COVID-19 — Healthcare

The Next Three Seconds Protects Your Life, Your Loved Ones, Your Livelihood®

The N3L3 philosophy:

our approach to protecting workers from fatal and life-changing events.

Eastern Alliance is here to help. To learn more about Eastern's N3L3 program and access other safety resources, sign in and visit the Safety Tools on www.easternalliance.com, or contact your Risk Management Consultant for assistance

1.855.533.3444

Eastern Alliance continues to actively monitor the global COVID-19 situation and implement practices to promote the health and safety for all. As we all venture through this time, we are dedicated to helping our valued policyholders effectively manage their risks as they adapt to changing environments.

At Eastern Alliance we recognize that Healthcare Workers are essential in our communities and are facing a new "normalcy". We understand that your employees continue to provide 24-hour care to individuals and may have become fatigued or complacent with their daily tasks. As an employer, it is important that your organization evaluate its systems, processes, policies and procedures to identify improvement opportunities that will protect your staff, patients/residents, visitors, contractors, vendors and volunteers. This resource includes information for best practices of healthcare workers, along with the suggestions that CDC has posted.

COVID-19 Symptoms and Precautions:

- Ensure employees are aware of the signs and symptoms of COVID-19: fever, cough, and shortness of breath. Employees should stay at home if they feel like they have any of these symptoms.
- Check staff and patient/resident body temperatures at the start of each shift and approximately 4-6 hours into their shift to make sure they do not have a fever greater than 100.4 °F.

Systems, Processes, Procedures and Written Plans

- Generate a written plan that discusses a process for communicating a potential COVID-19 case. Ensure staff know how to communicate any of the following scenarios:
  - If a resident or staff member has a fever greater than 100.4 F.
  - If COVID-19 is suspected or confirmed among residents or facility personnel.
  - If a resident develops severe respiratory infection.
  - If more than 2 residents or facility personnel develop fever or respiratory symptoms within 72 hours of each other.
  - If an employee is informed that they were in contact with someone who tested positive for COVID-19.
- Evaluate the organizations Personal Protective Equipment (PPE) Plan to ensure workers, patients/residents, contractors, volunteers, vendors and visitors have and use any PPE they need to safely function within the facility. Ensure the plan addresses the following:
  - Who is required to wear PPE?
  - What is required as PPE?
  - When is PPE required?
  - Where is it required?
  - How will staff, patients/residents, contractors, vendors, volunteers and visitors be trained on PPE usage?
  - How will the PPE be safely disposed of, including isolation PPE?
  - A defined process for cleaning, disinfecting, and maintaining reusable equipment and PPE.
  - Continually monitor PPE stocks, burn rate, and supply chains. Follow CDC recommendations for optimization of PPE supplies.

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– Encourage employees to wear a different pair of shoes to/from work and keep their work shoes in the rear of their vehicle. It is a best practice to put on "work" shoes before entering the facility. Educate staff to disinfect the shoes at the end of each shift and place them back in the rear of their vehicle and repeat the cycle.

● Evaluate the organization's Emergency Response Plan to ensure the plan covers how to respond to pandemics with regards to patients/residents, staff, visitors, volunteers, contractors and vendors.

– Ensure the plan addresses necessary PPE with regards to the response for all parties involved for a given timeframe. This includes additional isolation PPE that may be require N95 or higher-level respirator, goggles, disposable face shields and gowns in addition to gloves and masks.

– Verify the plan identifies single-use rooms that can be used as isolation rooms.

– The plan should also identify how to closely monitor roommates of positive COVID-19 cases.

– Evaluate the process for enrolling new admissions whose COVID-19 status may be unknown. Ensure the process identifies the staff that will work with the new admission and identify if the resident will be in a single room for an observation period and the monitoring process.

● Evaluate the scheduling process to ensure the organization is making all efforts to schedule employees to work with limited residents during a shift. The goal is to keep the same employees providing care to the same residents to reduce contacts and exposures.

● Review and communicate break schedules. Staggering break periods will assist in reducing crowding in break areas.

● Evaluate Communication Methods among staff. Consider alternatives to in-person large group gatherings (e.g., staff meetings, resident activities, in-services, safety meetings, therapy rooms, skills fairs, etc.). Clearly define how all newly implemented safety measures will be communicated with staff.

– Educate staff on how to handle patients/residents that may feel sad, anxious, overwhelmed or display other symptoms of distress during COVID-19.

● Review patient/resident encounters that can be minimized to reduce exposure. Consider engaging activities that reduce physical contact. Minimize room changes and meeting areas.

– Conduct Job Hazard Assessments to identify the hazards associated with tasks to evaluate necessary controls (e.g. tasks such as wound care, nail care, dental care, hair salons, activities, food tray removal, soiled linen removal, room cleanings, etc.).

● Evaluate Housekeeping Plans and processes to ensure the facility is being properly cleaned and disinfected while protecting staff.

– Healthcare workers should be aware of "high frequency" surfaces that are frequently touched including: patient equipment (i.e. lifts, wheelchairs, walkers, canes, bedside commodes, urine bottles, bed controls, etc.), binders/charts, medication carts, computer screens, medicine bottles, bedside cups, bedside tables, nursing stations, dietary trays, call bells, remotes, light switches, toilets, door knobs, phones and elevator buttons. Ensure high frequency surfaces are cleaned on a frequent basis.

– Train staff to safely clean any contaminated items or equipment before using on a patient/resident.

● Develop new housekeeping processes to enhance cleaning and disinfecting within the facilities. Cleaning and disinfecting should be completed with soap/water and diluted

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household bleach solutions. Household bleach solutions (1/3 cup bleach to one gallon water) will be effective against the COVID-19 virus. Employees should wear disposable gloves when performing cleaning/disinfecting tasks.

– With more housekeeping tasks in place, there may be an increased exposure for slippery surfaces. Evaluate the organizations slip and fall programs, discuss wet floor sign usage with staff and conduct footwear observations to ensure staff are wearing non-skid slip rated shoes at all times.

● Review your processes and procedures for transporting patients and residents in a vehicle. Ensure the system addresses the following:

– Proper vehicle sanitation: Sanitize the vehicles multiple times during the day, including before and after use with a patient/resident. Include all areas commonly touched such as handholds, door and window handles, steering wheels, seatbelt buckles, operating controls, rear-view mirror, clipboards, vehicle phone, etc.

  • Sanitation Supplies: Use sanitizing wipes and refrain from using alcohol-based cleaners.

  • Disposal of Sanitation Supplies: Immediately dispose of all used cleaning wipes, towels, gloves into the trash and wash hands thoroughly.

– Shared Items: Items that will be shared by transporters and decontamination processes.

– Transportation Clothing: Team drivers should be trained to the same level of cleanliness and practice as much social distancing as is possible. Transporters should wear clean clothing each day and wash clothing daily to limit exposures at home. This would include changing shoes/boots prior to entering the home and leaving the potentially exposed ones outside.

● Devise a written plan for Visitors, Volunteers, Vendors and Contractors. Follow CDC guidance on updating visitation policies. The plan should address:

– A process for checking bodily temperatures for visitors, volunteers, vendors and contractors. Considering asking the following and document their responses:

  • If *anyone* has displayed COVID-19 symptoms in the past 7 days that may include fever, cough, or shortness of breath.

  • If *anyone* in their home has any COVID-19 symptoms that may include fever, cough, or shortness of breath.

  • Ask visitors to inform the facility if they develop a fever or symptoms consistent with COVID-19 within 14 days of their visit.

– PPE requirements

– Designated areas and hours

● Review Health and Wellness programs to encourage employees to continue to focus on their physical and mental health. Verify the program educates employees about mental health resources and employee assistance programs that are available to them if they indicate they are struggling with the working during COVID-19 exposures including: lingering stress, frustration, concern, or worries regarding the virus, finances, childcare, and health personal issues.

For additional information and guidance, please visit:

Center for Disease Control and Prevention (CDC) www.cdc.gov

Occupational Safety and Health Administration (OSHA) www.osha.gov

North Carolina Department of Human and Health Services (NCDHHS) covid19.ncdhhs.gov