surfaces of the hands, including between fingers. Use alcohol based hand rubs between hand washings or when not near a sink. Handwashing is our first and best defense against any virus or bacteria. Avoid touching your eyes, nose or mouth with unwashed hands. Avoid close contact with people who are sick. Clean frequently touched surfaces (door knobs, hand rails, cell phones, counter and table tops, toilets, refrigerator handles, etc) multiple times per day to reduce risk of spreading the infection
- ❖ **PROCEDURE:**
  - ❖ Handwashing/cleansing is done before and after resident contact, before and after any procedure, after using a Kleenex or the rest room, before eating or handling food, when hands are obviously soiled and regardless of glove use.
  - ❖ Hand cleansing with a waterless system is appropriate any time handwashing should be done except if the hands are visibly soiled.
  - ❖ If using waterless system, put alcohol based hand rinse on hands and rub hands together for approximately 15 seconds. This will clean hands.
  - ❖ If using a system with soap and water, turn water on to desired temperature.
  - ❖ Do not touch inside of sink or front of sink if possible.
  - ❖ Wet hands with water and apply soap.
  - ❖ Rub hands together for about 20 seconds, making sure to wash between fingers.
  - ❖ Rinse hands thoroughly under running water.
  - ❖ Obtain paper towel. If paper towel dispenser needs to be pushed down, do so with forearm or prior to washing hands.
  - ❖ Dry hands using paper towels. Use paper towel to turn off faucet.
  - ❖ Discard paper towel.
  - ❖ **Social Distancing**- The CDC and Department of Public Health are recommending avoiding social interactions in large groups. If you must be in a social or community place, try to maintain a distance of at least 6 feet from other people. The reason for restricting group activities, communal dining and medication administration is to reduce these close contact interactions and minimize risk of infection. The latest guidance on this is to avoid putting yourself in situations and social interaction where there are more than 10 people present. Do not allow residents to congregate around the screening tables. Politely direct them back to their rooms. If residents are waiting for transportation to an appointment or waiting for family to drop off

supplies, make sure they are at least 6 feet from anyone else. If you have a waiting area set up for these purposes, set the chairs 6 feet from each other to maintain safe distance.

- ❖ **Respiratory etiquette**- when you cough or sneeze, do not cover your mouth with your hand. Cough into the bend of your elbow. Be sure to wash your hands after coughing, sneezing or blowing your nose. Using masks preventively is not recommended as they become moist and may actually increase your risk of exposure. REMEMBER TO ALWAYS COVER YOUR COUGH!
- ❖ **Rigorous cleaning and disinfection**- we have all seen the disinfecting wipes at the store to wipe the cart handle before using a shopping cart. PLEASE USE THEM! The current cases being seen are community based cases, not due to travel. We need to also make sure we are using these same practices in our day to day routine in the facilities. Wiping down commonly touched surfaces such as tables, chairs, countertops etc. The reception desk, even with residents not being out and about, needs to be wiped down at least hourly and any time someone touches the desk. Wipe down the telephone between each call. This way, when staff relieves the receptionist, they are stepping into a clean area. As mentioned above, door knobs, hand rails, anything frequently touched. Dietary needs to be wiping down all surfaces used for food prep before and after use. Elevator panels are touched by everyone. Housekeeping needs to wipe the elevators down hourly as we are all using them frequently with med pass, meal pass and wellness checks. Cleaning of all equipment between uses. This includes VS equipment, mechanical lifts. Screening tables need to be wiped down with each pass of people entering. We understand that most employees are reporting in at the same time. Do not allow them to congregate close to each other. They can come in a couple at a time. This allows for them to sit for a few minutes before using the non-contact thermometers without several people being around them. Wipe down the thermometer with each use and wipe down the table/pens being used.
- ❖ **Proper use of PPE**- The importance of this cannot be stressed enough. If you have a resident on isolation, a pre-made cart should be placed outside the apartment/room door. DO NOT place the carts inside the room. You need to have your gown, mask, eye protection and gloves on BEFORE entering the room. Put on your gown. Apply your mask and ensure you fit the nose piece securely over the bridge of your nose. Make sure the mask covers nose and mouth. Apply eye protection then, finally, your gloves. If possible, place your gloves over the wrist cuff of the gown to keep the sleeves from sliding up. Complete all necessary duties in the apartment/room. Ask one more time before taking off your PPE if they need anything else while you are in the room. BEFORE leaving the room, Untie/unfasten the neck band of your gown. While still holding the neck strings, pull the gown off the shoulders.
- ❖ Remove the gown by rolling it away from the body. Handle the inside of the gown only.
- ❖ Fold the outside (contaminated portion) of gown inward, and roll the gown into a bundle.
- ❖ If the gown is disposable, discard it into the waste receptacle inside the room. If the gown is reusable (washable), discard it into the soiled laundry container inside the room.
- ❖ Wash hands.
- ❖ If a mask was used during the procedure(s) or service, remove it at this time and discard it into the waste receptacle inside the room.
- ❖ Wash hands.
- ❖ Remove eye protection, wipe down with sanitary wipe
- ❖ Wash hands

- ❖ Place eye protection back in cart when you exit the room

## **When No Gowns Are Available**

### **Consider using gown alternatives that have not been evaluated as effective.**

In situation of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients as single use. However, none of these options can be considered PPE, since their capability to protect HCP is unknown. Preferable features include long sleeves and closures (snaps, buttons) that can be fastened and secured.

- Disposable laboratory coats
- Reusable (washable) patient gowns
- Reusable (washable) laboratory coats
- Disposable aprons
- Combinations of clothing: Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available:
  - Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats
  - Open back gowns with long sleeve patient gowns or laboratory coats
  - Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats

Reusable patient gowns and lab coats can be safely laundered according to [routine procedures](#).

- Laundry operations and personnel may need to be augmented to facilitate additional washing loads and cycles
- Systems are established to routinely inspect, maintain (e.g., mend a small hole in a gown, replace missing fastening ties) and replace reusable gowns when needed (e.g., when they are thin or ripped)

### **Contingency Capacity Strategies**

**Selectively cancel elective and non-urgent procedures and appointments for which eye protection is typically used by HCP.**

**Shift eye protection supplies from disposable to re-usable devices (i.e., goggles and reusable face shields).**

- Consider preferential use of powered air purifying respirators (PAPRs) or full-face elastomeric respirators which have built-in eye protection.
- Ensure appropriate cleaning and disinfection between users if goggles or reusable face shields are used.

### **Implement extended use of eye protection.**

Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters. Extended use of eye protection can be applied to disposable and reusable devices.

- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through.
  - If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on. See protocol for removing and reprocessing eye protection below.
- Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
- HCP should take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene.
- HCP should leave patient care area if they need to remove their eye protection. See protocol for removing and reprocessing eye protection below.

### **Crisis Capacity Strategies**

**Cancel all elective and non-urgent procedures and appointments for which eye protection is typically used by HCP.**

**Use eye protection devices beyond the manufacturer-designated shelf life during patient care activities.**

If there is no date available on the eye protection device label or packaging, facilities should contact the manufacturer. The user should visually inspect the product prior to use and, if there are concerns (such as degraded materials), discard the product.

**Prioritize eye protection for selected activities such as:**

- During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures.
- During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable.

**Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes.**

**Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients.**

- During severe resource limitations, consider excluding HCP who may be at higher risk for severe illness from COVID-19, such as those of older age, those with chronic medical conditions, or those who may be pregnant, from caring for patients with confirmed or suspected COVID-19 infection.

**Designate convalescent HCP for provision of care to known or suspected COVID-19 patients.**

- It may be possible to designate HCP who have clinically recovered from COVID-19 to preferentially provide care for additional patients with COVID-19. Individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed.

**Selected Options for Reprocessing Eye Protection**

**Adhere to recommended manufacturer instructions for cleaning and disinfection.**

When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider:

1. While wearing gloves, carefully wipe the *inside, followed by the outside* of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
2. Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
3. Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
4. Fully dry (air dry or use clean absorbent towels).
5. Remove gloves and perform hand hygiene.

**Contingency Capacity Strategies**

**Selectively cancel elective and non-urgent procedures and appointments for which a facemask is typically used by HCP.**

**Remove facemasks for visitors in public areas.**

Healthcare facilities can consider removing all facemasks from public areas. Facemasks can be available to provide to symptomatic patients upon check in at entry points. All facemasks should be placed in a secure and monitored site. This is especially important in high-traffic areas like emergency departments.

### **Implement extended use of facemasks.**

Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- HCP must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.
- HCP should leave the patient care area if they need to remove the facemask.

### **Restrict facemasks to use by HCP, rather than patients for source control.**

Have patients with symptoms of respiratory infection use tissues or other barriers to cover their mouth and nose.

### **Crisis Capacity Strategies**

**Cancel all elective and non-urgent procedures and appointments for which a facemask is typically used by HCP.**

**Use facemasks beyond the manufacturer-designated shelf life during patient care activities.**

If there is no date available on the facemask label or packaging, facilities should contact the manufacturer. The user should visually inspect the product prior to use and, if there are concerns (such as degraded materials or visible tears), discard the product.

### **Implement limited re-use of facemasks.**

Limited re-use of facemasks is the practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for SARS-CoV-2, care should be taken to ensure that HCP do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- Not all facemasks can be re-used.
  - Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
  - Facemasks with elastic ear hooks may be more suitable for re-use.

- HCP should leave patient care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.

#### **Prioritize facemasks for selected activities such as:**

- For provision of essential surgeries and procedures
- During care activities where splashes and sprays are anticipated
- During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
- For performing aerosol generating procedures, if respirators are no longer available

#### **When No Facemasks Are Available, Options Include**

##### **Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients.**

During severe resource limitations, consider excluding HCP who may be at higher risk for severe illness from COVID-19, such as those of older age, those with chronic medical conditions, or those who may be pregnant, from caring for patients with confirmed or suspected COVID-19 infection.

##### **Designate convalescent HCP for provision of care to known or suspected COVID-19 patients.**

It may be possible to designate HCP who have clinically recovered from COVID-19 to preferentially provide care for additional patients with COVID-19. Individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed.

##### **Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask.**

##### **Consider use of expedient patient isolation rooms for risk reduction.**

Portable fan devices with high-efficiency particulate air (HEPA) filtration that are carefully placed can increase the effective air changes per hour of clean air to the patient room, reducing risk to individuals entering the room without respiratory protection. NIOSH has developed guidance for using portable HEPA filtration systems to create expedient patient isolation rooms. The expedient patient isolation room approach involves establishing a high-ventilation-rate, negative pressure, inner isolation zone that sits within a “clean” larger ventilated zone.

##### **Consider use of ventilated headboards**

NIOSH has developed the ventilated headboard that draws exhaled air from a patient in bed into a HEPA filter, decreasing risk of HCP exposure to patient-generated aerosol. This technology consists of lightweight, sturdy, and adjustable aluminum framing with a retractable plastic canopy. The ventilated headboard can be deployed in combination with HEPA fan/filter

units to provide surge isolation capacity within a variety of environments, from traditional patient rooms to triage stations, and emergency medical shelters.

**HCP use of homemade masks:**

In settings where facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.