COVID-19 Infection Control PPE Guidelines DRAFT

April 7, 20

A. Overview:

1. Purpose of document: To provide training on the transmission of COVID-19, the use of PPE, and CMH for Central Michigan (CMHCM) Infection Control COVID-19 Guidelines given the information available as of the above date.

2. Pathogen control: https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html
Exposures to transmissible respiratory pathogens such as COVID-19 in healthcare facilities can often be reduced and possibly avoided through the use of engineering and administrative controls as well as through the use of indicated PPE. All three approaches are essential to prevent unnecessary exposures among consumers, healthcare personnel (HCP), and all staff.

Engineering controls involve placing physical barriers between the potentially infected consumers and staff. Examples include the physical barriers between our receptionists and consumers in our waiting areas and the installation of phones in the entryway that consumers can use to be screened prior to entry.

Administrative controls refer to employer-dictated workflow changes and policies designed to reduce COVID-19 exposure. Examples include the use of telehealth, limiting the number of employees in the building, **screening all staff prior to each shift**, screening all consumers that need to be seen prior to entry into building, screening all consumers at each contact and limiting consumer movement within the building by use of offices near the waiting rooms.

Another example of administrative control is staff and consumer education on COVID-19 general precautions, including but not limited to frequent hand washing, reminders not to touch face, mouth, eyes or nose, respiratory etiquette, cleaning of surfaces, monitoring one's temperature and health and not coming to the building if ill.

All staff are to self-screen using the CMHCM screen every day. Screening includes taking one's temperature. Staff with direct consumer contact must take their temperature just prior to consumer contact and 8 hours later. If staff develops any symptoms during a shift, they must leave immediately and notify their supervisor.

2. Accommodation requests: https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe-index.html

COVID-19 symptoms can range from minimal to none to severe and life threatening. Medical conditions placing one at increased risk of complications from COVID-19 include: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
    - People with chronic lung disease or moderate to severe asthma
    - People who have serious heart conditions
    - People who are immunocompromised including cancer treatment
    - People of any age with severe obesity (body mass index [BMI] ≥40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.

Health Care Professionals (HCPs) and other staff who are at higher risk for COVID-19 complications and are unable to perform their duties without increased exposure to the COVID-19 virus should reach out directly to our CMHCM Human Resource Director to explore options and to submit a request for special accommodations.

3. COVID-19 mode of transmission: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets

produced when the infected person coughs, sneezes or, in some individuals, when they speak. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity (within 6 feet). Individuals are most infectious when they are the most symptomatic, however, there is growing evidence of transmission risk before the onset (around 48 hours) of recognized symptoms. There is also growing evidence that COVID-19 positive individuals can transmit the coronavirus even if they never become symptomatic themselves. https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html

The contribution of small respirable particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain. However, airborne transmission from person-to-person over long distances is unlikely. Aerosols are created when aerosol-generating procedures are performed such as suctioning, endotracheal intubation, nebulizer treatment, during CPAP use, or CPR.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. According to one study, the COVID-19 virus can remain viable, although at progressively decreasing concentrations, for up to 72 hours on plastic, 48 hours on stainless steel, and 24 hours on cardboard. This study was done only under laboratory conditions and it is unclear how it translates to everyday situations.

Very limited data are available about detection of SARS-CoV-2 and infectious virus in clinical specimens. SARS-CoV-2 RNA has been detected from upper and lower respiratory tract specimens, and SARS-CoV-2 has been isolated from upper respiratory tract specimens and bronchoalveolar lavage fluid. SARS-CoV-2 RNA has been detected in blood and stool specimens, but whether infectious virus is present in extra pulmonary specimens is currently unknown. https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html
There have been no reports of fecal-oral transmission of COVID-19 to date.
https://www.cdc.gov/coronavirus/2019-ncov/php/water.html

4. COVID-19 Transmission Precautions:
Given what is known about the transmission of the COVID-19 virus, the following precautions are necessary when interacting with a consumer who is at risk for having COVID-19:
Standard Precautions (as with all consumer care activities)
Droplet Precautions to prevent primary mode of transmission
Contact Precautions to prevent possible mode of transmission
Airborne Precautions not needed unless aerosol-generating procedure is being performed

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Basics of Droplet Precautions:
Source control: have symptomatic person put on a mask and give additional tissues for respiratory hygiene and cough etiquette
Physical distancing: at least 6 feet if at all possible
Limit extent of movement in building
Don mask and goggles prior to meeting with symptomatic consumer

Basics of Contact Precautions:
Limit extent of movement in building
Clean and disinfect all equipment used (BP cuffs, etc.)
Clean room after each consumer including frequently touched surfaces
Hand washing before and after consumer interaction
Avoid touching face, eyes, mouth, or nose
Don gloves and gown (gown if interaction involves close contact such as physically moving a symptomatic consumer or being in a symptomatic consumer's home)

The extent of Droplet and Contact Precaution needed *will be less* depending on the COVID-19 CMHCM screen results (negative for symptoms and no possible exposure) or *more* depending on location of visit (home vs. office), procedure performed (injection vs. routine visit), Health Care Provider (HCP) exposure risk, or HCP's or consumer's own health factors. For details, see HCP COVID-19 Precautions and Special Circumstances sections below.

B. Personal Protective Equipment (PPE):
PPE include masks, N95 respirators, gloves, eye protection and gowns.

- Facemask: 3 ply facemask with a filtering efficiency of greater than or equal to 95%

- N95 respirator: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html
    - Our N95 masks are approved by the National Institute for Occupational Safety and Health (NIOSH) but are not capable of formal fit-testing. Achieving an adequate seal to the face is essential. When properly fitted and worn, minimal leakage occurs around edges of the respirator when the user inhales. This means almost all of the air is directed through the filter media.
    - A facemask should be worn over the N95 mask to extend N95 life (see section E).

HCP should generally **not** need to use N95 respirators when caring for patients under droplet precautions for COVID-19 except under certain circumstances (e.g., aerosol-generating procedures, being within close distance to unmasked symptomatic consumer, or being in a symptomatic consumer's home) or when a hospitalized patient is under airborne precautions. https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/conventional-capacity-strategies.html

See also BHDDA Communication #20-03

- Gloves: Perform hand hygiene *before* donning and *after* removal.
- Eye protection: goggles or disposable face shield that completely covers front (down beyond chin) and sides of face. Eyeglasses are not sufficient.
- Gown: Disposable garment that completely covers wearer's arms and personal clothing. If gowns are not available, lab coats or lab coats over scrubs that can be bleached daily may be used.

***Know how to don, doff and dispose of PPE*.**

Practice while being observed.

For further information, see Donning and Removing PPE | Donning and Doffing PPE: Gown, Gloves, Mask, Respirator, Goggles

C. HCP COVID-19 PPE recommendations:

ALL consumers coming to office for a health services appointment MUST be screened by a nurse prior to consumer leaving their home. Only consumers who screen negative are to come to the office unless rescheduling consumer would pose a serious risk to the consumer. Refer to section 3 below and be sure to ask about atypical symptoms. Document screen and decision making process in consumer's chart.

If recommended PPE is NOT available, consult with Infection Control Officer and/or Medical Director prior to proceeding.

1. Office visit with asymptomatic consumer with a negative screen:
https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html

Per CDC and MDHHS (BHDDA Communication #20-03) recommendations, if a consumer screens negative, no PPE is required for routine office visits beyond following standard precautions and using gloves as long as adherence to physical distancing, hand washing, avoiding touching one's face, nose, eyes, or mouth, and surface cleaning can be done.

Facemasks, in addition to gloves, <u>should</u> be used if

- There are any question regarding the consumer's report of the necessary information to fully assess history and exposure potential OR
- The HCP is at risk due own exposure or medical history OR
- The consumer is at high risk due to own medical conditions OR
- Physical distancing of at least 6 feet cannot be maintained- for example, taking vitals OR
- There is widespread community transmission. Signals of ongoing community transmission may include detection of confirmed cases of COVID-19 with no epidemiologic link to travelers or known cases, or more than three generations of transmission

- Assume that there currently is community transmission in Michigan.

2. Office visit with symptomatic consumer:

a. Overview: When interacting with a consumer in the office who has symptoms suggestive of COVID-19 or who is still symptomatic and has tested positive for COVID-19, PPE is required. The type of PPE is dependent on whether the consumer is wearing a facemask, on the distance from the consumer, the duration of exposure and the type of procedure, if any, performed. (BHDDA Communication #20-03). Be sure to be familiar with proper donning, doffing and disposal of PPE.

b. Definition of close contact in evaluating risk of exposure:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Close contact for healthcare exposures is defined as follows:

- being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or
- having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

Data are limited for definitions of close contact. Factors for consideration include the duration of exposure (e.g., longer exposure time likely increases exposure risk), clinical symptoms of the patient (e.g., coughing likely increases exposure risk) and whether the patient was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment), PPE used by personnel, and whether aerosol-generating procedures were performed.

Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. However, until more is known about transmission risks, it is reasonable to consider an exposure greater than a few minutes as a prolonged exposure. Brief interactions are less likely to result in transmission; however, clinical symptoms of the patient and type of interaction (e.g., did the patient cough directly into the face of the HCP) remain important. Recommendations will be updated as more information becomes available.

c. PPE:

- Gloves should always be used.

- Facemask and eye protection—when to use:
    - Greater than 6 feet distance from symptomatic consumer:
        - No facemask or eye protection required, but may be used if HCP or consumer is deemed to be at risk, if interaction is prolonged in

an enclosed area, if consumer is very symptomatic with frequently or forceful coughing, or if there is a chance that closer contact may occur.

- Between 3 and 6 feet distance from symptomatic consumer:
  - Facemask and eye protection should be worn if the HCP is expected to be between 3 and 6 feet of the consumer regardless of whether consumer is wearing a facemask or not.

- Closer than 3 feet distance from symptomatic consumer:
  - Facemask and eye protection are sufficient if the HCP is expected to be closer than 3 feet to the consumer AND the consumer is wearing a facemask.
  - A N95 respirator and eye protection are required if the HCP will be closer than 3 feet of an unmasked consumer.

- Aerosol-generating procedure being performed in consumer's room:
  - A N95 respirator and eye protection are required if an aerosol-generating procedure is being performed in the room.

- Gown:
  - Wear a gown appropriate to the task when contact with blood, secretions, body fluids or excretions is expected.
  - Wear a gown when direct consumer contact is expected.

d. Evaluation of a symptomatic consumer and disposition:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html

If a consumer is symptomatic, our role with regards to COVID-19 is to determine whether consumer should return home to call PHCP or local COVID-19 hotline or whether we should arrange for transportation to the ED. Consult with psychiatric staff, Medical Director, Administrative RN and team as needed.

Also see section on Long Acting Injections below.

Some consumers cannot be safely quarantined at home. Factors to consider are described below. In such as case, consult with consumer's treatment team, supervisor and Program Director as needed.

Per CDC: Patients whose clinical presentation warrants in-patient clinical management for supportive medical care should be admitted to the hospital under appropriate isolation precautions. Some patients with an initial mild clinical presentation may worsen in the second week of illness. The decision to monitor these patients in the inpatient or outpatient setting should be made on a case-by-case basis. This decision will depend not only on the clinical presentation, but also on the patient's ability to engage in monitoring, the ability for safe isolation at home, and the risk of transmission in the patient's home environment.

Considerations as to whether a symptomatic consumer can be isolated at home include whether: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html

- The patient is stable enough to receive care at home.
- Appropriate caregivers are available at home.
- There is a separate bedroom where the patient can recover without sharing immediate space with others.
- Resources for access to food and other necessities are available.
- The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);
- There are household members who may be at increased risk of complications from COVID-19 infection (.e.g., people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions).

If the symptomatic consumer does not need admission to the hospital, keep in close contact with consumer to address psychiatric needs and to ensure consumer is accessing needed medical care. Schedule an earlier telehealth appointment with psychiatric staff for closer monitoring.

3. Office visit with asymptomatic consumer who otherwise screened positive: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html

Use gloves, facemask, and eye protection. Perform further screening by asking about the presence of any new atypical symptoms of recent onset. Perform this screening at a 6-foot distance if possible while ensuring privacy.

- Consumer self-report of temperature greater than 100.0F
- Fatigue, like that experienced with the flu
- Myalgia
- Nausea, vomiting, or diarrhea
- Headache
- New rash
- New onset inability to smell or taste
- Any confusion or new cognitive symptoms, especially in the elderly

If atypical symptoms present that are consistent with COVID-19, offer consumer a facemask and follow Symptomatic Consumer section. Assess whether consumer needs to go to ED or whether consumer should return home and call PHCP and/or the local COVID-19 hotline or whether another alternative is required.. Follow-up with consumer as above under 2.

If no recent onset of atypical symptoms, proceed with appointment. Offer consumer a mask. No vitals should be taken. Assess whether consumer should be rescheduled 14 days after last known exposure to have vitals taken.

4. Rescheduling symptomatic consumer: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

a. Always document why the consumer who presented at the building was rescheduled. Continue to frequently follow-up with consumer.
b. If the consumer was tested for the coronavirus and tested NEGATIVE: Consumer may return after 24 hours of being totally symptom free.
c. If consumer is symptomatic, but was NOT tested or tested POSITIVE:

- Consumer may return after AT LEAST 3 days of no fever and almost complete resolution of symptoms **AND** at least 7-8 days after onset of symptoms, whichever is longer.
- Consumer should wear a facemask at all times while our facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- Consumer should not have contact with staff with high risk until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.

5. Rescheduling asymptomatic consumer with suspected or known COVID-19 exposure:

- Consumer should be rescheduled for 14 days after last known exposure if doing so does not pose a risk to consumer.

D. Special Circumstances:

1. Office Long Acting Injectable (LAI):

LAIs should be administered in an office closest to the waiting area. Do not administer in consumer's vehicle. Have consumer wait in car until consumer can be safely brought in to the office where the shot will be administered. Screen consumer while consumer is in car if there has been any delay since last screen, which should have been administered prior to leaving home.

a. Consumer screened negative and has no known risk of exposure:

- Be sure consumer is facing away at all time
- Gloves, facemask
- Use eye protection if there are any concerns, for examples see C. 1. above.

b. Consumer asymptomatic for all symptoms (see C. 3 for additional symptoms to screen for) but with a positive screen:

- Consumer masked
- Be sure consumer is facing away at all times
- Gloves, facemask, eye protection. Lab coat may be used, but lab coat will need to be removed after injection unless it is covered with a disposable covering.

c. Mildly symptomatic consumer who cannot be rescheduled due to risk of decompensation: (see rescheduling consumer above for time frame)

- Document risk analysis
- Consumer MUST be wearing a mask
- Be sure consumer is facing away at all times
- Gloves, N95, eye protection, gown or other disposable protection over lab coat.

d. Symptomatic consumer going to ED: Coordinate LAI with ED/hospital health care provider.

2. Home Visit:

a. Asymptomatic screen negative consumer:

- Home visit only if clinically necessary
- Screen self just prior to home visit
- Screen everyone in the home prior to entry
- Assess whether other individuals have been in and out of the home
- Maintain physical distancing at all times. Follow all other COVID-19 recommendations.
- Gloves, facemask. Do not sit or lean on surfaces
- If any questions or concerns, use eye protection as well

b. Asymptomatic consumer or household member with positive screen:

Follow procedures under 2. c. below.

c. Asymptomatic close contact that has been exposed to a lab-confirmed case of COVID-19 in the home: https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html

- In addition to 2 a.
- Make every effort to interview the asymptomatic close contact by telephone, text monitoring system, or video conference.
    - Temperature monitoring could be reported by phone or shown to a provider via video conferencing.
- If HCP must see the asymptomatic close contact in person in the home, the HCP should stay at least 6 feet away from the asymptomatic close contact and ask them if they have had fevers, respiratory symptoms or atypical symptoms. The HCP should not enter the home until these questions have been asked and the asymptomatic close contact has been determined to be afebrile by temperature measurement.
    - If the asymptomatic close contact reports fever or symptoms, they should be considered a Person Under Investigation (PUI) and referred for further medical evaluation as appropriate. HCP should document temperature measurement and description of symptoms.
- If the asymptomatic close contact does not report fever or symptoms, they should be instructed to take their own temperature and report the result. If the asymptomatic close contact denies symptoms and fever is not detected, it remains appropriate to stay at least 6 feet away during further interactions even if entering the home environment. If they are not able to take their own temperature, the HCP should:
    - Perform hand hygiene
    - Put on a facemask, eye protection, and gloves. Do not sit or lean on surfaces.

- Proceed with checking the asymptomatic close contact's temperature
- Remove and discard PPE
- Perform hand hygiene using alcohol-based hand sanitizer that contains 60 to 95% alcohol

d. Symptomatic consumer in the home: https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html

- In addition to 2 a.
- Make every effort to interview the symptomatic consumer by telephone, text monitoring system, or videoconference.
    - Temperature monitoring could be reported by phone or shown to a provider via video conferencing.
- If HCP must see the symptomatic consumer in their home, the HCP should wear recommended PPE, including a gown, gloves, eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face), and respiratory protection that is at least as protective as a NIOSH-approved N95 filtering face piece respirator, as recommended in the *Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings*.
    - Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains 60 to 95% alcohol.
    - PPE should ideally be put on outside of the home prior to entry into the home.
        - If unable to put on all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be put on before entering the home. Alert persons within the home that the HCP will be entering the home and ask them to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.
    - Ask consumer if an external trash can is present at the home, or if one can be left outside for the disposal of PPE.
    - PPE should ideally be removed outside of the home and discarded by placing in external trash can in an enclosed plastic bag that will not be accessible by others before departing location. PPE should not be taken from the consumer's home in HCP's vehicle.
        - If unable to remove all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be removed after exiting the home. If gown and gloves must be removed in the home, ask persons within the home to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home.

Once outside the home, perform hand hygiene with alcohol-based hand sanitizer that contains 60 to 95% alcohol, remove face protection and discard PPE by placing in external trash can before departing location. Perform hand hygiene again.

3. Home LAI:

- Discuss with team risk-benefit of in home vs. office LAI and document rationale.
- If consumer screens negative and is asymptomatic, follow 2 a. above. Use eye protection in addition to other PPE.
- If the consumer is asymptomatic to all symptoms including atypical symptoms but screens positive
    - Have detailed discussion with treatment team including psychiatric staff to discuss risk/benefit of giving LAI, best location to give LAI, of waiting per recommendations under C. 4 or 5 above, or of *temporarily* supplementing with oral medications.
    - If transportation is involved, consider time in vehicle with consumer vs. time exposure in the home. If consumer can drive self, consider giving LAI in office as it is a controlled environment. Have consumer wait in car until waiting area is clear.
    - Document in detail
    - Do not sit or lean on surfaces. Remain close to door if there is sufficient privacy to give injection and remain in the home only briefly.
    - PPE includes gloves, facemask, eye protection. Consumer should wear a mask.
- If mildly symptomatic,
    - Have detailed discussion with treatment team, including psychiatric staff, and supervisor to discuss risk/benefit of giving LAI, best location to give LAI, of waiting per recommendations under C. 4 or 5 above, or of *temporarily* supplementing with oral medications. Temporary supplementation is preferred, if possible, while keeping in frequent contact with consumer.
        - Transportation should not occur unless necessary to protect life and safety. See section 4 below for more details
        - Troubleshoot how to get supplemental oral medications to consumer.
    - Document risk/benefit analysis.
    - PPE includes gloves, N95, eye protection, gown. Consumer must be wearing a mask.
    - Also follow D. 2. d. above. In addition, remain close to door if there is sufficient privacy to give injection and remain in the home only briefly.

4. Transportation: See also
https://content.govdelivery.com/attachments/MIDHHS/2020/04/01/file_attachments/1417156/Actions%20for%20Non-Emergency%20Medical%20Transportation%20Providers%20During%20COVID-19.pdf

- Transportation to and from necessary health care services to protect health and safety and sustain life is a necessary service.
- **Screen self and consumer just prior to transport. Ask about atypical symptoms as described above in C. 3.**
- DO NOT transport symptomatic consumers (including consumers with atypical symptoms) or consumers who are asymptomatic but have a positive screen **UNLESS** necessary to protect health and sustain life and risk/benefit of transport has been discussed with consumer team, supervisor and psychiatric staff and other alternatives considered. Document reasoning.
- Thoroughly disinfect vehicle before and after transport per instructions in vehicle, including frequently touched surfaces in passenger compartments (for example, equipment control panels, adjacent flooring, walls and ceilings, door handles, seats, and driver cell phones).
- Use large vehicle to increase physical distancing
- Keep windows open when possible and increase ventilation
- Do not transport more than one consumer at a time
- PPE:
    - Always have tissues available for cough, sneeze etiquette to be used in addition to consumer facemask. Provide proper disposal container that can be disinfected.
    - Screen negative consumer: Staff to use mask, gloves. If there are sufficient supplies, consumer may be given facemask as well.
    - Asymptomatic screen positive consumer: Staff to use facemask, gloves, eye protection. Consumer to use facemask. If prolonged transport and/or consumer exposure involves close contact with a person who probably has or has confirmed COVID-19, may use N95.
    - Mildly symptomatic consumer: Staff to use N95, gloves, eye protection and disposable gown if any consumer contact is anticipated. Consumer must wear a facemask.
    - Gloves, facemasks, gown should be discarded immediately after use with any consumer. Disinfect eye protection per directions section E. below.
        - Hands should be washed with soap and water after removal of gloves, facemask and eye protection (and gown if used). If soap and water are not readily available, an alcohol-based hand sanitizer (at least 60% alcohol) should be used until hands can be washed.
    - Consider impact on N95 supply vs. other alternatives to transporting consumer.

E. Managing PPE in the face of potential shortages:

1. Tracking and maintaining supply:
All PPE supplies in each county will be inventoried weekly and the results entered into the tracking folder as instructed by the Infection Control Officer.

In order to anticipate need, the average weekly consumption rate of each county should be calculated. The calculation can be done by considering anticipated need while taking into account recent past use. The calculation can also be done by using the CDC Burn calculator .
For the CDC Burn Calculator, see https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

The Infection Control Officer MUST be notified several days prior to running out of PPE.

2. Signing out supplies:
All PPE supplies will be delivered to a nursing staff and will be kept in the nursing office. In case of significant shortages, the Infection Control Officer may implement a sign out process.

3. Implementing crisis capacity:

Per CDC, strategies to increase crisis capacity are measures or combination of measures that may need to be considered during periods of known PPE shortages although not commensurate with U.S. standards of care.

All other measures that limited the need for PPE while allowing adequate access to care must be implemented first.

Crisis Capacity measures **cannot** be implemented without the approval of the Infection Control Officer and the Medical Director

a. Facemasks: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

- **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.

- **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.

b. N95: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html

In the office setting, N95 respirators are ONLY needed when consumer is symptomatic and when HCP is expected to be within 3 feet of UNMASKED symptomatic consumer.

- **Implement re-use of N-95 respirators**

Re-use can occur under the following conditions:

- N-95 respirators must only be used by a single user
- Use a full-face shield or a surgical mask over an N95 respirator to reduce surface contamination of the respirator.
- Keep used respirators in a clean breathable container between uses.
- Store respirators individually. Staff will write their name on the bag and/or on the elastic straps so the person using the respirator is clearly identified. (Do NOT write on the actual mask)
- Storage containers should be disposed of or cleaned each time mask is removed. •
- Always use clean gloves when donning a used N95 respirator and performing a user seal check. •
- Perform hand hygiene over gloves before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit). •
- Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal. Perform hand hygiene after removing gloves.
- Avoid touching the mask. Anytime one touches the N95, it is necessary to perform hand hygiene as described above.

- **DISCARD N-95 respirators if:**
  - Contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
  - The straps are stretched out so they no longer provide enough tension for the respirator to seal to the face
  - If the nosepiece or other fit enhancements are broken
  - The respirator is obviously damaged or becomes hard to breathe through.
  - The respirator has been used more than 5 times, **OR** has been used continuously for >8 hours.

c. Goggle or Face Shields: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html

- **Implement prioritization:** limit eye protection to 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.

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

- **Implement re-use of goggles or face shields:**
    - 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:

        - 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.
        - Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
        - Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
        - Fully dry (air dry or use clean absorbent towels).
        - Remove gloves and perform hand hygiene.

F. Cleaning of offices used by a symptomatic consumer:
https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html

Although spread of SARS-CoV-2 is believed to be primarily via respiratory droplets, the contribution of small respirable particles to close proximity transmission is currently uncertain. Airborne transmission from person-to-person over long distances is unlikely.

The amount of time that the air inside an office space remains potentially infectious is not known and may depend on a number of factors including the size of the room, the number of air changes per hour, how long the consumer was in the room, if the consumer was coughing or sneezing, and if an aerosol-generating procedure was performed. Facilities will need to consider these factors when deciding when the vacated room can be entered by someone who is not wearing PPE.

For a consumer who was not coughing or sneezing, did not undergo an aerosol-generating procedure, and occupied the room for a short period of time (e.g., a few minutes), any risk to HCP and subsequent patients likely dissipates over a matter of minutes. However, for a patient who was coughing and remained in the room for a longer period of time or underwent an aerosol-generating procedure, the risk period is likely longer.

For these higher risk scenarios, it is reasonable to apply a similar time period as that used for pathogens spread by the airborne route (e.g., measles, tuberculosis) and to restrict HCP and patients without PPE from entering the room until sufficient time has elapsed for enough air changes to remove potentially infectious particles.

In addition to ensuring sufficient time for enough air changes to remove potentially infectious particles, HCP should clean and disinfect environmental surfaces and shared equipment before the room is used for another patient.