



THE EMPLOYEE OWNERSHIP NETWORK

Pandemic Planning and Response Guidelines

Coronavirus Disease 2019 (COVID-19)

3.31.2020 Edition

There is an ongoing investigation to determine more about this outbreak. This is a rapidly evolving situation and information will be updated as it becomes available.

OVERVIEW

Preface: EON, Inc. supports people who are vulnerable to influenza due to co-morbidities and/or advanced age and the environment of communal living facilitates the spread of respiratory agents. Employees should start preparing now. Through education and the implementation of best practice guidelines, we can already reduce working days lost due to illness and stop or slow the spread of COVID-19 if it arrives at one of our locations. The important thing to keep in perspective is coronaviruses are not uncommon.

Personal Preparedness: What you should do now

- **Make sure your contact information is correct.** Contacting employees by phone or text may be crucial.
- **Clean your hands often.** With an alcohol-based hand sanitizer that contains at least 60-95% alcohol or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty. Use ONLY your knuckle to touch light switches, payment systems (check out /ATM) buttons, touchscreens etc. Lift the gasoline dispenser with a paper towel or use a disposable glove. When possible and available, keep a bottle of sanitizer in your car for use after getting gas or touching other contaminated objects when you can't immediately wash your hands.
- **Make sure you have all your medications stocked.** Preferably a few months' worth if you can. There is concern about the supply chain for medications, many of which are made in China, or from ingredients made in China.
- **Practice Social Distancing.** Keep a distance of at least **6 feet** from others when possible. Avoid public gatherings such as movies, concerts, and church or community meetings when possible. Isolation and quarantine are also part of social distancing. They are common healthcare practices used to control the spread of a contagious disease such as pandemic flu by limiting people's exposure to it.
- **If you have not already done so, GET A FLU SHOT.** This year's vaccine is about 50% effective against the flu, and while not perfect, confers some protection against the flu. You don't need to be fighting two viruses.
- **Stop Smoking or Vaping.** Reports seem to indicate the illness and mortality rate is much higher in smokers than non-smokers.
- **Routinely clean** Reports seem to indicate the illness and mortality rate is much higher in smokers than non-smokers. All frequently high touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions, labels contain instruction for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.
- **Stock up with some non-perishable foods**, such as canned soup, noodles, hydrating fluids, etc. in case the grocery stores are empty due to either panic buying or supply chain interruptions.

The purpose of this document: This guide is designed to provide resources and up to date information. It is to provide education and best practice guidelines for: preparing, preventing, identifying and managing outbreaks of COVID-19 Virus as we better understand the virus.

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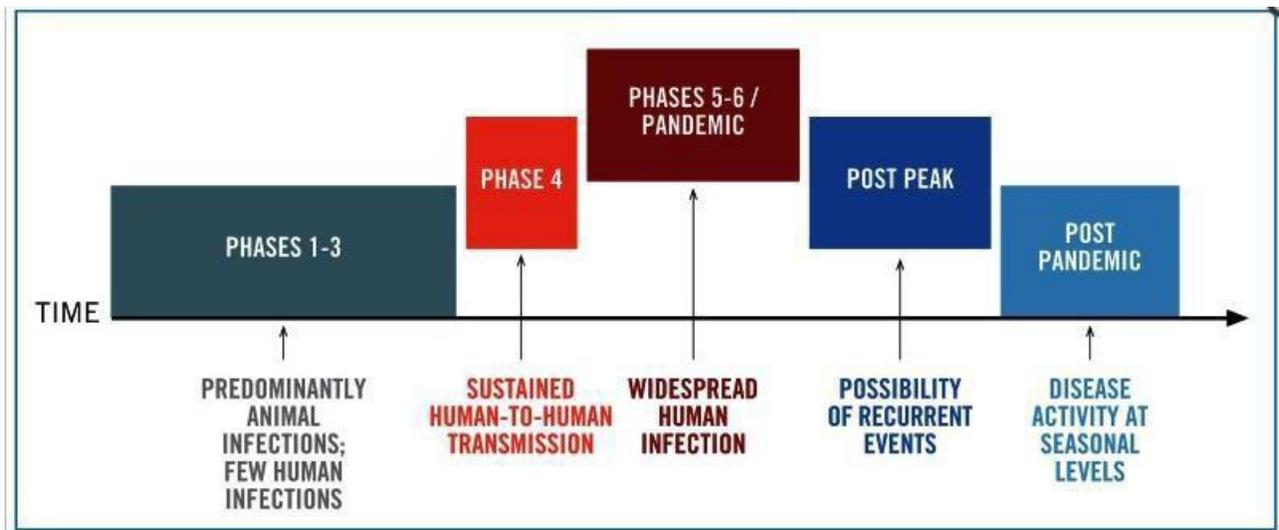
SECTION 1 GENERAL INFORMATION

What is a Pandemic?

Pandemic refers to the occurrence, two to three times per century, of a novel coronavirus infection that circulates around the globe. In basic terms, that means a *disease that has spread widely across geographic regions. It has nothing to do with how many people actually get sick, how severe their sicknesses are, or how many people die.*

There have been 3 influenza pandemics in the 20th century, of varying degrees of severity – the **Spanish Flu** of 1918/1919, the **Asian Flu** of 1957/1958, and the **Hong Kong Flu** of 1968/1969. The 21st Century saw its first influenza pandemic in April 2009 (**H1N1**), originating in Mexico and spreading around the world a month later and in January 2020 **COVID-19** originating in China.

World Health Organization Phases for a Pandemic



Novel coronavirus vs. flu symptoms

Novel Coronavirus (Covid 19) Symptoms

- Fever
- Cough
- Difficulty breathing
- Shortness of breath

If you are feeling ill and have recently traveled to China or have been in close contact with someone who has COVID-19, please contact your doctor immediately.

Flu Symptoms

- Fever/feeling feverish
- Headache
- Muscle and body aches
- Feeling very tired (fatigue)
- Cough
- Sore throat
- Runny or stuffy nose

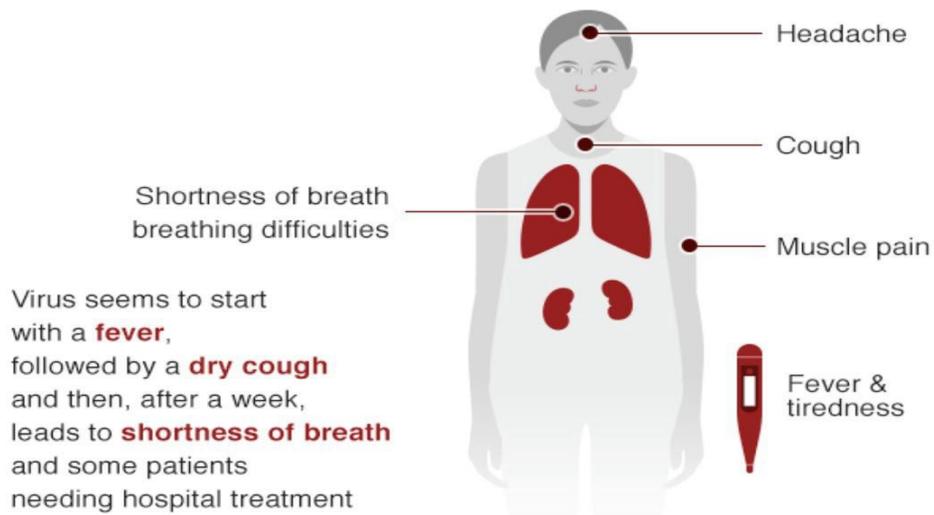
Incubation

For comparison, the incubation period for the common flu (seasonal influenza) is typically around 2 days. Incubation period for other coronaviruses: SARS 2-7 days; MERS 5 days typically (range 2-14 days).

Virus	Incubation Period (typical cases)
Novel Coronavirus (2019-nCoV)	2-14 or 0-24 days *
SARS	<u>2-7 days</u> , as long as 10 days
MERS	<u>5 days</u> (range: 2-14)
Swine Flu	<u>1-4 days</u> , as long as 7 days
Seasonal Flu	2 days (1-4 range)

SECTION TWO CLINICAL

Symptoms of coronavirus (Covid-19)



Source: WHO

BBC

Symptoms and signs

COVID-19 can be difficult to distinguish from other viral respiratory tract infections on clinical signs alone.

People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, on an average of 5-6 days after infection.

Typical signs and symptoms include: fever (87.9%), dry cough (67.7%), fatigue (38.1%), sputum production (33.4%), shortness of breath (18.6%), sore throat (13.9%), headache (13.6%), myalgia or arthralgia (14.8%), chills (11.4%), nausea or vomiting (5.0%), nasal congestion (4.8%), diarrhea (3.7%), and hemoptysis< coughing up of blood> (0.9%), and conjunctival congestion (0.8%). Clinical signs and symptoms may worsen with progression to lower respiratory tract disease in the second week of illness; all patients should be monitored closely.

Possible risk factors for progressing to severe illness may include, but are not limited to, older age, and underlying chronic medical conditions such as lung disease, cancer, heart failure, cerebrovascular disease, renal disease, liver disease, diabetes, immunocompromising conditions, and pregnancy.

SECTION 3 MONITORING AND SURVEILLANCE

<https://www.health.state.mn.us/diseases/coronavirus/hcp/lc surv.pdf>

Effective outbreak management has four phases:

- Preparation: plan is in place
- Response: to activate the outbreak management plan
- Monitor outbreak progress: assess and report outbreak control activities
- Conclusion: declare the outbreak over, review events and lessons learned for future outbreaks

Identify a Respiratory Outbreak

An outbreak is defined as two or more residents and/or staff with a recent onset of respiratory illness within the same program within 72 hours. A nurse should be notified immediately in the event you see signs of an influenza like illness so we can begin our surveillance. Call Minnesota Department of Health (MDH) at 651-201-5537 or 1-877-676-5414 and tell the operator you need to report a respiratory outbreak and follow MDH guidance.

Influenza surveillance

The aim of influenza like illness surveillance is to ensure early identification of symptoms in Person Served and staff that may precede or indicate early stages of an outbreak. It is also to allow the EON nursing staff to monitor the progression on the illness and provide the most appropriate interventions in a timely basis.

Prompt detection of outbreaks allows early implementation of control measures.

Early implementation of control measures and notification has been associated with shorter duration of outbreaks.

RESPONSE TO AN OUTBREAK OF AN INFLUENZA LIKE ILLNESS OR INFLUENZA

EON, Inc. will activate the plan and continue adhering to standard precautions as well as increasing surveillance. Response will be driven by the severity of the outbreak.

RESPONSE TO A SINGLE CASE OF AN INFLUENZA LIKE ILLNESS OR INFLUENZA IN A PERSON SERVED

- Have the person served wear a facemask.
- Call the healthcare provider and tell them that the individual has or may have COVID-19. Contact the EON, Inc. nurse.
- Call MDH at 651-201-5537 or 1-877-676-5414 and tell the operator that the person served has or may have COVID-19 and follow their directions.
- Isolate the infected Person Served or cohort and minimize interaction with another Person Served /staff, including restricting them from common activities and serving meals in their room.
- Wear a facemask upon entering the persons room
- Provide updates to the EON, Inc. nurse on a regular basis, as requested.
- Seek prompt medical attention if the illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that the person served may have, or is being evaluated for, COVID-19. Put on a facemask before they enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.
- If they have a medical emergency and need to call 911, notify the dispatch personnel that the person served may have, or ~~are~~ is being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

SECTION 4 TREATMENT OF THE PERSONS SUPPORTED FOR COVID-19

There is no specific antiviral treatment recommended for COVID-19. People with most cases of COVID-19 should receive supportive care to help relieve symptoms as they would for other respiratory viral illnesses such as:

- **Drink plenty of liquids.** Choose water, juice and warm soups to prevent dehydration.
- **Rest.** Get more sleep to help the immune system fight infection. Person served may need to change their activity level, depending on the symptoms.
- **Consider Fever & pain relievers.** Use an over-the-counter pain reliever, such as acetaminophen (Tylenol, others) or ibuprofen (Advil, Motrin IB, others), to combat the achiness associated with the virus.

In consultation with the local health department staff, EON, Inc. Nursing staff should assess whether the residential setting is appropriate for home care. Considerations for care at home include whether:

- The individual is stable enough to receive care at home.
- Appropriate staffing is available at home.
- There is a separate bedroom where the individual can recover without sharing immediate space with others. Resources for access to food and other necessities are available.

- The person served 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).

For severe cases, treatment should include care to support vital organ functions which will occur in a hospital.

People who think they may have been exposed to COVID-19 should contact their healthcare provider immediately.

If antiviral medication for prophylaxis is made available during an outbreak – EON, Inc. will take the lead from Public Health or Minnesota Department of Health.

SECTION 5 INFECTION PREVENTION AND CONTROL/TRANSMISSION

Key elements for infection controlling:

- Social distancing
- Develop harm-reduction habits like pushing buttons with a knuckle and not touching face
- Flu vaccination
- hand hygiene before and after personal care activities
- use of appropriate personal protective equipment (PPE)
- regular cleaning
- increased cleaning of shared equipment
- infected Person Served placement - isolation and cohorting
- minimizing Person Served transfer or transport

The strategies for slowing down transmission include quarantine and isolation of known or highly suspected cases, **social distancing** (cancelling gatherings such as meetings, concerts, schools, etc.) and **good hygiene** (covering your cough by coughing into your elbow, hand washing, etc.). Wearing a mask helps prevent the wearer best if it is an N95 mask. Other masks will limit droplet spread from the wearer to other people. These non-95 masks may prevent you from touching your nose and mouth.

Social distancing is a strategy where you try to avoid crowded places, large gatherings of people or close contact with a group of people. In these situations, viruses can easily spread from person to person. In general, a distance of at least 6 feet) will slow the spread of a disease, but more distance is more effective.

Hygiene: Replace handshakes, hugs and kisses with a gentle fist bump / elbow-bumps or practice no-touch greetings like 'namaste' (Namaste is a traditional greeting in India said with a hand gesture, in which the palms are pressed together at the chest or head accompanied by a slight bow or arm raise).

All staff, Persons Supported, and visitors will perform hand hygiene:

- BEFORE initial contact
- AFTER body fluid exposure risk
- AFTER Person Served personal or environmental contact

In addition, Persons Supported will be expected to perform and/or be assisted to perform hand hygiene after toileting, before leaving their room and prior to any nourishment / mealtimes.

CDC recommends washing hands with soap and water whenever possible because handwashing reduces the amounts of all types of germs and chemicals on hands. But if soap and water are not available, using a hand sanitizer with at least 60% alcohol can help you avoid getting sick and spreading germs to others.

Contact Precautions: To protect employees from the risk of occupational exposure to COVID-19, it has been advised that the N95 mask is especially useful on infected person served to help prevent transmission. It is also recommended that the use of N95 respirators (instead of surgical masks) when in a room/area with infected person served. These include the use of an N95 mask, together with eye protection and gloves and gowns as necessary, for direct care encounters within 6 feet of the Person. *Note: While a mask seems like a good idea to wear at all times, it can actually give users a false sense of security. There is no good evidence that shows a mask to reliably prevent infection when worn by the public at large.*

Isolation:

Isolation is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well.

Quarantine:

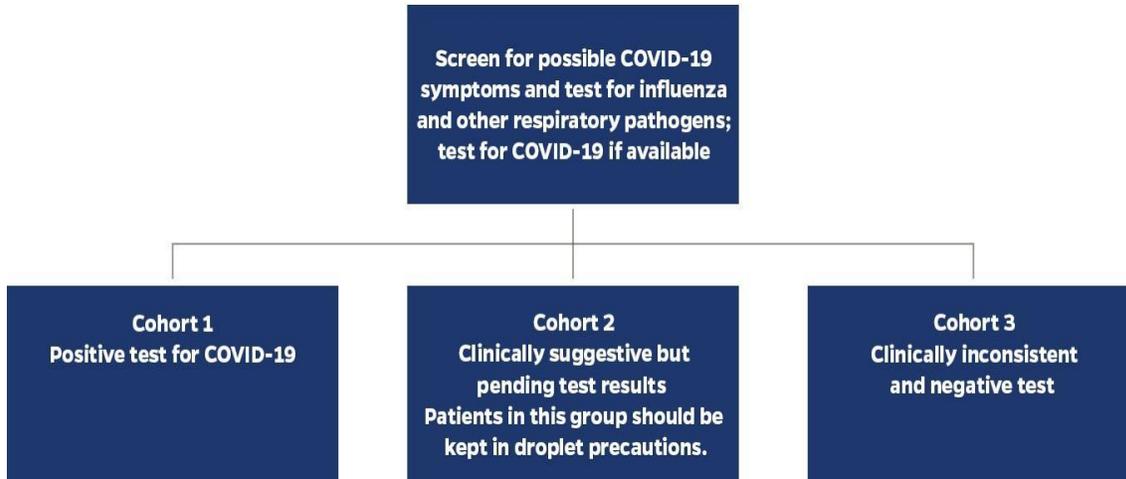
Is defined as the separation of people who have been exposed to a contagious disease from those not exposed. For people who have been exposed to a contagious disease but who may or may not become ill.

Working quarantine:

Refers to persons who are at occupational risk of influenza infection, such as Direct Support Professionals, who may be restricted to their homes or designated facilities during off duty hours.

Cohorting:

Cohorting is the practice of grouping together person served who are infected with the same organism to confine their care to one area and prevent contact with other person served.



Interaction with Community Partners

Transfer to Family:

If a Person Served has been determined best supported to go home temporarily with family members, the multidisciplinary team will: provide support, education, medication and personal care items to facilitate transfer of care activity to the community setting. **NOTE:** This temporary transfer will not be considered a discharge to the community.

Transfer to hospital will be required if:

- A Person Served requires care involving equipment or skill sets not available in the home and cannot be brought to the home.
- A Person Served requires care involving supplies not available at the home and cannot be brought to the home.
- A Person Served is not palliative but has experienced a life-threatening event
- The Physician/NP determines transfer to hospital is necessary.

If transfer to hospital is required, notify the ambulance service and receiving hospital of the outbreak and the suspected or confirmed diagnosis.

Re-admission of Person Served, who were transferred to hospital or another facility, requires the provision of appropriate accommodation, care and infection prevention and control.

Visitor restriction and signage

During an outbreak, preferably, minimize the movement of visitors into and within the locations. Inform regular visitors and families of person served and of the transmission guidelines and request they only undertake essential visits; discourage unnecessary visitors. Virtual Visits can be arranged at most locations. Ensure that appropriate respiratory outbreak signage indicating additional precautions and updates are posted for staff, family, visitors and other services.

Cleaning & Environmental Decontamination

Because the transmissibility of COVID-19 from contaminated environmental surfaces and objects is not fully understood, you should carefully evaluate whether or not areas occupied by people suspected to have virus may have been contaminated and whether or not they need to be decontaminated in response.

Clean frequently touched surfaces and objects daily (e.g., tables, countertops, light switches, doorknobs, and cabinet handles) using a regular household detergent and water.

1. First, clean dirt off of the surface. Then wipe the surface with disinfectant. Leave the surface you are cleaning wet with disinfectant for as many minutes as the product instructions require. This step is key, and people often miss this important step. It is not enough to just wipe a surface with a rag dampened with disinfectant.
2. Clean high-touch areas such as door handles, phones, remote controls, light switches and bathroom fixtures. Clean horizontal surfaces such as countertops, kitchen tables, desktops and other places where cough droplets could land frequently. The most important factors to disinfecting are cleaning frequently, thoroughly, and using the cleaning product correctly.
3. Follow standard procedures for cleaning and disinfecting.

Always follow the disinfectant manufacturer's instructions for use, including:

- Use the proper concentrations of disinfectant
- Allow required wet contact time
- Pay close attention to hazard warnings and instructions for using personal protective items such as gloves and eye protection
- Use disinfectants in a sufficiently ventilated space
- Follow the safety data sheets (SDS) for each disinfectant chemical

SUMMARY: The spread of respiratory viruses can be greatly reduced by hygiene measures (hand hygiene, cleaning), barriers to transmission (masks, gloves, eye protection, gowns), and isolation of infected Person Served (social distancing).

SECTION 6 STAFFING

Staffing will be a critical issue for EON, Inc. There will be no restrictions prohibiting staff from working at multiple sites. The agency will attempt to maintain standard staffing until such time the outbreak results in excessive absences. The Agency will endeavor to provide care using existing staffing resources.

Because of the differing nature of each residential setting as well as the fluidity of the current situation.

Staffing responses will be individually tailored to each location and its unique needs.

Allocation of staff

- Once Person Served isolation measures are in place, to further reduce the risk of transmission, it is preferable to allocate specific (non-symptomatic/vaccinated) staff to the care of Person Served
- Staff members should self-monitor for signs and symptoms of respiratory illness and self-exclude from work if unwell
- When influenza like illness is apparent, COVID-19 can be spread within a location by non-symptomatic staff, who should work only if well. Non-symptomatic staff exposed staff should not work with person served who have not had a confirmed exposure or illness.
- Creative staffing may be necessary should the agency be overwhelmed with absences.

SECTION 7 CARE OF PERSON SERVED

The level of care to be provided to Person Served s during a pandemic is dependent upon the staffing levels available. The minimum basic care will be provided as follows:

Essential personal care (essential bathing limited to baths/showers as needed only; face hands and perineum twice daily and as needed to maintain skin integrity).

- Medication administration.
- Personal hygiene and grooming may be modified depending on staff availability
- Oral care BID
- Ongoing assessment of care needs.
- Clothing and bedding will be changed only as needed.
- Routine toileting and continence care will be based upon the person served need to maintain skin integrity. Routine catheter care will be maintained as ordered.
- Skin and wound care management including routine aseptic dressings and sterile dressings, and colostomy care must be maintained.
- Assistance with eating as needed. G-tube feeding, and maintenance will be maintained as ordered.
- Oxygen therapy as required (a one of O2 supplies will be available for use).
- Bedridden Person Served will be repositioned every two hours and as needed.
- Maintain regular communication with the relatives/substitute decision makers of Person Served to keep them updated and reassured about the situation and discourage unwarranted visiting.
- Non urgent medical appointments will be cancelled and rescheduled.

- Person Served with Acute respiratory infections (ARI) will automatically be isolated in a designated area or cohoused in a room/unit with Person Served exhibiting like symptoms.
- All Person Served with Acute respiratory infections will be requested to remain to their rooms or the designated area.
- Nursing staff will ensure consent for administration of antiviral and pandemic influenza vaccinations are obtained from the Person Served should they become available.
- Ensure advance directives are updated

SECTION 8 RIGHTS OF PERSONS SERVED DURING PANDEMIC EVENTS

As it relates to services at EON, Inc., the person served basic rights remain intact during a pandemic event. Quarantine and isolation should be voluntary whenever possible, and, when that is impossible, they should be enforced by the least intrusive means available.

The Department of Health and Human Services (HHS) guidelines cite two important principles designed to help ensure that those in quarantine are not placed at increased risk:

1. Quarantined person served will be closely monitored in order to detect earliest onset of symptoms and separation from those who are well.
2. Person served in isolation will be among the first to receive any disease-prevention interventions.

In addition, they should be provided with all needed support services, including psychological support, food and water, and household and medical supplies.

Rights restrictions will only be enforced when directed by public health or other medical professionals.

Quarantine and isolation are the most complex and controversial public health powers. Given that they involve a significant deprivation of an individual's liberty in the name of public health, quarantine and isolation expose the tension between the interests in protecting the health of the community and the civil liberties of person served, such as privacy, non-discrimination, freedom of movement, and freedom from detention. Any rights restrictions such as voluntary isolation or quarantine will be approved by EON Enterprise leadership including the human rights officer.

SECTION 9 SUPPLIES AND STOCKPILES

Access to essential supplies may be disrupted. EON, Inc. will maintain inventory of PPE, as available from medical supply agencies.

FOOD / PERSONAL ITEMS

EON, Inc. will maintain at a minimum a three-day inventory for current census of food and water and other medical supplies, such as incontinent care products. Ideally a two-week inventory of foods should be maintained, if feasible. Canned foods that have a long storage life and need little or no cooking are recommended. Meat products, fish or beans, soups, broths and stews, fruits and fruit juices, vegetables, canned (or powdered) milk, are among good supply choices.

For COVID-19, we do not expect the utilities (electrical grid & water) to be impacted, so frozen foods are an option, too. Other recommended foods are peanut butter, jelly, crackers, nuts, trail mix, dried

fruits, granola bars, bouillon cubes, and staples like sugar, salt, pepper. (Keep in mind you may need to include some special foods for person served on special diets.)

WATER AND LIQUIDS. It is suggested to have plenty of fluids on hand, such as bottled water and supply of fluids with electrolytes, such as Pedialyte or Gatorade. Minimum water is one gallon per person (project staff needs as well). Again, the water utilities probably will not be impacted but you will need drinks with electrolytes for hydration of person served that may be infected.

MEDICATIONS

EON, Inc. staff should order as much medication as allowed. Typically, a 30-day supply is provided. Person served will want to have a minimum of a 14-day supply of any prescription medications. Preferable up to a 60-day supply for this event if allowable. You may also want over-the-counter pain relievers, antacids, cough and cold medicines, and vitamins stocked.

PERSONAL PROTECTIVE EQUIPMENT

Each location will provide an adequate supply of personal protective equipment (PPE) to staff, and persons supported as needed and requested. The PPE must always be readily available and accessible to staff during suspected outbreak, heightened surveillance and declared outbreaks.

- There will be PPE available as allowed by distribution networks.
- The Agency will closely monitor the use of supplies and ensure adequate replenishment of PPE stock is done routinely. Education and training will be provided on the proper use and application of PPE in the regular influenza season and enhanced training and monitoring during pandemic influenza outbreak. The goal of the training is to increase the safety of the work environment, promote Person Served safety through proper use of PPE and hand hygiene, reinforce safe practices and limit the transmission of Infection.

If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home

People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: Do not handle pets or other animals while sick. See [COVID-19 and Animals](#) for more information.

Call ahead before visiting your doctor

If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a facemask

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Avoid sharing personal household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

Clean your hands often

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all "high-touch" surfaces every day

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

Discontinuing home isolation

Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.



Standard Precautions

USED FOR THE CARE OF ALL PATIENTS

Applies to blood, all body fluids, non-intact skin and mucous membranes

Utilize transmission-based precautions (airborne, contact, droplet) in addition to standard precautions as indicated



Wash hands for 20 seconds with soap and water or use an alcohol based hand gel

- When touching blood, body fluids, secretions, excretions, and contaminated equipment
- After gloves are removed
- Before and after patient contact
- Alcohol-based hand gel is not recommended for use when the skin is visibly soiled



Wear gloves

- When touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin and contaminated items/equipment

Change gloves

- Between tasks/procedures on the same patient after contact with contaminated material

Remove gloves

- Promptly after use
- Before touching non-contaminated items and environmental surfaces



Wear a mask, eye protection or face shield

- To protect mucous membranes of the eyes, nose and mouth during procedures likely to generate splashes/sprays of blood, body fluids, secretions and excretions



Wear a gown

- During procedures likely to generate splashes or sprays of blood, body fluids, secretions or excretions

Remove gown

- Promptly after use to avoid transfer of microorganisms to other patients or environments



Cleaning and disinfection

- Clean common-use equipment before removing from room



Avoid/prevent injury:

- Utilize safety needles
- Utilize needleless intravenous connections
- Sharps containers should be leak-proof and puncture resistant
- Never recap used needles
- Do not bend, break or remove used needles by hand
- Place used needles/sharps in appropriate sharps containers
- Never attempt to remove sharps from containers
- Do not eat, drink, handle contact lenses, apply cosmetics or lip balm in any patient care area
- Staff with exudative lesions or weeping dermatitis should not provide direct patient care until the condition has resolved

Pandemic Flu

Social Distancing



SOCIAL DISTANCING

Social distancing is a way for people who are not ill to limit or avoid contact with viruses that cause illness such as pandemic flu by spreading easily from person to person. Learning about and practicing social distancing can help you, your family, and community delay or reduce the impact of a pandemic.

What you can do AT HOME

- When ill, avoid contact with people, even your family, as much as possible.
- When ill, keep your children home from school.
- Cover your coughs and sneezes.
- Clean your hands frequently.
- Keep a distance of 6 feet from others when possible.

What you can do ABOUT WORK

- Stay home from work if you are ill.
- Do not return to work for at least 72 hours after your last fever without medication
- Work from home if possible.
- Use email, conference calls or video conferencing instead of face-to-face meetings when possible.
- Carry your lunch and eat away from others.
- Cover your coughs and sneezes.
- Clean your hands and work surfaces (phones, headsets and keyboards) frequently.
- Keep a distance of 6 feet from others when possible.

What you can do IN YOUR COMMUNITY

- Plan home entertainment that limits contact with others.
- Avoid public gatherings such as movies, concerts, and church or community meetings when possible.
- Shop at non-peak times.
- Avoid public transportation or travel during non-peak hours.
- Cover your coughs and sneezes.
- Clean your hands frequently.
- Keep a distance of 6 feet from others when possible.

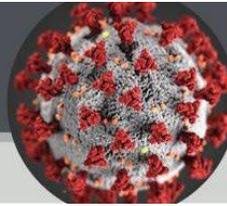
Isolation vs. Quarantine

Isolation and quarantine are also part of social distancing. They are common healthcare practices used to control the spread of a contagious disease such as pandemic flu by limiting people's exposure to it.

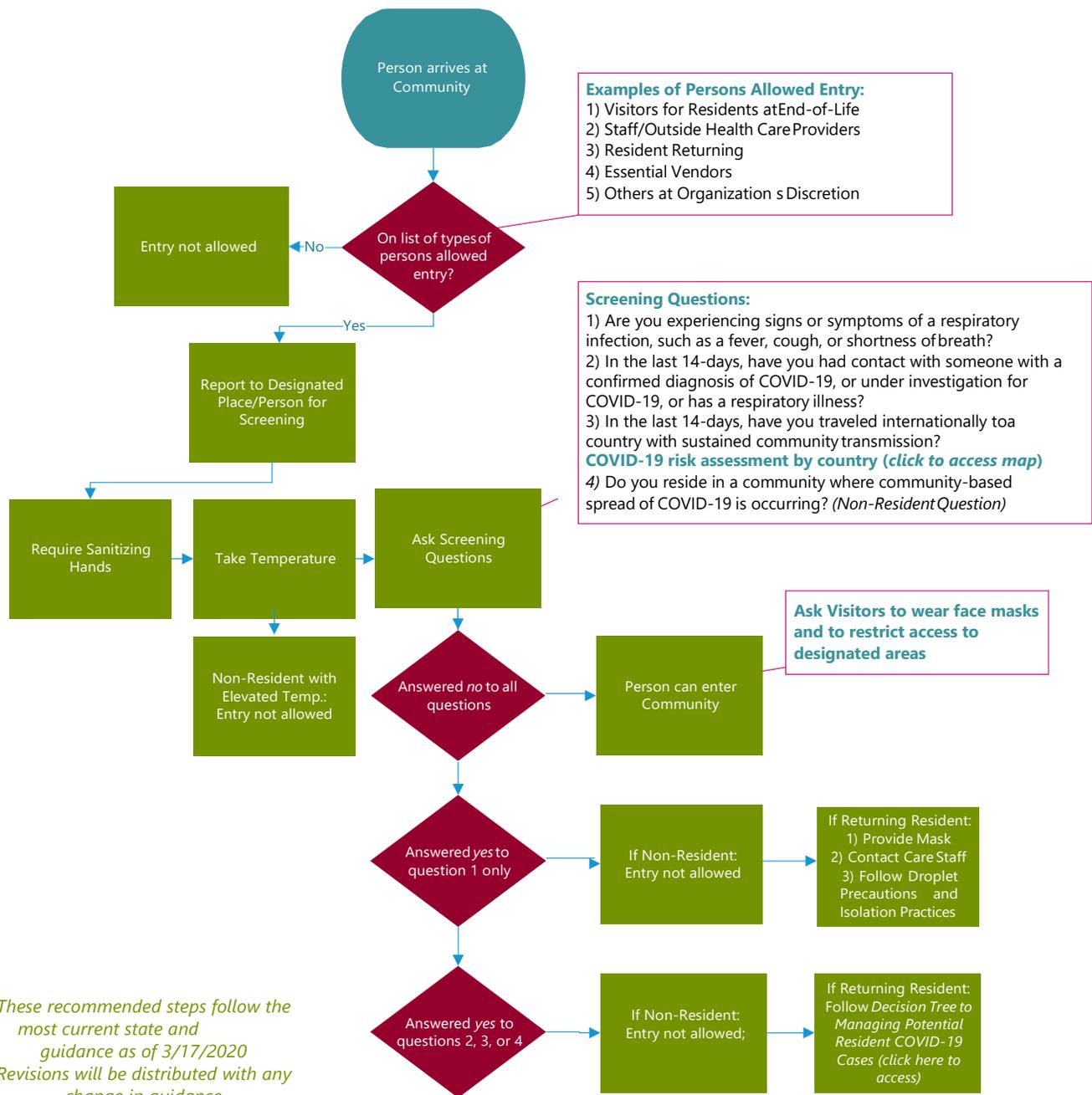
Isolation: For people who are ill with a contagious disease.

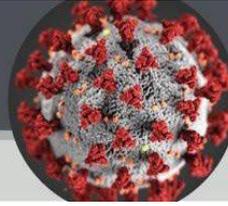
Quarantine: For people who have been exposed to a contagious disease.

**Stay home when sick • Clean your hands
Cover your coughs and sneezes**

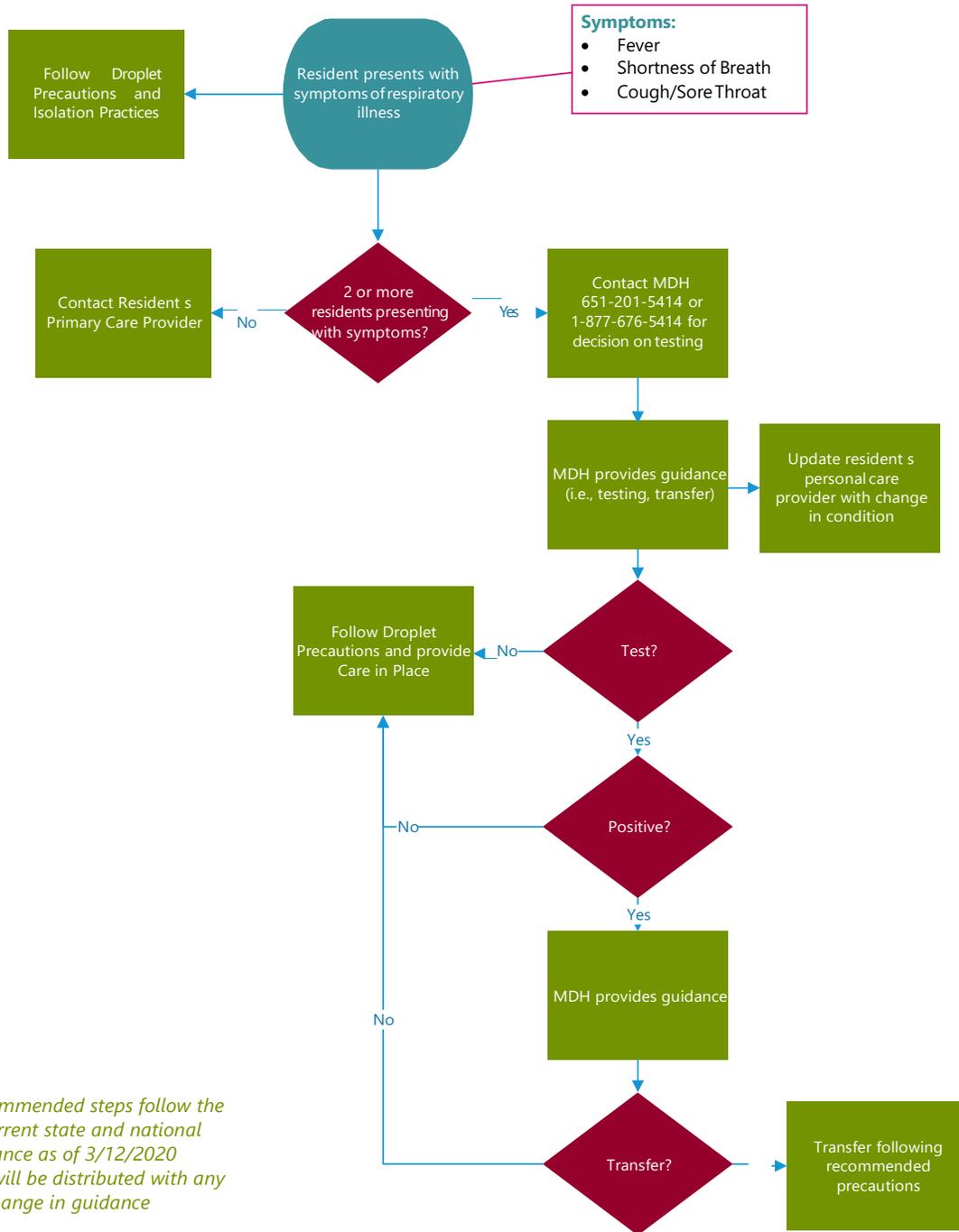


Managing People Arriving at Community

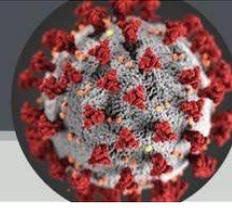




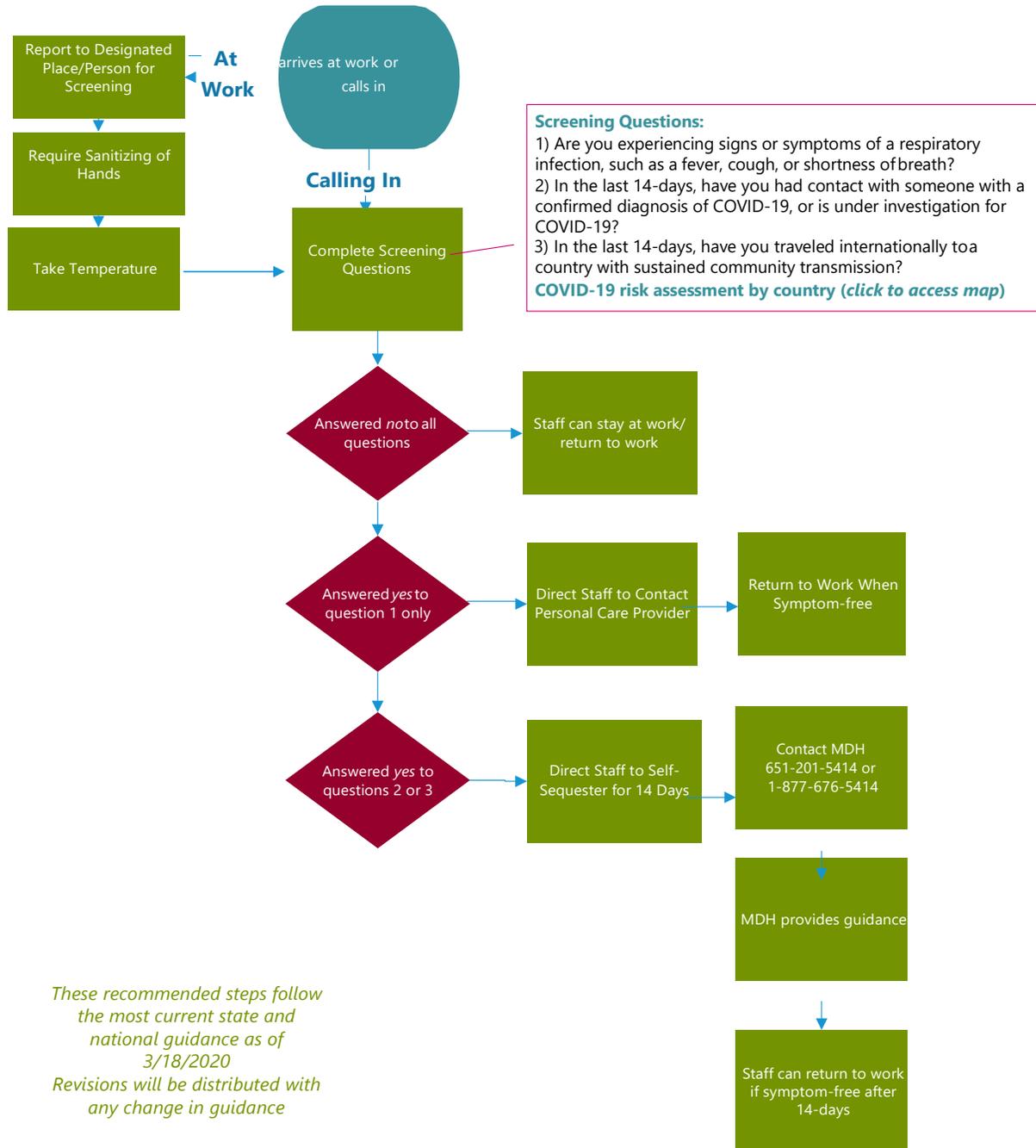
Managing Potential Resident COVID-19 Cases



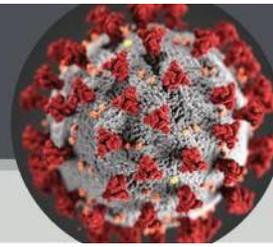
These recommended steps follow the most current state and national guidance as of 3/12/2020. Revisions will be distributed with any change in guidance.



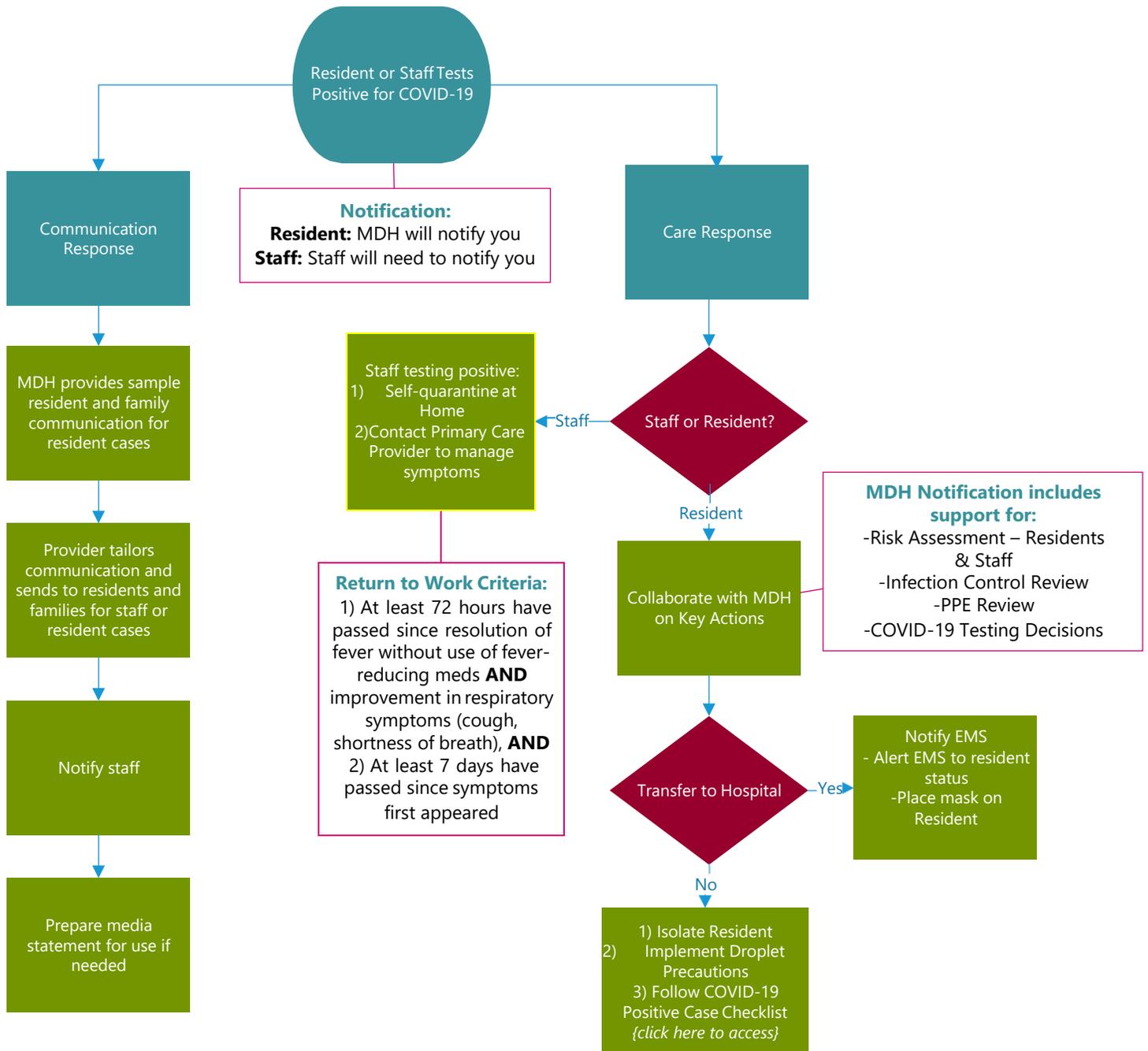
Managing Staff Screening for COVID-19



These recommended steps follow the most current state and national guidance as of 3/18/2020. Revisions will be distributed with any change in guidance.



Responding to a Positive COVID-19 Case



These recommended steps follow the most current guidance as of 3/26/2020. Revisions will be distributed with any change in guidance.

COVID-19 CONTAINMENT CHECKLIST

After you have a suspected or confirmed case of COVID-19

(Sources: Modified from AMDA – The Society for Post-Acute and Long-Term Care Medicine;
Centers for Disease Control & Prevention COVID-19 guidelines;
and guidance from the Minnesota Department of Health as of 03/26/20.)

Resident Management

If you have not already implemented the following, do so immediately:

- ┆ Initiate alert monitoring: Temp, O² sats for each client in the community at least daily.
- ┆ Institute “telehealth.” If telehealth system is not available, healthcare providers can still communicate with patients by phone (instead of visits) reducing the number of provider visits.
- ┆ If positive for fever or respiratory signs/symptoms, isolate the resident in their room and implement droplet precautions.

Isolation

- ┆ If possible, designate entire unit within facility to care for known or suspected COVID-19.
- ┆ When possible, care should be provided in a single-person room with the door closed.
- ┆ When possible, resident should have a dedicated bathroom.
- ┆ Ensure isolation carts with isolation supplies and isolation signs are outside the room. Include signage on how to don and doff PPE.
- ┆ Minimize entries into patient rooms by bundling care and treatment activities.
- ┆ Restrict resident to their room (except for medically necessary purposes).
- ┆ Dedicated staff who are only assigned to care for residents who are COVID-19 positive and dedicate staff to care for non-symptomatic/non-COVID-19 residents. **It is important to keep the care teams separate.**
- ┆ If residents leave their room, they should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing.
- ┆ If the resident has a nebulizer, contact the primary care provider to determine if a different treatment is necessary, nebulizers may provide a risk within the community.
- ┆ Keep doors closed with CPAP patients while using.

Infection Control

- ┆ Initiate droplet precautions (droplet precautions also include isolation & contact precautions).
- ┆ Prior to entering and exiting the unit and a resident room, perform hand hygiene by washing hands with soap and water or applying alcohol-based handsanitizer.

Communication

- ┆ Notification of family /POA for resident’s change in condition.
- ┆ Notification of Medical Director of any resident/staff with Respiratory Symptoms.
- ┆ For Residents receiving Dialysis outside the facility- notify their dialysis center and request they be dialyzed in “isolation”.
- ┆ Notify hospital prior to transferring a resident with acute respiratory illness, including suspected or confirmed COVID-19.
- ┆ If resources allow, consider universal facemask for healthcare personnel while in the facility.

COVID-19 CONTAINMENT CHECKLIST

After you have a suspected or confirmed case of COVID-19

(Sources: Modified from AMDA – The Society for Post-Acute and Long-Term Care Medicine;
Centers for Disease Control & Prevention COVID-19 guidelines;
and guidance from the Minnesota Department of Health as of 03/26/20.)

Staff Management

If you have not already implemented the following, do so immediately:

- ┆ Post CDC info on COVID-19.
- ┆ Train staff on how to wear PPE safely.
- ┆ Ongoing staff education on proper hand hygiene.
- ┆ Observe staff—hand hygiene, donning and doffing PPE, and during care
- ┆ Take temperature of all staff before beginning of shift. Record on temp log and absence of symptoms.
- ┆ Assign consistent staff to same unit/hall on a consistent basis.

Staff who have had contact with individual who was symptomatic before testing positive:

In an ideal situation, MDH guidance is for any staff who had contact with a confirmed case and was not wearing recommended PPE self-quarantine for 14 days.

- ┆ If that is not possible, MDH guidance is that staff can continue to work if they are asymptomatic or test negative as long as they are screened before each shift, they wear a mask and practice hand hygiene, and the setting is using an exposure log to track employees.

Staff illnesses:

- ┆ Post procedure for staff if they become ill on duty.
- ┆ Do not require a healthcare provider's note for employees who are sick with respiratory symptoms to return to work.
- ┆ Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross training current employees, or hiring agency or temporary staff.
- ┆ Staff who are sick should have clear instructions regarding home care and when and how to access the healthcare system for face-to-face care or urgent/emergency conditions.

Visitor Management

- ┆ Post No Visitors signs on all doors.
- ┆ Secure doors and allow only one entry if possible.
- ┆ Visitors for end of life should perform hand hygiene and don PPE before entering care units.

Communications

- ┆ Consider having a daily meeting with staff to update them regarding facility plan.
- ┆ Retain legal support.
- ┆ Retain media consultant.
- ┆ Assign someone who has some clinical knowledge, good communication/conflict management skills to staff the phones.
- ┆ DNS/Administrator return all calls to family as requested.

COVID-19 CONTAINMENT CHECKLIST

After you have a suspected or confirmed case of COVID-19

(Sources: Modified from AMDA – The Society for Post-Acute and Long-Term Care Medicine;
Centers for Disease Control & Prevention COVID-19 guidelines;
and guidance from the Minnesota Department of Health as of 03/26/20.)

Environmental Management
<ul style="list-style-type: none">┆ Increase sanitation of high touch areas and common areas including (computer screens, keyboards, elevator buttons, entry, exit buttons, door handles, knobs, counters, handrails, grab bars, therapy equipment, shared medical equipment such as Hoyer lifts, shower chairs, wheelchairs, remote controls, etc.) [If you've not in already done so]┆ Limit sharing of personal items between residents.┆ Use dedicated medical equipment for isolated residents. Oximeter, B/P cuff, Stethoscope etc.┆ Ensure supplies are available. (tissues, waste receptacles, alcohol-based hand sanitizers)┆ Ensure access to alcohol-based hand sanitizer both inside and outside of patient rooms.┆ Sanitize any rental equipment's prior to use (Bariatricbeds, mattress etc.)┆ Consider zone cleanings. Assign staff to a zone in the facility to sanitize high touch surfaces 3 times a day.
Supplies Management
<ul style="list-style-type: none">┆ Keep an Inventory of PPE (gowns, gloves, masks and eye shield) and other disinfecting supplies (Disinfecting wipes, etc.)┆ PPE use only in droplet precaution/isolation rooms, not to be worn in the facility┆ When PPE supplies are limited, rapidly transition to extended use of eye and face protection. (i.e. respirators or facemasks.)┆ Daily assess Infection Prevention Supplies- PPE, alcohol-based hand sanitizers and estimate number of days available.

NOTE: MDH will contact providers when they have a resident who tests positive for coronavirus. MDH will provide support and guidance to the provider, including a risk and exposure assessment, care coordination and management for the infected individual, and PPE and infection control protocols. MDH will also contact staff who may have been in contact with the infected individual and provide guidance to them. It is advised that providers work collaboratively with MDH and follow their guidance and recommendations, which may differ in part from this suggested checklist.

For communication and messaging support, see Confirmed Case Resources at:

www.leadingagemn.org/coronavirus

COVID-19 Facemasks Optimization

Adapted from [CDC Strategies for Optimizing the Supply of PPE](#)

Implement extended use strategies: 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 (health care personnel) 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.

Crisis capacity strategies:

- **Use facemasks beyond the manufacturer-designated shelf life during patient care activities.**
 - Visually inspect the product prior to use and, discard if there are concerns (such as degraded materials or visible tears.)
- **Implement limited re-use of facemasks.:** The practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter.
 - Do not touch outer surfaces of the mask during care
 - Mask removal and replacement must be done in a careful and deliberate manner
 - Remove if soiled, damaged or hard to breathe.
 - Facemasks with ties cannot be reused.
 - Leave the patient care area to remove the mask.
- **Prioritize facemasks for selected activities**
 - When splashes and sprays are anticipated
 - Prolonged face to face or close contact with a potentially infectious resident in unavoidable.
 - For performing aerosol generating procedures

When no facemasks are available:

- Exclude HCP for higher risk of severe illness from contact with known or suspected COVID-19 residents.
- Designate HCPs who have clinically recovered from COVID-19 to provide care to known or suspected COVID-19 residents.
- Consider use of expedient patient isolation rooms for risk reductions, e.g. In-room portable fans with high-efficiency particulate air filtration (HEPA)
- Use of Homemade masks: last resort only. Not considered PPE.

COVID-19 Isolation Gowns Optimization

Adapted from [CDC Strategies for Optimizing the Supply of PPE](#)

Contingency strategies:

- **Shift gown use towards cloth isolation gowns:** Reusable (i.e., washable) gowns are typically made of polyester or polyester-cotton fabrics. Gowns made of these fabrics can be safely laundered according to [routine procedures](#) and reused. Care should be taken to ensure that HCP do not touch outer surfaces of the gown during care.
- **Consider the use of coveralls.** HCP unfamiliar with the use of coveralls must be trained and practiced in their use, prior to using during patient care/

Crisis capacity strategies:

- **Extended use of isolation gowns:** The same gown is worn by the same HCP when interacting with more than one known COVID-19 patient residing in an isolation cohort.
- **Prioritize gowns:** Gowns should be prioritized for the following activities:
 - During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures
 - During the following high-contact patient care activities: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care.
 - Surgical gowns should be prioritized for surgical and other sterile procedures. Facilities may consider suspending use of gowns for endemic multidrug resistant organisms (e.g., MRSA, VRE, ESBL-producing organisms).

When no gowns are available: In situation of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients as single use.

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

COVID-19 Eye Protection Optimization

Adapted from [CDC Strategies for Optimizing the Supply of PPE](#)

Contingency strategies:

- **Shift eye protection supplies from disposable to re-usable devices (i.e., goggles and reusable face shields).**
 - Consider use of powered air purifying respirators (PAPRs) or full-face elastomeric respirators which have built-in eye protection.
 - Ensure appropriate cleaning and disinfection between users if goggles or reusable face shields are used.
- **Implement extended use of eye protection:** Wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters.
 - Remove and reprocess if it becomes visibly soiled or difficult to see through. If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on.
 - Discard if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
 - Take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene.
 - Leave patient care area if eye protection needs to be removed.

Crisis capacity strategies:

- **Use eye protection devices beyond the manufacturer-designated shelf life during patient care activities.** The user should visually inspect the product prior to use and, if there are concerns (such as degraded materials), discard the product.
- **Prioritize eye protection for selected activities such as:**
 - Care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures.
 - Prolonged face-to-face or close contact with a potentially infectious patient unavoidable.
- **Consider using safety glasses (e.g., trauma glasses)** that have extensions to cover the side of the eyes.
- **Staffing considerations:**
 - Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients, such as those of older age, those with chronic medical conditions, or those who may be pregnant.
 - Designate HCP who have clinically recovered from COVID-19 to provide care for patients with known or suspected COVID-19. Individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed

Reprocessing Eye Protection: Adhere to recommended manufacturer instructions for cleaning and disinfection. When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider:

- 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.



NO VISITORS

To protect the health of the people we serve
Call the numbers below if you have questions

Please contact _____(NAME) _____(PHONE)

OR

Please contact _____(NAME) _____(PHONE)

Interim Guidelines for Cleaning and Disinfection of COVID-19 (Coronavirus Disease 2019) in Residences

Guidance for environmental cleaning of residences that may be exposed to the COVID-19

Items you will need:



Disposable gloves



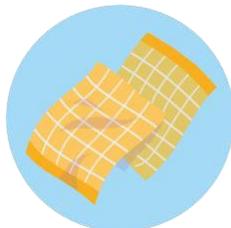
Surgical mask



Change of clothes



Plastic/ trash bags



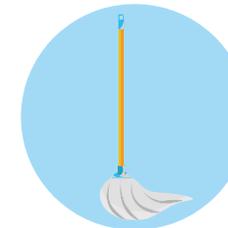
Disposable cloths/ rags



Bleach/ disinfectant



Water and pail



Mop

How to clean/ disinfect:

- 1 Put on mask and gloves. Do not touch your face further.
- 2 Prepare bleach solution/ disinfectant, according to manufacturers' instructions.
- 3 Open windows.
- 4 Mop floor with bleach solution/ disinfectant, from one end to the other.
- 5 Soak cloths in bleach solution/ disinfectant, and use to wipe all frequently touched areas and toilet surfaces.
- 6 Wash all bed linen with detergent in a washing machine.
- 7 If person is being tested for the COVID-19, do not use the bedding that he/ she has used, until he/ she is determined to be free of infection.
- 8 Repeat mopping, as before.
- 9 Put all used cloths/ rags and other waste into double-lined plastic/ trash bags.
- 10 Remove gloves and wash your hands with soap and water.
- 11 Remove mask and wash your hands with soap and water.
- 12 Put used gloves and mask into double-lined plastic/ trash bags.
- 13 Separate plastic/ trash bags generated from the clean-up from other household waste, and throw them away as regular waste, as soon as possible.
- 14 Shower and change clothes immediately.
- 15 Air/ ventilate your home.

Common Lysol products found in just about every grocery store that can potentially deactivate COVID-19. They also kill other viruses, such as HIV and various Flu strains (H1N1):

- EPA Registration Number 777-99 – **Lysol Aerosol Disinfecting Spray**
- EPA Registration Number 777-127 – **Lysol Aerosol Disinfectant Max Cover Mist**
- EPA Registration Number 777-71 – **Lysol Foaming Disinfectant Basin Tub & Tile Cleaner II**
(Must have the "II" at the end)
- EPA Registration Number 777-91 – **Lysol Citrus Scent Antibacterial Kitchen Cleaner II**
(Must have the "II" at the end)

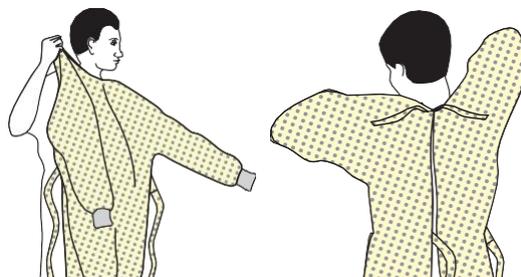


SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

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



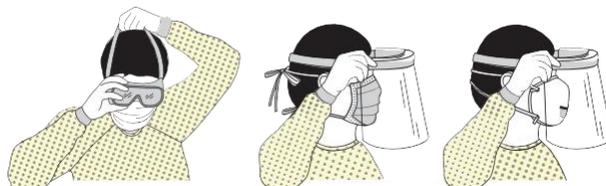
2. MASK OR RESPIRATOR

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



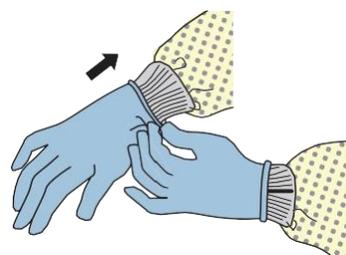
3. GOGGLES OR FACESHIELD

- 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



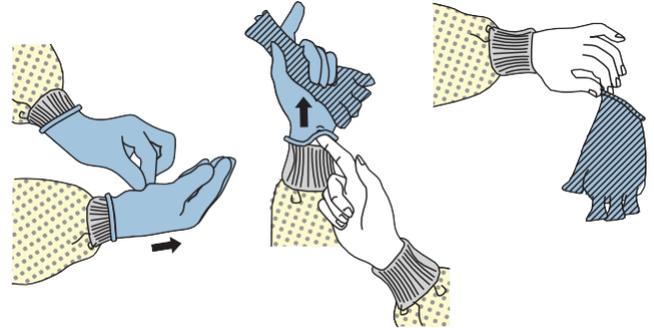
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

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



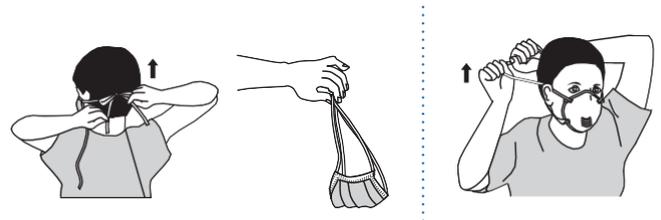
3. GOWN

- 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

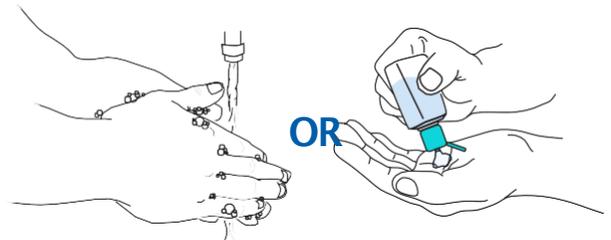


4. MASK OR RESPIRATOR

- 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

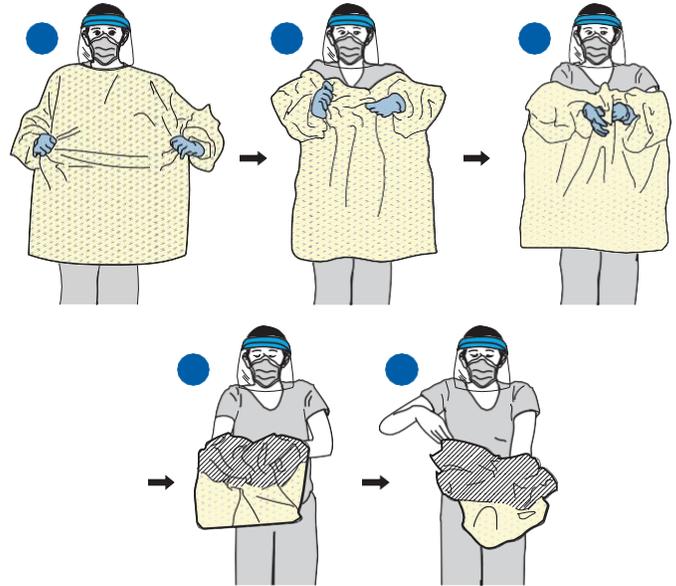


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

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



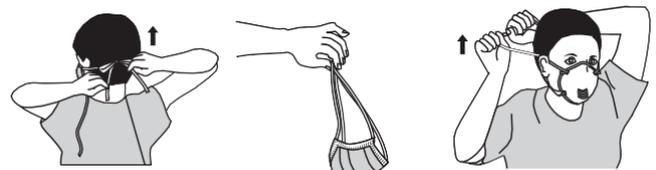
2. GOGGLES OR FACE SHIELD

- 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

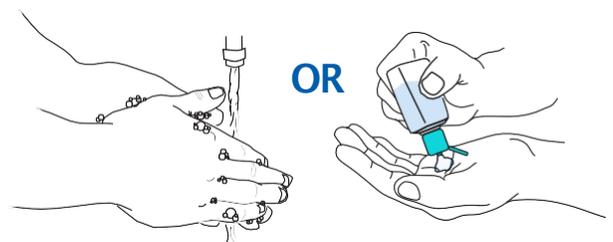


3. MASK OR RESPIRATOR

- 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

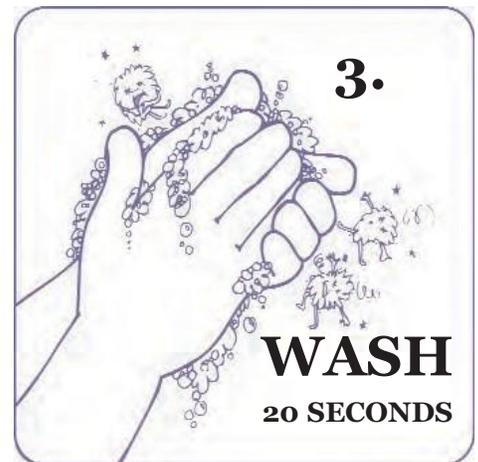


PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

Hand Hygiene How-To

Does it matter how I wash my hands?

You have to rub your hands for at least 20 seconds to get rid of the bacteria. Follow these instructions:



How do I clean my hands with alcohol-based hand sanitizer?

Use enough to cover all the surfaces of your hands.



Minnesota Department of Health
Food Safety Center
625 N Robert St, PO Box 64975, St. Paul, MN 55164
651-201-5414, TTY 651-201-5797
www.health.state.mn.us

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Washington State Department of Health.