

COVID-19 Care Safety Handbook

Care Site Outreach Support Team

- Skilled Nursing Facility (SNF)
- Residential Care Facility for the Elderly (RCFE)
- Assisted Living
- Board and Care
- Home Health
- Long-Term Care (LTC) Facility
- Intermediate Care Facility (ICF)



SAN MATEO COUNTY HEALTH
**EMERGENCY
MEDICAL SERVICES**



April 17, 2020

Dear Administrator & Staff:

On behalf of San Mateo County Health, I would like to thank you for all that you are doing to support the patients at your facility and the community as a whole. These are unprecedented times and your facility plays a critical role in protecting the stability of our healthcare infrastructure. Now more than ever, our residents are relying on the expertise, training and compassion of front-line healthcare workers like the staff at your facility.

As a facility that houses potentially vulnerable patients, we want to ensure that you and all of your staff are comfortable with the amount and type of training provided on caring for patients with COVID-19. Functioning as part of the County's Emergency Operations Center (EOC), teams have been activated to assist facilities in the following manner:

1. Provide Personal Protective Equipment [PPE] (quantities subject to availability)
2. Conduct training on appropriate donning and doffing of PPE
3. Provide information on COVID-19 and lessons learned about containment measures
4. Provide information on the process for resource ordering and disease control investigations
5. Assess supply chain and operational needs

These teams are here to provide you with support and guidance as we navigate the COVID-19 response. The visits are NOT in any way meant to be regulatory or punitive in nature. We are all in this together.

Sincerely,

Travis Kusman, MPH, Paramedic
Medical Health Operational Area Coordinator



SAN MATEO COUNTY HEALTHCARE COALITION (SMCHC)

Purpose

The purpose of the San Mateo County Healthcare Coalition is to plan for a collaborative, coordinated, community-wide disaster response from the health care community to ensure the continuity of optimal healthcare in San Mateo County during a disaster.

Membership

The San Mateo County Healthcare Coalition membership includes federally identified Core Coalition members: San Mateo County EMS Agency; San Mateo County Public Health; San Mateo County Office of Emergency Services; and general acute care hospitals. Additionally, Coalition membership includes representatives from organizations representing the 17 provider types as indicated by the Centers for Medicare and Medicaid Services (CMS). Lastly, membership includes partner agencies that collaborate with the Coalition on disaster preparedness, planning, response, recovery, and mitigation.

Maintaining membership with the SMCHC ensures that you have direct access to the San Mateo County Medical Health Operational Area Coordinator (MHOAC), access to the ReddiNet platform allowing you to stay connected with other Healthcare Facilities/County Health during Disasters, access to participate in county-wide drills/exercises every year, emergency preparedness training, and build upon relationships and connections with county agency partners and private sector stakeholders.

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR (MHOAC) PROGRAM

About MHOAC

The **Medical Health Operational Area Coordinator (MHOAC) Program** is authorized by the California Health and Safety Code Section 1797.153. The MHOAC position represents the single point of contact for the MHOAC program and is responsible for monitoring and ensuring adequate medical and health resources are in place during a local emergency. The MHOAC is authorized to work with the Regional Disaster Medical Health (RDMHC) Program to submit and respond to medical and health requests for resources for the facilities within San Mateo County. The MHOAC is authorized to make and respond to requests for mutual aid from outside of San Mateo County as well.

Resource Requests

During COVID-19, one of the key responsibilities of the MHOAC Program is to support healthcare facilities by providing PPE and other medical and health resources to the healthcare facilities in need. San Mateo County Health uses ReddiNet (a web-based platform) for maintaining situational awareness on healthcare facility status and tracking Resource Requests from facilities.

If you are not built into ReddiNet, please send an email to ems@smcgov.org with the following information:

- Facility Name / Facility Type / Point of Contact First Name, Last Name, 24/7 Cell Phone Contact, and email

Please use the ReddiNet Facility Provider Resource Request Guide for instructions on submitting Resource Requests via ReddiNet. If you have an urgent need for PPE or other resources (meaning you will exhaust your supply within 12 hours), please contact the MHOAC Program Resource Request Center Monday-Friday from 0700-1900 hrs at 650-649-9966 . For inquiries on operating/logging into ReddiNet please contact the ReddiNet 24/7 Support Line at 800-440-7808 for any urgent needs or if you are having trouble accessing ReddiNet. **Please note that ReddiNet is a contracted platform and does not have the ability to fulfill resource requests. Inquiries regarding resources should not be directed to ReddiNet.*

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Chapter 1: Understanding COVID-19

• Frequently Asked Questions

○ **What is coronavirus?**

According to the World Health Organization (WHO), Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases.

○ **What is COVID-19?**

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

○ **What are the common symptoms of COVID-19?**

- Fever
- Cough
- Body ache
- Fatigue
- Runny nose
- Congestion
- Headache
- Eye pain and/or ear pain/irritation
- Conjunctivitis
- Loss of taste and/ or smell
- Nausea
- Vomiting
- Diarrhea

○ **How is COVID-19 spread?**

The virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet). The virus can also be spread via surfaces, in addition to person to person spread.

- **What to do if a patient is diagnosed with COVID-19?**

Ideally, a patient with COVID-19 should be in a separate room with a dedicated bathroom. The patient should remain in the room for all activities including meals. If the patient must leave the room for medical services (e.g. x-ray, they must wear a face mask and be covered with a clean sheet.

Identify if other patients and staff (who did not wear appropriate PPE) were in close contact with the patient.

Exposed patients should be quarantined for 14 days and monitored for fever and respiratory symptoms.

Exposed staff may work wearing a facemask if they have no symptoms, but they must check their temperature 2 times per day and monitor for respiratory symptoms for 14 days. If symptoms develop, they must be excluded from work, be isolated at home and tested.

- **What does quarantine mean?**

Quarantine separates and limits the movement of people who were exposed to a contagious disease to see if they become sick.

- **What does isolation mean?**

Isolation assigns specific areas or rooms for patients with contagious or infectious diseases. Keeping contagious persons away from others can help to slow or prevent the spread of the disease.

- **What to do if a staff member is diagnosed with COVID-19?**

A staff member with COVID-19 who has symptoms should be off work until they are considered no longer infectious. Staff with COVID-19 who do not have symptoms can be considered for working wearing a face mask, to care for COVID-19 positive patients.

- **How do I protect myself and my family?**

Staff should practice universal precautions and wear appropriate PPE in the workplace. Frequent handwashing should be done at work and at home. Frequently touched surfaces should be disinfected.

If symptoms of COVID-19 develop, it is important to limit interaction with other family members-ideally keeping a 6 feet distance and using a separate bathroom. Testing should be done to determine if the illness is due to COVID-19.

Chapter 2: Prevention

• Prevention at Work:

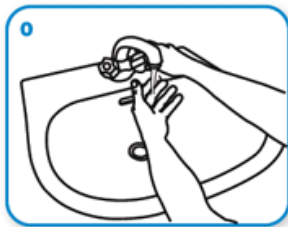
○ Monitoring Symptoms

- You should self-monitor twice daily
 - 1st prior to coming to work
 - 2nd 12 hours later
 - List of symptoms to monitor:
 - Fever (an elevated temperature higher than 100 degrees)
 - Cough
 - Body ache
 - Fatigue
 - Runny nose
 - Congestion
 - Headache
 - Eye pain and/or ear pain/irritation
 - Conjunctivitis
 - Loss of taste and/ or smell
 - Nausea
 - Vomiting
 - Diarrhea
- If you have any of the symptoms listed above, you should:
 - not enter the facility
 - return home
 - seek medical attention
- Contact the healthcare facility (HCF) immediately and stay home from work.
- The healthcare facility should:
 - screen all healthcare workers prior to the start of their shifts
 - screen all healthcare workers at the end of their shift
- **Healthcare workers with fever should be sent home and NOT allowed to work.**
- The health care facility should identify staff who can monitor sick staff with daily “check-ins” using telephone calls, emails, and texts.

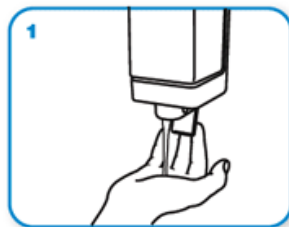
○ Handwashing (Hand Hygiene)

- All staff members should always complete hand hygiene:
 - **Before and after ALL patient encounters**
 - Before putting on and after removing personal protective equipment (PPE)
 - Should also use hand hygiene at the beginning of their shifts
 - Before and after eating

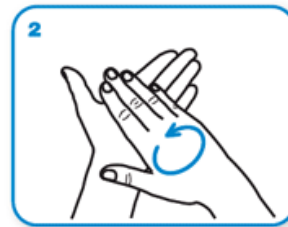
- After using the restroom
- Other times throughout the day to limit possible spread of germs
- Make sure hand hygiene supplies, such as soap and water or alcohol-based hand sanitizer, are readily accessible in-patient care areas, including areas where healthcare professionals remove personal protective equipment.
- Sinks need to be well-stocked with soap and paper towels and hand sanitizers should be replaced as needed.
- **Health care professional should always use proper hand hygiene and wash with hot water and soap for at least 20 seconds.**
- Facilities should have a process for auditing the healthcare professional staff, to ensure that they are following the recommended hand hygiene practices.



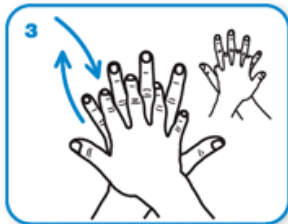
Wet hands with water



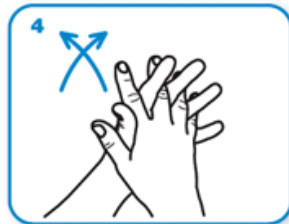
apply enough soap to cover all hand surfaces.



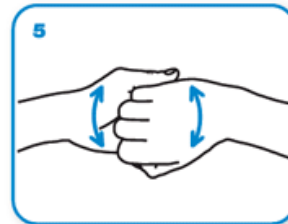
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



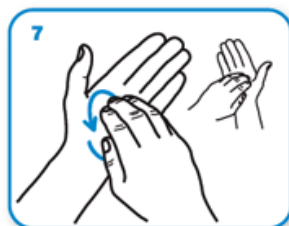
palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



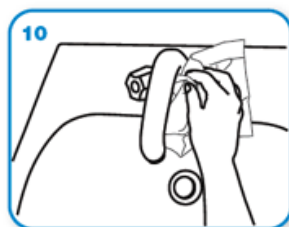
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



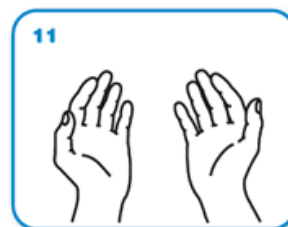
Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

○ **Personal Protective Equipment (PPE):**

- **Transmission-Based Precautions: Use Standard, Contact, Droplet plus Eye Protection for suspect/confirmed COVID-19 cases. Note: Both the CDC and World Health Organization (WHO) recommend standard, contact and droplet precautions with added eye protection.**
 - Surgical masks plus eye protection are an acceptable form of PPE.
 - N95 or higher, should be donned during aerosol generating procedures (examples are suction, nebulizer, ventilation, CPR, etc.) which could pose a higher risk of exposure to healthcare workers.
- Per recent CMS guidance, **all long-term care facility staff should wear a facemask while they are in the building.**
- PPEs and other infection prevention and control supplies should be stocked and readily accessible for use. This includes facemasks, gowns, gloves, goggles, and hand hygiene supplies that would be used for both healthcare workers protection and source control for infected patients.

Note: If there is a shortage of gowns, they should be prioritized for:

- aerosol-generating procedures
- care activities where splashes and sprays are anticipated
- high-contact resident care activities where pathogens may be transferred to the hands and clothing of healthcare workers.

To supplement while there is a shortage of disposable gowns, you can use cloth gowns (**they must be laundered after each use**).

- Wear the recommended PPE for patient care and post signage on the appropriate steps for donning and doffing PPE.
- **Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.**

Facilities should have a process for auditing the healthcare professional staff, to ensure that they are following the recommended PPE usage guidelines.

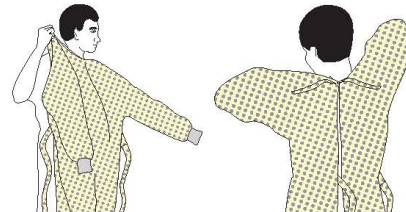
<https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf>

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



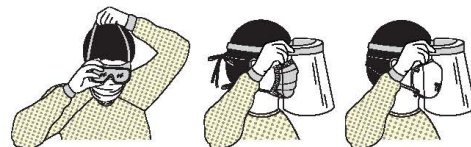
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



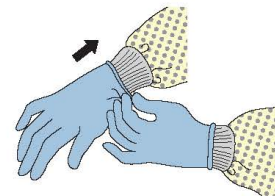
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



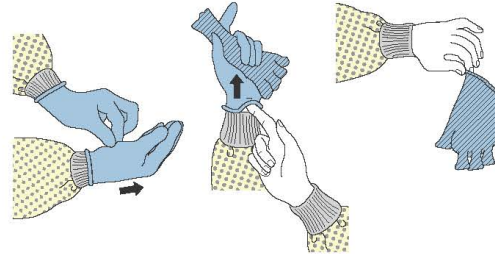
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



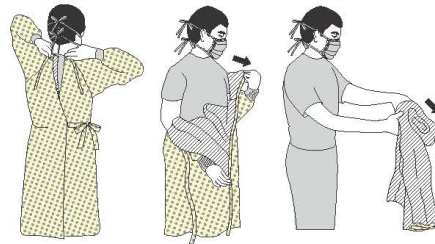
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



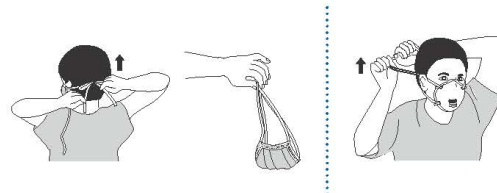
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

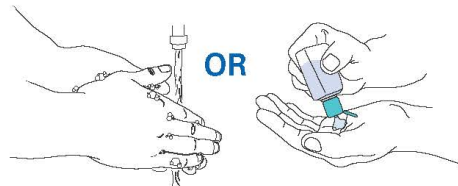


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



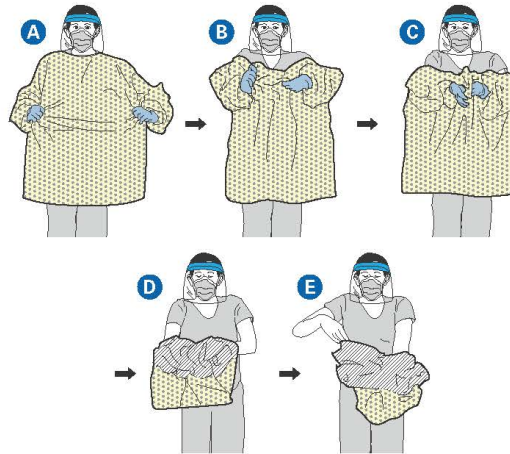
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



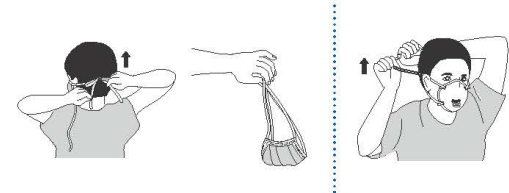
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

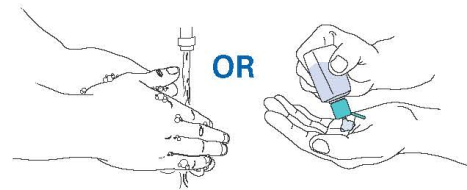


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



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- **Preserving Personal Protective Equipment (PPE):**
 - **Use and re-use of PPE**
 - **Surgical mask:**
 - This mask should be changed:
 - if it is dirty
 - has fluid splashes
 - if it is difficult to breathe
 - at least once a day
 - **N-95 mask:** A N-95 mask can be reused.
 - Write your name on the mask and save it in a brown paper bag when not in use.
 - Use a new paper bag after each use.
 - N-95 can be used for a few days if it is not dirty, and it is not damaged in any way.
 - **Face-shields:**
 - Wear face-shields completely covering the face, the eyes, and the masks.
 - They are reusable for several days/weeks, until it is damaged.
 - Clean and disinfect it with bleach inside and outside of the face-shield.
 - It is always important to **wear a face-shield**.
 - Face shields will be left on the units after cleaning for the next shift.
 - **Gowns:**
 - If gowns are required to be used in your area, it can be reused with different patients for the entire shift, unless it is visibly soiled, have fluid splashes, or if the patient has another infectious disease (e.g. *C. difficile*).
 - **Gloves:**
 - Wear gloves during patient care.
 - **Gloves have to be changed after each encounter.**
 - **Head covers:**
 - If head covers are required in your area, it can be worn for the entire shift.
 - **Shoe covers:**
 - If shoe covers are required in your area, it can be worn for the entire shift.

Notes:

- **Do not use fabric masks at any time while you are wearing full PPE's.**
 - Fabric masks should be washed every day.

- These are for staff who **do not perform direct patient care**.
- **Wash your hands** frequently, or use **alcohol gel**, between patients, or between procedures on the same patient.
- **Clean high touch surfaces** with bleach several times a day.
- Be **careful when removing** your PPE, per protocol.
- Disposable PPE should be placed in **regular trash containers**.
 - Do not use red bags.
- **Do not eat or drink with your PPE on (face shield, mask, glove or gown)**.

References: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy.html>

○ Patient's Clothing and Belongings

- Gloves should be worn when handling potentially contaminated laundry.
 - Items should be washed separately, in the warmest appropriate temperature and dry them completely.
 - Hands should be washed after doing the laundry.
 - Clothing should be kept in a separate hamper, until washed.

○ Patient Rooms

▪ Visitors:

- Prohibit visitors from entering the facility unless essential.
- For end-of-life care limit access to only one visitor at a time.
 - All family members visiting end of life patients they should be wearing full personal protective equipment (PPE) throughout the duration of the visit.
- Post signs instructing permitted visitors not to enter if they are unwell.
- Set-up alternative methods of visitation such as through videoconferencing through skype or facetime.
- If visitors are permitted, monitor them for fever and respiratory symptoms; limit the duration of visitation and the location of visits – in resident rooms.

○ Food Service

- Although coronaviruses appear to be stable at low and freezing temperatures for a certain period of time, good food safety practices can prevent their spread through food.
 - Food service workers should:
 - **Not be entering any patient rooms.**
 - Wear face coverings and gloves when preparing, serving or delivering food to outside of patient rooms.
 - Hands should be washed frequently.

- **Contactors & Outside Vendors**

- Contractors and outside Vendors should not regularly enter the facility. Designated staff can meet the individual at the door, and receive or provide necessary items (e.g. medication)
- If the contractor or vendor must enter the facility, they should be screened for symptoms and fever. They must also wear appropriate PPE.

- **Prevention When Leaving Worksite:**

- **How to safely go from one job to another**

- Ideally, staff should only work at one skilled nursing facility during COVID-19 activity. This will avoid potential introduction of disease from an impacted facility to another one.
- **If working at a second location cannot be avoided:**
 - Essential workers who go from one job to another, should:
 - Change clothing before going to the second location. The clothing should be bagged and taken home to be laundered.
 - Hands should be washed before leaving the first location and again when entering the second location. A different face mask or covering should be worn for the second location.

- **Prevention at Home:**

- **How to Safely Return Home**

- Clothes should be changed and soon as enter the home and placed in a hamper until washed.
- Hands should be washed.
- If a potential exposure occurred in the workplace:
 - It is important to limit interaction with other family members-remain 6 feet apart. Ideally, stay in a separate bedroom and use separate bathroom.
 - Take temperature twice per day and monitor for respiratory symptoms for 14 days.
 - Frequently touched surfaces should be disinfected.

○ **Stay in Place**

- You should remain in your home unless going to work or doing essential business such as grocery shopping, picking up prescriptions, or doctor's appointments.

○ **Maintain Your Space**

- At all times you should keep at least six (6) feet of space between you and other people.

○ **Cover Your Face**

- At any time you are outside of your home, you must wear a face covering. This includes, homemade masks, neck gaiters, or bandanas. Anything that completely covers your nose and mouth without holes.
 - For updates on this order please visit the San Mateo County Health website: www.smchealth.org



○ Monitor symptoms

- You should self-monitor twice daily
 - Once prior to coming to work
 - Second 12 hours later
 - List of symptoms to monitor:
 - Fever (an elevated temperature higher than 100 degrees)
 - Cough
 - Body ache
 - Fatigue
 - Runny nose
 - Congestion
 - Headache
 - Eye pain and/or ear pain/irritation
 - Conjunctivitis
 - Loss of taste and/ or smell
 - Nausea
 - Vomiting
 - Diarrhea
- If you have any of the symptoms listed above, you should contact the healthcare facility (HCF) immediately and stay home from work.

○ How to safely keep your home safe from infection

- As part of your everyday prevention actions **clean and disinfect frequently touched surfaces and objects.**

○ Clean

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.
- **High touch surfaces include:** Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

○ Disinfect

- **Use diluted household bleach solutions** if appropriate for the surface.
- Never mix household bleach with ammonia or any other cleanser.
 - **To make a bleach solution, mix:**
 - 5 tablespoons (1/3rd cup) bleach per gallon of water OR
 - 4 teaspoons bleach per quart of water
 - Keep the surface wet for 1 minute to ensure germs are killed.
 - Wear gloves and make sure you have good ventilation during use of the product.

- **Soft surfaces**
 - For soft surfaces such as **carpeted floor, rugs, and drapes**
 - **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.
 - **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

- **Laundry**
 - For clothing, towels, linens and other items
 - **Wear disposable gloves.**
 - **Wash hands with soap and water** as soon as you remove the gloves.
 - **Do not shake** dirty laundry.
 - Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
 - Dirty laundry from an ill person **can be washed with other people's items.**
 - Clean and **disinfect clothes hampers** according to guidance above for surfaces.

- **Clean hands often**
 - **Wash your hands often** with soap and water for 20 seconds. Always wash immediately after removing gloves and after contact with an ill person.
 - **Hand sanitizer:** If soap and water are not readily available and hands are not visibly dirty, use a hand sanitizer that contains at least 60% alcohol. However, if hands are visibly dirty, always wash hands with soap and water.
 - **Additional key times to clean hands** include:
 - After blowing one's nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After contact with animals or pets
 - Before and after providing routine care for another person who needs assistance (e.g. a child)
 - **Avoid touching** your eyes, nose, and mouth with unwashed hands.

- **Food**
 - **Stay separated:** The ill person should eat (or be fed) in their room if possible.
 - **Wash dishes and utensils using gloves and hot water:** Handle any non-disposable used food service items with gloves and wash with hot water or in a dishwasher.

- **Trash**

- Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.

Chapter 3: Rooming Guidelines

• Rooming: COVID Positive Patients and Patients Under Investigation (PUI)

- If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community:
 - Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom.
 - Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.
 - Facilities should notify the health department immediately and follow the Interim Infection Prevention and Control Recommendations or Patients with COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>) or Persons Under Investigation for COVID-19 in Healthcare Settings, which includes detailed information regarding recommended PPE.

COVID -19 CLEANING PROTOCOLS FOR VACATED ROOMS FOR NON-HEALTHCARE SETTINGS

Prior to a COVID-19+ person utilizing a room, consider reducing the amount of porous, non-launderable, surfaces through the use of slip covers and mattress pads to simplify cleaning

Per CDC guidance: <https://bit.ly/2y4Ta70>



AIR OUT AREA

Leave area open to outside air for at least 24 hours prior to cleaning or ensure adequate time to allow for at least 8 air exchanges (for protection of cleaner)

- » CDC COVID-19 recommendations are for 24 hours, but CDC infection control guidance recommends 8 air exchanges for general infection control
- » <https://bit.ly/2xu7jdA>



WEAR GLOVES & GOWNS

Cleaner should wear gloves and gown at minimum

- » CDC makes no mention of respiratory protection, but recommended if COVID-19 positive individuals are still present in the area



LAUNDERABLE ITEMS

- » Remove carefully and do not shake to minimize possibly virus dispersal
- » Wash in warmest appropriate water and dry completely
- » Disinfect any hampers or carts used to transport laundry



POROUS SURFACES

Porous surfaces that can't be laundered (carpet, drapes, etc) spray surface with EPA-approved product



NON-POROUS SURFACES

Pay special attention to high-touch surfaces: light switches, bed rails, door handles, sink handles, toilets, etc.

- » Clean surfaces of visible dirt with standard detergent/soap
- » Disinfect with
 - » 70% or more alcohol solution
 - » Diluted bleach (5Tbs/gallon or 4tsp/quart)
Ensure bleach isn't expired
Equivalent to a 1:9 dilution of 5% concentrated liquid bleach (per WHO guidance)
- » EPA-approved product
- » Ensure surface stays wet for 10 minutes



AFTER CLEAN-UP

PPE should be properly removed to reduce risk of self-contamination

- » Gloves and gowns should be removed carefully after cleaning the room to avoid contamination of the wearer and the surrounding area.
- » Remove gloves first, then wash your hands
- » If worn, remove your face mask, and wash your hands again



REPORT BREACHES

Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor



OTHER CONSIDERATIONS

Per CDC: COVID-19 was detected up to 17 days after Covid+ person vacated a cruise ship room, but prior to disinfections

Chapter 4: Facilities

- **Staffing**

- **Staff Roster:**

- Maintain an updated staff roster that includes staff, name contact number, emergency contact, and what other facilities that they work at.

- **Incident Management:**

- Each facility should have an incident management framework at each site, including a crisis phone tree to help spread information quickly and effectively at the site to reduce anxiety and mis-information.

- **Facilities**

- **Environmental Cleaning**

- (In addition to CDC guidelines, below recommendations are referenced from California Department of Public Health [AFL for Environmental Infection Control for the Coronavirus Disease 2019 \(COVID-19\)](#))
 - Facilities must have a plan to ensure proper cleaning and disinfection of environmental surfaces (including high touch surfaces such as light switches, bed rails, bedside tables, etc.) and equipment in the patient room.
 - All staff with cleaning responsibilities must understand the contact time for the cleaning and disinfection products used in the facility (check containers for specific guidelines).
 - Ensure shared or non-dedicated equipment is cleaned and disinfected after use according to the manufacturer's recommendations.
 - Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings.
 - For a list of EPA-registered disinfectants that have qualified for use against SARS-CoV-2 (the COVID-19 pathogen) go to: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
 - Set a protocol to terminally clean rooms after a patient is discharged from the facility. If a known COVID-19 resident is discharged or transferred, staff should refrain from entering the room until sufficient time has elapsed for enough air exchanges to take place (more information on air exchanges at <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb6>)

Chapter 5: Care for the Caregiver

(Helpful tips for self-care)

During periods of stress, caregivers may fail to request support for many reasons, including a strong service-orientation, a lack of time, difficulties in acknowledging or recognizing their own needs, stigma, and fear of being removed from their duties during a crisis. Given this, employers should be proactive in encouraging supportive care in an atmosphere free of stigma, coercion, and fear of negative consequences.

Self-care for health care workers can be complex and challenging, given that people in these roles may prioritize the needs of others over their own needs. Therefore, a self-care strategy should be multi-faceted and phased properly to support the sense of control and contribution of health care providers without making them feel unrealistically responsible for the lives of patients. For instance, during work shifts, providers should engage in these behaviors:

- self-monitoring and pacing
- regular check-ins with colleagues, family, and friends
- working in partnerships or in teams
- brief relaxation/stress management breaks
- regular peer consultation and supervision
- time-outs for basic bodily care and refreshment
- regularly seeking out accurate information and mentoring to assist in making decisions
- keeping anxieties conscribed to actual threats
- doing their best to maintain helpful self-talk and avoid overgeneralizing fears
- focusing their efforts on what is within their power

- acceptance of situations they cannot change
- fostering a spirit of fortitude, patience, tolerance, and hope

At the same time, they should avoid:

- working too long by themselves without checking in with colleagues
- working "round the clock" with few breaks
- feeling that they are not doing enough
- excessive intake of sweets and caffeine
- engaging in self-talk and attitudinal obstacles to self-care, such as:
 - "It would be selfish to take time to rest."
 - "Others are working around the clock, so should I."
 - "The needs of survivors are more important than the needs of helpers."
 - "I can contribute the most by working all the time."
 - "Only I can do. . . ."

Health Care Workers, First Responders, and any Essential Staff we are here for you!

For Support During This Crisis:

CALL 1-800-686-0101

Chapter 6: Resources

Documents and video resources:

1. Medical and Health OP Area (MHOAC) document: https://emsa.ca.gov/wp-content/uploads/sites/71/2020/01/MHOAC_RR_Blank-AST-Reimbursement-Language.pdf
2. Videos for putting on and removing PPE's for COVID-19: <https://www.jointcommission.org/en/covid-19/>
3. CDC Checklist for Skilled Nursing Facilities: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F20_19-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html#checklist
4. For more Frequently Asked Questions please see the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
5. COVID-19 Response Toolkit: <https://toolkit.covid19.ca.gov/>
6. Project Baseline COVID-19 testing resource: <https://www.projectbaseline.com/study/covid-19/>