Updated Infection Control Guidance – 3/30/2020

Screening all people entering the health centers

- All patients and visitors will be screened before entry into our facilities using the current version of the screening form at all sites. This is to help isolate sick patients from well patients and get them to the appropriate place for care in the safest way. We continue to only allow one visitor to accompany a patient.
- All Unity employees will self-attest to the status of their health daily.
    - Employees who have fever, cough, shortness of breath, sore throat or other flu-like symptoms (e.g., body aches, fatigue) SHOULD NOT come to work. Sick employees should notify their direct supervisor and Infection Control at 202-715-6592.
    - If employees become sick at work, they should immediately notify their direct supervisor and Infection Control and return home.
    - Employees who report to work while sick or do not self-attest will be sent home.
- We are not currently monitoring temperatures on employees or patients/visitors in the community health centers. This is to reduce any risk of exposure to one another through the thermometers and because the reading may not be reflective of a person's health; for example, we have had several patients with normal temporal scans who then turned out to have a fever, or someone who has taken Tylenol or Ibuprofen may be symptomatic but a thermometer reading may not show an elevated temperature. We would like to be abundantly cautious, and by having all healthcare personnel wearing a mask, exposure will be low. This may differ in other contexts such as the DOC and homeless outreach.

Personal Protective Equipment

- Effective immediately, all health care personnel working in the center in patient care areas should wear a surgical mask. We recommend using one mask daily during this time.
    - Health care personnel is defined as persons who have direct or indirect exposure to patients or infectious material.
- All patients who report fever, cough, shortness of breath or difficulty breathing should wear a mask. Currently, asymptomatic patients with a history of close contact with a person confirmed to have Coronavirus or recent travel to an area with high prevalence of Coronavirus will also be given a mask.
- These efforts will help to reduce exposure and risk to health center staff and patients, particularly in the event that patients screen negative but may be at risk. A patient with a mask and health care personnel with a mask is a low-risk interaction even when the patient is confirmed to have COVID-19.
- Depending on the role and task, an employee may choose to wear gloves, but please note that good hand hygiene with frequent washing or sanitizing is still critical. Even with gloves it is necessary to sanitize to reduce spread of infection.
- For any prolonged contact with a person with suspected Coronavirus, which is about 5 minutes, employees should don Personal Protective Equipment (PPE). The preferred PPE includes:
    - N95 mask
    - Eye protection (face shield or goggles)
    - Gown
    - Gloves.

In the event of a shortage of supplies, please refer to the Optimization of PPE plan. Some quick highlights:

- If N95 masks are in short supply, PPE can be utilized for several consecutive patients. This maintains protection for healthcare personnel and with a patient also wearing a mask, confers low risk of transmission. This is how the rapid evaluation sites are set up.
- Please do not use PPE in a way that is not recommended. For example, do not double up on masks or use both face shields and goggles.
- If masks are in short supply, we are now preferentially providing masks to health care personnel and actively symptomatic patients with fever, cough.
- If gowns are in low supply, it may be necessary to use alternatives such as patient gowns.

Exposure reduction

- Evaluation setting. Continue to separate sick and well patients, and setting up outdoor evaluation environments to reduce exposure.
- Physical distancing. Pursuant to the recommendations by the CDC and DC Health department, we should be implementing physical distancing in work areas wherever possible, including the health centers.
    - Ideally employee work areas are more than 6 feet apart. This may mean working in a different space than usual; we recommend employees wipe down their stations prior to and after use.
    - No gatherings of more than 10 people. Utilize technology such as Zoom webinars, Microsoft Teams, etc., to connect with people and huddle. If there is no choice but to gather with up to 10 people, please attempt to maintain 6 feet of distance between each person.
    - Employees should refrain from close huddles or personal contact with other employees, should maintain 6 feet of distance where possible, and continue to wear masks in patient care areas.
    - Waiting areas and patient care areas should also be configured to promote physical distancing. In addition to separating sick and well, chairs in the waiting rooms should be placed in a way that limits exposure and maintains sufficient distance between chairs.
- Clinical workflow changes. We are moving to ways to reduce exposure including no nebulizer treatments in the clinic and recommending not collecting oral swabs at this time for Strep or Coronavirus.
    - We are exploring self-collection of NP samples for Coronavirus to further reduce exposure.

Managing employee illness and exposure

- Unity offers Coronavirus testing to healthcare personnel exhibiting symptoms
    - Employees who are experiencing symptoms must report them to their immediate supervisor and Infection Control at 202-715-6592.
- Health care personnel with confirmed or suspected Coronavirus will be asked to self-isolate or quarantine. The duration of quarantine will depend on the circumstances and will be determined in coordination with DC Health department and Infection Control.
    - Currently those being asked to quarantine are staff who are symptomatic or who have direct exposure to a person with confirmed Coronavirus based on their risk. Please refer to DC Health guidance on monitoring, restriction, and return to work after COVID-19 exposure for more details.
    - Employees should work with their immediate supervisor, EEE, and the Infection Control team.

- Additionally, all employees should contact their primary care provider for their health. Unity does not have an occupational health department to manage employees' health care needs.
- If employees are in quarantine or isolation, Unity will provide instructions for self-reporting of their status daily by entering signs and symptoms into a web-based symptoms tracker at www.covidgu.org. To keep employees' identity private, affected employees will be given a unique Identification number by the Infection Control team. The identity is known by the infection control team only. The unique ID looks like this: DCUHC_110000. No additional information regarding an employee's identity is required. When entering the information, please remember to select the right status. Unless an employee has a confirmed diagnosis, please click 'exposed'. If an employee has a test which confirms infection, then he/she can select the 'infected' button.
    - If employees who are in quarantine or isolation do not self-attest, they will be notified by the Infection Control team after two days to check on their wellbeing. In order to return to work, employees will need least 3 consecutive days completed with no fever.

Optimization of PPE recommendations: Below are recommendations for managing, optimizing and salvaging different forms of PPE. More information can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html , https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html, https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

PPE element	Optimization and salvage strategies
Surgical face masks	**With severely limited supply:** • Avoid general, unindicated use of masks • Extend use of facemasks by wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters → remove and discard mask if soiled, damaged, or hard to breathe through →do not to touch the facemask; if facemask is touched or adjust their facemask immediately perform hand hygiene → leave the patient care area if they need to remove the facemask. → exit patient care area facemask must be removed → carefully fold mask 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. Homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face
N95 respirators	**With severely limited supply:** • Extend use of N95 masks by wearing the same mask for repeated close contact encounters with several different patients, without removing between patient encounters • There is no way of determining the maximum possible number of safe reuses for an N95 respirator as a generic number to be applied in all cases →Discard N95 respirators following use during aerosol generating procedures, when contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients, following close contact with any patient co-infected with an infectious disease requiring contact precautions →Use a cleanable face shield (preferred) or a surgical mask over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator. →hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses → store respirators so that they do not touch each other and the person using the respirator is clearly identified; clean and dispose of storage containers regularly →use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check; discard gloves after the N95 respirator is donned and any adjustments are made

	In a crisis, use respirators beyond the manufacturer-designated shelf life
Eye protection	• Use eye protection during encounters **For severely limited supply:** • Extend use of eye protection by wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters →extended use of eye protection can be applied to disposable and reusable devices. →eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through. →If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on. Protocol for removing and reprocessing eye protection below: 1. Adhere to recommended manufacturer instructions for cleaning and disinfection. 2. When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider: 3. 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. 4. Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution. 5. Wipe the outside of face shield or goggles with clean water or alcohol to remove residue. 6. Fully dry (air dry or use clean absorbent towels). 7. Remove gloves and perform hand hygiene.
Gowns	**For severely limited supply:** • Use isolation gown alternatives (fluid-resistant and impermeable protective options) that offer equivalent or higher protection • When limited, and in contingency, shift gown use towards cloth isolation gowns • Use expired gowns beyond the manufacturer-designated shelf life for training, use gowns or coveralls conforming to international standards • You can have extended use of isolation gowns • Prioritize gowns 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 that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care When No Gowns Are Available • Consider using gown alternatives like disposable laboratory coats, reusable (washable) patient gowns, reusable (washable) laboratory coats, disposable aprons - preferable features include long sleeves and closures (snaps, buttons)

	• Combine pieces of clothing for activities that may involve body fluids (e.g., long sleeve aprons with long sleeve patient gowns or lab coats, open back gowns with long sleeve patient gowns or lab coats) • Reusable patient gowns and lab coats can be safely laundered according to routine procedures