

# COVID-19 Education

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The pandemic has (as usual) brought out the best. Opportunities have been consumed by many.

As we continue to follow the path and guidelines laid before us by the CDC and CMS, recommendations and direction will change.

Staying flexible will help meet the goal of ensuring the safety of the residents, families and staff.



This education on COVID19 will answer some of your questions and provide valuable information to help to protect you and the residents we serve



# What is COVID-19?

Coronavirus disease (COVID-19) is an infectious disease caused by a new strain of a virus.

The disease causes **respiratory illness**.



# Respiratory Illness Symptoms

# Non-Respiratory Illness Symptoms



Fever



Vomiting and Diarrhea



Cough



Headache



Severe Cases-  
difficulty  
breathing



Loss of Taste and  
Smell

# How can YOU protect yourself?

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Use an **alcohol-based** hand rub or **washing your hands** frequently.



**Avoid** touching your face.



**Avoid** close contact (**6 feet**) with people.



# PPE

## 3 types of PPE

What does PPE stand for?

Personal

Protective

Equipment

PPE should be worn consistently and used appropriately through the COVID pandemic.



**Masks  
(2 types)**



**Gowns**



**Face/Eye  
Protection  
(3 types)**

# Mask Type: Surgical Mask



**Positioning:** over nose and mouth - DO NOT hang over neck or ear.

**Wear Time:** use for single shift only.

**Re-use: NO** - Staff may use multiple standard face masks in a single shift. Staff should don a new facemask each shift when entering the facility, remove and replace the facemask with a new one after breaks, and dispose of their facemask at the end of the shift

All staff **MUST** wear a mask for the entire time they are in the building. This includes **ALL** areas of the building at **ALL** times

# Mask Type: Respirator



**Requirements:** Respirators should be worn by persons entering the room of a patient suspected or diagnosed with COVID-19, a patient under observation status on or off of the AOU, or working on a unit with a COVID outbreak. This includes units with outbreaks, AOU, & memory units.

**Storage:** During break times, the respirator may be placed on a clean, dry paper towel and then reapplied at the end of the break.

**Wear time:** Respirator should be worn as universal mask for the entire shift and then discarded. The respirator should additionally be discarded and replaced following aerosolized generating procedures or if the respirator becomes soiled or excessively moist, and if a seal cannot be obtained when donning.

**Re-use:** YES, for the duration of a shift then discarded.

**Anytime the respirator is worn it is worn as the universal mask**



# Face/Eye Protection Types

## Face Shield



### Positioning:

Band across forehead - Face shields must be worn over a respirator when caring for a patient that is suspected or diagnosed with COVID-19. Due to the close exposure of front-entry screeners to large numbers of people entering the building from the community, you should wear face shields, not safety glasses. Staff may choose to continue wearing the face shield after disinfecting throughout the shift or switch to wearing goggles.

**REUSE: YES**

### Cleaning:

- 1) If protective eyewear is to be removed, always remove outside of the patient's room.
- 2) Remove and disinfect protective eyewear anytime the protective device becomes potentially soiled/contaminated.
- 3) It is not necessary to remove, clean/disinfect protective eyewear between every patient encounter. Face shield must be cleaned and disinfected after coming out of the room suspected or diagnosed with COVID-19. Follow the guidance/steps for disinfecting and storing eye protection.

# Face/Eye Protection Types

## Goggles

### Positioning:

Can be worn over glasses with a strap mid back of head. Also to be worn on patient care units with an outbreak and on Admission Observation Units/Rooms and AOU status.



**REUSE: YES**

### Cleaning:

- 1) If protective eyewear is to be removed, always remove outside of the patient's room.
- 2) Remove and disinfect protective eyewear anytime the protective device becomes potentially soiled/contaminated.
- 3) It is not necessary to remove, clean/disinfect protective eyewear between every patient encounter. Face shield must be cleaned and disinfected after coming out of the room suspected or diagnosed with COVID-19. Follow the guidance/steps for disinfecting and storing eye protection.

# Face/Eye Protection Types

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## Safety Glasses



### Positioning:

Can be worn over glasses. Must have side coverage. May be worn on units without an outbreak.

**REUSE: YES**

### Cleaning:

Cleaning and disinfecting needs to be done if splashes or sprays occurs and is done upon exiting the room using an EPA-approved List N product. Follow the guidance/steps for disinfecting and storing eye protection.

# Are eyeglasses considered protective?

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NO!

Prescription glasses are **NOT** considered protective unless goggles are worn over them

# When should you wear a gown?

The same gown is worn by the same HCW when caring for more than one patient known to be infected with the same infectious disease, when these patients are housed on the same unit (e.g. COVID-19 patients on the same unit). **Extended use** of gowns is only considered if there are no additional co-infectious diagnoses (e.g. C. diff)) among patients. Staff must remove and replace the gown if it becomes visibly soiled.

Gown is changed between each patient cared for when the patient is in **patient specific precautions**

Use proper **donning** and **doffing** (or putting on and taking off) of gown to ensure you do not contaminate it or yourself.

For extended gown use, when an employee takes a restroom or meal break, removes the gown, performs HH, and dons a clean gown prior to entering a patient room. Staff should not wear a gown into any clean area (e.g. nurses' station, med room, etc).



# When is a gown not necessary?

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Staff on patient units that will not be entering rooms **SHOULD NOT** wear a gown. Instead practice social distancing. Remember, no gowns are needed in NON-PATIENT areas.

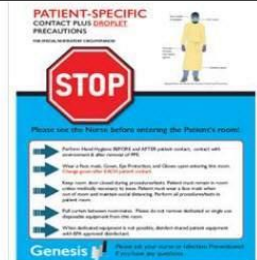

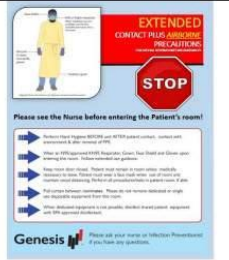


## Which PPE Do I Use?

Different PPE is used depending on patient/resident health status and unit type.

Please click on the link below to view the poster

[What PPE Should I Use](#)

PPE	Patient Specific Contact & Droplet Precautions (Infection Specific – i.e., MDRO, C.diff)	Patient Specific Contact & Airborne Precautions (COVID Outbreaks, AOU, Patients that frequently go out for medical appointments – dialysis, chemo, etc., Suspected/Presumed, Positive COVID patient)	Extended Contact & Airborne Precautions (COVID Dedicated Units Only)
Gloves	X	X	X
Gown	X - Patient-specific use	X - Patient-specific use	X - Extended use
N95/KN95 Respirator		X - Universal “mask” for the shift	X - Universal “mask” for the shift
Face Mask	X - Universal “mask” for the shift		
Eye Protection: • Face Shield-with N95/KN95 Respirator		X - Face shield worn in patient room; may be changed to goggles outside of room and worn throughout shift	X - Face shield worn in patient room; may be changed to goggles outside of room and worn throughout shift
• Goggles/Safety Glasses-with face masks	X - Worn throughout shift		
Precaution Sign			

# Donning and Doffing PPE Video

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Donning and Doffing refers to the proper technique to put on and take off PPE properly.

The following video will demonstrate the correct procedure to follow.

Please click on the link to view the Donning and Doffing PPE Video

[Donning and Doffing PPE](#)



# Prevention

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## Prevent the Spread

In order to prevent the spread of illness always institute standard precautions and use the following:

1



Hand hygiene **BEFORE** and **AFTER** going in a room.

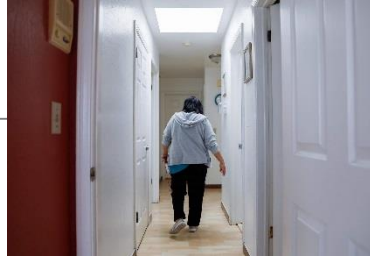
2



Gloves if touching **patient** or **surfaces**.

# 6 moments for hand hygiene

**1** Before patient contact



**2** Before aseptic task



**3** After contact with body fluid



**4** After patient contact



**5** After contact with patient surroundings



**6** Every time you remove your gloves or other pieces of PPE, (e.g. eye protection)



# Isolation

## Contact Droplet Isolation

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To prevent the spread of a patient's illness from droplets through speaking, sneezing, or coughing use:

1. GOWN
2. GLOVES
3. DEDICATED OR DISPOSABLE SINGLE-USE EQUIPMENT
4. SURGICAL MASK
5. EYE PROTECTION

**Will also be implemented during a center outbreak such as influenza.**

## Contact Airborne

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Implemented for patients who receive medically necessary out-patient care (e.g. dialysis, chemotherapy), patients under observation status residing on or off the AOU, and patients who reside on outbreak units. Contact plus airborne precautions are also implemented when providing aerosolized generating procedures to patients.

1. GOWN
2. GLOVES
3. RESPIRATORS FOR SUSPECTED, PRESUMED AND CONFIRMED COVID-19 PATIENTS
4. FACE SHIELD
5. DEDICATED OR DISPOSABLE SINGLE-USE EQUIPMENT

**Will be used with patient's that are suspected/presumed or confirmed with COVID19.**

# Aerosolized Generating Treatments vs pMDI



## Aerosolized Treatment

### Dangers:

- Disease transmission through droplet nuclei.
- Potentially generates a high volume of respiratory aerosols that may be carried long distance from the source.

### Consideration to decrease risk:

- When clinically appropriate convert to a pMDI with a spacer.
- All PPE needed (respirator, eye protection, gown, gloves) while delivering aerosolized treatment.
- A respirator must be worn with face shield-disinfect face shield after treatment and may continue to wear respirator.
- Door must be closed during treatment.



## pMDI-pressurized metered dose inhaler

Assess patient ability to “use” pMDI correctly.

### Contraindications for use of MDI:

- S&S of severe or impending respiratory failure.
- Sensitivity to propellant used in pMDI.
- Patient is unable to follow commands.

# Center Protocol

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## Daily Screen and Review of Screens

Have a trained screener to screen visitors and employees.

Have a back-up plan in case a screener is not available.

Process for daily review of the log for completion and compliance with screening guidelines.

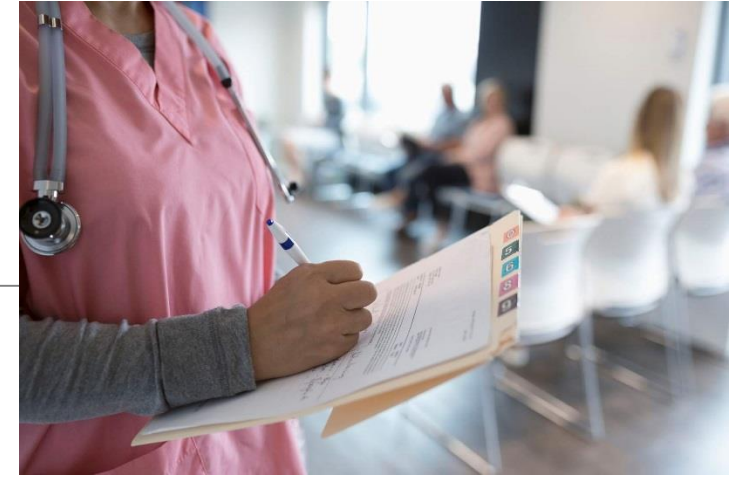


# Infection Preventionist (IP) Designee

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There is an appointed IP person for each shift. The IP will:

- Respond to questions.
- Staff observations: direct daily visual observation of staff donning and doffing of PPE, proper use of PPE & hand hygiene and ensure process of review of screening log for trends.
- Education of staff: on the spot coaching and feedback to correct practice.



# Testing and Cohorting

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If a "**suspected COVID**" resident is tested, any roommate(s) should be tested at the same time even if asymptomatic.

All room changes related to coronavirus **MUST** be done in consultation with the Center's CQS.



# Compassionate Care



## Continue to imbue compassion with care everyday!

Meet the resident, families and your co-workers where they are by: be an active listener despite the chaos and acknowledge their emotions and feelings

Explore goals of care: understand what is important to the resident or family regarding care and discuss treatment options in light of COVID-19.

Ensure frequent daily communication with patients and families.



## DON'T FORGET YOU

**YOU** are an important part of the equation. Please take time for yourself. Stress and fatigue can really impact the way you respond and perceive the situation. It is hard to take good care of those entrusted to us if we are too emotionally and physically strained ourselves.



# THANK YOU!

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Thank you for everything you do everyday to take care of our patients in the fashion they deserve.

You all live and breath compassion as you search and find new ways to persevere and overcome so that our patients find comfort and safety in our care.

We have learned that the definition of a **true hero** is *a person that has given his or her life to something bigger than themselves.*